

# HOUSE . . . . . No. 5276

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## The Commonwealth of Massachusetts

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HOUSE OF REPRESENTATIVES, March 26, 2026.

The committee on Mental Health, Substance Use and Recovery, to whom was referred the petition (accompanied by bill, House, No. 2199) of Marjorie C. Decker relative to the involuntary hospitalization, reports recommending that the accompanying bill (House, No. 5276) ought to pass [Representatives Xiarhos of Barnstable, Muradian of Grafton and Howitt of Seekonk dissent].

For the committee,

MINDY DOMB.

**HOUSE . . . . . No. 5276**

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**The Commonwealth of Massachusetts**

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

An Act ending unnecessary hospitalizations.

*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. Section 1 of Chapter 123 of the General Laws, as appearing in the 2024  
2 Official Edition, is hereby amended by inserting after the definition of “Commissioner” the  
3 following definition:-

4           “Community Alternative,” voluntary treatment, services or supports provided in  
5 community-based settings as an alternative to hospitalization that include, but are not limited to:  
6 (i) crisis services provided through mobile crisis intervention, behavioral health urgent care and  
7 community crisis stabilization programs and other voluntary services provided at or by  
8 community behavioral health centers as defined in section 16EE of chapter 6A; (ii) MassHealth  
9 Behavioral Health (“BH”) Urgent Care; (iii) services offered through the children’s behavioral  
10 health initiative or behavioral health services for children and adolescents; (iv) technologically  
11 supported behavioral health services and supports, including, but not limited to, the behavioral  
12 health helpline and the federally-designated 988 suicide prevention and behavioral health crisis  
13 hotline; (v) peer respite and other peer-run programs and services; and (vi) additional services,  
14 supports or settings so designated by the department.

15 SECTION 2. Section 12 of said chapter 123, as so appearing, is hereby amended by  
16 striking subsection (a) and inserting in place thereof the following subsection:-

17 (a) Prior to restraining or authorizing the restraint of a person and applying for the  
18 hospitalization of a person under this section, an individual authorized to restrain or authorize the  
19 restraint of a person and apply for such hospitalization must first determine that there is no  
20 appropriate community alternative for the person. If there is an appropriate community  
21 alternative and the person consents to such community alternative, the applicant shall, if  
22 applicable, arrange for transport, by ambulance or otherwise, to the community alternative. A  
23 physician who is licensed pursuant to section 2 of chapter 112, an advanced practice registered  
24 nurse authorized to practice as such under regulations promulgated pursuant to section 80B of  
25 said chapter 112, a qualified psychologist licensed pursuant to sections 118 to 129, inclusive, of  
26 said chapter 112 or a licensed independent clinical social worker licensed pursuant to sections  
27 130 to 137, inclusive, of said chapter 112 who, after examining a person, has reason to believe  
28 that failure to hospitalize such person would create a likelihood of serious harm by reason of  
29 mental illness may, upon determining there is no appropriate community alternative or upon  
30 determining there is an appropriate community alternative but the person does not consent to  
31 such appropriate community alternative, restrain or authorize the restraint of such person and  
32 apply for the hospitalization of such person for a 3-day period at a public facility or at a private  
33 facility authorized for such purposes by the department. If an examination is not possible  
34 because of the emergency nature of the case and because of the refusal of the person to consent  
35 to such examination, the physician, qualified psychologist, qualified advanced practice registered  
36 nurse or licensed independent clinical social worker on the basis of the facts and circumstances  
37 may, after determining that there is no appropriate community alternative or after determining

38 there is an appropriate community alternative but the person does not consent to such appropriate  
39 community alternative, determine that hospitalization is necessary and may therefore apply. In an  
40 emergency situation, if a physician, qualified psychologist, qualified advanced practice  
41 registered nurse or licensed independent clinical social worker is not available, a police officer  
42 who, after determining that there is no appropriate community alternative or after determining  
43 there is an appropriate community alternative but the person does not consent to such appropriate  
44 community alternative, believes that failure to hospitalize a person would create a likelihood of  
45 serious harm by reason of mental illness may restrain such person and apply for the  
46 hospitalization of such person for a 3-day period at a public facility or a private facility  
47 authorized for such purpose by the department. An application for hospitalization shall state: the  
48 community alternatives determined to be inappropriate; where applicable, the appropriate  
49 community alternatives determined to be appropriate but to which the person did not consent; the  
50 reasons for the restraint of such person; and any other relevant information that may assist the  
51 admitting physician or qualified advanced practice registered nurse. Whenever practicable, prior  
52 to transporting such person, the applicant shall telephone or otherwise communicate with a  
53 facility to describe the circumstances and known clinical history and to determine whether the  
54 facility is the proper facility to receive such person and to give notice of any restraint to be used  
55 and to determine whether such restraint is necessary.

56 SECTION 3. Section 12 of Chapter 123 of the General Laws is hereby amended adding  
57 after subsection (e) the following subsections:-

58 (f) The department shall collect information regarding all applications filed pursuant to  
59 this section, including the number of applications and other such information as may be relevant,  
60 including, but not limited to, information on the age, gender identity, race, ethnicity, insurance

61 status and diagnosis of individuals subject to such applications. The department shall annually,  
62 not later than July 31, report to the house and senate committees on ways and means, the joint  
63 committee on public health and the joint committee on mental health, substance use and recovery  
64 the number of such applications, other information as may be relevant and any actions the  
65 department has taken in response to the information it has received, including any licensing  
66 actions; provided, however, that the report shall not include any personally identifiable  
67 information of individuals subject to such applications.

68 (g) The department, in consultation with the secretary of health and human services, shall  
69 maintain a public-facing website that informs the public of community alternatives and the  
70 capacity of such community alternatives. The department shall update the website daily. The  
71 website shall provide the following information about each community alternative that has  
72 availability and capacity: (i) the name, location, telephone number and website of the community  
73 alternative; (ii) information about the types of payment, if any, that the community alternative  
74 accepts; and (iii) a description of the types of programs and services provided by the community  
75 alternative.