

SENATE No.

The Commonwealth of Massachusetts

PRESENTED BY:

John C. Velis

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 relative to growing resources to optimize the utilization of group therapeutic care.

PETITION OF:

NAME:

John C. Velis

DISTRICT/ADDRESS:

Hampden and Hampshire

SENATE No.

[Pin Slip]

The Commonwealth of Massachusetts

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

An Act relative to growing resources to optimize the utilization of group therapeutic care.

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 13 of the General Laws is hereby amended by adding the following
2 section:-

3 Section 110. (a) There shall be a board of certification of group therapeutic specialists,
4 called the board in this section. The board shall consist of 12 members who shall be residents of
5 the commonwealth as follows: the commissioner of the department of public health or a
6 designee, who shall serve as chair of the board; the commissioner of the department of mental
7 health or a designee; eight persons appointed by the governor; one person appointed by the
8 speaker of the house of representatives; and one person appointed by the president of the senate.
9 Of the appointed members of the board, 1 shall be a certified group therapeutic specialist,
10 provided that such person initially appointed to the board shall be eligible for board certification
11 as a group therapeutic specialist and shall obtain such certification within a time frame specified
12 in regulations adopted by the board; 1 shall represent an organization that provides group
13 therapeutic mental health care; 1 shall represent a community health center; 1 shall represent the

14 National Association of Mental Illness; 1 shall represent a community provider of behavioral
15 health care; 1 shall represent a member of a health justice community with limited access to
16 behavioral health care; 1 shall be an individual with lived experience of utilizing or seeking to
17 access the mental health system; and 3 shall represent the public, subject to section 9B of chapter
18 13, and shall be familiar with group therapeutic behavioral health care.

19 The term of office of each appointed member of the board shall be 3 years, except that of
20 the initially appointed members of the board of which 3 members shall be appointed for terms of
21 1 year, 4 members for terms of 2 years, and 5 members for terms of 3 years, at least 1 of which is
22 a certified group therapeutic specialist. Upon the expiration of his term of office, a member of
23 the board shall continue to serve until the appointment of a successor. Any member of the board
24 may be removed by the governor for neglect of duty, misconduct, malfeasance or misfeasance in
25 office after being given a written statement of the charges against him and sufficient opportunity
26 to be heard thereon. Upon the death, resignation or removal for cause of any member of the
27 board, the governor shall fill the vacancy for the remainder of that member's term.

28 (b) The board shall meet at least quarterly or more often upon the call of the chair at such
29 times and places as the chair shall designate. The board shall, at its first meeting and annually
30 thereafter, elect from among its members a vice-chair and a secretary. Such officers shall serve
31 until their successors are elected and qualified. A quorum of the board shall consist of a majority
32 of the members. The board shall keep records and minutes as are necessary to carry out its duties
33 and as otherwise required by law. Board members shall serve without compensation, but shall be
34 reimbursed for actual and reasonable expenses incurred in the performance of their official
35 duties. The board may be supported with a director, administrative assistant and such other
36 professional staff and operating expenses as are required to discharge its duties.

37 (c) In addition to the powers and duties set forth in subsections (a) and (b), the board shall
38 have the following powers and duties:

39 (1) to develop and administer a program for certification of group therapeutic specialists,
40 or to determine existing certification programs which can be leveraged to this purpose, and to
41 establish education, training, experience and other qualifications for such certification,
42 application requirements and standards for practice as a certified group therapeutic specialist;

43 (2) to set standards and requirements for the establishment, board evaluation and board
44 approval or board acceptance of group therapeutic specialist education and training programs in
45 the commonwealth, the successful completion of which shall make individuals eligible to apply
46 to the board for certification as a group therapeutic specialist;

47 (3) to set standards and requirements for approval or acceptance of continuing education
48 courses and programs as the board may require for the biennial renewal of a group therapeutic
49 specialist certificate;

50 (4) to establish minimum education, training, experience and other qualifications that a
51 certified group therapeutic specialist shall possess to qualify as a trainer in any education,
52 training or continuing education program for group therapeutic specialists approved or accepted
53 by the board;

54 (5) to establish and implement procedures for receipt, review and action upon
55 applications for certification as a group therapeutic specialist and the biennial renewal thereof,
56 for which the board may require documentation of completion of continuing education, and the
57 issuance of certificates of competency to practice as a group therapeutic specialist;

58 (6) to make, adopt, amend, repeal and enforce such rules and regulations consistent with
59 law as it deems necessary for the protection of the public health, safety and welfare and for the
60 proper administration and enforcement of its responsibilities;

61 (7) to collect reasonable fees established pursuant to section 3B of chapter 7 and to
62 deposit such fees into the Quality in Health Professions Trust Fund pursuant to section 35X of
63 chapter 10 to support board operations and administration;

64 (8) to identify and adopt a certification examination or other means to assess group
65 therapeutic specialist competency in connection with board certification, should the board
66 determine that such examination would enhance the advancement of the practice and profession
67 of group therapeutic specialists;

68 (9) to certify as a group therapeutic specialist an applicant who has been duly certified as
69 a group therapeutic specialist under the laws of another state, territory or commonwealth of the
70 United States or the District of Columbia where the requirements for certification are, in the
71 opinion of the board, equivalent to those in the commonwealth for group therapeutic specialists,
72 or who maintains current certification from a nationally-recognized certifying body as a group
73 therapeutic specialist or the equivalent, and such applicant submits documentation satisfactory to
74 the board of such certification and the requirements therefore;

75 (10) to establish grounds for complaints related to the practice of group therapeutic
76 specialists and to establish and implement procedures for the review, investigation and resolution
77 of such complaints;

78 (11) to establish the disciplinary actions available to the board in connection with
79 complaint resolution, which may include a fine, reprimand, probation or censure or suspension,

80 revocation or denial of a certificate issued by the board or a combination of the foregoing and to
81 discipline certificate holders in accordance with procedures established by the board that shall
82 conform with chapter 30A and 801 CMR 1.01 et seq.; and

83 (12) to perform such other functions and duties as may be required to carry out this
84 section.

85 SECTION 2. (a) The division of medical assistance and its contracted health insurers,
86 health plans, health maintenance organizations, behavioral health management firms and third-
87 party administrators under contract to a Medicaid managed care organization, accountable care
88 organization or primary care clinician plan shall provide coverage of group therapeutic care
89 services provided by certified group therapeutic specialists. In determining the scope of group
90 therapeutic care services, the division shall consult with the department of public health and the
91 department of mental health.

92 (b) The division shall promulgate regulations to establish a payment rate for group
93 therapeutic care services provided by a certified group therapeutic specialist.

94 (c) The division shall establish a pilot program to promote and evaluate the use of group
95 therapeutic behavioral health care for MassHealth members. The pilot program and evaluation
96 shall include, but not be limited to, the following:

97 (1) identifying practice locations of certified group therapeutic specialists and support the
98 establishment of additional certified group therapeutic specialist practices;

99 (2) establishing a process for encouraging the referral of MassHealth members to
100 certified group therapeutic specialists;

101 (3) informing providers and members of the availability and benefits of and the
102 encourage them to use such care, including through a public awareness campaign; and
103 (4) tracking data on the use of group therapeutic behavioral health care, including
104 demographic data and outcomes, to permit evaluation of the effectiveness of the pilot program,
105 particularly for people with limited access to behavioral health care.

106 The division may determine the geographic scope of the pilot program; provided, that the
107 program shall at a minimum focus on regions with limited access to behavioral health care
108 services or at risk due to limited access to social determinants of health.

109 All findings and data from the project shall be made available to the health policy
110 commission, the committees on ways and means and the joint committees on health care
111 financing and mental health, substance use and recovery.

112 The division shall begin the project no later than 1 year after the effective date of this act
113 and shall complete its evaluation of the project no later than 3 years after the effective date of
114 this act.

115 SECTION 3. (a) The health policy commission shall conduct a comprehensive study and
116 issue a report evaluating the systemic outcomes, demand, and potential cost-savings of
117 integrating group therapeutic behavioral care into the commonwealth's behavioral health care
118 system. The report shall include recommendations on short and long-term steps the
119 commonwealth can take to improve access to effective, high-quality behavioral health care
120 through group therapeutic care.

121 The study shall include, but not be limited to, analysis of the following topics:

- 122 (1) current utilization and prevalence of group behavioral health care in the
123 commonwealth;
- 124 (2) a cost-benefit analysis of expanding access to group therapeutic care;.
- 125 (3) identification of barriers to accessing traditional individual therapy that could be
126 mitigated through group care, including racial and socioeconomic disparities, cultural
127 competence, financial burdens and availability of providers;
- 128 (4) comparative analysis of the efficiency and effectiveness of outcomes in group
129 therapeutic care as compared to individual therapy; and
- 130 (5) assessment of the use of culturally competent techniques and minority practitioners in
131 group therapeutic care relative to individualized therapy.

132 (b) The commission shall consult with the department of mental health, the division of
133 medical assistance and other agencies of the commonwealth, and with individuals, organizations
134 and providers with expertise in group therapeutic behavioral care. The commission shall hold a
135 public comment session to receive information and recommendations from members of the
136 public.

137 (c) The report shall be issued no later than December 1, 2026, and be made available
138 electronically on the commission's website, and shall be filed with the secretary of
139 administration and finance, the secretary of health and human services, the clerks of the house of
140 representatives and the senate, the house and senate committees on ways and means, the joint
141 committee on mental health and substance use and recovery and the joint committee on health
142 care financing.