

SENATE No. 624

The Commonwealth of Massachusetts

PRESENTED BY:

Jennifer L. Flanagan

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 to require equitable access to behavioral health services for MassHealth consumers.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>Jennifer L. Flanagan</i>	<i>Worcester and Middlesex</i>	
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>	<i>2/3/2017</i>

SENATE No. 624

By Ms. Flanagan, a petition (accompanied by bill, Senate, No. 624) of Jennifer L. Flanagan and James B. Eldridge for legislation to provide equitable access to behavioral health for MassHealth consumers. Health Care Financing.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE SENATE, NO. 585 OF 2015-2016.]

The Commonwealth of Massachusetts

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

An Act to require equitable access to behavioral health services for MassHealth consumers.

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

1 SECTION 1. Section 12 of chapter 118E of the General Laws, as appearing in the 2014
2 Official Edition, is hereby amended by inserting at the end of the ninth paragraph the following:-

3 The Division shall certify and ensure that all contracted accountable care organizations,
4 contracted health insurers, health plans, health maintenance organizations, and behavioral health
5 management firms and third party administrators under contract to a Medicaid managed care
6 organization or primary care clinician plan provide comparable access to behavioral health
7 services, benefits, and medications in providing medical assistance to recipients.

8 The Division shall obtain the approval of the Secretary of the Executive Office of Health
9 and Human Services for all behavioral health services, benefits, and medications, including but

10 not limited to policies, protocols, standards, contract specifications, utilization review and
11 utilization management criteria and outcome measurements, used by all contracted accountable
12 care organizations, contracted insurers, health plans, health maintenance organizations,
13 behavioral health management firms and third party administrators under contract to a Medicaid
14 managed care organization or primary care clinician plan.