

SENATE No. 2919

Senate, July 30, 2024 -- Text of amendment (25) (offered by Senator Keenan) 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 inserting after section __ the following sections:-

2 “SECTION __. Section 17N of chapter 32A of the General Laws, as appearing in the
3 2022 Official Edition, is hereby amended by inserting after the definition of “Clinical
4 stabilization services” the following definition:-

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

9 SECTION __. Section 17N of chapter 32A is further amended by striking out the fourth
10 paragraph and inserting in place thereof the following paragraph:-

11 The commission shall provide for medically necessary acute treatment services,
12 medically necessary clinical stabilization services and medically necessary transitional support
13 services to an active or retired employee of the commonwealth who is insured under the group
14 insurance commission coverage for up to 30 days and shall not require preauthorization prior to

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

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

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

32 SECTION __. Said chapter 118E is hereby further amended by inserting after section
33 10N the following section:-

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

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

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

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

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

56 The division and its contracted health insurers, health plans, health maintenance
57 organizations, behavioral health management firms and third-party administrators under contract

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

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

77 SECTION __. Section 47GG of chapter 175 is hereby amended by inserting after the
78 definition of "Clinical stabilization services" the following definition:-

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

83 SECTION __. Section 47GG of said chapter 175 is hereby further amended by striking
84 out the fourth paragraph and inserting in place thereof the following paragraph:-

85 Any policy, contract, agreement, plan or certificate of insurance issued, delivered or
86 renewed within the commonwealth, which is considered creditable coverage under section 1 of
87 chapter 111M, shall provide coverage for medically necessary acute treatment services,
88 medically necessary clinical stabilization services and medically necessary transitional support
89 services for up to 30 days and shall not require preauthorization prior to obtaining acute
90 treatment services, clinical stabilization services or transitional support services. The facility
91 providing such services shall provide the carrier notification of admission and the initial
92 treatment plan within 48 hours of admission and within a reasonable time thereafter shall provide
93 the carrier with a projected discharge plan for the member. The carrier’s utilization review
94 procedures may be initiated on day 14; provided, however, that a carrier shall not make any
95 utilization review decisions that impose any restriction or deny any future medically necessary
96 acute treatment, clinical stabilization or transitional support services unless a patient has received
97 at least 30 consecutive days of said services; provided further, any policy, contract, agreement,
98 plan or certificate of insurance issued, delivered or renewed within the commonwealth, which is
99 considered creditable coverage pursuant to section 1 of chapter 111M, shall cover, without
100 preauthorization, a substance use disorder evaluation ordered pursuant to section 51½ of chapter
101 111. Upon receipt of notification by the admitting facility and receipt of the discharge plan, the

102 carrier may provide outreach to the treating clinician and member to offer care management and
103 support services.

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

106 SECTION __. Section 8II of chapter 176A is hereby amended by inserting after the
107 definition of "Clinical stabilization services" the following definition:-

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

112 SECTION __. Section 8II of said chapter 176A is hereby further amended by striking out
113 the fourth paragraph and inserting in place thereof the following paragraph:-

114 Any contract between a subscriber and the corporation under an individual or group
115 hospital service plan that is delivered, issued or renewed within the commonwealth shall provide
116 coverage for medically necessary acute treatment services, medically necessary clinical
117 stabilization services and medically necessary transitional support services for up to 30 days and
118 shall not require preauthorization prior to obtaining acute treatment services, clinical stabilization
119 services or transitional support services. The facility providing such services shall provide the
120 carrier notification of admission and the initial treatment plan within 48 hours of admission and
121 within a reasonable time thereafter shall provide the carrier with a projected discharge plan for
122 the member. The carrier's utilization review procedures may be initiated on day 14; provided,
123 however, that a carrier shall not make any utilization review decisions that impose any restriction

124 or deny any future medically necessary acute treatment, clinical stabilization or transitional
125 support services unless a patient has received at least 30 consecutive days of said services;
126 provided further, any contract between a subscriber and the corporation under an individual or
127 group hospital service plan that is delivered, issued or renewed within the commonwealth, shall
128 cover, without preauthorization, a substance use disorder evaluation ordered pursuant to section
129 51½ of chapter 111. Upon receipt of notification by the admitting facility and receipt of the
130 discharge plan, the carrier may provide outreach to the treating clinician and member to offer
131 care management and support services.

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

134 SECTION __. Section 4II of chapter 176B is hereby amended by inserting after the
135 definition of "Clinical stabilization services" the following definition:-

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

140 SECTION __. Section 4II of said chapter 176B is hereby further amended by striking out
141 the fourth paragraph and inserting in place thereof the following paragraph:-

142 Any subscription certificate under an individual or group medical service agreement
143 delivered, issued or renewed within the commonwealth shall provide coverage for medically
144 necessary acute treatment services, medically necessary clinical stabilization services and
145 medically necessary transitional support services for up to 30 days and shall not require

146 preauthorization prior to obtaining acute treatment services, clinical stabilization services or
147 transitional support services. The facility providing such services shall provide the carrier
148 notification of admission and the initial treatment plan within 48 hours of admission and within a
149 reasonable time thereafter shall provide the carrier with a projected discharge plan for the
150 member. The carrier's utilization review procedures may be initiated on day 14; provided,
151 however, that a carrier shall not make any utilization review decisions that impose any restriction
152 or deny any future medically necessary acute treatment, clinical stabilization or transitional
153 support services unless a patient has received at least 30 consecutive days of said services;
154 provided further, any subscription certificate under an individual or group medical service
155 agreement delivered, issued or renewed within the commonwealth shall provide coverage for,
156 without preauthorization, a substance use disorder evaluation ordered pursuant to section 51½ of
157 chapter 111. Upon receipt of notification by the admitting facility and receipt of the discharge
158 plan, the carrier may provide outreach to the treating clinician and member to offer care
159 management and support services.

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

162 SECTION __. Section 4AA of chapter 176G is hereby amended by inserting after the
163 definition of "Clinical stabilization services" the following definition:-

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

168 SECTION __. Said section 4AA is hereby further amended by striking out the fourth
169 paragraph and inserting in place thereof the following paragraph:-

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

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

188 SECTION __. The center for health information and analysis, in consultation with the
189 division of insurance, the department of public health, the office of Medicaid and the health

190 policy commission, shall conduct reviews on the 14 day mandated coverage of acute treatment
191 services, clinical stabilization services and the long-term effects of the increase in covered days
192 from 14 days to 30 days related to the mandated benefits for acute treatment services, clinical
193 stabilization services and transitional support services on the following areas: (i) the continuum
194 of care for substance use disorder treatment; (ii) access to the continuum of care for patients
195 eligible for MassHealth and department of public health programs; (iii) access to the continuum
196 of care for commercially insured patients; and (iv) any changes in costs to MassHealth, the
197 department of public health and health insurance carriers. The center shall provide an initial
198 report not later than October 1, 2024 on the effects of the 14 day mandated coverage of acute
199 treatment services and clinical stabilization services to the areas listed above and a final report
200 not later than October 1, 2026 on the effects of the 30 day mandated coverage of acute treatment
201 services, clinical stabilization services and transitional support services to the areas listed above.

202 The initial report and final report shall be posted on the center's website and shall be filed
203 with the clerks of the house of representatives and senate, the house and senate chairs of the
204 committee on financial services, the house and senate chairs of the committee on health care
205 financing, the house and senate chairs of the committee on public health and the house and
206 senate committees on ways and means not later than October 1, 2024 and October 1, 2026,
207 respectively.

208 SECTION __. Sections 1 through 12, inclusive, shall take effect October 1, 2024."