

**HOUSE . . . . . No. 2116**

---

**The Commonwealth of Massachusetts**

PRESENTED BY:

***Elizabeth A. Malia***

*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 providing access to full spectrum addiction treatment services.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Elizabeth A. Malia</i>	<i>11th Suffolk</i>	<i>2/19/2021</i>
<i>Michael J. Barrett</i>	<i>Third Middlesex</i>	<i>2/26/2021</i>
<i>Jason M. Lewis</i>	<i>Fifth Middlesex</i>	<i>2/26/2021</i>
<i>Lindsay N. Sabadosa</i>	<i>1st Hampshire</i>	<i>2/26/2021</i>
<i>James J. O'Day</i>	<i>14th Worcester</i>	<i>2/26/2021</i>
<i>David Biele</i>	<i>4th Suffolk</i>	<i>3/3/2021</i>
<i>Michael P. Kushmerek</i>	<i>3rd Worcester</i>	<i>4/5/2021</i>
<i>Brian W. Murray</i>	<i>10th Worcester</i>	<i>4/5/2021</i>
<i>Steven C. Owens</i>	<i>29th Middlesex</i>	<i>4/14/2021</i>
<i>Walter F. Timilty</i>	<i>Norfolk, Bristol and Plymouth</i>	<i>4/15/2021</i>
<i>Danillo A. Sena</i>	<i>37th Middlesex</i>	<i>5/7/2021</i>
<i>Natalie M. Higgins</i>	<i>4th Worcester</i>	<i>9/5/2021</i>
<i>Tommy Vitolo</i>	<i>15th Norfolk</i>	<i>12/1/2021</i>

**HOUSE . . . . . No. 2116**

---

---

By Ms. Malia of Boston, a petition (accompanied by bill, House, No. 2116) of Elizabeth A. Malia and others for legislation to provide access to full spectrum addiction treatment services. Mental Health, Substance Use and Recovery.

---

---

[SIMILAR MATTER FILED IN PREVIOUS SESSION  
SEE SENATE, NO. 1150 OF 2019-2020.]

**The Commonwealth of Massachusetts**

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

An Act providing access to full spectrum addiction treatment services.

*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 17N of Chapter 32A of the General Laws, as appearing in the 2018  
2 Official Edition, is hereby amended by inserting after the definition of “Clinical stabilization  
3 services” the following definition:-

4           “Transitional support services”, short-term, residential support services, as defined by the  
5 department of public health, usually following clinical stabilization services, that provide a safe  
6 and structured environment to support adults or adolescents through the addiction recovery  
7 process and the transition to outpatient or other step-down addiction recovery care.

8           SECTION 2. Said Section 17N of said Chapter 32A, as so appearing, is hereby further  
9 amended by striking out the second paragraph and inserting in place thereof the following  
10 paragraph:-

11           The commission shall provide for medically necessary acute treatment services,  
12 medically necessary clinical stabilization services and medically necessary transitional support  
13 services to an active or retired employee of the commonwealth who is insured under the group  
14 insurance commission coverage for up to 30 days and shall not require preauthorization prior to  
15 obtaining such acute treatment services, clinical stabilization services or transitional support  
16 services. The facility providing such services shall provide the carrier with notification of  
17 admission and the initial treatment plan within 48 hours of admission and within a reasonable  
18 time thereafter shall provide the carrier with a projected discharge plan for the member. The  
19 carrier's utilization review procedures may be initiated on day 14; provided however that a  
20 carrier shall not make any utilization review decisions that impose any restriction or deny any  
21 future medically necessary acute treatment, clinical stabilization, or transitional support services  
22 unless a patient has received at least 30 consecutive days of said services; and provided further,  
23 that the commission shall provide to any active or retired employee of the commonwealth who is  
24 insured under the group insurance commission coverage for, without preauthorization, substance  
25 abuse evaluations ordered pursuant to section 51½ of chapter 111. Upon receipt of notification  
26 by the admitting facility and receipt of the discharge plan, the carrier may provide outreach to the  
27 treating clinician and member to offer care management and support services.

28           Medical necessity shall be determined by the treating clinician in consultation with the  
29 patient and noted in the patient's medical record.

30 SECTION 3. Section 10H of Chapter 118E of the General Laws, inserted by section 19  
31 of chapter 258 of the acts of 2014, is hereby repealed.

32 SECTION 4. Said Chapter 118E is hereby further amended by inserting after Section 10J  
33 the following section:-

34 Section 10K. For the purposes of this section, the following words shall have the  
35 following meanings unless the context clearly requires otherwise:

36 “Acute treatment services”, 24-hour medically supervised addiction treatment for adults  
37 or adolescents provided in a medically managed or medically monitored inpatient facility, as  
38 defined by the department of public health, that provides evaluation and withdrawal management  
39 and which may include biopsychosocial assessment, individual and group counseling,  
40 psychoeducational groups and discharge planning.

41 “Clinical stabilization services”, 24-hour clinically managed post detoxification treatment  
42 for adults or adolescents, as defined by the department of public health, usually following acute  
43 treatment services for substance abuse for individuals beginning to engage in recovery from  
44 addiction, which may include intensive education and counseling regarding the nature of  
45 addiction and its consequences, relapse prevention, outreach to families and significant others  
46 and aftercare planning.

47 “Transitional support services”, short-term, residential support services, as defined by the  
48 department of public health, usually following clinical stabilization services, that provide a safe  
49 and structured environment to support adults or adolescents through the addiction recovery  
50 process and the transition to outpatient or other step-down addiction recovery care.

51           The division and its contracted health insurers, health plans, health maintenance  
52 organizations, behavioral health management firms and third-party administrators under contract  
53 to a Medicaid managed care organization or primary care clinician plan shall cover the cost of  
54 medically necessary acute treatment services and shall not require a preauthorization prior to  
55 obtaining treatment.

56           The division and its contracted health insurers, health plans, health maintenance  
57 organizations, behavioral health management firms and third-party administrators under contract  
58 to a Medicaid managed care organization or primary care clinician plan shall cover the cost of  
59 medically necessary clinical stabilization services and medically necessary transitional support  
60 services for up to 30 days and shall not require preauthorization prior to obtaining clinical  
61 stabilization services or transitional support services. The facility providing such services shall  
62 provide the carrier notification of admission and the initial treatment plan within 48 hours of  
63 admission and within a reasonable time thereafter shall provide the carrier with a projected  
64 discharge plan for the member. The carrier's utilization review procedures may be initiated on  
65 day 14; provided, however, that a carrier shall not make any utilization review decisions that  
66 impose any restriction or deny any future medically necessary acute treatment, clinical  
67 stabilization, or transitional support services unless a patient has received at least 30 consecutive  
68 days of said services; and provided further, that the division and its contracted health insurers,  
69 health plans, health maintenance organizations, behavioral health management firms and third  
70 party administrators under contract to a Medicaid managed care organization or primary care  
71 clinician plan shall cover, without preauthorization, substance abuse evaluations ordered  
72 pursuant to section 51½ of chapter 111. Upon receipt of notification by the admitting facility and

73 receipt of the discharge plan, the carrier may provide outreach to the treating clinician and  
74 member to offer care management and support services.

75 Medical necessity shall be determined by the treating clinician in consultation with the  
76 patient and noted in the patient's medical record.

77 SECTION 5. Section 47GG of Chapter 175 of the General Laws, as appearing in the  
78 2016 Official Edition, is hereby amended by inserting after the definition of "Clinical  
79 stabilization services" the following definition:-

80 "Transitional support services", short-term, residential support services, as defined by the  
81 department of public health, usually following clinical stabilization services, that provide a safe  
82 and structured environment to support adults or adolescents through the addiction recovery  
83 process and the transition to outpatient or other step-down addiction recovery care.

84 SECTION 6. Said Section 47GG of said Chapter 175, as so appearing, is hereby further  
85 amended by striking out the third paragraph and inserting in place thereof the following  
86 paragraph:-

87 Any policy, contract, agreement, plan or certificate of insurance issued, delivered or  
88 renewed within the commonwealth, which is considered creditable coverage under section 1 of  
89 Chapter 111M, shall provide coverage for medically necessary acute treatment services,  
90 medically necessary clinical stabilization services and medically necessary transitional support  
91 services for up to 30 days and shall not require preauthorization prior to obtaining acute  
92 treatment services, clinical stabilization services or transitional support services. The facility  
93 providing such services shall provide the carrier notification of admission and the initial  
94 treatment plan within 48 hours of admission and within a reasonable time thereafter shall provide

95 the carrier with a projected discharge plan for the member. The carrier's utilization review  
96 procedures may be initiated on day 14; provided however that a carrier shall not make any  
97 utilization review decisions that impose any restriction or deny any future medically necessary  
98 acute treatment, clinical stabilization, or transitional support services unless a patient has  
99 received at least 30 consecutive days of said services; provided further, any policy, contract,  
100 agreement, plan or certificate of insurance issued, delivered or renewed within the  
101 commonwealth, which is considered creditable coverage pursuant to section 1 of chapter 111M,  
102 shall cover, without preauthorization, a substance abuse evaluation ordered pursuant to section  
103 51½ of chapter 111. Upon receipt of notification by the admitting facility and receipt of the  
104 discharge plan, the carrier may provide outreach to the treating clinician and member to offer  
105 care management and support services.

106 Medical necessity shall be determined by the treating clinician in consultation with the  
107 patient and noted in the patient's medical record.

108 SECTION 7. Section 8II of Chapter 176A of the General Laws, as so appearing, is  
109 hereby amended by inserting after the definition of "Clinical stabilization services" the following  
110 definition:-

111 "Transitional support services", short-term, residential support services, as defined by the  
112 department of public health, usually following clinical stabilization services, that provide a safe  
113 and structured environment to support adults or adolescents through the addiction recovery  
114 process and the transition to outpatient or other step-down addiction recovery care.

115 SECTION 8. Said Section 8II of said Chapter 176A, as so appearing, is hereby further  
116 amended by striking out the third paragraph and inserting in place thereof the following  
117 paragraph:-

118 Any contract between a subscriber and the corporation under an individual or group  
119 hospital service plan which is delivered, issued or renewed within the commonwealth shall  
120 provide coverage for medically necessary acute treatment services, medically necessary clinical  
121 stabilization services and medically necessary transitional support services for up to 30 days and  
122 shall not require preauthorization prior to obtaining acute treatment services, clinical stabilization  
123 services or transitional support services. The facility providing such services shall provide the  
124 carrier notification of admission and the initial treatment plan within 48 hours of admission and  
125 within a reasonable time thereafter shall provide the carrier with a projected discharge plan for  
126 the member. The carrier's utilization review procedures may be initiated on day 14; provided  
127 however that a carrier shall not make any utilization review decisions that impose any restriction  
128 or deny any future medically necessary acute treatment, clinical stabilization, or transitional  
129 support services unless a patient has received at least 30 consecutive days of said services;  
130 provided further, any contract between a subscriber and the corporation under an individual or  
131 group hospital service plan which is delivered, issued or renewed within the commonwealth,  
132 shall cover, without preauthorization, a substance abuse evaluation ordered pursuant to section  
133 51½ of chapter 111. Upon receipt of notification by the admitting facility and receipt of the  
134 discharge plan, the carrier may provide outreach to the treating clinician and member to offer  
135 care management and support services.

136 Medical necessity shall be determined by the treating clinician in consultation with the  
137 patient and noted in the patient's medical record.

138 SECTION 9. Section 4II of Chapter 176B of the General Laws, as so appearing, is hereby  
139 amended by inserting after the definition of “Clinical stabilization services” the following  
140 definition:-

141 “Transitional support services”, short-term, residential support services, as defined by the  
142 department of public health, usually following clinical stabilization services, that provide a safe  
143 and structured environment to support adults or adolescents through the addiction recovery  
144 process and the transition to outpatient or other step-down addiction recovery care.

145 SECTION 10. Said Section 4II of said Chapter 176B, as so appearing, is hereby further  
146 amended by striking out the third paragraph and inserting in place thereof the following  
147 paragraph:-

148 Any subscription certificate under an individual or group medical service agreement  
149 delivered, issued or renewed within the commonwealth shall provide coverage for medically  
150 necessary acute treatment services, medically necessary clinical stabilization services and  
151 medically necessary transitional support services for up to 30 days and shall not require  
152 preauthorization prior to obtaining acute treatment services, clinical stabilization services or  
153 transitional support services. The facility providing such services shall provide the carrier  
154 notification of admission and the initial treatment plan within 48 hours of admission and within a  
155 reasonable time thereafter shall provide the carrier with a projected discharge plan for the  
156 member. The carrier’s utilization review procedures may be initiated on day 14; provided  
157 however that a carrier shall not make any utilization review decisions that impose any restriction  
158 or deny any future medically necessary acute treatment, clinical stabilization, or transitional  
159 support services unless a patient has received at least 30 consecutive days of said services;

160 provided further, any subscription certificate under an individual or group medical service  
161 agreement delivered, issued or renewed within the commonwealth shall provide coverage for,  
162 without preauthorization, a substance abuse evaluation ordered pursuant to section 51½ of  
163 chapter 111. Upon receipt of notification by the admitting facility and receipt of the discharge  
164 plan, the carrier may provide outreach to the treating clinician and member to offer care  
165 management and support services.

166 Medical necessity shall be determined by the treating clinician in consultation with the  
167 patient and noted in the patient's medical record.

168 SECTION 11. Section 4AA of Chapter 176G of the General Laws, as so appearing, is  
169 hereby amended by inserting after the definition of "Clinical stabilization services" the following  
170 definition:-

171 "Transitional support services", short-term, residential support services, as defined by the  
172 department of public health, usually following clinical stabilization services, that provide a safe  
173 and structured environment to support adults or adolescents through the addiction recovery  
174 process and the transition to outpatient or other step-down addiction recovery care.

175 SECTION 12. Said Section 4AA of said Chapter 176G, as so appearing, is hereby further  
176 amended by striking out the third paragraph and inserting in place thereof the following  
177 paragraph:-

178 An individual or group health maintenance contract that is issued or renewed shall  
179 provide coverage for medically necessary acute treatment services, medically necessary clinical  
180 stabilization services and medically necessary transitional support services for up to 30 days and  
181 shall not require preauthorization prior to obtaining acute treatment services, clinical stabilization

182 services or transitional support services. The facility providing such services shall provide the  
183 carrier notification of admission and the initial treatment plan within 48 hours of admission and  
184 within a reasonable time thereafter shall provide the carrier with a projected discharge plan for  
185 the member. The carrier's utilization review procedures may be initiated on day 14; provided  
186 however that a carrier shall not make any utilization review decisions that impose any restriction  
187 or deny any future medically necessary acute treatment, clinical stabilization, or transitional  
188 support services unless a patient has received at least 30 consecutive days of said services;  
189 provided further, an individual or group health maintenance contract that is issued or renewed  
190 shall provide coverage for, without preauthorization, a substance abuse evaluation ordered  
191 pursuant to section 51½ of chapter 111. Upon receipt of notification by the admitting facility and  
192 receipt of the discharge plan, the carrier may provide outreach to the treating clinician and  
193 member to offer care management and support services.

194 Medical necessity shall be determined by the treating clinician in consultation with the  
195 patient and noted in the patient's medical record.

196 SECTION 13. The center for health information and analysis, in consultation with the  
197 division of insurance, the department of public health, the office of Medicaid and the health  
198 policy commission, shall conduct reviews on the 14 day mandated coverage of acute treatment  
199 services, clinical stabilization services and the long-term effects of the increase in covered days  
200 from 14 days to 30 days related to the mandated benefits for acute treatment services, clinical  
201 stabilization services and transitional support services on the following areas: (i) the continuum  
202 of care for substance use disorder treatment; (ii) access to the continuum of care for patients  
203 eligible for MassHealth and department of public health programs; (iii) access to the continuum  
204 of care for commercially insured patients; and (iv) any changes in costs to MassHealth, the

205 department of public health and health insurance carriers. The center shall provide an initial  
206 report not later than October 1, 2019 on the effects of the 14 day mandated coverage of acute  
207 treatment services and clinical stabilization services to the areas listed above and a final report  
208 not later than October 1, 2021 on the effects of the 30 day mandated coverage of acute treatment  
209 services, clinical stabilization services and transitional support services to the areas listed above.

210           The initial report and final report shall be posted on the center's website and shall be filed  
211 with the clerks of the house of representatives and senate, the house and senate chairs of the  
212 committee on financial services, the house and senate chairs of the committee on health care  
213 financing, the house and senate chairs of the committee on public health, and the house and  
214 senate committees on ways and means not later than October 1, 2019 and October 1, 2021,  
215 respectively.

216           SECTION 14. Sections 1 through 12, inclusive, shall take effect October 1, 2019.