HOUSE DOCKET, NO. 4101 FILED ON: 1/24/2023

HOUSE . . . . . No. 4058

The Commonwealth of Massachusetts

PRESENTED BY:

Marjorie C. Decker

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 adoption of the accompanying bill:

An Act expanding access to mental health services.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
Marjorie C. Decker	*25th Middlesex*	*1/24/2023*
Russell E. Holmes	*6th Suffolk*	*3/13/2023*
Jacob R. Oliveira	*Hampden, Hampshire and Worcester*	*10/2/2023*
Samantha Montaño	*15th Suffolk*	*10/2/2023*

HOUSE DOCKET, NO. 4101 FILED ON: 1/24/2023

HOUSE . . . . . No. 4058

By Representative Decker of Cambridge, a petition (subject to Joint Rule 12) of Marjorie C. Decker and Russell E. Holmes relative to insurance coverage to expand access to mental health services. Financial Services.

The Commonwealth of Massachusetts

In the One Hundred and Ninety-Third General Court
(2023-2024)

An Act expanding access to mental health services.

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. Section 17S of chapter 32A of the General Laws, as inserted by chapter 177 of the Acts of 2022, is hereby amended by striking subsection (b) and inserting in place thereof the following subsection:-

(b) The commission shall provide to any active or retired employee of the commonwealth who is insured under the group insurance commission coverage for medically necessary mental health acute treatment, community-based acute treatment and intensive community-based acute treatment and shall not require a preauthorization before obtaining treatment; provided, however, that the facility shall notify the carrier of the admission and the initial treatment plan within three business days of admission; and provided further that services administered prior to notification must be covered. Notification shall be limited to patient's name, facility name, time of admission, diagnosis, and initial treatment plan.

SECTION 2. Section 25C ½ of chapter 111 of the General Laws, as appearing in the 2020 Official Edition, is hereby amended by inserting after subsection (a)(4) the following subsection:-

(5) A health facility if the facility plans to make a capital expenditure for the development of acute psychiatric services including, inpatient, community based acute treatment, intensive community based acute treatment, partial hospitalization program, and crisis stabilization services; provided that the health facility demonstrates the need for a license from the department of mental health pursuant to paragraph c of section 19 of chapter 19 of the general laws, as so appearing.

SECTION 3. Section 51 ½ of Chapter 111 of the General Laws, as so appearing, is hereby amended by striking out the definition of "licensed mental health professional" and inserting in place thereof the following:-

"Licensed mental health professional", a: (i) licensed physician who specializes in the practice of psychiatry or addiction medicine; (ii) licensed psychologist; (iii) licensed independent clinical social worker; (iv) licensed certified social worker; (v) licensed mental health counselor; (vi) licensed mental health counselor; (vii) licensed physician assistant who practices in the field of psychiatry or addiction medicine; (viii) licensed psychiatric clinical nurse specialist; (ix) licensed psychiatric mental health nurse practitioner; (x) certified addictions registered nurse; (xi) licensed alcohol and drug counselor I as defined in section 1 of chapter 111J;(xii) healthcare provider, as defined in section 1, qualified within the scope of the individual's license to perform substance use disorder evaluations, including an intern, resident or fellow pursuant to the policies and practices of the hospital and medical staff; (xiv) other licensed master's level mental health

clinician, including but not limited to licensed alcohol and drug counselor and licensed marriage and family therapist; or (xv) individuals with a master's degree in a clinical behavioral health practice pursuing licensure post master's under the supervision of an appropriately licensed and credentialed clinician.

SECTION 4. Section 51 ¾ of Chapter 111 of the General Laws, as inserted by Chapter 177 of the Acts of 2022, is hereby amended by striking out the second sentence and replacing it with the following sentence:

The regulations shall define "licensed mental health professional", which shall include, but not be limited to, a: (i) licensed physician who specializes in the practice of psychiatry or addiction medicine; (ii) licensed psychologist; (iii) licensed independent clinical social worker; (iv) licensed certified social worker; (v) licensed mental health counselor; (vi) licensed supervised mental health counselor; (vii) licensed physician assistant who practices in the field of psychiatry; (viii) licensed psychiatric clinical nurse specialist; (ix) licensed psychiatric mental health nurse practitioner; (x) healthcare provider, as defined in section 1, qualified within the scope of the individual's license to conduct an evaluation of a mental health condition, including an intern, resident or fellow pursuant to the policies and practices of the hospital and medical staff; (xi) other licensed master's level mental health clinician, including but not limited to licensed alcohol and drug counselor and licensed marriage and family therapist; or (x) individuals with a master's degree in a clinical behavioral health practice pursuing licensure post master's under the supervision of an appropriately licensed and credentialed clinician.

SECTION 5. Section 10O of chapter 118E of the General Laws, as inserted by chapter 177 of the acts of 2022, is hereby amended by striking out the last paragraph and inserting in place thereof the following new paragraph:-

The division and its contracted health insurers, health plans, health maintenance organizations, behavioral health management firms and third-party administrators under contract to a Medicaid managed care organization or primary care clinician plan shall cover the cost of medically necessary mental health acute treatment, community-based acute treatment and intensive community-based acute treatment and shall not require a preauthorization before obtaining treatment; provided, however, that the facility shall notify the carrier of the admission and the initial treatment plan within three business days of admission; provided further that notification shall be limited to patient's name, facility name, time of admission, diagnosis, and initial treatment plan; and provided further that services administered prior to notification must be covered.

SECTION 6. Chapter 123 of the General Laws, as appearing in the 2020 Official Edition, is hereby amended by striking out section 12, and inserting in place thereof the following section:-

Section 12. (a) A physician who is licensed pursuant to section 2 of chapter 112, an advanced practice registered nurse authorized to practice as such under regulations promulgated pursuant to section 80B of said chapter 112, a qualified psychologist licensed pursuant to sections 118 to 129, inclusive, of said chapter 112 or a licensed independent clinical social worker licensed pursuant to sections 130 to 137, inclusive, of said chapter 112 or a qualified physician assistant licensed pursuant to section 9(e) of chapter 112, who, after examining a

person, has reason to believe that failure to hospitalize such person would create a likelihood of serious harm by reason of mental illness may restrain or authorize the restraint of such person and apply for the hospitalization of such person for a 3-day period at a public facility or at a private facility authorized for such purposes by the department. If an examination is not possible because of the emergency nature of the case and because of the refusal of the person to consent to such examination, the physician, qualified psychologist, qualified advanced practice registered nurse, qualified physician assistant, or licensed independent clinical social worker on the basis of the facts and circumstances may determine that hospitalization is necessary and may therefore apply. In an emergency situation, if a physician, qualified psychologist, qualified advanced practice registered nurse, qualified physician assistant or licensed independent clinical social worker is not available, a police officer who believes that failure to hospitalize a person would create a likelihood of serious harm by reason of mental illness may restrain such person and apply for the hospitalization of such person for a 3-day period at a public facility or a private facility authorized for such purpose by the department. An application for hospitalization shall state the reasons for the restraint of such person and any other relevant information that may assist the admitting physician or qualified advanced practice registered nurse or qualified physician assistant. Whenever practicable, prior to transporting such person, the applicant shall telephone or otherwise communicate with a facility to describe the circumstances and known clinical history and to determine whether the facility is the proper facility to receive such person and to give notice of any restraint to be used and to determine whether such restraint is necessary.

(b) Only if the application for hospitalization under this section is made by a physician, a qualified advanced practice registered nurse or qualified physician assistant specifically

designated to have the authority to admit to a facility in accordance with the regulations of the department, shall such person be admitted to the facility immediately after reception. If the application is made by someone other than a designated physician, a qualified advanced practice registered nurse, or a qualified physician assistant such person shall be given a psychiatric examination by a designated physician, a qualified advanced practice registered nurse or qualified physician assistant immediately after reception at such facility. If the physician, qualified advanced practice registered nurse, or qualified physician assistant determines that failure to hospitalize such person would create a likelihood of serious harm by reason of mental illness, the physician or qualified advanced practice registered nurse or qualified physician assistant may admit such person to the facility for care and treatment. Upon admission of a person under this subsection, the facility shall inform the person that it shall, upon such person's request, notify the committee for public counsel services of the name and location of the person admitted. The committee for public counsel services shall immediately appoint an attorney who shall meet with the person. If the appointed attorney determines that the person voluntarily and knowingly waives the right to be represented, is presently represented or will be represented by another attorney, the appointed attorney shall so notify the committee for public counsel services, which shall withdraw the appointment.

Any person admitted under this subsection who has reason to believe that such admission is the result of an abuse or misuse of this subsection may request or request through counsel an emergency hearing in the district court in whose jurisdiction the facility is located and unless a delay is requested by the person or through counsel, the district court shall hold such hearing on the day the request is filed with the court or not later than the next business day.

(c) No person shall be admitted to a facility under this section unless the person, or the person's parent or legal guardian on the person's behalf, is given an opportunity to apply for voluntary admission under paragraph (a) of section 10 and unless the person, or the person's parent or legal guardian, has been informed that: (i) the person has a right to such voluntary admission; and (ii) the period of hospitalization under this section cannot exceed 3 days. At any time during such period of hospitalization, the superintendent may discharge such person if the superintendent determines that such person is not in need of care and treatment.

(d) A person shall be discharged at the end of the 3-day period unless the superintendent applies for a commitment under sections 7 and 8 or the person remains on a voluntary status.

(e) Any person may make an application to a district court justice or a justice of the juvenile court department for a 3-day commitment to a facility of a person with a mental illness if the failure to confine said person would cause a likelihood of serious harm. The court shall appoint counsel to represent said person. After hearing such evidence as the court may consider sufficient, a district court justice or a justice of the juvenile court department may issue a warrant for the apprehension and appearance before the court of the alleged person with a mental illness if in the court's judgment the condition or conduct of such person makes such action necessary or proper. Following apprehension, the court shall have the person examined by a physician, a qualified advanced practice registered nurse or a qualified physician assistant designated to have the authority to admit to a facility or examined by a qualified psychologist in accordance with the regulations of the department. If the physician, qualified advanced practice registered nurse, qualified physician assistant or qualified psychologist reports that the failure to hospitalize the person would create a likelihood of serious harm by reason of mental illness, the court may order the person committed to a facility for a period not to exceed 3 days; provided, however, that the

superintendent may discharge said person at any time within the 3-day period. The periods of time prescribed or allowed under this section shall be computed pursuant to Rule 6 of the Massachusetts Rules of Civil Procedure.

SECTION 7. Said chapter 123 is hereby further amended by striking out section 21, as so appearing, and inserting in place thereof the following section:-

Section 21. Any person who transports a person with a mental illness to or from a facility for any purpose authorized under this chapter shall not use any restraint that is unnecessary for the safety of the person being transported or other persons likely to come in contact with the person.

In the case of persons being hospitalized under section 6, the applicant shall authorize practicable and safe means of transport including, where appropriate, departmental or police transport.

Restraint of a person with a mental illness may only be used in cases of emergency, such as the occurrence of, or serious threat of, extreme violence, personal injury or attempted suicide; provided, however, that written authorization for such restraint is given by the superintendent or director of the facility or by a physician, or by a qualified advanced practice registered nurse or qualified physician assistant designated by the superintendent or director for this purpose who is present at the time of the emergency or if the superintendent, director, designated physician, designated qualified advanced practice registered nurse or designated qualified physician assistant is not present at the time of the emergency, non-chemical means of restraint may be used for a period of not more than 1 hour; provided further, that within 1 hour the person in restraint shall be examined by the superintendent, director, designated physician, designated

qualified advanced practice registered nurse, or designated qualified physician assistant,; and provided further, that if the examination has not occurred within 1 hour, the patient may be restrained for an additional period of not more than 1 hour until such examination is conducted and the superintendent, director, designated physician, designated qualified advanced practice registered nurse, or designated qualified physician assistant shall attach to the restraint form a written report as to why the examination was not completed by the end of the first hour of restraint.

Any minor placed in restraint shall be examined within 15 minutes of the order for restraint by a physician, qualified advanced practice registered nurse, or qualified physician assistant, or, if a physician, qualified advanced practice registered nurse or qualified physician assistant is not available, by a registered nurse; provided, however, that said minor shall be examined by a physician, qualified advanced practice registered nurse or qualified physician assistant within 1 hour of the order for restraint. A physician, qualified advanced practice registered nurse or qualified physician assistant, or, if a physician, qualified advanced practice registered nurse or qualified physician assistant are not available, a registered nurse shall review the restraint order by personal examination of the minor or consultation with ward staff attending the minor every hour thereafter.

No minor shall be secluded for more than 2 hours in any 24-hour period; provided, however, that no such seclusion of a minor may occur except in a facility with authority to use such seclusion after said facility has been inspected and specially certified by the department. The department shall issue regulations establishing procedures by which a facility may be specially certified with authority to seclude a minor. Such regulations shall provide for review and approval or disapproval by the commissioner of a biannual application by the facility, which

shall include: (i) a comprehensive statement of the facility's policies and procedures for the utilization and monitoring of restraint of minors including a statistical analysis of the facility's actual use of such restraint; and (ii) a certification by the facility of its ability and intent to comply with all applicable statutes and regulations regarding physical space, staff training, staff authorization, record keeping, monitoring and other requirements for the use of restraints.

Any use of restraint on a minor exceeding 1 hour in any 24-hour period shall be reviewed within 2 working days by the director of the facility. The director shall forward a copy of the report on each such instance of restraint to the human rights committee of that facility and, if there is no human rights committee, to the appropriate body designated by the commissioner of mental health. The director shall also compile a record of every instance of restraint in the facility and shall forward a copy of said report on a monthly basis to the human rights committee or the body designated by the commissioner of mental health.

No order for restraint for an individual shall be valid for a period of more than 3 hours beyond which time it may be renewed upon personal examination by the superintendent, director, designated physician, designated qualified advanced practice registered nurse, or qualified physician assistant or, for adults, by a registered nurse; provided, however, that no adult shall be restrained for more than 6 hours beyond which time an order may be renewed only upon personal examination by a physician, qualified advanced practice registered nurse or qualified physician assistant. The reason for the original use of restraint, the reason for its continuation after each renewal and the reason for its cessation shall be noted upon the restraining form by the superintendent, director, designated physician, qualified physician assistant, or, when applicable, by the registered nurse, certified physician, qualified advanced practice registered nurse assistant at the time of each occurrence.

When a designated physician, qualified advanced practice registered nurse, or qualified physician assistant is not present at the time and site of the emergency, an order for chemical restraint may be issued by a designated physician, qualified advanced practice registered nurse, or qualified physician assistant who has determined, after telephone consultation with a physician, qualified advanced practice registered nurse, registered nurse, or qualified physician assistant, who is present at the time and site of the emergency and who has personally examined the patient, that such chemical restraint is the least restrictive, most appropriate alternative available; provided, however, that the medication so ordered has been previously authorized as part of the individual's current treatment plan.

No person shall be kept in restraint without a person in attendance specially trained to understand, assist and afford therapy to the person in restraint. The person may be in attendance immediately outside the room in full view of the patient when an individual is being secluded without mechanical restraint; provided, however, that in emergency situations when a person specially trained is not available, an adult may be kept in restraint unattended for a period not to exceed 2 hours. In that event, the person kept in restraints shall be observed at least every 5 minutes; provided, further, that the superintendent, director, designated physician, designated qualified advanced practice registered nurse or designated physician assistant shall attach to the restraint form a written report as to why the specially trained attendant was not available. The maintenance of any adult in restraint for more than 8 hours in any 24-hour period shall be authorized by the superintendent or director or the person specifically designated to act in the absence of the superintendent or director; provided, however, that when such restraint is authorized in the absence of the superintendent or director, such authorization shall be reviewed by the superintendent or director upon the return of the superintendent or director.

No “P.R.N.” or “as required” authorization of restraint may be written. No restraint is authorized except as specified in this section in any public or private facility for the care and treatment of mentally ill persons including Bridgewater state hospital.

Not later than 24 hours after the period of restraint, a copy of the restraint form shall be delivered to the person who was in restraint. A place shall be provided on the form or on attachments thereto for the person to comment on the circumstances leading to the use of restraint and on the manner of restraint used.

A copy of the restraint form and any such attachments shall become part of the chart of the patient. Copies of all restraint forms and attachments shall be sent to the commissioner of mental health, or, with respect to Bridgewater state hospital to the commissioner of correction, who shall review and sign them within 30 days and statistical records shall be kept thereof for each facility, including Bridgewater state hospital, and each designated physician, qualified advanced practice registered nurse or qualified physician assistant. Furthermore, such reports, excluding personally identifiable patient identification, shall be made available to the general public at the department’s central office, or, with respect to Bridgewater state hospital at the department of correction’s central office.

Responsibility and liability for the implementation of this section shall rest with the department, the superintendent or director of each facility or the physician, qualified advanced practice registered nurse or qualified physician assistant designated by such superintendent or director for this purpose.

SECTION 8. Said chapter 123 is hereby further amended by striking out section 22, as so appearing, and inserting in place thereof the following section:-

Section 22. Physicians, qualified advanced practice registered nurses, qualified physician assistant, qualified psychologists, qualified psychiatric nurse mental health clinical specialists, police officers and licensed independent clinical social workers shall be immune from civil suits for damages for restraining, transporting, applying for the admission of or admitting any person to a facility or Bridgewater state hospital if the physician, qualified advanced practice registered nurse, or qualified physician assistant, qualified psychologist, qualified psychiatric nurse mental health clinical specialist, police officer or licensed independent clinical social workers acts in accordance with this chapter."

SECTION 9. Section 2 of Chapter 111O of the General Laws, as so appearing, is hereby amended by adding the following subsection:-

(c) MIH programs that are focused on behavioral health services shall not be subject to application and registration fees.

SECTION 10. Section 1 of chapter 175 of the General Laws, as amended by chapter 177 of the acts of 2022, is hereby amended by inserting after the definition of "Domestic company" the following definition:-

"Emergency services programs", all programs subject to contract between the Massachusetts Behavioral Health Partnership and provider organizations for the provision of acute care hospital and community-based emergency behavioral health services, including, but not limited to, behavioral health crisis assessment, intervention and stabilization services 24 hours per day, 7 days per week, through: (i) mobile crisis intervention services for youth; (ii) mobile crisis intervention services for adults; (iii) emergency service provider community-based locations; (iv) emergency departments of acute care hospitals or satellite emergency facilities;

(v) adult community crisis stabilization services; and (vi) youth community crisis stabilization services.

SECTION 11. Section 47B of chapter 175 of the General Laws, as so appearing, is hereby amended by striking out the second paragraph of subsection (i) and replacing it with the following paragraph:-

For the purposes of this section, "licensed mental health professional" shall mean a licensed physician who specializes in the practice of psychiatry or addiction medicine; a licensed psychologist; a licensed independent clinical social worker; a licensed mental health counselor; a licensed nurse mental health clinical specialist; a licensed physician assistant who practices in the field of psychiatry or addiction medicine; a licensed psychiatric mental health nurse practitioner, other licensed master's level mental health clinician including but not limited to a licensed alcohol and drug counselor I, as defined in section 1 of chapter 111J, or a licensed marriage and family therapist within the lawful scope of practice for such therapist; or a clinician practicing under the supervision of a licensed professional, and working towards licensure, in a clinic or hospital licensed under chapter 111.

SECTION 12. Section 47SS of chapter 175 of the General Laws, as inserted by chapter 177 of the acts of 2022, is hereby amended by striking subsection (b) and inserting in place thereof the following subsection:-

(b) A policy, contract, agreement, plan or certificate of insurance issued, delivered or renewed within or without the commonwealth, which is considered creditable coverage under section 1 of chapter 111M, shall provide coverage for medically necessary mental health acute treatment, community-based acute treatment and intensive community-based acute treatment and

shall not require a preauthorization before the administration of such treatment; provided, however, that the facility shall notify the carrier of the admission and the initial treatment plan within three business days of admission; and provided further that services administered prior to notification must be covered. Notification shall be limited to patient’s name, facility name, time of admission, diagnosis, and initial treatment plan.

SECTION 1 3. Section 8A of chapter 176A of the General Laws, as amended by chapter 177 of the acts of 2022, is hereby amended by striking out the second paragraph of subsection (i) and replacing it with the following paragraph:-

For the purposes of this section, "licensed mental health professional" shall mean a licensed physician who specializes in the practice of psychiatry or addiction medicine; a licensed psychologist; a licensed independent clinical social worker; a licensed mental health counselor; a licensed nurse mental health clinical specialist; a licensed physician assistant who practices in the field of psychiatry or addiction medicine; a licensed psychiatric mental health nurse practitioner, other licensed master’s level mental health clinician including but not limited to a licensed alcohol and drug counselor I, as defined in section 1 of chapter 111J, or a licensed marriage and family therapist within the lawful scope of practice for such therapist; or a clinician practicing under the supervision of a licensed professional, and working towards licensure, in a clinic or hospital licensed under chapter 111.

SECTION 14 . Section 8SS of chapter 176A of the General Laws, as inserted by chapter 177 of the acts of 2022, is hereby amended by striking subsection (b) and inserting in place thereof the following subsection:-

(b) A contract between a subscriber and the corporation under an individual or group hospital service plan that is delivered, issued or renewed within the commonwealth shall provide coverage for medically necessary mental health acute treatment, community-based acute treatment and intensive community-based acute treatment and shall not require a preauthorization before the administration of any such treatment; provided, however, that the facility shall notify the carrier of the admission and the initial treatment plan within three business days of admission; and provided further that services administered prior to notification must be covered. Notification shall be limited to patient's name, facility name, time of admission, diagnosis, and initial treatment plan.

SECTION 15 . Section 4A of chapter 176B of the General Laws, as amended by chapter 177 of the acts of 2022, is hereby amended by striking out the second paragraph of subsection (i) and replacing it with the following paragraph:-

For the purposes of this section, "licensed mental health professional" shall mean a licensed physician who specializes in the practice of psychiatry or addiction medicine; a licensed psychologist; a licensed independent clinical social worker; a licensed mental health counselor; a licensed nurse mental health clinical specialist; a licensed physician assistant who practices in the field of psychiatry or addiction medicine; a licensed psychiatric mental health nurse practitioner, other licensed master's level mental health clinician including but not limited to a licensed alcohol and drug counselor I, as defined in section 1 of chapter 111J, or a licensed marriage and family therapist within the lawful scope of practice for such therapist; or a clinician practicing under the supervision of a licensed professional, and working towards licensure, in a clinic or hospital licensed under chapter 111.

SECTION 16. Section 4SS of chapter 176B of the General Laws, as inserted by chapter 177 of the acts of 2022, is hereby amended by striking subsection (b) and inserting in place thereof the following subsection:-

(b) A subscription certificate under an individual or group medical service agreement delivered, issued or renewed within the commonwealth shall provide coverage for medically necessary mental health acute treatment, community-based acute treatment, intensive community-based acute treatment and shall not require a preauthorization before obtaining treatment; provided, however, that the facility shall notify the carrier of the admission and the initial treatment plan within three business days of admission; and provided further that services administered prior to notification must be covered. Notification shall be limited to patient's name, facility name, time of admission, diagnosis, and initial treatment plan.

SECTION 17 . Section 4M of chapter 176G of the General Laws, as amended by chapter 177 of the acts of 2022, is hereby amended by striking out the second paragraph of subsection (i) and replacing it with the following paragraph:-

For the purposes of this section, "licensed mental health professional" shall mean a licensed physician who specializes in the practice of psychiatry or addiction medicine; a licensed psychologist; a licensed independent clinical social worker; a licensed mental health counselor; a licensed nurse mental health clinical specialist; a licensed physician assistant who practices in the field of psychiatry or addiction medicine; a licensed psychiatric mental health nurse practitioner, other licensed master's level mental health clinician including but not limited to a licensed alcohol and drug counselor I, as defined in section 1 of chapter 111J, or a licensed marriage and family therapist within the lawful scope of practice for such therapist; or a clinician

practicing under the supervision of a licensed professional, and working towards licensure, in a clinic or hospital licensed under chapter 111.

SECTION 18 . Section 4KK of chapter 176G of the General Laws, as inserted by chapter 177 of the acts of 2022, is hereby amended by striking subsection (b) and inserting in place thereof the following subsection:_-

An individual or group health maintenance contract that is issued or renewed within or without the commonwealth shall provide coverage for medically necessary mental health acute treatment, community-based acute treatment and intensive community-based acute treatment and shall not require a preauthorization before the administration of such treatment; provided, however, that the facility shall notify the carrier of the admission and the initial treatment plan within three business days of admission; and provided further that services administered prior to notification must be covered. Notification shall be limited to patient's name, facility name, time of admission, diagnosis, and initial treatment plan.

SECTION 19. (a) There shall be a task force to: (i) evaluate ways to ensure the financial stability of inpatient behavioral health units and facilities; (ii) consider the role of inpatient behavioral health units and facilities within the continuum of behavioral health services; and (iii) address current behavioral health workforce challenges. The task force shall consist of the following members: the executive director of the health policy commission, who shall serve as co-chair; the executive director of the center for health information and analysis, who shall serve as co-chair; the assistant secretary for MassHealth or his/her designee, the commissioner of the department of mental health or his/her designee, the commissioner of the department of public health or his/her designee, and 1 representative from each of the following organizations: the

Massachusetts Health & Hospital Association; the Massachusetts Psychiatric Society; the Massachusetts Association of Behavioral Health Systems; the Massachusetts Psychological Association; the Massachusetts Association of Advanced Practice Psychiatric Nurses; the National Association of Social Workers-Massachusetts Chapter; and the Massachusetts Association for Mental Health.

(b) The task force shall conduct an analysis and issue a report which shall include but not be limited to: (i) a review of the methodologies used for determining reimbursement rates for inpatient hospital behavioral health services provided to MassHealth members including those by MassHealth's contracted health insurers, health plans, behavioral health management firms, and third party administrators under contract to a Medicaid managed care organization or primary care clinician plan; (ii) an analysis of the estimated payment levels associated with MassHealth reimbursement relative to the cost of providing inpatient hospital behavioral health care in acute hospital units and freestanding facilities; (iii) recommended improvements to MassHealth reimbursement for care provided by inpatient behavioral health units and facilities to promote financial stability, including a review of a cost-based method for rate determination; (iv) an assessment of the utility and limitations of incorporating diagnosis-related group DRG classifications in said rate calculation; (v) industry-wide workforce initiatives including, but not limited to, ways to improve recruitment, training, including transitional training opportunities for employment in behavioral health units and facilities and training in new behavioral healthcare modalities including but not limited to telehealth, retention, rates of pay and other methods of ensuring a sustainable, culturally and linguistically-competent behavioral health workforce; and (vi) the role of external economic factors on the development and retention of the behavioral

health workforce such as the increases in the minimum wage and competition from other industries.

(c) The task force shall convene its first meeting within 30 days after the effective date of this act. The task force shall submit its report, including any proposed legislation necessary to carry out its recommendations, by filing the same with the clerks of the house of representatives and senate, the joint committee on health care financing, the joint committee on mental health, substance use and recovery, the joint committee on labor and workforce development and the house and senate committees on ways and means not later than December 31, 2024.

SECTION 20. Notwithstanding any general or special law to the contrary, the health policy commission, the division of medical assistance, four representatives from academic medical centers currently rendering inpatient services in a patient's home, the department of public health and the department of mental health, shall conduct a study and issue a report regarding the design of a behavioral health home hospital program, herein referred to as the program. The study shall include, but not be limited to: (i) the recommendation of patient populations who would be best served by the provision of behavioral healthcare in a home environment; (ii) the identification of healthcare providers who would make up the program care team; (iii) the projected impact of the program on the rate of psychiatric emergency department boarding statewide; (iv) the identification of safety concerns regarding the provision of behavioral healthcare in a home environment and recommendations to address said concerns; (v) the projected impact of the program on the availability of psychiatric hospital beds in the commonwealth; (vi) the projected cost estimates of the program; (vii) a comparison of cost estimates of providing behavioral healthcare in the home versus in a healthcare facility; (viii) an analysis of the quality of patient care received through the program; (ix) the identification of

screening protocols before care at home begins to assess medical and non-medical factors, including working utilities, assessment of physical barriers and screenings for domestic violence concerns; (x) recommendations for minimum personnel visits, the provision of immediate, on-demand telehealth connections with program staff; and (xi) recommendations for minimum emergency response times. The report shall be submitted to the governor, the chairs of the joint committee on health care financing, the chairs of the joint committee on mental health, substance use and recovery and the house and senate committees on ways and means no later than July 31, 2024.

SECTION 21. Notwithstanding any general or special law to the contrary, the division of insurance, in consultation with the division of medical assistance, shall promulgate regulations or issue sub-regulatory guidance, within 30 days of the effective date of this act, to require carriers reimburse acute care hospitals with emergency departments or satellite emergency facilities for the provision of emergency behavioral health services, including but not limited to, behavioral health crisis assessment, intervention, and stabilization services. The regulations or sub-regulatory guidance shall include reimbursement for the provision of emergency behavioral services via telemedicine, electronic or telephonic consultation, in accordance with section 51 ¾ of chapter 111 of the General Laws. The contractual rate for these services may be no less than the prevailing MassHealth rate for behavioral health emergency department crisis evaluations. This does not preclude a hospital from billing for other medically necessary services traditionally reimbursed through an emergency department visit and is also in addition to required reimbursement by carriers for each day a member waits in an emergency department, observation unit or inpatient floor for placement in an appropriate inpatient psychiatric placement, as required by section 78 of chapter 177 of the acts of 2022. The insurer shall

reimburse other medically necessary services and for patients awaiting an inpatient psychiatric placement in addition to payment for emergency behavioral health services. Behavioral health services provided in this setting under this section shall be deemed medically necessary and shall not require prior authorization by an insurer.