SENATE DOCKET, NO. 971 FILED ON: 1/15/2025

SENATE . . . . . No. 772

The Commonwealth of Massachusetts

PRESENTED BY:

John F. Keenan

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:	
John F. Keenan	*Norfolk and Plymouth*	
James B. Eldridge	*Middlesex and Worcester*	*2/7/2025*
James K. Hawkins	*2nd Bristol*	*2/11/2025*
Michael J. Barrett	*Third Middlesex*	*2/21/2025*
Michael O. Moore	*Second Worcester*	*3/6/2025*
Rebecca L. Rausch	*Norfolk, Worcester and Middlesex*	*4/5/2025*

SENATE DOCKET, NO. 971 FILED ON: 1/15/2025

SENATE . . . . . No. 772

By Mr. Keenan, a petition (accompanied by bill, Senate, No. 772) of John F. Keenan, James B. Eldridge, James K. Hawkins, Michael J. Barrett and others for legislation to increases mandatory coverage for addiction care recovery. Financial Services.

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:

SECTION 1. Section 17N of chapter 32A of the General Laws, as appearing in the 2022 Official Edition, is hereby amended by inserting after the definition of "Clinical stabilization services" the following definition:-

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

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

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

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

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

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

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

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

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

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

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

50 The division and its contracted health insurers, health plans, health maintenance
51 organizations, behavioral health management firms and third-party administrators under contract
52 to a Medicaid managed care organization or primary care clinician plan shall cover the cost of
53 medically necessary acute treatment services and shall not require preauthorization prior to
54 obtaining treatment.

55 The division and its contracted health insurers, health plans, health maintenance
56 organizations, behavioral health management firms and third-party administrators under contract

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

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

76 SECTION 5. Section 47GG of chapter 175 is hereby amended by inserting after the
77 definition of "Clinical stabilization services" the following definition:-

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

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

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

101 carrier may provide outreach to the treating clinician and member to offer care management and
102 support services.

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

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

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

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

113 Any contract between a subscriber and the corporation under an individual or group
114 hospital service plan that is delivered, issued or renewed within the commonwealth shall provide
115 coverage for medically necessary acute treatment services, medically necessary clinical
116 stabilization services and medically necessary transitional support services for up to 30 days and
117 shall not require preauthorization prior to obtaining acute treatment services, clinical stabilization
118 services or transitional support services. The facility providing such services shall provide the
119 carrier notification of admission and the initial treatment plan within 48 hours of admission and
120 within a reasonable time thereafter shall provide the carrier with a projected discharge plan for
121 the member. The carrier's utilization review procedures may be initiated on day 14; provided,
122 however, that a carrier shall not make any utilization review decisions that impose any restriction

123 or deny any future medically necessary acute treatment, clinical stabilization or transitional
124 support services unless a patient has received at least 30 consecutive days of said services;
125 provided further, any contract between a subscriber and the corporation under an individual or
126 group hospital service plan that is delivered, issued or renewed within the commonwealth, shall
127 cover, without preauthorization, a substance use disorder evaluation ordered pursuant to section
128 51½ of chapter 111. Upon receipt of notification by the admitting facility and receipt of the
129 discharge plan, the carrier may provide outreach to the treating clinician and member to offer
130 care management and support services.

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

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

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

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

141 Any subscription certificate under an individual or group medical service agreement
142 delivered, issued or renewed within the commonwealth shall provide coverage for medically
143 necessary acute treatment services, medically necessary clinical stabilization services and
144 medically necessary transitional support services for up to 30 days and shall not require

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

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

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

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

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

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

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

187 SECTION 13. The center for health information and analysis, in consultation with the
188 division of insurance, the department of public health, the office of Medicaid and the health

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

201 The initial report and final report shall be posted on the center's website and shall be filed
202 with the clerks of the house of representatives and senate, the house and senate chairs of the
203 committee on financial services, the house and senate chairs of the committee on health care
204 financing, the house and senate chairs of the committee on public health and the house and
205 senate committees on ways and means not later than October 1, 2026 and October 1, 2028,
206 respectively.

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