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Rep. Kane supports mental health parity bill

BOSTON – State Representative Hannah Kane (R-Shrewsbury) recently voted to support legislation that would improve access to mental health services and establish parity between behavioral and physical health care insurance coverage.

House Bill 4879, *An Act addressing barriers to care for mental health*, was engrossed by the House of Representatives on a vote of 155-0 on June 16. In addition to implementing measures to improve response time for individuals seeking acute psychiatric care, the bill also focuses on addressing youth behavioral health, expanding the state’s behavioral health workforce, and enhancing community-based behavioral health services.

According to Representative Kane, the House proposal requires insurers to cover critical behavioral health services, including emergency service programs, mental health acute treatment without prior authorization, and annual mental health wellness exams. It also allows individuals with behavioral health-related disabilities to continue to be covered under their parents’ health insurance after turning 26. The Division of Insurance would be responsible for monitoring insurers’ compliance and the Office of Patient Protection would be authorized to refer potential parity violations to the division and to the Attorney General’s office.

Representative Kane noted that House Bill 4879 creates online portals to help health care providers more easily identify open beds for minors and adults in need of mental health and substance use services. Currently, patients with acute mental health needs often have to wait for an extended period of time in a hospital emergency room before they can secure a psychiatric inpatient bed, a practice known as “boarding.” The Massachusetts Health and Hospital Association, which tracks boarding statistics, found that earlier this month there were 660 behavioral health patients, including 156 pediatric patients, boarding at 53 hospitals.

House Bill 4879 also calls for updating the state’s expedited psychiatric inpatient admissions (EPIA) policy and would codify in statute the working group responsible for implementing the EPIA. The bill also creates an expedited evaluation and stabilization process for patients under the age of 18 and requires licensed mental health professionals to be available, including via telehealth, during emergency department operating hours.

The House bill includes a series of youth behavioral health initiatives, including the creation of a cost-neutral model emergency response plan to assist schools in responding to behavioral health crises and the development of a statewide program to help implement school-based behavioral health services. In addition, the bill also establishes a complex care resolution panel requiring support and coordination across multiple state agencies to respond quickly to children with complex behavioral health needs.

Representative Kane said the House proposal also takes steps to attract and retain behavioral health care workers by establishing a scholarship program to support a more diverse workforce and encourage more clinicians to serve high-need populations. Two additional grant programs created in the bill would focus on integrated care models to help providers offer behavioral health care in primary care settings, as well as a program to promote providers’ mental health and well-being.

Other key provisions contained in the bill include:

- the establishment of a continuing education program to help licensed mental health professionals better respond to behavioral health conditions related to military service;
- a requirement that children entering the state's foster system receive behavioral health assessments and referrals;
- the establishment of a formal complaint process through the Office of the Child Advocate for families to resolve problems with accessing behavioral health services;
- the statewide implementation of the national 988 hotline devoted to round-the-clock suicide prevention and behavioral health crisis services;
- the expansion of 911 coverage until the 988 hotline is fully implemented to enhance regional emergency responses to behavioral health crises;
- the launching of a public awareness campaign on the state's red flag laws and extreme risk protection orders (ERPO); and
- the codifying of hospital clinical competencies and operational standards, including a requirement that the Department of Mental Health establish a complaint process for investigating alleged violations

During floor debate, Representative Kane supported several initiatives that were adopted via the amendment process, including language to:

- establish a student stakeholder advisory commission on mental health whose members will work with the Department of Elementary and Secondary Education to develop and implement school-based programs to promote student mental health and well-being;
- require the Division of Insurance to cover pediatrician screenings for post partum depression in mothers for up to one year after their child's birth;
- require the state 911 department to develop and post online a statewide disability indicator form that individuals can complete and submit to the department and to regional Public Safety Answering Points (PSAPs);
- require school officials to use mediation, conflict resolution and other alternative remedies to re-engage disruptive students in the learning process, rather than automatically suspending or expelling them, unless the student's continued presence in school could result in potential bodily injury to others; and
- expand the membership of the Board of Registration of Allied Mental Health and Human Services Professionals from 13 to 15 and direct the Executive Office of Health and Human Services and the Department of Public Health to study the feasibility and cost of creating a Board of Registration of Mental Health Counselors

The Senate previously approved its own version of the mental health parity bill. The House and Senate are expected to appoint a conference committee to try to reconcile the differences between the two bills and get a compromise bill to Governor Baker before formal sessions end on July 31.

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