

# SENATE . . . . . No. 2917

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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

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## 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.