

HOUSE No. 1131

The Commonwealth of Massachusetts

PRESENTED BY:

Marjorie C. Decker

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 expanding access to mental health services.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Marjorie C. Decker</i>	<i>25th Middlesex</i>	<i>1/15/2025</i>
<i>Samantha Montaño</i>	<i>15th Suffolk</i>	<i>3/5/2025</i>
<i>Natalie M. Higgins</i>	<i>4th Worcester</i>	<i>3/11/2025</i>
<i>Russell E. Holmes</i>	<i>6th Suffolk</i>	<i>5/8/2025</i>
<i>Estela A. Reyes</i>	<i>4th Essex</i>	<i>5/28/2025</i>

HOUSE No. 1131

By Representative Decker of Cambridge, a petition (accompanied by bill, House, No. 1131) of Marjorie C. Decker, Samantha Montañó and Natalie M. Higgins relative to expanding access to coverage for certain mental health services. Financial Services.

The Commonwealth of Massachusetts

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

An Act expanding access to mental health services.

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 17S of chapter 32A of the General Laws, as inserted by chapter 177
2 of the Acts of 2022, is hereby amended by striking subsection (b) and inserting in place thereof
3 the following subsection:-

4 (b) The commission shall provide to any active or retired employee of the
5 commonwealth who is insured under the group insurance commission coverage for medically
6 necessary mental health services within an inpatient psychiatric facility, a community health
7 center, a community behavioral health center, a community mental health center, an outpatient
8 substance use disorder provider, a hospital outpatient department, a community-based acute
9 treatment an intensive community-based acute treatment, crisis stabilization services, and youth
10 crisis stabilization services, and shall not require a preauthorization before obtaining treatment;
11 provided, however, that if a patient is admitted to a facility, the facility shall notify the carrier of
12 the admission and the initial treatment plan within three business days of admission; and

13 provided further that services administered prior to notification must be covered. Notification
14 shall be limited to patient's name, facility name, time of admission, diagnosis, and initial
15 treatment plan. Medical necessity shall be determined by the treating clinician in consultation
16 with the patient and noted in the member's medical record.

17 SECTION 2. Section 25C ½ of chapter 111 of the General Laws, as appearing in the
18 2020 Official Edition, is hereby amended by inserting after subsection (a)(4) the following
19 subsection:-

20 (5) A health facility if the facility plans to make a capital expenditure for the
21 development of acute psychiatric services including, inpatient, community based acute treatment,
22 intensive community based acute treatment, partial hospitalization program, and crisis
23 stabilization services; provided that the health facility demonstrates the need for a license from
24 the department of mental health pursuant to paragraph c of section 19 of chapter 19 of the
25 general laws, as so appearing.

26 SECTION 3. Section 51 ½ of Chapter 111 of the General Laws, as so appearing, is
27 hereby amended by striking out the definition of "licensed mental health professional" and
28 inserting in place thereof the following:-

29 "Licensed mental health professional", a: (i) licensed physician who specializes in the
30 practice of psychiatry or addiction medicine; (ii) licensed psychologist; (iii) licensed independent
31 clinical social worker; (iv) licensed certified social worker; (v) licensed mental health counselor;
32 (vi) licensed supervised mental health counselor; (vii) licensed physician assistant who practices
33 in the field of psychiatry or addiction medicine; (viii) licensed psychiatric clinical nurse
34 specialist; (ix) licensed psychiatric mental health nurse practitioner; (x) certified addictions

35 registered nurse; (xi) licensed alcohol and drug counselor I as defined in section 1 of chapter
36 111J;(xii) healthcare provider, as defined in section 1, qualified within the scope of the
37 individual's license to perform substance use disorder evaluations, including an intern, resident
38 or fellow pursuant to the policies and practices of the hospital and medical staff; (xiv) other
39 licensed master's level mental health clinician, including but not limited to licensed alcohol and
40 drug counselor and licensed marriage and family therapist; or (xv) individuals with a master's
41 degree in a clinical behavioral health practice pursuing licensure post master's under the
42 supervision of an appropriately licensed and credentialed clinician.

43 SECTION 4. Section 51 $\frac{3}{4}$ of Chapter 111 of the General Laws, as inserted by Chapter
44 177 of the Acts of 2022, is hereby amended by striking out the second sentence and replacing it
45 with the following sentence:

46 The regulations shall define "licensed mental health professional", which shall include,
47 but not be limited to, a: (i) licensed physician who specializes in the practice of psychiatry or
48 addiction medicine; (ii) licensed psychologist; (iii) licensed independent clinical social worker;
49 (iv) licensed certified social worker; (v) licensed mental health counselor; (vi) licensed
50 supervised mental health counselor; (vii) licensed physician assistant who practices in the field
51 of psychiatry; (viii) licensed psychiatric clinical nurse specialist; (ix) licensed psychiatric mental
52 health nurse practitioner; (x) healthcare provider, as defined in section 1, qualified within the
53 scope of the individual's license to conduct an evaluation of a mental health condition, including
54 an intern, resident or fellow pursuant to the policies and practices of the hospital and medical
55 staff; (xi) other licensed master's level mental health clinician, including but not limited to
56 licensed alcohol and drug counselor and licensed marriage and family therapist; or (xii)

57 individuals with a master’s degree in a clinical behavioral health practice pursuing licensure post
58 master’s under the supervision of an appropriately licensed and credentialed clinician.

59 SECTION 5. Section 10O of chapter 118E of the General Laws, as inserted by chapter
60 177 of the acts of 2022, is hereby amended by striking out the last paragraph and inserting in
61 place thereof the following new paragraph:-

62 The division and its contracted health insurers, health plans, health maintenance
63 organizations, behavioral health management firms and third-party administrators under contract
64 to a Medicaid managed care organization or primary care clinician plan shall cover the cost of
65 medically necessary mental health services within an inpatient psychiatric facility, a community
66 health center, a community behavioral health center, a community mental health center, an
67 outpatient substance use disorder provider, a hospital outpatient department, a community-based
68 acute treatment an intensive community-based acute treatment, crisis stabilization services, and
69 youth crisis stabilization services, and shall not require a preauthorization before obtaining
70 treatment; provided, however, that if a patient is admitted to a facility, the facility shall notify the
71 carrier of the admission and the initial treatment plan within three business days of admission;
72 provided further that notification shall be limited to patient’s name, facility name, time of
73 admission, diagnosis, and initial treatment plan; and provided further that services administered
74 prior to notification must be covered. Medical necessity shall be determined by the treating
75 clinician in consultation with the patient and noted in the member’s medical record.

76 SECTION 6. Chapter 123 of the General Laws, as appearing in the 2020 Official Edition,
77 is hereby amended by striking out section 12, and inserting in place thereof the following
78 section:-

79 Section 12. (a) A physician who is licensed pursuant to section 2 of chapter 112, an
80 advanced practice registered nurse authorized to practice as such under regulations promulgated
81 pursuant to section 80B of said chapter 112, a qualified psychologist licensed pursuant to
82 sections 118 to 129, inclusive, of said chapter 112 or a licensed independent clinical social
83 worker licensed pursuant to sections 130 to 137, inclusive, of said chapter 112 or a qualified
84 physician assistant licensed pursuant to section 9(e) of chapter 112, who, after examining a
85 person, has reason to believe that failure to hospitalize such person would create a likelihood of
86 serious harm by reason of mental illness may restrain or authorize the restraint of such person
87 and apply for the hospitalization of such person for a 3-day period at a public facility or at a
88 private facility authorized for such purposes by the department. If an examination is not possible
89 because of the emergency nature of the case and because of the refusal of the person to consent
90 to such examination, the physician, qualified psychologist, qualified advanced practice registered
91 nurse, qualified physician assistant, or licensed independent clinical social worker on the basis of
92 the facts and circumstances may determine that hospitalization is necessary and may therefore
93 apply. In an emergency situation, if a physician, qualified psychologist, qualified advanced
94 practice registered nurse, qualified physician assistant or licensed independent clinical social
95 worker is not available, a police officer who believes that failure to hospitalize a person would
96 create a likelihood of serious harm by reason of mental illness may restrain such person and
97 apply for the hospitalization of such person for a 3-day period at a public facility or a private
98 facility authorized for such purpose by the department. An application for hospitalization shall
99 state the reasons for the restraint of such person and any other relevant information that may
100 assist the admitting physician or qualified advanced practice registered nurse or qualified
101 physician assistant. Whenever practicable, prior to transporting such person, the applicant shall

102 telephone or otherwise communicate with a facility to describe the circumstances and known
103 clinical history and to determine whether the facility is the proper facility to receive such person
104 and to give notice of any restraint to be used and to determine whether such restraint is
105 necessary.

106 (b) Only if the application for hospitalization under this section is made by a physician, a
107 qualified advanced practice registered nurse or qualified physician assistant specifically
108 designated to have the authority to admit to a facility in accordance with the regulations of the
109 department, shall such person be admitted to the facility immediately after reception. If the
110 application is made by someone other than a designated physician, a qualified advanced practice
111 registered nurse, or a qualified physician assistant such person shall be given a psychiatric
112 examination by a designated physician, a qualified advanced practice registered nurse or
113 qualified physician assistant immediately after reception at such facility. If the physician,
114 qualified advanced practice registered nurse, or qualified physician assistant determines that
115 failure to hospitalize such person would create a likelihood of serious harm by reason of mental
116 illness, the physician or qualified advanced practice registered nurse or qualified physician
117 assistant may admit such person to the facility for care and treatment. Upon admission of a
118 person under this subsection, the facility shall inform the person that it shall, upon such person's
119 request, notify the committee for public counsel services of the name and location of the person
120 admitted. The committee for public counsel services shall immediately appoint an attorney who
121 shall meet with the person. If the appointed attorney determines that the person voluntarily and
122 knowingly waives the right to be represented, is presently represented or will be represented by
123 another attorney, the appointed attorney shall so notify the committee for public counsel
124 services, which shall withdraw the appointment.

125 Any person admitted under this subsection who has reason to believe that such admission
126 is the result of an abuse or misuse of this subsection may request or request through counsel an
127 emergency hearing in the district court in whose jurisdiction the facility is located and unless a
128 delay is requested by the person or through counsel, the district court shall hold such hearing on
129 the day the request is filed with the court or not later than the next business day.

130 (c) No person shall be admitted to a facility under this section unless the person, or the
131 person's parent or legal guardian on the person's behalf, is given an opportunity to apply for
132 voluntary admission under paragraph (a) of section 10 and unless the person, or the person's
133 parent or legal guardian, has been informed that: (i) the person has a right to such voluntary
134 admission; and (ii) the period of hospitalization under this section cannot exceed 3 days. At any
135 time during such period of hospitalization, the superintendent may discharge such person if the
136 superintendent determines that such person is not in need of care and treatment.

137 (d) A person shall be discharged at the end of the 3-day period unless the superintendent
138 applies for a commitment under sections 7 and 8 or the person remains on a voluntary status.

139 (e) Any person may make an application to a district court justice or a justice of the
140 juvenile court department for a 3-day commitment to a facility of a person with a mental illness
141 if the failure to confine said person would cause a likelihood of serious harm. The court shall
142 appoint counsel to represent said person. After hearing such evidence as the court may consider
143 sufficient, a district court justice or a justice of the juvenile court department may issue a warrant
144 for the apprehension and appearance before the court of the alleged person with a mental illness
145 if in the court's judgment the condition or conduct of such person makes such action necessary
146 or proper. Following apprehension, the court shall have the person examined by a physician, a

147 qualified advanced practice registered nurse or a qualified physician assistant designated to have
148 the authority to admit to a facility or examined by a qualified psychologist in accordance with the
149 regulations of the department. If the physician, qualified advanced practice registered nurse,
150 qualified physician assistant or qualified psychologist reports that the failure to hospitalize the
151 person would create a likelihood of serious harm by reason of mental illness, the court may order
152 the person committed to a facility for a period not to exceed 3 days; provided, however, that the
153 superintendent may discharge said person at any time within the 3-day period. The periods of
154 time prescribed or allowed under this section shall be computed pursuant to Rule 6 of the
155 Massachusetts Rules of Civil Procedure.

156 SECTION 7. Said chapter 123 is hereby further amended by striking out section 21, as so
157 appearing, and inserting in place thereof the following section:-

158 Section 21. Any person who transports a person with a mental illness to or from a facility
159 for any purpose authorized under this chapter shall not use any restraint that is unnecessary for
160 the safety of the person being transported or other persons likely to come in contact with the
161 person.

162 In the case of persons being hospitalized under section 6, the applicant shall authorize
163 practicable and safe means of transport including, where appropriate, departmental or police
164 transport.

165 Restraint of a person with a mental illness may only be used in cases of emergency, such
166 as the occurrence of, or serious threat of, extreme violence, personal injury or attempted suicide;
167 provided, however, that written authorization for such restraint is given by the superintendent or
168 director of the facility or by a physician, or by a qualified advanced practice registered nurse or

169 qualified physician assistant designated by the superintendent or director for this purpose who is
170 present at the time of the emergency or if the superintendent, director, designated physician,
171 designated qualified advanced practice registered nurse or designated qualified physician
172 assistant is not present at the time of the emergency, non-chemical means of restraint may be
173 used for a period of not more than 1 hour; provided further, that within 1 hour the person in
174 restraint shall be examined by the superintendent, director, designated physician, designated
175 qualified advanced practice registered nurse, or designated qualified physician assistant,; and
176 provided further, that if the examination has not occurred within 1 hour, the patient may be
177 restrained for an additional period of not more than 1 hour until such examination is conducted
178 and the superintendent, director, designated physician, designated qualified advanced practice
179 registered nurse, or designated qualified physician assistant shall attach to the restraint form a
180 written report as to why the examination was not completed by the end of the first hour of
181 restraint.

182 Any minor placed in restraint shall be examined within 15 minutes of the order for
183 restraint by a physician, qualified advanced practice registered nurse, or qualified physician
184 assistant, or, if a physician, qualified advanced practice registered nurse or qualified physician
185 assistant is not available, by a registered nurse; provided, however, that said minor shall be
186 examined by a physician, qualified advanced practice registered nurse or qualified physician
187 assistant within 1 hour of the order for restraint. A physician, qualified advanced practice
188 registered nurse or qualified physician assistant, or, if a physician, qualified advanced practice
189 registered nurse or qualified physician assistant are not available, a registered nurse shall review
190 the restraint order by personal examination of the minor or consultation with ward staff attending
191 the minor every hour thereafter.

192 No minor shall be secluded for more than 2 hours in any 24-hour period; provided,
193 however, that no such seclusion of a minor may occur except in a facility with authority to use
194 such seclusion after said facility has been inspected and specially certified by the department.
195 The department shall issue regulations establishing procedures by which a facility may be
196 specially certified with authority to seclude a minor. Such regulations shall provide for review
197 and approval or disapproval by the commissioner of a biannual application by the facility, which
198 shall include: (i) a comprehensive statement of the facility's policies and procedures for the
199 utilization and monitoring of restraint of minors including a statistical analysis of the facility's
200 actual use of such restraint; and (ii) a certification by the facility of its ability and intent to
201 comply with all applicable statutes and regulations regarding physical space, staff training, staff
202 authorization, record keeping, monitoring and other requirements for the use of restraints.

203 Any use of restraint on a minor exceeding 1 hour in any 24-hour period shall be reviewed
204 within 2 working days by the director of the facility. The director shall forward a copy of the
205 report on each such instance of restraint to the human rights committee of that facility and, if
206 there is no human rights committee, to the appropriate body designated by the commissioner of
207 mental health. The director shall also compile a record of every instance of restraint in the
208 facility and shall forward a copy of said report on a monthly basis to the human rights committee
209 or the body designated by the commissioner of mental health.

210 No order for restraint for an individual shall be valid for a period of more than 3 hours
211 beyond which time it may be renewed upon personal examination by the superintendent,
212 director, designated physician, designated qualified advanced practice registered nurse, or
213 qualified physician assistant or, for adults, by a registered nurse; provided, however, that no adult
214 shall be restrained for more than 6 hours beyond which time an order may be renewed only upon

215 personal examination by a physician, qualified advanced practice registered nurse or qualified
216 physician assistant. The reason for the original use of restraint, the reason for its continuation
217 after each renewal and the reason for its cessation shall be noted upon the restraining form by the
218 superintendent, director, designated physician, qualified physician assistant, or, when applicable,
219 by the registered nurse, certified physician, qualified advanced practice registered nurse assistant
220 at the time of each occurrence.

221 When a designated physician, qualified advanced practice registered nurse, or qualified
222 physician assistant is not present at the time and site of the emergency, an order for chemical
223 restraint may be issued by a designated physician, qualified advanced practice registered nurse,
224 or qualified physician assistant who has determined, after telephone consultation with a
225 physician, qualified advanced practice registered nurse, registered nurse, or qualified physician
226 assistant, who is present at the time and site of the emergency and who has personally examined
227 the patient, that such chemical restraint is the least restrictive, most appropriate alternative
228 available; provided, however, that the medication so ordered has been previously authorized as
229 part of the individual's current treatment plan.

230 No person shall be kept in restraint without a person in attendance specially trained to
231 understand, assist and afford therapy to the person in restraint. The person may be in attendance
232 immediately outside the room in full view of the patient when an individual is being secluded
233 without mechanical restraint; provided, however, that in emergency situations when a person
234 specially trained is not available, an adult may be kept in restraint unattended for a period not to
235 exceed 2 hours. In that event, the person kept in restraints shall be observed at least every 5
236 minutes; provided, further, that the superintendent, director, designated physician, designated
237 qualified advanced practice registered nurse or designated physician assistant shall attach to the

238 restraint form a written report as to why the specially trained attendant was not available. The
239 maintenance of any adult in restraint for more than 8 hours in any 24-hour period shall be
240 authorized by the superintendent or director or the person specifically designated to act in the
241 absence of the superintendent or director; provided, however, that when such restraint is
242 authorized in the absence of the superintendent or director, such authorization shall be reviewed
243 by the superintendent or director upon the return of the superintendent or director.

244 No "P.R.N." or "as required" authorization of restraint may be written. No restraint is
245 authorized except as specified in this section in any public or private facility for the care and
246 treatment of mentally ill persons including Bridgewater state hospital.

247 Not later than 24 hours after the period of restraint, a copy of the restraint form shall be
248 delivered to the person who was in restraint. A place shall be provided on the form or on
249 attachments thereto for the person to comment on the circumstances leading to the use of
250 restraint and on the manner of restraint used.

251 A copy of the restraint form and any such attachments shall become part of the chart of
252 the patient. Copies of all restraint forms and attachments shall be sent to the commissioner of
253 mental health, or, with respect to Bridgewater state hospital to the commissioner of correction,
254 who shall review and sign them within 30 days and statistical records shall be kept thereof for
255 each facility, including Bridgewater state hospital, and each designated physician, qualified
256 advanced practice registered nurse or qualified physician assistant. Furthermore, such reports,
257 excluding personally identifiable patient identification, shall be made available to the general
258 public at the department's central office, or, with respect to Bridgewater state hospital at the
259 department of correction's central office.

260 Responsibility and liability for the implementation of this section shall rest with the
261 department, the superintendent or director of each facility or the physician, qualified advanced
262 practice registered nurse or qualified physician assistant designated by such superintendent or
263 director for this purpose.

264 SECTION 8. Said chapter 123 is hereby further amended by striking out section 22, as so
265 appearing, and inserting in place thereof the following section:-

266 Section 22. Physicians, qualified advanced practice registered nurses, qualified physician
267 assistant, qualified psychologists, qualified psychiatric nurse mental health clinical specialists,
268 police officers and licensed independent clinical social workers shall be immune from civil suits
269 for damages for restraining, transporting, applying for the admission of or admitting any person
270 to a facility or Bridgewater state hospital if the physician, qualified advanced practice registered
271 nurse, or qualified physician assistant, qualified psychologist, qualified psychiatric nurse mental
272 health clinical specialist, police officer or licensed independent clinical social workers acts in
273 accordance with this chapter.”

274 SECTION 9. Section 2 of Chapter 111O of the General Laws, as so appearing, is hereby
275 amended by adding the following subsection:-

276 (c) MIH programs that are focused on behavioral health services shall not be subject to
277 application and registration fees.

278 SECTION 10. Section 1 of chapter 175 of the General Laws, as amended by chapter 177
279 of the acts of 2022, is hereby amended by inserting after the definition of “Domestic company”
280 the following definition:-

281 “Emergency services programs”, all programs subject to contract between the
282 Massachusetts Behavioral Health Partnership and provider organizations for the provision of
283 acute care hospital and community-based emergency behavioral health services, including, but
284 not limited to, behavioral health crisis assessment, intervention and stabilization services 24
285 hours per day, 7 days per week, through: (i) mobile crisis intervention services for youth; (ii)
286 mobile crisis intervention services for adults; (iii) emergency service provider community-based
287 locations; (iv) emergency departments of acute care hospitals or satellite emergency facilities;
288 (v) adult community crisis stabilization services; and (vi) youth community crisis stabilization
289 services.

290 SECTION 11. Section 47B of chapter 175 of the General Laws, as so appearing, is
291 hereby amended by striking out the second paragraph of subsection (i) and replacing it with the
292 following paragraph:-

293 For the purposes of this section, "licensed mental health professional" shall mean a
294 licensed physician who specializes in the practice of psychiatry or addiction medicine; a licensed
295 psychologist; a licensed independent clinical social worker; a licensed mental health counselor; a
296 licensed nurse mental health clinical specialist; a licensed physician assistant who practices in
297 the field of psychiatry or addiction medicine; a licensed psychiatric mental health nurse
298 practitioner, other licensed master’s level mental health clinician including but not limited to a
299 licensed alcohol and drug counselor I, as defined in section 1 of chapter 111J, or a licensed
300 marriage and family therapist within the lawful scope of practice for such therapist; or a clinician
301 practicing under the supervision of a licensed professional, and working towards licensure, in a
302 clinic or hospital licensed under chapter 111.

303 SECTION 12. Section 47SS of chapter 175 of the General Laws, as inserted by chapter
304 177 of the acts of 2022, is hereby amended by striking subsection (b) and inserting in place
305 thereof the following subsection:-

306 (b) A policy, contract, agreement, plan or certificate of insurance issued, delivered or
307 renewed within or without the commonwealth, which is considered creditable coverage under
308 section 1 of chapter 111M, shall provide coverage for medically necessary mental health
309 services within an inpatient psychiatric facility, a community health center, a community
310 behavioral health center, a community mental health center, an outpatient substance use disorder
311 provider, a hospital outpatient department, a community-based acute treatment, an intensive
312 community-based acute treatment, crisis stabilization services, and youth crisis stabilization
313 services, and shall not require a preauthorization before the administration of such treatment;
314 provided, however, that if a patient is admitted to a facility, the facility shall notify the carrier of
315 the admission and the initial treatment plan within three business days of admission; and
316 provided further that services administered prior to notification must be covered. Notification
317 shall be limited to patient's name, facility name, time of admission, diagnosis, and initial
318 treatment plan. Medical necessity shall be determined by the treating clinician in consultation
319 with the patient and noted in the member's medical record.

320 SECTION 13. Section 8A of chapter 176A of the General Laws, as amended by chapter
321 177 of the acts of 2022, is hereby amended by striking out the second paragraph of subsection (i)
322 and replacing it with the following paragraph:-

323 For the purposes of this section, "licensed mental health professional" shall mean a
324 licensed physician who specializes in the practice of psychiatry or addiction medicine; a licensed

325 psychologist; a licensed independent clinical social worker; a licensed mental health counselor; a
326 licensed nurse mental health clinical specialist; a licensed physician assistant who practices in
327 the field of psychiatry or addiction medicine; a licensed psychiatric mental health nurse
328 practitioner, other licensed master's level mental health clinician including but not limited to a
329 licensed alcohol and drug counselor I, as defined in section 1 of chapter 111J, or a licensed
330 marriage and family therapist within the lawful scope of practice for such therapist; or a clinician
331 practicing under the supervision of a licensed professional, and working towards licensure, in a
332 clinic or hospital licensed under chapter 111.

333 SECTION 14. Section 8SS of chapter 176A of the General Laws, as inserted by chapter
334 177 of the acts of 2022, is hereby amended by striking subsection (b) and inserting in place
335 thereof the following subsection:-

336 (b) A contract between a subscriber and the corporation under an individual or group
337 hospital service plan that is delivered, issued or renewed within the commonwealth shall provide
338 coverage for medically necessary mental health services within an inpatient psychiatric facility, a
339 community health center, a community behavioral health center, a community mental health
340 center, an outpatient substance use disorder provider, a hospital outpatient department, a
341 community-based acute treatment, an intensive community-based acute treatment, crisis
342 stabilization services, and youth crisis stabilization services, and shall not require a
343 preauthorization before the administration of any such treatment; provided, however, that if a
344 patient is admitted to a facility, the facility shall notify the carrier of the admission and the initial
345 treatment plan within three business days of admission; and provided further that services
346 administered prior to notification must be covered. Notification shall be limited to patient's
347 name, facility name, time of admission, diagnosis, and initial treatment plan. Medical necessity

348 shall be determined by the treating clinician in consultation with the patient and noted in the
349 member's medical record.

350 SECTION 15. Section 4A of chapter 176B of the General Laws, as amended by chapter
351 177 of the acts of 2022, is hereby amended by striking out the second paragraph of subsection (i)
352 and replacing it with the following paragraph:-

353 For the purposes of this section, "licensed mental health professional" shall mean a
354 licensed physician who specializes in the practice of psychiatry or addiction medicine; a licensed
355 psychologist; a licensed independent clinical social worker; a licensed mental health counselor; a
356 licensed nurse mental health clinical specialist; a licensed physician assistant who practices in
357 the field of psychiatry or addiction medicine; a licensed psychiatric mental health nurse
358 practitioner, other licensed master's level mental health clinician including but not limited to a
359 licensed alcohol and drug counselor I, as defined in section 1 of chapter 111J, or a licensed
360 marriage and family therapist within the lawful scope of practice for such therapist; or a clinician
361 practicing under the supervision of a licensed professional, and working towards licensure, in a
362 clinic or hospital licensed under chapter 111.

363 SECTION 16. Section 4SS of chapter 176B of the General Laws, as inserted by chapter
364 177 of the acts of 2022, is hereby amended by striking subsection (b) and inserting in place
365 thereof the following subsection:-

366 (b) A subscription certificate under an individual or group medical service agreement
367 delivered, issued or renewed within the commonwealth shall provide coverage for medically
368 necessary mental health services within an inpatient psychiatric facility, a community health
369 center, a community behavioral health center, a community mental health center, an outpatient

370 substance use disorder provider, a hospital outpatient department, a , community-based acute
371 treatment, an intensive community-based acute treatment, crisis stabilization services, and youth
372 crisis stabilization services, and shall not require a preauthorization before obtaining treatment;
373 provided, however, that if a patient is admitted to a facility, the facility shall notify the carrier of
374 the admission and the initial treatment plan within three business days of admission; and
375 provided further that services administered prior to notification must be covered. Notification
376 shall be limited to patient's name, facility name, time of admission, diagnosis, and initial
377 treatment plan. Medical necessity shall be determined by the treating clinician in consultation
378 with the patient and noted in the member's medical record.

379 SECTION 17. Section 4M of chapter 176G of the General Laws, as amended by chapter
380 177 of the acts of 2022, is hereby amended by striking out the second paragraph of subsection (i)
381 and replacing it with the following paragraph:-

382 For the purposes of this section, "licensed mental health professional" shall mean a
383 licensed physician who specializes in the practice of psychiatry or addiction medicine; a licensed
384 psychologist; a licensed independent clinical social worker; a licensed mental health counselor; a
385 licensed nurse mental health clinical specialist; a licensed physician assistant who practices in
386 the field of psychiatry or addiction medicine; a licensed psychiatric mental health nurse
387 practitioner, other licensed master's level mental health clinician including but not limited to a
388 licensed alcohol and drug counselor I, as defined in section 1 of chapter 111J, or a licensed
389 marriage and family therapist within the lawful scope of practice for such therapist; or a clinician
390 practicing under the supervision of a licensed professional, and working towards licensure, in a
391 clinic or hospital licensed under chapter 111.

392 SECTION 18. Section 4KK of chapter 176G of the General Laws, as inserted by chapter
393 177 of the acts of 2022, is hereby amended by striking subsection (b) and inserting in place
394 thereof the following subsection: _ -

395 An individual or group health maintenance contract that is issued or renewed within or
396 without the commonwealth shall provide coverage for medically necessary mental health
397 services within an inpatient psychiatric facility, a community health center, a community
398 behavioral health center, a community mental health center, an outpatient substance use disorder
399 provider, a hospital outpatient department, a community-based acute treatment, an intensive
400 community-based acute treatment, crisis stabilization services, and youth crisis stabilization
401 services, and shall not require a preauthorization before the administration of such treatment;
402 provided, however, that if a patient is admitted to a facility, the facility shall notify the carrier of
403 the admission and the initial treatment plan within three business days of admission; and
404 provided further that services administered prior to notification must be covered. Notification
405 shall be limited to patient's name, facility name, time of admission, diagnosis, and initial
406 treatment plan. Medical necessity shall be determined by the treating clinician in consultation
407 with the patient and noted in the member's medical record.

408 SECTION 21. Notwithstanding any general or special law to the contrary, the division of
409 insurance, in consultation with the division of medical assistance, shall promulgate regulations or
410 issue sub-regulatory guidance, within 30 days of the effective date of this act, to require carriers
411 reimburse acute care hospitals with emergency departments or satellite emergency facilities for
412 the provision of emergency behavioral health services, including but not limited to, behavioral
413 health crisis assessment, intervention, and stabilization services. The regulations or sub-
414 regulatory guidance shall include reimbursement for the provision of emergency behavioral

415 services via telemedicine, electronic or telephonic consultation, in accordance with section 51 ³/₄
416 of chapter 111 of the General Laws. The contractual rate for these services may be no less than
417 the prevailing MassHealth rate for behavioral health emergency department crisis evaluations.
418 This does not preclude a hospital from billing for other medically necessary services traditionally
419 reimbursed through an emergency department visit and is also in addition to required
420 reimbursement by carriers for each day a member waits in an emergency department,
421 observation unit or inpatient floor for placement in an appropriate inpatient psychiatric
422 placement, as required by section 78 of chapter 177 of the acts of 2022. The insurer shall
423 reimburse other medically necessary services and for patients awaiting an inpatient psychiatric
424 placement in addition to payment for emergency behavioral health services. Behavioral health
425 services provided in this setting under this section shall be deemed medically necessary and shall
426 not require prior authorization by an insurer.