HOUSE DOCKET, NO. 3880   FILED ON: 2/19/2021

HOUSE . . . . No. 2084

The Commonwealth of Massachusetts

PRESENTED BY:

Marjorie C. Decker

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 create a thriving public health response for adolescents.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
Marjorie C. Decker	*25th Middlesex*	*2/19/2021*
Christina A. Minicucci	*14th Essex*	*2/26/2021*
Nika C. Elugardo	*15th Suffolk*	*2/26/2021*
Marcos A. Devers	*16th Essex*	*3/8/2021*
Lindsay N. Sabadosa	*1st Hampshire*	*3/9/2021*
Tram T. Nguyen	*18th Essex*	*3/10/2021*
Susannah M. Whipps	*2nd Franklin*	*3/15/2021*
Mathew J. Muratore	*1st Plymouth*	*3/15/2021*
Sean Garballey	*23rd Middlesex*	*3/30/2021*
Joanne M. Comerford	*Hampshire, Franklin and Worcester*	*3/31/2021*
Michelle M. DuBois	*10th Plymouth*	*4/1/2021*

HOUSE DOCKET, NO. 3880 FILED ON: 2/19/2021

HOUSE . . . . No. 2084

By Ms. Decker of Cambridge, a petition (accompanied by bill, House, No. 2084) of Marjorie C. Decker and others for legislation to establish an advisory council on school based behavioral health to advise on issues of behavioral health promotion, prevention, and intervention services in school districts. Mental Health, Substance Use and Recovery.

The Commonwealth of Massachusetts

In the One Hundred and Ninety-Second General Court
(2021-2022)

An Act to create a thriving public health response for adolescents.

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. Chapter 6A of the General Laws is hereby amended by inserting after
2 section 16BB the following 2 sections:-

3 Section 16 CC. (a) There shall be an advisory council on school based behavioral health.
4 Hereinafter "council" within, but not subject to control of, the executive office of health and
5 human services. The council shall advise the governor, the general court, the secretary of
6 education and the secretary of health and human services on the implementation of a multi-tiered
7 system of behavioral health promotion, prevention, and intervention services in each school
8 district.

9 (b) The council shall be comprised of:

10 (i) the following 10 members, who shall serve ex officio: the commissioner of mental
11 health who shall serve as co-chair, the commissioner of education who shall serve as co-chair,

12 the commissioner of children and families, the commissioner of youth services, the
13 commissioner of developmental services, the commissioner of public health, the commissioner
14 of elementary and secondary education, the commissioner of early education and care, the
15 commissioner of insurance, the director of Medicaid, and the child advocate, or their designees;

16 (ii) additional persons appointed by the secretary of health and human services from the
17 aforementioned agencies and from the executive office of health and human services; and

18 (iii) 1 person from each of the following organizations appointed by the secretary of
19 health and human services from a list of nominees submitted by each organization:-

20 MA Association of School Superintendents- a superintendent

21 MA Association of School Committees- a school committee member

22 MA Secondary School Administrators Association-

23 MA Elementary School Principals Association

24 MA Federation of Teachers and MA Teachers Association – joint appointment?

25 MA Organization of Educational Collaboratives

26 MA School Counselor Association

27 MA School Nurse Organization

28 MA School Based Health Alliance

29 Massachusetts School Psychological Association, Inc;

30 The Massachusetts chapter of the American Academy of Pediatrics;

31 New England Council of Child and Adolescent Psychiatry, Inc.;

32 The Massachusetts chapter of the National Association of Social Workers;

33 The Children's Mental Health Campaign,

34 Children's League of Massachusetts, Inc

35 The Association for Behavioral Health,

36 Massachusetts Association for Mental Health, Inc.,

37 Blue Cross and Blue Shield of Massachusetts, Inc,

38 Massachusetts Association of Health Plans, Inc.

39 Parent/Professional Advocacy League, Inc;

40 Federation for Children with Special Needs

41 and (v) a representative of a Massachusetts recovery high school and 2 persons under the
42 age of 22 who have received behavioral health services

43 The members of the council shall represent the culturally and linguistically diverse
44 populations of children in the Commonwealth.

45 (c) The terms for nongovernmental members shall be 3 years. Upon the expiration of a
46 term, a nongovernmental member shall serve until a successor has been appointed; provided,
47 however, that if a vacancy exists prior to the expiration of a term, another nongovernmental
48 member shall be appointed to complete the unexpired term.

49 (d) The Secretary of Health and Human Services may appoint other state agency staff or
50 community members on a permanent or ad hoc basis as necessary to fulfill the purpose of the
51 council.

52 (e) The council shall recommend a timeline for statewide implementation of a multi-
53 tiered system of behavioral health supports for students and bi-annually develop a plan with
54 benchmarks to guide and measure progress toward statewide implementation.

55 The biannual plan shall at minimum address the following;

56 ● eliminating systemic inequities & disparities in access to school-based behavioral
57 health;

58 ● school behavioral health staffing targets across disciplines,

59 ● capacity building support including professional development and technical assistance
60 for delivery of culturally relevant models of behavioral health promotion, prevention and
61 intervention services and supports,

62 ● engagement and support of caregivers

63 ● formal collaboration and partnerships between schools and community based
64 organizations and state agencies

65 ● ongoing data collection and assessment

66 ● state financing of school based behavioral health

67 ● universal and targeted behavioral health screening

68 (f) The council shall develop guidance documents to assist schools in conceptualizing and
69 operationalizing behavioral promotion, prevention and intervention services and supports. The
70 task force shall issue guidance for implementing universal and targeted behavioral health
71 screening models in schools not later than July 31, 2021.

72 (g) The council shall establish a permanent data subcommittee. The data subcommittee
73 shall be chaired by the Child Advocate or her designee and include representatives of each state
74 agency appointed to the Task Force, other members of the council may serve on the data
75 subcommittee as they are able. The data subcommittee shall compile a cross agency data set for
76 the purpose of enabling the council to make data driven decisions about council priorities and
77 recommendations including recommended resource allocations. Said data set will focus on the
78 scope and nature of the behavioral health needs of students, the outcomes of behavioral health
79 promotion, prevention and intervention services and supports, gaps and disparities in access to
80 services and emerging patterns and trends in student behavioral health. The subcommittee shall
81 establish a format and schedule for regularly reporting said data to the Administration,
82 Legislature and the Advisory Committee provided that at minimum reporting shall occur
83 annually.

84 (h) The council may establish additional subcommittees and invite participation in
85 subcommittees by individuals and organizations who are not council members as needed to
86 accomplish the goals of the council.

87 (i) The council shall make legislative and regulatory recommendations related to
88 statewide implementation of a multi-tiered system of behavioral health promotion prevention and
89 intervention services in each school district.

90 (j) The council shall submit an annual report, with legislative and regulatory
91 recommendations, annually on October 1st to the governor, the secretary of health and human
92 services, the commissioner of early education and care, the commissioner of elementary and
93 secondary education, the child advocate and the general court, by filing them with the clerks of
94 the senate and the house of representatives, the joint committee on mental health and substance
95 abuse and recovery, the joint committee on education and the senate and the house committees
96 on ways and means.

97 (k) The meetings of the council shall comply with chapter 30A, except that the council,
98 through its by-laws, may provide for executive sessions of the council. No action of the council
99 shall be taken in an executive session. (g) The members of the council shall not receive a salary
100 or per diem allowance for serving as members of the council.

101 Section 16 DD (a) Subject to appropriation, the executive office of health and human
102 services in consultation with the executive office of education shall develop and implement a
103 statewide, regionalized program of consultation, coaching, and technical assistance targeted to
104 assisting in implementing a multi-tiered system of behavioral health support in each school
105 district.

106 (b) The program shall have a central base of operations with regional offices. The
107 program will provide web based, in person and remote supports to administrators, teachers and
108 school behavioral health staff on a full range of issues related to planning, administering and
109 managing behavioral health promotion, prevention and intervention services and supports
110 including engagement of families with a focus on ensuring equitable, culturally relevant and
111 developmentally appropriate responses, including access to service.

112 SECTION 2. Chapter 69 of the General Laws is hereby amended by striking Section 8A
113 and inserting in place thereof the following new Section 8A. (a) Each school committee and
114 commonwealth charter school board of trustees shall ensure that every school under its
115 jurisdiction has a written medical and behavioral health emergency response plan to reduce the
116 incidence of life-threatening emergencies and behavioral health crises to promote efficient and
117 appropriate responses to such emergencies. The plan shall be in addition to the multi-hazard
118 evacuation plan required under section 363 of chapter 159 of the acts of 2000.

119 Each plan shall include:

120 (1) a method for establishing a rapid communication system linking all parts of the school
121 campus, including outdoor facilities and practice fields, to the emergency medical and behavioral
122 health mobile crisis services systems and protocols to clarify when the emergency medical
123 services and behavioral health mobile crisis system and other emergency contact people shall be
124 called;

125 (2) a determination of emergency medical service and behavioral health mobile crisis
126 response time to any location on campus;

127 (3) a list of relevant contacts and telephone numbers with a protocol indicating when each
128 person shall be called, including names of professionals to help with post-emergency support;

129 (4) a method to efficiently direct emergency medical services and behavioral health
130 mobile crisis personnel to any location on campus, including to the location of available rescue
131 equipment;

132 (4a) protocols for informing parents and reporting to the Department of Elementary and
133 Secondary Education when police or emergency medical technicians or other non behavioral
134 health personnel are contacted to respond to a behavioral health crisis.

135 (5) safety precautions to prevent injuries in classrooms and on the facilities;

136 (6) a method of providing access to training in cardiopulmonary resuscitation and first aid
137 for teachers, athletic coaches, trainers and other school staff, which may include training high
138 school students in cardiopulmonary resuscitation; and

139 (7) in the event the school possesses an automated external defibrillator, the location of
140 the device, whether or not its location is either fixed or portable and those personnel who are
141 trained in its use.

142 Plans shall be developed in consultation with the school principal, school nurse, school
143 behavioral health counselor or social worker, school athletic director, team physicians, coaches,
144 trainers and local police, fire, mobile crisis team, and emergency personnel, as appropriate.
145 Schools shall practice the response sequence at the beginning of each school year and
146 periodically throughout the year and evaluate and modify the plan as necessary. School officials
147 shall review the response sequence with local fire and police officials at least 1 time each year
148 and shall conduct periodic walk-throughs of school campuses. Plans shall be submitted once
149 every 3 years to the department of elementary and secondary education, the local police
150 department and the local fire department on or before September 1. Plans shall be updated in the
151 event of new construction or physical changes to the school campus as determined by the local
152 police department.

153 Included in each initial and subsequent filing of a medical emergency response plan, each
154 school district shall report on the availability of automated external defibrillators in each school
155 within the district, including, the total amount available in each school, the location of each
156 within the school, whether or not the device is in a fixed location or is portable, those personnel
157 or volunteers who are trained in its use, those personnel with access to the device during regular
158 school hours and after and the total estimated amount of automated external defibrillators
159 necessary to ensure campus-wide access during school hours, after-school activities and public
160 events.

161 (b) The department of elementary and secondary education, in consultation with the
162 department of public health, shall develop a cost-neutral model medical emergency and
163 behavioral health crisis response plan in order to promote best practices. Said model plan shall be
164 made available to school committees and commonwealth charter school boards. In developing
165 the model plan, the department shall refer to research prepared by the American Heart
166 Association, the American Academy of Pediatrics, MassHealth and other relevant organizations
167 that identify the essential components of a medical and behavioral health emergency response
168 plan. The department shall biennially update the model plan and post the plan on its website.

169 SECTION 3. Chapter 15D of the General Laws is hereby amended by inserting, after
170 section 12, the following section: Section 12A. Pursuant to clause (t) of section 2, the department
171 shall develop performance standards for prohibiting or significantly limiting the use of
172 suspension and expulsion in all licensed early education and care programs. The standards shall
173 ensure that expulsion or suspension is only used in extraordinary circumstances where there is a
174 documented assessment that the child's behavior poses a serious ongoing threat to the safety of

175 others that cannot be reduced or eliminated by the provision of reasonable program
176 modifications.

177 The standards shall include, but not be limited to:

178 (1) benchmarks and goals for supporting children's social, emotional and behavioral
179 development to include reducing the use of exclusion as a disciplinary tool and for eliminating
180 disparities in the use of suspension and expulsion, and facilitating referrals for children with
181 intensive needs; (2) engagement steps to be taken with the child and parent or guardian prior to
182 suspension or expulsion;(3) requirements for communicating disciplinary policies, including
183 suspension and expulsion policies, to staff, families and community partners; (4) pathways for
184 programs to access technical assistance to support ongoing development of staff and teacher
185 skills for supporting children's social, emotional and behavioral development, reducing
186 disparities and limiting the use of suspension and expulsion; and (5) requirements for assessing
187 and documenting a serious ongoing threat to the safety of others (6) infant and toddler program
188 reporting requirements.

189 SECTION 4. Chapter 111 of the General Laws is hereby amended by inserting after
190 section 51½ the following section:-

191 Section 51¾. The department, in consultation with the department of mental health, shall
192 promulgate regulations requiring all acute-care hospitals licensed under section 51G to provide
193 or arrange for qualified behavioral health clinicians, during all operating hours of an emergency
194 department or a satellite emergency facility as defined in section 51½, to evaluate and stabilize a
195 person admitted with a behavioral health presentation to the department, or to a facility and to
196 refer such person for appropriate treatment or inpatient admission.

197 The regulations shall permit evaluation via telemedicine, electronic or telephonic
198 consultation, as deemed appropriate by the department.

199 The regulations shall be promulgated after consultation with the department of mental
200 health and the division of medical assistance and shall include, but not be limited to,
201 requirements that individuals under the age of 22 receive an expedited evaluation and
202 stabilization process.

203 SECTION 5. Notwithstanding any general or special law to the contrary, the so called
204 expedited psychiatric inpatient admissions protocol, developed by the executive office of health
205 and human services, department of mental health, department of public health, division of
206 medical assistance and division of insurance, shall: (i) require, for patients under the age of 22,
207 notification to the department of mental health to expedite placement in or admission to an
208 appropriate treatment program or facility within 48 hours of boarding or within 48 hours of being
209 assessed to need acute psychiatric treatment and having been determined by a licensed health
210 care provider to be medically stable without needing urgent medical assessment or
211 hospitalization for a physical health condition; (ii) include, within the escalation protocol,
212 patients who initially had a primary medical diagnosis or primary presenting problem requiring
213 treatment on a medical-surgical floor, who have been subsequently medically cleared and are
214 boarding on a medical-surgical floor for an inpatient psychiatric placement; and (iii) include, for
215 patients under the age of 22, notification upon discharge from the emergency department,
216 satellite emergency facility or medical-surgical floor to the patient’s primary care physician, if
217 known.

218 SECTION 6. Notwithstanding any general or special law, rule or regulation to the
219 contrary, the Office of Medicaid shall develop a streamlined process to enhance the current
220 community-based behavioral health screening process and direct Medicaid contracted health
221 insurers, health plans, health maintenance organizations, behavioral health management firms
222 and third party administrators under contract to a Medicaid managed care organization or the
223 Medicaid primary care clinician plans to allow admission to inpatient behavioral health services
224 from a community-based setting where a patient under the age of 18 is presenting with a
225 behavioral health condition that requires such admission but does not require a medical screening
226 examination in an emergency department. Said process shall be developed after consultation
227 with a working group that includes representatives from the Association for Behavioral
228 Healthcare, Massachusetts College of Emergency Physicians, Massachusetts League of
229 Community Health Centers, Massachusetts Psychiatric Society, Massachusetts Health and
230 Hospital Association, National Alliance on Mental Illness, the Massachusetts Association of
231 Behavioral Health Systems, and all applicable carriers that cover such services. The Office of
232 Medicaid shall file a report on the status of the working group, progress of the streamlined
233 process, and, if necessary, legislative recommendations with the clerks of the senate and house of
234 representatives, the house and senate chairs of the joint committee on mental health, substance
235 use and recovery, the joint committee on public health, the joint committee on health care
236 financing and the house and senate committees on ways and means no later than six months after
237 the first meeting of the working group. A report of the final implemented streamlined process
238 shall be filed with said committees no later than July 31, 2021.

239 SECTION 7. Chapter 15D of the General Laws is hereby amended in Section 4A
240 subsection (c) by inserting the following:

241 On or before January 1, 2022 the Department shall develop performance specification
242 standards for prohibiting or severely limiting the use of suspension and expulsion for use only as
243 a last resort in extraordinary circumstances where there is a serious safety threat that cannot be
244 reduced or eliminated by the provision of reasonable program modifications. The standards shall
245 at minimum include: 1) benchmarks and goals for supporting children's social emotional and
246 behavioral development to include reducing the use of exclusion as a disciplinary tool and for
247 eliminating disparities in the use of suspension and expulsion; 2) engagement steps to be taken
248 with the child and parent or guardian prior to suspension or expulsion; 3) requirements for
249 communicating discipline policies including suspension and expulsion policies to staff, families
250 and community partners; 4) specifications for achieving performance standards which, reward
251 and incentivize programs to access technical assistance to support ongoing development of staff
252 and teacher skills for supporting children's social emotional and behavioral development,
253 reducing disparities and limiting the use of suspension and expulsion.

254 SECTION 8. Section 32 of M.G.L. c.119 is hereby amended by inserting after the words
255 "Social Security Act" the following: "and assessed for behavioral health symptoms and sequelae,
256 including those related to the precipitating factors of their entry into care."

257 SECTION 9. Section 3 of Chapter 71 is hereby amended by striking the first sentence and
258 2 inserting in place the following:-

259 "Physical and mental health education shall be taught as required subjects in all grades
260 for all students in the public schools for the purpose of promoting the physical and mental well-
261 being of such students. Mental health education programs shall recognize multiple dimensions of
262 health by including mental health, and the relationship of physical health and mental health, so as

263 to enhance student understanding, attitudes and behaviors that promote health, well-being and
264 human dignity."

265 Section 1 of Chapter 76 is hereby amended by striking the last sentence and inserting in
266 place the following:-

267 "For the purposes of this section, school committees shall approve a private school when
268 satisfied that the instruction in all the studies required by law equals in thoroughness and
269 efficiency, and in the progress made therein, that in the public schools in the same town, in
270 addition to the incorporation of a mental health education program into the curriculum in
271 accordance with the provisions in section three of chapter seventy-one; but shall not withhold
272 such approval on account of religious teaching, and, in order to protect children from the hazards
273 of traffic and promote their safety, cities and towns may appropriate money for conveying pupils
274 to and from any schools approved under this section."

275 SECTION 10. Chapter 118E of the General Laws, as appearing in the 2018 Official
276 Edition, is hereby amended by inserting after section 10H the following new section:-

277 Section 10H1/2. For children under the age of 18, the division shall cover treatment,
278 diagnostic evaluations, assessment, testing and supervisory services provided by licensed
279 psychologists.

280 SECTION 11. Section 16 of chapter 6A, as appearing in the 2018 Official edition of the
281 General Laws, is hereby amended by adding, at the end thereof, the following paragraph:-

282 The secretary of the executive office of health and human services shall ensure that
283 network hospitals are compensated at their full negotiated rate for behavioral health services

284 provided to MassHealth patients under the age of 18 who are also clients of agencies within the
285 executive office of health and human services and for whom no appropriate alternative
286 placement is available, provided however, that such compensation shall only be provided if the
287 hospital can document that it has engaged in good faith efforts to place said clients in an
288 appropriate alternative setting.

289 SECTION 12. Chapter 118E of the General Laws, as so appearing, is hereby amended by
290 adding after Section 16D the following section:-

291 Section 16E. (1) Notwithstanding any other law, there is hereby established a program of
292 comprehensive health coverage for children and young adults under the age of 21 who are
293 residents of the Commonwealth, as defined under section 8 of this chapter, who are not
294 otherwise eligible for comprehensive benefits under Title XIX or XXI of the Social Security Act
295 or under the demonstration pursuant to Section 9A of this chapter solely due to their immigration
296 status. Children and young adults shall be eligible to receive comprehensive MassHealth benefits
297 equivalent to the benefits available to individuals of like age and income under categorical and
298 financial eligibility requirements established by the Executive Office pursuant to said Title XIX
299 and Title XXI.

300 (2) The Executive Office shall maximize federal financial participation for the benefits
301 provided under this section, however benefits under this section shall not be conditioned on the
302 availability of federal financial participation.

303 SECTION 13. There shall be, subject to appropriation, a pilot program administered by
304 the department of higher education, in consultation with the department of mental health, to
305 encourage a culturally, ethnically and linguistically diverse behavioral health workforce. The

306 program shall be a partnership between colleges and behavioral health providers in the
307 community and may be funded through the behavioral health outreach, access and support trust
308 fund established under section 2GGGGG of chapter 29 of the General Laws.

309 Participants shall attend graduate-level classes to receive academic credits toward a
310 master's degree in the field of behavioral health and receive a clinical placement by the college
311 providing the graduate-level classes. The college shall prioritize placements with community
312 providers serving high-need populations, including children, veterans, clients of the department
313 of children and families, incarcerated or formerly incarcerated individuals, including justice-
314 involved youth and emerging adults, individuals with post-traumatic stress disorder, aging adults,
315 school-aged youth and individuals with a co-morbidity. Not more than 12 months after the
316 completion of the pilot , the department of higher education shall file a report with the clerks of
317 the senate and house of representatives, the joint committee on higher education and the joint
318 committee on mental health, substance use and recovery that provides: (i) a description of the
319 community partners participating in the pilot; (ii) a summary of post-program employment or
320 continuing education plans of participating students; and (iii) any recommendations on ways to
321 further encourage a culturally, ethnically and linguistically diverse behavioral health workforce.
322 The report shall be written in non-technical, readily understandable language and shall be made
323 available to the public by posting the report on the department of higher education's website.

324 SECTION 14. Chapter 118E of the general laws is amended by adding at the end thereof,
325 the following new section: Section 79. MassHealth shall make Graduate Medical Education
326 payments for primary care, behavioral health, and other physician shortage professions residency
327 training. Eligible recipients shall include community health centers and hospitals licensed in the
328 Commonwealth.

329 SECTION 15. Chapter 111 of the General Laws is hereby amended by inserting after

330 section

331 237 the following section:-

332 Section 238. (a) For the purposes of this section, the following words shall have the

333 following meanings unless the context or subject matter clearly requires otherwise:-

334 “Integrated Care”, full collaboration in merged or transformed practices offering

335 behavioral and physical health services within the same shared practice space in the same

336 facility, where the entity-

337 (a) Provides services in a shared spare that ensures services will be available and

338 accessible promptly and in a manner which preserves human dignity and assures continuity of

339 care;

340 (b) Ensures communication among the integrated care team that is consistent and team-

341 based;

342 (c) Ensures shared decision making between behavioral health providers, primary care

343 providers and other service providers involved in promoting the health and wellbeing of the

344 client

345 (d) Provides evidence-based services in a mode of service delivery appropriate for the

346 target population;

347 (e) Employs staff who are multidisciplinary and culturally and linguistically competent;

348 (f) Provides integrated services related to screening, diagnosis, and treatment of mental
349 illness and substance use disorder and co-occurring primary care conditions and chronic
350 diseases; and

351 (g) Provides targeted case management including services to assist individuals gaining
352 access to needed medical, social, educational and other services and applying for income
353 security, housing, employment and other benefits to which they may be entitled

354 "Integrated Care Team", a team that includes, but is not limited to:

355 (a) Allopathic or osteopathic medical doctors, such as a primary care physician and a
356 psychiatrist

357 (b) Licensed clinical behavioral health professionals, such as psychologists or social
358 workers;

359 (c) A case manager; and

360 (d) Other members such as psychiatric advanced practice nurses, physician assistants,
361 peer-support specialists, recovery coaches or other allied health professionals, such as licensed
362 mental health counselors.

363 "Eligible Entities", any acute care hospital licensed under section 51G, community health
364 center, or other relevant institution who has the capacity to deliver the required services and is
365 licensed by the Department.

366 (b) The department, in consultation with the department of mental health and the office of
367 health equity, shall establish a primary and behavioral health care integration grant program. The
368 commissioner may award grants and cooperative agreements to eligible entities to expend funds

369 for improvements in integrated settings with integrated practices. The grant program shall be
370 designed to lead to full collaboration between primary and behavioral health in an integrated care
371 model that ensures that:

372 1. A multidisciplinary group of healthcare delivery professionals provide care in a
373 coordinated fashion and are empowered to work at the top of their professional training

374 2. The Collaborative Care team is responsible for the provision of care and health
375 outcomes of a defined population of patients

376 3. The team uses systematic, disease-specific, patient-reported outcome measures to drive
377 clinical decision-making

378 4. The team adapts scientifically proven treatments within an individual clinical context
379 to achieve improved health outcomes

380 (c) The department shall establish requirements for eligible entities and may establish
381 other reasonable classifications for grantees as it finds necessary and appropriate, taking into
382 consideration the needs of children in the Commonwealth, the most applicable evidence-based
383 research and other factors related to the Commonwealth's behavioral health care delivery
384 system. The department shall promulgate such rules and regulations as it deems necessary to
385 implement the provisions of this section including rules and regulations establishing the licensure
386 and professional requirements for certifying integrated care teams and their associated entities,
387 establishing fees for certifying and governing the practice and employment of integrated care
388 teams to promote the public health, safety and welfare.

389 (d) Subject to appropriation the maximum annual grant amount under this section shall be
390 $100,000, provided further that not more than 10 percent may be allocated to administrative
391 functions, and the remaining amounts shall be allocated to the health facilities to improve their
392 ability to deliver integrated care. Amounts credited to the fund shall not be subject to further
393 appropriation and any money remaining in the fund at the end of a fiscal year shall not revert to
394 the General Fund and shall be available for expenditure in subsequent fiscal years.

395 (e) A grant under this section shall be for a period of 3 years.

396 (f) Any entity receiving a grant under this section shall submit an annual report to the
397 department that includes:

398 1. Summary of the following implementation outcomes:-

399 a. Individual patient experience with integrated behavioral health care

400 b. Aggregate patient experience for the panel of patients who receive health care.

401 c. Aggregate patient experience (for a particular population denominator(s) defined

402 by the practice).

403 d. Provider experience with integrated behavioral health care

404 2. The progress in reducing barriers to integrated care, including regulatory and billing
405 barriers

406 3. A description of functional outcomes of patients, including, but not limited to: –

407 a. Individuals participating in supportive housing or independent living programs

408 b. School performance and reduced school absences

409 c. Attendance at scheduled medical and mental health appointments

410 d. Compliance with treatment plans

411 e. Participation in learning opportunities at school and extracurricular activities

412 SECTION 16. Subsection (i) of said section 47B of said chapter 175 is hereby amended
413 by inserting after the second paragraph, as so appearing, the following paragraph:-

414 An insurer shall not deny coverage for any behavioral health service or any primary care
415 office visit solely because the services were delivered on the same day and in the same practice
416 or facility.

417 SECTION 17. Subsection (i) of said section 8A of said chapter 176A is hereby amended
418 by inserting after the second paragraph, as so appearing, the following paragraph:-

419 A non-profit hospital service corporation shall not deny coverage for any behavioral
420 health service or any primary care office visit solely because the services were delivered on the
421 same day in the same practice or facility.

422 SECTION 18. Subsection (i) of said section 4M of said chapter 176G is hereby amended
423 by inserting after the second paragraph, as so appearing, the following paragraph:-

424 A health maintenance organization shall not deny coverage for any behavioral health
425 service or any primary care office visit solely because the services were delivered on the same
426 day in the same practice or facility.

427 SECTION 19. Chapter 18C of the General Laws, as appearing, is hereby amended in
428 section 1 by inserting following new definition:-

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

433 SECTION 20. Chapter 18C of the General Laws, as so appearing, is hereby further
434 amended in section 2 by striking out, in line 14, the word "and".

435 SECTION 21. Chapter 18C of the General Laws, as so appearing, is hereby further
436 amended in section 2 by striking out subsection (d) and inserting in place thereof the following
437 subsections:-

438 (d) advise the public and those at the highest levels of state government about how the
439 commonwealth may improve its services to and for children and their families; and

440 (e) oversee the children's mental health ombuds program, as described in sections 14, 15
441 and 16 of said chapter 18C.

442 SECTION 22. Chapter 18C of the General Laws, as so appearing, is hereby further
443 amended by inserting after section 14 the following sections:-

444 Section 15. (a) The child advocate, subject to appropriation or the receipt of federal
445 funds, shall establish a statewide children's mental health ombuds program for the purpose of
446 advocating on behalf of children with mental health disorders, identifying barriers to effective
447 mental health treatment and proposed solutions; monitoring and ensuring compliance with

448 relevant statutes, regulations, rules and policies pertaining to children's behavioral health
449 services; and of receiving, investigating, resolving through administrative action, as described in
450 subsection (c), complaints filed by a child or by individuals legally authorized to act on behalf of
451 a child or children or by any individual, organization or government agency that has reason to
452 believe that any entity regulated by the commonwealth or government agency has engaged in
453 activities, practices or omissions that constitute violations of applicable court orders, statutes or
454 regulations or that may have an adverse effect upon the health, safety, welfare or rights of
455 children.

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

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

468 Section 16. To ensure the goals of the ombuds program as described in section 14 are
469 met:

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

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

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

483 (d) the child advocate shall report annually, within 120 days of the end of the fiscal year,
484 to the governor, the speaker of the house, the senate president, the joint committee on mental
485 health, substance use and recovery, the joint committee on children, families and persons with
486 disabilities, the joint committee on education, and the house and senate clerks on the activities of
487 the children's mental health ombuds program, including complaints that are relevant to the
488 ombuds, an analysis of patterns in complaints made through the ombuds, and requests for
489 assistance made through the office of patient protection, the department of children and families
490 ombuds and the department of mental health investigations department, and shall make
491 recommendations for legislation, policy or programmatic changes related to the protection of the

492 rights of children with mental health disorders. These reports shall be publicly available and
493 published on the office of the child advocate website.

494 Section 17. The child advocate shall promulgate regulations and establish policies and
495 procedures as necessary for performing the required activities of the children's mental health
496 ombuds program.

497 SECTION 23. Chapter 118E of the General Laws, as appearing, is hereby amended by
498 inserting after section 10L the following new section:-

499 Section 10M. The division shall cover treatment, diagnostic evaluations, assessment,
500 testing and supervisory services provided by licensed psychologists who provide services to
501 children and adolescents.

502 SECTION 24. Section 16 of chapter 6A, as appearing, is amended by adding, at the end
503 thereof, the following new paragraph:

504 "And provided further that the secretary of the executive office of health and human
505 services shall ensure that network hospitals are compensated at their full negotiated rate for
506 behavioral health services provided to MassHealth patients who are the age of eighteen or under
507 and who are also clients of agencies within the executive office of health and human services and
508 for whom no appropriate alternative placement is available. Provided however, such
509 compensation shall only be provided if the hospital can document that it has engaged in good
510 faith efforts to place said clients in any appropriate alternative setting."

511 SECTION 25. Section 47 of Chapter 118E is hereby amended by designating the current
512 section as subsection (a) by inserting "(a)" at the beginning of the current section, and then by
513 inserting the following subsections:-

514 (b) Right to independent medical review. Any recipient of medical assistance denied
515 authorization or approval for a covered service by division, its contracted health insurers, health
516 plans, health maintenance organizations, behavioral health management firms and third party
517 administrators under contract to a Medicaid managed care organization or primary care clinician
518 plan, on the basis of medical necessity shall have the right to pursue an independent medical
519 external review through the office of patient protection, as described in Section 14 of Chapter
520 176O of the General Laws. Such review shall be available to the recipient of medical assistance
521 upon the completion of any internal review and shall not interfere with the recipient's right to a
522 fair hearing. The cost of such review shall be borne by the health plan or the division. Upon
523 completion of the independent medical review through the office of patient protection, the
524 recipient of medical assistance shall have 30 days to submit a request for a fair hearing.
525 Notwithstanding any general or special law to the contrary, the office of Medicaid and the office
526 of patient protection shall promulgate regulations to effectuate this section.

527 (c) Notwithstanding any general or special law to the contrary, the office of Medicaid
528 shall promulgate regulations that require the division, its contracted health insurers, health plans,
529 health maintenance organizations, behavioral health management firms and third party
530 administrators under contract to a Medicaid managed care organization or primary care clinician
531 plan, to maintain documentation of all requests for benefits or services, whether the request is
532 submitted by or on behalf of the intended recipient of those benefits or services. Any request that
533 is not fulfilled in full shall be considered a denial, and must result in the prompt written

534 notification to the recipient through electronic means if possible. For urgent requests for
535 behavioral health services, such decisions and notifications must be provided within 4 hours of
536 the request for the service. Such notification must include a description of the requested service,
537 the response by the entity, and the recipient’s due process and appeal rights. All such entities
538 shall accept requests for authorized representatives or for appeals by electronic means.

539 SECTION 26. Chapter 176O, is hereby amended by striking out section 19 and inserting
540 in place thereof the following section:-

541 Section 19. Display of information on enrollment cards of carrier

542 (a) A carrier shall state on its enrollment cards prominently on the front of its enrollment
543 cards the following:

544 (1) The name of the carrier and the name of the specific plan the member is enrolled in.

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

546 (3) The business name and telephone number of any third party that administers
547 behavioral health benefits or prescription drug benefits.

548 (4) The amount of any copayment under the plan for preventive care visits, office visits
549 and emergency department visits.

550 (5) The amount of any deductible under the plan.

551 (6) Any information that identifies the insured’s plan by individual or group number.

552 (7) The statement “This health plan is fully-insured, subject to all the laws of the
553 Commonwealth of Massachusetts”

554 (8) Any other information required by commissioner of insurance.

555 SECTION 27. Section thirteen of Chapter 176O is hereby amended as follows:

556 By striking the following language in subsection (a):

557 "(5) a procedure to accept grievances by telephone, in person, by mail, or by electronic
558 means"

559 and adding the following language in place thereof

560 "(5) a procedure to accept grievances by telephone, in person, by mail, and by electronic
561 means";

562 By striking the following language in subsection (a):

563 "(4) a written acknowledgement of the receipt of a grievance within 15 days and a
564 written resolution of each grievance within 30 days from receipt thereof;"

565 and adding the following language in place thereof

566 "(4) a written acknowledgement of the receipt of a grievance within 15 days and a written
567 resolution of each grievance sent to the insured by certified or registered mail, or other express
568 carrier with proof of delivery, within 30 days from receipt thereof;"

569 and by adding the following at the end of subsection (a):

570 "(6) Carriers shall accept requests for the appointment of an authorized representative, or
571 medical release forms by electronic means.

572 (7) Such electronic means shall include a designated email address, or an online
573 consumer portal accessible by a plan member or their family member or authorized
574 representative that can provide the individual's membership id number."and by adding the
575 following to the end subsection (c):

576 "The Office of Patient Protection shall decide a grievance in favor of the insured unless
577 the carrier can provide substantial evidence, such as proof of delivery, that the carrier complied
578 with the time limits required under this section."

579 By striking the following language in the last paragraph of section (b):

580 "If the expedited review process affirms the denial of coverage or treatment to an insured
581 with a terminal illness, the carrier shall provide the insured, within five business days of the
582 decision (1) a statement setting forth the specific medical and scientific reasons for denying
583 coverage or treatment; (2) a description of alternative treatment, services or supplies covered or
584 provided by the carrier, if any; and (3) said procedure shall allow the insured to request a
585 conference."

586 And adding the following in place thereof:

587 "If the expedited review process affirms the denial of coverage or treatment, the carrier
588 shall provide the insured, as soon as possible, including by any electronic means consented to by
589 the insured, (1) a statement setting forth the specific medical and scientific reasons for denying
590 coverage or treatment; (2) a description of alternative treatment, services or supplies covered or
591 provided by the carrier, if any; (3) a description of the insured's rights to any further appeal, and
592 (4) said procedure shall allow the insured to request a conference."

593 SECTION 28. Chapter 32A of the General Laws is hereby amended by inserting after
594 section 17Q the following section:-

595 Section 17R. For the purposes of this section, the following terms shall have the
596 following meanings unless the context clearly requires otherwise:

597 "Community-based acute treatment", 24-hour clinically managed mental health
598 diversionary or step-down services for children and adolescents that is usually provided as an
599 alternative to mental health acute treatment.

600 "Intensive community-based acute treatment", intensive 24-hour clinically managed
601 mental health diversionary or step-down services for children and adolescents that is usually
602 provided as an alternative to mental health acute treatment.

603 "Mental health acute treatment", 24-hour medically supervised mental health services
604 provided in an inpatient facility, licensed by the department of mental health, that provides
605 psychiatric evaluation, management, treatment and discharge planning in a structured treatment
606 milieu.

607 The commission shall provide to any active or retired employee of the commonwealth
608 who is insured under the group insurance commission coverage for medically necessary
609 community-based acute treatment and intensive community-based acute treatment and shall not
610 require a preauthorization before obtaining treatment; provided, however, that the facility shall
611 notify the carrier of the admission and the initial treatment plan within 72 hours of admission.

612 SECTION 29. Chapter 118E of the General Laws is hereby amended by inserting after
613 section 10L the following section:-

614 Section 10M. For the purposes of this section, the following terms shall have the
615 following meanings unless the context clearly requires otherwise:-

616 “Community-based acute treatment”, 24-hour clinically managed mental health
617 diversionary or step-down services for children and adolescents that is usually provided as an
618 alternative to mental health acute treatment.

619 “Intensive community-based acute treatment”, intensive 24-hour clinically managed
620 mental health diversionary or step-down services for children and adolescents that is usually
621 provided as an alternative to mental health acute treatment.

622 “Mental health acute treatment”, 24-hour medically supervised mental health services
623 provided in an inpatient facility, licensed by the department of mental health, that provides
624 psychiatric evaluation, management, treatment and discharge planning in a structured treatment
625 milieu.

626 The division and its contracted health insurers, health plans, health maintenance
627 organizations, behavioral health management firms and third-party administrators under contract
628 to a Medicaid managed care organization or primary care clinician plan shall cover the cost of
629 medically necessary community-based acute treatment and intensive community-based acute
630 treatment and shall not require a preauthorization before obtaining treatment; provided, however,
631 that the facility shall notify the carrier of the admission and the initial treatment plan within 72
632 hours of admission.

633 SECTION 30. Chapter 175 of the General Laws is hereby amended by inserting after
634 section 47KK the following section:-

635 Section 47LL. For the purposes of this section, the following terms shall have the
636 following meanings unless the context clearly requires otherwise:

637 "Community-based acute treatment", 24-hour clinically managed mental health
638 diversionary or step-down services for children and adolescents that is usually provided as an
639 alternative to mental health acute treatment.

640 "Intensive community-based acute treatment", intensive 24-hour clinically managed
641 mental health diversionary or step-down services for children and adolescents that is usually
642 provided as an alternative to mental health acute treatment.

643 "Mental health acute treatment", 24-hour medically supervised mental health services
644 provided in an inpatient facility, licensed by the department of mental health, that provides
645 psychiatric evaluation, management, treatment and discharge planning in a structured treatment
646 milieu.

647 Any policy, contract, agreement, plan or certificate of insurance issued, delivered or
648 renewed within the commonwealth, which is considered creditable coverage under section 1 of
649 chapter 111M, shall provide coverage for medically necessary community-based acute treatment
650 and intensive community-based acute treatment and shall not require a preauthorization before
651 obtaining treatment; provided, however, that the facility shall notify the carrier of the admission
652 and the initial treatment plan within 72 hours of admission.

653 SECTION 31. Chapter 176A of the General Laws is hereby amended by inserting after
654 section 8MM the following section:-

655 Section 8NN. For the purposes of this section, the following terms shall have the
656 following meanings unless the context clearly requires otherwise:

657 "Community-based acute treatment", 24-hour clinically managed mental health
658 diversionary or step-down services for children and adolescents that is usually provided as an
659 alternative to mental health acute treatment.

660 "Intensive community-based acute treatment", intensive 24-hour clinically managed
661 mental health diversionary or step-down services for children and adolescents that is usually
662 provided as an alternative to mental health acute treatment.

663 "Mental health acute treatment", 24-hour medically supervised mental health services
664 provided in an inpatient facility, licensed by the department of mental health, that provides
665 psychiatric evaluation, management, treatment and discharge planning in a structured treatment
666 milieu.

667 Any contract between a subscriber and the corporation under an individual or group
668 hospital service plan that is delivered, issued or renewed within the commonwealth shall provide
669 coverage for medically necessary community-based acute treatment and intensive community-
670 based acute treatment and shall not require a preauthorization before obtaining treatment;
671 provided, however, that the facility shall notify the carrier of the admission and the initial
672 treatment plan within 72 hours of admission.

673 SECTION 32. Chapter 176B of the General Laws is hereby amended by inserting after
674 section 4MM the following section:-

675 Section 4NN. For the purposes of this section, the following terms shall have the
676 following meanings unless the context clearly requires otherwise:

677 "Community-based acute treatment", 24-hour clinically managed mental health
678 diversionary or step-down services for children and adolescents that is usually provided as an
679 alternative to mental health acute treatment.

680 "Intensive community-based acute treatment", intensive 24-hour clinically managed
681 mental health diversionary or step-down services for children and adolescents that is usually
682 provided as an alternative to mental health acute treatment.

683 "Mental health acute treatment", 24-hour medically supervised mental health services
684 provided in an inpatient facility, licensed by the department of mental health, that provides
685 psychiatric evaluation, management, treatment and discharge planning in a structured treatment
686 milieu.

687 Any subscription certificate under an individual or group medical service agreement
688 delivered, issued or renewed within the commonwealth shall provide coverage for medically
689 necessary community-based acute treatment, intensive community-based acute treatment and
690 shall not require a preauthorization before obtaining treatment; provided, however, that the
691 facility shall notify the carrier of the admission and the initial treatment plan within 72 hours of
692 admission.

693 SECTION 33. Chapter 176G of the General Laws is hereby amended by inserting after
694 section 4EE the following section:-

695 Section 4FF. For the purposes of this section, the following terms shall have the
696 following meanings unless the context clearly requires otherwise:

697 “Community-based acute treatment”, 24-hour clinically managed mental health
698 diversionary or step-down services for children and adolescents that is usually provided as an
699 alternative to mental health acute treatment.

700 “Intensive community-based acute treatment”, intensive 24-hour clinically managed
701 mental health diversionary or step-down services for children and adolescents that is usually
702 provided as an alternative to mental health acute treatment.

703 “Mental health acute treatment”, 24-hour medically supervised mental health services
704 provided in an inpatient facility, licensed by the department of mental health, that provides
705 psychiatric evaluation, management, treatment and discharge planning in a structured treatment
706 milieu.

707 Any individual or group health maintenance contract that is issued or renewed shall
708 provide coverage for medically necessary community-based acute treatment and intensive
709 community-based acute treatment and shall not require a preauthorization before obtaining
710 treatment; provided, however, that the facility shall notify the carrier of the admission and the
711 initial treatment plan within 72 hours of admission.