

SENATE No. 776

The Commonwealth of Massachusetts

PRESENTED BY:

John F. Keenan

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>John F. Keenan</i>	<i>Norfolk and Plymouth</i>	
<i>Elizabeth A. Malia</i>	<i>11th Suffolk</i>	<i>2/24/2021</i>

SENATE No. 776

By Mr. Keenan, a petition (accompanied by bill, Senate, No. 776) of John F. Keenan and Elizabeth A. Malia for legislation to provide equitable access to behavioral health for MassHealth consumers. Health Care Financing.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE SENATE, NO. 691 OF 2019-2020.]

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-Second General Court
(2021-2022)**

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 2018
2 Official Edition, is hereby amended by inserting after the ninth paragraph the following
3 paragraphs:-

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

9 The Division shall obtain the approval of the Secretary of the Executive Office of Health
10 and Human Services for all behavioral health services, benefits, and medications, including but
11 not limited to policies, protocols, standards, contract specifications, utilization review and
12 utilization management criteria and outcome measurements, used by all contracted accountable
13 care organizations, contracted insurers, health plans, health maintenance organizations,
14 behavioral health management firms and third party administrators under contract to a Medicaid
15 managed care organization or primary care clinician plan.