

**SENATE . . . . . No. 502**

**The Commonwealth of Massachusetts**

PRESENTED BY:

***Harriette L. Chandler***

*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 adoption of the accompanying bill:

An Act improving lives by ensuring access to brain injury treatment.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>Harriette L. Chandler</i>	<i>First Worcester</i>	
<i>Hannah Kane</i>	<i>11th Worcester</i>	<i>1/30/2017</i>
<i>Barbara A. L'Italien</i>	<i>Second Essex and Middlesex</i>	<i>1/31/2017</i>
<i>Kay Khan</i>	<i>11th Middlesex</i>	<i>1/31/2017</i>
<i>Steven S. Howitt</i>	<i>4th Bristol</i>	<i>2/1/2017</i>
<i>Jason M. Lewis</i>	<i>Fifth Middlesex</i>	<i>2/1/2017</i>
<i>James M. Cantwell</i>	<i>4th Plymouth</i>	<i>2/1/2017</i>
<i>Denise Provost</i>	<i>27th Middlesex</i>	<i>2/1/2017</i>
<i>Joan B. Lovely</i>	<i>Second Essex</i>	<i>2/1/2017</i>
<i>Viriato M. deMacedo</i>	<i>Plymouth and Barnstable</i>	<i>2/1/2017</i>
<i>Kate Hogan</i>	<i>3rd Middlesex</i>	<i>2/2/2017</i>
<i>Jack Lewis</i>	<i>7th Middlesex</i>	<i>2/2/2017</i>
<i>Thomas J. Calter</i>	<i>12th Plymouth</i>	<i>2/2/2017</i>
<i>Angelo J. Puppolo, Jr.</i>	<i>12th Hampden</i>	<i>2/3/2017</i>
<i>Anne M. Gobi</i>	<i>Worcester, Hampden, Hampshire and Middlesex</i>	<i>2/3/2017</i>
<i>Paul R. Heroux</i>	<i>2nd Bristol</i>	<i>2/3/2017</i>
<i>Colleen M. Garry</i>	<i>36th Middlesex</i>	<i>2/3/2017</i>

<i>Daniel J. Ryan</i>	<i>2nd Suffolk</i>	<i>2/3/2017</i>
<i>Marjorie C. Decker</i>	<i>25th Middlesex</i>	<i>2/3/2017</i>
<i>Patrick M. O'Connor</i>	<i>Plymouth and Norfolk</i>	<i>2/3/2017</i>
<i>James J. O'Day</i>	<i>14th Worcester</i>	<i>2/3/2017</i>
<i>John W. Scibak</i>	<i>2nd Hampshire</i>	<i>2/3/2017</i>
<i>Sal N. DiDomenico</i>	<i>Middlesex and Suffolk</i>	<i>2/3/2017</i>
<i>Keiko M. Orrall</i>	<i>12th Bristol</i>	<i>2/3/2017</i>
<i>Harold P. Naughton, Jr.</i>	<i>12th Worcester</i>	<i>2/3/2017</i>
<i>William N. Brownsberger</i>	<i>Second Suffolk and Middlesex</i>	<i>2/3/2017</i>
<i>James M. Murphy</i>	<i>4th Norfolk</i>	<i>2/3/2017</i>
<i>Walter F. Timilty</i>	<i>Norfolk, Bristol and Plymouth</i>	<i>2/3/2017</i>
<i>David M. Rogers</i>	<i>24th Middlesex</i>	<i>2/3/2017</i>
<i>Michael D. Brady</i>	<i>Second Plymouth and Bristol</i>	<i>2/7/2017</i>
<i>Jennifer L. Flanagan</i>	<i>Worcester and Middlesex</i>	<i>2/8/2017</i>

**SENATE . . . . . No. 502**

---

---

By Ms. Chandler, a petition (accompanied by bill, Senate, No. 502) of Harriette L. Chandler, Hannah Kane, Barbara A. L'Italien, Kay Khan and other members of the General Court for legislation relative to cognitive rehabilitation. Financial Services.

---

---

[SIMILAR MATTER FILED IN PREVIOUS SESSION  
SEE SENATE, NO. 485 OF 2015-2016.]

**The Commonwealth of Massachusetts**

\_\_\_\_\_  
**In the One Hundred and Ninetieth General Court  
(2017-2018)**  
\_\_\_\_\_

An Act improving lives by ensuring access to brain injury treatment.

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

1           The purpose of this bill is to mandate private insurers to fill the existing gap in coverage  
2 for post-acute cognitive rehabilitation services which are medically necessary for an individual to  
3 recover from an acquired brain injury and return to work, family life and safe functioning at  
4 home and in the community These services are crucial for an individual who has been medically  
5 stabilized and discharged from an acute hospital, but whose persistent cognitive deficits are  
6 severe enough to present personal safety concerns and require continued medical interventions.  
7 Cognitive Rehabilitation Therapy (CRT) is a process of re-learning cognitive skills essential for  
8 daily living through the coordinated specialized, integrated therapeutic treatments which are  
9 provided in dynamic settings designed for efficient and effective re-learning following brain

10 injury. Treatment can mean the difference between a lifetime of institutionalization and the  
11 ability to return to home and work.

12 SECTION 1. Chapter 32A of the General Laws, as appearing in the 2014 Official edition,  
13 is hereby amended by inserting after section 17O the following section:-

14 Section 17P. (a) For purposes of this section, the following terms shall have the following  
15 meanings:-

16 “Acquired brain injury (ABI)” is any injury to the brain which occurs after birth and can  
17 be caused by infectious diseases, metabolic disorders, endocrine disorders or diminished oxygen,  
18 brain tumors, toxins, disease that affects the blood supply to the brain, stroke or a traumatic brain  
19 injury.

20 “Cognitive communication therapy” treats problems with communication which have an  
21 underlying cause in a cognitive deficit rather than a primary language or speech deficit.

22 “Cognitive rehabilitation therapy (CRT)” is a process of re-learning cognitive skills  
23 essential for daily living through the coordinated specialized, integrated therapeutic treatments  
24 which are provided in dynamic settings designed for efficient and effective re-learning following  
25 damage to brain cells or brain chemistry due to brain injury.

26 “Community reintegration services” provide incremental guided real-world therapeutic  
27 training to develop skills essential for an individual to participate in life: to re-enter employment;  
28 to go to school and engage in other productive activity; to safely live independently; and to  
29 participate in their community while avoiding re-hospitalization and long-term support needs.

30           “Functional rehabilitation therapy and remediation” is a structured approach to  
31 rehabilitation for brain disorders which emphasizes learning by doing, and focuses re-learning a  
32 specific task in a prescribed format, with maximum opportunity for repeated correct practice.  
33 Compensatory strategies are developed for those skills which are persistently impaired and  
34 individuals are trained on daily implementation. To ensure acquisition and use, focus is set on re-  
35 learning those skills essential for safe daily living in the environment in which they will be used:  
36 home and community settings.

37           “Medical necessity” or “medically necessary,” health care services that are consistent  
38 with generally accepted principles of professional medical practice.

39           “Neurobehavioral therapy” is a set of medical and therapeutic assessment and treatments  
40 focused on behavioral impairments associated with brain disease or injury and the amelioration  
41 of these impairments through the development of pro-social behavior.

42           “Neurocognitive therapy” is treatment of disorders in which the primary clinical deficit is  
43 in cognitive function which has not been present since birth and is a decline from a previously  
44 attained level of function.

45           “Neurofeedback therapy” is a direct training of brain function to enhance self-regulatory  
46 capacity or an individual’s ability to exert control over behavior, thoughts and feelings. It is a  
47 form of biofeedback whereby a patient can learn to control brain activity that is measured and  
48 recorded by an electroencephalogram.

49           “Neuropsychological testing” is a set of medical and therapeutic assessment and  
50 treatments focused on amelioration of cognitive, emotional, psychosocial and behavioral deficits  
51 caused by brain injury.

52           “Psychophysiological testing and treatment” is a set of medical and therapeutic  
53 assessment and treatments focused on psychophysiological disorders or physical disorders with  
54 psychological overlay.

55           “Post-acute residential treatment” includes integrated medical and therapeutic services,  
56 treatment, education, and skills training within a 24/7 real-world environment of care- a home  
57 and community setting. Maximum opportunity to for correct practice of skill in the context of  
58 use develops new neural pathways which ensure ongoing skill use and avoidance of re-  
59 hospitalization and long term care.

60           (b) Any coverage offered by the commission to an active or retired employee of the  
61 commonwealth insured under the group insurance commission shall provide coverage for  
62 medically necessary treatment related to or as a result of an acquired brain injury. Medically  
63 necessary treatment shall include, but is not limited to, cognitive rehabilitation therapy; cognitive  
64 communication therapy; neurocognitive therapy and rehabilitation; neurobehavioral,  
65 neurophysiological, neuropsychological and psychophysiological testing and treatment;  
66 neurofeedback therapy; functional rehabilitation therapy and remediation; community  
67 reintegration services; post-acute residential treatment services; inpatient services; outpatient and  
68 day treatment services; home and community based treatment. The benefits in this section shall  
69 not include any lifetime limitation or unreasonable annual limitation of the number of days or  
70 sessions of treatment services. Any limitations shall be separately stated by the commission. The  
71 benefits in this section shall not be subject to any greater deductible, coinsurance, copayments, or  
72 out-of-pocket limits than any other benefit provided by the commission.

73 (c) The commissioner of insurance shall require a health benefit plan issuer to provide  
74 adequate training to personnel responsible for preauthorization of coverage or utilization review  
75 for services under this section, in consultation with the Brain Injury Association of  
76 Massachusetts.

77 (d) Individual practitioners and treatment facilities shall be qualified to provide acute care  
78 and post-acute care rehabilitation services through possession of the appropriate licenses,  
79 accreditation, training and experience deemed customary and routine in the trade practice.

80 SECTION 2. Chapter 175 of the General Laws, as so appearing, is hereby amended by  
81 inserting after section 47II, the following section:-

82 Section 47JJ. (a) For purposes of this section, the following terms shall have the  
83 following meanings:-

84 “Acquired brain injury (ABI)” is any injury to the brain which occurs after birth and can  
85 be caused by infectious diseases, metabolic disorders, endocrine disorders or diminished oxygen,  
86 brain tumors, toxins, disease that affects the blood supply to the brain, stroke or a traumatic brain  
87 injury.

88 “Cognitive communication therapy” treats problems with communication which have an  
89 underlying cause in a cognitive deficit rather than a primary language or speech deficit.

90 “Cognitive rehabilitation therapy (CRT)” is a process of relearning cognitive skills  
91 essential for daily living through the coordinated specialized, integrated therapeutic treatments  
92 which are provided in dynamic settings designed for efficient and effective re-learning following  
93 damage to brain cells or brain chemistry due to brain injury.

94 “Community reintegration services” provide incremental guided real-world therapeutic  
95 training to develop skills essential for an individual to participate in life: to re-enter employment;  
96 to go to school and engage in other productive activity; to safely live independently; and to  
97 participate in their community while avoiding re-hospitalization and long-term support needs.

98 “Functional rehabilitation therapy and remediation” is a structured approach to  
99 rehabilitation for brain disorders which emphasizes learning by doing, and focuses relearning a  
100 specific task in a prescribed format, with maximum opportunity for repeated correct practice.  
101 Compensatory strategies are developed for those skills which are persistently impaired and  
102 individuals are trained on daily implementation. To ensure acquisition and use, focus is set on re-  
103 learning those skills essential for safe daily living in the environment in which they will be used:  
104 home and community settings.

105 “Medical necessity” or “medically necessary,” health care services that are consistent  
106 with generally accepted principles of professional medical practice.

107 “Neurobehavioral therapy” is a set of medical and therapeutic assessment and treatments  
108 focused on behavioral impairments associated with brain disease or injury and the amelioration  
109 of these impairments through the development of pro-social behavior.

110 “Neurocognitive therapy” is treatment of disorders in which the primary clinical deficit is  
111 in cognitive function which has not been present since birth and is a decline from a previously  
112 attained level of function.

113 “Neurofeedback therapy” is a direct training of brain function to enhance self-regulatory  
114 capacity or an individual’s ability to exert control over behavior, thoughts and feelings. It is a



115 form of biofeedback whereby a patient can learn to control brain activity that is measured and  
116 recorded by an electroencephalogram.

117 “Neuropsychological testing” is a set of medical and therapeutic assessment and  
118 treatments focused on amelioration of cognitive, emotional, psychosocial and behavioral deficits  
119 caused by brain injury.

120 “Psychophysiological testing and treatment” is a set of medical and therapeutic  
121 assessment and treatments focused on psychophysiological disorders or physical disorders with  
122 psychological overlay.

123 “Post-acute residential treatment” includes integrated medical and therapeutic services,  
124 treatment, education, and skills training within a 24/7 real-world environment of care - a home  
125 and community setting. Maximum opportunity for correct practice of skill in the context of use  
126 develops new neural pathways which ensure ongoing skill use and avoidance of re-  
127 hospitalization and long term care.

128 (b) The following shall provide coverage for medically necessary treatment related to or  
129 as a result of an acquired brain injury: (ii) any policy of accident and sickness insurance, as  
130 described in section 108, which provides hospital expense and surgical expense insurance and  
131 which is delivered, issued or subsequently renewed by agreement between the insurer and  
132 policyholder in the commonwealth; (ii) any blanket or general policy of insurance described in  
133 subdivision (A), (C) or (D) of section 110 which provides hospital expense and surgical expense  
134 insurance and which is delivered, issued or subsequently renewed by agreement between the  
135 insurer and the policyholder in or outside of the commonwealth; or (iii) any employees’ health  
136 and welfare fund which provides hospital expense and surgical expense benefits and which is

137 delivered, issued or renewed to any person or group of persons in the commonwealth. Medically  
138 necessary treatment shall include, but is not limited to, cognitive rehabilitation therapy; cognitive  
139 communication therapy; neurocognitive therapy and rehabilitation; neurobehavioral,  
140 neurophysiological, neuropsychological and psychophysiological testing and treatment;  
141 neurofeedback therapy; functional rehabilitation therapy and remediation; community  
142 reintegration services; post-acute residential treatment services; inpatient services; outpatient and  
143 day treatment services; home and community based treatment. The benefits in this section shall  
144 not include any lifetime limitation or unreasonable annual limitation of the number of days or  
145 sessions of treatment services. Any limitations shall be separately stated by the insurer. The  
146 benefits in this section shall not be subject to any greater deductible, coinsurance, copayments, or  
147 out-of-pocket limits than any other benefit provided by the insurer.

148 (c) The commissioner of insurance shall require a health benefit plan issuer to provide  
149 adequate training to personnel responsible for preauthorization of coverage or utilization review  
150 for services under this section, in consultation with the Brain Injury Association of  
151 Massachusetts.

152 (d) Individual practitioners and treatment facilities shall be qualified to provide acute care  
153 and post-acute care rehabilitation services through possession of the appropriate licenses,  
154 accreditation, training and experience deemed customary and routine in the trade practice.

155 SECTION 3. Chapter 176A of the General Law, as so appearing, is hereby amended by  
156 inserting after section 8KK the following section:-

157 Section 8LL. (a) For purposes of this section, the following terms shall have the  
158 following meanings:-

159           “Acquired brain injury (ABI)” is any injury to the brain which occurs after birth and can  
160 be caused by infectious diseases, metabolic disorders, endocrine disorders or diminished oxygen,  
161 brain tumors, toxins, disease that affects the blood supply to the brain, stroke or a traumatic brain  
162 injury.

163           “Cognitive communication therapy” treats problems with communication which have an  
164 underlying cause in a cognitive deficit rather than a primary language or speech deficit.

165           “Cognitive rehabilitation therapy (CRT)” is a process of re-learning cognitive skills  
166 essential for daily living through the coordinated specialized, integrated therapeutic treatments  
167 which are provided in dynamic settings designed for efficient and effective re-learning following  
168 damage to brain cells or brain chemistry due to brain injury.

169           “Community reintegration services” provide incremental guided real-world therapeutic  
170 training to develop skills essential for an individual to participate in life: to re-enter employment;  
171 to go to school and engage in other productive activity; to safely live independently; and to  
172 participate in their community while avoiding re-hospitalization and long term support needs.

173           “Functional rehabilitation therapy and remediation” is a structured approach to  
174 rehabilitation for brain disorders which emphasizes learning by doing, and focuses re-learning a  
175 specific task in a prescribed format with maximum opportunity for repeated correct practice.  
176 Compensatory strategies are developed for those skills which are persistently impaired and  
177 individuals are trained on daily implementation. To ensure acquisition and use, focus is set on re-  
178 learning those skills essential for safe daily living in the environment in which they will be used:  
179 home and community settings.

180 “Medical necessity” or “medically necessary,” health care services that are consistent  
181 with generally accepted principles of professional medical practice.

182 “Neurobehavioral therapy” is a set of medical and therapeutic assessment and treatments  
183 focused on behavioral impairments associated with brain disease or injury and the amelioration  
184 of these impairments through the development of pro-social behavior.

185 “Neurocognitive therapy” is treatment of disorders in which the primary clinical deficit is  
186 in cognitive function which has not been present since birth and is a decline from a previously  
187 attained level of function.

188 “Neurofeedback therapy” is a direct training of brain function to enhance self-regulatory  
189 capacity or an individual’s ability to exert control over behavior, thoughts and feelings. It is a  
190 form of biofeedback whereby a patient can learn to control brain activity that is measured and  
191 recorded by an electroencephalogram.

192 “Neuropsychological testing” is a set of medical and therapeutic assessment and  
193 treatments focused on amelioration of cognitive, emotional, psychosocial and behavioral deficits  
194 caused by brain injury.

195 “Psychophysiological testing and treatment” is a set of medical and therapeutic  
196 assessment and treatments focused on psychophysiological disorders or physical disorders with  
197 psychological overlay.

198 “Post-acute residential treatment” includes integrated medical and therapeutic services,  
199 treatment, education, and skills training within a 24/7 real-world environment of care- a home  
200 and community setting. Maximum opportunity for correct practice of skill in the context of use

201 develops new neural pathways which ensure ongoing skill use and avoidance of re-  
202 hospitalization and long term care.

203 (b) Any contract between a subscriber and the corporation under an individual or group  
204 hospital service plan which is delivered, issued or renewed within the commonwealth shall  
205 provide coverage for medically necessary treatment related to or as a result of an acquired brain  
206 injury. Medically necessary treatment shall include, but is not limited to, cognitive rehabilitation  
207 therapy; cognitive communication therapy; neurocognitive therapy and rehabilitation;  
208 neurobehavioral, neurophysiological, neuropsychological and psychophysiological testing and  
209 treatment; neurofeedback therapy; functional rehabilitation therapy and remediation; community  
210 reintegration services; post-acute residential treatment services; inpatient services; outpatient and  
211 day treatment services; home and community based treatment. The benefits in this section shall  
212 not include any lifetime limitation or unreasonable annual limitation of the number of days or  
213 sessions of treatment services. Any limitations shall be separately stated by the insurer. The  
214 benefits in this section shall not be subject to any greater deductible, coinsurance, copayments, or  
215 out-of-pocket limits than any other benefit provided by the insurer.

216 (c) The commissioner of insurance shall require a health benefit plan issuer to provide  
217 adequate training to personnel responsible for preauthorization of coverage or utilization review  
218 for services under this section, in consultation with the Brain Injury Association of  
219 Massachusetts.

220 (d) Individual practitioners and treatment facilities shall be qualified to provide acute care  
221 and post-acute care rehabilitation services through possession of the appropriate licenses,  
222 accreditation, training and experience deemed customary and routine in the trade practice.

223 SECTION 4. Chapter 176B of the General Laws, as so appearing, is hereby amended by  
224 inserting after section 4KK the following section:-

225 Section 4LL. (a) For purposes of this section, the following terms shall have the  
226 following meanings:-

227 “Acquired brain injury (ABI)” is any injury to the brain which occurs after birth and can  
228 be caused by infectious diseases, metabolic disorders, endocrine disorders or diminished oxygen,  
229 brain tumors, toxins, disease that affects the blood supply to the brain, stroke or a traumatic brain  
230 injury.

231 “Cognitive communication therapy” treats problems with communication which have an  
232 underlying cause in a cognitive deficit rather than a primary language or speech deficit.

233 “Cognitive rehabilitation therapy (CRT)” is a process of relearning cognitive skills  
234 essential for daily living through the coordinated specialized, integrated therapeutic treatments  
235 which are provided in dynamic settings designed for efficient and effective re-learning following  
236 damage to brain cells or brain chemistry due to brain injury.

237 “Community reintegration services” provide incremental guided real-world therapeutic  
238 training to develop skills essential for an individual to participate in life: to re-enter employment;  
239 to go to school and engage in other productive activity; to safely live independently; and to  
240 participate in their community while avoiding re-hospitalization and long term support needs.

241 “Functional rehabilitation therapy and remediation” is a structured approach to  
242 rehabilitation for brain disorders which emphasizes learning by doing, and focuses re-learning a  
243 specific task in a prescribed format, with maximum opportunity for repeated correct practice.

244 Compensatory strategies are developed for those skills which are persistently impaired and  
245 individuals are trained on daily implementation. To ensure acquisition and use, focus is set on re-  
246 learning those skills essential for safe on daily living in the environment in which they will be  
247 used: home and community settings.

248 “Medical necessity” or “medically necessary,” health care services that are consistent  
249 with generally accepted principles of professional medical practice.

250 “Neurobehavioral therapy” is a set of medical and therapeutic assessment and treatments  
251 focused on behavioral impairments associated with brain disease or injury and the amelioration  
252 of these impairments through the development of pro-social behavior.

253 “Neurocognitive therapy” is treatment of disorders in which the primary clinical deficit is  
254 in cognitive function which has not been present since birth and is a decline from a previously  
255 attained level of function.

256 “Neurofeedback therapy” is a direct training of brain function to enhance self-regulatory  
257 capacity or an individual’s ability to exert control over behavior, thoughts and feelings. It is a  
258 form of biofeedback whereby a patient can learn to control brain activity that is measured and  
259 recorded by an electroencephalogram.

260 “Neuropsychological testing” is a set of medical and therapeutic assessment and  
261 treatments focused on amelioration of cognitive, emotional, psychosocial and behavioral deficits  
262 caused by brain injury;

263           “Psychophysiological testing and treatment” is a set of medical and therapeutic  
264 assessment and treatments focused on psychophysiological disorders or physical disorders with  
265 psychological overlay.

266           “Post-acute residential treatment” includes integrated medical and therapeutic services,  
267 treatment, education, and skills training within a 24/7 real-world environment of care, – a home  
268 and community setting. Maximum opportunity for correct practice of skill in the context of use  
269 develops new neural pathways which ensure ongoing skill use and avoidance of re-  
270 hospitalization and long term care.

271           (b) Any subscription certificate under an individual or group medical service agreement  
272 delivered, issued or renewed within the commonwealth shall provide coverage for medically  
273 necessary treatment related to or as a result of an acquired brain injury. Medically necessary  
274 treatment shall include, but is not limited to, cognitive rehabilitation therapy; cognitive  
275 communication therapy; neurocognitive therapy and rehabilitation; neurobehavioral,  
276 neurophysiological, neuropsychological and psychophysiological testing and treatment;  
277 neurofeedback therapy; functional rehabilitation therapy and remediation; community  
278 reintegration services; post-acute residential treatment services; inpatient services; outpatient and  
279 day treatment services; home and community based treatment. The benefits in this section shall  
280 not include any lifetime limitation or unreasonable annual limitation of the number of days or  
281 sessions of treatment services. Any limitations shall be separately stated by the insurer. The  
282 benefits in this section shall not be subject to any greater deductible, coinsurance, copayments, or  
283 out-of-pocket limits than any other benefit provided by the insurer.



284 (c) The commissioner of insurance shall require a health benefit plan issuer to provide  
285 adequate training to personnel responsible for preauthorization of coverage or utilization review  
286 for services under this section, in consultation with the Brain Injury Association of  
287 Massachusetts.

288 (d) Individual practitioners and treatment facilities shall be qualified to provide acute care  
289 and post-acute care rehabilitation services through possession of the appropriate licenses,  
290 accreditation, training and experience deemed customary and routine in the trade practice.

291 SECTION 5. Chapter 176G of the General Laws, as so appearing, is hereby amended by  
292 inserting after section 4CC the following section:-

293 Section 4DD. (a) For purposes of this section, the following terms shall have the  
294 following meanings:-

295 “Acquired brain injury (ABI)” is any injury to the brain which occurs after birth and can  
296 be caused by infectious diseases, metabolic disorders, endocrine disorders or diminished oxygen,  
297 brain tumors, toxins, disease that affects the blood supply to the brain, stroke or a traumatic brain  
298 injury.

299 “Cognitive communication therapy” treats problems with communication which have an  
300 underlying cause in a cognitive deficit rather than a primary language or speech deficit.

301 “Cognitive rehabilitation therapy (CRT)” is a process of relearning cognitive skills  
302 essential for daily living through the coordinated specialized, integrated therapeutic treatments  
303 which are provided in dynamic settings designed for efficient and effective re-learning following  
304 damage to brain cells or brain chemistry due to brain injury.

305           “Community reintegration services” provide incremental guided real-world therapeutic  
306 training to develop skills essential for an individual to participate in life: to re-enter employment;  
307 to go to school or engage in other productive activity; to safely live independently; and to  
308 participate in their community while avoiding re-hospitalization and long term support needs.

309           “Functional rehabilitation therapy and remediation” is a structured approach to  
310 rehabilitation for brain disorders which emphasizes learning by doing, and focuses re-learning a  
311 specific task in a prescribed format, with maximum opportunity for repeated correct practice.  
312 Compensatory strategies are developed for those skills which are persistently impaired and  
313 individuals are trained on daily implementation. To ensure acquisition and use, focus is set on re-  
314 learning those skills essential for safe daily living in the environment in which they will be used:  
315 home and community settings.

316           “Medical necessity” or “medically necessary,” health care services that are consistent  
317 with generally accepted principles of professional medical practice.

318           “Neurobehavioral therapy” is a set of medical and therapeutic assessment and treatments  
319 focused on behavioral impairments associated with brain disease or injury and the amelioration  
320 of these impairments through the development of pro-social behavior.

321           “Neurocognitive therapy” is treatment of disorders in which the primary clinical deficit is  
322 in cognitive function which has not been present since birth and is a decline from a previously  
323 attained level of function.

324           “Neurofeedback therapy” is a direct training of brain function to enhance self-regulatory  
325 capacity or an individual’s ability to exert control over behavior, thoughts and feelings. It is a

326 form of biofeedback whereby a patient can learn to control brain activity that is measured and  
327 recorded by an electroencephalogram.

328 “Neuropsychological testing” is a set of medical and therapeutic assessment and  
329 treatments focused on amelioration of cognitive, emotional, psychosocial and behavioral deficits  
330 caused by brain injury.

331 “Psychophysiological testing and treatment” is a set of medical and therapeutic  
332 assessment and treatments focused on psychophysiological disorders or physical disorders with  
333 psychological overlay.

334 “Post-acute residential treatment” includes integrated medical and therapeutic services,  
335 treatment, education, and skills training within a 24/7 real-world environment of care— a home  
336 and community setting. Maximum opportunity for correct practice of skill in the context of use  
337 develops new neural pathways which ensure ongoing skill use and avoidance of re-  
338 hospitalization and long term care.

339 (b) Any individual or group health maintenance contract shall provide coverage for  
340 medically necessary treatment related to or as a result of an acquired brain injury. Medically  
341 necessary treatment shall include, but is not limited to, cognitive rehabilitation therapy; cognitive  
342 communication therapy; neurocognitive therapy and rehabilitation; neurobehavioral,  
343 neurophysiological, neuropsychological and psychophysiological testing and treatment;  
344 neurofeedback therapy; functional rehabilitation therapy and remediation; community  
345 reintegration services; post-acute residential treatment services; inpatient services; outpatient and  
346 day treatment services; home and community based treatment. The benefits in this section shall  
347 not include any lifetime limitation or unreasonable annual limitation of the number of days or

348 sessions of treatment services. Any limitations shall be separately stated by the insurer. The  
349 benefits in this section shall not be subject to any greater deductible, coinsurance, copayments, or  
350 out-of-pocket limits than any other benefit provided by the insurer.

351 (c) The commissioner of insurance shall require a health benefit plan issuer to provide  
352 adequate training to personnel responsible for preauthorization of coverage or utilization review  
353 for services under this section, in consultation with the Brain Injury Association of  
354 Massachusetts.

355 (d) Individual practitioners and treatment facilities shall be qualified to provide acute care  
356 and post-acute care rehabilitation services through possession of the appropriate licenses,  
357 accreditation, training and experience deemed customary and routine in the trade practice.