JOINT COMMITTEE ON FINANCIAL SERVICES
2025-2026 (194th) BILL SUMMARY

Bill No: H1131

Title: AN ACT EXPANDING ACCESS TO MENTAL HEALTH SERVICES

Sponsor: Rep. Marjorie C. Decker (*Cambridge)*

Hearing Date: September 9, 2025

Reporting Deadline: November 8, 2025

Prior History:
2023-24 (H4058): Reported favorably; Referred to Health Care Financing; Ordered to a House Study; Referred to House Rules

Similar Matters: S773 (Keenan- Identical)

CURRENT LAW:
M.G.L. c. 19 Department of Mental Health § 19 (c) Inpatient psychiatric, residential or day care services; licenses
Each facility, department or unit licensed by the department will be subject to supervision, visitation and inspection by the department. The department will inspect each facility, department or unit prior to granting or renewing a license pursuant to this section.

M.G.L. c. 32A, Contributory group general or blanket insurance for persons in the service of the commonwealth, (Group Insurance Commission)
§ 17S: Coverage for medically necessary mental health acute treatment, community-based acute treatment and intensive community-based acute treatment

M.G.L. c. 111 Public Health, § 25C1/2: Exemption from determination of need of projects related to inpatient services

M.G.L. c. 111 Public Health, § 51 1/2
Substance use disorder evaluation and treatment for acute-care hospital or satellite emergency facility patient experiencing opioid-related overdose

M.G.L. c. 111 Public Health, § 51.75: Acute-care hospitals to provide licensed mental health professionals during all operating hours of emergency department or satellite emergency facility; promulgation of regulations

M.G.L. c. 118E Division of Medical Assistance, § 10O: Coverage for mental health acute treatment, community-based acute treatment and intensive community-based acute treatment

M.G.L. Title XVII Public Welfare, c. 123 Mental Health, § 12: Emergency restraint and hospitalization of persons posing risk of serious harm by reason of mental illness

M.G.L. Title XVII Public Welfare, c. 123 Mental Health, § 21: Transportation of mentally ill persons; restraint

M.G.L. Title XVII Public Welfare c. 123 Mental Health, § 22: Civil liability of physicians, qualified advanced practice registered nurses, qualified psychologists, qualified psychiatric nurse mental health clinic specialists, police officers and licensed independent clinical social workers

M.G.L. c. 111O Mobile Integrated Health Care, § 2: Department as lead agency for mobile integrated health services; duties

M.G.L. c. 175 Insurance, § 47B: Mental health benefits; biologically-based mental disorders; mental disorders of rape victims; non-biologically-based mental disorders of children and adolescents under age 19

M.G.L. c. 175 Insurance, § 47SS: Coverage for medically necessary mental health acute treatment, community-based acute treatment and intensive community-based acute treatment

M.G.L. c. 176A: Non-profit hospital service corporations (Blue Cross), § 8A: Mental illness expenses; inclusion in contracts as benefits; biologically-based mental disorders; rape-related mental disorders; non-biologically-based mental disorders for children and adolescents under age 19

M.G.L. c. 176A: Non-profit hospital service corporations (Blue Cross), § 8SS: Coverage for medically necessary mental health acute treatment, community-based acute treatment and intensive community-based acute treatment

M.G.L. c. 176B Medical Service Corporations (Blue Shield), § 4A: Mental illness expenses; inclusion as benefits; biologically-based mental disorders; rape-related mental disorders; non-biologically-based mental disorders of children and adolescents under age 19

M.G.L. c. 176B Medical Service Corporations (Blue Shield), § 4SS: Coverage for medically necessary mental health acute treatment, community-based acute treatment, intensive community-based acute treatment

M.G.L. c. 176G, Health Maintenance Organizations, § 4M (i): Mental health benefits; biologically-based mental disorders; rape-related mental disorders; non-biologically-based mental disorders of children and adolescents under age 19

M.G.L. c. 176G Health Maintenance Organizations, § 4KK (b): Coverage for medically necessary mental health acute treatment, community-based acute treatment and intensive community-based acute treatment

Chapter 258 of the Acts of 2014, An Act to increase opportunities for long-term substance abuse recovery
The GIC, MassHealth and commercial health insurers will provide coverage for medically necessary acute treatment services (addiction treatment) and medically necessary clinical stabilization services (post detoxification treatment) for a total of 14 days and will not require preauthorization. Medical necessity will be determined by the treating clinician in consultation with the patient.

Chapter 177 of the Acts of 2022, An Act addressing barriers to care for mental health
The GIC, MassHealth and commercial health insurers will provide coverage for medically necessary mental health acute treatment, community-based acute treatment, intensive community-based acute treatment and will not require a preauthorization before obtaining treatment, provided that the facility notify the carrier of the admission and the initial treatment plan within 72 hours of admission. Services will be provided pursuant to the psychiatric collaborative care model which integrates psychiatric and primary care. The DOI commissioner will implement and enforce federal and state mental health parity laws, including by performing behavioral health parity compliance market conduct examinations on each insurance carrier every four years.

Chapter 177 of the Acts of 2022, An Act addressing barriers to care for mental health, § 78. The division of insurance will promulgate regulations or issue sub-regulatory guidance, within 30 days of the effective date of this act, to establish reasonable rates at which carriers shall reimburse acute care hospitals for each day a member waits in an emergency department, observation unit or inpatient floor, for placement in an appropriate inpatient psychiatric placement. The division of insurance shall consult with the division of medical assistance on establishing a reasonable rate for said reimbursement.

SUMMARY:
SECTION 1.
Amends M.G.L. c. 32A, Group Insurance Commission, as amended by *Chapter 177 of the Acts of 2022.*
The Group Insurance Commission (GIC) will provide coverage for medically necessary mental health acute treatment, community-based acute treatment and intensive community-based acute treatment and will not require a preauthorization for such treatment provided that the facility notifies the carrier of the admission and treatment plan within three business days of the admission (substituting for the 72 hours authorized under *chapter 177*). Clarifies that a carrier must provide coverage for services administered prior to notification. Specifies that provider notification will be limited to a patient's name, facility name, time of admission, diagnosis, and initial treatment plan.

SECTION 2.
Amends M.G.L. c. 111, Public Health, § 25C 1/2: Exemption from determination of need of projects related to inpatient services.
Amends the statute to eliminate the determination of need process if the department of public health finds that such substantial capital expenditure or such substantial change in services will be made by or on behalf of a health facility if the facility plans to make a capital expenditure for

the development of acute psychiatric services including, inpatient, community based acute treatment, intensive community based acute treatment, partial hospitalization program, and crisis stabilization services; provided that the health facility demonstrates the need for a license from the department of mental health.

SECTION 3.
Amends *M.G.L. c. 111 Public Health, § 51 ½: Substance use disorder evaluation and treatment for acute-care hospital or satellite emergency facility patient experiencing opioid-related overdose.*
Amends the section definition of "licensed mental health professional" to include a licensed physician assistant who practices in the field of psychiatry or addiction medicine; licensed psychiatric mental health nurse practitioner and other licensed master's level mental health clinician, including but not limited to licensed alcohol and drug counselor and licensed marriage and family therapist; or individuals with a master's degree in a clinical behavioral health practice pursuing licensure post master's under the supervision of an appropriately licensed and credentialed clinician.

SECTION 4.
Amends *M.G.L. c. 111 Public Health, § 51.75: Acute-care hospitals to provide licensed mental health professionals during all operating hours of emergency department or satellite emergency facility; promulgation of regulations*.
Amends the section definition of "licensed mental health professional" to include a licensed physician who specializes in the practice of addiction medicine; a licensed psychiatric mental health nurse practitioner; and other licensed master's level mental health clinician, including but not limited to licensed alcohol and drug counselor and licensed marriage and family therapist; or individuals with a master's degree in a clinical behavioral health practice pursuing licensure post master's under the supervision of an appropriately licensed and credentialed clinician.

SECTION 5.
Amends *M.G.L. c. 118E Division of Medical Assistance (DMA), § 10O: Coverage for mental health acute treatment, community-based acute treatment and intensive community-based acute treatment, as amended by chapter 177 of the Acts of 2022*.
The DMA and its contracted health insurers, health plans, health maintenance organizations, behavioral health management firms and third-party administrators under contract to a Medicaid managed care organization or primary care clinician plan will provide coverage for medically necessary mental health services within an inpatient psychiatric facility, a community health center, a community behavioral health center, a community mental health center, an outpatient substance use disorder provider, a hospital outpatient department, a community-based acute treatment, an intensive community-based acute treatment, crisis stabilization services, and youth crisis stabilization services, and will not require a preauthorization for such treatment provided that the facility notifies the carrier of the admission and treatment plan within three business days of the admission (substituting for the 72 hours authorized under Chapter 177). Clarifies that a carrier must provide coverage for services administered prior to notification. Specifies that provider notification will be limited to a patient's name, facility name, time of admission, diagnosis, and initial treatment plan.

SECTION 6.
Amends *M.G.L. Title XVII Public Welfare, c. 123 Mental Health, § 12: Emergency restraint and hospitalization of persons posing risk of serious harm by reason of mental illness.*
Adds qualified physician assistant to the list of those professionals who may examine, restrain, authorize restraint, apply for hospitalization, and or admit a person to a facility for care and treatment.

SECTION 7.
Amends *M.G.L. Title XVII Public Welfare, c. 123 Mental Health, § 21: Transportation of mentally ill persons; restraint*.
Adds qualified physician assistant to the list of those professionals involved in the transportation and restraint of a person with mental illness. Updates existing references from certified physician assistant to qualified physician assistant.

SECTION 8.
Amends *M.G.L. Title XVII Public Welfare, c. 123 Mental Health, § 22: Civil liability of physicians, qualified advanced practice registered nurses, qualified psychologists, qualified psychiatric nurse mental health clinic specialists, police officers and licensed independent clinical social workers*.
Grants qualified physician assistants immunity from civil suits for damages for restraining, transporting, applying for the admission of or admitting anyone to a facility or Bridgewater state hospital if the qualified physician assistant acts in accordance with *M.G.L. chapter 123*.

SECTION 9.
Adds a new subsection to *M.G.L. c. 111O Mobile Integrated Health Care, § 2: Department as lead agency for mobile integrated health services; duties*.
The new subsection exempts Mobile Integrated Health programs that are focused on behavioral health services from application and registration fees.

SECTION 10.
Adds a definition for Emergency services programs to *M.G.L. c. 175 Insurance*.
“Emergency services programs”, all programs subject to contract between the Massachusetts Behavioral Health Partnership and provider organizations for the provision of acute care hospital and community-based emergency behavioral health services, including, but not limited to, behavioral health crisis assessment, intervention and stabilization services 24 hours per day, 7 days per week, through: (i) mobile crisis intervention services for youth; (ii) mobile crisis intervention services for adults; (iii) emergency service provider community-based locations; (iv) emergency departments of acute care hospitals or satellite emergency facilities; (v) adult community crisis stabilization services; and (vi) youth community crisis stabilization services.

SECTION 11.
Amends *M.G.L. c. 175 Insurance, § 47B*: *Mental health benefits; biologically-based mental disorders; mental disorders of rape victims; non-biologically-based mental disorders of children and adolescents under age 19.*
Amends the section definition of "licensed mental health professional" to include a licensed physician who specializes in the practice of addiction medicine; a licensed physician assistant

who practices in the field of psychiatry or addiction medicine; a licensed psychiatric mental health nurse practitioner, other licensed master's level mental health clinician including but not limited to (a licensed alcohol and drug counselor I, as defined in *section 1 of chapter 111J*, or a licensed marriage and family therapist within the lawful scope of practice for such therapist; or a clinician practicing under the supervision of a licensed professional, and working towards licensure, in a clinic or hospital licensed under *chapter 111*.)

SECTION 12.
Amends *M.G.L. c. 175 Insurance, § 47SS Coverage for medically necessary mental health acute treatment, community-based acute treatment and intensive community-based acute treatment, as amended by Chapter 177 of the Acts of 2022*.
A policy, contract, agreement, plan or certificate of insurance issued, delivered or renewed within or without the commonwealth, which is considered creditable coverage will provide coverage for medically necessary mental health services within an inpatient psychiatric facility, a community health center, a community behavioral health center, a community mental health center, an outpatient substance use disorder provider, a hospital outpatient department, a community-based acute treatment, an intensive community-based acute treatment, crisis stabilization services, and youth crisis stabilization services, and will not require a preauthorization for such treatment provided that the facility notifies the carrier of the admission and treatment plan within three business days of the admission (substituting for the 72 hours authorized under chapter 177). Clarifies that a carrier must provide coverage for services administered prior to notification. Specifies that provider notification will be limited to a patient's name, facility name, time of admission, diagnosis, and initial treatment plan.

SECTION 13.
Amends *M.G.L. c. 176A: Non-profit hospital service corporations (Blue Cross), § 8A: Mental illness expenses; inclusion in contracts as benefits; biologically-based mental disorders; rape-related mental disorders; non-biologically-based mental disorders for children and adolescents under age 19*.
Amends the section definition of "licensed mental health professional" to include a licensed physician who specializes in addiction medicine, a licensed physician assistant who practices in the field of psychiatry or addiction medicine; a licensed psychiatric mental health nurse practitioner, other licensed master's level mental health clinician including but not limited to (a licensed alcohol and drug counselor I, as defined in *section 1 of chapter 111J*, or a licensed marriage and family therapist within the lawful scope of practice for such therapist; or a clinician practicing under the supervision of a licensed professional, and working towards licensure, in a clinic or hospital licensed under *chapter 111*.)

SECTION 14.
Amends *M.G.L. c. 176A: Non-profit hospital service corporations (Blue Cross), § 8SS: Coverage for medically necessary mental health acute treatment, community-based acute treatment and intensive community-based acute treatment, as amended by Chapter 177 of the Acts of 2022*.
A contract between a subscriber and the corporation under an individual or group hospital service plan that is delivered, issued or renewed within the commonwealth will provide coverage for medically necessary mental health services within an inpatient psychiatric facility, a community health center, a community behavioral health center, a community mental health

center, an outpatient substance use disorder provider, a hospital outpatient department, a community-based acute treatment, an intensive community-based acute treatment, crisis stabilization services, and youth crisis stabilization services, and will not require a preauthorization for such treatment provided that the facility notifies the carrier of the admission and treatment plan within three business days of the admission (substituting for the 72 hours authorized under *chapter 177*). Clarifies that a carrier must provide coverage for services administered prior to notification. Specifies that provider notification will be limited to a patient's name, facility name, time of admission, diagnosis, and initial treatment plan.

SECTION 15.
Amends *M.G.L. c. 176B Medical Service Corporations (Blue Shield), § 4A Mental illness expenses; inclusion as benefits; biologically-based mental disorders; rape-related mental disorders; non-biologically-based mental disorders of children and adolescents under age 19*.
Amends the section definition of "licensed mental health professional" to include a licensed physician who specializes in the practice of addiction medicine; a licensed physician assistant who practices in the field of psychiatry or addiction medicine; a licensed psychiatric mental health nurse practitioner, other licensed master's level mental health clinician including but not limited to (a licensed alcohol and drug counselor I, as defined in section 1 of chapter 111J, or a licensed marriage and family therapist within the lawful scope of practice for such therapist; or a clinician practicing under the supervision of a licensed professional, and working towards licensure, in a clinic or hospital licensed under chapter 111.)

SECTION 16.
Amends *M.G.L. c. 176B Medical Service Corporations (Blue Shield), § 4SS: Coverage for medically necessary mental health acute treatment, community-based acute treatment, intensive community-based acute treatment, as amended by Chapter 177 of the Acts of 2022*.
A subscription certificate under an individual or group medical service agreement delivered, issued or renewed within the commonwealth will provide coverage for medically necessary mental health services within an inpatient psychiatric facility, a community health center, a community behavioral health center, a community mental health center, an outpatient substance use disorder provider, a hospital outpatient department, a , community-based acute treatment, an intensive community-based acute treatment, crisis stabilization services, and youth crisis stabilization services, and will not require a preauthorization for such treatment provided that the facility notifies the carrier of the admission and treatment plan within three business days of the admission (substituting for the 72 hours authorized under *chapter 177*). Clarifies that a carrier must provide coverage for services administered prior to notification. Specifies that provider notification will be limited to a patient's name, facility name, time of admission, diagnosis, and initial treatment plan.

SECTION 17.
Amends *M.G. L. c. 176G Health Maintenance Organizations, § 4M, as amended by Chapter 177 of the Acts of 2022*.
Amends the section definition of "licensed mental health professional" to include a licensed physician who specializes in the practice of addiction medicine; a licensed physician assistant who practices in the field of psychiatry or addiction medicine; a licensed psychiatric mental health nurse practitioner, other licensed master's level mental health clinician including but not

limited to (a licensed alcohol and drug counselor I, as defined in *section 1 of chapter 111J*, or a licensed marriage and family therapist within the lawful scope of practice for such therapist; or a clinician practicing under the supervision of a licensed professional, and working towards licensure, in a clinic or hospital licensed under *chapter 111*.)

SECTION 18.
Amends *M.G.L. c.176G, § 4KK (b): Coverage for medically necessary mental health acute treatment, community-based acute treatment and intensive community-based acute treatment, as amended by Chapter 177 of the Acts of 2022*.
An individual or group health maintenance contract that is issued or renewed within or without the commonwealth will provide coverage for medically necessary mental health services within an inpatient psychiatric facility, a community health center, a community behavioral health center, a community mental health center, an outpatient substance use disorder provider, a hospital outpatient department, a community-based acute treatment, an intensive community-based acute treatment, crisis stabilization services, and youth crisis stabilization services, and will not require a preauthorization for such treatment provided that the facility notifies the carrier of the admission and treatment plan within three business days of the admission (substituting for the 72 hours authorized under chapter 177). Clarifies that a carrier must provide coverage for services administered prior to notification. Specifies that provider notification will be limited to a patient's name, facility name, time of admission, diagnosis, and initial treatment plan.

SECTION 21.
The division of insurance in consultation with the division of medical assistance, will promulgate regulations or issue sub-regulatory guidance, within 30 days of this act's effective date, to require carriers reimburse acute care hospitals with emergency departments or satellite emergency facilities for the provision of emergency behavioral health services, including but not limited to, behavioral health crisis assessment, intervention, and stabilization services.

The regulations or sub-regulatory guidance will include reimbursement for the provision of emergency behavioral services via telemedicine, electronic or telephonic consultation. The contractual rate for these services may be no less than the prevailing MassHealth rate for behavioral health emergency department crisis evaluations.

The insurer will reimburse other medically necessary services and for patients awaiting an inpatient psychiatric placement.
Behavioral health services provided in this setting under this section will be deemed medically necessary and will not require an insurer's prior authorization.