

SENATE No. 1276

The Commonwealth of Massachusetts

PRESENTED BY:

Julian Cyr

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 addressing barriers to care for mental health.

PETITION OF:

NAME:

DISTRICT/ADDRESS:

Julian Cyr

Cape and Islands

Cindy F. Friedman

Fourth Middlesex

SENATE No. 1276

By Mr. Cyr, a petition (accompanied by bill, Senate, No. 1276) of Julian Cyr and Cindy F. Friedman for legislation to address barriers to care for mental health. Mental Health, Substance Use and Recovery.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE SENATE, NO. 2546 OF 2019-2020.]

The Commonwealth of Massachusetts

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

An Act addressing barriers to care for 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. Subsection (a) of section 8 of chapter 6D of the General Laws, as appearing
2 in the 2018 Official Edition, is hereby amended by inserting after the word “system”, in line 9,
3 the following words:- , and trends in annual behavioral health expenditures.

4 SECTION 2. Said section 8 of said chapter 6D, as so appearing, is hereby further
5 amended by striking out, in line 94, the word “and” and inserting in place thereof the following
6 words:- , including behavioral health expenditures, and.

7 SECTION 3. The first paragraph of subsection (a) of section 16 of chapter 12C of the
8 General Laws, as so appearing, is hereby amended by adding the following sentence:- In addition
9 to overall health costs, the center shall report on the subcategory of annual behavioral health

10 expenditures, as defined in regulation, and provide a similar analysis of costs and cost trends
11 related to behavioral health services.

12 SECTION 4. Section 21A of said chapter 12C, as so appearing, is hereby amended by
13 adding the following 2 sentences:- The center shall promulgate regulations to establish an annual
14 baseline expenditure for behavioral health services. The regulations shall define criteria for
15 health care services to be categorized as behavioral health services, with subcategories to the
16 extent feasible, including, but not limited to: (i) mental health; (ii) substance use disorder; (iii)
17 outpatient; (iv) inpatient; (v) services for children; (vi) services for adults; and (vii) provider
18 type. The regulations shall establish guidelines for data collection related to behavioral health
19 services, outcomes measures and expenditures.

20 SECTION 5. Section 9 of chapter 13 of the General Laws, as so appearing, is hereby
21 amended by inserting after the word “workers”, in line 8, the following words:- , the board of
22 registration of social workers, the board of registration of psychologists, the board of registration
23 of allied mental health and human services professions.

24 SECTION 6. Section 79 of said chapter 13, as so appearing, is hereby amended by
25 striking out, in lines 17 and 18 and in line 27, the words “director of consumer affairs and
26 business regulations” and inserting in place thereof, in each instance, the following words:-
27 commissioner of public health.

28 SECTION 7. Said chapter 13 is hereby further amended by striking out section 80, as so
29 appearing, and inserting in place thereof the following section:-

30 Section 80. There shall be a board of registration of social workers that shall consist of:
31 the commissioner of children and families or a designee who is licensed as either a certified

32 social worker or an independent clinical social worker under sections 130 to 137, inclusive, of
33 chapter 112; the commissioner of mental health or a designee who is licensed as either a certified
34 social worker or an independent clinical social worker under said sections 130 to 137, inclusive,
35 of said chapter 112; and 7 members to be appointed by the governor, 1 of whom shall be a
36 representative of an accredited school of social work, 3 of whom shall be licensed as a certified
37 social worker or an independent clinical social worker under said sections 130 to 137, inclusive,
38 of said chapter 112, 1 of whom shall be licensed under said sections 130 to 137, inclusive, of
39 said chapter 112 and an active member of an organized labor organization representing social
40 workers and 2 of whom shall be members of the general public. At least 1 licensed social work
41 member and at least 1 member from the general public shall represent an underserved
42 population, as defined by the United States Department of Health and Human Services. Not more
43 than 6 members of the board shall belong to any 1 political party.

44 SECTION 8. Section 84 of said chapter 13, as so appearing, is hereby amended by
45 striking out, in lines 8 and 9, the words “division of professional licensure” and inserting in place
46 thereof the following words:- department of public health.

47 SECTION 9. Said section 84 of said chapter 13, as so appearing, is hereby further
48 amended by striking out, in lines 44 and 45, inclusive, the words “Division of Professional
49 Licensure Trust Fund established in section 35V” and inserting in place thereof the following
50 words:- Quality in Health Professions Trust Fund established in section 35X.

51 SECTION 10. Section 88 of said chapter 13, as so appearing, is hereby amended by
52 striking out, in lines 1 and 2, the words “division of professional licensure” and inserting in
53 place thereof the following words:- department of public health.

54 SECTION 11. The first paragraph of section 90 of said chapter 13, as so appearing,
55 is hereby amended by striking out the third sentence.

56 SECTION 12. Said section 90 of said chapter 13 is hereby further amended by striking
57 out the third paragraph, as so appearing, and inserting in place thereof the following paragraph:-

58 The commissioner of public health may review and approve the rules and regulations
59 proposed by the board.

60 SECTION 13. Chapter 111 of the General Laws is hereby amended by inserting after
61 section 511/2 the following section:-

62 Section 513/4. The department, in consultation with the department of mental health,
63 shall promulgate regulations requiring all acute-care hospitals licensed under section 51G to
64 provide or arrange for qualified behavioral health clinicians, during all operating hours of an
65 emergency department or a satellite emergency facility as defined in section 511/2, to evaluate
66 and stabilize a person admitted with a behavioral health presentation to the department, or to a
67 facility and to refer such person for appropriate treatment or inpatient admission.

68 The regulations shall permit evaluation via telemedicine, electronic or telephonic
69 consultation, as deemed appropriate by the department.

70 The regulations shall be promulgated after consultation with the department of mental
71 health and the division of medical assistance and shall include, but not be limited to,
72 requirements that individuals under the age of 22 receive an expedited evaluation and
73 stabilization process.

74 SECTION 14. Section 61 of chapter 112 of the General Laws, as appearing in the 2018
75 Official Edition, is hereby amended by striking out, in line 18, the words “A board of
76 registration” and inserting in place thereof the following words:- Each board of registration
77 under the supervision of the department of public health may discipline a holder of a license,
78 certificate, registration or authority issued pursuant to this chapter and each board of registration.

79 SECTION 15. Said section 61 of said chapter 112, as so appearing, is hereby further
80 amended by striking out, in lines 49 and 50, the words “a board of registration” and inserting in
81 place thereof the following words:- each board of registration under the supervision of the
82 department of public health and each board of registration.

83 SECTION 16. Section 65B of said chapter 112, as so appearing, is hereby amended by
84 striking out, in line 1, the words “A board of registration” and inserting in place thereof the
85 following words:- Each board of registration under the supervision of the department of public
86 health and each board of registration.

87 SECTION 17. Section 65F of said chapter 112, as so appearing, is hereby amended by
88 inserting after the word “licensure”, in line 4, the following words:- or a board of registration
89 under the supervision of the department of public health.

90 SECTION 18. Section 126 of said chapter 112, as appearing in the 2018 Official Edition,
91 is hereby amended by adding the following paragraph:-

92 All application fees and civil administrative penalties and fines collected by the board
93 under sections 61 and 118 to 129B, inclusive, shall be deposited into the Quality in Health
94 Professions Trust Fund established in section 35X of chapter 10.

95 SECTION 19. Section 136 of said chapter 112, as so appearing, is hereby amended by
96 adding the following paragraph:-

97 All application fees and civil administrative penalties and fines collected by the board
98 under sections 61 and 130 to 137, inclusive, shall be deposited into the Quality in Health
99 Professions Trust Fund established in section 35X of chapter 10.

100 SECTION 20. Section 163 of said chapter 112, as so appearing, is hereby amended by
101 inserting after the definition of “Licensed mental health counselor,” the following definition:-

102 “Licensed supervised mental health counselor”, a person licensed or eligible for license
103 under section 165.

104 SECTION 21. Section 164 of said chapter 112, as so appearing, is hereby amended by
105 inserting after the word “consultant”, in line 7, the following words:- or licensed supervised
106 mental health counselor, advisor or consultant.

107 SECTION 22. Section 165 of said chapter 112, as so appearing, is hereby amended by
108 inserting after the word “health”, in line 16, the following words:- or the department of public
109 health.

110 SECTION 23. Said section 165 of said chapter 112, as so appearing, is hereby further
111 amended by adding the following 3 paragraphs:-

112 The board may issue a license to an applicant as a supervised mental health counselor;
113 provided, however, that each applicant, in addition to complying with clauses (1) and (2) of the
114 first paragraph, shall provide satisfactory evidence to the board that the applicant: (i)
115 demonstrates to the board the successful completion of a master’s degree in a relevant field from

116 an educational institution licensed by the state in which it is located and meets national standards
117 for granting of a master's degree with a subspecialization in counseling, or a relevant
118 subspecialization approved by the board; and (ii) has successfully passed a board-approved
119 examination.

120 A supervised mental health counselor shall practice under supervision of a clinician in a
121 clinic or hospital licensed by the department of mental health or the department of public health
122 or accredited by the Joint Commission on Accreditation of Hospitals or in an equivalent center or
123 institute or under the direction of a supervisor approved by the board.

124 The board shall promulgate rules and regulations specifying the required qualifications of
125 the supervising clinician.

126 SECTION 24. Section 168 of said chapter 112, as so appearing, is hereby amended by
127 adding the following paragraph:-

128 All application fees and civil administrative penalties and fines collected by the board
129 under sections 61 and 163 to 172, inclusive, shall be deposited into the Quality in Health
130 Professions Trust Fund established in section 35X of chapter 10.

131 SECTION 25. Chapter 123 of the General Laws is hereby amended by inserting after
132 section 2 the following section:-

133 Section 2A. The department shall establish within its regulations additional factors to be
134 considered when contracting for services in geographically-isolated communities, including, but
135 not limited to, travel and transportation, to ensure availability and access to services.

136 SECTION 26. Section 1 of chapter 175 of the General Laws, as appearing in the
137 2018 Official Edition, is hereby amended by inserting after the definition of “Domestic
138 company” the following definition:-

139 “Emergency services programs”, all programs subject to contract between the
140 Massachusetts Behavioral Health Partnership and nonprofit organizations for the provision of
141 community-based emergency psychiatric services, including, but not limited to, behavioral health
142 crisis assessment, intervention and stabilization services 24 hours per day, 7 days per week,
143 through the following service components: (i) mobile crisis intervention services for youth; (ii)
144 mobile crisis intervention services for adults; (iii) emergency service provider community-based
145 locations; and (iv) adult community crisis stabilization services.

146 SECTION 27. Section 47B of said chapter 175, as so appearing, is hereby amended by
147 inserting after the word “specialist,” in line 122, the following words:-, a clinician practicing
148 under the supervision of a licensed professional, and working towards licensure, in a clinic
149 licensed under chapter 111.

150 SECTION 28. Section 8A of chapter 176A of the General Laws, as appearing in the 2018
151 Official Edition, is hereby amended by inserting after the word “specialist”, in line 125, the
152 following words:- , a clinician practicing under the supervision of a licensed professional, and
153 working towards licensure, in a clinic licensed under chapter 111.

154 SECTION 29. Section 4A of chapter 176B of the General Laws, as appearing in the 2018
155 Official Edition, is hereby amended by inserting after the word “specialist”, in line 120, the
156 following words:- , a clinician practicing under the supervision of a licensed professional, and
157 working towards licensure, in a clinic licensed under chapter 111.

158 SECTION 30. Section 4M of chapter 176G of the General Laws, as appearing in the
159 2018 Official Edition, is hereby amended by inserting after the word “specialist”, in line 117, the
160 following words:- , a clinician practicing under the supervision of a licensed professional, and
161 working towards licensure, in a clinic licensed under chapter 111.

162 SECTION 31. Chapter 176O of the General Laws is hereby amended by inserting after
163 section 5C the following section:-

164 Section 5D. For the purposes of this section, the term “base fee schedule” shall mean the
165 minimum rates, typically set forth in fee schedules, paid by the carrier to an in-network health
166 care provider who is not paid under an alternative payment arrangement for covered health care
167 services; provided, however, that final rates may be subject to negotiations or adjustments that
168 may result in payments to in-network providers that are different from the base fee schedule.

169 A carrier, directly or through any entity that manages or administers mental health or
170 substance use disorder benefits for the carrier, shall establish a base fee schedule for primary care
171 services for behavioral health providers that is not less than the base fee schedule used for
172 evaluation and management services for primary care providers of the same or similar licensure
173 type and in the same geographic region; provided, however, that a carrier shall not lower its base
174 fee schedule for primary care providers to comply with this section. The division shall
175 promulgate regulations to implement this section.

176 SECTION 32. The interagency health equity team, as supported through the office of
177 health equity, shall, in consultation with the advisory council appointed in this section, study
178 ways to improve access to, and the quality of, culturally competent behavioral health services.

179 The review shall include, but not be limited to: (i) the need for greater racial, ethnic and

180 linguistic diversity within the behavioral health workforce; (ii) the role of gender, gender
181 identity, race, ethnicity, linguistic barriers, status as a client of the department of children and
182 families, status as an incarcerated or formerly incarcerated individual, including justice-involved
183 youth and emerging adults, status as a veteran, status as an individual with post-traumatic stress
184 disorder, status as an aging adult, sexual orientation and social determinants of health regarding
185 behavioral health needs; and (iii) any other factors identified by the team that create disparities in
186 access and quality within the existing behavioral health service delivery system, including
187 stigma, transportation and cost.

188 The advisory council shall consist of: the chairs of the joint committee on mental health,
189 substance use and recovery; the chair of the Black and Latino Caucus or a designee; and the
190 following members to be appointed by the commissioner of public health, 1 of whom shall be a
191 local public health official representing a majority-minority municipality, 1 of whom shall be a
192 representative of a racial or ethnic equity advocacy group, 1 of whom shall be a representative of
193 a linguistic equity advocacy group, 1 of whom shall be a licensed behavioral health provider, 1
194 of whom shall be a representative of a mental health advocacy group, 1 of whom shall be a
195 representative of an organization serving the health care needs of the lesbian, gay, bisexual,
196 transgender, queer and questioning community, 1 of whom shall be a representative of an
197 organization serving the health care needs of individuals experiencing housing insecurity and 1
198 of whom shall be an individual with expertise in school-based mental health services.

199 The team shall meet not less than quarterly with the advisory council. Not later than
200 March 30, 2021 and annually for the following 3 years at the close of the fiscal year, the team
201 shall issue a report with legislative, regulatory or budgetary recommendations to improve the
202 access and quality of culturally competent mental and behavioral health services. The report shall

203 be written in non-technical, readily understandable language and shall be made available to the
204 public by posting the report on the office of health equity’s website.

205 The office of health equity, the department of mental health and the department of public
206 health may, subject to appropriation, provide administrative, logistical and research support to
207 produce the report.

208 SECTION 33. The health policy commission, in consultation with the division of
209 insurance, shall review the role of behavioral health managers, as defined in section 1 of chapter
210 176O of the General Laws, within the health care delivery system. The commission shall review:

211 (i) oversight practices by other states on behavioral health managers; (ii) the effects of
212 behavioral health manager state licensure, regulation or registration on access to behavioral
213 health services; (iii) other aspects of behavioral health managers as deemed appropriate by the
214 commission.

215 Not later than January 1, 2022, the health policy commission shall file a report of its
216 findings with the clerks of the senate and house of representatives, the joint committee on health
217 care financing, the joint committee on mental health, substance use and recovery and the
218 joint committee on financial services.

219 SECTION 34. Notwithstanding any general or special law to the contrary, the executive
220 office of health and human services, in consultation with the department of mental health, the
221 department of public health, MassHealth, the office of the child advocate and the division
222 of insurance, shall establish an expedited protocol that establishes clear steps and responsibilities
223 to ensure that individuals under the age of 22 in need of inpatient or residential
224 psychiatric treatment are placed in an appropriate facility from an emergency department or

225 satellite emergency facility within 48 hours of admission to the emergency department or
226 satellite emergency facility that shall be incorporated in the regulations required under section
227 513/4 of chapter 111 of the General Laws. The protocol shall include, but not be limited to: (i) a
228 behavioral health evaluation to occur, in person or through the use of telehealth technology,
229 within 12 hours of admission to the emergency department or satellite emergency facility; (ii)
230 notification to the department of mental health and the patient's insurance carrier to expedite
231 placement in or admission to an appropriate treatment program or facility upon completion of the
232 behavioral health evaluation; (iii) where appropriate, monitoring, emergent psychiatric
233 intervention and initiation of treatment to stabilize the individual until placement in or admission
234 to an appropriate treatment program or facility; (iv) notification upon discharge from the
235 emergency department or satellite emergency facility to the patient's primary care physician, if
236 known; and (v) recording by the emergency department or satellite emergency facility of the
237 behavioral health evaluation in the patient's electronic medical record upon discharge and
238 making the evaluation directly accessible by other healthcare providers and facilities consistent
239 with federal and state privacy requirements through a secure electronic medical record, health
240 information exchange or other similar software or information systems.

241 SECTION 35. Notwithstanding any special or general law to the contrary, there shall be a
242 special commission to review ways to increase consumer access to the behavioral health
243 workforce. The commission shall consider: (i) workforce needs within the behavioral health
244 field; (ii) identified behavioral health workforce shortages, including, but not limited to,
245 shortages in inpatient and community-based settings; (iii) ways to identify barriers to mental
246 health providers' acceptance of commercial insurance and MassHealth, including, but not limited
247 to, the impact of commercial insurance and MassHealth reimbursement rates and administrative

248 processes; (iv) ways to increase and incentivize the acceptance of commercial insurance and
249 MassHealth by behavioral health providers; (v) the feasibility of requiring acceptance of
250 commercial insurance and MassHealth as a condition of licensure for mental health
251 providers;(vi) recommendations and best practices proven to have the most impact on addressing
252 behavioral health workforce shortages, including, but not limited to, the impact of current rates
253 for behavioral health services and use of peer support groups and alternative
254 therapeutic interventions to supplement existing interventions and pathways of care; and (vii)
255 ways to implement the integration of peer support groups and alternative therapeutic
256 interventions into the existing behavioral health care system. The commission shall consist of the
257 following members or their designees: the secretary of health and human services, who shall
258 serve as chair; the commissioner of insurance; the assistant secretary for MassHealth; the
259 commissioner of public health; the commissioner of the department of mental health; and the
260 following members to be appointed by the chair, 1 of whom shall be a representative on the
261 Massachusetts Nurses Association, 1 of whom shall be a representative of the Massachusetts
262 Psychiatric Society, Inc., 1 of whom shall be a representative of the Massachusetts Psychological
263 Association, Inc., 1 of whom shall be a representative of the National Association of Social
264 Workers, Inc., 1 of whom shall be a representative of the MAAPPN Massachusetts Association
265 of Advanced Practice Psychiatric Nurses, Inc., 1 of whom shall be a representative of the
266 Massachusetts Mental Health Counselors Association, Inc., 1 of whom shall be a representative
267 of the Association for Behavioral Healthcare, Inc., 1 of whom shall be a representative of The
268 Massachusetts Medical Society, 1 of whom shall be a representative of the National Alliance on
269 Mental Illness of Massachusetts, Inc., 1 of whom shall be a representative of the American
270 Nurses Association Massachusetts, Inc, 1 of whom shall be a representative of Blue Cross and

271 Blue Shield of Massachusetts, Inc., 1 of whom shall be a representative of the Massachusetts
272 Association of Health Plans, Inc., 1 of whom shall be a representative of the Children’s Mental
273 Health Campaign, 1 of whom shall be a representative of Massachusetts League of Community
274 Health Centers, Inc., 1 of whom shall be a representative of Massachusetts Association for
275 Mental Health, Inc., 1 of whom shall be a representative of the GPS Group Peer Support, LLC
276 and 1 of whom shall be a representative of the Massachusetts Health and Hospital Association,
277 Inc. The commission shall submit its findings and recommendations with the clerks of the senate
278 and house of representatives, the joint committee on mental health, substance use and recovery
279 and the joint committee on public health not later than 1 year from the effective date of this act.

280 SECTION 36. Chapter 6A of the General Laws is hereby amended by inserting after
281 Section 16BB the following new section:-

282 Section 16CC. (a) There shall be an office of behavioral health promotion within the
283 executive office of health and human services. The office shall be under the supervision and
284 control of a director of behavioral health promotion who shall be appointed by and shall report to
285 the secretary of health and human services.

286 (b) The office shall coordinate all activities of the commonwealth to promote the mental,
287 emotional, and behavioral health and wellness of all residents. The office shall set goals for the
288 promotion of mental health and the prevention of mental health and substance use conditions.
289 The office shall fully integrate health equity principles and apply a health equity lens to all its
290 work. The office will prepare and implement an annual plan for the commonwealth.

291 The office shall collaborate with the executive offices, state agencies, independent
292 agencies, and state commissions, including but not limited to, the executive office of health and

293 human services, the executive office of education, the executive office of elder affairs, the
294 department of mental health, department of public health, department of children and families,
295 department of veterans' services, department of early education and care, department of
296 elementary and secondary education, office for refugees and immigrants, office of health equity,
297 office of the child advocate, and the Massachusetts commission on LGBTQ youth. The office
298 shall facilitate communication and partnership between these entities to develop greater
299 understanding of the intersections between agency activities and behavioral health promotion
300 and illness prevention.

301 (c) The office shall: (1) facilitate the development of interagency initiatives that are
302 informed by the science of promotion and prevention, advance health equity and trauma-
303 informed care, and address the social determinants of health; (2) develop and implement a
304 comprehensive plan to strengthen community and state-level promotion and prevention
305 programming and infrastructure through training, technical assistance, resource development and
306 dissemination, and other initiatives; (3) advance the identification and dissemination of evidence-
307 based and promising practices designed to further behavioral health promotion and prevent
308 mental health and substance use conditions and associated disability; (4) collect and analyze data
309 measuring population-based indicators of behavioral health from existing data sources, track
310 changes over time, and make programming and policy recommendations to address the needs of
311 populations at greatest risk; (4) coordinate the behavioral health promotion and wellness
312 programs, campaigns, and initiatives of the Commonwealth; and (5) provide staffing support for
313 the community behavioral health promotion and prevention commission, established in
314 Massachusetts General Laws, Part 1, Title II, Chapter 6, Section 219. The office may enter into

315 service agreements with the department of mental health or the department of public health to
316 fulfill the obligations of the office.

317 (d) The office shall prepare an annual report to evaluate its progress, and the overall
318 progress of the Commonwealth, toward promoting mental, emotional, and behavioral wellness,
319 and preventing mental health and substance use conditions using, where possible, quantifiable
320 measures and comparative benchmarks. The report shall be filed with the governor, the clerks of
321 the house of representatives and senate, and the chairs of the joint committee on mental health,
322 substance use and recovery not later than July 1. The report shall be posted on the official
323 website of the commonwealth.

324 (e) The secretary of the executive office of health and human services may expend
325 revenue generated from section 27 of chapter 133 of the acts of 2019 for any operating costs
326 associated with the office of behavioral health promotion.

327 SECTION 37. The center for health information and analysis shall revise regulations
328 relative to reporting requirements under sections 8, 9 and 10 of chapter 12C of the General Laws
329 to implement section 4 within 6 months of the effective date of this act.

330 SECTION 38. Sections 5 to 12, inclusive, sections 14 to 17, inclusive, and sections 18,
331 19 and 23 shall take effect July 1, 2022.

332 SECTION 39. Section 31 of the act shall take effect 1 year after the effective date of this
333 act.