

HOUSE No. 1277

The Commonwealth of Massachusetts

PRESENTED BY:

James J. O'Day

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 relative to dual diagnosis treatment coverage.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>James J. O'Day</i>	<i>14th Worcester</i>	<i>1/14/2025</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>	<i>2/10/2025</i>

HOUSE No. 1277

By Representative O'Day of West Boylston, a petition (accompanied by bill, House, No. 1277) of James J. O'Day and James B. Eldridge relative to dual diagnosis treatment healthcare coverage. Financial Services.

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-Fourth General Court
(2025-2026)**

An Act relative to dual diagnosis treatment coverage.

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. Chapter 32A of the General Laws, as appearing in the 2022 Official
2 Edition, is hereby amended by striking out section 17N and inserting in place thereof the
3 following section:-

4 Section 17N. "Acute treatment services", 24-hour medically supervised addiction
5 treatment for adults or adolescents provided in a medically managed or medically monitored
6 inpatient facility, as defined by the department of public health, which provides evaluation and
7 withdrawal management and that may include biopsychosocial assessment, individual and group
8 counseling, psychoeducational groups and discharge planning.

9 "Clinical stabilization services", 24-hour clinically managed post detoxification treatment
10 for adults or adolescents, as defined by the department of public health, usually following acute
11 treatment services for substance use, which may include intensive education and counseling
12 regarding the nature of addiction and its consequences, relapse prevention, outreach to families

13 and significant others and aftercare planning, for individuals beginning to engage in recovery
14 from addiction.

15

16 “Co-occurring treatment services”, inpatient medically monitored detoxification
17 treatment for adults or adolescents provided in an inpatient psychiatric facility or an inpatient
18 psychiatric unit within a general hospital, licensed by the department of mental health.

19

20 The commission shall provide to any active or retired employee of the commonwealth
21 who is insured under the group insurance commission coverage for medically necessary acute
22 treatment services, medically necessary clinical stabilization services, and medically necessary
23 co-occurring treatment services for up to a total of 14 days and shall not require preauthorization
24 prior to obtaining such acute treatment services, clinical stabilization services, or co-occurring
25 treatment services; provided, that the facility shall notify the carrier of both admission and the
26 initial treatment plan within 48 hours of admission; provided further, that utilization review
27 procedures may be initiated on day 7; and provided further, that the commission shall provide
28 to any active or retired employee of the commonwealth who is insured under the group insurance
29 commission coverage for, without preauthorization, substance use disorder evaluations ordered
30 pursuant to section 51 1/2 of chapter 111.

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

33

34 SECTION 2. Chapter 118E of the General Laws is hereby amended by striking out
35 section 10H and inserting in place thereof the following section:-

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37 Section 10H. "Acute treatment services", 24-hour medically supervised addiction
38 treatment for adults or adolescents provided in a medically managed or medically monitored
39 inpatient facility, as defined by the department of public health, which provides evaluation and
40 withdrawal management and that may include biopsychosocial assessment, individual and group
41 counseling, psychoeducational groups and discharge planning.

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

48

49 "Co-occurring treatment services", inpatient medically monitored detoxification
50 treatment for adults or adolescents provided in an inpatient psychiatric facility or an inpatient
51 psychiatric unit within a general hospital, licensed by the department of mental health.

52 The division and its contracted health insurers, health plans, health maintenance
53 organizations, behavioral health management firms and third party administrators under contract
54 to a Medicaid managed care organization or primary care clinician plan shall cover the cost of

55 medically necessary acute treatment services and shall not require a preauthorization prior to
56 obtaining treatment.

57 The division and its contracted health insurers, health plans, health maintenance
58 organizations, behavioral health management firms and third party administrators under contract
59 to a Medicaid managed care organization or primary care clinician plan shall cover the cost of
60 medically necessary clinical stabilization services and co-occurring treatment services for up to
61 14 days and shall not require preauthorization prior to obtaining clinical stabilization services
62 and co-occurring treatment services; provided, that the facility shall provide the carrier both
63 notification of admission and the initial treatment plan within 48 hours of admission; provided
64 further, that utilization review procedures may be initiated on day 7; and provided further, that
65 the division and its contracted health insurers, health plans, health maintenance organizations,
66 behavioral health management firms and third party administrators under contract to a Medicaid
67 managed care organization or primary care clinician plan shall cover, without preauthorization,
68 substance use disorder evaluations ordered pursuant to section 51 1/2 of chapter 111.

69

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

72

73 SECTION 3. Chapter 175 of the General Laws is hereby amended by striking out section
74 47GG and inserting in place thereof the following section:-

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76 Section 47GG. "Acute treatment services", 24-hour medically supervised addiction
77 treatment for adults or adolescents provided in a medically managed or medically monitored
78 inpatient facility, as defined by the department of public health, which provides evaluation and
79 withdrawal management and that may include biopsychosocial assessment, individual and group
80 counseling, psychoeducational groups and discharge planning.

81

82 "Clinical stabilization services", 24-hour clinically managed post detoxification treatment
83 for adults or adolescents, as defined by the department of public health, usually following acute
84 treatment services for substance use, which may include intensive education and counseling
85 regarding the nature of addiction and its consequences, relapse prevention, outreach to families
86 and significant others and aftercare planning, for individuals beginning to engage in recovery
87 from addiction.

88

89 "Co-occurring treatment services", inpatient medically monitored detoxification
90 treatment for adults or adolescents provided in an inpatient psychiatric facility or an inpatient
91 psychiatric unit within a general hospital, licensed by the department of mental health.

92

93 Any policy, contract, agreement, plan or certificate of insurance issued, delivered or
94 renewed within the commonwealth, which is considered creditable coverage under section 1 of
95 chapter 111M, shall provide coverage for medically necessary acute treatment services,
96 medically necessary clinical stabilization services and medically necessary co-occurring

97 treatment services for up to a total of 14 days and shall not require preauthorization prior to
98 obtaining acute treatment services, clinical stabilization services, or co-occurring treatment
99 services; provided, that the facility shall notify the carrier of both admission and the initial
100 treatment plan within 48 hours of admission; provided further, that utilization review procedures
101 may be initiated on day 7; provided further that any policy, contract, agreement, plan or
102 certificate of insurance issued, delivered or renewed within the commonwealth, which is
103 considered creditable coverage pursuant to section 1 of chapter 111M, shall cover, without
104 preauthorization, a substance use disorder evaluation ordered pursuant to section 51 1/2 of
105 chapter 111.

106

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

109

110 SECTION 4. Chapter 176A of the General Laws, as so appearing, is hereby amended by
111 striking out section 8II and inserting in place thereof the following section:-

112

113 Section 8II. "Acute treatment services", 24-hour medically supervised addiction treatment
114 for adults or adolescents provided in a medically managed or medically monitored inpatient
115 facility, as defined by the department of public health, which provides evaluation and withdrawal
116 management and that may include biopsychosocial assessment, individual and group counseling,
117 psychoeducational groups and discharge planning.

118

119 "Clinical stabilization services", 24-hour clinically managed post detoxification treatment
120 for adults or adolescents, as defined by the department of public health, usually following acute
121 treatment services for substance use, which may include intensive education and counseling
122 regarding the nature of addiction and its consequences, relapse prevention, outreach to families
123 and significant others and aftercare planning, for individuals beginning to engage in recovery
124 from addiction.

125

126 "Co-occurring treatment services", inpatient medically monitored detoxification
127 treatment for adults or adolescents provided in an inpatient psychiatric facility or an inpatient
128 psychiatric unit within a general hospital, licensed by the department of mental health.

129

130 Any contract between a subscriber and the corporation under an individual or group
131 hospital service plan that is delivered, issued or renewed within the commonwealth shall provide
132 coverage for medically necessary acute treatment services, medically necessary clinical
133 stabilization services, and medically necessary co-occurring treatment services for up to a total of
134 14 days and shall not require preauthorization prior to obtaining acute treatment services, clinical
135 stabilization services, or co-occurring treatment services; provided, that the facility shall notify
136 the carrier of both admission and the initial treatment plan within 48 hours of admission;
137 provided further, that utilization review procedures may be initiated on day 7; provided further,
138 any contract between a subscriber and the corporation under an individual or group hospital
139 service plan that is delivered, issued or renewed within the commonwealth, shall cover, without

140 preauthorization, a substance use disorder evaluation ordered pursuant to section 51 1/2 of
141 chapter 111.

142

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

145

146 SECTION 5. Chapter 176B of the General Laws, as so appearing, is hereby amended by
147 striking out section 4II and inserting in place thereof the following section:-

148

149 Section 4II. "Acute treatment services", 24-hour medically supervised addiction treatment
150 for adults or adolescents provided in a medically managed or medically monitored inpatient
151 facility, as defined by the department of public health, which provides evaluation and withdrawal
152 management and that may include biopsychosocial assessment, individual and group counseling,
153 psychoeducational groups and discharge planning.

154

155 "Clinical stabilization services", 24-hour clinically managed post detoxification treatment
156 for adults or adolescents, as defined by the department of public health, usually following acute
157 treatment services for substance use, which may include intensive education and counseling
158 regarding the nature of addiction and its consequences, relapse prevention, outreach to families
159 and significant others and aftercare planning, for individuals beginning to engage in recovery
160 from addiction.

161

162 “Co-occurring treatment services”, inpatient medically monitored detoxification
163 treatment for adults or adolescents provided in an inpatient psychiatric facility or an inpatient
164 psychiatric unit within a general hospital, licensed by the department of mental health.

165

166 Any subscription certificate under an individual or group medical service agreement
167 delivered, issued or renewed within the commonwealth shall provide coverage for medically
168 necessary acute treatment services, medically necessary clinical stabilization services, and
169 medically necessary co-occurring treatment services for up to a total of 14 days and shall not
170 require preauthorization prior to obtaining acute treatment services, clinical stabilization services
171 or co-occurring treatment services; provided, that the facility shall provide the carrier both
172 notification of admission and the initial treatment plan within 48 hours of admission; provided
173 further, that utilization review procedures may be initiated on day 7; provided further, any
174 subscription certificate under an individual or group medical service agreement delivered, issued
175 or renewed within the commonwealth shall provide coverage for, without preauthorization, a
176 substance use disorder evaluation ordered pursuant to section 51 1/2 of chapter 111.

177

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

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181 SECTION 6. Chapter 176G as so appearing, is hereby amended by striking out section
182 4AA and inserting in place thereof the following section:-

183

184 Section 4AA. "Acute treatment services", 24-hour medically supervised addiction
185 treatment for adults or adolescents provided in a medically managed or medically monitored
186 inpatient facility, as defined by the department of public health, that provides evaluation and
187 withdrawal management and which may include biopsychosocial assessment, individual and
188 group counseling, psychoeducational groups and discharge planning.

189

190 "Clinical stabilization services", 24-hour clinically managed post detoxification treatment
191 for adults or adolescents, as defined by the department of public health, usually following acute
192 treatment services for substance use, which may include intensive education and counseling
193 regarding the nature of addiction and its consequences, relapse prevention, outreach to families
194 and significant others and aftercare planning, for individuals beginning to engage in recovery
195 from addiction.

196

197 "Co-occurring treatment services", inpatient medically monitored detoxification
198 treatment for adults or adolescents provided in an inpatient psychiatric facility or an inpatient
199 psychiatric unit within a general hospital, licensed by the department of mental health.

200

201 An individual or group health maintenance contract that is issued or renewed shall
202 provide coverage for medically necessary acute treatment services, medically necessary clinical
203 stabilization services, and medically necessary co-occurring treatment services for up to a total of
204 14 days and shall not require preauthorization prior to obtaining acute treatment services, clinical
205 stabilization services, or co-occurring treatment services; provided, that the facility shall provide
206 the carrier both notification of admission and the initial treatment plan within 48 hours of
207 admission; provided further, that utilization review procedures may be initiated on day 7;
208 provided further, an individual or group health maintenance contract that is issued or renewed
209 shall provide coverage for, without preauthorization, a substance use disorder evaluation ordered
210 pursuant to section 51 1/2 of chapter 111.

211

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