

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

Bill No: H1135

Title: AN ACT FOR SUPPORTIVE CARE FOR SERIOUS MENTAL ILLNESS

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

Hearing Date: September 9, 2025

Reporting Deadline: November 8, 2025

Prior History:

2023-24 (H1143): Reported favorably; Referred to Health Care Financing; SWM

2021-22 (H1062): Reported favorably; Referred to Health Care Financing; SWM; No further action taken

Similar Matters: S709 (Cronin – Identical)

CURRENT LAW:

- *Chapter 224 of the Acts of 2012, An Act improving the quality of health care and reducing costs through increased transparency, efficiency and innovation § 254* requires Massachusetts health insurance carriers to comply with and implement state mental health parity laws. The commissioner of insurance will promulgate regulations requiring any carrier, as defined in section 1 of chapter 176O of the General Laws, and their contractors to comply with and implement the federal Mental Health Parity and Addiction Equity Act, section 511 of Public Law 110-343, and applicable state mental health parity laws, including section 22 of chapter 32A of the General Laws, section 47B of chapter 175 of the General Laws, section 8A of chapter 176A of the General Laws, section 4A of chapter 176B of the General Laws and sections 4, 4B and 4M of chapter 176G of the General Laws.
- *Chapter 177 of the Acts of 2022 An Act addressing barriers to care for mental health § 25, 42, 51, 55, 58, 61* Public and private 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. Qualifying student health insurance plans will comply with federal and state mental health parity laws. Health insurers will provide coverage for annual mental health wellness examinations without patient cost-sharing. The insurance 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.

SUMMARY:

- Qualifying student health insurance plans will provide coverage for coordinated specialty care services and assertive community treatment services.
- The Group Insurance Commission (GIC) and commercial health insurers will provide coverage for wrap-around coordinated specialty care services for first episode psychosis treatment and assertive community treatment for early or ongoing treatment of person with a previous episode of psychosis who has a serious mental illness or serious emotional disturbance.
- Insurers will not precondition treatment on disability or functional impairment and visits will not be limited.
- Medical necessity will be determined by a licensed physician, licensed clinical psychologist, licensed professional clinical counselor or licensed clinical social worker.
- The credentialing of a psychiatrist or a licensed clinical leader of a treatment team will qualify all members of the treatment team to be credentialed with the insurer.
- Payment for the services performed will be based on a bundled treatment model or payment for each separate service delivered by a treatment team member. The division of insurance (DOI) will convene a working group of insurance companies and mental health treatment providers that deliver the bundled treatment approaches, to determine a coding solution.
- After 5 years following full implementation of this act, the Health Policy Commission (HPC), the DOI and the GIC will collaborate to perform an independent analysis of the impact of the coverage of the team-based treatment models upon savings and costs.