

HOUSE No. 4893

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, January 8, 2026.

The committee on Financial Services, to whom was referred the petition (accompanied by bill, House, No. 1228) of Michael P. Kushmerek relative to behavioral health prevention for children, reports recommending that the accompanying bill (House, No. 4893) ought to pass.

For the committee,

JAMES M. MURPHY.

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The Commonwealth of Massachusetts

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

An Act to support behavioral health prevention for children.

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, is hereby amended by inserting after
2 section 34 the following section:-

3 Section 35. (a) For the purpose of this section, the following term shall have the
4 following meaning:

5 “Preventive behavioral health services”, short-term interventions in supportive group,
6 individual, or family settings that cultivate coping skills and strategies for symptoms of
7 depression, anxiety, and other social and emotional concerns, which may prevent the
8 development of behavioral health conditions for members who are under 21 years old who have
9 a positive behavioral health screening, or, in the case of an infant, a caregiver with a positive
10 post-partum depression screening, even if the individual does not meet criteria for behavioral
11 health diagnosis.

12 (b)(1) Any coverage offered by the commission to an active or retired employee of the
13 commonwealth under the group insurance commission shall provide coverage for no fewer than

14 six sessions of preventive behavioral health services provided by a qualified licensed behavioral
15 health clinician, or a non-licensed clinician or trainee under supervision, without requiring prior
16 authorization. Coverage shall include individual, family and group sessions when delivered by a
17 behavioral health clinician practicing in an integrated pediatric primary care setting and group
18 sessions when delivered in community-based outpatient and school settings. Preventive
19 behavioral health services shall be covered with no patient cost-sharing; provided, however, that
20 cost-sharing shall be required if the applicable plan is governed by the Federal Internal Revenue
21 Code and would lose its tax-exempt status as a result of the prohibition on cost-sharing for this
22 service.

23 (2) The commission and its contracted carriers shall accept an alternative diagnosis code,
24 including a Social Determinants of Health Z-code, as the primary diagnosis from eligible
25 providers submitting claims for preventive behavioral health services.

26 SECTION 2. Chapter 175 of the General Laws, is hereby amended by inserting before
27 section 47CCC the following section:-

28 Section 47AAA. (a) For the purpose of this section, the following term shall have the
29 following meaning:

30 “Preventive behavioral health services”, short-term interventions in supportive group,
31 individual, or family settings that cultivate coping skills and strategies for symptoms of
32 depression, anxiety, and other social and emotional concerns, which may prevent the
33 development of behavioral health conditions for members who are under 21 years old who have
34 a positive behavioral health screening, or, in the case of an infant, a caregiver with a positive

35 post-partum depression screening, even if the individual does not meet criteria for behavioral
36 health diagnosis.

37 (b)(1) Any blanket or general policy of insurance described in subdivision (A), (C), or
38 (D) of section one hundred and ten which is issued or subsequently renewed by agreement
39 between the insurer and the policyholder, within or without the commonwealth, during the
40 period within which this premium is effective, or any policy of accident or sickness insurance as
41 described in section one hundred and eight which provides hospital expense and surgical expense
42 insurance and which is delivered or issued for delivery or subsequently renewed by agreement
43 between the insurer and the policyholder in the commonwealth, during the period within which
44 this provision is effective, or any employers' health and welfare fund which provides hospital
45 expense and surgical expense benefits and which is issued or renewed to any person or group of
46 persons in the commonwealth, during the period within which this provision is effective, shall
47 provide coverage for no fewer than six sessions of preventive behavioral health services
48 provided by a qualified licensed behavioral health clinician, or a non-licensed clinician or trainee
49 under supervision, without requiring prior authorization. Coverage shall include individual,
50 family and group sessions when delivered by a behavioral health clinician practicing in an
51 integrated pediatric primary care setting and group sessions when delivered in community-based
52 outpatient and school settings. Preventive behavioral health services shall be covered with no
53 patient cost-sharing; provided, however, that cost-sharing shall be required if the applicable plan
54 is governed by the Federal Internal Revenue Code and would lose its tax-exempt status as a
55 result of the prohibition on cost-sharing for this service.

(2) Payers covered under this section shall accept an alternative diagnosis code, including a Social Determinants of Health Z-code, as the primary diagnosis from eligible providers submitting claims for preventive behavioral health services.

SECTION 3. Chapter 176A of the General Laws, is hereby amended by inserting after section 8DDD the following section:-

Section 8EEE. (a) For the purpose of this section, the following term shall have the following meaning:

“Preventive behavioral health services”, short-term interventions in supportive group, individual, or family settings that cultivate coping skills and strategies for symptoms of depression, anxiety, and other social and emotional concerns, which may prevent the development of behavioral health conditions for members who are under 21 years old who have a positive behavioral health screening, or, in the case of an infant, a caregiver with a positive post-partum depression screening, even if the individual does not meet criteria for behavioral health diagnosis.

(b)(1) Any contract between a subscriber and a corporation subject to this chapter, pursuant to an individual or group hospital service plan that is delivered, issued or renewed within or without the commonwealth shall provide coverage for no fewer than six sessions of preventive behavioral health services provided by a qualified licensed behavioral health clinician, or a non-licensed clinician or trainee under supervision, without requiring prior authorization. Coverage shall include individual, family and group sessions when delivered by a behavioral health clinician practicing in an integrated pediatric primary care setting and group sessions when delivered in community-based outpatient and school settings. Preventive

behavioral health services shall be covered with no patient cost-sharing; provided, however, that cost-sharing shall be required if the applicable plan is governed by the Federal Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition on cost-sharing for this service.

(2) Payers covered under this section shall accept an alternative diagnosis code, including a Social Determinants of Health Z-code, as the primary diagnosis from eligible providers submitting claims for preventive behavioral health services.

SECTION 4. Chapter 176B of the General Laws, is hereby amended by inserting after section 4DDD the following section:-

Section 4EEE. (a) For the purpose of this section, the following term shall have the following meaning:

“Preventive behavioral health services”, short-term interventions in supportive group, individual, or family settings that cultivate coping skills and strategies for symptoms of depression, anxiety, and other social and emotional concerns, which may prevent the development of behavioral health conditions for members who are under 21 years old who have a positive behavioral health screening, or, in the case of an infant, a caregiver with a positive post-partum depression screening, even if the individual does not meet criteria for behavioral health diagnosis.

(b)(1) Any subscription certificate under an individual or group medical service agreement that is delivered, issued or renewed within or without the commonwealth shall provide coverage for no fewer than six sessions of preventive behavioral health services provided by a qualified licensed behavioral health clinician, or a non-licensed clinician or trainee

under supervision, without requiring prior authorization. Coverage shall include individual, family and group sessions when delivered by a behavioral health clinician practicing in an integrated pediatric primary care setting and group sessions when delivered in community-based outpatient and school settings. Preventive behavioral health services shall be covered with no patient cost-sharing; provided, however, that cost-sharing shall be required if the applicable plan is governed by the Federal Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition on cost-sharing for this service.

(2) Payers covered under this section shall accept an alternative diagnosis code, including a Social Determinants of Health Z-code, as the primary diagnosis from eligible providers submitting claims for preventive behavioral health services.

SECTION 5. Chapter 176G of the General Laws, is hereby amended by inserting after section 4VV the following section:-

Section 4WW. (a) For the purpose of this section, the following term shall have the following meaning:

“Preventive behavioral health services”, short-term interventions in supportive group, individual, or family settings that cultivate coping skills and strategies for symptoms of depression, anxiety, and other social and emotional concerns, which may prevent the development of behavioral health conditions for members who are under 21 years old who have a positive behavioral health screening, or, in the case of an infant, a caregiver with a positive post-partum depression screening, even if the individual does not meet criteria for behavioral health diagnosis.

(b)(1) Any individual or group health maintenance contract that is issued or renewed within or without the commonwealth shall provide coverage for no fewer than six sessions of preventive behavioral health services provided by a qualified licensed behavioral health clinician, or a non-licensed clinician or trainee under supervision, without requiring prior authorization. Coverage shall include individual, family and group sessions when delivered by a behavioral health clinician practicing in an integrated pediatric primary care setting and group sessions when delivered in community-based outpatient and school settings. Preventive behavioral health services shall be covered with no patient cost-sharing; provided, however, that cost-sharing shall be required if the applicable plan is governed by the Federal Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition on cost-sharing for this service.

(2) Payers covered under this section shall accept an alternative diagnosis code, including a Social Determinants of Health Z-code, as the primary diagnosis from eligible providers submitting claims for preventive behavioral health services.

SECTION 6. The division of insurance, in consultation with the office of Medicaid, shall develop guidance to implement coverage of preventive behavioral health services.