

How Would the Governor's Health Reform Bill Impact People with Behavioral Health Conditions and Their Families?

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On March 15, 2022 the Baker-Polito Administration filed a comprehensive health care bill, S.2774, "An Act Investing in the Future of Our Health." The bill seeks to increase investment in primary care and behavioral health care; address excess health care costs and promote affordability; and improve access to high-quality coordinated care. Commensurate with the Administration's track record of prioritizing behavioral health, there are many provisions included in the 124-page bill that would affect the health care services for people with mental health and substance use conditions and their families. The following is a brief summary of those provisions.

Increased Investment in Primary Care and Behavioral Health

Sets a system-wide primary care and behavioral health spending target, requiring health care providers and payers to increase expenditures on primary care and behavioral health by 30% over 3 years, with the initial measurement period ending in calendar year 2024.

- Calendar year 2019 will serve as the baseline year that calendar year 2024 spending will be measured against. The Center for Health Information and Analysis (CHIA), with the Health Policy Commission (HPC), will establish a methodology for calculating baseline primary care and behavioral health expenditures, and will determine and report to each provider and payer its respective baseline expenditures.
- Clinics, hospitals, ambulatory surgical centers, physician organizations, accountable care organizations (ACOs), and payers all will be required to achieve the spending target; only physician contracting units with 15,000 or fewer patients, or providers who collectively receive less than \$25M in annual net patient service revenue from carriers, will be exempt.
- Providers and payers must achieve the target while remaining under the health care cost growth benchmark. The HPC sets the health care cost growth benchmark each year. The goal is to bring the Commonwealth's health care spending growth in line with growth in the state's overall economy.
- The legislation does not prescribe how payers and providers achieve the target. Payers and providers can achieve the target through strategies such as increasing rates to providers, expanding provider networks, and increasing access to care through extended hours and additional telehealth services.
- The HPC may require providers and payers that do not meet the target to file a performance improvement plan. The HPC may assess a penalty of up to \$500,000 to providers and payers that fail to file or implement a performance improvement plan.
- For calendar years 2025 and beyond, the HPC may create a new primary care and behavioral health spending target, to be effective for a 3-year period.

Parity

- Equips the Division of Insurance (DOI) to enforce the federal Mental Health Parity and Addiction Equity Act and state mental health parity laws:

- Payers will be required to reimburse evaluation and management office visits by licensed behavioral health providers at a rate no less than the average rate of reimbursement for evaluation and management office visits by licensed primary care providers in the same geographic region during the prior calendar year;
- Payers will be required to submit utilization reports that document the number of requests, approvals, denials, and denial appeals for covered behavioral health services and the number of requests, approvals, denials, and denial appeals for covered non-behavioral health services;
- Payers will be required to submit the number of approved covered out-of-network services for behavioral health services and the number of approved covered out-of-network services for covered non-behavioral health services.
- Requires CHIA to collect information from payers on claims and non-claims based payments to providers for the provision of primary care and behavioral health services, including mental health and substance use services.

Access to Behavioral Health Services

- Adds clinicians practicing under the supervision of licensed professional and working towards licensure in a licensed clinic to the definition of “licensed mental health professional” for the purposes of outlining behavioral health benefits.
- Requires payers to include in evidence of coverage, a summary description of the insured’s telehealth coverage and access to telehealth services including, but not limited to, behavioral health services, chronic disease management, and primary care services via telehealth, as well as the telecommunications technology available to access telehealth services.

Primary Care and Behavioral Health Equity Trust Fund

Establishes a fund to provide enhanced funding to primary care and behavioral health providers serving Medicaid members. Approximately 20% of the funds will be earmarked for grants to high public-payer providers in underserved communities. Payments will fund projects designed to advance health equity within local communities.

Peer Workforce

Establishes, within the Department of Public Health (DPH), a Board of Registration of Certified Peer Workers. The board will promulgate regulations for certified peer workers including, but not limited to, family partners, young adult peer mentors, peer specialists, older adult peer specialists, peer recovery coaches, and addictions recovery coaches. The Board will review initial applications, renewals, and reinstatement requests; establish specifications for authorized training; define standards for education, core competencies, and experience necessary to qualify as a certified peer worker; establish an ethical code of conduct; develop standards for supervision; and enforce disciplinary measures for violations of the code of ethics or the rules of the board.

Health Care Workforce

Directs CHIA to conduct a study of the health care workforce in the Commonwealth, including how it is changing over time, the supply of and demand for workers, demographic characteristics of the workforce including race, ethnicity, language, and age, geographic variations, job satisfaction, retention, and turnover, and other issues affecting the Commonwealth’s health care workforce.

Urgent Care

Requires DPH to promulgate regulations for licensure of urgent care clinics. Urgent care clinics must participate as a MassHealth billing provider and must coordinate with individuals' primary care providers.

Emergency Department (ED) Boarding

Requires DPH to promulgate regulations that require all acute care hospitals to provide or arrange for qualified behavioral health clinicians to evaluate and stabilize a person admitted to the emergency department with a behavioral health presentation, to refer individuals to appropriate treatment or inpatient admission, and to provide appropriate linkages to such treatment as necessary.

Quality Measurement

Codifies an existing Quality Measure Alignment Taskforce. The taskforce will make recommendations on measures for health care provider quality and health system performance. The goal is to ensure alignment and consistency in the use of quality measures in contracts between providers and payers, to reduce administrative burden, and to improve transparency for individuals and families. The Commissioner of the Department of Mental Health (DMH) or designee and a behavioral health provider are both named members of the Quality Measure Alignment Taskforce.