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the pandemic is over,” Mariano said.

Other telehealth provisions in the legislation will be meaningful to patients with behavioral health needs, according to advocates. The new law offers protections for services delivered via telephone only, a factor considered important for ensuring health equity. “This is important for people with no broadband, or who can’t afford a screen,” Mauch said.

Also under the new law, care providers are not required to document an existing barrier to an in-person visit in order to justify use of a telehealth option. Utilization review still may be used to determine coverage of telehealth services, but only if this determination is made in the same manner as if the services were being delivered in person.

Other key areas covered in the new law include:

- **Workforce reform.** The legislation allows several practitioners in nursing, including psychiatric nurse mental health clinical specialists, to practice independently. This authority includes the ability to issue medication orders and to order tests and therapeutics. “Enabling health care professionals to use the full range of their training and expertise is critical to providing access to quality

Coming up...

The **National Council for Behavioral Health** is hosting its NatCon 2021 annual conference **May 3–5** in **Denver**. Visit www.eventscribe.com/2021/NatCon21 for more information.

McLean Hospital, in conjunction with **Harvard Medical School**, is hosting its Psychiatry Continuing Education Online Conference **June 10–12**. For more information about this virtual course, visit <https://home.mcleanhospital.org/ce-psychiatry>.

care and expanding the state’s health care workforce,” reads the fact sheet for the bill.

- **Urgent care.** The legislation eliminates the MassHealth requirement that patients obtain a referral from their primary care provider before seeking treatment at an urgent-care facility. In addition, urgent-care facilities will be required to contact MassHealth if they discover that a MassHealth patient whom they have treated does not have a primary care provider.
- **Expanded coverage.** The law requires insurers to cover pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS) and pediatric acute-onset neuropsychiatric syndromes (PANS). PANDAS and PANS usually manifest in children ages 2 to 12 and can trigger

detrimental personality changes, including extreme anxiety and obsessions/compulsions.

- **COVID-19 impacts.** Insurers must cover, with no out-of-pocket costs to patients, all emergency, inpatient and cognitive rehabilitation services related to COVID-19. The legislation also directs the state Health Policy Commission and Center for Health Information and Analysis to report on COVID-19’s effects on health care access, quality and fiscal sustainability, and how these impacts may influence long-term policy considerations.

Slowdown in reforms

2020 was anticipated to be a banner year for insurance reform in Massachusetts, with the state attorney general announcing last February that five insurers and two managed behavioral health care companies had agreed to consumer-friendly changes ranging from lifting some prior authorization requirements to correcting inaccuracies in their provider directories (see *MHW*, March 9, 2020). However, the COVID-19 crisis ended up putting implementation of many of these changes on hold, Mauch said.

The agreements in some cases resolved claims that insurers had been violating state parity mandates for behavioral health care. The agreements were expected to improve lagging reimbursement rates for behavioral health providers, but because of COVID-19, those impacts largely have not been seen to this point, according to mental health advocates. •

In case you haven’t heard...

Preparing for COVID-19’s “psychological tsunami” calls for a national plan, says Seth D. Norrholm, Ph.D., scientific director of the Neuroscience Center for Anxiety, Stress, and Trauma and an associate professor of psychiatry and behavioral sciences at the Wayne State University School of Medicine in Detroit. In *The Detroit News* op-ed, published Dec. 31, 2020, Norrholm wrote, “COVID-19, with its associated adverse psychological consequences, presents clinicians and the public with a unique set of challenges.” Norrholm stresses the need for a coordinated, national plan to deal with “Psychological Long COVID,” which will include but not be limited to increases in: depression; fear-, anxiety-, trauma- and stressor-related disorders; and substance (including alcohol) abuse. One of the steps the new administration can take to help head off the “psychological ‘tsunami’ is to create and staff task forces with multidisciplinary experts in medicine, mental health, social work and related fields to assess and treat COVID-related psychological distress and poor mental health outcomes at the international, national, regional and local levels,” Norrholm wrote.