

SENATE No. 646

The Commonwealth of Massachusetts

PRESENTED BY:

John J. Cronin

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:	
<i>John J. Cronin</i>	<i>Worcester and Middlesex</i>	
<i>Meghan Kilcoyne</i>	<i>12th Worcester</i>	
<i>Michael P. Kushmerek</i>	<i>3rd Worcester</i>	<i>2/19/2021</i>
<i>David Allen Robertson</i>	<i>19th Middlesex</i>	<i>2/26/2021</i>
<i>Sally P. Kerans</i>	<i>13th Essex</i>	<i>2/26/2021</i>
<i>Christopher Hendricks</i>	<i>11th Bristol</i>	<i>2/26/2021</i>
<i>Susannah M. Whipps</i>	<i>2nd Franklin</i>	<i>2/26/2021</i>
<i>Jessica Ann Giannino</i>	<i>16th Suffolk</i>	<i>2/26/2021</i>
<i>Vanna Howard</i>	<i>17th Middlesex</i>	<i>2/26/2021</i>
<i>Paul A. Schmid, III</i>	<i>8th Bristol</i>	<i>3/5/2021</i>
<i>Mathew J. Muratore</i>	<i>1st Plymouth</i>	<i>4/14/2021</i>
<i>Jason M. Lewis</i>	<i>Fifth Middlesex</i>	<i>4/15/2021</i>
<i>John F. Keenan</i>	<i>Norfolk and Plymouth</i>	<i>4/15/2021</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>	<i>4/21/2021</i>

SENATE No. 646

By Mr. Cronin, a petition (accompanied by bill, Senate, No. 646) of John Cronin, Meghan Kilcoyne, Michael P. Kushmerek, David Allen Robertson and other members of the General Court for legislation relative to supportive care for serious mental illness. Financial Services.

The Commonwealth of Massachusetts

**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

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

10

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

13

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

19

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

22

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

26

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

28

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

31

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

35

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

40

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

48

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

52

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

58

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

61

62 Section 9L. To credential the mental health professionals and other members of the
63 multidisciplinary coordinated specialty care treatment team or an assertive community treatment
64 team as described under section 32 of chapter 32A, section 39 of chapter 176A, section 26 of
65 chapter 176B, section 34 of chapter 176G and section 14 of chapter 176I, the credentialing of the
66 psychiatrist or the licensed clinical leader of the treatment team shall qualify all members of the
67 treatment team to be credentialed with the insurer.

68

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

71

72 Section 4700. (a) For the purposes of this section, the following words shall have the
73 following meanings unless the context clearly requires otherwise:

74

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

80

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

83

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

87

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

89

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

92

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

96

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

101

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

111

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

115

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

121

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

124

125 Section 39. (a) For the purposes of this section, the following words shall
126 have the following meanings unless the context clearly requires otherwise:

127

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

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

133

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

136

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

140

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

142

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

145

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

149

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

154

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

162

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

166

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

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

176

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

182

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

185

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

189

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

191

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

194

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

198

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

203

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

210

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

214

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

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

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

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

229

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

232

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

236

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

238

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

241

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

245

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

250

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

257

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

261

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

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

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

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

276

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

279

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

283

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

285

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

288

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

292

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

297

298 (b) A preferred provider contract between a covered person and an organization shall
299 provide coverage for wrap-around coordinated specialty care services for first episode psychosis
300 treatment and assertive community treatment for early or ongoing treatment of person with a
301 previous episode of psychosis who has a serious mental illness or serious emotional disturbance.
302 Coverage under this section shall not be construed as imposing a limit on the number of visits an
303 individual may make to a provider of any of the services under this section.

304

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

308

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

314 .

315

316 SECTION 9. Not later than 6 months after the effective date of this act, the division of
317 insurance shall convene a working group of insurance companies and mental health treatment
318 providers that deliver the bundled treatment approaches listed in section 32 of chapter 32A,
319 section 39 of chapter 176A, section 26 of chapter 176B, section 34 of chapter 176G and section
320 14 of chapter 176I to determine a coding solution to allow the bundled treatment models to be
321 coded and paid for as a bundle of services, similar to bundled payments under a single billing
322 code for physical health care.

323

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

327

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

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

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

337