

SENATE No.

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.

[Pin Slip]

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.

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

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

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

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

23 “Roadmap”, roadmap for behavioral health reform.

24 “Roadmap services”, shall include, but not be limited to, services provided by a
25 behavioral health access line pursuant to section 2WWWW of chapter 29 of the General Laws,
26 services provided by community behavioral health centers as defined in section 13D½ of chapter
27 118E of the General Laws, mobile crisis intervention for youth, mobile crisis intervention for
28 adults, youth community crisis stabilization, adult community crisis stabilization and services
29 provided by behavioral health urgent care providers.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

204 SECTION 10. Section 148C of chapter 149 of the General Laws, as amended by chapter
205 186 of the acts of 2024, is hereby amended by striking out clauses (2) and (5) and inserting in
206 place thereof the following clauses:-

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

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

213 SECTION 11. There is hereby established a special commission for the purpose of
214 making an investigation and study relative to increasing the number of outpatient mental health
215 providers practicing in the commonwealth who accept insurance or offer a sliding fee scale. Said
216 special commission shall consist of the secretary of health and human services, or their designee,
217 who shall serve as chair; 1 member of the senate appointed by the senate president; 1 member of
218 the house of representatives appointed by the speaker of the house of representatives; the
219 commissioner of the department of mental health, or their designee; the commissioner of
220 insurance, or their designee; all of whom shall serve as ex officio members, and 11 persons to be
221 appointed by the secretary, 1 of whom shall be a representative of the Massachusetts chapter of
222 the National Association of Social Workers, 1 of whom shall be an advance practice psychiatric
223 nurse licensed to practice in the commonwealth, 1 of whom shall be a representative of the
224 Massachusetts Psychological Association who shall be a psychologist, 1 of whom shall be a
225 representative from the children's behavioral health advisory council established in section 16Q
226 of chapter 6A of the General Laws, 1 of whom shall be a representative from the Massachusetts
227 Behavioral Health Partnership or a managed care organization or managed care entity
228 contracting with MassHealth, 4 of whom shall be representatives of the Massachusetts Medical
229 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.