

**SENATE . . . . . No. 662**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

***John F. Keenan***

*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 providing access to full spectrum addiction treatment services.**

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>John F. Keenan</i>	<i>Norfolk and Plymouth</i>	
<i>Adam Scanlon</i>	<i>14th Bristol</i>	<i>1/20/2023</i>
<i>Michael J. Barrett</i>	<i>Third Middlesex</i>	<i>1/31/2023</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>	<i>2/17/2023</i>

**SENATE . . . . . No. 662**

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By Mr. Keenan, a petition (accompanied by bill, Senate, No. 662) of John F. Keenan, Adam Scanlon, Michael J. Barrett and James B. Eldridge for legislation to provide access to full spectrum addiction treatment services. Financial Services.

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[SIMILAR MATTER FILED IN PREVIOUS SESSION  
SEE SENATE, NO. 1292 OF 2021-2022.]

**The Commonwealth of Massachusetts**

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

An Act providing access to full spectrum addiction treatment services.

*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 17N of chapter 32A of the General Laws, as appearing in the 2020  
2 Official Edition, is hereby amended by inserting after the definition of “Clinical stabilization  
3 services” the following definition:-

4           “Transitional support services”, short-term, residential support services, as defined by the  
5 department of public health, usually following clinical stabilization services, which provide a  
6 safe and structured environment to support adults or adolescents through the addiction recovery  
7 process and the transition to outpatient or other step-down addiction recovery care.

8           SECTION 2. Section 17N of chapter 32A is further amended by striking out the fourth  
9 paragraph and inserting in place thereof the following paragraph:-

10           The commission shall provide for medically necessary acute treatment services,  
11 medically necessary clinical stabilization services and medically necessary transitional support  
12 services to an active or retired employee of the commonwealth who is insured under the group  
13 insurance commission coverage for up to 30 days and shall not require preauthorization prior to  
14 obtaining such acute treatment services, clinical stabilization services or transitional support  
15 services. The facility providing such services shall notify the carrier of admission and the initial  
16 treatment plan within 48 hours of admission, and within a reasonable time thereafter, shall  
17 provide the carrier with a projected discharge plan for the member. The carrier's utilization  
18 review procedures may be initiated on day 14; provided, however, that a carrier shall not make  
19 any utilization review decisions that impose any restriction or deny any future medically  
20 necessary acute treatment, clinical stabilization or transitional support services unless a patient  
21 has received at least 30 consecutive days of said services; and, provided further, that the  
22 commission shall provide, without preauthorization, to any active or retired employee of the  
23 commonwealth who is insured under the group insurance commission coverage for substance use  
24 disorder evaluations ordered pursuant to section 51½ of chapter 111. Upon receipt of notification  
25 by the admitting facility and receipt of the discharge plan, the carrier may provide outreach to the  
26 treating clinician and member to offer care management and support services.

27           Medical necessity shall be determined by the treating clinician in consultation with the  
28 patient and noted in the patient's medical record.

29           SECTION 3. Section 10H of chapter 118E of the General Laws, inserted by section 19 of  
30 chapter 258 of the acts of 2014, is hereby repealed.

31 SECTION 4. Said chapter 118E is hereby further amended by inserting after section 10N  
32 the following section:-

33 Section 100. For the purposes of this section, the following words shall have the  
34 following meanings unless the context clearly requires otherwise:

35 “Acute treatment services”, 24-hour medically supervised addiction treatment for adults  
36 or adolescents provided in a medically managed or medically monitored inpatient facility, as  
37 defined by the department of public health, which provides evaluation and withdrawal  
38 management and that may include biopsychosocial assessment, individual and group counseling,  
39 psychoeducational groups and discharge planning.

40 “Clinical stabilization services”, 24-hour clinically managed post detoxification treatment  
41 for adults or adolescents, as defined by the department of public health, usually following acute  
42 treatment services for substance abuse for individuals beginning to engage in recovery from  
43 addiction, which may include intensive education and counseling regarding the nature of  
44 addiction and its consequences, relapse prevention, outreach to families and significant others  
45 and aftercare planning, for individuals beginning to engage in recovery from addiction.

46 “Transitional support services”, short-term, residential support services, as defined by the  
47 department of public health, usually following clinical stabilization services, which provide a  
48 safe and structured environment to support adults or adolescents through the addiction recovery  
49 process and the transition to outpatient or other step-down addiction recovery care.

50 The division and its contracted health insurers, health plans, health maintenance  
51 organizations, behavioral health management firms and third-party administrators under contract  
52 to a Medicaid managed care organization or primary care clinician plan shall cover the cost of

53 medically necessary acute treatment services and shall not require preauthorization prior to  
54 obtaining treatment.

55         The division and its contracted health insurers, health plans, health maintenance  
56 organizations, behavioral health management firms and third-party administrators under contract  
57 to a Medicaid managed care organization or primary care clinician plan shall cover the cost of  
58 medically necessary clinical stabilization services and medically necessary transitional support  
59 services for up to 30 days and shall not require preauthorization prior to obtaining clinical  
60 stabilization services or transitional support services. The facility providing such services shall  
61 notify the carrier of admission and the initial treatment plan within 48 hours of admission and  
62 within a reasonable time thereafter shall provide the carrier with a projected discharge plan for  
63 the member. The carrier's utilization review procedures may be initiated on day 14; provided,  
64 however, that a carrier shall not make any utilization review decisions that impose any restriction  
65 or deny any future medically necessary acute treatment, clinical stabilization or transitional  
66 support services unless a patient has received at least 30 consecutive days of said services; and,  
67 provided further, that the division and its contracted health insurers, health plans, health  
68 maintenance organizations, behavioral health management firms and third party administrators  
69 under contract to a Medicaid managed care organization or primary care clinician plan shall  
70 cover, without preauthorization, substance use disorder evaluations ordered pursuant to section  
71 51½ of chapter 111. Upon receipt of notification by the admitting facility and receipt of the  
72 discharge plan, the carrier may provide outreach to the treating clinician and member to offer  
73 care management and support services.

74         Medical necessity shall be determined by the treating clinician in consultation with the  
75 patient and noted in the patient's medical record.

76 SECTION 5. Section 47GG of chapter 175 is hereby amended by inserting after the  
77 definition of “Clinical stabilization services” the following definition:-

78 “Transitional support services”, short-term, residential support services, as defined by the  
79 department of public health, usually following clinical stabilization services, which provide a  
80 safe and structured environment to support adults or adolescents through the addiction recovery  
81 process and the transition to outpatient or other step-down addiction recovery care.

82 SECTION 6. Section 47GG of said chapter 175 is hereby further amended by striking out  
83 the fourth paragraph and inserting in place thereof the following paragraph:-

84 Any policy, contract, agreement, plan or certificate of insurance issued, delivered or  
85 renewed within the commonwealth, which is considered creditable coverage under section 1 of  
86 chapter 111M, shall provide coverage for medically necessary acute treatment services,  
87 medically necessary clinical stabilization services and medically necessary transitional support  
88 services for up to 30 days and shall not require preauthorization prior to obtaining acute  
89 treatment services, clinical stabilization services or transitional support services. The facility  
90 providing such services shall provide the carrier notification of admission and the initial  
91 treatment plan within 48 hours of admission and within a reasonable time thereafter shall provide  
92 the carrier with a projected discharge plan for the member. The carrier’s utilization review  
93 procedures may be initiated on day 14; provided, however, that a carrier shall not make any  
94 utilization review decisions that impose any restriction or deny any future medically necessary  
95 acute treatment, clinical stabilization or transitional support services unless a patient has received  
96 at least 30 consecutive days of said services; provided further, any policy, contract, agreement,  
97 plan or certificate of insurance issued, delivered or renewed within the commonwealth, which is

98 considered creditable coverage pursuant to section 1 of chapter 111M, shall cover, without  
99 preauthorization, a substance use disorder evaluation ordered pursuant to section 51½ of chapter  
100 111. Upon receipt of notification by the admitting facility and receipt of the discharge plan, the  
101 carrier may provide outreach to the treating clinician and member to offer care management and  
102 support services.

103 Medical necessity shall be determined by the treating clinician in consultation with the  
104 patient and noted in the patient's medical record.

105 SECTION 7. Section 8II of chapter 176A is hereby amended by inserting after the  
106 definition of "Clinical stabilization services" the following definition:-

107 "Transitional support services", short-term, residential support services, as defined by the  
108 department of public health, usually following clinical stabilization services, which provide a  
109 safe and structured environment to support adults or adolescents through the addiction recovery  
110 process and the transition to outpatient or other step-down addiction recovery care.

111 SECTION 8. Section 8II of said chapter 176A is hereby further amended by striking out  
112 the fourth paragraph and inserting in place thereof the following paragraph:-

113 Any contract between a subscriber and the corporation under an individual or group  
114 hospital service plan that is delivered, issued or renewed within the commonwealth shall provide  
115 coverage for medically necessary acute treatment services, medically necessary clinical  
116 stabilization services and medically necessary transitional support services for up to 30 days and  
117 shall not require preauthorization prior to obtaining acute treatment services, clinical stabilization  
118 services or transitional support services. The facility providing such services shall provide the  
119 carrier notification of admission and the initial treatment plan within 48 hours of admission and

120 within a reasonable time thereafter shall provide the carrier with a projected discharge plan for  
121 the member. The carrier's utilization review procedures may be initiated on day 14; provided,  
122 however, that a carrier shall not make any utilization review decisions that impose any restriction  
123 or deny any future medically necessary acute treatment, clinical stabilization or transitional  
124 support services unless a patient has received at least 30 consecutive days of said services;  
125 provided further, any contract between a subscriber and the corporation under an individual or  
126 group hospital service plan that is delivered, issued or renewed within the commonwealth, shall  
127 cover, without preauthorization, a substance use disorder evaluation ordered pursuant to section  
128 51½ of chapter 111. Upon receipt of notification by the admitting facility and receipt of the  
129 discharge plan, the carrier may provide outreach to the treating clinician and member to offer  
130 care management and support services.

131 Medical necessity shall be determined by the treating clinician in consultation with the  
132 patient and noted in the patient's medical record.

133 SECTION 9. Section 4II of chapter 176B is hereby amended by inserting after the  
134 definition of "Clinical stabilization services" the following definition:-

135 "Transitional support services", short-term, residential support services, as defined by the  
136 department of public health, usually following clinical stabilization services, which provide a  
137 safe and structured environment to support adults or adolescents through the addiction recovery  
138 process and the transition to outpatient or other step-down addiction recovery care.

139 SECTION 10. Section 4II of said chapter 176B is hereby further amended by striking out  
140 the fourth paragraph and inserting in place thereof the following paragraph:-



141 Any subscription certificate under an individual or group medical service agreement  
142 delivered, issued or renewed within the commonwealth shall provide coverage for medically  
143 necessary acute treatment services, medically necessary clinical stabilization services and  
144 medically necessary transitional support services for up to 30 days and shall not require  
145 preauthorization prior to obtaining acute treatment services, clinical stabilization services or  
146 transitional support services. The facility providing such services shall provide the carrier  
147 notification of admission and the initial treatment plan within 48 hours of admission and within a  
148 reasonable time thereafter shall provide the carrier with a projected discharge plan for the  
149 member. The carrier's utilization review procedures may be initiated on day 14; provided,  
150 however, that a carrier shall not make any utilization review decisions that impose any restriction  
151 or deny any future medically necessary acute treatment, clinical stabilization or transitional  
152 support services unless a patient has received at least 30 consecutive days of said services;  
153 provided further, any subscription certificate under an individual or group medical service  
154 agreement delivered, issued or renewed within the commonwealth shall provide coverage for,  
155 without preauthorization, a substance use disorder evaluation ordered pursuant to section 51½ of  
156 chapter 111. Upon receipt of notification by the admitting facility and receipt of the discharge  
157 plan, the carrier may provide outreach to the treating clinician and member to offer care  
158 management and support services.

159 Medical necessity shall be determined by the treating clinician in consultation with the  
160 patient and noted in the patient's medical record.

161 SECTION 11. Section 4AA of chapter 176G is hereby amended by inserting after the  
162 definition of "Clinical stabilization services" the following definition:-

163 “Transitional support services”, short-term, residential support services, as defined by the  
164 department of public health, usually following clinical stabilization services, which provide a  
165 safe and structured environment to support adults or adolescents through the addiction recovery  
166 process and the transition to outpatient or other step-down addiction recovery care.

167 SECTION 12. Said section 4AA is hereby further amended by striking out the fourth  
168 paragraph and inserting in place thereof the following paragraph:-

169 An individual or group health maintenance contract that is issued or renewed shall  
170 provide coverage for medically necessary acute treatment services, medically necessary clinical  
171 stabilization services and medically necessary transitional support services for up to 30 days and  
172 shall not require preauthorization prior to obtaining acute treatment services, clinical stabilization  
173 services or transitional support services. The facility providing such services shall provide the  
174 carrier notification of admission and the initial treatment plan within 48 hours of admission and  
175 within a reasonable time thereafter shall provide the carrier with a projected discharge plan for  
176 the member. The carrier’s utilization review procedures may be initiated on day 14; provided,  
177 however, that a carrier shall not make any utilization review decisions that impose any restriction  
178 or deny any future medically necessary acute treatment, clinical stabilization or transitional  
179 support services unless a patient has received at least 30 consecutive days of said services;  
180 provided further, an individual or group health maintenance contract that is issued or renewed  
181 shall provide coverage for, without preauthorization, a substance abuse evaluation ordered  
182 pursuant to section 51½ of chapter 111. Upon receipt of notification by the admitting facility and  
183 receipt of the discharge plan, the carrier may provide outreach to the treating clinician and  
184 member to offer care management and support services.

185 Medical necessity shall be determined by the treating clinician in consultation with the  
186 patient and noted in the patient's medical record.

187 SECTION 13. The center for health information and analysis, in consultation with the  
188 division of insurance, the department of public health, the office of Medicaid and the health  
189 policy commission, shall conduct reviews on the 14 day mandated coverage of acute treatment  
190 services, clinical stabilization services and the long-term effects of the increase in covered days  
191 from 14 days to 30 days related to the mandated benefits for acute treatment services, clinical  
192 stabilization services and transitional support services on the following areas: (i) the continuum  
193 of care for substance use disorder treatment; (ii) access to the continuum of care for patients  
194 eligible for MassHealth and department of public health programs; (iii) access to the continuum  
195 of care for commercially insured patients; and (iv) any changes in costs to MassHealth, the  
196 department of public health and health insurance carriers. The center shall provide an initial  
197 report not later than October 1, 2024 on the effects of the 14 day mandated coverage of acute  
198 treatment services and clinical stabilization services to the areas listed above and a final report  
199 not later than October 1, 2026 on the effects of the 30 day mandated coverage of acute treatment  
200 services, clinical stabilization services and transitional support services to the areas listed above.

201 The initial report and final report shall be posted on the center's website and shall be filed  
202 with the clerks of the house of representatives and senate, the house and senate chairs of the  
203 committee on financial services, the house and senate chairs of the committee on health care  
204 financing, the house and senate chairs of the committee on public health and the house and  
205 senate committees on ways and means not later than October 1, 2024 and October 1, 2026,  
206 respectively.

SECTION 14. Sections 1 through 12, inclusive, shall take effect October 1, 2024.