

SENATE No. 610

The Commonwealth of Massachusetts

PRESENTED BY:

John J. Cronin

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act for supportive care for serious mental illness.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>John J. Cronin</i>	<i>Worcester and Middlesex</i>	
<i>Vanna Howard</i>	<i>17th Middlesex</i>	<i>1/30/2023</i>

SENATE No. 610

By Mr. Cronin, a petition (accompanied by bill, Senate, No. 610) of John J. Cronin and Vanna Howard for legislation relative to supportive care for serious mental illness. Financial Services.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE SENATE, NO. 646 OF 2021-2022.]

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-Third General Court
(2023-2024)**

An Act for supportive care for serious mental illness.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Section 18 of chapter 15A of the General Laws, as appearing in the 2018
2 Official Edition, is hereby amended by adding the following paragraph:-

3 Notwithstanding any general or special law to the contrary, any qualifying student health
4 insurance plan authorized under this chapter shall provide coverage for coordinated specialty
5 care services and assertive community treatment service as described under section 4FF of
6 chapter 176G.

7 SECTION 2. Chapter 32A of the General Laws is hereby amended by adding the
8 following section:-

9 Section 32. (a) For the purposes of this section, the following words shall have the
10 following meanings unless the context clearly requires otherwise:

11 “Assertive Community Treatment”, a team-based, evidenced-based treatment practice
12 that offers treatment, rehabilitation, and support services, using a person-centered, recovery-
13 based flexible treatment program, as defined by evidence-based standards, including, but not
14 limited to, the most current guidelines issued by the federal Substance Abuse and Mental Health
15 Services Administration.

16 “Behavioral health services”, care and services for the evaluation, diagnosis, treatment or
17 management of patients with mental health, developmental or substance use disorders.

18 “Coordinated Specialty Care”, a recovery-oriented treatment program for people with
19 first-episode psychosis, as defined by evidence-based standards, including, but not limited to the
20 most current guidelines issued by the National Institute of Mental Health.

21 “Evidence-based practice”, treatments that are supported by clinical research.

22 “First episode psychosis treatment”, treatment initiated within 74 weeks of the first time
23 an individual experiences an episode of psychosis.

24 “Serious emotional disturbance”, mental, behavioral or emotional disorders in children or
25 adolescents under age 19 that have resulted in functional impairment that substantially interferes
26 with or limits the child’s role or functioning in family, school or community activities.

27 “Serious mental illness”, mental, behavioral or emotional disorders resulting in serious
28 functional impairment that substantially interferes with or limits at least 1 major life activity for
29 an individual not less than 19 years old with a psychiatric diagnosis as defined in the American
30 Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders.

31 (b) Coverage offered by the commission to an active or retired employee of the
32 commonwealth insured under the group insurance commission shall provide coverage for wrap-
33 around coordinated specialty care services for first episode psychosis treatment and assertive
34 community treatment for early or ongoing treatment of person with a previous episode of
35 psychosis who has a serious mental illness or serious emotional disturbance. Coverage under this
36 section shall not be construed as imposing a limit on the number of visits an individual may
37 make to a provider of any of the services under this section.

38 (c) Payment for the services performed under the treatment models listed in this section
39 shall be based on a bundled treatment model or payment, rather than fee-for-service payment for
40 each separate service delivered by a treatment team member.

41 (d) To determine medical necessity for the treatment approaches under this section,
42 neither disability nor functional impairment shall be a precondition to receive the treatment.
43 Medical necessity shall be presumed following a recommendation by a licensed physician,
44 licensed clinical psychologist, licensed professional clinical counselor or licensed clinical social
45 worker.

46 SECTION 3. Chapter 112 of the General Laws is hereby amended by inserting after
47 section 9K the following section:-

48 Section 9L. To credential the mental health professionals and other members of the
49 multidisciplinary coordinated specialty care treatment team or an assertive community treatment
50 team as described under section 32 of chapter 32A, section 39 of chapter 176A, section 26 of
51 chapter 176B, section 34 of chapter 176G and section 14 of chapter 176I, the credentialing of the

52 psychiatrist or the licensed clinical leader of the treatment team shall qualify all members of the
53 treatment team to be credentialed with the insurer.

54 SECTION 4. Chapter 175 of the General Laws is hereby amended by inserting after
55 section 47NN the following section:-

56 Section 47OO. (a) For the purposes of this section, the following words shall have the
57 following meanings unless the context clearly requires otherwise:

58 “Assertive Community Treatment”, a team-based, evidenced-based treatment practice
59 that offers treatment, rehabilitation, and support services, using a person-centered, recovery-
60 based flexible treatment program, as defined by evidence-based standards, including, but not
61 limited to, the most current guidelines issued by the federal Substance Abuse and Mental Health
62 Services Administration.

63 “Behavioral health services”, care and services for the evaluation, diagnosis, treatment or
64 management of patients with mental health, developmental or substance use disorders.

65 “Coordinated Specialty Care”, a recovery-oriented treatment program for people with
66 first-episode psychosis, as defined by evidence-based standards, including, but not limited to the
67 most current guidelines issued by the National Institute of Mental Health.

68 “Evidence-based practice”, treatments that are supported by clinical research.

69 “First episode psychosis treatment”, treatment initiated within 74 weeks of the first time
70 an individual experiences an episode of psychosis.

71 “Serious emotional disturbance”, mental, behavioral or emotional disorders in children or
72 adolescents under age 19 that have resulted in functional impairment that substantially interferes
73 with or limits the child’s role or functioning in family, school or community activities.

74 “Serious mental illness”, mental, behavioral or emotional disorders resulting in serious
75 functional impairment that substantially interferes with or limits at least 1 major life activity for
76 an individual not less than 19 years old with a psychiatric diagnosis as defined in the American
77 Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders.

78 (b) An individual policy of accident and sickness insurance issued under section 108 that
79 provides hospital expense and surgical expense insurance and any group blanket or general
80 policy of accident and sickness insurance issued under section 110 that provides hospital expense
81 and surgical expense insurance that is issued or renewed within or without the commonwealth
82 shall provide coverage for wrap-around coordinated specialty care services for first episode
83 psychosis treatment and assertive community treatment for early or ongoing treatment of person
84 with a previous episode of psychosis who has a serious mental illness or serious emotional
85 disturbance. Coverage under this section shall not be construed as imposing a limit on the
86 number of visits an individual may make to a provider of any of the services under this section.

87 (c) Payment for the services performed under the treatment models listed in this section
88 shall be based on a bundled treatment model or payment, rather than fee-for-service payment for
89 each separate service delivered by a treatment team member.

90 (d) To determine medical necessity for the treatment approaches under this section,
91 neither disability nor functional impairment shall be a precondition to receive the treatment.
92 Medical necessity shall be presumed following a recommendation by a licensed physician,

93 licensed clinical psychologist, licensed professional clinical counselor or licensed clinical social
94 worker.

95 SECTION 5. Chapter 176A of the General Laws is hereby amended by adding the
96 following section:-

97 Section 39. (a) For the purposes of this section, the following words shall have the
98 following meanings unless the context clearly requires otherwise:

99 “Assertive Community Treatment”, a team-based, evidenced-based treatment practice
100 that offers treatment, rehabilitation, and support services, using a person-centered, recovery-
101 based flexible treatment program, as defined by evidence-based standards, including, but not
102 limited to, the most current guidelines issued by the federal Substance Abuse and Mental Health
103 Services Administration.

104 “Behavioral health services”, care and services for the evaluation, diagnosis, treatment or
105 management of patients with mental health, developmental or substance use disorders.

106 “Coordinated Specialty Care”, a recovery-oriented treatment program for people with
107 first-episode psychosis, as defined by evidence-based standards, including, but not limited to the
108 most current guidelines issued by the National Institute of Mental Health.

109 “Evidence-based practice”, treatments that are supported by clinical research.

110 “First episode psychosis treatment”, treatment initiated within 74 weeks of the first time
111 an individual experiences an episode of psychosis.

112 “Serious emotional disturbance”, mental, behavioral or emotional disorders in children or
113 adolescents under age 19 that have resulted in functional impairment that substantially interferes
114 with or limits the child’s role or functioning in family, school or community activities.

115 “Serious mental illness”, mental, behavioral or emotional disorders resulting in serious
116 functional impairment that substantially interferes with or limits at least 1 major life activity for
117 an individual not less than 19 years old with a psychiatric diagnosis as defined in the American
118 Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders.

119 (b) A contract between a subscriber and a nonprofit hospital service corporation under an
120 individual or group hospital service plan shall provide coverage for wrap-around coordinated
121 specialty care services for first-episode psychosis treatment and assertive community treatment
122 for early or ongoing treatment of person with a previous episode of psychosis who has a serious
123 mental illness or serious emotional disturbance. Coverage under this section shall not be
124 construed as imposing a limit on the number of visits an individual may make to a provider of
125 any of the services under this section.

126 (c) Payment for the services performed under the treatment models listed in this section
127 shall be based on a bundled treatment model or payment, rather than fee for service payment for
128 each separate service delivered by a treatment team member.

129 (d) To determine medical necessity for the treatment approaches under this section,
130 neither disability nor functional impairment shall be a precondition to receive the treatment.
131 Medical necessity shall be presumed following a recommendation by a licensed physician,
132 licensed clinical psychologist, licensed professional clinical counselor or licensed clinical social
133 worker.

134 SECTION 6. Chapter 176B of the General Laws is hereby amended by adding the
135 following section:-

136 Section 26. (a) For the purposes of this section, the following words shall have the
137 following meanings unless the context clearly requires otherwise:

138 “Assertive Community Treatment”, a team-based, evidenced-based treatment practice
139 that offers treatment, rehabilitation, and support services, using a person-centered, recovery-
140 based flexible treatment program, as defined by evidence-based standards, including, but not
141 limited to, the most current guidelines issued by the federal Substance Abuse and Mental Health
142 Services Administration.

143 “Behavioral health services”, care and services for the evaluation, diagnosis, treatment or
144 management of patients with mental health, developmental or substance use disorders.

145 “Coordinated Specialty Care”, a recovery-oriented treatment program for people with
146 first-episode psychosis, as defined by evidence-based standards, including, but not limited to the
147 most current guidelines issued by the National Institute of Mental Health.

148 “Evidence-based practice”, treatments that are supported by clinical research.

149 “First episode psychosis treatment”, treatment initiated within 74 weeks of the first time
150 an individual experiences an episode of psychosis.

151 “Serious emotional disturbance”, mental, behavioral or emotional disorders in children or
152 adolescents under age 19 that have resulted in functional impairment that substantially interferes
153 with or limits the child’s role or functioning in family, school or community activities.

154 “Serious mental illness”, mental, behavioral or emotional disorders resulting in serious
155 functional impairment that substantially interferes with or limits at least 1 major life activity for
156 an individual not less than 19 years old with a psychiatric diagnosis as defined in the American
157 Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders.

158 (b) A contract between a subscriber and a medical service corporation shall provide
159 coverage for wrap-around coordinated specialty care services for first episode psychosis
160 treatment and assertive community treatment for early or ongoing treatment of person with a
161 previous episode of psychosis who has a serious mental illness or serious emotional disturbance.
162 Coverage under this section shall not be construed as imposing a limit on the number of visits an
163 individual may make to a provider of any of the services under this section.

164 (c) Payment for the services performed under the treatment models listed in this section
165 shall be based on a bundled treatment model or payment, rather than fee for service payment for
166 each separate service delivered by a treatment team member.

167 (d) To determine medical necessity for the treatment approaches under this section,
168 neither disability nor functional impairment shall be a precondition to receive the treatment.
169 Medical necessity shall be presumed following a recommendation by a licensed physician,
170 licensed clinical psychologist, licensed professional clinical counselor or licensed clinical social
171 worker.

172 SECTION 7. Chapter 176G of the General Laws is hereby amended by adding the
173 following section:-

174 Section 34. (a) For the purposes of this section, the following words shall have the
175 following meanings unless the context clearly requires otherwise:

176 “Assertive Community Treatment”, a team-based, evidenced-based treatment practice
177 that offers treatment, rehabilitation, and support services, using a person-centered, recovery-
178 based flexible treatment program, as defined by evidence-based standards, including, but not
179 limited to, the most current guidelines issued by the federal Substance Abuse and Mental Health
180 Services Administration.

181 “Behavioral health services”, care and services for the evaluation, diagnosis, treatment or
182 management of patients with mental health, developmental or substance use disorders.

183 “Coordinated Specialty Care”, a recovery-oriented treatment program for people with
184 first-episode psychosis, as defined by evidence-based standards, including, but not limited to the
185 most current guidelines issued by the National Institute of Mental Health.

186 “Evidence-based practice”, treatments that are supported by clinical research.

187 “First episode psychosis treatment”, treatment initiated within 74 weeks of the first time
188 an individual experiences an episode of psychosis.

189 “Serious emotional disturbance”, mental, behavioral or emotional disorders in children or
190 adolescents under age 19 that have resulted in functional impairment that substantially interferes
191 with or limits the child’s role or functioning in family, school or community activities.

192 “Serious mental illness”, mental, behavioral or emotional disorders resulting in serious
193 functional impairment that substantially interferes with or limits at least 1 major life activity for
194 an individual not less than 19 years old with a psychiatric diagnosis as defined in the American
195 Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders.

196 (b) A contract between a member and a health maintenance organization shall provide
197 coverage for wrap-around coordinated specialty care services for first episode psychosis
198 treatment and assertive community treatment for early or ongoing treatment of person with a
199 previous episode of psychosis who has a serious mental illness or serious emotional disturbance.
200 Coverage under this section shall not be construed as imposing a limit on the number of visits an
201 individual may make to a provider of any of the services under this section.

202 (c) Payment for the services performed under the treatment models listed in this section
203 shall be based on a bundled treatment model or payment, rather than fee for service payment for
204 each separate service delivered by a treatment team member.

205 (d) To determine medical necessity for the treatment approaches under this section,
206 neither disability nor functional impairment shall be a precondition to receive the treatment.
207 Medical necessity shall be presumed following a recommendation by a licensed physician,
208 licensed clinical psychologist, licensed professional clinical counselor or licensed clinical social
209 worker.

210 SECTION 8. Chapter 176I of the General Laws is hereby amended by adding the
211 following section:-

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

214 “Assertive Community Treatment”, a team-based, evidenced-based treatment practice
215 that offers treatment, rehabilitation, and support services, using a person-centered, recovery-
216 based flexible treatment program, as defined by evidence-based standards, including, but not

217 limited to, the most current guidelines issued by the federal Substance Abuse and Mental Health
218 Services Administration.

219 “Behavioral health services”, care and services for the evaluation, diagnosis, treatment or
220 management of patients with mental health, developmental or substance use disorders.

221 “Coordinated Specialty Care”, a recovery-oriented treatment program for people with
222 first-episode psychosis, as defined by evidence-based standards, including, but not limited to the
223 most current guidelines issued by the National Institute of Mental Health.

224 “Evidence-based practice”, treatments that are supported by clinical research.

225 “First episode psychosis treatment”, treatment initiated within 74 weeks of the first time
226 an individual experiences an episode of psychosis.

227 “Serious emotional disturbance”, mental, behavioral or emotional disorders in children or
228 adolescents under age 19 that have resulted in functional impairment that substantially interferes
229 with or limits the child’s role or functioning in family, school or community activities.

230 “Serious mental illness”, mental, behavioral or emotional disorders resulting in serious
231 functional impairment that substantially interferes with or limits at least 1 major life activity for
232 an individual not less than 19 years old with a psychiatric diagnosis as defined in the American
233 Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders.

234 (b) A preferred provider contract between a covered person and an organization shall
235 provide coverage for wrap-around coordinated specialty care services for first episode psychosis
236 treatment and assertive community treatment for early or ongoing treatment of person with a
237 previous episode of psychosis who has a serious mental illness or serious emotional disturbance.

238 Coverage under this section shall not be construed as imposing a limit on the number of visits an
239 individual may make to a provider of any of the services under this section.

240 (c) Payment for the services performed under the treatment models listed in this section
241 shall be based on a bundled treatment model or payment, rather than fee for service payment for
242 each separate service delivered by a treatment team member.

243 (d) To determine medical necessity for the treatment approaches under this section,
244 neither disability nor functional impairment shall be a precondition to receive the treatment.
245 Medical necessity shall be presumed following a recommendation by a licensed physician,
246 licensed clinical psychologist, licensed professional clinical counselor or licensed clinical social
247 worker.

248 SECTION 9. Not later than 6 months after the effective date of this act, the division of
249 insurance shall convene a working group of insurance companies and mental health treatment
250 providers that deliver the bundled treatment approaches listed in section 32 of chapter 32A,
251 section 39 of chapter 176A, section 26 of chapter 176B, section 34 of chapter 176G and section
252 14 of chapter 176I to determine a coding solution to allow the bundled treatment models to be
253 coded and paid for as a bundle of services, similar to bundled payments under a single billing
254 code for physical health care.

255 SECTION 10. The group insurance commission, the division of insurance and the health
256 connector shall promulgate any regulations necessary to implement this section not later than six
257 months after enactment.

258 SECTION 11. All carriers must implement these benefits and demonstrate to the
259 Division of Insurance the adequacy of their provider networks for these services by the effective

260 date of this act. Any carrier that fails to demonstrate adequate networks of providers of these
261 services by the effective date shall:

262 (a) assist any plan member to find an out-of-network CSC program or ACT program and
263 to cover those services as if they were furnished in network; and

264 (b) report monthly to the Division of Insurance on the status of their networks, and pay a
265 fine of \$50,000 per month.

266 SECTION 12. After 5 years following full implementation of this act, the health policy
267 commission, the division of insurance and the group insurance commission shall collaborate to
268 perform an independent analysis of the impact of the coverage of the team-based treatment
269 models provided under this section upon savings in hospitalization costs or other costs and on
270 any increase in cost to the group insurance commission, the division of insurance or group
271 insurance commission members. The analysis shall review claims payment and plan and
272 consumer cost data for the largest group insurance commission plans that comprise at least 80
273 per cent of the covered lives at the time of the study.

274 SECTION 13. This act shall take effect 1 year after its passage.