court may: (i) award actual damages in an amount not to ex
$500; (ii) enter an order to restrain such unlawful conduct; and
award reasonable attorney fees.

(f) A place of religious instruction or worship shall not be su
to this section.

**111:222. Interscholastic athletic head injury safety training
written authorization required for participation in extra
athletic activity following unconsciousness or diagnosis of c
maintenance of records showing compliance with section;**

Section 222. (a) The department shall direct the division
lence and injury prevention to develop an interscholastic a
head injury safety training program in which all public scho
any school subject to the Massachusetts Interscholastic Athl
sociation rules shall participate. Participation in the progra
be required annually of coaches, trainers and parent volunt
any extracurricular athletic activity; physicians and nurses
employed by a school or school district or who volunteer
with an extracurricular athletic activity; school athletic d
directors responsible for a school marching band; and a par
gal guardian of a child who participates in an extracurric
letic activity.

In developing the program, the division may use any of th
als readily available from the Centers for Disease Control
vention. The program shall include, but not be limite
current training in recognizing the symptoms of potenti
strophic head injuries, concussions and injuries related to
pact syndrome; and (2) providing students that particip
extracurricular athletic activity, including membership in
band, the following information annually: a summary of
rules and regulations relative to safety regulations for st
ticipation in extracurricular athletic activities, including
protocol for post-concussion participation or participatio
tracurricular athletic activity; written information relate
ognition of symptoms of head injuries, the biology and th
and long-term consequences of a concussion.

(b) The department shall develop forms on which stud
instructed to provide information relative to any sports
history at the start of each sports season. These forms
the signature of both the student and the parent or le
thereof. Once complete, the forms shall be forwarded
prior to allowing any student to participate in an ex
athletic activity so as to provide coaches with up-to-dat

an athlete's head injury history and to enable coaches to
udents who are at greater risk for repeated head injuries.

tudent participating in an extracurricular athletic activity
nconscious during a practice or competition, the student
turn to the practice or competition during which the stu-
e unconscious or participate in any extracurricular ath-
until the student provides written authorization for
cipation, from a licensed physician, licensed
ogist, certified athletic trainer or other appropriately
ensed health care professional as determined by the de-
ublic health, to the school's athletic director.

suffers a concussion as diagnosed by a medical profes-
spected to have suffered a concussion while participat-
acurricular athletic activity, the student shall not
ractice or competition during which the student suf-
pected to have suffered, a concussion and shall not
y extracurricular athletic activity until the student
authorization for such participation, from a licensed
ed neuropsychologist, certified athletic trainer or
y trained or licensed health care professional as
department of public health, to the school's ath-

er or volunteer for an extracurricular athletic ac-
ourage or permit a student participating in the ac-
any unreasonably dangerous athletic technique
ndangers the health of a student, including us-
ther sports equipment as a weapon.

ent of the school district or the director of a
complete and accurate records of the district's
e with the requirements of this section. A
ply with this section, as determined by the de-
ect to penalties as determined by the depart-

ction shall be construed to waive liability or
trict or its officers or employees. This sec-
liability for a course of legal action against
rs or employees.

eers to assist with an extracurricular ath-
liable for civil damages arising out of any
the requirements of this section, unless
wantonly negligent in his act or omission.

pt regulations to carry out this section.

CHAPTER 111E

DRUG REHABILITATION

111E:1. Definitions

Section 1. For the purposes of this chapter the follow… shall, unless the context requires otherwise, have th… meanings:—

"Administrator", the person in charge of the operation… or a penal facility, or his designee.

"Advisory board", the drug rehabilitation advisory boa…

"Assignment", the order of the court, pursuant to … request, placing the defendant, if determined to be a … person who would benefit by treatment, in the care … ment facility.

"Department", department of public health.

"Dependency related drug", a controlled substa… section one of chapter ninety-four C.

"Director", the director of the division of drug re…

"Division", the division of drug rehabilitation.

"Drug", any controlled substance as defined in … C, or glue or cement, as defined in section nin… hundred and seventy.

…g dependent person", a person who is unable to function effec- …nd whose inability to do so causes, or results from, the use of …other than alcohol, tobacco or lawful beverages containing caf- …nd other than from a medically prescribed drug when such … medically indicated and the intake is proportioned to the …need.

…ffense", an act or omission relating to a dependency related …h constitutes an offense pursuant to section twenty-one or …n (1) of section twenty-four of chapter ninety, section eight …n ninety B, chapter ninety-four C or section sixty-two of …e hundred and thirty-one; provided, however, in the case …le this definition shall be applicable if said juvenile is …h being delinquent by reason of an offense pursuant to …

…ny public or private place, or portion thereof, which is …located at a penal institution and which is not operated …government, providing services especially designed for …of drug dependent persons or persons in need of imme…e due to the use of a dependency related drug.

…ility", any place, or portion thereof, operated by the …ent, which is not part of or located at a penal institu…rvices especially designed for the treatment of drug …s or persons in need of immediate treatment due to …ndency related drug.

…ense", that illegal act which stands pending for …sted for prior drug offenses in which the case has …vorably to the defendant, shall be considered as a …

…hiatrist", a psychiatrist, other than one holding …ent in any department, board, or agency of the …any public facility or penal facility.

…ian", a physician, other than one holding an of… any department, board, or agency of the com…ublic facility or penal facility.

…mitted to any facility for treatment.

…titution, or any part thereof, other than an …hereof operated by the federal government, …nement of persons accused or convicted of …limited to, jails, prisons, houses of correc…itutions, providing services especially de… drug dependent persons.

…egistered in accordance with chapter one …

"Private facility", a facility, other than one operated by the feder
government, the commonwealth or any political subdivision thereo

"Psychiatrist", a physician who has board certification or board e
gibility in psychiatry.

"Public facility", a facility operated by the commonwealth or a
political subdivision thereof.

"Sale", includes but is not limited to any dispensing or distribu
which constitutes an offense pursuant to the provisions of cha
ninety-four C.

"Tolerance", a state in which increased dosage of a dependency
lated drug is required to produce the physiological and psycholo
effects of prior dosages.

"Treatment", services and programs for the care and rehabili
of drug dependent persons, or persons in need of immediate
tance due to the use of a dependency related drug, including, b
limited to, medical, psychiatric, psychological, vocational,
tional, and recreational services and programs.

"Withdrawal", the involuntary physical and psychological r
or illness which occurs when the intake of a dependency relat
to which the user has developed a tolerance is abruptly termi

**111E:2. Division of drug rehabilitation; director; duti
ments; employees**

Section 2. There shall be in the department a division o
habilitation. The division shall take cognizance of all matte
ing drug dependency in the commonwealth. The director
the chief administrative and executive officer of the divi
shall administer the rules and regulations of the division
prepare proposed rules and regulations for the considera
commissioner. He shall submit annually to the commis
port containing recommendations for legislation relating
pendency.

The approval of the commissioner shall be required for
ary request of the division, the planning and construction
by the division, any exercise of the power of eminent do
division, all contracts and agreements entered into by
relating to the use and occupation of real property, and
tion by the division for a grant or loan from the federa

The director shall, subject to the approval of the com
point the administrator of each facility operated by the
suant to this chapter. Each such administrator sh
qualified by training and experience to operate a

ent of drug dependent persons or persons in need of immedi- 20
istance due to the use of a dependency related drug. 21

director may, subject to the approval of the commissioner, ap- 22
ch hearings officers as may be necessary. Hearings of the di- 23
hall be conducted by the director or a hearings officer. The 24
may also, subject to the approval of the commissioner, estab- 25
other positions and employ such additional personnel and 26
nts as he may consider appropriate to carry out the provi- 27
his chapter. The provisions of chapter thirty-one shall not 28
the director, physicians, psychiatrists, and psychologists 29
full medical, psychiatric or psychological responsibility, 30
is applicable, as opposed to administrative responsibility, 31
s; provided, however, that all persons so employed and all 32
tablished which, as a condition of receiving federal grants 33
s and activities to which federal standards for a merit 34
rsonnel administration relate, make necessary the appli- 35
provisions of the civil service law shall be subject to the 36
chapter thirty-one if such federal standards are uniform 37
38

habilitation advisory board

There shall be in the division a drug rehabilitation ad- 1
nsisting of the commissioners of public health, correc- 2
tion and education, the commissioner of youth 3
missioner of probation and seven experts in the field 4
ncy appointed by the governor, at least one of whom 5
bilitated drug dependent person. Of the members 6
wo shall be appointed for a term of one year, two 7
d for a term of two years, and three shall be ap- 8
of three years. Thereafter the governor shall ap- 9
succeed those appointed members whose terms 10
terms of three years. Each appointed member 11
is successor is appointed and has qualified. No 12
ppointed to serve more than two consecutive three 13
embers of the advisory board shall serve without 14
hall be reimbursed for their expenses actually 15
rred in the discharge of their duties. The gover- 16
designate the chairman of the advisory board 17
bers. 18

shall in its general advisory capacity assist the 19
ng the efforts of all public agencies and private 20
viduals within the commonwealth concerned 21
r treatment of drug dependency, providing for 22
ffective utilization of resources and facilities, 23
rehensive program for treatment of drug de- 24

pendent persons and persons in need of immediate assistance due
the use of a dependency related drug. The advisory board sh
make an annual report to the governor and a copy thereof shall
made available to the commissioner and to the secretary of hea
and human services.

The commissioner of mental health shall be an ex officio membe
the advisory board and in such capacity shall advise and make
ommendations to the advisory board.

**111E:4. Comprehensive plan for the treatment of drug depe
sons**

Section 4. The director shall, subject to the approval of the
missioner, prepare and submit to the governor, and from time to
amend, a comprehensive plan for the treatment in public, p
and federal facilities of drug dependent persons and persons i
of immediate assistance due to the use of a dependency
drug. The director, in developing such plan, shall consult w
advisory board, officials of appropriate departments or agen
the federal government and the commonwealth and its politic
divisions, and private organizations and individuals with a
ward providing coordinated and integrated services
community level. The plan shall include a detailed estimat
cost of its implementation and of the extent to which funds,
or services may be available from the commonwealth or any
litical subdivisions, the federal government or any private so

**111E:5. Comprehensive program for treatment of drug d
sons; treatment facilities; annual report; list of facilitie**

Section 5. The division shall establish a comprehensive
for the treatment of drug dependent persons and persons
immediate assistance due to the use of a dependency rela
The director, subject to the approval of the commissioner,
the commonwealth into not less than four nor more than
for the conduct of said program and shall establish stand
development of the program on the regional level. In
such regions, consideration shall be given to city, town
lines, population concentrations, the areas established by
ment of mental health pursuant to section twelve of c
teen, and any relevant uniform rules and regulations pro
the commissioner of administration and finance.

The program of the division shall include provision fo
following:

(a) Facilities wherein treatment is available to pers
immediate assistance due to the use of a dependency re

cilities wherein inpatient treatment is available which shall,
xtent appropriate and possible, be affiliated with and consti-
ntegral part of the medical service of a general hospital;

ilities wherein outpatient treatment is available;

lities wherein residential aftercare is available, such as in
ouses;

l facilities.

rtment shall provide sufficient treatment facilities, public
for the treatment of drug dependent persons committed or
rsuant to the provisions of this chapter.

n shall maintain, supervise and control all facilities op-
pursuant to this chapter and all such facilities shall be
an adequate number of qualified and trained person-
inistrator of each such facility shall make an annual
ctivities to the director in such form and manner as the
appropriate.

te resources, particularly community mental health
coordinated with and utilized in the program when-

hall prepare and publish annually a list of all facili-
deral facilities, operating in accordance with this
make it available to all district and superior court
commonwealth on an annual basis and to members
request. Such list shall include, but not be lim-
:

treatment

ment offered

lity fees

nt capacity

rgency treatment

t quarterly by the director to all district and
within the commonwealth containing updated
ist. Said notices shall also state the last
r admission to each facility.

es of division

n is hereby authorized, empowered and di-

(d) The cost of the program shall be funded in part by premiums contributed by enrollees. The premiums shall be set forth in regula- tions of the executive office of health and human services; but, ens rollees in households earning less than 200 per cent of the federal poverty level shall not be responsible for contributing to program premium costs.

(e) Notwithstanding the premium contribution requirements e tablished by this section, no enrollee shall be exempt from the payment requirements established herein or by the division. S co-payments shall be designed to encourage the cost-effective cost conscious use of said services.

(f) The division shall promulgate regulations necessary to im ment the requirements of this section and shall maximize feder nancial participation for state expenditures made on beha program enrollees.

(g) The division shall report quarterly to the house and committees on ways and means and to the joint committee on care on enrollment demographics, claims expenditures and the alized costs of said program. The division shall file notice w committees and the secretary of the executive office of adm tion not less than thirty days before modifying program bene eligibility standards that are intended to ensure that progra are limited to the funds appropriated therefore.

(h) The program established by this section shall not gi enforceable legal rights in any party or an enforceable entit the services funded herein and nothing stated herein sh strued as giving rise to such enforceable legal rights or su able entitlement.

118E:10G. Coverage for children under age 18 for c palate

[Text of section applicable as provided by 2012, 234, S

Section 10G. For children under the age of 18, the cover the cost of treating cleft lip and cleft palate. shall include benefits for medical, dental, oral and fac gical management and follow-up care by oral and p orthodontic treatment and management, preventat ative dentistry to ensure good health and adequate for orthodontic treatment or prosthetic manageme therapy, audiology and nutrition services, if such scribed by the treating physician or surgeon and surgeon certifies that such services are medically n sequent to the treatment of the cleft lip, cleft pa

overage required by this section shall be subject to the terms and onditions applicable to other benefits. Payment for dental or orth- dontic treatment not related to the management of the congenital ndition of cleft lip and cleft palate shall not be covered under this ction.

0H. Coverage for medically necessary treatments for persons r than 21 years old diagnosed with an autism spectrum disor- a licensed physician or a licensed psychologist

Text of section added by 2014, 226, Sec. 25. See, also, Section added by 2014, 258, Sec. 19 effective October 1, 2015.]

ction 10H. Subject to the availability of federal financial par- ation, the division shall cover medically necessary treatments for ns younger than 21 years old who are receiving medical cover- nder this chapter and who are diagnosed with an autism spec- disorder by a licensed physician or a licensed psychologist. If l funds are available to the commonwealth, said coverage shall e, but shall not be limited to, services for applied behavior is supervised by a board certified behavior analyst and dedi- nd non-dedicated augmentative and alternative communica- vices, including, but not limited to medically necessary

Coverage for medically necessary acute treatment and bilization services

f section added by 2014, 258, Sec. 19 effective October 1, e 2014, 258, Sec. 45. See, also, Section 10H added by 2014, 25.]

10H. For the purposes of this section the following terms ss the context clearly requires otherwise, have the follow- ogs:—

eatment services", 24–hour medically supervised addiction or adults or adolescents provided in a medically managed y monitored inpatient facility, as defined by the depart- ic health, that provides evaluation and withdrawal man- d which may include biopsychosocial assessment, d group counseling, psychoeducational groups and dis- ing.

abilization services", 24–hour clinically managed post treatment for adults or adolescents, as defined by the f public health, usually following acute treatment ser- tance abuse, which may include intensive education g regarding the nature of addiction and its conse-

quences, relapse prevention, outreach to families and significant others and aftercare planning, for individuals beginning to engage in recovery from addiction.

The division and its contracted health insurers, health plans, health maintenance organizations, behavioral health management firms and third party administrators under contract to a Medicaid managed care organization or primary care clinician plan shall cover the cost of medically necessary acute treatment services and shall not require a preauthorization prior to obtaining treatment.

The division and its contracted health insurers, health plans, health maintenance organizations, behavioral health management firms and third party administrators under contract to a Medicaid managed care organization or primary care clinician plan shall cover the cost of medically necessary clinical stabilization services for no more than 14 days and shall not require preauthorization prior to obtaining clinical stabilization services; provided that the facility shall provide the carrier both notification of admission and the initial treatment plan within 48 hours of admission; provided further, that utilization review procedures may be initiated on day 7.

Medical necessity shall be determined by the treating clinician in consultation with the patient and noted in the patient's medical record.

118E:11. Cooperation with federal authorities

Section 11. The division shall, within the limits of funds which have been appropriated for the purposes of this chapter, cooperate with the appropriate federal authorities in the administration of Title XIX, under which federal funds are available to the commonwealth for Medicaid, and accept for the commonwealth any funds thereof. The state treasurer shall be the custodian of such funds located to the commonwealth.

118E:12. Policies; procedures; rules and regulations

Section 12. In administering the medical assistance program established under this chapter, the division shall formulate methods, policies, procedures, standards and criteria, and rules and regulations, standards and criteria, as may be necessary for the economical and efficient operation of those programs in a manner consistent with simplicity of administration and the best interests of recipients.

The division may enter into any types of contracts for the purchase of medical services as the division deems necessary to carry out the provisions of this chapter, including, but not limited to, provider contracts, volume purchase contracts, preferred provider

managed care contracts; provided, that such contracts are reviewed by the center for health information and analysis and the executive office of administration and finance. The division may negotiate the ate of reimbursement to the provider under any such contract, and ny such negotiated rate shall not be subject to the provisions of section thirty-two of chapter six A.

The division may take such further action, consistent with law and thin the limits of available funds appropriated for the purposes of is chapter, as may be necessary for carrying out the purposes of s program in conformity with all requirements governing the ilability of federal financial participation to the commonwealth er said Title XIX, and Title XXI including said provisions relato notice and reimbursement, a uniform system of records and unts to be kept by the regional or local offices and the manner form of making reports to the division. Without limiting the erality of the foregoing, the division may withhold provider pays to ensure sufficient funds will be available to satisfy any nts that may become due from a provider, upon notification to rovider of the amount subject to such withholding and the reaherefor, or where otherwise required or permitted under fedaw.

division may adopt, promulgate, amend and rescind rules and ions suitable or necessary to carry out the provisions of this and said Title XIX and any amendments thereto, and as ined from time to time by the Secretary. Rules and regulations estrict eligibility or covered services require a public hearing ection 2 of chapter 30A.

ules and regulations shall include provisions requiring pro- long term care services intending to withdraw from the assistance programs established by this chapter to provide ntinuing care or appropriate relocation of the medical assispients residing in their facilities.

ision may require any long term care provider expressing n to withdraw from said programs whose facility is able to tandards for participation in said programs to enter into a provider contract with the division under which the produes to provide services only to those patients residing in at the time the provider announces its intention to withare eligible for medical assistance or who become eligible assistance during the term of the contract. Such rules ions shall also provide that any such provider who has rom said programs may not participate in said programs of time, not exceeding five years, specified in said regula-

the department with respect to retention of custody, transfer, p
or discharge. Jurisdiction is retained in the committing or othe
propriate court of the commonwealth at any time to inquire in
mental condition of the person so committed, and to determi
necessity for continuance of his restraint, and all commitment
suant to this section are so conditioned.

(c) Upon receipt of a certificate of said Veterans Administra
such other agency of the United States that facilities are a
for the care or treatment of any person committed to any fac
the mentally ill or other institution for the care or treatment
sons similarly afflicted and that such person is eligible for
treatment, the department or the committing court may ca
transfer of such person to said Veterans Administration
agency of the United States for care or treatment. Upon
any such transfer, the committing court or proper officer
shall be notified thereof by the transferring agency. No per
be transferred to said Veterans Administration or other agen
United States if he is confined pursuant to conviction of any
misdemeanor or if he has been acquitted of the charge sole
grounds of insanity, unless prior to transfer the court or
thority originally committing such person shall enter an
such transfer after appropriate motion and hearing. A
transferred as provided in this subsection shall be deemed
mitted to said Veterans Administration or other agency of
States pursuant to the original commitment.

123:35. Commitment of alcoholics or substance abusers

Section 35. For the purposes of this section, "alcoh
mean a person who chronically or habitually consumes al
erages to the extent that (1) such use substantially injure
or substantially interferes with his social or economic fun
(2) he has lost the power of self-control over the use of
ages.

For the purposes of this section, "substance abuser" s
person who chronically or habitually consumes or inges
substances or who intentionally inhales toxic vapors t
that: (i) such use substantially injures his health or sub
terferes with his social or economic functioning; or (ii)
the power of self-control over the use of such controlled
toxic vapors.

Any police officer, physician, spouse, blood relative,
court official may petition in writing any district cour
sion of the juvenile court department for an order of c
a person whom he has reason to believe is an alcoholi

Upon receipt of a petition for an order of commitment of a
d any sworn statements the court may request from the pe-
e court shall immediately schedule a hearing on the peti-
all cause a summons and a copy of the application to be
n the person in the manner provided by section twenty-
er two hundred and seventy-six. In the event of the per-
to appear at the time summoned, the court may issue a
the person's arrest. Upon presentation of such a peti-
are reasonable grounds to believe that such person will
nd that any further delay in the proceedings would pres-
diate danger to the physical well-being of the respon-
urt may issue a warrant for the apprehension and
such person before it. No arrest shall be made on
unless the person may be presented immediately be-
the district court. The person shall have the right to
by legal counsel and may present independent expert
ony. If the court finds the person indigent, it shall
point counsel. The court shall order examination by
ician, a qualified psychologist or a social worker.

aring and based upon competent testimony, which
t not be limited to, medical testimony, the court
erson is an alcoholic or substance abuser and there
serious harm as a result of the person's alcoholism
e, the court may order such person to be committed
exceed 90 days, followed by the availability of case
ces provided by the department of public health
rovided, however, that a review of the necessity of
all take place by the superintendent on days 30,
ong as the commitment continues. A person so
released prior to the expiration of the period of
ritten determination by the superintendent that
n will not result in a likelihood of serious harm.
all be for the purpose of inpatient care in public
pproved by the department of public health un-
the care and treatment of alcoholism or sub-
erson may be committed to the Massachusetts
at Bridgewater, if a male, or at Framingham,
re not suitable facilities available under said
d, however, that the person so committed shall
separately from convicted criminals. Such
ase, be encouraged to consent to further treat-
wed voluntarily to remain in the facility for
rtment of mental health, in conjunction with
ic health, shall maintain a roster of public
ailable, together with the number of beds
he care and treatment of alcoholism or sub-

stance abuse and shall make the roster available to the distri
courts on a monthly basis.

Nothing in this section shall preclude any public or private facil
for the care and treatment of alcoholism or substance abuse, incl
ing the separated facilities at the Massachusetts correctional inst
tions at Bridgewater and Framingham, from treating persons o
voluntary basis.

The court, in its order, shall specify whether such commitme
based upon a finding that the person is a person with an alcoho
disorder, substance use disorder, or both. The court, upon ord
the commitment of a person found to be a person with an alcoh
disorder or substance use disorder pursuant to this section,
transmit the person's name and nonclinical identifying inform
including the person's social security number and date of bi
the department of criminal justice information services. The
shall notify the person that such person is prohibited from b
sued a firearm identification card pursuant to section 129B o
ter 140 or a license to carry pursuant to sections 131 and
said chapter 140 unless a petition for relief pursuant to this
is subsequently granted.

After 5 years from the date of commitment, a person foun
person with an alcohol use disorder or substance use diso
committed pursuant to this section may file a petition for r
the court that ordered the commitment requesting that the
store the person's ability to possess a firearm, rifle or shot
court may grant the relief sought in accordance with the p
due process if the circumstances regarding the person's di
condition and the person's record and reputation are det
be such that: (i) the person is not likely to act in a ma
dangerous to public safety; and (ii) the granting of relie
be contrary to the public interest. In making the determ
court may consider evidence from a licensed physician or
chologist that the person is no longer suffering from th
condition that caused the disability or that the disease
has been successfully treated for a period of 3 consecuti

If the court grants a petition for relief pursuant to th
clerk shall provide notice immediately by forwarding a
of the order for relief to the department of criminal ju
tion services, who shall transmit the order, pursuant
(h) of section 167A of chapter 6, to the attorney genera
States to be included in the National Instant Crimin
Check System.

3]

son whose petition for relief is denied may appeal to the ap- 106
division of the district court for a de novo review of the de- 107
108

ient records; inspection; maintenance and retention

36. The department shall keep records of the admission, 1
and periodic review of all persons admitted to facilities 2
upervision. Such records shall be private and not open to 3
ection except (1) upon proper judicial order whether or not 4
n with pending judicial proceedings, (2) that the commis- 5
allow the attorney of a patient or resident to inspect re- 6
patient or resident if requested to do so by the patient, 7
ttorney, (3) that the commissioner may permit inspec- 8
ure when in the best interest of the patient or resident 9
the rules and regulations of the department and (4) as 10
ction one hundred and seventy-eight C to one hundred 11
ght *O*, inclusive, of chapter six. This section shall 12
ient records of the department notwithstanding any 13
of law. Each facility, subject to this chapter and sec- 14
ter 19, that provides mental health care and treat- 15
aintain patient records, as defined in the first 16
ion 70 of chapter 111, for at least 20 years after the 17
rd due to discharge, death or last date of service. 18
t destroy such records until after the retention pe- 19
nd only upon notifying the department of public 20
ords will be destroyed, provided that the depart- 21
gate regulations further defining an appropriate 22
. On the notice of privacy practices distributed to 23
cility shall provide: (i) information concerning 24
section; and (ii) the hospital or clinic's records 25
26

of examination or commitment; privacy

ports of examinations made to a court pursu- 1
eighteen, inclusive, section forty-seven and 2
ate except in the discretion of the court. All 3
t, notices, orders of commitment and other 4
in proceedings under sections one to eigh- 5
ve shall be private except in the discretion 6
shall keep a private docket of the cases of 7
believed to be mentally ill, including pro- 8
rty-five; provided that nothing in this sec- 9
spection of any complaints or indictments 10
nt any notation in the ordinary docket of 11
commitment proceedings under sections 12

138:1. Definitions

Section 1. The following words as used in this chapter, u context otherwise requires, shall have the following meanin

"Alcohol", all alcohol other than denatured alcohol or al scribed in section three hundred and three A of chapter nin

"Alcoholic beverages", any liquid intended for human co as a beverage and containing one half of one per cent or m hol by volume at sixty degrees Fahrenheit.

"Club", a corporation chartered for any purpose descri tion two of chapter one hundred and eighty, whether und state law, including any body or association lawfully ope a charter granted by a parent body so chartered, and i any organization or unit mentioned in clause twelfth of chapter forty, owning, hiring, or leasing a building, building, of such extent and character as may be su equate for the reasonable and comfortable use and acc its members; provided, that its affairs and manage ducted by a board of directors, executive committee, chosen by the members at its annual meeting, and or any officer, agent or employee of the club is paid, directly receives in the form of salary or other co profits from the disposition or sale of alcoholic beve amount of such salary as may be fixed and voted two months after January first in each year by the directors or other governing body and as shall in t local licensing authorities and the commission proper compensation for the services of such me or employee. Such club shall file with the local and the commission annually within three m first in each year a list of the names and reside gether with the amount of salary or compensa employee engaged in the handling or selling o

"Commission", the alcoholic beverages co lished under section 70 of chapter 10.

"Continuing care retirement community", tinuing care to residents as defined by sect vided, however, that such facility shall i living residence pursuant to chapter 19D.

wine shipper", a person who sells, delivers or exports wine mers in the commonwealth under a license issued pursuant n 19F.

r-brewer", any person who grows cereal grains or hops for se of producing malt beverages and who is licensed to oper- ner-brewery under section nineteen C;

-brewery", any plant or premise where malt beverages are rom the fermentation of malt with or without cereal grains able sugars, or of hops, provided that said hops or cereal grown by the farmer-brewer.

distiller", a person who grows fruits, flowers, herbs, veg- eal grains or hops for the purpose of producing alcoholic nd who is licensed to operate a farmer-distillery under

stillery", a plant or premise where distilled spirits are nufactured or distilled.

nery", any plant or premise where wine is produced, led or fortified from fruits, flowers, herbs or vegetables.

ilding or part of a building owned or leased and oper- son holding a duly issued and valid license as an r the provisions of chapter one hundred and forty and dequate and sanitary kitchen and dining room equip- ity for preparing, cooking and serving suitable food cluding travelers and strangers and its other patrons and in addition meeting and complying with all the posed upon innholders under said chapter one hun-

orities", the commission or the local licensing au- as the case may be.

dial", all alcoholic beverages manufactured or pro- r redistilling neutral spirits, brandy, gin, or other th or over fruits, flowers, plants or pure juices natural flavoring materials, or with extracts de- s, percolations, or maceration of such materials less than two and one-half percent sugar by

uthorities", the licensing boards and commissions ity or town under special statute or city charter r or corresponding provisions of earlier laws, or, uch board or commission or having a board ren- section eight, the aldermen, or, in a town hav- commission, the selectmen.

"Malt beverages", all alcoholic beverages manufactured or prod by the process of brewing or fermentation of malt, with or wit cereal grains or fermentable sugars, or of hops, and containing more than twelve per cent of alcohol by weight.

"Pub brewer", a person who is licensed to operate a pub br under section 19D.

"Pub brewery", a plant or premise licensed under sections 19D where malt beverages are authorized to be produced a and where alcoholic beverages or wine or malt beverages only thorized to be sold for consumption on the premises acco commission regulations.

"Restaurant", space, in a suitable building, leased or owned by a person holding a duly issued and valid license mon victualler under the provisions of said chapter one hu forty, and provided with adequate and sanitary kitchen room equipment and capacity for preparing, cooking a suitable food for strangers, travelers and other patrons a ers, and in addition meeting and complying with all ments imposed upon common victuallers under said hundred and forty. No advertising matter, screen, curt obstruction which, in the opinion of the licensing auth vents a clear view of the interior of a restaurant shall b in or on any window or door thereof after the said aut ordered the removal of such obstruction and have af censee thereof a reasonable opportunity to remove the

"Ship chandler", one whose primary business is pro and equipment to ships.

"Tavern", an establishment where alcoholic bevera as authorized by this chapter, with or without food and drunk by patrons in plain view of other patron which shall open directly from a public way. The b therein shall be open to public view from the side establishment shall be properly lighted. No wind way shall be obstructed by any screen or other ob than five feet above the level of the sidewalk on ment abuts, but in no event shall any screen or clear view of the interior of said tavern.

"Winegrower", any person licensed to operate der section nineteen B.

"Winery", a plant or premise where wine blended or fortified from fruits, flowers, herbs wine is bottled or packaged.

ines", all fermented alcoholic beverages made from fruits, flow- herbs or vegetables and containing not more than twenty-four nt of alcohol by volume at sixty degrees Fahrenheit, except ci- ntaining not more than three per cent, or containing more than cent, of alcohol by weight at sixty degrees Fahrenheit.

nufacture and sale of alcoholic beverages

n 2. No person shall manufacture, with intent to sell, sell e or keep for sale, store, transport, import or export alcoholic s or alcohol, except as authorized by this chapter; but the s of this chapter shall not apply to sales, storage or trans- by a person or public officer under a provision of law which im to sell personal property, or to sales, storage or trans- by executors, administrators, receivers and trustees duly by proper judicial order or decree, except that any re- ustee in bankruptcy or otherwise appointed by any court, orized by said court to conduct in whole or in part any thority to grant a license for which is given by this chap- oes conduct any such business in whole or in part, shall all provisions of the sections under which their licenses nd to all other provisions of this chapter applicable to the same as if it were conducted by an individual, corporation. No alcoholic beverage which has been e or other casualty may be offered for sale in the com- any such beverage shall be destroyed by the owner and conditions as the commission shall determine. any other provision of this section, beer or other which has been determined by the alcoholic bever- mission, to have been damaged by fire or other casu- offered for sale in the commonwealth and shall be owner on such terms and conditions as said com- rmine. Any holder of a license under this chapter rtgage to secure a loan or debt any alcoholic bever- hich he is authorized to sell and the pledgee or in conformity with the terms of such pledge or store and transport such alcoholic beverages or uch conditions and restrictions as the commission vided, that no such pledge or mortgage shall be erson holding any interest in a business licensed Violation of any provision of this section shall be rovided in section twenty-two by a fine of not d nor more than one thousand dollars or by im- re than one year, or both.

use of interactive audio, video or other electronic media for the pur
pose of diagnosis, consultation or treatment. "Telemedicine" shall
not include the use of audio-only telephone, facsimile machine o
e-mail.

(b) An insurer may limit coverage of telemedicine services to thos
health care providers in a telemedicine network approved by the in
surer.

(c) A contract that provides coverage for services under this secti
may contain a provision for a deductible, copayment or coinsuran
requirement for a health care service provided through telemedici
as long as the deductible, copayment or coinsurance does not exce
the deductible, copayment or coinsurance applicable to an in-per
consultation,

(d) Coverage for health care services under this section shall
consistent with coverage for health care services provided thr
in-person consultation.

175:47BB. Coverage for children under age 18 for cleft lip palate

[Text of section added by 2012, 234, Sec. 3 See also, Section added by 2012, 224, Sec. 158, above.]

Section 47BB. An individual policy of accident and sickne
surance issued under section 108 that provides hospital expen
surgical expense insurance and any group blanket or general
of accident and sickness insurance issued under section 110 th
vides hospital expense and surgical expense insurance, whic
sued or renewed within or without the commonwealth, that
child under the age of 18 shall cover the cost of treating cleft
cleft palate for the child. The coverage shall include ben
medical, dental, oral and facial surgery, surgical managem
follow-up care by oral and plastic surgeons, orthodontic t
and management, preventative and restorative dentistry t
good health and adequate dental structures for orthodon
ment or prosthetic management therapy, speech therapy,
and nutrition services, if such services are prescribed by th
physician or surgeon and such physician or surgeon cer
such services are medically necessary and consequent to
ment of the cleft lip, cleft palate or both. The coverage r
this section shall be subject to the terms and conditions a
other benefits. Payment for dental or orthodontic treatm
lated to the management of the congenital conditions of
cleft palate shall not be covered under this section.

[There is no 175:47CC.]

Coverage for orally administered anticancer medications

on 47DD. Any policy, contract, agreement, plan or certificate
rance issued, delivered or renewed within the commonwealth
ovides medical expense coverage for cancer chemotherapy
t shall provide coverage for prescribed, orally administered
er medications used to kill or slow the growth of cancerous
basis not less favorable than intravenously administered or
ncer medications that are covered as medical benefits. An
patient cost sharing for anticancer medications shall not
to achieve compliance with this section.

verage for abuse deterrent opioid drug products

ction added by 2014, 258, Sec. 21 effective October 1, 14, 258, Sec. 45.]

E. Any policy, contract, agreement, plan or certificate
sued, delivered or renewed within the commonwealth,
dered creditable coverage under section 1 of chapter
vide coverage for abuse deterrent opioid drug prod-
e formulary, compiled pursuant to subsection (b) of
pter 17, on a basis not less favorable than non-abuse
drug products that are covered by such policy, con-
plan or certificate of insurance. An increase in pa-
shall not be allowed to achieve compliance with

ization or substance abuse treatment not to be re-

ded by 2014, 258, Sec. 21 effective October 1, Sec. 45.]

the purposes of this section the term "sub-
" shall include: early intervention services
der treatment; outpatient services including
pies; intensive outpatient and partial hospi-
dential or inpatient services, not covered un-
d medically managed intensive inpatient
er said section 47GG.

eement, plan or certificate of insurance is-
within the commonwealth, which is con-
under section 1 of chapter 118M, shall

not require a member to obtain a preauthorization for substance
abuse treatment if the provider is certified or licensed by the depart
ment of public health.

**175:47GG. Coverage for medically necessary acute treatmen
clinical stabilization services**

*[Text of section added by 2014, 258, Sec. 21 effective October
2015. See 2014, 258, Sec. 45.]*

Section 47GG. For the purposes of this section the followi
terms shall, unless the context clearly requires otherwise, have t
following meanings:—

"Acute treatment services", 24–hour medically supervised addicti
treatment for adults or adolescents provided in a medically manag
or medically monitored inpatient facility, as defined by the depa
ment of public health, that provides evaluation and withdrawal m
agement and which may include biopsychosocial assessme
individual and group counseling, psychoeducational groups and
charge planning.

"Clinical stabilization services", 24–hour clinically managed
detoxification treatment for adults or adolescents, as defined by
department of public health, usually following acute treatment
vices for substance abuse, which may include intensive educ
and counseling regarding the nature of addiction and its c
quences, relapse prevention, outreach to families and significan
ers and aftercare planning, for individuals beginning to enga
recovery from addiction.

Any policy, contract, agreement, plan or certificate of insura
sued, delivered or renewed within the commonwealth, which
sidered creditable coverage under section 1 of chapter 118M
provide coverage for medically necessary acute treatment s
and medically necessary clinical stabilization services for up
tal of 14 days and shall not require preauthorization prior to
ing acute treatment services or clinical stabilization se
provided that the facility shall provide the carrier both notific
admission and the initial treatment plan within 48 hours of
sion; provided further, that utilization review procedures ma
tiated on day 7.

Medical necessity shall be determined by the treating clin
consultation with the patient and noted in the patient's me
cord.

**Stock companies; formation; capital; stock; options; pro-
fined**

on 48. As used in this section, the following words shall, un-
e context clearly requires otherwise, have the following
gs:—

mum capital", the common capital stock that must constantly
tained by a stock insurance company as required by this sec-

s", the excess of admitted assets over the sum of capital
ities.

m surplus", the surplus that must constantly be main-
n insurance company as required by this section in the
utual company, minimum surplus shall be equal to the
minimum capital and minimum surplus requirements
stock insurance companies in this section.

re persons residents of this commonwealth may form a
y (a) to transact the business set forth in any one of the
rth in section forty-seven, excepting the third or seven-
transact the business set forth in the first and eighth
, (c) to transact the business set forth in the first and
thereof, in the first and seventeenth clauses thereof,
nd and eighth clauses thereof, or in the first, second,
enteenth clauses thereof, (d) to transact the business
two or more of the fourth, fifth, sixth, seventh,
nth, twelfth and thirteenth clauses thereof, or (e) to
ness set forth in the sixth and sixteenth clauses

nized under this section shall have a paid-up capi-

clause, to insure only against sickness and against
death by accident of the insured; and under the
and nineteenth clauses, not less than one hun-
rs.

st and eighth, fourth, fifth, except as otherwise
nth, ninth, tenth, or twelfth clauses, not less
usand dollars.

use, except as otherwise provided herein, not
thousand dollars.

use, and under the first and second clauses
insurance, and under the first, second ex-
surance, and eighth clauses, not less than
dollars.

agement of the congenital conditions of cleft lip and cleft palate
not be covered under this section.

176A:8FF. Coverage for orally administered anticancer me

Section 8FF. Any contract between a subscriber and the co
tion under an individual or group hospital service plan which
livered, issued or renewed within the commonwealth that
coverage for cancer chemotherapy treatment shall provide
for prescribed, orally administered anticancer medications
kill or slow the growth of cancerous cells on a basis not less
than intravenously administered or injected cancer medicati
are covered as medical benefits. An increase in patient co
for anticancer medications shall not be allowed to achieve
with this section.

176A:8GG. Coverage for abuse deterrent opioid drug p

[Text of section added by 2014, 258, Sec. 23 effective
2015. See 2014, 258, Sec. 45.]

Section 8GG. Any contract between a subscriber and
tion under an individual or group hospital service plan
livered, issued or renewed within the commonwealth
coverage for abuse deterrent opioid drug products list
mulary, compiled pursuant to subsection (b) of section
17, on a basis not less favorable than non-abuse d
drug products that are covered by the individual or
service plan. An increase in patient cost sharing
lowed to achieve compliance with this section.

176A:8HH. Preauthorization for substance abus
required

[Text of section added by 2014, 258, Sec. 23
2015. See 2014, 258, Sec. 45.]

Section 8HH. For the purposes of this sec
stance abuse treatment" shall include: early
for substance use disorder treatment; outpa
medically assisted therapies; intensive outpa
talization services; residential or inpatient se
der section 8*II*; and medically managed inte
not covered under said section 8*II*.

Any contract between a subscriber and t
individual or group hospital service plan wh
renewed within the commonwealth shall n
tain a preauthorization for substance abus
is certified or licensed by the department

Coverage for medically necessary acute treatment or clini-
ation services

of section added by 2014, 258, Sec. 23 effective October 1,
ee 2014, 258, Sec. 45.]

8*II*. For the purposes of this section the following terms
less the context clearly requires otherwise, have the follow-
ngs:—

reatment services", 24–hour medically supervised addiction
for adults or adolescents provided in a medically managed
y monitored inpatient facility, as defined by the depart-
lic health, that provides evaluation and withdrawal man-
d which may include biopsychosocial assessment,
d group counseling, psychoeducational groups and dis-
ng.

abilization services", 24–hour clinically managed post
treatment for adults or adolescents, as defined by the
public health, usually following acute treatment ser-
ance abuse, which may include intensive education
regarding the nature of addiction and its conse-
prevention, outreach to families and significant oth-
e planning, for individuals beginning to engage in
diction.

etween a subscriber and the corporation under an
p hospital service plan which is delivered, issued or
e commonwealth shall provide coverage for medi-
ute treatment services and medically necessary
n services for up to a total of 14 days and shall
horization prior to obtaining acute treatment ser-
bilization services; provided that the facility shall
both notification of admission and the initial
in 48 hours of admission; provided further, that
ocedures may be initiated on day 7.

hall be determined by the treating clinician in
patient and noted in the patient's medical re-

297, Sec. 11

service plan; approval or disapproval of con-

whereby such a corporation agrees with a
sons or with the employer, employers or rep-
of two or more persons to furnish hospital

deductible, coinsurance, copayments or out-of-pocket limits th
other benefits provided by the insurer. Nothing in this sectio
prohibit an insurer from offering greater coverage for hear
than required by this section. This section shall also requi
age for such hearing aids under any non-group policy.

176B:4EE. Coverage for children under age 18 for cleft palate

[Text of section added by 2012, 234, Sec. 5. See also, Se added by 2012, 233, Sec. 4, above.]

Section 4EE. Any subscription certificate under an in group medical service agreement, except certificates th supplemental coverage to Medicare or other governmental issued, delivered or renewed within or without the com that covers a child under the age of 18 shall provide cov cost of treating cleft lip and cleft palate for the child. T shall include benefits for medical, dental, oral and facial gical management and follow-up care by oral and pla orthodontic treatment and management, preventativ ative dentistry to ensure good health and adequate den for orthodontic treatment or prosthetic management th therapy, audiology and nutrition services, if such se scribed by the treating physician or surgeon and su surgeon certifies that such services are medically nec sequent to the treatment of the cleft lip, cleft palat coverage required by this section shall be subject t conditions applicable to other benefits. Payment fo odontic treatment not related to the management conditions of cleft lip and cleft palate shall not be c section.

176B:4FF. Coverage for orally administered anti

Section 4FF. Any subscription certificate unde group medical service agreement delivered, issued the commonwealth that provides coverage for ca treatment shall provide coverage for prescribed, anticancer medications used to kill or slow the cells on a basis not less favorable than intravenou injected cancer medications that are covered as m increase in patient cost sharing for anticancer m be allowed to achieve compliance with this sectio

Coverage for abuse deterrent opioid drug products

f section added by 2014, 258, Sec. 25 effective October 1, 2014, 258, Sec. 45.]

4GG. Any subscription certificate under an individual or cal service agreement delivered, issued or renewed within nwealth shall provide coverage for abuse deterrent opioid cts listed on the formulary, compiled pursuant to subsec- ction 13 of chapter 17, on a basis not less favorable than eterrent opioid drug products that are covered by an in- roup medical service agreement. An increase in patient shall not be allowed to achieve compliance with this sec-

authorization for substance abuse treatment not to be

ion added by 2014, 258, Sec. 25 effective October 1, 4, 258, Sec. 45.]

For the purposes of this section the term "sub- eatment" shall include: early intervention services se disorder treatment; outpatient services including d therapies; intensive outpatient and partial hospi- s; residential or inpatient services, not covered un- nd medically managed intensive inpatient services, said section 4*II*.

certificate under an individual or group medical delivered, issued or renewed within the common- quire a member to obtain a preauthorization for eatment if the provider is certified or licensed by ublic health.

or medically necessary acute treatment or clini- es

ded by 2014, 258, Sec. 25 effective October 1, Sec. 45.]

e purposes of this section the following terms xt clearly requires otherwise, have the follow-

ices", 24–hour medically supervised addiction adolescents provided in a medically managed inpatient facility, as defined by the depart- at provides evaluation and withdrawal man- may include biopsychosocial assessment,

individual and group counseling, psychoeducational groups a
charge planning.

"Clinical stabilization services", 24–hour clinically mana
detoxification treatment for adults or adolescents, as define
department of public health, usually following acute treat
vices for substance abuse, which may include intensive
and counseling regarding the nature of addiction and
quences, relapse prevention, outreach to families and signi
ers and aftercare planning, for individuals beginning to
recovery from addiction.

Any subscription certificate under an individual or gro
service agreement delivered, issued or renewed within th
wealth shall provide coverage for medically necessary
ment services and medically necessary clinical stabilizat
for up to a total of 14 days and shall not require prea
prior to obtaining acute treatment services or clinical
services; provided that the facility shall provide the ca
tification of admission and the initial treatment plan wit
of admission; provided further, that utilization revie
may be initiated on day 7.

Medical necessity shall be determined by the treatin
consultation with the patient and noted in the patien
cord.

**176B:5. Subscribers; qualifications, misrepresenta
ment periods**

Section 5. Any person residing in the commonwe
the right to become a subscriber of a medical servic
his qualifications meet those specified in the by-laws
tion, provided that such a corporation may, in its disc
issue a subscription certificate to, or upon due notice
scription certificate of, any person who has made
claim or representation to the corporation or to a pa
cian, participating chiropractor or to any other parti
of health services licensed under the laws of the c
has been guilty of uncooperative or unethical deali
poration, or has failed to pay dues and assessment
promptly or for any other cause which may be app
missioner. Such corporation shall provide for a
ment periods of not less than two months'
notification shall be given to prospective subscrib
ject to approval by the commissioner.

**Discrimination against abuse victims in terms of medical
ns**

5A. No corporation subject to this chapter, and no officer
thereof, shall cancel, refuse to issue or renew, or in any way
permit any distinction or discrimination in the amount or
of premiums or rates charged, in the length of coverage, or
her of the terms and conditions of a medical service plan
nformation that an individual has been a victim of abuse,
by section one of chapter two hundred and nine A. No
subject to this chapter, and no officer or agent thereof,
nformation that such person has been a victim of abuse
by said section one of said chapter two hundred and nine
ctices prohibited under this section shall include not only
y discriminatory but also practices and devices which are
but discriminatory in practice. Nothing in this section
trued as creating a special class of insureds who have
of abuse as defined by said section one of said chapter
and nine A. Any violation of this section shall consti-
method of competition or an unfair or deceptive act or
lation of chapters ninety-three A and one hundred and

**l service plans; genetic tests; discrimination based
ation**

For the purposes of this section the following words
llowing meanings:—

nation", a written recorded individually identifiable
ic test as defined by this section or explanation of

a test of human DNA, RNA, mitochondrial DNA,
roteins for the purposes of identifying the genes, or
ies, or the presence or absence of inherited or ac-
ics in genetic material.

subject to this chapter and no officer or agent
, refuse to issue or renew, or in any way make or
on or discrimination in the amount of payment of
harged, in the length of coverage, or in any other
nditions of a medical service plan based on ge-
defined in this section. No corporation subject
his chapter and no officer or agent thereof, shall
r private genetic information, as defined in this
of the issuance or renewal of a medical service
f this section shall constitute an unfair method

176G:4X. Coverage for orally administered anticancer medica

Section 4X. Any individual or group health maintenance cont
that provides coverage for cancer chemotherapy treatment shall p
vide coverage for prescribed, orally administered anticancer me
tions used to kill or slow the growth of cancerous cells on a basi
less favorable than intravenously administered or injected c
medications that are covered as medical benefits. An increase
tient cost sharing for anticancer medications shall not be allo
achieve compliance with this section.

176G:4Y. Coverage for abuse deterrent opioid drug produ

*[Text of section added by 2014, 258, Sec. 27 effective Oc
2015. See 2014, 258, Sec. 45.]*

Section 4Y. An individual or group health maintenance
that is issued or renewed shall provide coverage for abuse
opioid drug products listed on the formulary, compiled pu
subsection (b) of section 13 of chapter 17, on a basis not l
able than non-abuse deterrent opioid drug products that a
by an individual or group health maintenance contract. A
in patient cost sharing shall not be allowed to achieve
with this section.

**176G:4Z. Preauthorization for substance abuse treat
quired**

*[Text of section added by 2014, 258, Sec. 27 effe
2015. See 2014, 258, Sec. 45.]*

Section 4Z. For the purposes of this section the
abuse treatment" shall include: early intervention
stance use disorder treatment; outpatient service
cally assisted therapies; intensive outpati
hospitalization services; residential or inpatien
ered under section 4AA; and medically managed
services, not covered under said section 4AA.

Any individual or group health maintenance c
or renewed shall not require a member to obta
for substance abuse treatment if the provider
by the department of public health.

**176G:4AA. Coverage for medically necess
clinical stabilization services**

*[Text of section added by 2014, 258, Sec
2015. See 2014, 258, Sec. 45.]*

ection 4AA. For the purposes of this section the following terms
ll have the following meanings, unless the context clearly re-
es otherwise:—

cute treatment services", 24–hour medically supervised addiction
tment for adults or adolescents provided in a medically managed
edically monitored inpatient facility, as defined by the depart-
of public health, that provides evaluation and withdrawal man-
nt and which may include biopsychosocial assessment,
dual and group counseling, psychoeducational groups and dis-
planning.

ical stabilization services", 24–hour clinically managed post
cation treatment for adults or adolescents, as defined by the
ent of public health, usually following acute treatment ser-
substance abuse, which may include intensive education
nseling regarding the nature of addiction and its conse-
relapse prevention, outreach to families and significant oth-
aftercare planning, for individuals beginning to engage in
rom addiction.

idual or group health maintenance contract that is issued
d shall provide coverage for medically necessary acute
services and medically necessary clinical stabilization ser-
up to a total of 14 days and shall not require
ation prior to obtaining acute treatment services or clini-
tion services; provided that the facility shall provide the
notification of admission and the initial treatment plan
urs of admission; provided further, that utilization re-
res may be initiated on day 7.

cessity shall be determined by the treating clinician in
with the patient and noted in the patient's medical re-

**ncy services provided to members for emergency
ns**

) As used in this section, the following words shall
ng meanings:-

ysician", the emergency physician or consultant phy-
ly treats the emergency medical condition of a mem-
ncy facility.

edical condition", a medical condition, whether
l, manifesting itself by symptoms of sufficient se-
evere pain, that the absence of prompt medical at-
onably be expected by a prudent layperson who
ge knowledge of health and medicine, to result in

(5) a description of the carrier's method for resolving insured com
plaints;

(6) the requirement that an insured's coverage may be canceled,
its renewal refused, only in the following circumstances: (i) failu
by the insured or other responsible party to make payments requir
under the contract; (ii) misrepresentation or fraud on the part of
insured; (iii) commission of acts of physical or verbal abuse by
insured which pose a threat to providers or other insureds of the
rier and which are unrelated to the physical or mental condition
the insured; provided, that the commissioner prescribes or appr
the procedures for the implementation of the provisions of
clause; (iv) relocation of the insured outside the service area
carrier; and (v) nonrenewal or cancellation of the group co
through which the insured receives coverage;

(7) a summary description of the procedure, if any, for out o
work referrals and any additional charge for using out of ne
providers;

(8) a summary description of the utilization review procedur
quality assurance programs used by the carrier, including t
free telephone number to be established by the carrier that
consumers to determine the status or outcome of utilization
decisions;

(9) a statement detailing what translator and interpreta
vices are available to assist insureds. The commissioner sh
mine in which languages other than English such statement
printed;

(10) such other information as the commissioner may
tion require.

**176O:7. Information provided by carrier upon enrollm
quest**

Section 7. (a) A carrier shall provide to at least on
sured in each household upon enrollment, and to a pro
sured upon request, the following information:

(1) a list of health care providers in the carrier's ne
nized by specialty and by location and summarizing on
website for each such provider: (i) the method used to c
reimburse such provider, including details of measures
sation percentages tied to any incentive plan or pay for
provision; (ii) the provider price relativity, as defined in
under section 10 of chapter 12C; (iii) the provider's hea
justed total medical expenses, as defined in and report
section 10 of said chapter 12C; and (iv) current measu

vider's quality based on measures from the Standard Quality Mea-
sure Set, as defined in the regulations promulgated by the center for
health information analysis; provided, however, that if any specific
providers or type of providers requested by an insured are not avail-
able in said network, or are not a covered benefit, such information
shall be provided in an easily obtainable manner; provided, further,
that the carrier shall prominently promote providers based on qual-
ty performance as measured by the standard quality measure set
nd cost performance as measured by health status adjusted total
edical expenses and relative prices;

(2) a statement that physician profiling information, so-called, may
available from the board of registration in medicine;

(3) a summary description of the process by which clinical guide-
es and utilization review criteria are developed;

(4) the voluntary and involuntary disenrollment rate among in-
eds of the carrier;

(5) a statement that insureds have the opportunity to obtain
th care services for an emergency medical condition, including
option of calling the local pre-hospital emergency medical service
em, whenever the insured is confronted with an emergency medi-
ondition which in the judgment of a prudent layperson would re-
pre-hospital emergency services; and

a statement that the information specified in paragraph (b) is
able to the insured or prospective insured from the office of pa-
protection in the health policy commission.

a statement: (i) that an insured has the right to request refer-
istance from a carrier if the insured or the insured's primary
rovider has difficulty identifying medically necessary services
the carrier's network; (ii) that the carrier, upon request by
ured, shall identify and confirm the availability of these ser-
rectly; and (iii) that the carrier, if necessary, shall obtain out-
ork services if they are unavailable within the network.

carrier shall provide all of the information required under
and subsection (a) of this section to the office of patient pro-
n the health policy commission and, in addition, shall pro-
aid office the following information:

ist of sources of independently published information assess-
ed satisfaction and evaluating the quality of health care ser-
red by the carrier;

percentage of physicians who voluntarily and involuntarily
d participation contracts with the carrier during the previ-
lar year for which such data has been compiled and the

three most common reasons for voluntary and involuntary physician disenrollment;

(3) the percentage of premium revenue expended by the carrier for health care services provided to insureds for the most recent year for which information is available; and

(4) a report detailing, for the previous calendar year, the total number of; (i) filed grievances, grievances that were approved internally, grievances that were denied internally, and grievances that were withdrawn before resolution; and (ii) external appeals pursued after exhausting the internal grievance process and the resolution of all such external appeals. The report shall identify for each such category, to the extent such information is available, the demographics of such insureds, which shall include, but need not be limited to, race, gender and age.

176O:8. Failure by carrier to file annual statement; fine

Section 8. A carrier neglecting to make and file its annual statement or the materials required by the commissioner to be filed with the division under this chapter or under chapter 176G in the manner and within the time required thereby shall be fined $5,000 for each day during which such neglect continues after being notified by the commissioner of such neglect, and, after notice and a hearing by the commissioner to that effect, its authority to do new business shall cease while such neglect continues.

176O:9. Utilization review programs; annual attestations

Section 9. A carrier shall annually provide a written attestation to the commissioner that the utilization review program of the carrier or its designee complies with all applicable state and federal laws concerning confidentiality and reporting requirements.

176O:9A. Agreements or contracts between carrier and provider prohibited if containing certain provisions

Section 9A. A carrier shall not enter into an agreement or contract with a health care provider if the agreement or contract contains a provision that:

(a)(i) limits the ability of the carrier to introduce or modify a network plan or tiered network plan by granting the health care provider a guaranteed right of participation; (ii) requires the carrier to place all members of a provider group, whether local practices or facilities, in the same tier of a tiered network plan; (iii) requires the carrier to include all members of a provider group, whether local practice groups or facilities, in a select network plan or

nothing basis; or (iv) requires a provider to participate in a new select network or tiered network plan that the carrier introduces without granting the provider the right to opt-out of the new plan at least 60 days before the new plan is submitted to the commissioner for approval; or

(b) requires or permits the carrier or the health care provider to alter or terminate a contract or agreement, in whole or in part, to affect parity with an agreement or contract with other carriers or health care providers or based on a decision to introduce or modify a select network plan or tiered network plan; or

(c) requires or permits the carrier to make any form of supplemental payment unless each supplemental payment is publicly disclosed to the commissioner as a condition of accreditation, including the amount and purpose of each payment and whether or not each payment is included within the provider's reported relative prices and health status adjusted total medical expenses under section 10 of chapter 12C; and

(d) limits the ability of either the carrier or the health care provider from disclosing the allowed amount and fees of services to an insured or insured's treating health care provider.

(e) limits the ability of either the carrier or the health care provider from disclosing out-of-pocket costs to an insured.

. Alternate payment arrangements involving downside risk ted without risk certificate

tion 9B. Carriers shall not be permitted to enter into or con- alternate payment arrangements involving downside risk with der organizations that have not received a risk certificate under er 176U.

Contractual financial incentive plans

on 10. (a) No contract between a carrier, including a dental on carrier, and a licensed health, dental or vision care provider shall contain any incentive plan that includes a specific payade to a health, dental or vision care professional as an int to reduce, delay or limit specific, necessary services by the health, dental or vision care contract. Health, dental care professionals shall not profit from provision of covered that are not necessary and appropriate. Carriers, including or vision carrier, shall not profit from denial or withholding d services that are necessary and appropriate. Nothing in on shall prohibit contracts that contain incentive plans that eneral payments such as capitation payments or shared risk

176O:22. Participation in medical assistance program as condition f participation in carrier's provider network

Section 22. Notwithstanding any other general or special law to the contrary, each carrier shall require, as a condition of participation in the carrier's provider network by a physician, dentist, optometrist, podiatrist and nurse practicing in an advance practice nursing role, that such provider also apply to participate in the medical assistance program administered by the secretary of health and human services in accordance with chapter 118E and Title XIX of the Social Security Act and any federal demonstration or waiver relating to such medical assistance program for the limited purposes of ordering and referring services covered under such program, provided tha regulations governing such limited participation are promulgated un der said chapter 118E. Any such provider who chooses to participat in such medical assistance program as a provider of services shall b deemed to have fulfilled this requirement.

176O:23. Disclosure by carrier upon request for estimated mum allowed amount or charge for a proposed admission, p or service and amount insured responsible to pay; establis toll-free telephone number and website

Section 23. All carriers shall establish a toll-free telephone ber and website that enables consumers to request and obtain the carrier, in real time, the estimated or maximum allowed a or charge for a proposed admission, procedure or service and th mated amount the insured, will be responsible to pay for a pro admission, procedure or service that is a medically necessary c benefit, based on the information available to the carrier at th the request is made, including any facility fee, copayment, ible, coinsurance or other out of pocket amount for any health care benefits; provided, that the insured shall not be to pay more than the disclosed amounts for the covered he benefits that were actually provided; provided, however, t ing in this section shall prevent carriers from imposing co requirements disclosed in the insured's evidence of cover foreseen services that arise out of the proposed admissio or service; and provided further, that the carrier shall sured that these are estimated costs, and that the actual insured will be responsible to pay may vary due to un vices that arise out of the proposed admission, procedure

176O:24. Internal appeals processes for risk-bearing provider organi- zations; patient's right to third-party advocate; external review pro- cess

Section 24. (a) All risk-bearing provider organizations certified under chapter 176U shall create internal appeals processes. The appeals processes shall be available to the public in written format and, by request, in electronic format.

(b) The internal appeals processes in subsection (a) shall be completed in a period not longer than 14 days; provided, however, that an expedited internal appeal shall be completed in a period not longer that 3 days for a patient with an urgent medical need including, but not limited to, terminal illness or emergency situations, as defined through regulations by the office of patient protection. During the appeals process, the risk-bearing provider organization shall not: (i) prevent a patient from seeking medical opinions outside of that organization; or (ii) terminate any medical services being provided to the patient, including medical services which began prior to the appeal and are the subject of such appeal. The decision on the appeal shall be in writing and shall notify the patient of the right to file a further external appeal.

(c) Risk-bearing provider organizations shall inform any patient of the right to designate a third party to advocate on the patient's behalf during the appeals process including, but not limited to, a spouse or other family member, an attorney of record or a legal guardian. If the patient does not elect a person to serve as his or her advocate such provider organization shall offer to contact the office of patient protection and the office of patient protection may designate an ombudsman to advocate on the patient's behalf.

(d) The office of patient protection shall establish by regulation an external review process for the review of grievances submitted by or on behalf of patients of risk-bearing provider organizations. The process shall specify the maximum amount of time for the completion of a determination and review after a grievance is submitted and shall include the right to have benefits continued pending appeal. The office of patient protection shall establish expedited procedures applicable to emergency and urgent care situations

(e) The office of patient protection shall promulgate regulations necessary to implement this section.

Use and acceptance of specifically designated prior authori- ms

n 25. (a) A payer or any entity acting for a payer under when requiring prior authorization for a health care service