

**HOUSE . . . . . No. 1062**

**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 for supportive care for serious mental illness.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Marjorie C. Decker</i>	<i>25th Middlesex</i>	<i>2/19/2021</i>
<i>Sally P. Kerans</i>	<i>13th Essex</i>	<i>2/21/2021</i>
<i>Lindsay N. Sabadosa</i>	<i>1st Hampshire</i>	<i>3/9/2021</i>
<i>Kip A. Diggs</i>	<i>2nd Barnstable</i>	<i>4/12/2021</i>
<i>Mathew J. Muratore</i>	<i>1st Plymouth</i>	<i>4/14/2021</i>
<i>Carmine Lawrence Gentile</i>	<i>13th Middlesex</i>	<i>4/14/2021</i>
<i>Peter Capano</i>	<i>11th Essex</i>	<i>4/14/2021</i>
<i>Ruth B. Balsler</i>	<i>12th Middlesex</i>	<i>4/14/2021</i>
<i>Jason M. Lewis</i>	<i>Fifth Middlesex</i>	<i>4/15/2021</i>
<i>David Paul Linsky</i>	<i>5th Middlesex</i>	<i>4/15/2021</i>
<i>James Arciero</i>	<i>2nd Middlesex</i>	<i>4/21/2021</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>	<i>4/21/2021</i>
<i>Danillo A. Sena</i>	<i>37th Middlesex</i>	<i>5/7/2021</i>
<i>Tami L. Gouveia</i>	<i>14th Middlesex</i>	<i>7/1/2021</i>
<i>Kay Khan</i>	<i>11th Middlesex</i>	<i>7/1/2021</i>

**HOUSE . . . . . No. 1062**

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By Ms. Decker of Cambridge, a petition (accompanied by bill, House, No. 1062) of Marjorie C. Decker and others relative to healthcare insurance coverage for supportive care for serious mental illness. Financial Services.

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**The Commonwealth of Massachusetts**

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**In the One Hundred and Ninety-Second General Court  
(2021-2022)**  
\_\_\_\_\_

An Act for supportive care for serious mental illness.

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

1           SECTION 1. Section 18 of chapter 15A of the General Laws, as appearing in the 2018  
2 Official Edition, is hereby amended by adding the following paragraph:-

3           Notwithstanding any general or special law to the contrary, any qualifying student health  
4 insurance plan authorized under this chapter shall provide coverage for coordinated specialty  
5 care services and assertive community treatment service as described under section 4FF of  
6 chapter 176G.

7           SECTION 2. Chapter 32A of the General Laws is hereby amended by adding the  
8 following section:-

9           Section 32. (a) For the purposes of this section, the following words shall have the  
10 following meanings unless the context clearly requires otherwise:

11 “Assertive Community Treatment”, a team-based, evidenced-based treatment practice  
12 that offers treatment, rehabilitation, and support services, using a person-centered, recovery-  
13 based flexible treatment program, as defined by evidence-based standards, including, but not  
14 limited to, the most current guidelines issued by the federal Substance Abuse and Mental Health  
15 Services Administration.

16 “Behavioral health services”, care and services for the evaluation, diagnosis, treatment or  
17 management of patients with mental health, developmental or substance use disorders.

18 “Coordinated Specialty Care”, a recovery-oriented treatment program for people with  
19 first-episode psychosis, as defined by evidence-based standards, including, but not limited to the  
20 most current guidelines issued by the National Institute of Mental Health.

21 “Evidence-based practice”, treatments that are supported by clinical research.

22 “First episode psychosis treatment”, treatment initiated within 74 weeks of the first time  
23 an individual experiences an episode of psychosis.

24 “Serious emotional disturbance”, mental, behavioral or emotional disorders in children or  
25 adolescents under age 19 that have resulted in functional impairment that substantially interferes  
26 with or limits the child’s role or functioning in family, school or community activities.

27 “Serious mental illness”, mental, behavioral or emotional disorders resulting in serious  
28 functional impairment that substantially interferes with or limits at least 1 major life activity for  
29 an individual not less than 19 years old with a psychiatric diagnosis as defined in the American  
30 Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders.

31 (b) Coverage offered by the commission to an active or retired employee of the  
32 commonwealth insured under the group insurance commission shall provide coverage for wrap-  
33 around coordinated specialty care services for first episode psychosis treatment and assertive  
34 community treatment for early or ongoing treatment of person with a previous episode of  
35 psychosis who has a serious mental illness or serious emotional disturbance. Coverage under this  
36 section shall not be construed as imposing a limit on the number of visits an individual may  
37 make to a provider of any of the services under this section.

38 (c) Payment for the services performed under the treatment models listed in this section  
39 shall be based on a bundled treatment model or payment, rather than fee for service payment for  
40 each separate service delivered by a treatment team member.

41 (d) To determine medical necessity for the treatment approaches under this section,  
42 neither disability nor functional impairment shall be a precondition to receive the treatment.  
43 Medical necessity shall be presumed following a recommendation by a licensed physician,  
44 licensed clinical psychologist, licensed professional clinical counselor or licensed clinical social  
45 worker.

46 SECTION 3. Chapter 112 of the General Laws is hereby amended by inserting after  
47 section 9K the following section:-

48 Section 9L. To credential the mental health professionals and other members of the  
49 multidisciplinary coordinated specialty care treatment team or an assertive community treatment  
50 team as described under section 32 of chapter 32A, section 39 of chapter 176A, section 26 of  
51 chapter 176B, section 34 of chapter 176G and section 14 of chapter 176I, the credentialing of the

52 psychiatrist or the licensed clinical leader of the treatment team shall qualify all members of the  
53 treatment team to be credentialed with the insurer.

54 SECTION 4. Chapter 175 of the General Laws is hereby amended by inserting after  
55 section 47NN the following section:-

56 Section 47OO. (a) For the purposes of this section, the following words shall have the  
57 following meanings unless the context clearly requires otherwise:

58 “Assertive Community Treatment”, a team-based, evidenced-based treatment practice  
59 that offers treatment, rehabilitation, and support services, using a person-centered, recovery-  
60 based flexible treatment program, as defined by evidence-based standards, including, but not  
61 limited to, the most current guidelines issued by the federal Substance Abuse and Mental Health  
62 Services Administration.

63 “Behavioral health services”, care and services for the evaluation, diagnosis, treatment or  
64 management of patients with mental health, developmental or substance use disorders.

65 “Coordinated Specialty Care”, a recovery-oriented treatment program for people with  
66 first-episode psychosis, as defined by evidence-based standards, including, but not limited to the  
67 most current guidelines issued by the National Institute of Mental Health.

68 “Evidence-based practice”, treatments that are supported by clinical research.

69 “First episode psychosis treatment”, treatment initiated within 74 weeks of the first time  
70 an individual experiences an episode of psychosis.

71 “Serious emotional disturbance”, mental, behavioral or emotional disorders in children or  
72 adolescents under age 19 that have resulted in functional impairment that substantially interferes  
73 with or limits the child’s role or functioning in family, school or community activities.

74 “Serious mental illness”, mental, behavioral or emotional disorders resulting in serious  
75 functional impairment that substantially interferes with or limits at least 1 major life activity for  
76 an individual not less than 19 years old with a psychiatric diagnosis as defined in the American  
77 Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders.

78 (b) An individual policy of accident and sickness insurance issued under section 108 that  
79 provides hospital expense and surgical expense insurance and any group blanket or general  
80 policy of accident and sickness insurance issued under section 110 that provides hospital expense  
81 and surgical expense insurance that is issued or renewed within or without the commonwealth  
82 shall provide coverage for wrap-around coordinated specialty care services for first episode  
83 psychosis treatment and assertive community treatment for early or ongoing treatment of person  
84 with a previous episode of psychosis who has a serious mental illness or serious emotional  
85 disturbance. Coverage under this section shall not be construed as imposing a limit on the  
86 number of visits an individual may make to a provider of any of the services under this section.

87 (c) Payment for the services performed under the treatment models listed in this section  
88 shall be based on a bundled treatment model or payment, rather than fee for service payment for  
89 each separate service delivered by a treatment team member.

90 (d) To determine medical necessity for the treatment approaches under this section,  
91 neither disability nor functional impairment shall be a precondition to receive the treatment.  
92 Medical necessity shall be presumed following a recommendation by a licensed physician,

93 licensed clinical psychologist, licensed professional clinical counselor or licensed clinical social  
94 worker.

95 SECTION 5. Chapter 176A of the General Laws is hereby amended by adding the  
96 following section:-

97 Section 39. (a) For the purposes of this section, the following words shall

98 have the following meanings unless the context clearly requires otherwise:

99 “Assertive Community Treatment”, a team-based, evidenced-based treatment practice  
100 that offers treatment, rehabilitation, and support services, using a person-centered, recovery-  
101 based flexible treatment program, as defined by evidence-based standards, including, but not  
102 limited to, the most current guidelines issued by the federal Substance Abuse and Mental Health  
103 Services Administration.

104 “Behavioral health services”, care and services for the evaluation, diagnosis, treatment or  
105 management of patients with mental health, developmental or substance use disorders.

106 “Coordinated Specialty Care”, a recovery-oriented treatment program for people with  
107 first-episode psychosis, as defined by evidence-based standards, including, but not limited to the  
108 most current guidelines issued by the National Institute of Mental Health.

109 “Evidence-based practice”, treatments that are supported by clinical research.

110 “First episode psychosis treatment”, treatment initiated within 74 weeks of the first time  
111 an individual experiences an episode of psychosis.

112 “Serious emotional disturbance”, mental, behavioral or emotional disorders in children or  
113 adolescents under age 19 that have resulted in functional impairment that substantially interferes  
114 with or limits the child’s role or functioning in family, school or community activities.

115 “Serious mental illness”, mental, behavioral or emotional disorders resulting in serious  
116 functional impairment that substantially interferes with or limits at least 1 major life activity for  
117 an individual not less than 19 years old with a psychiatric diagnosis as defined in the American  
118 Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders.

119 (b) A contract between a subscriber and a nonprofit hospital service corporation under an  
120 individual or group hospital service plan shall provide coverage for wrap-around coordinated  
121 specialty care services for first episode psychosis treatment and assertive community treatment  
122 for early or ongoing treatment of person with a previous episode of psychosis who has a serious  
123 mental illness or serious emotional disturbance. Coverage under this section shall not be  
124 construed as imposing a limit on the number of visits an individual may make to a provider of  
125 any of the services under this section.

126 (c) Payment for the services performed under the treatment models listed in this section  
127 shall be based on a bundled treatment model or payment, rather than fee for service payment for  
128 each separate service delivered by a treatment team member.

129 (d) To determine medical necessity for the treatment approaches under this section,  
130 neither disability nor functional impairment shall be a precondition to receive the treatment.  
131 Medical necessity shall be presumed following a recommendation by a licensed physician,  
132 licensed clinical psychologist, licensed professional clinical counselor or licensed clinical social  
133 worker.

134 SECTION 6. Chapter 176B of the General Laws is hereby amended by adding the  
135 following section:-

136 Section 26. (a) For the purposes of this section, the following words shall have the  
137 following meanings unless the context clearly requires otherwise:

138 “Assertive Community Treatment”, a team-based, evidenced-based treatment practice  
139 that offers treatment, rehabilitation, and support services, using a person-centered, recovery-  
140 based flexible treatment program, as defined by evidence-based standards, including, but not  
141 limited to, the most current guidelines issued by the federal Substance Abuse and Mental Health  
142 Services Administration.

143 “Behavioral health services”, care and services for the evaluation, diagnosis, treatment or  
144 management of patients with mental health, developmental or substance use disorders.

145 “Coordinated Specialty Care”, a recovery-oriented treatment program for people with  
146 first-episode psychosis, as defined by evidence-based standards, including, but not limited to the  
147 most current guidelines issued by the National Institute of Mental Health.

148 “Evidence-based practice”, treatments that are supported by clinical research.

149 “First episode psychosis treatment”, treatment initiated within 74 weeks of the first time  
150 an individual experiences an episode of psychosis.

151 “Serious emotional disturbance”, mental, behavioral or emotional disorders in children or  
152 adolescents under age 19 that have resulted in functional impairment that substantially interferes  
153 with or limits the child’s role or functioning in family, school or community activities.

154 “Serious mental illness”, mental, behavioral or emotional disorders resulting in serious  
155 functional impairment that substantially interferes with or limits at least 1 major life activity for  
156 an individual not less than 19 years old with a psychiatric diagnosis as defined in the American  
157 Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders.

158 (b) A contract between a subscriber and a medical service corporation shall provide  
159 coverage for wrap-around coordinated specialty care services for first episode psychosis  
160 treatment and assertive community treatment for early or ongoing treatment of person with a  
161 previous episode of psychosis who has a serious mental illness or serious emotional disturbance.  
162 Coverage under this section shall not be construed as imposing a limit on the number of visits an  
163 individual may make to a provider of any of the services under this section.

164 (c) Payment for the services performed under the treatment models listed in this section  
165 shall be based on a bundled treatment model or payment, rather than fee for service payment for  
166 each separate service delivered by a treatment team member.

167 (d) To determine medical necessity for the treatment approaches under this section,  
168 neither disability nor functional impairment shall be a precondition to receive the treatment.  
169 Medical necessity shall be presumed following a recommendation by a licensed physician,  
170 licensed clinical psychologist, licensed professional clinical counselor or licensed clinical social  
171 worker.

172 SECTION 7. Chapter 176G of the General Laws is hereby amended by adding the  
173 following section:-

174 Section 34. (a) For the purposes of this section, the following words shall have the  
175 following meanings unless the context clearly requires otherwise:

176 “Assertive Community Treatment”, a team-based, evidenced-based treatment practice  
177 that offers treatment, rehabilitation, and support services, using a person-centered, recovery-  
178 based flexible treatment program, as defined by evidence-based standards, including, but not  
179 limited to, the most current guidelines issued by the federal Substance Abuse and Mental Health  
180 Services Administration.

181 “Behavioral health services”, care and services for the evaluation, diagnosis, treatment or  
182 management of patients with mental health, developmental or substance use disorders.

183 “Coordinated Specialty Care”, a recovery-oriented treatment program for people with  
184 first-episode psychosis, as defined by evidence-based standards, including, but not limited to the  
185 most current guidelines issued by the National Institute of Mental Health.

186 “Evidence-based practice”, treatments that are supported by clinical research.

187 “First episode psychosis treatment”, treatment initiated within 74 weeks of the first time  
188 an individual experiences an episode of psychosis.

189 “Serious emotional disturbance”, mental, behavioral or emotional disorders in children or  
190 adolescents under age 19 that have resulted in functional impairment that substantially interferes  
191 with or limits the child’s role or functioning in family, school or community activities.

192 “Serious mental illness”, mental, behavioral or emotional disorders resulting in serious  
193 functional impairment that substantially interferes with or limits at least 1 major life activity for  
194 an individual not less than 19 years old with a psychiatric diagnosis as defined in the American  
195 Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders.

196 (b) A contract between a member and a health maintenance organization shall provide  
197 coverage for wrap-around coordinated specialty care services for first episode psychosis  
198 treatment and assertive community treatment for early or ongoing treatment of person with a  
199 previous episode of psychosis who has a serious mental illness or serious emotional disturbance.  
200 Coverage under this section shall not be construed as imposing a limit on the number of visits an  
201 individual may make to a provider of any of the services under this section.

202 (c) Payment for the services performed under the treatment models listed in this section  
203 shall be based on a bundled treatment model or payment, rather than fee for service payment for  
204 each separate service delivered by a treatment team member.

205 (d) To determine medical necessity for the treatment approaches under this section,  
206 neither disability nor functional impairment shall be a precondition to receive the treatment.  
207 Medical necessity shall be presumed following a recommendation by a licensed physician,  
208 licensed clinical psychologist, licensed professional clinical counselor or licensed clinical social  
209 worker.

210 SECTION 8. Chapter 176I of the General Laws is hereby amended by adding the  
211 following section:-

212 Section 14. (a) For the purposes of this section, the following words shall have the  
213 following meanings unless the context clearly requires otherwise:

214 “Assertive Community Treatment”, a team-based, evidenced-based treatment practice  
215 that offers treatment, rehabilitation, and support services, using a person-centered, recovery-  
216 based flexible treatment program, as defined by evidence-based standards, including, but not

217 limited to, the most current guidelines issued by the federal Substance Abuse and Mental Health  
218 Services Administration.

219 “Behavioral health services”, care and services for the evaluation, diagnosis, treatment or  
220 management of patients with mental health, developmental or substance use disorders.

221 “Coordinated Specialty Care”, a recovery-oriented treatment program for people with  
222 first-episode psychosis, as defined by evidence-based standards, including, but not limited to the  
223 most current guidelines issued by the National Institute of Mental Health.

224 “Evidence-based practice”, treatments that are supported by clinical research.

225 “First episode psychosis treatment”, treatment initiated within 74 weeks of the first time  
226 an individual experiences an episode of psychosis.

227 “Serious emotional disturbance”, mental, behavioral or emotional disorders in children or  
228 adolescents under age 19 that have resulted in functional impairment that substantially interferes  
229 with or limits the child’s role or functioning in family, school or community activities.

230 “Serious mental illness”, mental, behavioral or emotional disorders resulting in serious  
231 functional impairment that substantially interferes with or limits at least 1 major life activity for  
232 an individual not less than 19 years old with a psychiatric diagnosis as defined in the American  
233 Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders.

234 (b) A preferred provider contract between a covered person and an organization shall  
235 provide coverage for wrap-around coordinated specialty care services for first episode psychosis  
236 treatment and assertive community treatment for early or ongoing treatment of person with a  
237 previous episode of psychosis who has a serious mental illness or serious emotional disturbance.

238 Coverage under this section shall not be construed as imposing a limit on the number of visits an  
239 individual may make to a provider of any of the services under this section.

240 (c) Payment for the services performed under the treatment models listed in this section  
241 shall be based on a bundled treatment model or payment, rather than fee for service payment for  
242 each separate service delivered by a treatment team member.

243 (d) To determine medical necessity for the treatment approaches under this section,  
244 neither disability nor functional impairment shall be a precondition to receive the treatment.  
245 Medical necessity shall be presumed following a recommendation by a licensed physician,  
246 licensed clinical psychologist, licensed professional clinical counselor or licensed clinical social  
247 worker.

248 SECTION 9. Not later than 6 months after the effective date of this act, the division of  
249 insurance shall convene a working group of insurance companies and mental health treatment  
250 providers that deliver the bundled treatment approaches listed in section 32 of chapter 32A,  
251 section 39 of chapter 176A, section 26 of chapter 176B, section 34 of chapter 176G and section  
252 14 of chapter 176I to determine a coding solution to allow the bundled treatment models to be  
253 coded and paid for as a bundle of services, similar to bundled payments under a single billing  
254 code for physical health care.

255 SECTION 10. The group insurance commission, the division of insurance and the health  
256 connector shall promulgate any regulations necessary to implement this section not later than 1  
257 year after the effective date of this act.

258 SECTION 11. After 5 years following full implementation of this act, the health policy  
259 commission, the division of insurance and the group insurance commission shall collaborate to

260 perform an independent analysis of the impact of the coverage of the team-based treatment  
261 models provided under this section upon savings in hospitalization costs or other costs and on  
262 any increase in cost to the group insurance commission, the division of insurance or group  
263 insurance commission members. The analysis shall review claims payment and plan and  
264 consumer cost data for the largest group insurance commission plans that comprise at least 80  
265 per cent of the covered lives at the time of the study.

266 SECTION 12. This act shall take effect 1 year after its passage.