

**JOINT COMMITTEE ON FINANCIAL SERVICES  
2025-2026 (194<sup>th</sup>) BILL SUMMARY**

**Bill No:** H1277

**Title:** AN ACT RELATIVE TO DUAL DIAGNOSIS TREATMENT

**Sponsor:** Rep. James J. O'Day (*West Boylston*)

**Hearing Date:** September 9, 2025

**Reporting Deadline:** November 8, 2025

**Prior History:**

2023-24 (H1141): Favorable; Referred to Health Care Financing; Ordered to a House Study; House Rules

2021-22 (H1147): Favorable; Referred to Health Care Financing; Ordered to a House Study

2019-20 (H1043): Ordered to a House Study

**Similar Matters:** S771 (Keenan- Identical); H1319 (Scanlon); S772 (Keenan)

**CURRENT LAW:**

*M.G.L. c.32A Contributory group general or blanket insurance for persons in the service of the commonwealth (Group Insurance Commission) § 17N Coverage for medically necessary acute treatment and clinical stabilization services; preauthorization not to be required; notice to carrier of admission and initial treatment plan*

*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*  
“Substance use disorder evaluation”, an evaluation of person presenting in an acute-care hospital or a satellite emergency facility who is reasonably believed by the treating clinician to be experiencing an opioid-related overdose, or who has been administered naloxone prior to arriving at the hospital or facility, conducted by a licensed mental health professional or through an emergency services program by a licensed mental health professional, which will include, but not be limited to, the following information: (1) history of the patient’s use of alcohol, tobacco and other drugs, including age of onset, duration, patterns and consequences of use; (2) the use of alcohol, tobacco and other drugs by family members; (3) types of and responses to previous treatment for substance use disorders or other psychological disorders; (4) an assessment of the patient’s psychological status including co-occurring disorders, trauma history and history of compulsive behaviors; and (4)1 an assessment of the patient’s human immunodeficiency virus, hepatitis C, and tuberculosis risk status.

*M.G.L. c.118E - Division of Medical Assistance (DMA) § 10H Coverage for medically necessary treatments for persons younger than 21 years old diagnosed with an autism spectrum disorder by a licensed physician or a licensed psychologist*

*M.G.L. c.175 Insurance § 47GG Coverage for medically necessary acute treatment and clinical stabilization services*

*M.G.L. c.176A Non-Profit Hospital Service Corporations (Blue Cross of Massachusetts) § 8II Coverage for medically necessary acute treatment and clinical stabilization services*

*M.G.L. c.176B, - Medical Service Corporation (Blue Shield of Massachusetts) § 4II Coverage for medically necessary acute treatment and clinical stabilization services*

*M.G.L. c. 176G Health Maintenance Organizations (HMOs) § 4AA Coverage for medically necessary acute treatment and clinical stabilization services*

*Chapter 258 of the Acts of 2014, An Act to increase opportunities for long-term substance abuse recovery §§ 9, 19, 21, 23, 25, 27*

The Group Insurance Commission, 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 (ABC Act) §§ 25, 42, 51, 55, 58, 61*

The Group Insurance Commission, 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.

#### **SUMMARY:**

- The Group Insurance Commission, MassHealth and commercial health insurers will provide for medically necessary acute treatment services, medically necessary clinical stabilization services, and medically necessary co-occurring treatment services for up to 14 days without preauthorization.
- A facility will notify the carrier of the admission and the initial treatment plan within 48 hours of admission and that utilization review procedures may be initiated on day 7.
- Coverage will be provided without preauthorization for substance abuse evaluations ordered for an acute-care hospital or satellite emergency facility patient experiencing an opioid related overdose.
- Medical necessity will be determined by the treating clinician in consultation with the patient and noted in the patient's medical record.