

SENATE No. 1394

The Commonwealth of Massachusetts

PRESENTED BY:

Julian Cyr

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 ensuring efficient and effective implementation of behavioral health reform.

PETITION OF:

NAME:

Julian Cyr

DISTRICT/ADDRESS:

Cape and Islands

SENATE No. 1394

By Mr. Cyr, a petition (accompanied by bill, Senate, No. 1394) of Julian Cyr for legislation to ensure efficient and effective implementation of behavioral health reform. Mental Health, Substance Use and Recovery.

The Commonwealth of Massachusetts

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

An Act ensuring efficient and effective implementation of behavioral health reform.

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 16 of Chapter 6A of the General Laws, as appearing in the 2022
2 official edition, is hereby amended by inserting the following paragraph:-

3 No program, agency or facility funded, operated, licensed or approved by any agency or
4 subdivision of the commonwealth shall administer or cause to be administered to any person
5 with a physical, intellectual or developmental disability any procedure which causes obvious
6 signs of physical pain, including, but not limited to, hitting, pinching and electric shock for the
7 purposes of changing the behavior of the person. No such program may employ any form of
8 physical contact or punishment that is otherwise prohibited by law or would be prohibited if used
9 on a non-disabled person.

10 No such program may employ any procedure which denies a person with a physical,
11 intellectual, or developmental disability reasonable sleep, food, shelter, bedding, bathroom
12 facilities, and any other aspect expected of a humane existence in the Commonwealth.

SECTION 2. Section 16DD of said chapter 6A, as so appearing, is hereby amended by striking out the words “executive office of health and human services”, in line 7, and inserting in place thereof the following words:- office of the secretary

SECTION 3. Said chapter 6A is hereby further amended by inserting after section 16FF the following section:-

Section 16GG. (a) As used in this section the following words shall, unless the context clearly requires otherwise, have the following meanings:-

“Behavioral health services”, the evaluation, diagnosis, treatment, care coordination, management or peer support of patients with mental health, developmental or substance use disorders, inclusive of medication management.

“Roadmap”, roadmap for behavioral health reform.

“Roadmap services”, shall include, but not be limited to, services provided by a behavioral health access line pursuant to section 2WWWW of chapter 29 of the General Laws, services provided by community behavioral health centers as defined in section 13D½ of chapter 118E of the General Laws, mobile crisis intervention for youth, mobile crisis intervention for adults, youth community crisis stabilization, adult community crisis stabilization and services provided by behavioral health urgent care providers.

“Secretary”, the secretary of health and human services.

(b) The secretary of health and human services shall coordinate all activities of the commonwealth to support the efficient and effective implementation of the roadmap for behavioral health reform. The secretary shall set goals and prepare a plan every other year for the

commonwealth for implementation of roadmap services. The secretary, in consultation with the office of health equity established under section 16AA, shall fully integrate health equity principles and apply a health equity framework to all duties and obligations.

(c) The secretary will facilitate the coordination of all executive office, state agency, independent agency, state commissions and local and regional entity activities that support roadmap implementation in the commonwealth. The secretary shall:

(1) develop and implement comprehensive, biennial strategic plans to ensure efficient and effective implementation of the roadmap; the plans shall address opportunities and challenges, including but not limited to: (i) staffing; (ii) public and private sector financing; (iii) rate adequacy; (iv) roadmap services capacity; (v) linguistic and cultural competency of roadmap services delivery; and (vi) coordination across the executive office of health and human services and with other state and local agencies;

(2) align processes and procedures across the executive office of health and human services to ensure efficiencies in: (i) licensing, credentialing, certification, and other regulatory requirements; (ii) contracting; (iii) billing; and (iv) other relevant service delivery and payment requirements;

(3) issue cohesive service delivery and payment system guidance as applicable;

(4) identify and disseminate evidence-based or evidence-informed practices designed to advance health equity and trauma-informed care through roadmap services;

(5) explore steps to combine the behavioral health access line with the 988 Suicide and Crisis Lifeline into one number and entity in the commonwealth to reduce complexity for individuals and families;

(6) plan and implement campaigns to raise awareness about roadmap services to behavioral health stakeholders, community-based stakeholders, and individuals and families historically marginalized by race, ethnicity, gender identity, sexual identity, and other factors; and

(7) develop and implement biennial plans to gather feedback about roadmap services; solicit feedback from a diverse array of stakeholders including families members, people with lived experience, providers, health plans, state agencies, advocacy organizations, schools, law enforcement, and community-based organizations; prioritize response from: (i) people with lived experience, including youth and caregivers; (ii) individuals and family members from marginalized communities; and (iii) people that have and have not received roadmap services; ensure the plan includes both qualitative and quantitative elements and may include surveys and listening sessions with people with lived experience and family members.

(d) (1) The secretary shall oversee, in partnership with the secretary of the executive office of public safety and security, behavioral health crisis response planning and implementation for the commonwealth, including but not limited to: (i) collaboration across the executive office of health and human services, executive office of public safety and security, division of medical assistance and its contracted entities, the department of public health, public safety answering points, law enforcement, 988 Suicide and Crisis Lifeline centers, emergency medical services, community behavioral health centers, hospital emergency departments,

behavioral health urgent care providers, and other entities; (ii) strategic planning; (iii) implementation and alignment across departments; (iv) data review; and (v) performance improvement.

(2) The secretary shall ensure the following services are reimbursed to cover the cost of reserve staff and bed capacity for timely response to routine and surge patient demand: (i) youth mobile crisis intervention; (ii) adult mobile crisis intervention; (iii) youth community crisis stabilization; (iv) adult community crisis stabilization services; and (v) behavioral health urgent care.

(3) The secretary, in conjunction with the secretary of the executive office of public safety and security, the commissioner of the department of mental health, and the commissioner of the department of public health, shall detail the legal and regulatory authority for law enforcement to drop off individuals experiencing behavioral health crisis at community behavioral health centers and shall outline protocols for such drop offs.

(4) The secretary, in conjunction with the assistant secretary of the division of medical assistance, the commissioner of the department of mental health, and the commissioner of the department of public health, shall: (i) examine point of entry plans for community behavioral health centers to ensure they are relevant for drop offs of individuals in behavioral health crisis by emergency medical services providers; (ii) determine adequate reimbursement for community behavioral health centers to meet point of entry plan requirements; and (iii) modify regulations, standards, policies, plans, and rates to facilitate drop offs of individuals in behavioral health crisis at community behavioral health centers by emergency medical services providers.

(e) (1) The secretary shall develop and manage a centralized data dashboard to monitor utilization of roadmap services, inequities and disparities in access to behavioral health care, and timeliness of services.

(2) The secretary shall develop and make publicly available an initial data dashboard not later than 6 months from the effective date of this act. The data in said initial dashboard shall: (i) be limited to the data the behavioral health access line, community behavioral health centers, youth mobile crisis intervention, adult mobile crisis intervention, youth community crisis stabilization, adult community crisis stabilization, and behavioral health urgent care providers are required to report to the executive office of health and human services, the department of mental health, the department of public health, the division of medical assistance, or their contracted entities; (ii) shall include, but not be limited to, utilization, patient reported satisfaction, compliance with performance specifications, Enterprise Invoice/Service Management data, Healthcare Effectiveness Data and Information Set data, other quality performance measure data, community-based evaluations, inpatient dispositions, response times, and patient outcomes, as applicable to each roadmap service; (iii) shall be updated quarterly; and (iv) shall be presented in a de-identified form.

(3) The secretary shall update the data elements in the centralized data dashboard at least once every 3 years. Updates shall be informed by feedback from roadmap services and other mental health and substance use providers, people with lived experience, family members, and other stakeholders, and best practices at the national level and in other states. The secretary shall prioritize data elements that reflect patient demographics including, but not limited to, age, race, ethnicity, gender identity, and sexual orientation to help identify and address disparities in access, quality of care, and outcomes. The secretary shall ensure the dashboard includes elements

specific to the behavioral health crisis system including, but not limited to: (i) volume; (ii) patient demographics; (iii) location of services provided; (iv) response time; (v) disposition; (vi) nature of law enforcement engagement, if applicable; (vii) health, placement, and quality outcomes; (viii) complaint themes and resolution times; and (ix) nature of resolutions.

(4) The secretary shall ensure the data in the centralized data dashboard is: (i) made publicly available; (ii) de-identified; (iii) updated at least quarterly; and (iv) analyzed for trends, gaps in access, timeliness, quality, and equity, and areas for improvement.

(f) Annually, not later than July 1, the secretary shall report on progress, and the overall progress of the commonwealth, toward implementation of the roadmap for behavioral health reform using, when possible, quantifiable measures and comparative benchmarks, including a description of quantitative and qualitative metrics used to evaluate activities and outcomes. The report shall be filed with the governor, the clerks of the senate and house of representatives, the joint committee on health care financing, and the joint committee on mental health, substance use, and recovery. The report shall be posted on the official website of the commonwealth.

SECTION 4. Section 18B of said chapter 6A, as appearing in the 2022 Official Edition, is hereby further amended by inserting after subsection (i)(5) the following subsection:-

(6) The behavioral health crisis response incentive grant shall provide grant funding to primary, regional, and regional secondary PSAPs and regional emergency communication centers for allowable expenses related to integrating behavioral health crisis response telecommunications and dispatch capacity into emergency telecommunications and dispatch responses. Allowable costs to be covered by grant funding include personnel, certification training, upgrading computer-aided dispatch systems, and technological and personnel expenses

associated with establishing relationships for warm hand-offs to emergency service providers of behavioral health crisis response, mobile integrated health programs, suicide prevention hotlines, and other behavioral health crisis and emergency responders. The Department of Mental Health shall serve as an advisor to the 911 Department in the development of this grant program and in selecting grantees for awards made under this grant program. The grant program shall include a requirement that grantees shall work to integrate 988, co-responder programs, mobile crisis intervention services for youth, mobile crisis intervention services for adults and other behavioral health crisis and emergency response programs that can serve as alternatives to law enforcement into their emergency communications plans. The grant program shall require that grantees review and update emergency call decision trees, dispatch protocols, and computer-aided dispatch call codes in order to increase diversion of behavioral health calls for service to qualified behavioral health professionals such as those listed above.

SECTION 5. Chapter 6D of the General Laws is hereby amended by inserting after section 21 the following section:-

Section 22. Every 3 years, the commission, in collaboration with the executive office of health and human services and the center for health information and analysis, shall prepare a roadmap for behavioral health reform financing and sustainability report. The report shall analyze the financial stability of roadmap services including a behavioral health access line as referenced in section 2WWWW of chapter 29 of the General Laws, services provided by community behavioral health centers as defined in section 13D1/2 of chapter 118E of the General Laws, mobile crisis intervention for youth, mobile crisis intervention for adults, youth community crisis stabilization, adult community crisis stabilization, and services provided by behavioral health urgent care providers. The report shall address opportunities and challenges,

including but not limited to: (i) staffing; (ii) public and private sector financing; (iii) rate adequacy; (iv) roadmap services capacity; and (v) linguistic and cultural competency of roadmap services delivery. The report shall identify any statutory, regulatory, or operational factors that may impact the financial stability and sustainability of roadmap services and their ability to meet the mental health and substance use needs of people across the commonwealth. The first report shall be submitted not later than June 30, 2026 with the clerks of the senate and house of representatives, the joint committee on health care financing, and the joint committee on mental health, substance use, and recovery. The report shall be published on the commission's website.

SECTION 6. Section 21A of chapter 12C of the General Laws, as appearing in the 2022 Official Edition, is hereby amended by inserting after the first paragraph the following paragraph:-

Every 3 years the center shall conduct an analysis of the statewide, payor-agnostic community behavioral health crisis system as defined in section 2WWWW of chapter 29 of the General Laws. The analysis shall examine expenditures for services supported by the Behavioral Health Access and Crisis Intervention Trust Fund including, but not limited to, the behavioral health access line, crisis evaluation, crisis follow-up, youth community crisis stabilization, adult community crisis stabilization, and outpatient community behavioral health center services. The analysis shall document the expenditures for and the utilization of said services by payor. The first analysis shall be submitted not later than June 30, 2026 with the clerks of the senate and house of representatives, the joint committee on health care financing, and the joint committee on mental health, substance use, and recovery. The analysis shall be made public on the center's website.

SECTION 7. Section 1 of chapter 76 of the General Laws, as so appearing, is hereby amended by inserting after the word "committee", in line 18, the following words:- ; provided that absences shall also be permitted for behavioral health or mental health concerns.

SECTION 8. Section 18 of chapter 123 of the General Laws, as so appearing, is hereby amended by inserting after the word "detention", in lines 1 and 23, the following words:- or any other facility, including a medical facility, holding a detained individual.

SECTION 9. Chapter 123 of the General Laws is hereby amended by inserting the following section:-

Section 37. The department of mental health shall develop and conduct a program concerning medication-induced movement disorders. Such program shall include but not be limited to, (1) educational information on the importance of screening for and identifying symptoms of medication-induced movement disorders; and (2) the development and communication to health care providers of policies and best practices informed by relevant clinical guidelines for screening, identifying, and treating medication-induced movement disorders, including best practices for screening to the standard of care via telehealth. Such program shall also include public education and outreach on the elimination of stigma for people living with medication-induced movement disorders related to the treatment of mental health conditions."

SECTION 10. Section 148C of chapter 149 of the General Laws, as amended by chapter 186 of the acts of 2024, is hereby amended by striking out clauses (2) and (5) and inserting in place thereof the following clauses:-

(2) care for the employee's own physical illness, mental health needs, injury, or medical condition that requires home care, professional medical diagnosis or care, or preventative medical care; or

(5) address the employee's own physical and mental health needs, and those of their spouse, if the employee or the employee's spouse experiences pregnancy loss, failed assisted reproduction, adoption or surrogacy, or following the death of an immediate family member.

SECTION 11. There is hereby established a special commission for the purpose of making an investigation and study relative to increasing the number of outpatient mental health providers practicing in the commonwealth who accept insurance or offer a sliding fee scale. Said special commission shall consist of the secretary of health and human services, or their designee, who shall serve as chair; 1 member of the senate appointed by the senate president; 1 member of the house of representatives appointed by the speaker of the house of representatives; the commissioner of the department of mental health, or their designee; the commissioner of insurance, or their designee; all of whom shall serve as ex officio members, and 11 persons to be appointed by the secretary, 1 of whom shall be a representative of the Massachusetts chapter of the National Association of Social Workers, 1 of whom shall be an advance practice psychiatric nurse licensed to practice in the commonwealth, 1 of whom shall be a representative of the Massachusetts Psychological Association who shall be a psychologist, 1 of whom shall be a representative from the children's behavioral health advisory council established in section 16Q of chapter 6A of the General Laws, 1 of whom shall be a representative from the Massachusetts Behavioral Health Partnership or a managed care organization or managed care entity contracting with MassHealth, 4 of whom shall be representatives of the Massachusetts Medical Society appointed in consultation with their relevant specialty chapters, including a pediatrician,

230 a family physician, a psychiatrist and a child and adolescent psychiatrist, 1 of whom shall be a
231 representative from the Massachusetts Association of Health Plans and 1 of whom shall be a
232 representative from the Blue Cross Blue Shield of Massachusetts. The commission shall conduct
233 and prepare: (i) an assessment of the current landscape for mental health practitioners who are
234 contracting with insurance carriers and MassHealth or offer a sliding fee scale, including the
235 variations based on specific licensure; (ii) a review of current policies and practices that may
236 serve as a barrier or otherwise prevent mental health practitioners from contracting with
237 insurance carriers; (iii) legislative recommendations that would increase the number of mental
238 health practitioners in the commonwealth accepting insurance or offer a sliding fee scale; and
239 (iv) information on any other matters that the commission considers relevant to the fulfillment of
240 its mission and purpose.

241 Said commission shall provide guidance to the general court relative to current research
242 on how to increase the number of mental health practitioners who accept insurance or offer a
243 sliding fee scale. The special commission may conduct public hearings, forums or meetings to
244 gather information and to raise awareness of the challenges associated with accessing affordable
245 behavioral or mental health care.

246 Said commission shall file an annual report at the end of each state fiscal year with the
247 governor and the clerks of the house of representatives and the senate, who shall forward the
248 same to the joint committee on mental health, substance use and recovery and the joint
249 committee on health care financing, along with recommendations, if any, together with drafts of
250 legislation necessary to carry those recommendations into effect. The special commission may
251 file such interim reports and recommendations as it considers appropriate.