

**SENATE . . . . . No. 802**

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**The Commonwealth of Massachusetts**

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PRESENTED BY:

***Patrick M. O'Connor***

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*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 to support behavioral health prevention for children.

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PETITION OF:

NAME:

*Patrick M. O'Connor*

DISTRICT/ADDRESS:

*First Plymouth and Norfolk*

**SENATE . . . . . No. 802**

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By Mr. O'Connor, a petition (accompanied by bill, Senate, No. 802) of Patrick M. O'Connor for legislation to support behavioral health prevention for children. Financial Services.

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**The Commonwealth of Massachusetts**

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**In the One Hundred and Ninety-Fourth General Court  
(2025-2026)**  
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An Act to support behavioral health prevention for children.

*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. Chapter 32A of the General Laws, is hereby amended by inserting after  
2 section 33 the following section:-

3           Section 34. (a) For the purpose of this section, the following term shall have the  
4 following meaning:

5           “Preventive behavioral health services”, short-term interventions in supportive group,  
6 individual, or family settings that cultivate coping skills and strategies for symptoms of  
7 depression, anxiety, and other social and emotional concerns, which may prevent the  
8 development of behavioral health conditions for members who are under 21 years old who have  
9 a positive behavioral health screening, or, in the case of an infant, a caregiver with a positive  
10 post-partum depression screening, even if the individual does not meet criteria for behavioral  
11 health diagnosis.

12 (b)(1) Any coverage offered by the commission to an active or retired employee of the  
13 commonwealth under the group insurance commission shall provide coverage for no fewer than  
14 six sessions of preventive behavioral health services provided by a qualified licensed behavioral  
15 health clinician, or a non-licensed clinician or trainee under supervision, without requiring prior  
16 authorization. Coverage shall include individual, family and group sessions when delivered by a  
17 behavioral health clinician practicing in an integrated pediatric primary care setting and group  
18 sessions when delivered in community-based outpatient and school settings. Preventive  
19 behavioral health services shall be covered with no patient cost-sharing; provided, however, that  
20 cost-sharing shall be required if the applicable plan is governed by the Federal Internal Revenue  
21 Code and would lose its tax-exempt status as a result of the prohibition on cost-sharing for this  
22 service.

23 (2) The commission and its contracted carriers shall accept an alternative diagnosis code,  
24 including a Social Determinants of Health Z-code, as the primary diagnosis from eligible  
25 providers submitting claims for preventive behavioral health services.

26 SECTION 2. Chapter 175 of the General Laws, is hereby amended by inserting after  
27 section 47UU the following section:-

28 Section 47VV. (a) For the purpose of this section, the following term shall have the  
29 following meaning:

30 “Preventive behavioral health services”, short-term interventions in supportive group,  
31 individual, or family settings that cultivate coping skills and strategies for symptoms of  
32 depression, anxiety, and other social and emotional concerns, which may prevent the  
33 development of behavioral health conditions for members who are under 21 years old who have

34 a positive behavioral health screening, or, in the case of an infant, a caregiver with a positive  
35 post-partum depression screening, even if the individual does not meet criteria for behavioral  
36 health diagnosis.

37 (b)(1) A policy, contract, agreement, plan or certificate of insurance issued, delivered or  
38 renewed within the commonwealth shall provide coverage for no fewer than six sessions of  
39 preventive behavioral health services provided by a qualified licensed behavioral health  
40 clinician, or a non-licensed clinician or trainee under supervision, without requiring prior  
41 authorization. Coverage shall include individual, family and group sessions when delivered by a  
42 behavioral health clinician practicing in an integrated pediatric primary care setting and group  
43 sessions when delivered in community-based outpatient and school settings. Preventive  
44 behavioral health services shall be covered with no patient cost-sharing; provided, however, that  
45 cost-sharing shall be required if the applicable plan is governed by the Federal Internal Revenue  
46 Code and would lose its tax-exempt status as a result of the prohibition on cost-sharing for this  
47 service.

48 (2) Payers covered under this section shall accept an alternative diagnosis code, including  
49 a Social Determinants of Health Z-code, as the primary diagnosis from eligible providers  
50 submitting claims for preventive behavioral health services.

51 SECTION 3. Chapter 176A of the General Laws, is hereby amended by inserting after  
52 section 8VV the following section:-

53 Section 8WW. (a) For the purpose of this section, the following term shall have the  
54 following meaning:

55           “Preventive behavioral health services”, short-term interventions in supportive group,  
56 individual, or family settings that cultivate coping skills and strategies for symptoms of  
57 depression, anxiety, and other social and emotional concerns, which may prevent the  
58 development of behavioral health conditions for members who are under 21 years old who have  
59 a positive behavioral health screening, or, in the case of an infant, a caregiver with a positive  
60 post-partum depression screening, even if the individual does not meet criteria for behavioral  
61 health diagnosis.

62           (b)(1) Any contract between a subscriber and a corporation subject to this chapter,  
63 pursuant to an individual or group hospital service plan that is delivered, issued or renewed  
64 within or without the commonwealth shall provide coverage for no fewer than six sessions of  
65 preventive behavioral health services provided by a qualified licensed behavioral health  
66 clinician, or a non-licensed clinician or trainee under supervision, without requiring prior  
67 authorization. Coverage shall include individual, family and group sessions when delivered by a  
68 behavioral health clinician practicing in an integrated pediatric primary care setting and group  
69 sessions when delivered in community-based outpatient and school settings. Preventive  
70 behavioral health services shall be covered with no patient cost-sharing; provided, however, that  
71 cost-sharing shall be required if the applicable plan is governed by the Federal Internal Revenue  
72 Code and would lose its tax-exempt status as a result of the prohibition on cost-sharing for this  
73 service.

74           (2) Payers covered under this section shall accept an alternative diagnosis code, including  
75 a Social Determinants of Health Z-code, as the primary diagnosis from eligible providers  
76 submitting claims for preventive behavioral health services.

77 SECTION 4. Chapter 176B of the General Laws, is hereby amended by inserting after  
78 section 4VV the following section:-

79 Section 4WW. (a) For the purpose of this section, the following term shall have the  
80 following meaning:

81 “Preventive behavioral health services”, short-term interventions in supportive group,  
82 individual, or family settings that cultivate coping skills and strategies for symptoms of  
83 depression, anxiety, and other social and emotional concerns, which may prevent the  
84 development of behavioral health conditions for members who are under 21 years old who have  
85 a positive behavioral health screening, or, in the case of an infant, a caregiver with a positive  
86 post-partum depression screening, even if the individual does not meet criteria for behavioral  
87 health diagnosis.

88 (b)(1) Any subscription certificate under an individual or group medical service  
89 agreement that is delivered, issued or renewed within or without the commonwealth shall  
90 provide coverage for no fewer than six sessions of preventive behavioral health services  
91 provided by a qualified licensed behavioral health clinician, or a non-licensed clinician or trainee  
92 under supervision, without requiring prior authorization. Coverage shall include individual,  
93 family and group sessions when delivered by a behavioral health clinician practicing in an  
94 integrated pediatric primary care setting and group sessions when delivered in community-based  
95 outpatient and school settings. Preventive behavioral health services shall be covered with no  
96 patient cost-sharing; provided, however, that cost-sharing shall be required if the applicable plan  
97 is governed by the Federal Internal Revenue Code and would lose its tax-exempt status as a  
98 result of the prohibition on cost-sharing for this service.

99 (2) Payers covered under this section shall accept an alternative diagnosis code, including  
100 a Social Determinants of Health Z-code, as the primary diagnosis from eligible providers  
101 submitting claims for preventive behavioral health services.

102 SECTION 5. Chapter 176G of the General Laws, is hereby amended by inserting after  
103 section 4NN the following section:-

104 Section 4OO. (a) For the purpose of this section, the following term shall have the  
105 following meaning:

106 “Preventive behavioral health services”, short-term interventions in supportive group,  
107 individual, or family settings that cultivate coping skills and strategies for symptoms of  
108 depression, anxiety, and other social and emotional concerns, which may prevent the  
109 development of behavioral health conditions for members who are under 21 years old who have  
110 a positive behavioral health screening, or, in the case of an infant, a caregiver with a positive  
111 post-partum depression screening, even if the individual does not meet criteria for behavioral  
112 health diagnosis.

113 (b)(1) Any individual or group health maintenance contract that is issued or renewed  
114 within or without the commonwealth shall provide coverage for no fewer than six sessions of  
115 preventive behavioral health services provided by a qualified licensed behavioral health  
116 clinician, or a non-licensed clinician or trainee under supervision, without requiring prior  
117 authorization. Coverage shall include individual, family and group sessions when delivered by a  
118 behavioral health clinician practicing in an integrated pediatric primary care setting and group  
119 sessions when delivered in community-based outpatient and school settings. Preventive  
120 behavioral health services shall be covered with no patient cost-sharing; provided, however, that

121 cost-sharing shall be required if the applicable plan is governed by the Federal Internal Revenue  
122 Code and would lose its tax-exempt status as a result of the prohibition on cost-sharing for this  
123 service.

124 (2) Payers covered under this section shall accept an alternative diagnosis code, including  
125 a Social Determinants of Health Z-code, as the primary diagnosis from eligible providers  
126 submitting claims for preventive behavioral health services.

127 SECTION 6. The division of insurance, in consultation with the office of Medicaid, shall  
128 develop guidance to implement coverage of preventive behavioral health services.