

HOUSE No. 2404

The Commonwealth of Massachusetts

PRESENTED BY:

Elizabeth A. Malia and 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 improve access to behavioral health services.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
<i>Elizabeth A. Malia</i>	<i>11th Suffolk</i>
<i>Jennifer L. Flanagan</i>	<i>Worcester and Middlesex</i>
<i>John F. Keenan</i>	<i>Norfolk and Plymouth</i>
<i>Thomas M. McGee</i>	<i>Third Essex</i>
<i>Joan B. Lovely</i>	<i>Second Essex</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>
<i>Barbara A. L'Italien</i>	<i>Second Essex and Middlesex</i>
<i>Steven Ultrino</i>	<i>33rd Middlesex</i>
<i>Denise Provost</i>	<i>27th Middlesex</i>
<i>Linda Dean Campbell</i>	<i>15th Essex</i>
<i>José F. Tosado</i>	<i>9th Hampden</i>
<i>Mathew Muratore</i>	<i>1st Plymouth</i>
<i>David M. Rogers</i>	<i>24th Middlesex</i>
<i>Michelle M. DuBois</i>	<i>10th Plymouth</i>

HOUSE No. 2404

By Representative Malia of Boston and Senator Keenan, a joint petition (accompanied by bill, House, No. 2404) of Elizabeth A. Malia and others relative to access to behavioral health services. Mental Health, Substance Use and Recovery.

The Commonwealth of Massachusetts

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

An Act to improve access to behavioral health services.

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 19 of Chapter 118E, as appearing in the 2014 Official Edition, is
2 hereby amended by adding after the first paragraph, the following new paragraph:-

3 “The division and its contracted health insurers, health plans, health maintenance
4 organizations, behavioral health management firms and third party administrators under contract
5 to a Medicaid managed care organization or primary care clinician plan shall not require
6 preauthorization or prior authorization before obtaining medically necessary mental health
7 services within an inpatient psychiatric facility licensed by the Department of Mental Health;
8 provided that the facility shall provide the division or its contractors notification of admission
9 within 48 hours of admission; provided further, that utilization review procedures may be
10 initiated after 48 hours of admission; and provided further, that Emergency Service Program
11 teams, so-called, as contracted through MassHealth to conduct behavioral health screenings,
12 shall not be considered a preauthorization or prior authorization requirement pursuant to any

13 admission under this section. Medical necessity shall be determined by the treating healthcare
14 provider and noted in the member's medical record.”

15 SECTION 2. Notwithstanding any general or special law, rule or regulation to the
16 contrary, the Office of Medicaid shall develop a streamlined process to enhance the current
17 community-based behavioral health screening process and direct Medicaid contracted health
18 insurers, health plans, health maintenance organizations, behavioral health management firms
19 and third party administrators under contract to a Medicaid managed care organization or the
20 Medicaid primary care clinician plans to allow admission to inpatient behavioral health services
21 from a community-based setting where a patient is presenting with a behavioral health condition
22 that requires such admission but does not require a medical screening examination in an
23 emergency department. Said process shall be developed after consultation with a working group
24 that includes representatives from the Association for Behavioral Healthcare, Massachusetts
25 College of Emergency Physicians, Massachusetts Psychiatric Society, Massachusetts Health and
26 Hospital Association, National Alliance on Mental Illness, the Massachusetts Association of
27 Behavioral Health Systems, and all applicable carriers that cover such services. The Office of
28 Medicaid shall file a report on the status of the working group, progress of the streamlined
29 process, and, if necessary, legislative recommendations with the clerks of the senate and house of
30 representatives, the house and senate chairs of the joint committee on mental health and
31 substance abuse, the joint committee on public health, the joint committee on health care
32 financing and the house and senate committees on ways and means no later than six months after
33 the first meeting of the working group. A report of the final implemented streamlined process
34 shall be filed with said committees no later than July 31, 2019.

35 SECTION 3: Notwithstanding any general or special law to the contrary, the secretary of
36 the Executive Office of Health and Human Services, or a designee, in conjunction with the chief
37 justice of the Trial Court, or a designee, shall develop a statewide sequential intercept model to
38 identify opportunities for early intervention and treatment for those with serious mental illness
39 and co-occurring mental health and substance use disorders in the criminal justice system in
40 order to improve coordination and collaboration, identify gaps in services, and prioritize action
41 steps to develop best practices for improving access to mental health and substance use disorder
42 treatment services in the commonwealth. The Secretary and Chief Justice shall develop the
43 model in coordination with a working group consisting of representatives from the Association
44 of Behavioral Healthcare, Massachusetts College of Emergency Physicians, Massachusetts
45 Psychiatric Society, Massachusetts Health and Hospital Association, National Alliance on
46 Mental Illness, the Massachusetts Association of Behavioral Health Systems, Blue Cross Blue
47 Shield of Massachusetts, the Massachusetts Association of Health Plans, the Massachusetts
48 Department of Correction, the Massachusetts Sheriffs' Association and other criminal justice
49 reform advocacy groups as designated by the Secretary and Chief Justice. Based on the results of
50 the completed sequential intercept model, the Secretary, or a designee, shall further develop and
51 manage a statewide database for providers, the office of Medicaid, carriers, sheriffs, corrections
52 facilities, and the trial courts that provides up-to-date information on: 1) existing inpatient,
53 outpatient, and community-based mental health and substance use disorder providers by location;
54 2) the types of services provided at each location; and 3) the commercial insurance, Medicaid or
55 other forms of benefit coverage available for each service at each location. Such database may
56 be incorporated as part of an existing website or provider-based forum for communicating access
57 to mental health and substance use disorder services. The database should be completed and

58 available to healthcare providers and carriers for care management purposes, including the
59 ability to develop a process to allow for such data to be transmitted to a provider's electronic
60 medical record through a Health Information Exchange platform or care coordination tool no
61 later than January 1, 2019