

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

---

**The Commonwealth of Massachusetts**

PRESENTED BY:

*Adam J. Scanlon and Kate Donaghue*

*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 related to comprehensive clinical and extended support services.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Adam J. Scanlon</i>	<i>14th Bristol</i>	<i>1/8/2025</i>

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

[Pin Slip]

**The Commonwealth of Massachusetts**

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

An Act related to comprehensive clinical and extended support 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 17N of chapter 32A of the General Laws, as appearing in the 2022  
2 Official Edition, is hereby amended by inserting after the definition of “Clinical stabilization  
3 services” the following definition:-

4 “Transitional support services”, short-term, residential support services, as  
5 defined by the department of public health, usually following clinical stabilization services,  
6 which provide a safe and structured environment to support adults or adolescents through the  
7 addiction recovery process and the transition to outpatient or other step-down addiction recovery  
8 care.

9 SECTION 2. Section 17N of chapter 32A is further amended by striking out the  
10 fourth paragraph and inserting in place thereof the following paragraph:-

11 The commission shall provide for medically necessary acute treatment services,  
12 medically necessary clinical stabilization services and medically necessary transitional support  
13 services to an active or retired employee of the commonwealth who is insured under the group

14 insurance commission coverage for up to 30 days and shall not require preauthorization prior to  
15 obtaining such acute treatment services, clinical stabilization services or transitional support  
16 services. The facility providing such services shall notify the carrier of admission and the initial  
17 treatment plan within 48 hours of admission, and within a reasonable time thereafter, shall  
18 provide the carrier with a projected discharge plan for the member. The carrier's utilization  
19 review procedures may be initiated on day 14; provided, however, that a carrier shall not make  
20 any utilization review decisions that impose any restriction or deny any future medically  
21 necessary acute treatment, clinical stabilization or transitional support services unless a patient  
22 has received at least 30 consecutive days of said services; and, provided further, that the  
23 commission shall provide, without preauthorization, to any active or retired employee of the  
24 commonwealth who is insured under the group insurance commission coverage for substance use  
25 disorder evaluations ordered pursuant to section 51½ of chapter 111. Upon receipt of notification  
26 by the admitting facility and receipt of the discharge plan, the carrier may provide outreach to the  
27 treating clinician and member to offer care management and support services.

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

30           SECTION 3. Section 10H of chapter 118E of the General Laws, inserted by  
31 section 19 of chapter 258 of the acts of 2014, is hereby repealed.

32           SECTION 4. Said chapter 118E is hereby further amended by inserting after  
33 section 10N the following section:-

34           Section 10O. For the purposes of this section, the following words shall have the  
35 following meanings unless the context clearly requires otherwise:

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

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

47 “Transitional support services”, short-term, residential support services, as  
48 defined by the department of public health, usually following clinical stabilization services,  
49 which provide a safe and structured environment to support adults or adolescents through the  
50 addiction recovery process and the transition to outpatient or other step-down addiction recovery  
51 care.

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 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 medically necessary transitional support  
61 services for up to 30 days and shall not require preauthorization prior to obtaining clinical  
62 stabilization services or transitional support services. The facility providing such services shall  
63 notify the carrier of admission and the initial treatment plan within 48 hours of admission and  
64 within a reasonable time thereafter shall provide the carrier with a projected discharge plan for  
65 the member. The carrier’s utilization review procedures may be initiated on day 14; provided,  
66 however, that a carrier shall not make any utilization review decisions that impose any restriction  
67 or deny any future medically necessary acute treatment, clinical stabilization or transitional  
68 support services unless a patient has received at least 30 consecutive days of said services; and,  
69 provided further, that the division and its contracted health insurers, health plans, health  
70 maintenance organizations, behavioral health management firms and third party administrators  
71 under contract to a Medicaid managed care organization or primary care clinician plan shall  
72 cover, without preauthorization, substance use disorder evaluations ordered pursuant to section  
73 51½ of chapter 111. Upon receipt of notification by the admitting facility and receipt of the  
74 discharge plan, the carrier may provide outreach to the treating clinician and member to offer  
75 care management and support services.

76           Medical necessity shall be determined by the treating clinician in consultation  
77 with the patient and noted in the patient’s medical record.

78           SECTION 5. Section 47GG of chapter 175 is hereby amended by inserting after  
79 the definition of “Clinical stabilization services” the following definition:-

80                   “Transitional support services”, short-term, residential support services, as  
81 defined by the department of public health, usually following clinical stabilization services,  
82 which provide a safe and structured environment to support adults or adolescents through the  
83 addiction recovery process and the transition to outpatient or other step-down addiction recovery  
84 care.

85                   SECTION 6. Section 47GG of said chapter 175 is hereby further amended by  
86 striking out the fourth paragraph and inserting in place thereof the following paragraph:-

87                   Any policy, contract, agreement, plan or certificate of insurance issued, delivered  
88 or renewed within the commonwealth, which is considered creditable coverage under section 1  
89 of chapter 111M, shall provide coverage for medically necessary acute treatment services,  
90 medically necessary clinical stabilization services and medically necessary transitional support  
91 services for up to 30 days and shall not require preauthorization prior to obtaining acute  
92 treatment services, clinical stabilization services or transitional support services. The facility  
93 providing such services shall provide the carrier notification of admission and the initial  
94 treatment plan within 48 hours of admission and within a reasonable time thereafter shall provide  
95 the carrier with a projected discharge plan for the member. The carrier’s utilization review  
96 procedures may be initiated on day 14; provided, however, that a carrier shall not make any  
97 utilization review decisions that impose any restriction or deny any future medically necessary  
98 acute treatment, clinical stabilization or transitional support services unless a patient has received  
99 at least 30 consecutive days of said services; provided further, any policy, contract, agreement,  
100 plan or certificate of insurance issued, delivered or renewed within the commonwealth, which is  
101 considered creditable coverage pursuant to section 1 of chapter 111M, shall cover, without  
102 preauthorization, a substance use disorder evaluation ordered pursuant to section 51½ of chapter

103 111. Upon receipt of notification by the admitting facility and receipt of the discharge plan, the  
104 carrier may provide outreach to the treating clinician and member to offer care management and  
105 support services.

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

108 SECTION 7. Section 8II of chapter 176A is hereby amended by inserting after the  
109 definition of "Clinical stabilization services" the following definition:-

110 "Transitional support services", short-term, residential support services, as  
111 defined by the department of public health, usually following clinical stabilization services,  
112 which provide a safe and structured environment to support adults or adolescents through the  
113 addiction recovery process and the transition to outpatient or other step-down addiction recovery  
114 care.

115 SECTION 8. Section 8II of said chapter 176A is hereby further amended by  
116 striking out the fourth paragraph and inserting in place thereof the following paragraph:-

117 Any contract between a subscriber and the corporation under an individual or  
118 group hospital service plan that is delivered, issued or renewed within the commonwealth shall  
119 provide coverage for medically necessary acute treatment services, medically necessary clinical  
120 stabilization services and medically necessary transitional support services for up to 30 days and  
121 shall not require preauthorization prior to obtaining acute treatment services, clinical stabilization  
122 services or transitional support services. The facility providing such services shall provide the  
123 carrier notification of admission and the initial treatment plan within 48 hours of admission and  
124 within a reasonable time thereafter shall provide the carrier with a projected discharge plan for

125 the member. The carrier's utilization review procedures may be initiated on day 14; provided,  
126 however, that a carrier shall not make any utilization review decisions that impose any restriction  
127 or deny any future medically necessary acute treatment, clinical stabilization or transitional  
128 support services unless a patient has received at least 30 consecutive days of said services;  
129 provided further, any contract between a subscriber and the corporation under an individual or  
130 group hospital service plan that is delivered, issued or renewed within the commonwealth, shall  
131 cover, without preauthorization, a substance use disorder evaluation ordered pursuant to section  
132 51½ of chapter 111. Upon receipt of notification by the admitting facility and receipt of the  
133 discharge plan, the carrier may provide outreach to the treating clinician and member to offer  
134 care management and support services.

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

137           SECTION 9. Section 4II of chapter 176B is hereby amended by inserting after the  
138 definition of "Clinical stabilization services" the following definition:-

139           "Transitional support services", short-term, residential support services, as  
140 defined by the department of public health, usually following clinical stabilization services,  
141 which provide a safe and structured environment to support adults or adolescents through the  
142 addiction recovery process and the transition to outpatient or other step-down addiction recovery  
143 care.

144           SECTION 10. Section 4II of said chapter 176B is hereby further amended by  
145 striking out the fourth paragraph and inserting in place thereof the following paragraph:-

146 Any subscription certificate under an individual or group medical service  
147 agreement delivered, issued or renewed within the commonwealth shall provide coverage for  
148 medically necessary acute treatment services, medically necessary clinical stabilization services  
149 and medically necessary transitional support services for up to 30 days and shall not require  
150 preauthorization prior to obtaining acute treatment services, clinical stabilization services or  
151 transitional support services. The facility providing such services shall provide the carrier  
152 notification of admission and the initial treatment plan within 48 hours of admission and within a  
153 reasonable time thereafter shall provide the carrier with a projected discharge plan for the  
154 member. The carrier's utilization review procedures may be initiated on day 14; provided,  
155 however, that a carrier shall not make any utilization review decisions that impose any restriction  
156 or deny any future medically necessary acute treatment, clinical stabilization or transitional  
157 support services unless a patient has received at least 30 consecutive days of said services;  
158 provided further, any subscription certificate under an individual or group medical service  
159 agreement delivered, issued or renewed within the commonwealth shall provide coverage for,  
160 without preauthorization, a substance use disorder evaluation ordered pursuant to section 51½ of  
161 chapter 111. Upon receipt of notification by the admitting facility and receipt of the discharge  
162 plan, the carrier may provide outreach to the treating clinician and member to offer care  
163 management and support services.

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

166 SECTION 11. Section 4AA of chapter 176G is hereby amended by inserting after  
167 the definition of "Clinical stabilization services" the following definition:-

168                   “Transitional support services”, short-term, residential support services, as  
169 defined by the department of public health, usually following clinical stabilization services,  
170 which provide a safe and structured environment to support adults or adolescents through the  
171 addiction recovery process and the transition to outpatient or other step-down addiction recovery  
172 care.

173                   SECTION 12. Said section 4AA is hereby further amended by striking out the  
174 fourth paragraph and inserting in place thereof the following paragraph:-

175                   An individual or group health maintenance contract that is issued or renewed shall  
176 provide coverage for medically necessary acute treatment services, medically necessary clinical  
177 stabilization services and medically necessary transitional support services for up to 30 days and  
178 shall not require preauthorization prior to obtaining acute treatment services, clinical stabilization  
179 services or transitional support services. The facility providing such services shall provide the  
180 carrier notification of admission and the initial treatment plan within 48 hours of admission and  
181 within a reasonable time thereafter shall provide the carrier with a projected discharge plan for  
182 the member. The carrier’s utilization review procedures may be initiated on day 14; provided,  
183 however, that a carrier shall not make any utilization review decisions that impose any restriction  
184 or deny any future medically necessary acute treatment, clinical stabilization or transitional  
185 support services unless a patient has received at least 30 consecutive days of said services;  
186 provided further, an individual or group health maintenance contract that is issued or renewed  
187 shall provide coverage for, without preauthorization, a substance abuse evaluation ordered  
188 pursuant to section 51½ of chapter 111. Upon receipt of notification by the admitting facility and  
189 receipt of the discharge plan, the carrier may provide outreach to the treating clinician and  
190 member to offer care management and support services.

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

193 SECTION 13. The center for health information and analysis, in consultation with  
194 the division of insurance, the department of public health, the office of Medicaid and the health  
195 policy commission, shall conduct reviews on the 14 day mandated coverage of acute treatment  
196 services, clinical stabilization services and the long-term effects of the increase in covered days  
197 from 14 days to 30 days related to the mandated benefits for acute treatment services, clinical  
198 stabilization services and transitional support services on the following areas: (i) the continuum  
199 of care for substance use disorder treatment; (ii) access to the continuum of care for patients  
200 eligible for MassHealth and department of public health programs; (iii) access to the continuum  
201 of care for commercially insured patients; and (iv) any changes in costs to MassHealth, the  
202 department of public health and health insurance carriers. The center shall provide an initial  
203 report not later than October 1, 2026 on the effects of the 14 day mandated coverage of acute  
204 treatment services and clinical stabilization services to the areas listed above and a final report  
205 not later than October 1, 2028 on the effects of the 30 day mandated coverage of acute treatment  
206 services, clinical stabilization services and transitional support services to the areas listed above.

207 The initial report and final report shall be posted on the center's website and shall  
208 be filed with the clerks of the house of representatives and senate, the house and senate chairs of  
209 the committee on financial services, the house and senate chairs of the committee on health care  
210 financing, the house and senate chairs of the committee on public health and the house and  
211 senate committees on ways and means not later than October 1, 2026 and October 1, 2028,  
212 respectively.

SECTION 14. Sections 1 through 12, inclusive, shall take effect October 1, 2026.