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October 15, 2025

Senator Paul Feeney, Chair
Joint Committee on Financial Services
State House, Room 112
Boston, MA 02133

Representative James M. Murphy, Chair
Joint Committee on Financial Services
State House, Room 254
Boston, MA 02133

RE: ABH Support of S.703/H.1276, *An Act improving access to community behavioral health centers* and S.718, *An Act eliminating cost sharing for certain behavioral health services*

Dear Chair Feeney, Chair Murphy, and Members of the Joint Committee on Financial Services,

Thank you for the opportunity to submit this written testimony, in addition to the oral testimony provided at the public hearing on September 9, 2025, in strong support of S.703/H.1276 and S.718.

The Association for Behavioral Healthcare (ABH) is a statewide association representing more than eighty community-based mental health and addiction treatment provider organizations. ABH members are the primary providers of publicly funded behavioral healthcare services in the Commonwealth, serving approximately 81,000 Massachusetts residents daily, 1.5 million residents annually, and employing over 46,500 people.

S.703/H.1276, *An Act improving access to community behavioral health centers*

In January 2023, Massachusetts created a new provider designation called a Community Behavioral Health Center (CBHC). There are 31 CBHC sites operating throughout the state. CBHCs are meant to provide a single point of entry for people seeking behavioral health services, regardless of insurance coverage. In practice, an individual's insurance does impact the services they are able to access through a CBHC.

CBHCs offer extended hours, 24/7 crisis response, including mobile crisis intervention services, short-term crisis stabilization beds, and a range of other outpatient services. Both MassHealth and commercial carriers cover the crisis services provided at CBHCs. MassHealth also pays for the core outpatient services – critical to supporting long-term recovery and stability - through a single bundled payment for each patient encounter. In contrast, individuals with commercial insurance who enter a CBHC in a behavioral health crisis can be assessed and stabilized, but they cannot be connected to urgently delivered psychiatry, therapy, and peer services. These services are meant to be delivered on the same or next day, and on nights and weekends. Further, individuals who are commercially insured will not be covered for needed ongoing support. S.730/H.1276 would require commercial carriers to cover the core outpatient services using the same set of services included in the MassHealth bundled payment and at a rate no less than that paid by MassHealth.

The purpose of the legislation is two-fold. The first objective is to allow people to access the same set of services through CBHCs regardless of their insurance coverage. The second is to help CBHCs build the capacity in terms of the readiness needed to keep facilities and staff available for extended hours with unpredictable patient flow. Comparisons have been made to creating a model like that of a firehouse or ambulance services that are always available for when the need arises. The MassHealth bundled payment described above allows CBHCs flexibility to put some of the reimbursement toward salaries and infrastructure costs associated with having on-call availability for crisis situations. The coverage mandate sought by these bills would ensure commercial insurers contribute to maintaining this capability in the CBHC system.

The Center for Health Information and Analysis released a mandated benefit review of the bills in June 2025. The report found the financial impact to be minimal (increasing monthly premiums by approximately 0.05% - 0.07% or \$0.43 - \$0.61) and recognized the legislation's potential to increase access to outpatient behavioral healthcare and improve overall health outcomes.¹

S.718, An Act eliminating cost sharing for certain behavioral health services

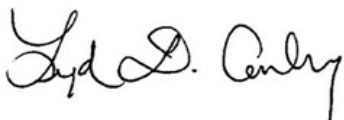
Cost sharing remains a significant barrier to access to care for individuals with commercial insurance coverage. As the title indicates, this proposal would require commercial insurance plans cover mental health and substance use disorder treatment services with no cost sharing. Commercial plans often have high-deductibles, co-pays, and other cost sharing requirements that create significant barriers to access for behavioral health services. ABH frequently hears from providers that families choose to forgo services, including for children, because they cannot afford insurance cost sharing. Some treatment services such as medication for opioid use disorder and in-home services for children can be frequent with many visits per month, and the cost burden can quickly mount for individuals and families. We also hear about the stress related to cost sharing resulting from those who have sought needed care, particularly those who have received crisis services and whose insurance requires they meet a high deductible or other cost-sharing.

The importance of removing these barriers to access has been recognized in other contexts. MassHealth does not have copayments for behavioral health services. Even recent federal law (H.R. 1/OB3) requiring states impose co-pays for Medicaid services exempts mental health and substance use services.

Thank you for your consideration of these comments. We respectfully request that these bills are reported favorably by the Committee.

As always, we welcome any questions and are happy to provide additional information. Please feel free to reach out to our Vice President for Government Affairs and Public Policy, Liz Ganz, at eganz@abhmass.org.

Sincerely,



Lydia Conley
President & CEO

¹ <https://www.chiamass.gov/assets/docs/r/pubs/mandates/Community-Behavioral-Health-MBR.pdf>