

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

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**The Commonwealth of Massachusetts**

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PRESENTED BY:

*Marjorie C. Decker*

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*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 ending unnecessary hospitalizations.

\_\_\_\_\_

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Marjorie C. Decker</i>	<i>25th Middlesex</i>	<i>1/15/2025</i>

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

[Pin Slip]

**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 is hereby amended by  
2 inserting the following sentence after the second sentence:-

3 “Community Alternatives,” include but are not limited, to voluntary services provided  
4 through Mobile Crisis Intervention (MCI), Behavioral Health Urgent Care, and Community  
5 Crisis Stabilization (CCS) programs and other voluntary services at Community Behavioral  
6 Health Centers; the MassHealth BH Urgent Care programs, Behavioral Health Helpline, 988  
7 and peer-run programs.

8 SECTION 2. Section 12 of Chapter 123 of the General Laws is hereby amended by  
9 striking the first paragraph in subsection (a) and inserting the following paragraph:-

10 (a) Prior to applying for involuntary detention pursuant to this section, a professional or  
11 police officer authorized to apply for such detention must first determine that there is no  
12 community alternative appropriate for the person. If the person is appropriate for and consents to  
13 the community alternative, the professional or police office shall arrange for transport, via

14 ambulance or otherwise, to the community alternative. A physician who is licensed pursuant to  
15 section 2 of chapter 112, an advanced practice registered nurse authorized to practice as such  
16 under regulations promulgated pursuant to section 80B of said chapter 112, a qualified  
17 psychologist licensed pursuant to sections 118 to 129, inclusive, of said chapter 112 or a licensed  
18 independent clinical social worker licensed pursuant to sections 130 to 137, inclusive, of said  
19 chapter 112 who, after examining a person and after determining that there is no appropriate  
20 community alternative to involuntary hospitalization, has reason to believe that failure to  
21 hospitalize such person would create a likelihood of serious harm by reason of mental illness  
22 may restrain or authorize the restraint of such person and apply for the hospitalization of such  
23 person for a 3-day period at a public facility or at a private facility authorized for such purposes  
24 by the department. If an examination is not possible because of the emergency nature of the case  
25 and because of the refusal of the person to consent to such examination, the physician, qualified  
26 psychologist, qualified advanced practice registered nurse or licensed independent clinical social  
27 worker on the basis of the facts and circumstances may, after determining that there is no  
28 appropriate community alternative to involuntary hospitalization, determine that involuntary  
29 hospitalization is necessary and may therefore apply. In an emergency situation, if a physician,  
30 qualified psychologist, qualified advanced practice registered nurse or licensed independent  
31 clinical social worker is not available, a police officer who, after determining that there is no  
32 appropriate community alternative to involuntary hospitalization, believes that failure to  
33 hospitalize a person would create a likelihood of serious harm by reason of mental illness may  
34 restrain such person and apply for the hospitalization of such person for a 3-day period at a  
35 public facility or a private facility authorized for such purpose by the department. An application  
36 for hospitalization shall state the community alternatives to involuntary hospitalization

37 determined to be inappropriate, the reasons for the restraint of such person and any other relevant  
38 information that may assist the admitting physician or qualified advanced practice registered  
39 nurse. Whenever practicable, prior to transporting such person, the applicant shall telephone or  
40 otherwise communicate with a facility to describe the circumstances and known clinical history  
41 and to determine whether the facility is the proper facility to receive such person and to give  
42 notice of any restraint to be used and to determine whether such restraint is necessary.

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

45 (f) The department shall collect information regarding all applications filed pursuant to  
46 this section, including the number of applications and other such information as may be relevant,  
47 including, but not limited to, information on the age, gender identity, race, ethnicity, insurance  
48 status, and diagnosis of individuals subject to an application. The department shall annually, not  
49 later than July 31, report to the house and senate committees on ways and means, joint  
50 committee on public health and the joint committee on mental health, substance use and recovery  
51 the number of applications pursuant to said section 12, other information as may be relevant, and  
52 any actions the department has taken in response to the information it has received, including any  
53 licensing actions.