

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

**Bill No:** H1319

**Title:** AN ACT RELATED TO COMPREHENSIVE CLINICAL AND EXTENDED SUPPORT SERVICES

**Sponsor(s):** Representative Adam J. Scanlon (*North Attleborough*), Kate Donaghue (*Westborough*)

**Hearing Date:** September 9, 2025

**Reporting Deadline:** November 8, 2025

**Prior History:**  
2023-24 (H1146): Reported favorably; Referred to Health Care Financing; Ordered to a House Study; Referred to House Rules  
2021-22 (H2116): Mental Health and Substance Use: Reported favorably; Referred to Health Care Financing; Ordered to a House Study

**Similar Matters:** S772 (Keenan – Identical); H1277 (O’Day); S771(Keenan)

**CURRENT LAW:**

*M.G.L. c.32A Group Insurance Commission (GIC) § 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 (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 (ABC Act) §§ 25, 42, 51, 55, 58, 61*

The Group Insurance Commission (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.

#### **SUMMARY:**

*M.G.L. c.32A, § 17N - Group Insurance Commission (GIC)*

Section 1: Would insert the following definition for “Traditional support services” - short-term, residential support services, as defined by the Department of Public Health (DPH), usually following clinical stabilization services, that provide a safe and structured environment to support adults or adolescents through the addiction recovery process and the transition to outpatient or other step-down addiction recovery care.

Section 2: Would strike paragraph in acute treatment and stabilization section and insert the following revised coverage provisions for an active or retired Massachusetts employee enrolled in a GIC plan:

- Increase the minimum coverage requirement for medically necessary acute treatment services, medically necessary clinical stabilization services and medically necessary transitional support services from 14 days to 30 days.
- Require treatment facilities to provide the GIC carrier with a projected discharge plan for the member within a reasonable time frame after the facility notifies GIC of the member’s admission, which must occur within 48 hours of admission.

- Revise the initiation of utilization review procedures from day 7 to day 14 of admission to the treatment facility.
- Prohibit GIC from making any utilization review decisions that impose restrictions or deny any future medically necessary acute treatment, clinical stabilization, or transitional support services unless a patient has received at least 30 consecutive days of service.
- Require the GIC carrier to provide coverage without preauthorization for substance abuse evaluations.
- Permit GIC to provide outreach to the treating clinician and member to offer care management and support services after the admitting facility submits the discharge plan.
- Determinations of medical necessity shall be determined by the treating clinician in consultation with the patient.

*M.G.L. c.118E - Division of Medical Assistance (DMA)*

Section 3: Would repeal § 10H that requires the DMA and its contracted insurers to cover the cost of medically necessary clinical stabilization services for up to 14 days and permits utilization review procedures may be initiated on day 7.

Section 4: Would insert revised acute treatment and stabilization provisions as new § 10M. Would apply as described in Section 2, the medically necessary acute treatment services, medically necessary clinical stabilization services and medically necessary transitional support services coverage requirement, discharge plan requirement, utilization review procedures and substance abuse evaluation coverage requirement for health insurance plans issued and contracted by the DMA.

*M.G.L. c.175, § 47GG – Insurance*

Section 5: Would insert the “Traditional support services” definition as described in Section 1 on coverage for medically necessary acute treatment and clinical stabilization services.

Section 6: Would insert revised acute treatment and stabilization provisions. Would apply as described in Section 2, the medically necessary acute treatment services, medically necessary clinical stabilization services and medically necessary transitional support services coverage requirement, discharge plan requirement, utilization review procedures and substance abuse evaluation coverage requirement to any policy, contract, agreement, plan or certificate of insurance issued, delivered or renewed in Massachusetts.

*M.G.L. c.176A, § 8II - Non-Profit Hospital Service Corporations (Blue Cross of Massachusetts)*

Section 7: Would insert the “Transitional support services” definition as described in Section 1.

Section 8: Would insert revised acute treatment and stabilization provisions. Would apply as described in Section 2, the medically necessary acute treatment services, medically necessary clinical stabilization services and medically necessary transitional support services coverage requirement, discharge plan requirement, utilization review procedures and substance abuse evaluation coverage requirement to any contract between a subscriber and the corporation under an individual or group hospital service plan in Massachusetts.

*M.G.L. c.176B, § 4II - Medical Service Corporation (Blue Shield of Massachusetts)*

Section 9: Would insert the “Transitional support services” definition as described in Section 1.

Section 10: Would insert revised acute treatment and stabilization provisions. Would apply as described in Section 2, the medically necessary acute treatment services, medically necessary clinical stabilization services and medically necessary transitional support services coverage requirement, discharge plan requirement, utilization review procedures and substance abuse evaluation coverage requirement to any subscription certificate under an individual or group medical service agreement delivered, issued or renewed in Massachusetts.

*M.G.L. c. 176G, § 4AA - Health Maintenance Organizations (HMOs)*

Section 11: Would insert the “Traditional support services” definition as described in Section 1.

Section 12: Would insert revised acute treatment and stabilization provisions. Would apply as described in Section 2, the medically necessary acute treatment services, medically necessary clinical stabilization services and medically necessary transitional support services coverage requirement, discharge plan requirement, utilization review procedures and substance abuse evaluation coverage requirement to an individual or group health maintenance contract that is issued or renewed in Massachusetts.

Section 13: Would require the Center for Health Information and Analysis (CHIA) in consultation with the Division of Insurance (DOI), DPH, the Office of Medicaid (MassHealth), and the Health Policy Commission (HPC) to conduct reviews on the 14-day mandated coverage of acute treatment services, clinical stabilization services and the long-term effects of the increase in covered days from 14 days to 30 days. Would require the review to focus on the following:

- (i) The continuum of care for substance-use disorder treatment
- (ii) Access to the continuum of care for patients eligible for MassHealth and DPH programs
- (iii) Access to the continuum of care for commercially insured patients
- (iv) Any changes in costs to MassHealth, the DPH and health insurance carriers

Would require CHIA to provide an initial report on the 14-day coverage mandate of acute treatment services and clinical stabilization services and a final report not later than October 1, 2026, on the effects of the 30-day coverage mandate.

Section 14: Would mandate Sections 1 - 12 to take effect October 1, 2026.