



## Mental Health ABC Act: Addressing Barriers to Care Fact Sheet

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The Senate's *Mental Health ABC Act: Addressing Barriers to Care (ABC)* is comprehensive legislation to begin to reform mental health care in Massachusetts. This legislation is the first step towards putting the Commonwealth on a pathway to developing a more integrated system of mental health care delivery so Massachusetts residents can access the care they need and deserve. The Mental Health ABC Act removes barriers to timely quality care, provides the state with more effective tools to enforce existing mental health parity laws, and invests in the mental and behavioral health workforce pipeline.

This legislation is driven by the recognition that mental health is as important as physical health for every resident of the Commonwealth, and should be treated as such. That's why the Senate has prioritized efforts in the 2019–2020 legislative session to improve the delivery of mental health services in the Commonwealth in the following ways: appropriating record funding levels for mental health services in the FY20 budget; creating and funding a \$10 million Behavioral Health Outreach, Access and Support Trust Fund; ensuring that health insurer's provider network directories are accurate and up-to-date by eliminating so-called 'ghost networks'; and protecting clinicians from unreasonable retroactive claims denials, or 'clawbacks' of payments for services, from insurance providers.

Despite these achievements, there is a lot more to do. The Mental Health ABC Act builds on the Senate's work towards reforming mental health care so it functions better for everyone by addressing issues related to mental health parity, workforce needs, and access to care.

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### *Parity & Insurance Reforms*

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***Enforcing Mental Health Parity Laws.*** Mental health parity as a concept is simple: insurance coverage for mental health care should be equal to insurance coverage for any other medical condition. This concept has been codified in federal and state law for decades, but enforcement of the law has been challenging. As a result, inequities persist and patients are often denied coverage for mental health treatment that is every bit as critical to managing their health as treatment for conditions such as diabetes or heart disease. This bill provides the state with better tools to implement and enforce our parity laws, including quicker evaluation and resolution of parity complaints, greater reporting and oversight of insurance carriers' processes and policies related to mental health care coverage, and reasonable penalties and alternative remedies for when an insurance company does not comply with the law.

***Reforming Medical Necessity and Prior Authorization Requirements.*** Every day throughout the Commonwealth, adults and children arrive in emergency departments in the throes of acute mental health crises requiring immediate treatment in an appropriate setting. These clinical determinations *should* be made by the treating clinician, but in practice insurance carriers impose too many restrictions on providers' clinical judgement in terms of prior approval and concurrent review requirements for mental health services.

This results in barriers to, and delays in, treatment for patients who need immediate care, creating a dysfunctional system that allows insurance companies to have more leverage in determining a patient's course of treatment than health care providers.

This bill mandates coverage and eliminates prior authorization for mental health acute treatment for adults and children experiencing acute mental health crises, effectively placing treatment decisions in the hands of the treating clinician in consultation with the patient rather than an insurance company.

This bill also establishes a special commission to bring all stakeholders to the table to study and make recommendations on the creation of a common set of medical necessity criteria to be used by health care providers and insurance carriers for mental health services.

**Reimbursing Mental Health Providers Equitably.** Mental health and primary care providers are reimbursed at different rates for the same service. The bill seeks to level the playing field for reimbursement to mental health providers by requiring an equitable rate floor for evaluation and management services that is consistent with primary care.

**Reviewing the Role of Behavioral Health Managers.** Some insurance companies have subcontracted mental health benefits to specialty utilization management companies for years with mixed results. The bill directs the Health Policy Commission, in consultation with the Division of Insurance, to study and provide updated data on the use of contracted mental health benefit managers by insurance carriers, often referred to as "carve-outs."

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### Workforce

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**Studying Access to Culturally Competent Care.** The bill calls for an academic study conducted by the Office of Health Equity to review the availability of culturally competent mental health care providers within networks of both public and private health care payers, as well as to identify potential barriers to care for underserved cultural, ethnic and linguistic populations and the LGBTQ community. The bill further directs an interagency health equity team under the Office of Health Equity to improve access to, and the quality of, culturally competent mental health services.

**Standardizing Credentialing Forms.** The bill requires all insurance carriers to use one standard credentialing form for health care providers. It also requires a quicker turnaround time for approval of a completed credentialing request. This will be enormously beneficially to patients, providers, and health systems, as it will speed up the time it takes for new hires to be approved for inclusion in an insurance network.

**Moving Licensing Boards under DPH.** The bill moves the licensing boards for social workers, psychologists, and allied mental health professionals from the Division of Professional Licensure, where they currently operate alongside other licensing boards, including landscape architects, plumbers, and accountants, to the Department of Public Health (DPH). This will leverage DPH's health care experience and expertise to streamline the licensing process for these critically important health care professionals.

**Allowing Interim Licensure for Licensed Mental Health Counselors (LMHC).** The bill creates an interim licensure program for LMHCs so that they can be reimbursed by insurance for their services and be eligible for state and federal grant and loan forgiveness programs, increasing the number of licensed providers able to serve patients.

**Creating a Psychiatric Mental Health Nurse Practitioner Fellowship Pilot Program.** The bill authorizes a Psychiatric Mental Health Nurse Practitioner Fellowship Pilot Program in community health centers to offer additional support and training to psychiatric nurse practitioners who agree to work in community settings with underserved populations. The program will be designed to encourage these professionals to continue working in a community setting where mental health providers are sorely needed.

**Creating a Mental Health Workforce Pipeline.** The bill authorizes a pilot program through the Department of Higher Education, in consultation with the Department of Mental Health, aimed at creating a workforce pipeline to encourage and support individuals from diverse backgrounds to work towards careers in mental health. With this initiative we hope to send a message to young people that this is valued and important work.

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### Access to Care

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**Requiring Coverage for Same Day Care.** This bill makes critical changes around how providers are allowed to bill for services. Specifically, the bill prohibits insurers from denying coverage for mental health services and primary care services solely because they were delivered on the same day in the same facility. This will remove a significant financial barrier to the integration of primary care and mental health.

**Ensuring Capacity in Emergency Departments.** The bill requires emergency departments to have the capacity to evaluate and stabilize a person admitted with a mental health presentation at all times, and to refer them to appropriate treatment or inpatient admission. The bill directs the Department of Public Health to issue regulations for an expedited process for individuals under 22 years old.

**Requiring Coverage for Psychiatric Emergency Service Programs.** The bill requires commercial insurance carriers to cover community-based services for individuals experiencing a psychiatric emergency. Currently, these services are only paid for by MassHealth.

**Tracking and Analyzing Mental and Behavioral Health Expenditures.** The bill directs the Center for Health Information and Analysis (CHIA) to define and collect data on the delivery of mental health services to establish a baseline of current spending, and further directs the Health Policy Commission (HPC) to begin tracking mental health care expenditures as part of its annual cost trends hearings. This is a fundamental, critical first step to future efforts to incentivize greater investments in mental health care within the analysis of statewide health care cost growth.

**Creating a Tele-behavioral Health Pilot Program.** This bill authorizes the Department of Public Health, the Department of Mental Health, and the Department of Elementary and Secondary Education to collaborate on authorizing three pilots for tele-behavioral health services in public high schools in the Commonwealth. This pilot is based on an existing and successful model between a hospital and several school districts in western Massachusetts.

**Increasing Access to Care in Geographically Isolated Areas.** The bill directs the Department of Mental Health to consider factors that may present barriers to care – such as travel distance and access to transportation – when contracting for services in geographically isolated and rural communities.