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The Commonwealth of Massachusetts

JOURNAL OF THE SENATE.

WEDNESDAY, NOVEMBER 17, 2021

[105]

JOURNAL OF THE SENATE

Wednesday, November 17, 2021.

Met at seven minutes past eleven o'clock A.M. (Mr. Brownsberger in the Chair).

The Chair (Mr. Brownsberger), members, guests and staff then recited the pledge of allegiance to the flag. Pledge of allegiance.

Distinguished Guest.

There being no objection, during consideration of the Orders of the Day, the Chair (Mr. Brownsberger) introduced, in the rear of the Chamber, House Majority Leader Claire Cronin. She was recognized as being President Joe Biden's nominee for United States Ambassador to Ireland. The Senate welcomed her with applause and she withdrew from the Chamber. Claire Cronin.

Communication.

Communication from the Department of Public Health relative to its plans of correction for the Plymouth County Correctional Facility inspection on September 30 and October 1, 2021, NCCI Gardner inspection on September 21, 24, 27 and 30, 2021 and Boston Pre-Release Center inspection on October 20, 2021 (received November 15, 2021),-- **was placed on file.** DPH,-- plans of correction. SD2842

Reports.

The following reports were severally received and placed on file, to wit:

Report of the Martha's Vineyard Transit Authority (pursuant to Section 8(g) of Chapter 161B of the General Laws) submitting its financial statements and supplementary information for the year ended June 30, 2021 (received November 15, 2021); VTA,-- auditors' report. SD2841

Report of the Department of Public Health (pursuant to Sections 5, 20 and 21 of Chapter 111 of the General Laws) relative to inspections of Northeastern Correctional Center and Massachusetts Treatment Center (received November 15, 2021); and DPH,-- facility inspections. SD2843

Report of the Executive Office of the Trial Court (pursuant to Section 2(c) of Chapter 257 of the Acts of 2020) submitting its report on filings, actions, and dispositions of summary process (eviction) cases for October 2021 (received November 15, 2021). EOTC,-- summary process report. SD2844

Reports of Committees.

By Ms. Friedman, for the committee on Health Care Financing, on Senate, Nos. 762 and 763 and House, Nos. 1309 and 1310, a Bill to ensure equitable health coverage for children (Senate, No. 762) [Estimated cost: greater than $100,000]; Children,-- equitable health coverage.

By the same Senator, for the same committee, on Senate, No. 768 and House, No. 1266, a Bill to protect medically fragile children (Senate, No. 768) [Estimated cost: greater than $100,000]; MassHealth,-- nursing hours.

By the same Senator, for the same committee, on Senate, Nos. 736, 771, 785, 786, 790, 803 and 804 and House, Nos. 729, 1254, 1272, 1278, 1279, 1307 and 3787, a Bill relative to pharmaceutical access, costs and transparency (Senate, No. 771) [Estimated cost: greater than $100,000]; Pharmacy,-- cost and transparency.

By the same Senator, for the same committee, on Senate, Nos. 738 and 799 and House, No. 1297, a Bill relative to expanding equitable access to maternal postpartum care (Senate, No. 2583) [Estimated cost: greater than $100,000]; Postpartum care,-- access.

By Mr. Pacheco, for the committee on State Administration and Regulatory Oversight, on petition, a Bill improving government accountability (Senate, No. 2096); Government accountability.

By the same Senator, for the same committee, on petition, a Bill relative to protecting the taxpayers of the Commonwealth (Senate, No. 2097); and Taxpayers,-- protection.

By the same Senator, for the same committee, on petition, a Bill relative to calculation full costs for public construction (Senate, No. 2100); Public construction,-- costs.

Severally read and, under Senate Rule 27, referred to the committee on Ways and Means.

By Mr. Pacheco, for the committee on State Administration and Regulatory Oversight, on petition, a Bill to ensure LGBTQ representation within the Massachusetts Commission Against Discrimination (Senate, No. 2068); MCAD,-- membership.

By the same Senator, for the same committee, on petition, a Bill creating the official shellfish of the Commonwealth (Senate, No. 2099); and Quahog,-- official shellfish.

By the same Senator, for the same committee, on petition, a Bill relative to the observance of School Custodian Day (Senate, No. 2126); School Custodian Day.

Severally read and, under Senate Rule 26, referred to the committee on Rules.

PAPERS FROM THE HOUSE.

Petitions were severally referred, in concurrence, as follows, to wit:

Petition (accompanied by bill, House, No. 4246) of Meghan Kilcoyne (by vote of the town) that the town of Clinton be authorized to grant an additional license for the sale of all alcoholic beverages not to be drunk on the premises in said town; Clinton,-- liquor license.

To the committee on Consumer Protection and Professional Licensure.

Petition (accompanied by bill, House, No. 4247) of Meghan Kilcoyne (by vote of the town) that the town of Clinton be authorized to recognize certain streets as public ways; Clinton,-- public ways.

To the committee on Municipalities and Regional Government.

Petition (accompanied by bill, House, No. 4258) of Mathew J. Muratore, Susan L. Moran and others (by vote of the town) relative to the appointment of police officers in the town of Plymouth; Plymouth,-- police officers.

To the committee on Public Service.

A Bill relative to school operational efficiency (House, No. 596, amended,-- on petition),-- **was read and, under Senate Rule 27, referred to the committee on Ways and Means.** School operational efficiency.

Bills

Further regulating the powers of the town manager in the town of North Andover (House, No. 2190,-- on Senate, No. 1330) [Local approval received on Senate, No. 1330 and House, No. 2190]; North Andover,-- town manager.

Relative to changing the name of the board of selectmen in the town of Norwell (House, No. 3916,-- on petition) [Local approval received]; Norwell,-- board of selectmen.

Establishing an open town meeting in the town of Lee (House, No. 4092,-- on petition) [Local approval received]; Lee,-- open town meeting.

Amending the charter of the town of Medway (House, No. 4259,-- on House, No. 3899) [Local approval received on House, No. 3899]; and Medway,-- charter.

Authorizing the town of Wellesley to grant certain licenses for the sale of alcoholic Wellesley,-- liquor licenses.

beverages (House, No. 4260,-- on House, No. 4115) [Local approval received on House, No. 4115];

Were severally read and, under Senate Rule 26, placed in the Orders of the Day for the next session.

Resolutions.

The following resolutions (having been filed with the Clerk) were severally considered forthwith and adopted, as follows:-

Resolutions (filed by Mr. Collins) "commending Doctor James W. Hunt, Jr., on his 42 years of service to community health centers in the Commonwealth"; and

Doctor James W. Hunt, Jr.

Resolutions (filed by Mr. Collins) "congratulating the Thomas J. Fitzgerald Veterans of Foreign Wars Post 561 on its centennial anniversary."

Thomas J. Fitzgerald Veterans of Foreign Wars Post 561.

Reports of Committees.

Ms. Lovely, for the committee on Rules, reported that the following matter be placed in the Orders of the Day for the next session:

The House Bill authorizing the Hampshire County Regional Housing Authority to convey a certain parcel of land in the town of South Hadley to the South Hadley Housing Authority (House, No. 2144).

South Hadley,-- land conveyance.

There being no objection, the rules were suspended, on motion of Mr. Tarr, and the bill was read a second time, ordered to a third reading, read a third time and passed to be engrossed, in concurrence.

By Mr. Rodrigues, for the committee on Ways and Means, that the House Bill finalizing the transfer of land in the town of Middleton (House, No. 3178),-- ought to pass.

Middleton,-- land transfer.

There being no objection, the rules were suspended, on motion of Mr. Rodrigues, and the bill was read a second time, ordered to a third reading, read a third time and passed to be engrossed, in concurrence, its title having been changed by the committee on Bills in the Third Reading to read as follows: "An Act further regulating the conveyance of certain parcels of land in the town of Middleton".

Emergency Rules – Amended.

Ms. Lovely moved that the previously accepted Report of the Committee on Rules relative to emergency rules governing the 2021-2022 legislative session (Senate, No. 12, amended) be again considered and amended as follows:

Emergency rules.

In section 6, by striking out the words "; provided, however, that all members aside from the President or presiding officer, the chair of the senate committee on ways and means, the minority leader and any additional members designated by the President as necessary to facilitate the efficient operation of the session, including, but not limited to, a chair of relevant jurisdiction, shall be encouraged to participate remotely in session pursuant to section 1 or section 2 and refrain from entering the chamber except to deliver in-person remarks; provided further, that such a member, prior to entering the Senate Chamber to deliver in-person remarks, shall, to the extent feasible, coordinate such delivery of remarks by contacting a staffperson designated by the President. The staffperson shall maintain a list of members who would like to deliver remarks in the Senate Chamber and shall, to the extent feasible, post or otherwise make available to members such list";

In section 7, by striking out the words ", the staff of the senate committee on ways and means and other staff as identified by the President," and inserting in place thereof the

following words:- “and the staff of the senate committee on ways and means, and not more than 1 staffperson of any other member while that member is present in the Senate Chamber”;

In section 8, by striking out the words “, to the extent feasible,”;

In section 11, by inserting after the word “rules” the following words:- “and the ability for members or staff to safely gather to conduct such session”; and

In section 13, by striking out the word “January 1” and inserting in place thereof the following word:- “March 31”.

After remarks, the report was again considered; and the amendment was adopted and the report was again accepted, as amended.

Orders of the Day.

The Orders of the Day were considered, as follows:

Bills

Second reading bills.

Relative to the permanent intermittent police force for the city of Methuen (House, No. 2147);

Relative to the department of public works in the town of Westborough (House, No. 3918);

Relative to utility improvements on private roads in the town of Eastham (House, No. 3986);

Changing the board of selectmen of the town of Sharon to a select board (House, No. 3987); and

Restoring an increase in the membership of the Board of Health in the city of Framingham (House, No. 4084);

Were severally read a second time and ordered to a third reading.

Hopkinton,-- board of selectman.

The Senate Bill amending the charter of the town of Hopkinton to change the name of the board of selectmen to select board (House, No. 4066),-- **was read a second time and ordered to a third reading. The rules were suspended, on motion of Mr. Tarr, and the bill was read a third time and passed to be engrossed, in concurrence.**

Mental health barriers.

The Senate Bill addressing barriers to care for mental health (Senate, No. 1276),-- was read a second time.

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Ms. Creem in the Chair, after remarks and pending the question on adoption of the amendment, previously recommended by the committee on Ways and Means, substituting a new draft with the same title (Senate, No. 2572), and pending the main question on ordering the bill to a third reading, Messrs. Eldridge and Hinds, Ms. Chang-Diaz, Ms. Comerford, Ms. Rausch, Ms. Jehlen, Mr. Gomez and Ms. Moran moved that the proposed new draft be amended by inserting after section 30 the following 2 sections:-

“SECTION 30A. Section 18 of chapter 123 of the General Laws, as appearing in the 2020 Official Edition, is hereby amended by striking out, in lines 27 to 34, inclusive, the words ‘; provided, however, that, notwithstanding the court’s failure, after an initial hearing or after any subsequent hearing, to make a finding required for commitment to the Bridgewater state hospital, the prisoner shall be confined at said hospital if the findings required for commitment to a facility are made and if the commissioner of correction certifies to the court that confinement of the prisoner at the hospital is necessary to insure his continued retention in custody’.

SECTION 30B. Said section 18 of said chapter 123, as so appearing, is hereby further amended by inserting after subsection (a) the following subsection:-

(a ½) (1) For purposes of this subsection, ‘mental health watch’ shall mean a status

intended to protect a prisoner from a risk of imminent and serious self-harm.

(2) A prisoner or a prisoner's legal representative, or a mental health staff person by request of a prisoner, may petition to the district court that has jurisdiction over the prisoner's place of detention or, if the prisoner is awaiting trial, to the court that has jurisdiction of the criminal case to be transferred to a suitable inpatient psychiatric facility or unit licensed or operated by the department of mental health or to Bridgewater state hospital. The court may order the prisoner's requested transfer if the prisoner: (i) has been on mental health watch for at least 24 hours; or (ii) is at serious risk of imminent and serious self-harm. A transfer ordered under this subsection shall only be ordered to Bridgewater state hospital if: (i) the prisoner is male and no bed is available in a timely manner at a unit licensed or operated by the department of mental health; or (ii) (A) the prisoner is not a proper subject for commitment to an inpatient psychiatric facility or unit licensed or operated by the department of mental health; and (B) the failure to retain the prisoner in strict custody would create a likelihood of serious harm. When a prisoner has been on mental health watch for 24 hours, and once every 24 hours thereafter that the prisoner remains on mental health watch, a member of the mental health staff of the place of detention shall advise the prisoner of the prisoner's right to petition under this subsection and ask the prisoner if the prisoner would like a mental health staff person to petition on the prisoner's behalf. If the prisoner requests, either orally or in writing, that a mental health staff person petition under this subsection, a mental health staff person shall file a petition with the appropriate court within 8 hours. If the prisoner, a prisoner's legal representative or a mental health staff person files a petition in a court that lacks jurisdiction under this subsection, the clerk of the court shall, as soon as is practicable, determine the court with jurisdiction and forward the petition to that court for adjudication. The court may order periodic reviews of transfers under this subsection."

After remarks, the amendment was adopted.

Ms. Jehlen moved that the proposed new draft be amended by inserting after section 22 the following section:- 6

"SECTION 22A. Section 80I of chapter 112, as appearing in the 2020 Official Edition, is hereby amended by inserting after the figure '80B', in line 5, the following words:- or a psychiatric nurse mental health clinical specialist."

After remarks, the amendment was adopted.

Mr. Cronin moved that the proposed new draft be amended in section 52, in line 1558, by striking the figure "16" and inserting in place thereof the following figure:- "17"; and in said section 52, in line 1568, by inserting after the words "Behavioral Health Systems, Inc.;" the following words:- "1 of whom shall be a representative of the Massachusetts Health and Hospital Association;". 8

After remarks, the amendment was adopted.

Messrs. Lesser and O'Connor moved that the proposed new draft be amended by adding the following section:- 10

"SECTION XX. Section 25N ½ of Chapter 111 of the General Laws is hereby amended by striking subsection (b) and inserting in place thereof the following subsection:-

(b) Pursuant to regulations to be promulgated by the health care workforce center, there shall be established a primary care and family medicine residency grant program for the purpose of financing the training of primary care providers and family physicians at teaching community health centers. Eligible applicants shall include teaching community health centers accredited through affiliations with a commonwealth-funded medical school or licensed as part of a teaching hospital with a residency program in family medicine and teaching health centers that are the independently accredited sponsoring organization for the residency program and whose residents are employed by the health center. Eligible

residency programs shall be accredited by the Accreditation Council for Graduate Medical Education.

To receive funding, an applicant shall: (1) include a review of recent graduates of the community health center's residency program, including information regarding what type of practice said graduates are involved in 2 years following graduation from the residency program; and (2) achieve a threshold of at least 95 per cent for the percentage of graduates practicing primary care within 2 years after graduation. Graduates practicing more than 50 per cent inpatient care or more than 50 per cent specialty care as listed in the American Medical Association Masterfile shall not qualify as graduates practicing primary care.

The health care workforce center shall require applicants to include the following information and give preference to those applicants whom meet at least one of the following criteria: (1) Have a proven record of placing graduates in areas of unmet need; (2) Have a record or written plan of attracting and admitting underrepresented minorities and/or economically disadvantaged groups; or (3) host their programs and/or clinical training sites in areas of unmet need.

Awardees of the primary care residency grant program shall offer a 3 to 4 year residency program and maintain their teaching accreditation as either an independent teaching community health center or as a teaching community health center accredited through affiliation with a commonwealth-funded medical school or licensed as part of a teaching hospital. All resident trainees shall be assigned as the primary care provider of a continuity panel of patients and see those patients in that location no less than 40 weeks per academic year for each of the years of the residency.

The health care workforce center shall determine through regulation grant amounts per full-time resident provided grant amounts per resident are no less than 85% of the average CMS annual reimbursement rate per year and funding is provided for all of the 3 or 4 year residency. Funds for such grants shall come from the Health Care Workforce Transformation Fund established under section 2FFFF of chapter 29."

The amendment was *rejected.*

Messrs. Lesser and Gomez, Ms. Gobi and Mr. O'Connor moved that the proposed new draft be amended by adding the following section:- 11

"SECTION XX. Notwithstanding any general or special laws to the contrary, there shall be established a commission to study the disproportionate impact substance use disorders and overdoses have on the minority community of the commonwealth and corresponding disparities in substance use disorder treatment access. The commission shall: (1) review current data and trends regarding substance use and overdose rates, disparities in treatment access, and corresponding causes in the minority community; (2) evaluate the effectiveness of current treatment interventions within minority communities; (3) identify barriers to accessing treatment, including lack of necessary resources, education, access and training to medical needs, and the need for culturally appropriate care and intervention; and (4) recommend evidence-based strategies to reduce overdose deaths and to improve access, treatment, and education in the minority community.

The commission shall consist of the following members or a designee: the secretary of health and human services, who shall serve as chair; the commissioner of the department of public health; a representative of the Bureau of Substance Addiction Services; and 8 members appointed by the governor, 2 of whom shall be representatives from advocacy organizations with expertise in substance use disorders and treatment, 2 of whom shall be representatives from advocacy organizations with expertise in racial disparities in health care, 1 of whom shall be a representative of community health centers located in a culturally diverse location, 1 of whom shall be a provider primarily serving the minority community, 1 of whom shall be an expert in substance use disorder treatment with a focus on the minority community, and 3 of whom shall be representatives of geographically

diverse organizations that promote the well-being of culturally diverse populations through culturally competent behavioral health.

The commission shall file its report, including any recommendations, with the clerks of the senate and house of representatives, the joint committee on mental health, substance use and recovery and the house and senate committees on ways and means not later than 1 year after the effective date of this act and, subsequent to the initial report, annually not later than January 1 of each year."

The amendment was *rejected.*

Ms. Comerford, Ms. Rausch, Ms. Jehlen and Mr. Eldridge moved that the proposed new draft be amended in section 14, by inserting at the end the following new subsection:- 13

"(e) The commissioner shall, upon receipt of an annual report submitted pursuant to subsection (a), provide the annual report to the attorney general. The commissioner shall, upon request by the attorney general, provide to the attorney general: (1) the comparative analyses and related information described in 42 U.S.C. § 300gg-26(a)(8)(A); and (2) any findings that may be shared with the commissioner pursuant to 42 U.S.C. § 300gg-26(a)(8)(C)(iii), 29 U.S.C. § 1185a(a)(8)(C)(iii) and 26 U.S.C. § 9812(a)(8)(C)(iii)."

After remarks, the amendment was adopted.

Ms. Comerford, Messrs. Eldridge, Timilty and Gomez, Ms. Rausch, Ms. Jehlen and Messrs. Montigny and O'Connor moved that the proposed new draft be amended by inserting after section 39 the following section:- 15

"SECTION 39A. Section 1 of chapter 176O of the General Laws is hereby amended by inserting after the definition of 'Concurrent review' the following definition:-

'Continuing course of treatment', having at least 1 visit in the past 4 months for the same or similar mental health diagnosis or set of symptoms."; and by inserting after section 47 the following sections:

"SECTION 47A. Subsection (e) of section 15 of said chapter 176O is hereby amended by striking out the words 'that could have been imposed if the provider had not been disenrolled;' and inserting in place thereof the following words:- permitted under this section;.

SECTION 47B. The second sentence of said subsection (e) of said section 15 of said chapter 176O is hereby further amended by striking out the word 'remained' and inserting in place thereof the following words:- 'had been'.

SECTION 47C. Section 15 of said chapter 176O is hereby further amended by adding after subsection (k) the following subsection:-

(l) A carrier shall allow any insured who is engaged in a continuing course of treatment with a licensed mental health provider eligible for coverage under the plan, and whose provider in connection with the mental health treatment is involuntarily or voluntarily disenrolled, other than for quality-related reasons or for fraud, or whose carrier has changed for any reason thereby placing the provider out-of-network, to continue treatment with the provider through an out-of-network option, pursuant to the following:

(1) The carrier shall reimburse the licensed mental health care professional the usual network per-unit reimbursement rate for the relevant service and provider type as payment in full. If more than one reimbursement rate exists, the carrier shall use the median reimbursement rate.

(2) The non-network option may require that a covered person pay a higher co-payment only if the higher co-payment results from increased costs caused by the use of a non-network provider. The carrier shall provide an actuarial demonstration of the increased costs to the division of health care finance and policy at the commissioner's request. If the increased costs are not justified, the commissioner shall require the carrier to recalculate the appropriate costs allowed and resubmit the appropriate co-payment to the division of health care finance and policy.

(3) No additional charges, costs or deductibles may be levied due to the exercise of the out-of-network option. The amount of any additional co-payment charged by the carrier for the additional cost of the creation and maintenance of coverage described in subsection (1) shall be paid by the covered person unless it is paid by an employer or other person through agreement with the carrier.

(4) The commissioner may by regulation limit the amount of time that an insured may continue treatment with the provider through an out-of-network option under this section; provided, that any time limit shall be consistent with recommendations made by the office of behavioral health promotion established under section 16DD of chapter 6A. In making its recommendations, the office shall prioritize the needs of people accessing mental health care and shall seek to improve care quality and health outcomes. Before making its recommendations, the office shall convene a listening session to receive evidence and opinions from mental health clinicians, organizations representing people receiving mental health treatment, insurers, and members of the public."

The amendment was *rejected*.

16 Ms. Comerford, Messrs. Feeney and Tarr, Ms. Gobi, Ms. Rausch and Messrs. Timilty, Gomez and O'Connor moved that the proposed new draft be amended by inserting at the end the following 3 sections:-

"SECTION X. Chapter 71 of the General Laws is hereby amended by inserting after section 37S the following section:-

Section 37T. A public school, including a charter school, that serves students in any of grades 7 to 12, inclusive, that issues student identification cards shall include on the student identification cards the telephone number for the National Suicide Prevention Lifeline, Crisis Text Line, and the school's campus police or security telephone number or, if the school does not have a campus police or security telephone number, the local nonemergency telephone number. This section shall apply to a student identification card issued to a new student and to a student identification card issued to replace a student's damaged or lost student identification card at the request of that student.

SECTION X. Chapter 73 of the General Laws is hereby amended by inserting after section 20 the following section:-

Section 21. A public or private institution of higher education that issues student identification cards shall include on the student identification cards the telephone number for the National Suicide Prevention Lifeline, Crisis Text Line, and the school's campus police or security telephone number or, if the school does not have a campus police or security telephone number, the local nonemergency telephone number. This section shall apply to a student identification card issued to a new student and to a student identification card issued to replace a student's damaged or lost student identification card at the request of that student.

SECTION X. Section 37T of chapter 71 of the General Laws and section 21 of chapter 73 of the General Laws shall take effect on August 1, 2022. As of that date, a school subject to said section 37T or a state university or community college subject to said section 21 that has a supply of unissued student identification cards that do not comply with the requirement of said sections may issue those non-compliant student identification cards to students until that supply is depleted."

The amendment was *rejected.*

17 Ms. Comerford and Ms. Gobi moved that the proposed new draft be amended in section 1, in line 24, by inserting after the words "chapter 66." the following sentence:- "In designing the portal, the secretary shall take into account the needs of residents in rural communities and those without access to broadband internet service.".

The amendment was *rejected.*

18 Mr. Collins moved that the proposed new draft be amended by inserting after section

XX the following:-

"SECTION XX. Section 22 of Chapter 32A is hereby amended by adding at the end thereof the following:- or a licensed occupational therapist or occupational therapy assistant.

SECTION XX. Section 47B of Chapter 175 is hereby amended by adding at the end thereof the following:- or a licensed occupational therapist or occupational therapy assistant.

SECTION XX. Section 8A of Chapter 176A is hereby amended by adding at the end thereof the following:- or a licensed occupational therapist or occupational therapy assistant.

SECTION XX. Section 4A of Chapter 176B is hereby amended by adding at the end thereof the following:- or a licensed occupational therapist or occupational therapy assistant.

SECTION XX. Section 4M of Chapter 176G is hereby amended by adding at the end thereof the following:- or a licensed occupational therapist or occupational therapy assistant."

The amendment was *rejected.*

Mr. Eldridge, Ms. Rausch and Mr. O'Connor moved that the proposed new draft be 21
amended by inserting after section 58 the following section:-

"SECTION XX. Chapter 127 of the General Laws is hereby amended by inserting after section 39H the following section:-

Section 39I. The department of mental health shall promulgate regulations with the following requirements upon state and county correctional facilities: (1) Have a written suicide prevention and suicide response policy; (2) Establish a mental health suicide watch chain of command supervised by mental health clinical supervisory staff; (3) Ensure that all persons on mental health watch status are housed in clinically-appropriate settings and are provided constant 1-on-1 supervision; (4) Ensure that all incarcerated persons needing mental health care receive confidential mental health treatment that is consistent with generally accepted professional standards for mental health treatment in the community; (5) Ensure personal dignity of incarcerated persons, except as limited by a qualified mental health professional based on daily individual assessment, including but not limited to these protections: (i) Ensure that prisoners are fully clothed, in clothing that is substantially similar to that which is worn by the general population; (ii) Provide menstruating prisoners with appropriate personal hygiene supplies throughout the duration of their menstrual cycle; (iii) Provide prisoners on mental health watch with a minimum of 2 blankets of the same or of substantially similar quality to blankets provided in the general population; (iv) Offer prisoners who have been placed on mental health watch time out of cell indoors or outdoors, in accordance with the prisoner's preference, at least once daily; and (v) Allow prisoners the right to personal possessions; (6) Conduct independent reviews of completed suicides, attempted suicides, and incidents of self-harm, make recommendations for remediation after each incident, and document implementation of said recommendations; and (7) Prohibit a correctional officer from future mental health watch duty if the correctional officer is found to be in violation of the written suicide prevention policy."

The amendment was *rejected.*

Messrs. Crighton, Tarr and Eldridge moved that the proposed new draft be amended 24
in section 53, by inserting after the words "Massachusetts Organization for Addiction Recovery, Inc.;" the following words:- "1 member who identifies as having lived experience of mental health or substance use treatment; 1 family member of a person being treated for a mental health or substance use disorder;".

After remarks, the amendment was adopted.

Messrs. Tarr and O'Connor moved that the proposed new draft be amended by striking 25

in section 6 line 139 the number “5” and inserting in place thereof the following:-“3”.

After remarks, the amendment was adopted.

Recess.

Recess.

There being no objection, at eight minutes before two o’clock P.M., the Chair (Ms. Creem) declared a recess, subject to the call of the Chair; and at seventeen minutes past three o’clock P.M., the Senate reassembled, Ms. Creem in the Chair (having been appointed by the President, under authority conferred by Senate Rule 4, to perform the duties of the Chair).

There being no objection, during consideration of the Orders of the Day, the following matters were considered, as follows:

PAPERS FROM THE HOUSE.

Congressional districts.

A Bill establishing Congressional districts (printed in House, No. 4256,-- being the interim report of the special joint committee on redistricting),-- was read.

There being no objection, the rules were suspended, on motion of Mr. Brownsberger, and the bill was read a second time, ordered to a third reading and read a third time.

After debate, the question on passing the bill to be engrossed was determined by a call of the yeas and nays, at eight minutes before four o’clock P.M., on motion of Mr. Brownsberger, as follows, to wit (yeas 26 – nays 13) **[Yeas and Nays No. 111]:**

YEAS.

Barrett, Michael J.	Gobi, Anne M.
Brady, Michael D.	Gomez, Adam
Brownsberger, William N.	Keenan, John F.
Collins, Nick	Kennedy, Edward J.
Comerford, Joanne M.	Lesser, Eric P.
Creem, Cynthia Stone	Lewis, Jason M.
Crighton, Brendan P.	Lovely, Joan B.
Cronin, John J.	Moore, Michael O.
DiDomenico, Sal N.	Moran, Susan L.
Fattman, Ryan C.	O'Connor, Patrick M.
Feeney, Paul R.	Rush, Michael F.
Finegold, Barry R.	Spilka, Karen E.
Friedman, Cindy F.	Velis, John C. − **26.**

NAYS.

Chandler, Harriette L.	Montigny, Mark C.
Chang-Diaz, Sonia	Pacheco, Marc R.
Cyr, Julian	Rausch, Rebecca L.
DiZoglio, Diana	Rodrigues, Michael J.
Eldridge, James B.	Tarr, Bruce E.
Hinds, Adam G.	Timilty, Walter F. − **13.**
Jehlen, Patricia D.	

The yeas and nays having been completed at three minutes past four o’clock P.M., the bill was passed to be engrossed, in concurrence.

Councillor districts.

A Bill establishing councillor districts (printed in House, No. 4257,-- being the interim report of the special joint committee on redistricting),-- was read.

There being no objection, the rules were suspended, on motion of Mr. Brownsberger, and the bill was read a second time, ordered to a third reading, read

a third time and passed to be engrossed, in concurrence.

Engrossed Bills.

The following engrossed bills (both of which originated in the House), having been certified by the Senate Clerk to be rightly and truly prepared for final passage, were severally passed to be enacted and were signed by the Acting President (Ms. Creem) and laid before the Governor for his approbation, to wit:

Bills laid before the Governor.

Authorizing the Hampshire County Regional Housing Authority to convey a certain parcel of land in the town of South Hadley to the South Hadley Housing Authority (see House, No. 2144); and

Amending the charter of the town of Hopkinton to change the name of the board of selectmen to select board (see House, No. 4066).

Orders of the Day.

The Orders of the Day were further considered, as follows:

Mental health barriers.

The Senate Bill addressing barriers to care for mental health (Senate, No. 1276),-- was further considered, the main question being on ordering the bill to a third reading.

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Messrs. Crighton and Tarr and Ms. Lovely moved that the pending new draft be amended by inserting after section 57 the following section:-

"SECTION 57A. There shall be a special commission to review and make recommendations on reducing, streamlining or eliminating barriers to accessing mental health care services, without decreasing care quality, patient safety or program integrity in the commonwealth.

The commission shall consist of the following members or their designees: the secretary of health and human services, who shall serve as chair; the commissioner of insurance; the assistant secretary for MassHealth; the commissioner of public health; the director of the division of health professions licensure; the commissioner of mental health; the chair of the board of registration in medicine; a representative of the Massachusetts Association for Mental Health, Inc.; a representative of the Children's Mental Health Campaign; a representative of the National Alliance on Mental Illness of Massachusetts, Inc.; a representative of the Association for Behavioral Healthcare, Inc; a representative of the Massachusetts League of Community Health Centers, Inc.; a representative of the Massachusetts Health and Hospital Association, Inc.; a representative of Blue Cross and Blue Shield of Massachusetts, Inc.; a representative of the Massachusetts Association of Health Plans, Inc.; a representative of the Massachusetts Psychiatric Society, Inc.; a representative of the Massachusetts Psychological Association, Inc.; a representative of the National Association of Social Workers, Inc.; a representative of the MAAPPN Massachusetts Association of Advanced Practice Psychiatric Nurses, Inc.; a representative of the Massachusetts Mental Health Counselors Association, Inc.; and a representative of the Massachusetts Medical Society.

The commission shall review the barriers to accessing mental health care services, including, but not limited to: (i) administrative tasks that may divert mental health providers' time and attention from patient care, including credentialing, billing and reimbursement processes; (ii) the impact of public and private insurance carriers' utilization management policies, including, but not limited to, prior authorization, utilization review, medical necessity standards and clinical guidelines, on patient care delivery; (iii) the payment rates, payment structures and methods of payment for mental health care services; and (iv) the reasons that mental health providers do not accept public or private insurance and the ways to incentivize the acceptance of such insurance. The commission shall report its findings and submit recommendations to the clerks of the

senate and house of representatives, the joint committee on mental health, substance use and recovery and the joint committee on health care financing not later than 1 year from the effective date of this act. The executive office shall also make the report publicly available on its website."

After remarks, the amendment was adopted.

Messrs. Cronin, Eldridge and O'Connor moved that the pending new draft be amended by adding the following section:- 30

"SECTION XX. Chapter 176O, is hereby amended by striking out section 19 and inserting in place thereof the following section:-

Section 19. Display of information on enrollment cards of carrier

(a) A carrier shall state prominently on the front or back of its enrollment cards the following: (1) The statement 'This health plan is fully-insured, subject to all Massachusetts insurance laws.' (2) The name of the carrier, and the name of the insured's specific health plan, including any numbers or other information necessary to identify the insured's plan.

(3) A toll-free telephone number for the member services department of the carrier.

(4) The name and toll-free telephone number of the member services department of any third party that administers behavioral health, prescription drug, or other benefits.

(5) The amount of any copayment under the plan for preventive care visits, office visits, emergency department visits and prescription drugs. (6) Whether the plan has a deductible, and the amount of any deductible under the plan. (7) Any other information required by the commissioner of insurance."

The amendment was *rejected*.

Ms. Moran, Messrs. Feeney and Cronin, Ms. Comerford, Ms. Rausch, Messrs. Eldridge, Timilty and Gomez, Ms. Chang-Diaz and Messrs. Crighton, O'Connor, Collins and Tarr moved that the pending new draft be amended in section 2, by inserting after proposed section 16EE the following section:- 26-

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

'Community behavioral health centers', organizations that are designated by the executive office of health and human services, licensed clinics that hold a contract with the department of mental health to provide community-based mental health services and other licensed clinics designated by the department of public health.

'Community crisis stabilization program', a program providing crisis stabilization services with the capacity for diagnosis, initial management, observation, crisis stabilization and follow-up referral services to all persons in a home-like environment, including, but not limited to, emergency service providers and restoration centers.

(b) The secretary of health and human services shall designate at least 1 988 crisis hotline center to provide crisis intervention services and crisis care coordination to individuals accessing the federally-designated 988 suicide prevention and behavioral health crisis hotline that shall operate 24 hours a day, 7 days a week.

(c) A 988 crisis hotline center shall: (i) meet the United States Department of Health and Human Services' Ambulatory Behavioral Health System standards and the National Suicide Prevention Lifeline requirements and best practices guidelines for operational and clinical standards; (ii) provide data, report and participate in evaluations and related quality improvement activities as required by the United States Department of Health and Human Services'; (iii) utilize technology, including, but not limited to, chat and text capabilities, that is interoperable between and across crisis and emergency response systems and services, including 911 and 211, as necessary; (iv) have the authority to deploy crisis and outgoing services, including mobile behavioral health crisis responders, and coordinate access to crisis triage, evaluation and counseling services, community crisis stabilization programs or other resources as appropriate; (v) maintain standing partnership agreements

with community behavioral health centers and other behavioral health programs and facilities, including programs led by individuals who are or were consumers of mental health or substance use disorder supports or services; (vi) coordinate access to crisis evaluation, counseling, receiving and stabilization services for individuals accessing the 988 suicide prevention and behavioral health crisis hotline through appropriate information sharing regarding availability of services; (vii) have the capability to serve high-risk and specialized populations including, but not limited to, people with co-occurring substance use and mental health conditions and people with autism spectrum disorders or intellectual or developmental disabilities; (viii) have the capability to serve people of diverse races, ethnicities, ages, sexual orientations and gender identities with linguistically and culturally competent care; (ix) have the capability to provide crisis and outgoing services within a reasonable time period in all geographic areas of the commonwealth; and (x) provide follow-up services to individuals accessing the 988 suicide prevention and behavioral health crisis hotline.

(d) (1) There shall be a state 988 commission within the executive office of health and human services to provide ongoing strategic oversight and guidance in all matters regarding 988 service in the commonwealth.

(2) The commission shall review national guidelines and best practices and make recommendations for implementation of a statewide 988 suicide prevention and behavioral health crisis system in the commonwealth, including any legislative or regulatory changes that might be needed for 988 implementation and recommendations for funding that may include the establishment of user fees. The commission shall also advise on promoting the 988 number including, but not limited to, recommendations for including information about calling 988 on student identification cards and on signage in locations where there have been known suicide attempts.

(3) The commission shall consist of: the secretary of health and human services or their designee, who shall serve as chair; the secretary of public safety and security or their designee; the commissioner of mental health or their designee; the commissioner of public health or their designee; the executive director of the Massachusetts Behavioral Health Partnership or their designee; the executive director of the state 911 department or their designee; the executive director of Mass 2-1-1 or their designee; a representative designated by the Massachusetts Chapter of the National Association of Social Workers, Inc.; a 911 dispatcher designated by the Massachusetts Association of Police Chiefs; an emergency medical technician or first responder nominated by the Massachusetts Ambulance Association, Incorporated; and the following members appointed by the chair: 1 representative from an emergency service provider nominated by the Association for Behavioral Healthcare, Inc.; 1 representative from the Association for Behavioral Healthcare, Inc.; 1 representative from a suicide prevention hotline in the commonwealth nominated by the Samaritans, Inc.; 1 representative from the Riverside Community Care, Inc. MassSupport program; 1 representative from the Massachusetts Coalition for Suicide Prevention; 1 representative from the Children's Mental Health Campaign; 1 representative from the INTERFACE Referral Service at William James College, Inc.; 1 representative from the National Alliance on Mental Illness of Massachusetts, Inc.; 1 representative from the Parent/Professional Advocacy League, Inc.; 1 representative from the Massachusetts Association for Mental Health, Inc.; 1 representative from the Boston branch of the National Association for the Advancement of Colored People; 1 representative from the American Civil Liberties Union of Massachusetts, Inc.; 1 representative from the mental health legal advisors committee; and 3 individuals who are or have been consumers of mental health or substance use disorder supports or services. Every reasonable effort shall be made to ensure representation from all geographic areas of the commonwealth.

(4) Annually, not later than March 1, the commission shall submit its findings and recommendations to the clerks of the senate and house of representatives, the joint committee on mental health, substance use and recovery and the joint committee on health care financing."; and

By adding the following section:-

"SECTION 59. Subsection (b) of section 16FF chapter 6A of the General Laws shall take effect on July 16, 2022; provided, however, that the secretary of health and human services may designate 1 or more 988 crisis hotline centers before July 16, 2022."

After remarks, the question on adoption of the amendment was determined by a call of the yeas and nays, at twenty-five minutes past four o'clock P.M., on motion of Ms. Moran, as follows, to wit (yeas 38 – nays 0) **[Yeas and Nays No. 112]:**

YEAS.

Barrett, Michael J.	Gomez, Adam
Brady, Michael D.	Hinds, Adam G.
Brownsberger, William N.	Jehlen, Patricia D.
Chandler, Harriette L.	Keenan, John F.
Chang-Diaz, Sonia	Kennedy, Edward J.
Collins, Nick	Lesser, Eric P.
Comerford, Joanne M.	Lewis, Jason M.
Creem, Cynthia Stone	Lovely, Joan B.
Crighton, Brendan P.	Montigny, Mark C.
Cronin, John J.	Moore, Michael O.
Cyr, Julian	Moran, Susan L.
DiDomenico, Sal N.	O'Connor, Patrick M.
DiZoglio, Diana	Pacheco, Marc R.
Eldridge, James B.	Rausch, Rebecca L.
Fattman, Ryan C.	Rodrigues, Michael J.
Feeney, Paul R.	Rush, Michael F.
Finegold, Barry R.	Tarr, Bruce E.
Friedman, Cindy F.	Timilty, Walter F.
Gobi, Anne M.	Velis, John C. – **38.**

NAYS – 0.

The yeas and nays having been completed at twenty-six minutes before five o'clock P.M., the amendment was adopted.

There being no objection, during consideration of the Orders of the Day, the following matters were considered, as follows:

PAPERS FROM THE HOUSE.

Savoy,-- easement.

Mr. Brownsberger in the Chair, a Bill authorizing the Division of Capital Asset Management and Maintenance to convey a certain easement in the town of Savoy (House, No. 4251,-- on House, No. 4088),-- was read.

There being no objection, the rules were suspended, on motion of Ms. Rausch, and the bill was read a second time, ordered to a third reading and read a third time.

Mr. Rodrigues, for the committee on Bills in the Third Reading, reported, asking to be discharged from further consideration of the matter.

The report was accepted.

The bill was then passed to be engrossed, in concurrence.

Genocide education.

The Senate Bill concerning genocide education (Senate, No. 2557),-- came from the House passed to be engrossed, in concurrence, *with an amendment* striking out all after the enacting clause and inserting in place thereof the text contained in House document numbered 4249; and by inserting before the enacting clause the following emergency preamble:

"*Whereas*, The deferred operation of this act would tend to defeat its purpose, which is to ensure every school district provides instruction on the history of genocide, therefore it is hereby declared to be an emergency law, necessary for the immediate preservation of the public convenience.".

The rules were suspended, on motion of Mr. Rodrigues, and the House amendment was considered forthwith and adopted, in concurrence.

Orders of the Day.

The Orders of the Day were further considered, as follows:

Mental health barriers.

The Senate Bill addressing barriers to care for mental health (Senate, No. 1276),-- was further considered, the main question being on ordering the bill to a third reading.

34

Messrs. Montigny, Feeney and Tarr, Ms. Gobi, Mr. O'Connor and Ms. Lovely moved that the pending new draft be amended by inserting after section 22 the following section:-

"SECTION 22A. Chapter 112 of the General Laws is hereby amended by inserting after section 65F the following section:-

Section 65G. (a) As used in this section, the following words shall have the following meanings unless the context clearly requires otherwise:

'Applicant', a licensed health care professional who applies to participate in the program in compliance with subsection (f).

'Board of registration', a board of registration serving in the department pursuant to section 9 of chapter 13 or under the supervision of the commissioner pursuant to section 1.

'Commissioner', the commissioner of public health.

'Department', the department of public health.

'License', a license, registration, authorization or certificate issued by a board of registration.

'Licensed health care professional', any individual who holds a license

'Licensing board', a board of registration that has issued a license.

'Participant', a licensed health care professional that has been admitted into the program under this section.

'Program', the voluntary program established by the department under paragraph (1) of subsection (b)

'Record of participation', the materials received and reviewed by the program's director, rehabilitation evaluation committee or a licensing board in connection with the application of a licensed health care professional for admission into the program and in connection with the progress of a participant during the program and compliance with an individualized rehabilitation plan.

(b)(1) The department shall establish, within the bureau of health professions licensure, a voluntary program for monitoring the rehabilitation of licensed health care professionals who have a mental health diagnosis or substance use disorder.

(2) A board of registration that is required to establish a similar rehabilitation program by another requirement in this chapter shall fulfill that requirement by formally adopting the bureau's program in lieu of establishing its own.

(c) (1) There shall be an advisory committee to assist the department in the development and implementation of the program. The committee shall consist of not less

than the following members or their designees: the commissioner, who shall serve as chair; the director of the bureau of health professions licensure; and 9 members appointed by the commissioner, 1 of whom shall have expertise in the treatment of health professionals with a mental health diagnosis or substance use disorder, 1 of whom shall be a representative of the Massachusetts Nurses Association, 1 of whom shall be a representative of Local 509 Service Employees International Union; 1 of whom shall be a representative of Local 1199 Service Employees International Union, 1 of whom shall be a representative of the Massachusetts Chapter of the National Association of Social Workers, Inc., 1 of whom shall be a representative of the Massachusetts Association of Physician Assistants, Inc., 1 of whom shall be a representative of the Massachusetts Dental Society, 1 of whom shall be a representative of the Massachusetts Pharmacists Association Foundation, Inc. and 1 of whom shall be a representative of the Massachusetts Health and Hospital Association, Inc.; provided, however, that the commissioner may appoint additional members as the commissioner determines necessary.

(2) The committee shall: (i) review data, medical literature and expert opinions on the prevalence of mental health diagnoses and substance use disorders among licensed health professionals; (ii) make estimates regarding the number of licensed health professionals in the commonwealth who could potentially benefit from participation in the program; (iii) examine the effectiveness of the rehabilitation program for registered pharmacists, pharmacy interns and pharmacy technicians established in section 24H and the rehabilitation program for nurses established in section 80F, including, but not limited to, overall trends in enrollment, completion rates, failure rates, program design, eligibility criteria, application requirements, wait times for admissions, program duration, conditions of participation, penalties for non-compliance, privacy and confidentiality protections and return-to-work restrictions; (iv) identify best practices in voluntary, alternative-to-discipline rehabilitation programs that have been adopted by other states and any opportunities to modernize standards in the commonwealth; and (v) make recommendations to the department regarding eligibility criteria for admission into the program and the attributes necessary for the program to expand its access to licensed health professionals, minimize stigma and other deterrents to participation, increase participation and completion rates, facilitate the successful return of participants to professional practice and enhance public health and safety, including, but not limited to, the size, scope and design of the program, the level of staffing and other resources necessary to adequately operate the program and protocols to ensure that the rehabilitation evaluation committee established in subsection (d) performs its duties in a timely fashion.

(d) (1) There shall be a rehabilitation evaluation committee. The committee shall consist of the following members to be appointed by the commissioner: 1 member who shall be a medical doctor or advanced practice registered nurse with experience in the treatment of mental health diagnoses or substance use disorders; 3 members who shall be licensed health care professionals with demonstrated experience in the field of mental health or substance use disorders; 1 member who shall be a licensed health care professional in recovery from substance use disorder for not less than 5 years; and 2 members who shall be individuals who are or were consumers of mental health or substance use disorder services. Three members of the committee shall constitute a quorum. The committee shall elect a chair and a vice chair from its membership. Members of the committee shall serve for terms of 4 years. No member shall be appointed or reappointed to the committee who is licensed to practice by a board of registration and has had any disciplinary or enforcement action taken against them by their respective licensing board during the 5 years preceding their appointment or reappointment to the committee. No current member of any board of registration shall serve on the committee. Meetings of the committee shall not be subject to sections 18 to 25, inclusive, of chapter 30A.

(2) The rehabilitation evaluation committee shall: (i) receive and review information concerning participants in the program; (ii) evaluate licensed health care professionals who request to participate in the program and provide recommendations regarding the admission of such licensed health care professionals; (iii) review and designate treatment facilities and services to which participants may be referred; (iv) make recommendations for each participant as to whether the participant may continue or resume professional practice within the full scope of the participant's license; and (v) make recommendations for an individualized rehabilitation plan with requirements for supervision and surveillance for each participant.

(e) The department shall employ a program director with demonstrated professional expertise in the field of mental health or substance use disorders to oversee participants in the rehabilitation program. The director shall: (i) admit eligible licensed health care professionals who request to participate in the program; (ii) receive and review information concerning participants in the program; (iii) provide each participant with an individualized rehabilitation plan with requirements for supervision and surveillance and update the plan as appropriate, taking into account the participant's compliance with the program and recommendations of the rehabilitation evaluation committee (iv) call meetings of the rehabilitation evaluation committee as necessary to review the requests of licensed health care professionals to participate in the program and review reports regarding participants; (v) serve as a liaison among the participant, the participant's licensing board, the rehabilitation evaluation committee and approved treatment programs and providers; (vi) terminate a participant from the program based on the participant's non-compliance with the participant's individualized rehabilitation plan or material misrepresentations by the participant concerning the participant's participation in the program or professional practice; (vii) provide information to licensed health care professionals who request to participate in the program; and (viii) report to the licensing board of an applicant or participant: (A) an applicant's failure to complete the program's admission process; (B) a participant's admission into the program; (C): a participant's termination from the program; (D) a participant's withdrawal from the program before completion; and (E) the initial restrictions or conditions relating to the participant's professional practice incorporated into the participant's individualized rehabilitation plan and any changes or removal of the restrictions or conditions during the course of the participant's participation, as well as the basis for the restrictions or conditions and any changes them; provided, however, that any restriction or condition relating to a participant's professional practice required under this subsection or any changes to a restriction or condition shall be subject to the approval by the participant's licensing board.

(f) A licensed health care professional who applies to participate in the program shall acknowledge that they have a mental health diagnosis or substance use disorder that impacts their ability to safely practice their profession and shall agree to comply with an individualized rehabilitation plan to be admitted into the program. The program shall establish a form for such acknowledgement and agreement that the licensed health care professional shall complete and sign.

(g) Upon admission of a licensed health care professional into the program, the licensing board may dismiss any pending investigation or complaint against the participant that arises from or relates to the participant's mental health diagnosis or substance use disorder. The applicable licensing board may change the participant's publicly available license status to reflect the existence of non-disciplinary restrictions or conditions. The licensing board may immediately suspend the participant's license as necessary to protect the public health, safety and welfare upon receipt of notice from the director that the participant has withdrawn from the program before completion or that the director has terminated the participant from the program.

(h) The record of participation shall not be a public record and shall be exempt from disclosure pursuant to clause Twenty-sixth of section 7 of chapter 4 and chapter 66. If an applicant fails to complete the application process, a licensing board may use information and documents in the record of participation as evidence in a disciplinary proceeding as necessary to protect public health, safety and welfare. In all other instances, the record of participation shall not be subject to subpoena or discovery in any civil, criminal, legislative or administrative proceeding without the prior written consent of the participant. The records of participations of participants who successfully complete the program shall be destroyed 3 years following the date of successful completion."

After remarks, the amendment was adopted.

45 Messrs. DiDomenico and O'Connor moved that the pending new draft be amended in section 2 by inserting after the word "families", in line 99, the following words:- ", department of youth services";

In said section 2, by inserting after the word "disability", in line 112, the following words:- "and to prevent violence through trauma-specific intervention and rehabilitation";

In said section 2, by inserting after the word "conditions", in line 122, the following words:- "and violence"; and

In section 12, by inserting after the word "treatment", in line 245, the following words:- ", a program of assertive community treatment".

After remarks, the amendment was adopted.

46 Ms. DiZoglio moved that the pending new draft be amended by inserting after section 58 the following section:-

"SECTION XX. Section 72BB of Chapter 111 of the Massachusetts General Laws is hereby amended: Notwithstanding subsections (b) and (c) a facility may administer a scheduled psychotropic medication without prior written informed consent in the following instances, (i) in the case of an admission of a resident to a facility from an inpatient hospital in which the resident had been prescribed and was receiving psychotropic medications pursuant to a valid informed consent, or when a facility is not able to obtain an informed consent in writing prior to or at the time of admission to the facility or (ii) in emergency situations, as defined by the Department of Public Health; or (iii) in the case of residents on hospice care who need the immediate administration of psychotropic medication to prevent extreme distress, discomfort and /or pain; provided, however, that in instances in (i) or (ii), a facility shall obtain verbal informed consent prior to administration, and written informed consent as soon as practicable, but no later than 3 consecutive calendar days, following administration of a scheduled psychotropic medication. If written informed consent cannot be obtained within the three-day period the dosage shall be reduced in a clinically appropriate manner and documented to terminate the psychotropic medication."

The amendment was *rejected.*

47 Ms. DiZoglio, Mr. Tarr, Ms. Gobi, Messrs. Montigny and Gomez, Ms. Moran and Mr. O'Connor moved that the pending new draft be amended by inserting after section 57 the following section:-

"SECTION 57A. (a) The department of veterans' services shall convene an advisory committee that shall consist of, but not be limited to: 2 representatives of the Massachusetts chapter of Team Red, White & Blue; 2 representatives of the Red Sox Foundation and Massachusetts General Hospital's Home Base Program; 2 representatives of the Wounded Warriors Project; 2 representatives of the Mass Mentoring Partnership, Inc.; 2 representatives of the Massachusetts Coalition for Suicide Prevention; and 2 representatives of the Massachusetts Psychological Association, Inc. The members of the committee shall have experience in mental health or veterans support services with an emphasis on treatment of post-traumatic stress disorder, depression and anxiety among

veterans.

(b) The committee shall, in coordination with the department of veterans' services and the department of mental health, investigate and study: (i) ways to augment services to returning veterans to reduce the rate of suicide and the effects of post-traumatic stress disorder, depression and anxiety among veterans; and (ii) the complexity of reintegration into civilian life and issues related to isolation and suicide among veterans. The committee shall provide support and expertise to reduce isolation and suicide among returning veterans.

The committee shall also examine: (i) the impact of having a community peer liaison on a veteran's reintegration into society; (ii) the relationship between isolation and suicide among veterans; and (iii) the impact of having a community peer liaison on symptoms of post-traumatic stress disorder, depression and anxiety in diagnosed veterans.

Not later than January 1, 2023, the committee shall file a report of its findings and any recommendations, with the clerks of the senate and house of representatives, the joint committee on veterans and federal affairs and the joint committee on mental health, substance use and recovery."

After remarks, the amendment was adopted.

Messrs. Lesser and Tarr, Ms. Gobi, Mr. Gomez, Ms. Rausch and Mr. O'Connor 49
moved that the pending new draft be amended in section 29, by inserting after the word "division", in line 908, the following words:- "including factors identified through consumer or provider complaints"; and by inserting after the word "website.", in line 1028, the following words:- "(g) The division shall evaluate all consumer or provider complaints regarding mental health and substance use disorder coverage for possible parity violations within 3 months of receipt of the complaint."

After remarks, the amendment was adopted.

Messrs. Tarr, Timilty and Montigny, Ms. Moran and Mr. O'Connor moved that the 51
pending new draft be amended by inserting after section 57 the following section:-

"SECTION 57A. The executive office of public safety and security, in consultation with the department of mental health, department of public health and the department of veterans' services, shall examine: (i) the extent to which municipal and state police, firefighters, public safety personnel and veterans participate in behavioral health screening and treatment, if known; (ii) barriers to municipal and state police, firefighters, public safety personnel and veterans participation in behavioral health screening and treatment; and (iii) current programs and best practices to incentivize and support municipal and state police, firefighters, public safety personnel and veterans to participate in behavioral health screening and treatment.

Not later than 90 days after the effective date of this act, the executive office of public safety and security shall submit its findings and any recommendations for improving access to and participation in behavioral health screening and treatment by municipal and state police, firefighters, public safety personnel and veterans to the clerks of the senate and the house of representatives, the joint committee on public safety and homeland security and the joint committee on mental health, substance use and recovery."

After remarks, the question on adoption of the amendment was determined by a call of the yeas and nays, at nine minutes past five o'clock P.M., on motion of Mr. Tarr, as follows, to wit (yeas 38 – nays 0) **[Yeas and Nays No. 113]:**

YEAS.

Barrett, Michael J.	Gomez, Adam
Brady, Michael D.	Hinds, Adam G.
Brownsberger, William N.	Jehlen, Patricia D.
Chandler, Harriette L.	Keenan, John F.

Chang-Diaz, Sonia	Kennedy, Edward J.
Collins, Nick	Lesser, Eric P.
Comerford, Joanne M.	Lewis, Jason M.
Creem, Cynthia Stone	Lovely, Joan B.
Crighton, Brendan P.	Montigny, Mark C.
Cronin, John J.	Moore, Michael O.
Cyr, Julian	Moran, Susan L.
DiDomenico, Sal N.	O'Connor, Patrick M.
DiZoglio, Diana	Pacheco, Marc R.
Eldridge, James B.	Rausch, Rebecca L.
Fattman, Ryan C.	Rodrigues, Michael J.
Feeney, Paul R.	Rush, Michael F.
Finegold, Barry R.	Tarr, Bruce E.
Friedman, Cindy F.	Timilty, Walter F.
Gobi, Anne M.	Velis, John C. − **38.**

NAYS − 0.

The yeas and nays having been completed at eighteen minutes past five o'clock P.M., the amendment was adopted.

Ms. Chandler, Ms. Comerford and Messrs. Moore and O'Connor moved that the pending new draft be amended in sections 17, 27, 32, 35, 37, 29 by inserting after the words, “a licensed nurse mental health clinical specialist” the following: “a licensed physician assistant who practices in the area of psychiatry”: 53

In section 17, by inserting after the words, “a licensed nurse mental health clinical specialist” the following, “a licensed physician assistant who practices in the area of psychiatry,”;

In section 27 in paragraph 10, by inserting after the words, “a licensed nurse mental health clinical specialist” the following, “a licensed physician assistant who practices in the area of psychiatry,”;

In section 32 in paragraph 11, by inserting after the words, “a licensed nurse mental health clinical specialist” the following, “a licensed physician assistant who practices in the area of psychiatry,”;

In section 35 in paragraph 11, by inserting after the words, “a licensed nurse mental health clinical specialist” the following, “a licensed physician assistant who practices in the area of psychiatry,”;

In section 37 in paragraph 11, by inserting after the words, “a licensed nurse mental health clinical specialist” the following, “a licensed physician assistant who practices in the area of psychiatry,”; and

In section 39 in paragraph 10, by inserting after the words, “a licensed nurse mental health clinical specialist” the following, “a licensed physician assistant who practices in the area of psychiatry,”.

After remarks, the amendment was adopted.

Ms. Chandler, Ms. Comerford and Messrs. Moore and O'Connor moved that the pending new draft be amended in section 30 by inserting after the last paragraph the following:- 54

“SECTION 30. Chapter 123 as appearing in the Massachusetts General Laws is hereby amended by striking out section 12, as so appearing, and inserting in place thereof the following section:-

Section 12. (a) A physician who is licensed pursuant to section 2 of chapter 112, an advanced practice registered nurse authorized to practice as such under regulations promulgated pursuant to section 80B of said chapter 112, a qualified psychologist licensed

pursuant to sections 118 to 129, inclusive, of said chapter 112 or a licensed independent clinical social worker licensed pursuant to sections 130 to 137, inclusive, of said chapter 112 or a qualified physician assistant licensed pursuant to section 9(e) of chapter 112, who, after examining a person, has reason to believe that failure to hospitalize such person would create a likelihood of serious harm by reason of mental illness may restrain or authorize the restraint of such person and apply for the hospitalization of such person for a 3-day period at a public facility or at a private facility authorized for such purposes by the department. If an examination is not possible because of the emergency nature of the case and because of the refusal of the person to consent to such examination, the physician, qualified psychologist, qualified advanced practice registered nurse, qualified physician assistant, or licensed independent clinical social worker on the basis of the facts and circumstances may determine that hospitalization is necessary and may therefore apply. In an emergency situation, if a physician, qualified psychologist, qualified advanced practice registered nurse, qualified physician assistant or licensed independent clinical social worker is not available, a police officer who believes that failure to hospitalize a person would create a likelihood of serious harm by reason of mental illness may restrain such person and apply for the hospitalization of such person for a 3-day period at a public facility or a private facility authorized for such purpose by the department. An application for hospitalization shall state the reasons for the restraint of such person and any other relevant information that may assist the admitting physician or qualified advanced practice registered nurse or qualified physician assistant. Whenever practicable, prior to transporting such person, the applicant shall telephone or otherwise communicate with a facility to describe the circumstances and known clinical history and to determine whether the facility is the proper facility to receive such person and to give notice of any restraint to be used and to determine whether such restraint is necessary.

(b) Only if the application for hospitalization under this section is made by a physician, a qualified advanced practice registered nurse or qualified physician assistant specifically designated to have the authority to admit to a facility in accordance with the regulations of the department, shall such person be admitted to the facility immediately after reception. If the application is made by someone other than a designated physician, a qualified advanced practice registered nurse, or a qualified physician assistant such person shall be given a psychiatric examination by a designated physician, a qualified advanced practice registered nurse or qualified physician assistant immediately after reception at such facility. If the physician, qualified advanced practice registered nurse, or qualified physician assistant determines that failure to hospitalize such person would create a likelihood of serious harm by reason of mental illness, the physician or qualified advanced practice registered nurse or qualified physician assistant may admit such person to the facility for care and treatment. Upon admission of a person under this subsection, the facility shall inform the person that it shall, upon such person's request, notify the committee for public counsel services of the name and location of the person admitted. The committee for public counsel services shall immediately appoint an attorney who shall meet with the person. If the appointed attorney determines that the person voluntarily and knowingly waives the right to be represented, is presently represented or will be represented by another attorney, the appointed attorney shall so notify the committee for public counsel services, which shall withdraw the appointment.

Any person admitted under this subsection who has reason to believe that such admission is the result of an abuse or misuse of this subsection may request or request through counsel an emergency hearing in the district court in whose jurisdiction the facility is located and unless a delay is requested by the person or through counsel, the district court shall hold such hearing on the day the request is filed with the court or not later than the next business day.

(c) No person shall be admitted to a facility under this section unless the person, or the person's parent or legal guardian on the person's behalf, is given an opportunity to apply for voluntary admission under paragraph (a) of section 10 and unless the person, or the person's parent or legal guardian, has been informed that: (i) the person has a right to such voluntary admission; and (ii) the period of hospitalization under this section cannot exceed 3 days. At any time during such period of hospitalization, the superintendent may discharge such person if the superintendent determines that such person is not in need of care and treatment.

(d) A person shall be discharged at the end of the 3-day period unless the superintendent applies for a commitment under sections 7 and 8 or the person remains on a voluntary status.

(e) Any person may make an application to a district court justice or a justice of the juvenile court department for a 3-day commitment to a facility of a person with a mental illness if the failure to confine said person would cause a likelihood of serious harm. The court shall appoint counsel to represent said person. After hearing such evidence as the court may consider sufficient, a district court justice or a justice of the juvenile court department may issue a warrant for the apprehension and appearance before the court of the alleged person with a mental illness if in the court's judgment the condition or conduct of such person makes such action necessary or proper. Following apprehension, the court shall have the person examined by a physician, a qualified advanced practice registered nurse or a qualified physician assistant designated to have the authority to admit to a facility or examined by a qualified psychologist in accordance with the regulations of the department. If the physician, qualified advanced practice registered nurse, qualified physician assistant or qualified psychologist reports that the failure to hospitalize the person would create a likelihood of serious harm by reason of mental illness, the court may order the person committed to a facility for a period not to exceed 3 days; provided, however, that the superintendent may discharge said person at any time within the 3-day period. The periods of time prescribed or allowed under this section shall be computed pursuant to Rule 6 of the Massachusetts Rules of Civil Procedure.

SECTION 30. Said chapter 123 is hereby further amended by striking out section 21, as so appearing, and inserting in place thereof the following section:-

Section 21. Any person who transports a person with a mental illness to or from a facility for any purpose authorized under this chapter shall not use any restraint that is unnecessary for the safety of the person being transported or other persons likely to come in contact with the person.

In the case of persons being hospitalized under section 6, the applicant shall authorize practicable and safe means of transport including, where appropriate, departmental or police transport.

Restraint of a person with a mental illness may only be used in cases of emergency, such as the occurrence of, or serious threat of, extreme violence, personal injury or attempted suicide; provided, however, that written authorization for such restraint is given by the superintendent or director of the facility or by a physician, or by a qualified advanced practice registered nurse or qualified physician assistant designated by the superintendent or director for this purpose who is present at the time of the emergency or if the superintendent, director, designated physician, designated qualified advanced practice registered nurse or designated qualified physician assistant is not present at the time of the emergency, non-chemical means of restraint may be used for a period of not more than 1 hour; provided further, that within 1 hour the person in restraint shall be examined by the superintendent, director, designated physician, designated qualified advanced practice registered nurse, or designated qualified physician assistant,; and provided further, that if the examination has not occurred within 1 hour, the patient may

be restrained for an additional period of not more than 1 hour until such examination is conducted and the superintendent, director, designated physician, designated qualified advanced practice registered nurse, or designated qualified physician assistant shall attach to the restraint form a written report as to why the examination was not completed by the end of the first hour of restraint.

Any minor placed in restraint shall be examined within 15 minutes of the order for restraint by a physician, qualified advanced practice registered nurse, or qualified physician assistant, or, if a physician, qualified advanced practice registered nurse or qualified physician assistant is not available, by a registered nurse or a certified physician assistant; provided, however, that said minor shall be examined by a physician, qualified advanced practice registered nurse or qualified physician assistant within 1 hour of the order for restraint. A physician, qualified advanced practice registered nurse or qualified physician assistant, or, if a physician, qualified advanced practice registered nurse or qualified physician assistant are not available, a registered nurse or a certified physician assistant, shall review the restraint order by personal examination of the minor or consultation with ward staff attending the minor every hour thereafter.

No minor shall be secluded for more than 2 hours in any 24-hour period; provided, however, that no such seclusion of a minor may occur except in a facility with authority to use such seclusion after said facility has been inspected and specially certified by the department. The department shall issue regulations establishing procedures by which a facility may be specially certified with authority to seclude a minor. Such regulations shall provide for review and approval or disapproval by the commissioner of a biannual application by the facility, which shall include: (i) a comprehensive statement of the facility's policies and procedures for the utilization and monitoring of restraint of minors including a statistical analysis of the facility's actual use of such restraint; and (ii) a certification by the facility of its ability and intent to comply with all applicable statutes and regulations regarding physical space, staff training, staff authorization, record keeping, monitoring and other requirements for the use of restraints.

Any use of restraint on a minor exceeding 1 hour in any 24-hour period shall be reviewed within 2 working days by the director of the facility. The director shall forward a copy of the report on each such instance of restraint to the human rights committee of that facility and, if there is no human rights committee, to the appropriate body designated by the commissioner of mental health. The director shall also compile a record of every instance of restraint in the facility and shall forward a copy of said report on a monthly basis to the human rights committee or the body designated by the commissioner of mental health.

No order for restraint for an individual shall be valid for a period of more than 3 hours beyond which time it may be renewed upon personal examination by the superintendent, director, designated physician, designated qualified advanced practice registered nurse, or qualified physician assistant or, for adults, by a registered nurse or a certified physician assistant; provided, however, that no adult shall be restrained for more than 6 hours beyond which time an order may be renewed only upon personal examination by a physician, qualified advanced practice registered nurse or qualified physician assistant. The reason for the original use of restraint, the reason for its continuation after each renewal and the reason for its cessation shall be noted upon the restraining form by the superintendent, director, designated physician, qualified physician assistant, or, when applicable, by the registered nurse, certified physician, qualified advanced practice registered nurse assistant at the time of each occurrence.

When a designated physician, qualified advanced practice registered nurse, or qualified physician assistant is not present at the time and site of the emergency, an order for chemical restraint may be issued by a designated physician, qualified advanced practice

registered nurse, or qualified physician assistant who has determined, after telephone consultation with a physician, qualified advanced practice registered nurse, registered nurse, or qualified physician assistant, registered nurse or certified physician assistant who is present at the time and site of the emergency and who has personally examined the patient, that such chemical restraint is the least restrictive, most appropriate alternative available; provided, however, that the medication so ordered has been previously authorized as part of the individual's current treatment plan.

No person shall be kept in restraint without a person in attendance specially trained to understand, assist and afford therapy to the person in restraint. The person may be in attendance immediately outside the room in full view of the patient when an individual is being secluded without mechanical restraint; provided, however, that in emergency situations when a person specially trained is not available, an adult may be kept in restraint unattended for a period not to exceed 2 hours. In that event, the person kept in restraints shall be observed at least every 5 minutes; provided, further, that the superintendent, director, designated physician, designated qualified advanced practice registered nurse or designated physician assistant shall attach to the restraint form a written report as to why the specially trained attendant was not available. The maintenance of any adult in restraint for more than 8 hours in any 24-hour period shall be authorized by the superintendent or director or the person specifically designated to act in the absence of the superintendent or director; provided, however, that when such restraint is authorized in the absence of the superintendent or director, such authorization shall be reviewed by the superintendent or director upon the return of the superintendent or director.

No 'P.R.N.' or 'as required' authorization of restraint may be written. No restraint is authorized except as specified in this section in any public or private facility for the care and treatment of mentally ill persons including Bridgewater state hospital

Not later than 24 hours after the period of restraint, a copy of the restraint form shall be delivered to the person who was in restraint. A place shall be provided on the form or on attachments thereto for the person to comment on the circumstances leading to the use of restraint and on the manner of restraint used.

A copy of the restraint form and any such attachments shall become part of the chart of the patient. Copies of all restraint forms and attachments shall be sent to the commissioner of mental health, or, with respect to Bridgewater state hospital to the commissioner of correction, who shall review and sign them within 30 days and statistical records shall be kept thereof for each facility, including Bridgewater state hospital, and each designated physician, qualified advanced practice registered nurse or qualified physician assistant. Furthermore, such reports, excluding personally identifiable patient identification, shall be made available to the general public at the department's central office, or, with respect to Bridgewater state hospital at the department of correction's central office.

Responsibility and liability for the implementation of this section shall rest with the department, the superintendent or director of each facility or the physician, qualified advanced practice registered nurse or qualified physician assistant designated by such superintendent or director for this purpose.

SECTION 30. Said chapter 123 is hereby further amended by striking out section 22, as so appearing, and inserting in place thereof the following section:-

Section 22. Physicians, qualified advanced practice registered nurses, qualified physician assistant, qualified psychologists, qualified psychiatric nurse mental health clinical specialists, police officers and licensed independent clinical social workers shall be immune from civil suits for damages for restraining, transporting, applying for the admission of or admitting any person to a facility or Bridgewater state hospital if the physician, qualified advanced practice registered nurse, or qualified physician assistant,

qualified psychologist, qualified psychiatric nurse mental health clinical specialist, police officer or licensed independent clinical social workers acts in accordance with this chapter."

After remarks, the amendment was *rejected*.

56 Mr. Keenan, Ms. Moran and Mr. O'Connor moved that the pending new draft be amended in section 15, in line 620, by inserting after the word "treatment" the first time it appears the following words:- ", substance use disorder treatment";

In section 27, in line 835, by inserting after the word "treatment" the first time it appears the following words:- ", substance use disorder treatment";

In section 29, in lines 1052 and 1056, inserting after the word "disorders" the following words:- "and substance use disorders";

In section 33, in line 1167, by inserting after the word "treatment" the first time it appears the following words:- ", substance use disorder treatment";

In section 35, in line 1233, by inserting after the word "treatment" the first time it appears the following words:- ", substance use disorder treatment";

In section 37, in line 1297, by inserting after the word "treatment" the first time it appears the following words:- ", substance use disorder treatment"; and

In section 39, in line 1357, by inserting after the word "treatment" the first time it appears the following words:- ", substance use disorder treatment".

After remarks, the amendment was *rejected*.

57 Messrs. Keenan and O'Connor moved that the pending new draft be amended in section 6, by inserting after the words "involved with the" in line 158 the following words:- "medical or behavioral health".

After remarks, the amendment was adopted.

58 Messrs. Keenan and O'Connor moved that the pending new draft be amended in line 768 by striking the words "the exemption" and inserting in place thereof the following words:- "an original license"; in line 768 by striking the word "a" and inserting in place thereof the following words:- "an original"; in line 770 by striking the word "exemptions" and inserting in place thereof the following word:- "licenses"; in line 775 by inserting after the word "department" the following words:- "of mental health"; and in line 775 by striking the word "exemptions" and inserting in place thereof the following words:- "original licenses".

The amendment was *rejected.*

59 Messrs. Keenan, Feeney, Tarr and Eldridge, Ms. Gobi, Ms. Rausch, Messrs. Timilty and O'Connor and Ms. Lovely moved that the pending new draft be amended in section 11, by inserting after line 213, the following sections:-

"SECTION ___. Chapter 18C of the General Laws, as appearing in the 2016 Official Edition, is hereby amended in section 1 by inserting the following new definition:-

'Mental health disorder', any mental, behavioral or emotional disorder described in the most recent edition of the Diagnostic and Statistical Manual or DSM, which substantially interferes with or substantially limits the functioning and social interactions of a child or adolescent.

SECTION ___. Chapter 18C of the General Laws, as so appearing, is hereby further amended in section 2 by striking out, in line 14, the word 'and'.

SECTION ___. Chapter 18C of the General Laws, as so appearing, is hereby further amended in section 2 by striking out subsection (d) and inserting in place thereof the following subsections:-

(d) advise the public and those at the highest levels of state government about how the commonwealth may improve its services to and for children and their families; and (e) oversee the children's mental health ombuds program, as described in sections 14 and 15.

SECTION ___. Chapter 18C of the General Laws, as so appearing, is hereby further amended by inserting after section 13 the following sections:-

Section 14. (a) The child advocate, subject to appropriation or the receipt of federal funds, shall establish a statewide children's mental health ombuds program for the purpose of advocating on behalf of children with mental health disorders, identifying barriers to effective mental health treatment and proposed solutions; monitoring and ensuring compliance with relevant statutes, regulations, rules and policies pertaining to children's behavioral health services; and receiving, investigating, and resolving through administrative action, as described in subsection (c), complaints filed by a child or by individuals legally authorized to act on behalf of a child or children or by any individual, organization or government agency that has reason to believe that any entity regulated by the commonwealth or government agency has engaged in activities, practices or omissions that constitute violations of applicable court orders, statutes or regulations or that may have an adverse effect upon the health, safety, welfare or rights of children.

(b) The child advocate shall designate a staff person to act as the director of the ombuds program who shall be a person qualified by training and experience to perform the duties of the office. The ombuds shall not be subject to the provisions of sections 8 or 9 of chapter 30. The child advocate, in consultation with the secretary of the executive office of health and human services, the director of the office of medicaid, the commissioner of mental health and the secretary of the department of education, shall establish policies and procedures as needed to facilitate compliance with the provisions of the ombuds program. These policies and procedures shall include procedures for filing complaints, investigating complaints, and taking action to implement resolutions to these complaints, including the use of state agency enforcement authority to resolve complaints as recommended by the ombuds.

(c) Investigations conducted by the ombuds shall be subject to sections 7, 8 and 12 of this chapter.

Section 15. To ensure the goals of the ombuds program as described in section 14 are met:

(a) the ombuds shall monitor the development and implementation of federal, state and local statutes, regulations and policies regarding services and supports for children with mental health disorders, including the education of these children;

(b) the ombuds shall maintain complete records of complaints received, the actions taken, findings, outcomes, and recommendations in response to such complaints and other actions, including those taken by the government and private agency responses to serious complaints;

(c) each quarter, the ombuds shall send a report to each government agency about which a complaint or complaints were received by the ombuds during the relevant period, listing the complaints involving that agency which were received during the past quarter, and shall meet regularly with the child advocate, the secretary of the executive office of health and human services, the director of the office of medicaid, the commissioner of mental health and the secretary of the department of education, and shall report on any system-wide problems that the ombuds has identified, and potential solutions; and

(d) the child advocate shall report annually, within 120 days of the end of the fiscal year, to the governor, the speaker of the house, the senate president, the joint committee on mental health, substance use and recovery, the joint committee on children, families and persons with disabilities, the joint committee on education, and the house and senate clerks on the activities of the children's mental health ombuds program, including complaints that are relevant to the ombuds, an analysis of patterns in complaints made through the ombuds, and requests for assistance made through the office of patient protection, the department of children and families ombuds and the department of mental

health investigations department, and shall make recommendations for legislation, policy or programmatic changes related to the protection of the rights of children with mental health disorders. These reports shall be publicly available and published on the office of the child advocate website.

SECTION ___. The child advocate shall promulgate regulations and establish policies and procedures as necessary for performing the required activities of the children's mental health ombuds program."; and

In section 12, in line 238, by inserting after the word "ombudsperson", the following words:- "as established in Section 11".

After remarks, the amendment was *rejected.*

There being no objection, during consideration of the Orders of the Day, the following matters were considered, as follows:

PAPERS FROM THE HOUSE

Emergency Preambles Adopted.

Congressional districts.

An engrossed Bill establishing Congressional districts (see House Bill, printed in House, No. 4256), having been certified by the Senate Clerk to be rightly and truly prepared for final passage and containing an emergency preamble,-- was laid before the Senate; and, a separate vote being taken in accordance with the requirements of Article LXVII of the Amendments to the Constitution, the preamble was adopted in concurrence, by a vote of 5 to 0.

The bill was signed by the Acting President (Mr. Brownsberger) and sent to the House for enactment.

Councillor districts.

An engrossed Bill establishing councillor districts (see House Bill, printed in House, No. 4257), having been certified by the Senate Clerk to be rightly and truly prepared for final passage and containing an emergency preamble,-- was laid before the Senate; and, a separate vote being taken in accordance with the requirements of Article LXVII of the Amendments to the Constitution, the preamble was adopted in concurrence, by a vote of 5 to 0.

The bill was signed by the Acting President (Mr. Brownsberger) and sent to the House for enactment.

Samantha Davignon,-- sick leave.

An engrossed Bill establishing a sick leave bank for Samantha Davignon, an employee of the Department of Children and Families (see House, No. 4094, amended), having been certified by the Senate Clerk to be rightly and truly prepared for final passage and containing an emergency preamble,-- was laid before the Senate; and, a separate vote being taken in accordance with the requirements of Article LXVII of the Amendments to the Constitution, the preamble was adopted in concurrence, by a vote of 5 to 0.

The bill was signed by the Acting President (Mr. Brownsberger) and sent to the House for enactment.

Orders of the Day.

The Orders of the Day were further considered, as follows:

Mental health barriers.

The Senate Bill addressing barriers to care for mental health (Senate, No. 1276),-- was further considered, the main question being on ordering the bill to a third reading.

60

Messrs. Keenan and Tarr, Ms. Gobi AND Messrs. Timilty, O'Connor and Collins moved that the pending new draft be amended in section 1, by striking out, in lines 55 and 56, the words "licensing authority and age ranges" and inserting in place thereof the

following words:- “location, licensing authority, age ranges and the distance, in miles, from where a child or adolescent currently resides and is boarding”.

After remarks, the amendment was adopted.

Messrs. Keenan and O'Connor moved that the pending new draft be amended by 61
inserting after section 27 the following section:-

“SECTION 27A. Said chapter 118E is hereby further amended by inserting after section 13D the following section:-

Section 13D½. (a) For the purposes of this section, the following words shall have the following meanings unless the context clearly requires otherwise:

‘Behavioral health services’, the evaluation, diagnosis, treatment, care coordination, management or peer support of patients with mental health, developmental or substance use disorders.

‘Community behavioral health center’, a clinic licensed by the department of public health pursuant to section 3 and sections 51 to 56, inclusive, of chapter 111.

‘Division’, the division of medical assistance.

‘Managed care entity’, health insurers, health plans, health maintenance organizations, behavioral health management firms and third party administrators under contract with a Medicaid managed care organization or primary care clinician plan; provided, however, that “managed care entity” shall also include accountable care organizations.

‘Minimum payment rates’, rates of payment for services below that managed care entities shall not enter into provider agreements.

(b) Annually, not later than January 1, the division shall review the minimum payment rates to be paid to providers of behavioral health services delivered in community behavioral health centers by managed care entities and submit a report to the house and senate committees on ways and means, the joint committee on health care financing and the joint committee on mental health, substance use and recovery identifying the difference between the minimum payment rates decided by the division and the payment rates that managed care entities contractually agree to pay providers for all behavioral health services delivered in community behavioral health centers.”

The amendment was adopted.

Mr. Keenan moved that the pending new draft be amended in section 29, by inserting 62
after line 1114, the following words:- “Nothing in this section shall be construed to affect the authority of the treating clinician to determine medical necessity as provided under section 10H of Chapter 118E; Section 47GG of Chapter 175; Section 8II of Chapter 176A; Section 4II of Chapter 176B; or Section 4AA of Chapter 176G.”; and

In section 49, by inserting after line 1502, the following words:- “Nothing in this section shall be construed to affect the authority of the treating clinician to determine medical necessity as provided under section 10H of Chapter 118E; Section 47GG of Chapter 175; Section 8II of Chapter 176A; Section 4II of Chapter 176B; or Section 4AA of Chapter 176G.”

The amendment was *rejected*.

Messrs. Keenan and Eldridge, Ms. Rausch, Messrs. Gomez, Timilty and O'Connor 63
and Ms. Lovely moved that the pending new draft be amended by inserting after section __ the following section:-

“SECTION __. The Department of Mental Health shall submit to the governor, the Clerks of the House and Senate, and the Joint Mental Health and Substance Use and Recovery Committee within 60 days of the passage of this act a comprehensive plan to address access to Continuing Care beds, Intensive Residential Treatment programs, and community based programs for patients awaiting discharge from acute psychiatric hospitals and units. Said plan shall include, but not be limited to strategies to reduce the

wait times for patients awaiting discharge so that such patients determined appropriate for continuing care, Intensive Residential Treatment, and community based programs would be admitted to an appropriate continuing care bed, Intensive Residential Treatment program, community based programs or other appropriate setting within 30 days of approval of their application."

The amendment was adopted.

Messrs. Keenan, Feeney, Cronin, Tarr, Timilty, Gomez and O'Connor moved that the pending new draft be amended by inserting the following section:- 64

"SECTION XX. Chapter 15A of the General Laws is hereby amended by adding after Section 44 the following section:-

Section 45. There shall be a Behavioral Health Workforce Center of Excellence, herein referred to as the Center, to gather data and research to advise policy leaders on how to address the current crisis in behavioral health workforce across the commonwealth.

The commissioner shall establish said Center at the state college or university he or she deems most appropriate to fulfill this role.

The Center shall:

(a) Engage a diverse, cross discipline group of stakeholders to address the needs of the field in studying the current landscape, mapping or building clear career ladders, and identifying and addressing training needs.

(b) Annually inventory the professional license and certifications available for those who work in the mental health and addiction treatment field, including but not limited to, the number of licensed and certified individuals in the state, the academic and supervisory requirements to achieve each certification, the scope of practice of each license, the academic programs available in the state and the cost of these programs.

(c) Annually create aggregate demographic and geographic profiles of the current field of practitioners.

(d) Annually inventory the number of professional and paraprofessional practitioners delivering direct clinical or recovery services, including practitioner acceptance of insurance.

(e) Work with the Advisory Committee to annually inventory the workforce needs in the behavioral health system to establish the gaps that exist by professional license and certificate, and practice setting.

(f) Inventory the number of individuals with professional licenses and/or certifications who no longer practice behavioral health in third-party reimbursable settings.

(g) Examine any regulatory changes recommended by licensing and registration bodies at the division of professional licensure and the department of public health and offer public, written assessment to these entities during the regulatory process that includes the effect of these requirements on the existing workforce and the future workforce pipeline.

(h) Examine existing training funds across state and federal agencies, including, but not limited to, the executive office of labor and workforce development, Commonwealth Corporation, the executive office of education, the executive office of health and human services and its constituent agencies and make recommendations on ways to leverage funding and resources to focus on existing and needed training programs for the field.

(i) Work with existing education and training programs on curriculum improvements focused on best practices in the current behavioral health landscape and coordinate these needs with state purchasing agencies to better align educational institutions with needs in the field.

(j) Examine existing loan forgiveness opportunities for practitioners and make recommendations on ways to expand current initiatives.

(k) Establish an advisory committee, co-chaired by an appointee from the division of

higher education and a representative of the Association for Behavioral Healthcare, and including, but not limited to, representation from the executive office of health and human services, the department of public health, the department of mental health, Blue Cross and Blue Shield of Massachusetts, the Massachusetts Association of Health Plans, the executive office of labor and workforce development, NAMI Massachusetts, Massachusetts Organization for Addiction Recovery, Parent Professional Advocacy League, Massachusetts Association for Behavioral Health Systems, National Association of Social Workers – Massachusetts, Massachusetts Psychological Association, Massachusetts Mental Health Counselors Association and the Massachusetts Association for Mental Health to meet regularly and discuss the state of behavioral health workforce in Massachusetts.

(l) Create and fund a technical assistance center that funds special projects and assistance for value-based purchasing and care preparation and behavioral health and primary care integration.

(m) Examine other matters deemed appropriate by the Center."

After remarks, the amendment was *rejected*.

Messrs. Keenan, Timilty, Gomez and Montigny moved that the pending new draft be amended by inserting the following section:- 66

"SECTION XX. Section 19 of chapter 118E of the General Laws is hereby amended by adding after the first paragraph, the following new paragraph:

The division 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 shall not require preauthorization or prior authorization before obtaining medically necessary mental health services within an inpatient psychiatric facility, a community health center, a community mental health center, an outpatient substance use disorder provider, a hospital outpatient department, a community based acute treatment program, or an intensive community based acute treatment program; provided, that the facility or provider shall provide the division or its contractors notification of admission within 48 hours of admission; provided further, that utilization review procedures may be initiated after 48 hours of admission; and provided further, that Emergency Service Program teams, so-called, as contracted through MassHealth to conduct behavioral health screenings, shall not be considered a preauthorization or prior authorization requirement pursuant to any admission under this section. Medical necessity shall be determined by the treating healthcare provider and noted in the member's medical record."

The amendment was *rejected*.

Messrs. Feeney and Tarr, Ms. Moran and Messrs. Montigny, Timilty and O'Connor moved that the pending new draft be amended by inserting after section __ the following section: - 70

"SECTION __. The health policy commission shall conduct an analysis of the mental and behavioral health effects of the COVID-19 pandemic on the frontline, direct care nursing workforce. The commission shall seek input from the department of public health, the department of mental health, the Mass Nurses Association, the bureau of hospitals, the office of health equity, the interagency health equity team, other state agencies, frontline nurses, health care providers, behavioral and economic experts, and caregivers.

The commission shall analyze: (i) the healthcare services that frontline, direct care nurses provided during the pandemic to patients suffering from COVID-19, including those above and beyond their normal duties; (ii) the traumatic effect of the COVID-19 pandemic and associated hospital patient surge and unprecedented death rate on mental health predisposition and risk factors contributing to post-traumatic stress disorder, depression, anxiety, and other acute and long-term mental health conditions, caused by the

COVID-19 pandemic; (iii) the mental and behavior health resources offered by hospitals to the frontline, direct care nursing and staff workforce; (iv) ways to improve access to, and the quality of, behavioral and mental health services to the frontline, direct care nursing and staff workforce; (v) any other issues pertaining to providing mental and behavioral health resources to the frontline, direct care nursing workforce and staff in response to the COVID-19 pandemic as deemed relevant by the commission.

Not later than December 31, 2022, the health policy commission shall file a report of its findings, together with any recommendations for legislation or policy changes, with the clerks of the senate and house of representatives, the joint committee on health care financing, the joint committee on mental health, substance use and recovery and the joint committee on financial services."

The amendment was *rejected.*

71 Messrs. Feeney and O'Connor moved that the pending new draft be amended by inserting after section 22 the following section:-

"SECTION 22A. Section 232 of said chapter 111, as appearing in the 2020 Official Edition, is hereby amended by striking out, in lines 12 and 13, the words 'and (vii) a record of past mental health treatment of the decedent' and inserting in place thereof the following words:- '(vii) a record of past mental health treatment of the decedent; and (viii) the physical location of the suicide, whether the location is private or public property and the number of known attempts previously made by any other person at the same location'."

After remarks, the amendment was adopted.

72 Mr. Feeney, Ms. Gobi, Mr. Timilty, Ms. Rausch and Messrs. O'Connor and Collins moved that the pending new draft be amended by inserting after section __ the following section: -

"SECTION __. The department of public health in consultation with the division on violence and injury prevention and the Massachusetts bay transportation authority shall conduct a study of mass transportation facilities, as defined in Massachusetts General Law Chapter 161A Section 1, inclusive of railways and crossings, that are potential means of suicide or locations where a suicide has occurred in the last 10 years.

The department of public health shall submit the report within one year of the passage of this act, to the clerks of the senate and the house of representatives, the joint committee on health care financing, the joint committee on mental health, substance use and recovery, the joint committee on transportation and the senate and house committees on ways and means.

Within one year of the publication of the report, the department of public health shall promulgate regulations requiring the Massachusetts bay transportation authority to integrate at mass transportation facilities physical infrastructure and design elements that will reduce and eliminate means of suicide, including, but not limited to, a requirement to conspicuously post signage providing information on suicide prevention developed and provided by the division on violence and injury prevention within the department of public health, including, but not limited to, the 988 behavioral health emergency line, and the words 'You Are Not Alone'. The sign shall be developed in a manner that is large enough to be viewed from a distance, can be clearly viewed, read by persons in all lighting conditions, and uses a soothing light green color. The department of public health shall make the sign, as well as design recommendations for barriers and features to prevent means of suicide at mass transportation facilities, railways and crossings, available on its website for download."

The amendment was *rejected*.

73 Mr. Feeney, Ms. Gobi and Messrs. Timilty and O'Connor moved that the pending new draft be amended by inserting after section __ the following section:-

"SECTION __. Chapter 90, Section 32, as so appearing, is hereby amended by

inserting after the last paragraph the following paragraph:-

Every owner, proprietor, and person in control or keeper of a garage of a vertical height above 3 stories or 30 feet shall, within one year of this act, conspicuously post signage providing information on suicide prevention designed and developed by the division on violence and injury prevention within the department of public health, including, but not limited to, the 988 behavioral health emergency line, and the words 'You Are Not Alone'. The sign shall be designed and developed in a manner that is large enough to be clearly viewed from a distance, can be read by persons in all lighting conditions, and uses a soothing light green color. The department of public health shall make the sign available on its website for download. The sign shall be posted conspicuously on each of the four walls of a garage on each floor above 3 stories or 30 feet in height. The sign shall also be posted in each elevator lobby and stairwell on each floor leading to the top level of the garage.

Every owner, proprietor, and person in control of a garage shall submit to the department of public health and to the architectural access board proof of posted signage within one year of this act taking effect.

The penalty for failure to comply with this act shall be $50 per day, payable to the department of public health and to be distributed equally to Massachusetts non-profit organizations dedicated to preventing suicide at the end of each fiscal year."

The amendment was *rejected*.

Mr. Feeney, Ms. Moran and Messrs. Timilty and O'Connor moved that the pending new draft be amended by inserting after section 53 the following section:- 75

"SECTION 53A. (a) There shall be within the department of public health's division of violence and injury prevention a suicide postvention task force to address the after effects of a confirmed suicide. Using recent data, the task force shall prepare best practices and mental health standards and a postvention care kit which shall include materials and contact information for grief counseling that shall be made available to suicide loss survivors in the aftermath of a suicide. The task force shall study best practices and privacy considerations in proactively distributing the care kit or other resources to family members and loss survivors at risk of suicide behavior contagion.

(b) The suicide postvention task force shall consist of the following members or their designees: the director of the Massachusetts Suicide Prevention Program, who shall serve as chair; the secretary of health and human services; and 6 persons to be appointed by the chair, 1 of whom shall be a representative of the National Alliance on Mental Illness of Massachusetts, Inc., 1 of whom shall be a representative of the Parent/Professional Advocacy League, Inc., 1 of whom shall be a representative of the Massachusetts Coalition for Suicide Prevention, 1of whom shall be a representative of Riverside Community Care, Inc., 1 of whom shall be a representative of the Samaritans, Inc. and 1 of whom shall be an individual who has experienced a suicide within their family.

(c) Not later than 1 year after the effective date of this act, the task force shall prepare its findings and recommendations, together with drafts of legislation or regulations necessary to carry those recommendations into effect, by filing the same with the clerks of the senate and house of representatives and joint committee on mental health, substance use and recovery."

After remarks, the amendment was adopted.

Messrs. Tarr and O'Connor moved that the pending new draft be amended in section 2, by striking out, in line 116, the word "and", the third time it appears; and in said section 2, by inserting after the figure "6", in line 118, the following words:- "; and (vii) ascertain the mental health needs of veterans". 76

After remarks, the amendment was adopted.

Mr. Cronin, Ms. Gobi and Mr. O'Connor moved that the pending new draft be 3

amended in section 22, by striking out, in line 781, the words "qualified behavioral health clinicians" and inserting in place thereof the following words:- "licensed mental health professionals";

In said section 22, by striking out, in line 783, the word "behavioral" and inserting in place thereof the following word:- "mental";

In said section 22, in the proposed first paragraph of section 51¾, by adding the following sentence:- "The regulations shall define "licensed mental health professional", which shall include, but not be limited to, a: (i) licensed physician who specializes in the practice of psychiatry; (ii) licensed psychologist; (iii) licensed independent clinical social worker; (iv) licensed certified social worker; (v) licensed mental health counselor; (vi) licensed supervised mental health counselor; (vii) licensed physician assistant who practices in the field of psychiatry (viii) licensed psychiatric clinical nurse specialist; or (ix) healthcare provider, as defined in section 1, qualified within the scope of the individual's license to conduct an evaluation of a mental health condition, including an intern, resident or fellow pursuant to the policies and practices of the hospital and medical staff." and

By inserting after section 57 the following section:-

"SECTION 57A. Section 22 shall take effect on January 1, 2023; provided, however, the department of public health shall promulgate regulations to implement section 51¾ of chapter 111 of the General Laws not later than October 1, 2022."

The amendment was adopted.

Ms. Creem and Messrs. Tarr, Eldridge, Montigny and O'Connor moved that the pending new draft be amended by inserting after section 11 the following section:- 7

"SECTION 11A. Said chapter 18C is hereby further amended by striking out section 14, as appearing in the 2020 Official Edition, and inserting in place thereof the following section:-

Section 14. (a) For the purposes of this section, the following words shall have the following meaning unless the context clearly requires otherwise:

'Trauma', the result of an event, series of events or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional or spiritual well-being.

'Adverse childhood experiences', events including, but not limited to: (i) experiencing violence or abuse; (ii) witnessing violence in the home or community; (iii) having a close family member die or attempt to die by suicide or die by overdose; (iv) living with a close family member or caregiver with a substance use condition or behavioral health needs; (v) experiencing separation from a parent due to divorce, incarceration or child welfare intervention; and (vi) experiencing chronic stress caused by community-level adversity, including the effects of racism and discrimination.

'Protective factors', experiences, circumstances or relationships that can mitigate an adverse impact of trauma or promote resiliency.

(b) The office shall convene a childhood trauma task force composed of members of the juvenile justice policy and data board established pursuant to section 89 of chapter 119 to study, report and make recommendations on: (i) gender-responsive and trauma-informed approaches to treatment for juveniles and youthful offenders in the juvenile justice system; and (ii) how the commonwealth can better identify, support and provide services to children and youth who have experienced trauma, with the goal of preventing future juvenile justice system involvement and other negative life outcomes. The task force shall prioritize a juvenile or youthful offender's pathway into the juvenile justice system with the goal of reducing the likelihood of recidivism by addressing the unique issues associated with juvenile or youthful offenders including emotional abuse, household

mental illness, parental absence and household member incarceration.

(c) The task force shall: (i) review the benefits and risks of utilizing available tools, protocols and best practices for targeted or universal screening for childhood trauma and protective factors for all children and for children entering the foster care system; and (ii) make recommendations regarding the manner and circumstances under which trauma or protective factors screening should be used for all children and for children entering the foster care system. The task force shall consider evidence regarding the efficacy of existing screening tools, practices and protocols in various settings, including elementary and secondary educational settings, pediatric settings, child welfare settings and juvenile justice settings, and the purpose and goal of the tools, practices and protocols in supporting healthy child development. The task force shall study models used in other states and make recommendations regarding whether it is appropriate and feasible to adopt, amend or update existing tools, practices and protocols for use in screening or assessing children in various settings, including children entering the foster care system.

In circumstances where trauma screening and assessment is recommended by the task force, the recommendations shall specify: (i) the population of children to be screened; (ii) the types of professionals who are appropriate to administer a trauma screening; (iii) the training required to support authorized professionals in the sound and efficient administration of a screening; (iv) processes to ensure regular periodic review of protocols for screening; (v) ways to ensure adequate reimbursement for providers responsible for screenings; and (vi) mechanisms for providing post-screening assessment and intervention as appropriate.

In conducting the review and formulating recommendations under this section, the task force shall seek input from relevant stakeholders and specialists including, but not limited to, MassHealth, the division of insurance, the office of health equity, the Center on Child Wellbeing and Trauma at the University of Massachusetts Medical School, the Foster Children Evaluation Services at the University of Massachusetts Memorial Children's Medical Center, the Association for Behavioral Healthcare, Inc., the New England Council of Child and Adolescent Psychiatry, the Children's Mental Health Campaign, Boston Children's Hospital Neighborhood Partnerships Program, the Massachusetts Chapter of the American Academy of Pediatrics, the Massachusetts Association for Infant Mental Health, the Child Trauma Training Center, the Massachusetts Alliance for Families and the Child Witness to Violence Project at Boston Medical Center.

(d) The task force shall consult with youth with lived adverse childhood experiences, their guardians and support networks and other experts and conduct public stakeholder meetings as necessary to ensure that perspectives from a diverse set of individuals and organizations inform the task force's work.

(e) Annually, not later than December 15, the childhood trauma task force shall report its findings and recommendations to the governor, the clerks of the senate and the house of representatives, the joint committee on the judiciary, the joint committee on public safety and homeland security, the joint committee on mental health, substance use and recovery, the joint committee on children, families and persons with disabilities, the joint committee on health care financing and the chief justice of the trial court of the commonwealth."

After remarks, the amendment was adopted.

Messrs. Lesser, O'Connor and Collins moved that the pending new draft be amended 9
by inserting after section 22 the following 2 sections:-

"SECTION 22A. Section 130 of Chapter 112 of the General Laws, as appearing in the 2020 Official Edition, is hereby amended by striking out the definition of 'The independent practice of clinical social work' and inserting in place thereof the following

definition:-

‘Clinical social work practice’, social work performed by master's level social workers applying evidence-informed theories and methods in the comprehensive assessment and treatment of cognitive, affective and behavioral disorders and distress arising from physical, environmental, psychological, emotional or relational conditions; provided, however, that the scope of clinical social work practice shall include, but not be limited to: (i) assessment, evaluation, psychotherapy and counseling for individuals, families, and groups; (ii) client-centered advocacy, consultation and supervision; and (iii) case management services; provided further, that the practice of clinical social workers shall be within an ecological and ethically-principled framework in the areas of competence that their education and training reflects; and provided further, that ‘clinical social work practice’ shall be multi-systemic, trauma-informed and committed to public health and well-being.

SECTION 22B. Section 133 of said chapter 112, as so appearing, is hereby amended by striking out, in lines 8 and 9, the words ‘the independent practice of clinical social work’ and inserting in place thereof the following words:- ‘clinical social work practice’.”

The amendment was adopted.

Mr. Fattman, Ms. Gobi and Messrs. Tarr and O'Connor moved that the pending new draft be amended by inserting after section 58 the following section: 12

“SECTION 59. Section 1 of chapter 60A of the General Laws, as appearing in the 2018 Official Edition, is hereby amended by inserting, in line 99, after the word 'has' the following words:- ‘been awarded permanent disability compensation by the United States Department of Veterans Affairs at a 100% rating, or’.”

The amendment was *rejected.*

Ms. Creem, Messrs. Tarr and Cronin, Ms. Comerford, Ms. Rausch, Messrs. Eldridge and Gomez, Ms. Moran, Mr. Crighton, Ms. Chang-Diaz and Mr. O'Connor moved that the pending new draft be amended by inserting after section 57 the following section: 31

“SECTION 57A. The state 911 department shall update 560 CMR 5.00 to integrate training on identification of and response to callers experiencing behavioral health crises, which may include crisis intervention training and training on the appropriate diversion of people with behavioral health conditions away from law enforcement response to appropriate behavioral health treatment and support, into the certification standards for certified enhanced 911 telecommunicators.”

After remarks, the amendment was adopted.

Mr. Pacheco, Ms. Moran and Mr. Brady moved that the pending new draft be amended by inserting after section 57 the following section: 69

“SECTION 57A. For the purposes of this section, the term ‘dual diagnosis’ shall mean a mental illness and a substance abuse problem occurring simultaneously in the same individual.

The department of mental health shall establish, on the campus of Taunton state hospital, a behavioral health emergency department relief pilot program, with not less than 15 beds; provided further, that the 15 pilot program beds are supplementary to the existing long term care beds operated by the department and the existing men and women’s recovery from addictions program beds located on the Taunton State Hospital campus, to accept medically stable, high acuity behavioral health and dual diagnosis patients from emergency departments in the southeast region of the commonwealth. Medically stable patients presenting in an emergency department with a high acuity behavioral health condition or a dual diagnosis shall be transferred to this pilot program if another appropriate setting cannot be located within 4 hours of admission to the emergency department. A patient who is admitted to the pilot program shall be cared for until an appropriate placement is found that meets the patient’s needs; provided, however, that the

pilot program shall care for patients either for 14 days following admission or until an appropriate placement is found that meets the patient's needs, whichever is sooner. The program shall be operated and staffed by the department of mental health as needed to provide appropriate care. The department of mental health, in consultation with the department of public health, the National Alliance on Mental Illness of Massachusetts, Inc., the Massachusetts Nurses Association and the Emergency Nurses Association, shall develop program protocols and a staffing plan for the pilot program, not more than 6 months after the effective date of this act. The pilot program shall operate for a period of not more than 2 years.

The department of mental health shall file a report with the joint committee on mental health, substance use and recovery during the final year of the program to evaluate: (i) the impact of the program on emergency department overcrowding in the southeast region of the commonwealth; and (ii) the quality of care provided in the program. The report may be drafted by an independent entity, utilizing data from the department of mental health and local hospitals in the southeast region of the commonwealth."

The amendment was adopted.

Mr. Rodrigues moved that the pending new draft be amended in section 1, by striking 68
out, in line 27, the word "may include, but shall" and inserting in place thereof the following word:- "shall include, but";

By striking out proposed section 22A, inserted by redraft amendment 6, and inserting in place thereof the following section:-

"SECTION 22A. Section 80I of chapter 112, as appearing in the 2020 Official Edition, is hereby amended by inserting after the word 'practitioner', in line 4, the following words:- 'or psychiatric nurse mental health clinical specialist'.";

In section 39, by striking out, in line 1361, the figure "4JJ" and inserting in place thereof the following figure:- "4LL";

In said section 39, by striking out, in line 1364, the figure "4LL" and inserting in place thereof the following figure:- "4MM";

In section 40, by striking out, in line 1399, the words "primary care" and inserting in place thereof the following words:- "evaluation and management";

In section 53, by inserting after the word "group", in line 1599, the following word:- "shall";

In said section 53, by inserting after the word "development", in line 1599, the following word:- "and"; and

In section 58, by inserting after the word "Laws", in line 1628, the following words:- and section 5D of chapter 176O of the General Laws".

The amendment was adopted.

The Ways and Means amendment, as amended, was then adopted.

The bill (Senate, No. 2572, amended) was then ordered to a third reading and read a third time.

The question on passing the bill to be engrossed was determined by a call of the yeas and nays, at eight minutes past six o'clock P.M., on motion of Mr. Rodrigues, as follows to wit (yeas 39 – nays 0) **[Yeas and Nays No. 114]:**

YEAS.

Barrett, Michael J.	Hinds, Adam G.
Brady, Michael D.	Jehlen, Patricia D.
Brownsberger, William N.	Keenan, John F.
Chandler, Harriette L.	Kennedy, Edward J.
Chang-Diaz, Sonia	Lesser, Eric P.
Collins, Nick	Lewis, Jason M.

Comerford, Joanne M.
Creem, Cynthia Stone
Crighton, Brendan P.
Cronin, John J.
Cyr, Julian
DiDomenico, Sal N.
DiZoglio, Diana
Eldridge, James B.
Fattman, Ryan C.
Feeney, Paul R.
Finegold, Barry R.
Friedman, Cindy F.
Gobi, Anne M.
Gomez, Adam
Lovely, Joan B.
Montigny, Mark C.
Moore, Michael O.
Moran, Susan L.
O'Connor, Patrick M.
Pacheco, Marc R.
Rausch, Rebecca L.
Rodrigues, Michael J.
Rush, Michael F.
Spilka, Karen E.
Tarr, Bruce E.
Timilty, Walter F.
Velis, John C. – **39.**

NAYS – 0.

The yeas and nays having been completed at thirteen minutes past six o'clock P.M, the bill was passed to be engrossed [For text of Senate Bill, printed as amended, see Senate, No. 2584].

Sent to the House for concurrence.

PAPER FROM THE HOUSE

Engrossed Bill—Land Taking for Conservation Etc.

Middleton,-- land conveyance.

An engrossed Bill further regulating the conveyance of certain parcels of land in the town of Middleton (see House, No. 3178, amended) (which originated in the House), having been certified by the Senate Clerk to be rightly and truly prepared for final passage,-- was put upon its final passage; and, this being a bill providing for the taking of land or other easements used for conservation purposes, etc., as defined by Article XCVII of the Amendments to the Constitution, the question on passing it to be enacted was determined by a call of the yeas and nays, at fourteen minutes past six o'clock P.M., as follows, to wit (yeas 37 - nays 0) **[Yeas and Nays No. 115]**:

YEAS.

Brady, Michael D.
Brownsberger, William N.
Chandler, Harriette L.
Chang-Diaz, Sonia
Collins, Nick
Comerford, Joanne M.
Creem, Cynthia Stone
Crighton, Brendan P.
Cronin, John J.
Cyr, Julian
DiDomenico, Sal N.
DiZoglio, Diana
Eldridge, James B.
Fattman, Ryan C.
Feeney, Paul R.
Finegold, Barry R.
Friedman, Cindy F.
Gobi, Anne M.
Hinds, Adam G.
Jehlen, Patricia D.
Keenan, John F.
Kennedy, Edward J.
Lesser, Eric P.
Lewis, Jason M.
Lovely, Joan B.
Montigny, Mark C.
Moore, Michael O.
Moran, Susan L.
O'Connor, Patrick M.
Pacheco, Marc R.
Rausch, Rebecca L.
Rodrigues, Michael J.
Rush, Michael F.
Tarr, Bruce E.
Timilty, Walter F.
Velis, John C. – **37.**

Gomez, Adam

NAYS − 0.

ABSENT OR NOT VOTING.

Barrett, Michael J. − **1.**

The yeas and nays having been completed at twenty-six minutes past six o'clock P.M., the bill was passed to be enacted, two-thirds of the members present having agreed to pass the same, and it was signed by the Acting President (Mr. Brownsberger) and laid before the Governor for his approbation.

Moment of Silence.

Moment of silence.

At the request of the Chair (Mr. Brownsberger), the members, guests and staff stood in a moment of silence and reflection to the memory of Charles V. Ryan, Jr.

PAPERS FROM THE HOUSE

Engrossed Bills.

The following engrossed bills (all of which originated in the House), having been certified by the Senate Clerk to be rightly and truly prepared for final passage, were severally passed to be enacted and were signed by the Acting President (Mr. Brownsberger) and laid before the Governor for his approbation, to wit:

Bills laid before the Governor.

Establishing a sick leave bank for Samantha Davignon, an employee of the Department of Children and Families (see House, No. 4094, amended);

Establishing Congressional districts (see House Bill, printed in House, No. 4256); and

Establishing councillor districts (see House Bill, printed in House, No. 4257).

Order Adopted.

On motion of Mr. Tarr,--

Time of meeting.

Ordered, That when the Senate adjourns today, it adjourn to meet again tomorrow at eleven o'clock A.M., and that the Clerk be directed to dispense with the printing of a calendar.

Adjournment in Memory of Charles V. Ryan, Jr.

The Senator from Hampden and Hampshire, Mr. Lesser and the Senator from Hampden, Mr. Gomez moved that when the Senate adjourn today, it do so in memory of Charles V. Ryan, Jr., former Mayor of Springfield.

"Charlie" Ryan was born September 15, 1927 and was the eldest child of Charles V. Ryan and Mary Josephine (MacDonald) Ryan.

A lifelong parishioner of Holy Name Church in Springfield, he was educated at Holy Name Grammar School, Forest Park Junior High School, Classical High School, Georgetown University and Boston College Law School. On Christmas Eve, December 24, 1949, he met and instantly fell in love with Joan McCarthy, and they were married June 24, 1952.

Charlie was a member of the Massachusetts Bar Association since 1951 and spent many decades in the active practice of law. In addition, in 1959 he led the group seeking to change Springfield's Municipal Charter. After that change was approved, he ran for and won the mayor's seat in 1961, serving three terms as the city's first Plan A Mayor. In the mid-1970s, he was named President of Springfield Central Inc., and through this group worked closely with the DiMauro and Neal administrations in advancing development in

downtown Springfield.

In the early 2000s he became a champion of the Springfield Library and in 2003 ran again for mayor and served two 2-year terms, 2004-2007. During these terms, the State imposed a Financial Control Board on the City of Springfield and as Mayor he was a voting member of the Control Board and he worked with the Board to position the city to regain its financial independence.

Charlie was aware of the many blessings he was given and believed we all have an obligation to continue to try to make positive contributions to our families and communities. Charlie was blessed with five devoted daughters who provided ongoing care and support for him these past several years. Through their constant presence and support he enjoyed a full life—this past year he had visits to the Rhode Island shore and the Maine coast and spent time in five of the six New England states.

He was predeceased by his loving wife Joan and three brothers Don, Bob and Philip. He leaves 11 children, Charles of Springfield, Chris (Marianne) of Chesterfield, Mary (Philip) of Sharon, Connecticut, Martha of Springfield, Catherine (John) of South Hadley, Timothy (Maureen) of Springfield, John (Noreen) of Worthington, Joan (Michael) of Providence, Rhode Island, Michael (Amy) of Longmeadow, James (Michelle) of Chesterfield and Jennifer (Martin) of Sunderland. He also leaves 36 grandchildren, 21 great grandchildren, and a host of beloved nieces, nephews, grand nieces and nephews as well as his two sisters Mary Flahive of East Longmeadow and Josephine Sears of Springfield.

Accordingly, as a mark of respect to the memory of Charles V. Ryan, Jr., at twenty-three minutes before seven o’clock P.M., on motion of Mr. Tarr, the Senate adjourned to meet again tomorrow at eleven o’clock A.M.