

**HOUSE . . . . . No. 2082**

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**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 to identify and eliminate racial and sexual orientation and gender identity disparities in mental health.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Marjorie C. Decker</i>	<i>25th Middlesex</i>	<i>2/19/2021</i>
<i>Adam J. Scanlon</i>	<i>14th Bristol</i>	<i>2/26/2021</i>
<i>Lindsay N. Sabadosa</i>	<i>1st Hampshire</i>	<i>3/9/2021</i>
<i>Tram T. Nguyen</i>	<i>18th Essex</i>	<i>3/10/2021</i>
<i>Diana DiZoglio</i>	<i>First Essex</i>	<i>6/16/2021</i>
<i>Mindy Domb</i>	<i>3rd Hampshire</i>	<i>5/3/2022</i>

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By Ms. Decker of Cambridge, a petition (accompanied by bill, House, No. 2082) of Marjorie C. Decker and others relative to reporting requirements to identify and eliminate racial and sexual orientation and gender identity disparities in mental health. Mental Health, Substance Use and Recovery.

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**The Commonwealth of Massachusetts**

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

An Act to identify and eliminate racial and sexual orientation and gender identity disparities in mental health.

*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. CHAPTER 6D of the General Laws, as appearing in the 2018 Official  
2 Edition and most recently amended by section 6 of chapter 41 of the acts of 2019, is hereby  
3 amended by adding the following section:—

4           Section 20(a). The commission shall issue an annual report that shall include data  
5 designed to assist in identifying and eliminating disparities in behavioral health treatment. The  
6 report shall examine the prevalence of behavioral health and substance use disorders and suicide  
7 among different populations of individuals in the commonwealth, such populations’ access to  
8 services and evidence-based treatments, the availability of information to various populations  
9 regarding access to treatment, the level of diversity in the behavioral health workforce, and  
10 payment systems or methodologies for behavioral health treatments. The report shall examine  
11 differences in the prevalence of mental illness, substance use disorders and suicide between

12 various groups based on (i) race and ethnicity; (ii) sexual orientation and gender identity; (iii)  
13 income levels; (iv) age; (v) place of residence; (vi) homelessness; (vii) disability; (viii) primary  
14 language; and (ix) incarceration status. The commission shall investigate and study the  
15 accessibility of behavioral health and substance use disorder services in the commonwealth,  
16 including but not limited to: (i) the geographic distribution and availability to various  
17 populations described in this section of inpatient and outpatient, emergency, and hospital  
18 diversionary behavioral health and substance use disorder services; (ii) how such diversionary  
19 behavioral health and substance use disorder services are reimbursed; and (iii) the adequacy of  
20 the geographic distribution of such services to address the needs of the different populations  
21 described in this section. The report shall also address the use, availability and reimbursement of  
22 evidence-based practices among different communities and populations. Evidence-based  
23 practices shall include collaborative or integrated care, the program for assertive community  
24 treatment, early psychosis programs, comprehensive trauma services, medication-assisted  
25 treatment for addictions and dual recovery crisis intervention.

26 (b) The report shall include a review of the behavioral health and substance use disorder  
27 workforce in the commonwealth. The review shall address : (i) the demographic makeup of such  
28 workforce; (ii) existing workforce pipelines, incentives and training and the adequacy of such  
29 pipelines to support the development of a culturally diverse and competent workforce; (iii)  
30 workforce models to address social determinants of health including but not limited to the use of  
31 community health workers, recovery coaches, healthcare navigators, and care coordinators; (iv)  
32 methods of reimbursement that will support services and decrease workforce turnover; and (v)  
33 adequacy of health care insurance payments.

34 (c) The report shall examine: (i) the respective roles of the department of mental health  
35 and the department of public health in monitoring mental health disparities and providing for  
36 intervention; (ii) methods and funding mechanisms available to address primary, secondary, and  
37 tertiary prevention of mental health conditions; (iii) the role of the criminal justice system in  
38 diverting those with mental illness and substance use disorder from jails and prisons; (iv) the  
39 availability of jail diversion programs in different regions of commonwealth; (v) the adequacy of  
40 existing civil commitment and guardianship laws support mental health and addiction recovery  
41 in an equitable and trauma-informed manner; and (vi) and the demographic makeup of  
42 incarcerated individuals in the commonwealth.

43 (d) The commission shall issue and provide such report, on or before July 1 of each year,  
44 to the secretary of health and human services, the commissioner of public health, the  
45 commissioner of mental health, the commissioner of insurance, the attorney general, the senate  
46 president, the speaker of the house, the house and senate committees on ways and means, and the  
47 chairs of the joint committees on health care financing, public health, and mental health,  
48 substance use and recovery.