

CONTINUITY OF CARE

H.484 S.552

Lead sponsors: Rep. Ruth Balser and Barbara A. L'Italien

Co-sponsors: Kay Khan, Tricia Farley-Bouvier, Kenneth I. Gordon, Bud Williams, Linda Dean Campbell, Elizabeth A. Malia, Paul R. Heroux, Mike Connolly, David Paul Linsky, Sal N. DiDomenico, Carlos Gonzalez, Natalie Higgins, Brian M. Ashe, Claire D. Cronin

H.484 S.552 protects patients from disruptions in care caused by a change in their health care plan or in a provider's network status.

Continuity of care for mental health services is an essential part of treatment and the recovery process. Continuity of care is disrupted when the therapeutic relationship between a patient and her/his provider is terminated. Such termination may occur when a provider leaves a carrier's network either voluntarily or involuntarily, or when a patient switches health plans and the new health plan does not include the patient's existing provider in its network. These changes can have extremely detrimental effects on a mental health patient's condition and progress.

H.484 S.552 provides for continuity of care for individuals with mental illness who are in a continuing course of treatment.

Current law provides for very limited continuity of care when a provider or physician is involuntarily disenrolled from a carrier's network. **H.484 S.552** would amend M.G.L §15 of Chapter 176O to require that an insurer continue coverage of treatment through an out-of-network option for any insured who is engaged in a continuing course of treatment with a licensed mental health provider who was eligible for payment under the plan, and

- 1) whose provider is involuntarily or voluntarily disenrolled, other than for quality-related reasons or for fraud, or
- 2) whose carrier has changed for any reason, thereby moving the provider out-of-network.

H.484 S.552 costs insurers nothing.

Insurers would only pay licensed mental health care professionals the usual network per-unit reimbursement rate for the relevant service and provider type, or alternatively the median reimbursement rate if more than one rate exists. If it costs the insurer more to use a non-network provider, the insurer may require the covered person pay a higher co-payment if the insurer can provide an actuarial demonstration of those increased costs.

Quality of care is protected

Out-of-network providers would still have to meet the insurer's existing provider requirements. And since the therapeutic alliance is the key predictor of successful care, continuity of care will improve mental health outcomes.

The need for this bill has been recognized by the Massachusetts Psychological Association, the Massachusetts Chapter of the National Association of Social Workers, the National Alliance for the Mentally Ill – MA, the Massachusetts Psychiatric Society, Nurses United for Responsible Services (now Advanced Practice Nurses), Parent/Professional Advocacy League, the Coalition for the Legal Rights of the Disabled, Health Law Advocates, and Mental Health Legal Advisors Committee. Please contact Susan Fendell, Mental Health Legal Advisors Committee, 617-338-2345 x129, sfendell@mhlac.org for more information.