

HOUSE No.

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 for supportive care for serious mental illness.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Marjorie C. Decker</i>	<i>25th Middlesex</i>	<i>1/17/2025</i>

HOUSE No.

[Pin Slip]

The Commonwealth of Massachusetts

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

An Act for supportive care for serious mental illness.

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 18 of chapter 15A of the General Laws, as appearing in the 2022
2 Official Edition, is hereby amended by adding the following paragraph:-

3 Notwithstanding any general or special law to the contrary, any qualifying student health
4 insurance plan authorized under this chapter shall provide coverage for coordinated specialty
5 care services and assertive community treatment service as described under section 4FF of
6 chapter 176G.

7 SECTION 2. Chapter 32A of the General Laws is hereby amended by adding the
8 following section:-

9 Section 34. (a) For the purposes of this section, the following words shall have the
10 following meanings unless the context clearly requires otherwise:

11 “Assertive Community Treatment”, a team-based, evidenced-based treatment practice
12 that offers treatment, rehabilitation, and support services, using a person-centered, recovery-

13 based flexible treatment program, as defined by evidence-based standards, including, but not
14 limited to, the most current guidelines issued by the federal Substance Abuse and Mental Health
15 Services Administration. Practice may also include those modalities specifically designed for
16 pediatric patients under the age of 19 that have been adapted from guidelines issued by the
17 federal Substance Abuse and Mental Health Services Administration or the National Institute of
18 Health.

19 “Behavioral health services”, care and services for the evaluation, diagnosis, treatment or
20 management of patients with mental health, developmental or substance use disorders.

21 “Coordinated Specialty Care”, a recovery-oriented treatment program for people with
22 first-episode psychosis, as defined by evidence-based standards, including, but not limited to the
23 most current guidelines issued by the National Institute of Mental Health. Programs may also
24 include those specifically designed for pediatric patients under the age of 19 that have been
25 adapted from guidelines issued by the federal Substance Abuse and Mental Health Services
26 Administration or the National Institute of Mental Health.

27 “Evidence-based practice”, treatments that are supported by clinical research, including,
28 but not limited to, research supporting practice modifications relevant to the treatment of
29 pediatric patients.

30 “First episode psychosis treatment”, treatment initiated within 74 weeks of the first time
31 an individual experiences an episode of psychosis.

32 “Serious emotional disturbance”, mental, behavioral or emotional disorders in children or
33 adolescents under age 19 that have resulted in functional impairment that substantially interferes
34 with or limits the child’s role or functioning in family, school or community activities.

35 “Serious mental illness”, mental, behavioral or emotional disorders resulting in serious
36 functional impairment that substantially interferes with or limits at least 1 major life activity for
37 an individual not less than 19 years old with a psychiatric diagnosis as defined in the American
38 Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders.

39 (b) Coverage offered by the commission to an active or retired employee of the
40 commonwealth insured under the group insurance commission shall provide coverage for wrap-
41 around coordinated specialty care services for first episode psychosis treatment and assertive
42 community treatment for early or ongoing treatment of a person with a previous episode of
43 psychosis who has a serious mental illness or serious emotional disturbance. Coverage under this
44 section shall not be construed as imposing a limit on the number of visits an individual may
45 make to a provider of any of the services under this section.

46 (c) Payment for the services performed under the treatment models listed in this section
47 shall be based on a bundled treatment model or payment, rather than fee-for-service payment for
48 each separate service delivered by a treatment team member.

49 (d) To determine medical necessity for the treatment approaches under this section,
50 neither disability nor functional impairment shall be a precondition to receive the treatment.
51 Medical necessity shall be presumed following a recommendation by a licensed physician,
52 licensed clinical psychologist, licensed professional clinical counselor or licensed clinical social
53 worker.

54 SECTION 3. Chapter 112 of the General Laws is hereby amended by inserting after
55 section 9K the following section:-

56 Section 9L. To credential the mental health professionals and other members of the
57 multidisciplinary coordinated specialty care treatment team or an assertive community treatment
58 team as described under section 32 of chapter 32A, section 39 of chapter 176A, section 26 of
59 chapter 176B, section 34 of chapter 176G and section 14 of chapter 176I, the credentialing of the
60 psychiatrist or the licensed clinical leader of the treatment team shall qualify all members of the
61 treatment team to be credentialed with the insurer.

62 SECTION 4. Chapter 175 of the General Laws is hereby amended by inserting after
63 section 47NN the following section:-

64 Section 47OO. (a) For the purposes of this section, the following words shall have the
65 following meanings unless the context clearly requires otherwise:

66 “Assertive Community Treatment”, a team-based, evidenced-based treatment practice
67 that offers treatment, rehabilitation, and support services, using a person-centered, recovery-
68 based flexible treatment program, as defined by evidence-based standards, including, but not
69 limited to, the most current guidelines issued by the federal Substance Abuse and Mental Health
70 Services Administration. Practice may also include those modalities specifically designed for
71 pediatric patients under the age of 19 that have been adapted from guidelines issued by the
72 federal Substance Abuse and Mental Health Services Administration or the National Institute of
73 Health.

74 “Behavioral health services”, care and services for the evaluation, diagnosis, treatment or
75 management of patients with mental health, developmental or substance use disorders.

76 “Coordinated Specialty Care”, a recovery-oriented treatment program for people with
77 first-episode psychosis, as defined by evidence-based standards, including, but not limited to the

78 most current guidelines issued by the National Institute of Mental Health. Programs may also
79 include those specifically designed for pediatric patients under the age of 19 that have been
80 adapted from guidelines issued by the federal Substance Abuse and Mental Health Services
81 Administration or the National Institute of Mental Health.

82 “Evidence-based practice”, treatments that are supported by clinical research, including,
83 but not limited to, research supporting practice modifications relevant to the treatment of
84 pediatric patients.

85 “First episode psychosis treatment”, treatment initiated within 74 weeks of the first time
86 an individual experiences an episode of psychosis.

87 “Serious emotional disturbance”, mental, behavioral or emotional disorders in children or
88 adolescents under age 19 that have resulted in functional impairment that substantially interferes
89 with or limits the child’s role or functioning in family, school or community activities.

90 “Serious mental illness”, mental, behavioral or emotional disorders resulting in serious
91 functional impairment that substantially interferes with or limits at least 1 major life activity for
92 an individual not less than 19 years old with a psychiatric diagnosis as defined in the American
93 Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders.

94 (b) An individual policy of accident and sickness insurance issued under section 108 that
95 provides hospital expense and surgical expense insurance and any group blanket or general
96 policy of accident and sickness insurance issued under section 110 that provides hospital expense
97 and surgical expense insurance that is issued or renewed within or without the commonwealth
98 shall provide coverage for wrap-around coordinated specialty care services for first episode
99 psychosis treatment and assertive community treatment for early or ongoing treatment of person

100 with a previous episode of psychosis who has a serious mental illness or serious emotional
101 disturbance. Coverage under this section shall not be construed as imposing a limit on the
102 number of visits an individual may make to a provider of any of the services under this section.

103 (c) Payment for the services performed under the treatment models listed in this section
104 shall be based on a bundled treatment model or payment, rather than fee-for-service payment for
105 each separate service delivered by a treatment team member.

106 (d) To determine medical necessity for the treatment approaches under this section,
107 neither disability nor functional impairment shall be a precondition to receive the treatment.
108 Medical necessity shall be presumed following a recommendation by a licensed physician,
109 licensed clinical psychologist, licensed professional clinical counselor or licensed clinical social
110 worker.

111 SECTION 5. Chapter 176A of the General Laws is hereby amended by adding the
112 following section:-

113 Section 39. (a) For the purposes of this section, the following words shall have the
114 following meanings unless the context clearly requires otherwise:

115 “Assertive Community Treatment”, a team-based, evidenced-based treatment practice
116 that offers treatment, rehabilitation, and support services, using a person-centered, recovery-
117 based flexible treatment program, as defined by evidence-based standards, including, but not
118 limited to, the most current guidelines issued by the federal Substance Abuse and Mental Health
119 Services Administration. Practice may also include those modalities specifically designed for
120 pediatric patients under the age of 19 that have been adapted from guidelines issued by the

121 federal Substance Abuse and Mental Health Services Administration or the National Institute of
122 Health.

123 “Behavioral health services”, care and services for the evaluation, diagnosis, treatment or
124 management of patients with mental health, developmental or substance use disorders.

125 “Coordinated Specialty Care”, a recovery-oriented treatment program for people with
126 first-episode psychosis, as defined by evidence-based standards, including, but not limited to the
127 most current guidelines issued by the National Institute of Mental Health. Programs may also
128 include those specifically designed for pediatric patients under the age of 19 that have been
129 adapted from guidelines issued by the federal Substance Abuse and Mental Health Services
130 Administration or the National Institute of Mental Health.

131 “Evidence-based practice”, treatments that are supported by clinical research, including,
132 but not limited to, research supporting practice modifications relevant to the treatment of
133 pediatric patients.

134 “First episode psychosis treatment”, treatment initiated within 74 weeks of the first time
135 an individual experiences an episode of psychosis.

136 “Serious emotional disturbance”, mental, behavioral or emotional disorders in children or
137 adolescents under age 19 that have resulted in functional impairment that substantially interferes
138 with or limits the child’s role or functioning in family, school or community activities.

139 “Serious mental illness”, mental, behavioral or emotional disorders resulting in serious
140 functional impairment that substantially interferes with or limits at least 1 major life activity for

141 an individual not less than 19 years old with a psychiatric diagnosis as defined in the American
142 Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders.

143 (b) A contract between a subscriber and a nonprofit hospital service corporation under an
144 individual or group hospital service plan shall provide coverage for wrap-around coordinated
145 specialty care services for first-episode psychosis treatment and assertive community treatment
146 for early or ongoing treatment of person with a previous episode of psychosis who has a serious
147 mental illness or serious emotional disturbance. Coverage under this section shall not be
148 construed as imposing a limit on the number of visits an individual may make to a provider of
149 any of the services under this section.

150 (c) Payment for the services performed under the treatment models listed in this section
151 shall be based on a bundled treatment model or payment, rather than fee for service payment for
152 each separate service delivered by a treatment team member.

153 (d) To determine medical necessity for the treatment approaches under this section,
154 neither disability nor functional impairment shall be a precondition to receive the treatment.
155 Medical necessity shall be presumed following a recommendation by a licensed physician,
156 licensed clinical psychologist, licensed professional clinical counselor or licensed clinical social
157 worker.

158 SECTION 6. Chapter 176B of the General Laws is hereby amended by adding the
159 following section:-

160 Section 26. (a) For the purposes of this section, the following words shall have the
161 following meanings unless the context clearly requires otherwise:

162 “Assertive Community Treatment”, a team-based, evidenced-based treatment practice
163 that offers treatment, rehabilitation, and support services, using a person-centered, recovery-
164 based flexible treatment program, as defined by evidence-based standards, including, but not
165 limited to, the most current guidelines issued by the federal Substance Abuse and Mental Health
166 Services Administration. Practice may also include those modalities specifically designed for
167 pediatric patients under the age of 19 that have been adapted from guidelines issued by the
168 federal Substance Abuse and Mental Health Services Administration or the National Institute of
169 Health.

170 “Behavioral health services”, care and services for the evaluation, diagnosis, treatment or
171 management of patients with mental health, developmental or substance use disorders.

172 “Coordinated Specialty Care”, a recovery-oriented treatment program for people with
173 first-episode psychosis, as defined by evidence-based standards, including, but not limited to the
174 most current guidelines issued by the National Institute of Mental Health. Programs may also
175 include those specifically designed for pediatric patients under the age of 19 that have been
176 adapted from guidelines issued by the federal Substance Abuse and Mental Health Services
177 Administration or the National Institute of Mental Health.

178 “Evidence-based practice”, treatments that are supported by clinical research, including,
179 but not limited to, research supporting practice modifications relevant to the treatment of
180 pediatric patients.

181 “First episode psychosis treatment”, treatment initiated within 74 weeks of the first time
182 an individual experiences an episode of psychosis.

183 “Serious emotional disturbance”, mental, behavioral or emotional disorders in children or
184 adolescents under age 19 that have resulted in functional impairment that substantially interferes
185 with or limits the child’s role or functioning in family, school or community activities.

186 “Serious mental illness”, mental, behavioral or emotional disorders resulting in serious
187 functional impairment that substantially interferes with or limits at least 1 major life activity for
188 an individual not less than 19 years old with a psychiatric diagnosis as defined in the American
189 Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders.

190 (b) A contract between a subscriber and a medical service corporation shall provide
191 coverage for wrap-around coordinated specialty care services for first episode psychosis
192 treatment and assertive community treatment for early or ongoing treatment of person with a
193 previous episode of psychosis who has a serious mental illness or serious emotional disturbance.
194 Coverage under this section shall not be construed as imposing a limit on the number of visits an
195 individual may make to a provider of any of the services under this section.

196 (c) Payment for the services performed under the treatment models listed in this section
197 shall be based on a bundled treatment model or payment, rather than fee for service payment for
198 each separate service delivered by a treatment team member.

199 (d) To determine medical necessity for the treatment approaches under this section,
200 neither disability nor functional impairment shall be a precondition to receive the treatment.
201 Medical necessity shall be presumed following a recommendation by a licensed physician,
202 licensed clinical psychologist, licensed professional clinical counselor or licensed clinical social
203 worker.

204 SECTION 7. Chapter 176G of the General Laws is hereby amended by adding the
205 following section:-

206 Section 34. (a) For the purposes of this section, the following words shall have the
207 following meanings unless the context clearly requires otherwise:

208 “Assertive Community Treatment”, a team-based, evidenced-based treatment practice
209 that offers treatment, rehabilitation, and support services, using a person-centered, recovery-
210 based flexible treatment program, as defined by evidence-based standards, including, but not
211 limited to, the most current guidelines issued by the federal Substance Abuse and Mental Health
212 Services Administration. Practice may also include those modalities specifically designed for
213 pediatric patients under the age of 19 that have been adapted from guidelines issued by the
214 federal Substance Abuse and Mental Health Services Administration or the National Institute of
215 Health.

216 “Behavioral health services”, care and services for the evaluation, diagnosis, treatment or
217 management of patients with mental health, developmental or substance use disorders.

218 “Coordinated Specialty Care”, a recovery-oriented treatment program for people with
219 first-episode psychosis, as defined by evidence-based standards, including, but not limited to the
220 most current guidelines issued by the National Institute of Mental Health. Programs may also
221 include those specifically designed for pediatric patients under the age of 19 that have been
222 adapted from guidelines issued by the federal Substance Abuse and Mental Health Services
223 Administration or the National Institute of Mental Health.

224 “Evidence-based practice”, treatments that are supported by clinical research, including,
225 but not limited to, research supporting practice modifications relevant to the treatment of
226 pediatric patients.

227 “First episode psychosis treatment”, treatment initiated within 74 weeks of the first time
228 an individual experiences an episode of psychosis.

229 “Serious emotional disturbance”, mental, behavioral or emotional disorders in children or
230 adolescents under age 19 that have resulted in functional impairment that substantially interferes
231 with or limits the child’s role or functioning in family, school or community activities.

232 “Serious mental illness”, mental, behavioral or emotional disorders resulting in serious
233 functional impairment that substantially interferes with or limits at least 1 major life activity for
234 an individual not less than 19 years old with a psychiatric diagnosis as defined in the American
235 Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders.

236 (b) A contract between a member and a health maintenance organization shall provide
237 coverage for wrap-around coordinated specialty care services for first episode psychosis
238 treatment and assertive community treatment for early or ongoing treatment of person with a
239 previous episode of psychosis who has a serious mental illness or serious emotional disturbance.
240 Coverage under this section shall not be construed as imposing a limit on the number of visits an
241 individual may make to a provider of any of the services under this section.

242 (c) Payment for the services performed under the treatment models listed in this section
243 shall be based on a bundled treatment model or payment, rather than fee for service payment for
244 each separate service delivered by a treatment team member.

245 (d) To determine medical necessity for the treatment approaches under this section,
246 neither disability nor functional impairment shall be a precondition to receive the treatment.
247 Medical necessity shall be presumed following a recommendation by a licensed physician,
248 licensed clinical psychologist, licensed professional clinical counselor or licensed clinical social
249 worker.

250 SECTION 8. Chapter 176I of the General Laws is hereby amended by adding the
251 following section:-

252 Section 14. (a) For the purposes of this section, the following words shall have the
253 following meanings unless the context clearly requires otherwise:

254 “Assertive Community Treatment”, a team-based, evidenced-based treatment practice
255 that offers treatment, rehabilitation, and support services, using a person-centered, recovery-
256 based flexible treatment program, as defined by evidence-based standards, including, but not
257 limited to, the most current guidelines issued by the federal Substance Abuse and Mental Health
258 Services Administration. Practice may also include those modalities specifically designed for
259 pediatric patients under the age of 19 that have been adapted from guidelines issued by the
260 federal Substance Abuse and Mental Health Services Administration or the National Institute of
261 Health.

262 “Behavioral health services”, care and services for the evaluation, diagnosis, treatment or
263 management of patients with mental health, developmental or substance use disorders.

264 “Coordinated Specialty Care”, a recovery-oriented treatment program for people with
265 first-episode psychosis, as defined by evidence-based standards, including, but not limited to the
266 most current guidelines issued by the National Institute of Mental Health. Programs may also

267 include those specifically designed for pediatric patients under the age of 19 that have been
268 adapted from guidelines issued by the federal Substance Abuse and Mental Health Services
269 Administration or the National Institute of Mental Health.

270 “Evidence-based practice”, treatments that are supported by clinical research, including,
271 but not limited to, research supporting practice modifications relevant to the treatment of
272 pediatric patients.

273 “First episode psychosis treatment”, treatment initiated within 74 weeks of the first time
274 an individual experiences an episode of psychosis.

275 “Serious emotional disturbance”, mental, behavioral or emotional disorders in children or
276 adolescents under age 19 that have resulted in functional impairment that substantially interferes
277 with or limits the child’s role or functioning in family, school or community activities.

278 “Serious mental illness”, mental, behavioral or emotional disorders resulting in serious
279 functional impairment that substantially interferes with or limits at least 1 major life activity for
280 an individual not less than 19 years old with a psychiatric diagnosis as defined in the American
281 Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders.

282 (b) A preferred provider contract between a covered person and an organization shall
283 provide coverage for wrap-around coordinated specialty care services for first episode psychosis
284 treatment and assertive community treatment for early or ongoing treatment of person with a
285 previous episode of psychosis who has a serious mental illness or serious emotional disturbance.
286 Coverage under this section shall not be construed as imposing a limit on the number of visits an
287 individual may make to a provider of any of the services under this section.

288 (c) Payment for the services performed under the treatment models listed in this section
289 shall be based on a bundled treatment model or payment, rather than fee for service payment for
290 each separate service delivered by a treatment team member.

291 (d) To determine medical necessity for the treatment approaches under this section,
292 neither disability nor functional impairment shall be a precondition to receive the treatment.
293 Medical necessity shall be presumed following a recommendation by a licensed physician,
294 licensed clinical psychologist, licensed professional clinical counselor or licensed clinical social
295 worker.

296 SECTION 9. Not later than 6 months after the effective date of this act, the division of
297 insurance shall convene a working group of insurance companies and mental health treatment
298 providers that deliver the bundled treatment approaches listed in section 32 of chapter 32A,
299 section 39 of chapter 176A, section 26 of chapter 176B, section 34 of chapter 176G and section
300 14 of chapter 176I to determine a coding solution to allow the bundled treatment models to be
301 coded and paid for as a bundle of services, similar to bundled payments under a single billing
302 code for physical health care.

303 SECTION 10. The group insurance commission, the division of insurance and the health
304 connector shall promulgate any regulations necessary to implement this section not later than six
305 months after enactment.

306 SECTION 11. All carriers must implement these benefits and demonstrate to the
307 Division of Insurance the adequacy of their provider networks for these services by the effective
308 date of this act. Any carrier that fails to demonstrate adequate networks of providers of these
309 services by the effective date shall:

310 (a) assist any plan member to find an out-of-network CSC program or ACT program and
311 to cover those services as if they were furnished in network; and

312 (b) report monthly to the Division of Insurance on the status of their networks, and pay a
313 fine of \$50,000 per month.

314 SECTION 12. After 5 years following full implementation of this act, the health policy
315 commission, the division of insurance and the group insurance commission shall collaborate to
316 perform an independent analysis of the impact of the coverage of the team-based treatment
317 models provided under this section upon savings in hospitalization costs or other costs and on
318 any increase in cost to the group insurance commission, the division of insurance or group
319 insurance commission members. The analysis shall review claims payment and plan and
320 consumer cost data for the largest group insurance commission plans that comprise at least 80
321 per cent of the covered lives at the time of the study.

322 SECTION 13. This act shall take effect 1 year after its passage.