

**HOUSE . . . . . No. 1977**

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**The Commonwealth of Massachusetts**

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PRESENTED BY:

*Marjorie C. Decker*

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*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 to identify and eliminate racial and sexual orientation and gender identity disparities in mental health.

\_\_\_\_\_

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Marjorie C. Decker</i>	<i>25th Middlesex</i>	<i>1/10/2023</i>
<i>Lindsay N. Sabadosa</i>	<i>1st Hampshire</i>	<i>1/20/2023</i>

**HOUSE . . . . . No. 1977**

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By Representative Decker of Cambridge, a petition (accompanied by bill, House, No. 1977) of Marjorie C. Decker and Lindsay N. Sabadosa relative to reporting requirements to identify and eliminate racial and sexual orientation and gender identity disparities in mental health. Mental Health, Substance Use and Recovery.

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[SIMILAR MATTER FILED IN PREVIOUS SESSION  
SEE HOUSE, NO. 2082 OF 2021-2022.]

**The Commonwealth of Massachusetts**

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

An Act to identify and eliminate racial and sexual orientation and gender identity disparities in mental health.

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

1 Chapter 6D of the General Laws, as appearing in the 2020 Official Edition, is hereby  
2 amended by adding the following section:—

3 Section 20. (a) The commission shall issue an annual report that shall include data  
4 designed to assist in identifying and eliminating disparities in behavioral health treatment. The  
5 report shall examine the prevalence of behavioral health and substance use disorders and suicide  
6 among different populations of individuals in the commonwealth, such populations’ access to  
7 services and evidence-based treatments, the availability of information to various populations  
8 regarding access to treatment, the level of diversity in the behavioral health workforce, and  
9 payment systems or methodologies for behavioral health treatments. The report shall examine

10 differences in the prevalence of mental illness, substance use disorders and suicide between  
11 various groups based on (i) race and ethnicity; (ii) sexual orientation and gender identity; (iii)  
12 income levels; (iv) age; (v) place of residence; (vi) homelessness; (vii) disability; (viii) primary  
13 language; and (ix) incarceration status. The commission shall investigate and study the  
14 accessibility of behavioral health and substance use disorder services in the commonwealth,  
15 including but not limited to: (i) the geographic distribution and availability to various  
16 populations described in this section of inpatient and outpatient, emergency, and hospital  
17 diversionary behavioral health and substance use disorder services; (ii) how such diversionary  
18 behavioral health and substance use disorder services are reimbursed; and (iii) the adequacy of  
19 the geographic distribution of such services to address the needs of the different populations  
20 described in this section. The report shall also address the use, availability and reimbursement of  
21 evidence-based practices among different communities and populations. Evidence-based  
22 practices shall include collaborative or integrated care, the program for assertive community  
23 treatment, early psychosis programs, comprehensive trauma services, medication-assisted  
24 treatment for addictions and dual recovery crisis intervention.

25 (b) The report shall include a review of the behavioral health and substance use disorder  
26 workforce in the commonwealth. The review shall address : (i) the demographic makeup of such  
27 workforce; (ii) existing workforce pipelines, incentives and training and the adequacy of such  
28 pipelines to support the development of a culturally diverse and competent workforce; (iii)  
29 workforce models to address social determinants of health including but not limited to the use of  
30 community health workers, recovery coaches, healthcare navigators, and care coordinators; (iv)  
31 methods of reimbursement that will support services and decrease workforce turnover; and (v)  
32 adequacy of health care insurance payments.

33 (c) The report shall examine: (i) the respective roles of the department of mental health  
34 and the department of public health in monitoring mental health disparities and providing for  
35 intervention; (ii) methods and funding mechanisms available to address primary, secondary, and  
36 tertiary prevention of mental health conditions; (iii) the role of the criminal justice system in  
37 diverting those with mental illness and substance use disorder from jails and prisons; (iv) the  
38 availability of jail diversion programs in different regions of commonwealth; (v) the adequacy of  
39 existing civil commitment and guardianship laws support mental health and addiction recovery  
40 in an equitable and trauma-informed manner; and (vi) and the demographic makeup of  
41 incarcerated individuals in the commonwealth.

42 (d) The commission shall issue and provide such report, on or before July 1 of each year,  
43 to the secretary of health and human services, the commissioner of public health, the  
44 commissioner of mental health, the commissioner of insurance, the attorney general, the senate  
45 president, the speaker of the house, the house and senate committees on ways and means, and the  
46 chairs of the joint committees on health care financing, public health, and mental health,  
47 substance use and recovery.