SENATE DOCKET, NO. 425 FILED ON: 1/19/2011

SENATE . . . . . No. 984

The Commonwealth of Massachusetts

PRESENTED BY:

Jennifer L. Flanagan

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the passage of the accompanying:

An Act regarding proportional payments of the Massachusetts Child Psychiatry Access Project.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
Jennifer L. Flanagan	☐ *[District]* ☐
Dennis A. Rosa	*4th Worcester*
James B. Eldridge	☐ *[District]* ☐
Susan C. Fargo	☐ *[District]* ☐
Karen E. Spilka	☐ *[District]* ☐
Kay Khan	*11th Middlesex*
David B. Sullivan	*6th Bristol*
Jason M. Lewis	*31st Middlesex*
Michael O. Moore	☐ *[District]*

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SENATE . . . . . No. 984

By Ms. Flanagan, petition (accompanied by bill, Senate, No. 984) of Jennifer L. Flanagan, Dennis A. Rosa, James B. Eldridge, Susan C. Fargo and other members of the General Court for legislation relative to proportional payments of the Massachusetts Child Psychiatry Access Project [Joint Committee on Mental Health and Substance Abuse].

The Commonwealth of Massachusetts

An Act regarding proportional payments of the Massachusetts Child Psychiatry Access Project.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. The General Laws as appearing in the 2008 Official Edition are hereby amended by adding after section 16 of chapter 19 the following new section:-

Section 16A. Massachusetts Child Psychiatry Access Project

(a) The department shall develop or utilize a statewide program to provide mental health consultations by telephone to pediatricians, family physicians, nurse practitioners and youth serving primary care practices for persons under the age of 19 who exhibit a possible mental health or substance use disorder.

(b) The program shall incorporate, but is not limited to, the following guidelines:

(1) responding to all consultation requests within 30 minutes from primary care settings for quality access;

(2) hiring multiple person teams consisting of professionals who meet the educational requirements from the fields of child psychiatry, nursing, and social work;

(3) continued training for the team members;

(4) pro-active engagement, mentoring, and education to pediatricians, family physicians, nurse practitioners and youth serving primary care providers;

(5) ability to provide face to face consultations when telephonic consultation is not sufficient;

18 (6) care coordination and referral services for youth requiring behavioral health
19 treatment regardless of type of insurance coverage;

20 (7) ability to serve children with transitional care concerns, while waiting for
21 behavioral health treatment;

22 (8) outreach ability to the community and ability to use program to identify child
23 mental health system issues;

24 (9) ability to internally track which insurance the child has in order to properly
25 compile percentage billing rates, however, no child shall be turned away from a consultation
26 based on health insurance; and

27 (10) ability to provide appropriate administrative support.

28 (c) The commissioner of the department shall seek and obtain payment as a condition of
29 licensure from insurance companies doing business in Massachusetts for the use of the
30 Massachusetts Child Psychiatry Access Project. Said billing shall be on a regular annual basis
31 and shall be calculated based on the percentage of that insurers members using the program in
32 the previous year. The commissioner shall publish an annualized report that indicates but is not
33 limited to: the cost of the program, the amount requested of each payor, the number and
34 percentage of the payor's members utilizing the program, relevant data on services rendered and
35 outcomes achieved of the population served by this program in order to calculate the percentage
36 charged to each insurance company licensed in Massachusetts.

37 (d) All retained revenue generated shall be allocated to a flexible spending account which
38 shall be used to expand the program into educational settings.

39 SECTION 2. Subsection (c) of this act shall take effect on January 1, 2012.