. . No. 1898 **HOUSE**

The Commonwealth of Massachusetts

PRESENTED BY:

Garrett J. Bradley, (BY REQUEST)

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the passage of the accompanying bill:

An Act relative to naturopathic medicine coverage.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
 Garrett J. Bradley	3rd Plymouth
 Carl Tripp	14R Friend Street
	\square Hingham, MA 02043

FILED ON: 1/18/2013

HOUSE No. 1898

By Mr. Bradley of Hingham (by request), a petition (accompanied by bill, House, No. 1898) of Garrett J. Bradley and Carl Tripp relative to naturopathic medicine. Public Health.

The Commonwealth of Massachusetts

In the Year Two Thousand Thirteen

An Act relative to naturopathic medicine coverage.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

- SECTION 1. Chapter 18 of the General Laws is hereby amended by inserting after section 5I the following section:-
- 3 Section 51½. (a) When a naturopathic or holistic patient meets the requirements of
- insurance coverage provided under the general laws, they shall be granted benefits by the
- 5 insurance company or the department of transitional assistance or commonwealth care. A
- 6 naturopathic professional or holistic practitioner in conjunction with the insurer shall determine a
- 7 patient's maximum amount of money on an electronic benefits transfer card from the department
- 8 of transitional assistance or debit card from an insurance company as needed for the treatment of
- 9 the patient's illness or chronic disease each month and all purchases shall be recorded in a
- 10 written log and dated. A patient shall not receive more than one electronic benefit transfer card
- 11 or debit card a month.
- 12 (b) A naturopathic professional or holistic practitioner shall have electronic access to the
- 13 electronic benefit transfer system of the department of transitional assistance only if an office of
- 4 the department and the naturopathic professional or holistic practitioner office of business are
- 15 located in the same county. The electronic access between the department of transitional
- 16 assistance, an insurance company or commonwealth care and the naturopathic professional or
- 17 holistic practitioner office shall start on or before Jan. 16, 2015.
- 18 (c) No person shall knowingly misuse an electronic benefit transfer card or electronic
- 19 benefit transfer transaction for the purchase goods or services under this section. Any such
- 20 misuse shall be a violation of this section and shall be punished by a fine of not more than
- \$5,000, a loss of an electronic benefit card, debit card and motor vehicle license.

SECTION 2. Chapter 32A of the General Laws is hereby amended by inserting after section 17J the following section:—

Section 17K. (a) The commission shall provide coverage for naturopathic professionals and holistic practitioner costs, natural supplements, fruits, vegetables, seeds, nuts and foods prescribed by the professional, and tools needed for the prescribed diet plan including written logs to any active or retired employee of the commonwealth who is insured under the group insurance commission.

A naturopathic professional or holistic practitioner may order necessary lab work and tests as needed during the coverage. The coverage shall continue according to the naturopathic professional's or holistic practitioner's treatment plan until a patient has recovered from his or her illness or chronic illness.

- 33 (b) A patient, who qualifies for the coverage with a naturopathic professional or holistic 34 practitioner, shall visit his or her treating professional's office not exceeding every 40 days for 35 the first year and every 6 months thereafter.
- 36 (c) If a naturopathic professional or holistic practitioner determines the patient has not 37 followed the treatment plan, the insured shall notify the commission to terminate coverage under 38 this section.
- 39 (d) A patient, who has terminated treatment for any reason shall be re-evaluated and complete any application needed for reconsideration by the commission.
- SECTION 3. Chapter 111 of the General Laws is hereby amended by inserting after section 5S the following section:-
- Section 5T. Any citizen of Massachusetts seeking care for an illness or chronic disease who has a physician's referral or physician's written medical report, test, lab work, MRI, or
- 45 CAT-Scan can as their choice have a naturopathic professional or holistic practitioner treat his or
- 46 her Illness. A citizen seeking services from a naturopathic professional or holistic practitioner as
- 47 treatment for an illness or chronic disease shall be provided with a written treatment plan
- 48 detailing the process. A treatment plan may include any or all of the following: natural
- 49 supplements, exercise, diet plan including organic produce, logs, and other tools.
- SECTION 4. Chapter 118E of the General Laws is hereby amended by adding the following section:-
- 52 Section 78. The office of Medicaid shall, pursuant to Title XIX, or if necessary seek any
- 53 waiver regarding the provisions of coverage under Title XIX, provide coverage for naturopathic
- 54 professionals and holistic practitioner costs, natural supplements, fruits, vegetables, seeds, nuts
- 55 and foods prescribed by the professional, and tools needed for the prescribed diet plan including
- 56 written logs.

A naturopathic professional or holistic practitioner may order necessary lab work and tests as needed. The coverage shall continue according to the naturopathic professional's or holistic practitioner's treatment plan until a patient has recovered from his or her illness or chronic illness.

- (b) A patient, who qualifies for the coverage with a naturopathic professional or holistic practitioner, shall visit his or her treating professional's office not exceeding every 40 days for the first year and every 6 months thereafter.
- 64 (c) If a naturopathic professional or holistic practitioner determines the patient has not 65 followed the treatment plan, the insured shall notify the office of Medicaid to terminate coverage 66 under this section.
- (d) A patient, who has terminated treatment for any reason shall be re-evaluated and complete any application needed for reconsideration by the office of Medicaid.
- SECTION 5. Section 6 of chapter 118H of the General Laws is hereby amended by striking out subsection (a) and inserting in place thereof the following subsection:-
- (a) There shall be established a program for any resident with a household income that does not exceed 100 per cent of the federal poverty level, in which the board of the connector shall procure health insurance plans that include, but are not limited to: (1) inpatient services; (2) outpatient services and preventative care by participating providers; (3) prescription drugs as provided under the MassHealth formulary; (4) medically necessary inpatient and outpatient mental health services and substance abuse services; (5) medically necessary dental services, including preventative and restorative procedures; and (6) coverage for naturopathic professionals and holistic practitioner costs, lab work, natural supplements, fruits, vegetables, seeds, nuts and foods prescribed by the professional and tools needed for the prescribed diet plan including written logs as provided for in section 6A.
- SECTION 6. Said chapter 118H of the General Laws is hereby further amended by inserting after section 6 the following section:-
- Section 6A. (a) The coverage provided under clause (6) of subsection (a) of section 6 shall continue according to the naturopathic professional's or holistic practitioner's treatment plan until a patient has recovered from his or her illness or chronic illness.
- (b) A patient, who qualifies for the coverage with a naturopathic professional or holistic practitioner, shall visit his or her treating professional's office not exceeding every 40 days for the first year and every 6 months thereafter.
- (c) If a naturopathic professional or holistic practitioner determines the patient has not followed the treatment plan, the insured shall notify the insurer and the connector to terminate coverage under this section.

92 (d) A patient, who has terminated treatment for any reason shall be re-evaluated and 93 complete any application needed for reconsideration by the connector.

94 SECTION 7. Chapter 175 of the General Laws is hereby amended by inserting after section 47BB the following section:— 95

96 Section 47DD. (a) Any blanket or general policy of insurance, which is issued or 97 subsequently renewed by agreement between the insurer and the policy holder, within or without 98 the commonwealth, during the period this section is effective, or any policy of accident or sickness insurance as described in section 108 which provides hospital expense and surgical 100 expense insurance, except a policy which provides supplemental coverage to Medicare or other governmental programs, and which is delivered or issued for delivery or subsequently renewed 102 by agreement between the insurer and the policy holder in the commonwealth, during the period 103 that this section is effective, or any employees' health and welfare fund which provides hospital 104 expense and surgical expense benefits and which is promulgated or renewed to any person or 105 group of persons in the commonwealth, while this section is effective, shall provide coverage for 106 naturopathic professionals and holistic practitioner costs, natural supplements, fruits, vegetables, seeds, nuts and foods prescribed by the professional, and tools needed for the prescribed diet 107 108 plan including written logs.

A naturopathic professional or holistic practitioner may order necessary lab work and 110 tests as needed during the coverage. The coverage shall continue according to the naturopathic professional's or holistic practitioner's treatment plan until a patient has recovered from his or her illness or chronic illness.

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- 113 (b) A patient, who qualifies for the coverage with a naturopathic professional or holistic practitioner, shall visit his or her treating professional's office not exceeding every 40 days for 115 the first year and every 6 months thereafter.
- 116 (c) If a naturopathic professional or holistic practitioner determines the patient has not followed the treatment plan, the insured shall notify the insurer to terminate coverage under this 117 118 section.
- 119 (d) A patient, who has terminated treatment for any reason shall be re-evaluated and complete any application needed for reconsideration by the insurer. 120
- 121 SECTION 8. Chapter 176A of the General Laws is hereby amended by inserting after 122 section 8EE the following section:—
- 123 Section 8FF. (a) A contract between a subscriber and the corporation under an individual 124 or group hospital service plan which provides hospital expense and surgical expense insurance, 125 except contracts providing supplemental coverage to Medicare or other governmental programs, delivered, issued or renewed by agreement between the insurer and the policyholder, within or

127 without the commonwealth, shall provide benefits to all individual subscribers and members 128 within the commonwealth and to all group members having a principal place of employment 129 within the commonwealth for coverage for naturopathic professionals and holistic practitioner

130 costs, natural supplements, fruits, vegetables, seeds, nuts and foods prescribed by the

131 professional, and tools needed for the prescribed diet plan including written logs.

132 A naturopathic professional or holistic practitioner may order necessary lab work and 133 tests as needed during the coverage. The coverage shall continue according to the naturopathic professional's or holistic practitioner's treatment plan until a patient has recovered from his or 135 her illness or chronic illness.

- 136 (b) A patient, who qualifies for the coverage with a naturopathic professional or holistic 137 practitioner, shall visit his or her treating professional's office not exceeding every 40 days for 138 the first year and every 6 months thereafter.
- 139 (c) If a naturopathic professional or holistic practitioner determines the patient has not 140 followed the treatment plan, the insured shall notify the corporation to terminate coverage under 141 this section.
- 142 (d) A patient, who has terminated treatment for any reason shall be re-evaluated and 143 complete any application needed for reconsideration by the corporation.
- 144 SECTION 9. Chapter 176B of the General Laws is hereby amended by inserting after 145 section 4EE the following section:—
- 146 Section 4GG. Any subscription certificate under an individual or group medical service agreement, shall provide, as benefits to all individual subscribers or members within the 147 commonwealth and to all group members having a principal place of employment within the commonwealth, coverage for naturopathic professionals and holistic practitioner costs, natural supplements, fruits, vegetables, seeds, nuts and foods prescribed by the professional, and tools needed for the prescribed diet plan including written logs.

A naturopathic professional or holistic practitioner may order necessary lab work and tests as needed during the coverage. The coverage shall continue according to the naturopathic 153 professional's or holistic practitioner's treatment plan until a patient has recovered from his or her illness or chronic illness.

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- 156 (b) A patient, who qualifies for the coverage with a naturopathic professional or holistic practitioner, shall visit his or her treating professional's office not exceeding every 40 days for 157 158 the first year and every 6 months thereafter.
- 159 (c) If a naturopathic professional or holistic practitioner determines the patient has not 160 followed the treatment plan, the insured shall notify the insurer to terminate coverage under this 161 section.

- (d) A patient, who has terminated treatment for any reason shall be re-evaluated and complete any application needed for reconsideration by the insurer.
- SECTION 10. Chapter 176G of the General Laws is hereby amended by inserting after section 4W the following section:—
- Section 4X. (a) Individual and group health maintenance contracts shall provide coverage for naturopathic professionals and holistic practitioner costs, natural supplements, fruits, vegetables, seeds, nuts and foods prescribed by the professional, and tools needed for the prescribed diet plan including written logs.
- A naturopathic professional or holistic practitioner may order necessary lab work and tests as needed during the coverage. The coverage shall continue according to the naturopathic professional's or holistic practitioner's treatment plan until a patient has recovered from his or her illness or chronic illness.
- (b) A patient, who qualifies for the coverage with a naturopathic professional or holistic practitioner, shall visit his or her treating professional's office not exceeding every 40 days for the first year and every 6 months thereafter.
- 177 (c) If a naturopathic professional or holistic practitioner determines the patient has not 178 followed the treatment plan, the insured shall notify the insurer to terminate coverage under this 179 section.
- (d) A patient, who has terminated treatment for any reason shall be re-evaluated and complete any application needed for reconsideration by the insurer.
- SECTION 11. Notwithstanding any general or special law to the contrary, a naturopathic professional or holistic practitioner shall provide access to coverage for a patient through an electronic access, to the insurance company, the department of transitional assistance office of Medicaid, commonwealth care insurance companies and MassHealth. The coverage to a patient shall be funded by the patient's insurance provider or the commonwealth of Massachusetts and commonwealth care insurance companies or the department of transitional assistance.
- SECTION 12. This act shall apply to all policies, contracts, agreements, plans or certificates of insurance issued or delivered within the commonwealth on or after January 1, 2014, or upon renewal to all policies, contracts, agreements, plans or certificates of insurance in effect before January 1, 2014.