

**JOINT COMMITTEE ON FINANCIAL SERVICES
2025-2026 (194th) BILL SUMMARY**

Bill No: H1154

Title: AN ACT RELATIVE TO INSURANCE COVERAGE OF MOBILE INTEGRATED HEALTH

Sponsor: Rep. Michael J. Finn (*West Springfield*)

Hearing Date: April 29, 2025

Reporting Deadline: June 28, 2025

Similar Matters: S726 (Driscoll – Identical)

Prior History:

2023-24 (H1007): Reported favorably; Referred to Health Care Financing; Ordered to a House Study

2021-22 (H1083): Reported favorably; Referred to Health Care Financing; Ordered to a House Study

2019-20 (H971): Ordered to a House Study

2015-16 (H1920): Referred to Public Health; Ordered to a House Study

CURRENT LAW:

M.G.L. c. 32A Contributory Group General or Blanket Insurance for Persons in the Service of the Commonwealth (Group Insurance Commission)

M.G.L. c. 111O Mobile Integrated Healthcare §1 Definitions

"Health care provider", a provider of medical, behavioral or health services or any other person or organization that furnishes bills or is paid for the delivery of health care services in the normal course of business.

M.G.L. c. 111O Mobile Integrated Healthcare §2 Department as lead agency for mobile integrated health services; duties

(a) The department (department of public health) will take any action consistent with its role as state lead agency for mobile integrated health services. As the lead agency, the department will take into consideration relevant standards and criteria developed or adopted by nationally recognized agencies or organizations, and the recommendations of interested stakeholders, including, but not limited to, the statewide mobile integrated health advisory council, established in section 4.

(b) The department will evaluate and approve MIH programs that meet certain enumerated criteria.

M.G.L. c. 118E Division of Medical Assistance (MassHealth)

M.G.L. c. 175 Insurance

M.G.L. c. 176A Non-Profit Hospital Service Corporations (Blue Cross of Massachusetts)

M.G.L. c. 176B Medical Service Corporations (Blue Shield of Massachusetts)

M.G.L. c. 176G Health Maintenance Organizations (HMOs)

M.G.L. c. 176I Preferred Provider Arrangements (PPOs)

SUMMARY:

- Mobile integrated health (MIH), a DPH approved program, uses mobile resources to deliver care and services to patients in an out-of-hospital environment in coordination with health care facilities or other health care providers. Such services include medical care, community paramedic provider services, chronic disease management, behavioral health care, preventative care, post-discharge follow-up visits, or transport or referral to facilities other than hospital emergency departments.
- Payers will not deny coverage for medical, behavioral or health care services delivered by a health care provider, as defined in section 1 of chapter 111O, participating in a mobile integrated health care program approved by the department of public health, solely on the basis that such services were delivered by a provider participating in a mobile integrated health (MIH) care program.
- Payers will cover Mobile Integrated Health (MIH) services at the same level as in-facility services.
- Payers will not reduce MIH services payment rates.
- Payers will not impose application and registration fees on MIH behavioral health programs.
- Payers will not impose patient cost sharing on MIH services that are any higher than would be imposed on in-facility services.