**Medical Necessity Commission Motions**

**2/1/24**

**Motion 1**

Commission member Rohn Friedman introduced a motion, seconded by commission member Joseph Shrand, to include in the Commission’s report a recommendation that the Legislature require minimum standardized behavioral health medical necessity criteria, uniform across payers, to the maximum degree possible. *(introduced 10/20/23, amended 11/17/23 to include “minimum”)*

**Motion 2**

Commission member Joseph Shrand further proposed the commission’s report include a recommendation that a common medical necessity criterion can be established with the contribution of clinicians, patient advocates, those with lived experience, and insurance companies. Such medical necessity criteria shall be drawn from curated current medically necessity criteria from insurance companies, addressing health care services or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine, and integrated with any novel contributions from the members of the medical necessity committee. *(introduced 10/20/23)*

**Motion 3**

Commission member Sarah Chiaramida moved to further amend Motion 1, seconded by Commission Member Matt Veno, to include in the Commission’s report the following recommendations:

1. Like physical health care, it should be the goal of the behavioral health care delivery system to provide evidence-based, equitable, consistent, and high-quality care;
2. To achieve the goal of consistent, equitable, and evidence-based delivery of behavioral health care, medical necessity criteria should be adopted across the delivery system by payers and providers;
3. Health plans and providers shall utilize nationally- based criteria for medical necessity for behavioral health care services, where available; and
4. Such criteria should be reviewed annually, with input from local practitioners, to ensure that they conform to local evidenced-based practice. *(introduced 1/19/23)*

**Proposed Compromise Language**

Commission member Jospeh Shrand recommended the following combined language:

* + Like physical health care, it should be the goal of the behavioral health care delivery system to provide evidence-based, equitable, consistent, and high-quality care;
	+ To achieve the goal of consistent, equitable, and evidence-based delivery of behavioral health care, medical necessity criteria should be adopted across the delivery system by payers and providers;
	+ That the Legislature require minimum standardized behavioral health medical necessity criteria, uniform across payers, to the maximum degree possible;
	+ Health plans and providers shall utilize nationally- based criteria for medical necessity for behavioral health care services, where available; and
	+ Such criteria should be reviewed annually, with input from local practitioners, to ensure that they conform to local evidenced-based practice. (*introduced 1/19/23 during mtg*)