

**SENATE . . . . . No. 1164**

**The Commonwealth of Massachusetts**

PRESENTED BY:

***Marc R. Pacheco***

*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 relative to creating a pilot program to transfer high acuity behavioral health and dual diagnosis patients away from overcrowded emergency departments.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>Marc R. Pacheco</i>	<i>First Plymouth and Bristol</i>	
<i>Walter F. Timilty</i>	<i>Norfolk, Bristol and Plymouth</i>	<i>1/25/2019</i>
<i>Patrick M. O'Connor</i>	<i>Plymouth and Norfolk</i>	<i>1/30/2019</i>
<i>David Henry Argosky LeBoeuf</i>	<i>17th Worcester</i>	<i>1/31/2019</i>
<i>Patricia A. Haddad</i>	<i>5th Bristol</i>	<i>1/31/2019</i>
<i>David Allen Robertson</i>	<i>19th Middlesex</i>	<i>2/1/2019</i>
<i>Rebecca L. Rausch</i>	<i>Norfolk, Bristol and Middlesex</i>	<i>2/1/2019</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>	<i>2/12/2019</i>

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By Mr. Pacheco, a petition (accompanied by bill, Senate, No. 1164) of Marc R. Pacheco, Walter F. Timilty, Patrick M. O'Connor, David Henry Argosky LeBoeuf and other members of the General Court for legislation relative to creating a pilot program to transfer high acuity behavioral health and dual diagnosis patients away from overcrowded emergency departments. Mental Health, Substance Use and Recovery.

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[SIMILAR MATTER FILED IN PREVIOUS SESSION  
SEE SENATE, NO. 1112 OF 2017-2018.]

**The Commonwealth of Massachusetts**

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**In the One Hundred and Ninety-First General Court  
(2019-2020)**  
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An Act relative to creating a pilot program to transfer high acuity behavioral health and dual diagnosis patients away from overcrowded emergency departments.

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

1 Chapter 19 of the General Laws, as appearing in the 2016 Official Edition, is hereby  
2 amended by inserting the following new section: -

3 Section 25: High Acuity Behavioral Health and Dual Diagnosis Pilot Program

4 Section 25. For the purposes of this section, the term “dual diagnosis” shall mean a  
5 mental illness and a substance abuse problem occurring simultaneously.

6 There shall be, on the campus of Taunton State Hospital, a Behavioral Health Emergency  
7 Department Relief Pilot Program to accept medically stable, high acuity behavioral health and

8 dual diagnosis patients from emergency departments in the Southeast region. Medically stable  
9 patients presenting in an Emergency Department with a high acuity behavioral health condition  
10 or who have a dual diagnosis should be transferred to this pilot program if another appropriate  
11 setting cannot be located within four hours of admission to the emergency department. Patients  
12 admitted to the pilot program will be cared for until an appropriate placement is found that meets  
13 the patients' needs, which shall be no more than fourteen days following admission to the pilot  
14 program. The program shall be operated by the department and staffed by the department  
15 registered nurses, psychiatrists and other staff as needed to provide appropriate care, with  
16 program protocols and a staffing plan to be developed during the first six months following  
17 passage of this legislation by a committee including the department, the department of public  
18 health, the national alliance on mental illness, the Massachusetts Nurses Association and the  
19 emergency nurses association. For the purposes of this pilot program, Taunton State Hospital  
20 shall be allowed to accept patients classified under Section 12 of Chapter 123 of the General  
21 Laws. The pilot program shall operate for a period of two years, with a report to be filed by the  
22 department with the Joint Committee on Mental Health during year two of the program, to  
23 evaluate the success of the program in decreasing emergency department overcrowding in the  
24 Southeast Region, and the quality of care provided in the program. The report shall be drafted  
25 by an independent entity, utilizing data from the department and the local hospitals in the  
26 Southeast Region.