

SENATE No. 2917

Senate, July 30, 2024 -- Text of amendment (8) (offered by Senator Cronin) to the Ways and Means amendment (Senate, No. 2898) to the Senate Bill relative to accessing harm reduction initiatives

The Commonwealth of Massachusetts

In the One Hundred and Ninety-Third General Court
(2023-2024)

1 by adding the following sections:-

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

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

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

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

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

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

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

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

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

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

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

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

32 (b) Coverage offered by the commission to an active or retired employee of the
33 commonwealth insured under the group insurance commission shall provide coverage for wrap-
34 around coordinated specialty care services for first episode psychosis treatment and assertive
35 community treatment for early or ongoing treatment of person with a previous episode of

36 psychosis who has a serious mental illness or serious emotional disturbance. Coverage under this
37 section shall not be construed as imposing a limit on the number of visits an individual may
38 make to a provider of any of the services under this section.

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

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

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

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

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

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

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

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

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

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

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

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

75 “Serious mental illness”, mental, behavioral or emotional disorders resulting in serious
76 functional impairment that substantially interferes with or limits at least 1 major life activity for

77 an individual not less than 19 years old with a psychiatric diagnosis as defined in the American
78 Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders.

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

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

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

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

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

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

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

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

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

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

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

116 “Serious mental illness”, mental, behavioral or emotional disorders resulting in serious
117 functional impairment that substantially interferes with or limits at least 1 major life activity for

118 an individual not less than 19 years old with a psychiatric diagnosis as defined in the American
119 Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

197 (b) A contract between a member and a health maintenance organization shall provide
198 coverage for wrap-around coordinated specialty care services for first episode psychosis
199 treatment and assertive community treatment for early or ongoing treatment of person with a
200 previous episode of psychosis who has a serious mental illness or serious emotional disturbance.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

256 SECTION XX. The group insurance commission, the division of insurance and the health
257 connector shall promulgate any regulations necessary to implement this section not later than six
258 months after enactment.

259 SECTION XX. All carriers must implement these benefits and demonstrate to the
260 Division of Insurance the adequacy of their provider networks for these services by the effective
261 date of this act. Any carrier that fails to demonstrate adequate networks of providers of these
262 services by the effective date shall:

263 (a) assist any plan member to find an out-of-network CSC program or ACT program and
264 to cover those services as if they were furnished in network; and

265 (b) report monthly to the Division of Insurance on the status of their networks, and pay a
266 fine of \$50,000 per month.

267 SECTION XX. After 5 years following full implementation of this act, the health policy
268 commission, the division of insurance and the group insurance commission shall collaborate to
269 perform an independent analysis of the impact of the coverage of the team-based treatment
270 models provided under this section upon savings in hospitalization costs or other costs and on
271 any increase in cost to the group insurance commission, the division of insurance or group
272 insurance commission members. The analysis shall review claims payment and plan and
273 consumer cost data for the largest group insurance commission plans that comprise at least 80
274 per cent of the covered lives at the time of the study.

275 SECTION XX. This act shall take effect 1 year after its passage.