# Proposed Legislation that Advances Tele-Behavioral Health in Schools

MASSACHUSETTS 2025-2026 LEGISLATIVE SESSION

Lina Stolyar, MPP

Jessica Larochelle, SM

MAMH
Massachusetts Association *for* Mental Health

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**As discussed in the Tele-Behavioral Health for Middle and High School Students: Best Practices and Policy Considerations report, tele-behavioral health can be a useful option to help improve access to care for the growing number of youth and their families who are experiencing mental health issues.** While it should not replace in-person services when they are available and if they are preferred, tele-behavioral health when offered in schools or when a referral comes from a school can be one option among an array of services available to students as part of comprehensive systems of school-based behavioral health supports. The findings, best practices, and policy considerations in the report were informed by a literature review, key informant interviews, youth listening sessions, a parent and caregiver survey, site visits to programs in Maine and Texas, and the deliberations of an Advisory Council.

**The report described a variety of tele-behavioral health initiatives, programs, and supports in Massachusetts that provide a range of behavioral health services virtually and detailed best practices and key considerations for behavioral health providers and schools looking to launch or augment a tele-behavioral health program in a school**. It should be noted that the tele-behavioral health programs operate in school settings with services either delivered at the school or services delivered at home with referrals through the school. The report also provides guidance on how to reduce inequities when using tele-behavioral health. While tele-behavioral health can improve access to care, it can also have the unintended consequence of worsening longstanding inequities. The report outlines both opportunities and concerns related to tele-behavioral health and health equity and offers guidance on how to provide culturally responsive services for students and parents with limited internet access, low digital literacy, disabilities, and limited English proficiency, and for historically marginalized communities including communities of color and individuals who identify as LGBTQ+.

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**In addition, the report outlines policy considerations in four areas: establishing adequate reimbursement for clinical and non-clinical services, simplifying and unifying licensing requirements, streamlining credentialing for providers, and providing access to adequate and affordable Wi-Fi.** Many of the policy considerations in the report would not only advance effective, sustainable, and scalable tele-behavioral health programs in schools in the Commonwealth, but they would also have positive implications for the broader Massachusetts behavioral health delivery service system.

**This policy summary highlights proposed bills in the Massachusetts 2025 – 2026 legislative session that would advance tele-behavioral health in schools.** Some of these proposed bills are specific to tele-behavioral health or telehealth while others, much like the policy considerations in the report, could help advance both tele-behavioral health as well as the broader behavioral health system in Massachusetts.

## DIGITAL EQUITY

**A number of proposed bills for the upcoming legislative session promote digital equity as a means to lessen inequities when using tele-behavioral health or telehealth.** Digital equity is defined as "the state where every person and community has the necessary information technology resources to participate in society, democracy, and the economy fully." Digital equity encompasses both access to technology, devices, and the internet as well as the ability to use them.

**One piece of proposed legislation has numerous provisions related to digital equity.** *An Act relative to telehealth and digital equity for patients* (H.1130 & S.763) would require health insurers to develop and maintain procedures to identify and offer digital health education to enrollees with low digital health literacy in order to assist them in accessing any medically necessary covered telehealth benefits. Insurers would also be required to cover interpreter services for patients with limited English proficiency and for those who are deaf or hard of hearing. Additionally, the Executive Office of Health and Human Services (EOHHS) and the Executive Office of Housing and Livable Communities (EOHLC) would be required to determine a method for the common application portal to also allow individuals to simultaneously apply for internet service providers' affordable broadband plans.

**Several bills propose relying on digital navigators as a means of improving digital equity.** *An Act establishing a commission to study a statewide credentialing program for digital navigators* (H.100) would create a Massachusetts Digital Navigation Commission to study and make recommendations on ways to address inequities in digital access through the use of digital navigators. The digital navigators are described as trusted guides who assist community members with ongoing, individualized support in accessing affordable and appropriate connectivity, devices, and digital skills. *An Act relative to telehealth and digital equity for patients*, described above, also proposes establishing a special commission to address inequities through digital health navigators who would assist patients with accessing telehealth services.

**Additional proposed legislation focuses on broadband access as a means of digital equity.** *An Act preserving broadband services for low-income consumers* (H.3527 & S.2318) proposes expanding access to broadband internet services for individuals with low incomes by creating requirements around minimum download speeds and setting a maximum monthly cost for these services. Fixed broadband internet provides high-speed access and is necessary for video conferencing. According to the 2022 American Community Survey, over 960,000 households in Massachusetts were without fixed broadband internet.

**A final proposed bill focused on digital equity looks to examine the expansion of telehealth.** *An Act establishing a commission to study quality & accessibility to telehealth* (H.2222) proposes the creation of a special commission to evaluate current policies, programs, and initiatives aimed at expanding telehealth access, including cross-state services. The special commission would also make recommendations on how likely these policies, programs, and initiatives are to ensure the quality of telehealth services offered in the Commonwealth, focusing on the qualifications of professionals like doctors, psychiatrists, therapists, and other providers providing telehealth services, as well as how these services are marketed and advertised to the public.

## ENHANCED REIMBURSEMENT FOR AND EXPANDED ACCESS TO BEHAVIORAL HEALTH SERVICES

**Offering tele-behavioral health to students, as part of a comprehensive system of school-based behavioral health services and supports, can be particularly helpful when there are long wait times for appointments or other barriers to receiving in-person services**. One of the primary reasons there are long wait times for in-person services is because both schools and mental health providers are struggling to recruit and retain qualified behavioral health professionals. A substantial portion of licensed mental health clinicians in Massachusetts – clinical social workers, clinical psychologists, and psychiatrists – practice privately and many do not accept MassHealth or private insurance often due to low reimbursement rates, which reduces the pool of professionals available to recruit to school and clinic positions.

**Additionally, many tele-behavioral health providers who were interviewed for the Tele-Behavioral Health for Middle and High School Students: Best Practices and Policy Considerations report relayed that the reimbursement they receive from public and private insurers is not enough to cover the full costs of clinical staff.** Although Chapter 260 of the Acts of 2020 (*An Act Promoting a Resilient Health Care System That Puts Patients First*) permanently requires payment rates for behavioral health services that are delivered via interactive video or audio technology to be no less than the payment rates for the same behavioral health services that are delivered in-person, there are still significant disparities in reimbursement rates paid to medical/surgical providers versus behavioral health providers. Therefore, the Commonwealth needs to further address rate disparities for behavioral health services, including fully implementing the mental health parity provisions in Chapter 177 of the Acts of 2022 (*An Act Addressing Barriers to Care for Mental Health*).

**The proposed bills discussed in this section enhance reimbursement rates for services provided in behavioral health centers.** While not all behavioral health centers provide tele-behavioral health, strengthening reimbursement rates for behavioral health will benefit both tele-behavioral health services and in-person services. For example, *An Act strengthening mental health centers* (H.1396 & S.874) requires a 5% increase in the minimum payment rates per procedure code for outpatient behavioral health services for MassHealth and its contracted managed care entities and specifies that services provided in behavioral health centers must have payment rates at least 20% higher than those for equivalent services provided by independent practitioners. Additionally, *An Act improving access to community behavioral health centers* (H.1276 & S.703) would require the Group Insurance Commission (GIC) and private health plans regulated by the Massachusetts Division of Insurance (DOI) to pay the MassHealth payment bundle for services delivered at community behavioral health centers (CBHCs). The bundled payment services for outpatient mental health and urgent evaluation and treatment provided at CBHCs are currently covered by MassHealth, but not by most private health plans. Finally, *An Act to increase investment in behavioral health care in the Commonwealth* (S.1399) would create a timeline and process for increasing investment in behavioral health expenditures, while keeping total health care expenditures (a measure of total health care spending) within the cost growth benchmark set by the Health Policy Commission. This would allow for a targeted investment in behavioral health without severely augmenting total healthcare spending.



**There are additional bills aimed at expanding access to behavioral health services for youth**. *An Act to support behavioral health prevention for children* (H.1228 & S.802) would require insurance coverage for preventive behavioral health services for youth under 21 in Massachusetts. Preventive behavioral health services are defined as short-term interventions in supportive group, individual, or family settings that cultivate coping skills and strategies for symptoms of depression, anxiety, and other social and emotional concerns, which may prevent the development of behavioral health conditions. This bill mandates that the Group Insurance Commission (GIC) and health insurers regulated by the MA Division of Insurance (DOI) provide at least six sessions of these services to youth without needing prior authorization. Finally, *An Act ensuring equitable health coverage for children* (H.1403 & S.855) expand full MassHealth coverage to all income-eligible children and young adults regardless of their immigration status. Undocumented youth who are enrolled in MassHealth Limited and the Children's Medical Security Plan currently do not have access to a robust set of behavioral health benefits. Individuals enrolled in MassHealth Limited do not have access to preventative or routine care such as non-emergency behavioral health services. While the Children's Medical Security Plan covers additional services, including 20 outpatient mental health or substance use condition treatment services per year, they are capped and are not as comprehensive as the services provided under MassHealth benefit packages. This proposed legislation would provide all children, regardless of immigration status, with access to a more robust set of benefits with more eligible providers.

## ENHANCED REIMBURSEMENT FOR CLINICAL EXTENDERS

**Many tele-behavioral health programs in Massachusetts utilize clinical extenders, such as Community Health Workers (CHWs), to provide important on-site assistance at the school.** Their support helps programs run effectively and efficiently. Clinical extenders assist with doing intakes, scheduling appointments, providing care coordination services, leading communication with families, making sure the student is ready to return to class, communicating with teachers, administrators, and guidance counselors at the school, tracking caseloads and data, providing outreach and marketing, and communicating relevant information to the clinician as needed.

**These individuals perform tasks that can help ensure the success of the programs, but many of the services they provide are not covered by insurance and they are usually fully grant-funded.** The proposed bills in this section would provide or enhance reimbursement for this critical role. For example, *An Act relative to health equity and community health workers* (H.359 & S.251) aims to amend the definition of CHW's core competencies to include, but not be limited to, essential skills such as outreach, communication, health education, care coordination, and technical communication. Many CHWs are already performing these duties but having a clearer definition and uniform standards would potentially support better reimbursement. This bill would also establish a Community Health Worker Workforce Development Task Force that would study the existing CHW workforce, including the demographics of the workers and of the patients receiving services, examine challenges in retaining said workforce, and issue recommendations on how to grow the CHW workforce. Finally, this bill would require services provided by CHWs employed by a healthcare provider entity or community-based organization to be covered and reimbursement by Group Insurance Commission (GIC), MassHealth, and health plans regulated by the MA Division of Insurance (DOI). Additionally, *An Act to advance health equity* (H.1416 & S.901) proposes something similar by requiring the Group Insurance Commission, MassHealth and its



contracted organizations, and health plans regulated by the MA Division of Insurance (DOI) to provide coverage and reimbursement for health care services delivered by certified CHWs.

**Many of the clinical extenders involved in tele-behavioral health programs not only assist students and families in receiving tele-behavioral health services, but also provide assistance in navigating healthcare systems and coordinating access to social services.** For example, CHWs at Heywood Hospital's Youth Tele Behavioral Health Program have helped coordinate events at schools to provide clothing and school supplies. These types of services are generally not reimbursed through public and private health insurance plans. However, *An Act to facilitate timely access to quality health care by expanding access to patient navigation* (S.692) would require Medicaid-affiliated plans to cover patient navigation services provided by CHWs. Patient navigation services include screenings for nonclinical and social needs, referrals to appropriate services, health coaching, health advocacy, navigation of cultural factors, and chronic disease or health condition management. To qualify for reimbursement, community health workers would need to complete an approved national certification or training program in patient navigation.

## STRENGTHENING SCHOOL-BASED MENTAL HEALTH

**While schools are utilizing telehealth and tele-behavioral health as a means of delivering services to students, it is necessary to strength other school-based mental health services and systems.** School-based mental health services were initially disrupted during the beginning of the pandemic, and as kids returned to school, school-based mental health services were needed more than ever. A Kaiser Family Foundation September 2022 Issue Brief concluded that school-based mental health services can improve access to care, allow for early identification and treatment of mental health issues, and may be linked to reduced absenteeism and better mental health outcomes. School-based services can also reduce access barriers for underserved populations, including children from low-income households and children of color.

**The School-Based Medicaid Program (SBMP) can help strengthen school-based mental health.** Schools are providing important physical and behavioral health services to students enrolled in MassHealth and are engaging in administrative activities that support the provision of those services. The cost of doing this work is built into the school budget, including personnel, contracts with external providers, specialized equipment, care coordination, planning to improve services, etc. and federal matching funds (called Federal Financial Participation or FFP) can help offset those costs. More discussion of SBMP and how tele-behavioral health programs can utilize SBMP is found in full Tele-Behavioral Health for Middle and High School Students: Best Practices and Policy Considerations for Massachusetts report.

**Within the School-Based Medicaid Program, there is variation in how Medicaid revenues are directed back to the schools.** *An Act relative to MassHealth reimbursement for schools* (H.545 & S.862) would redirect school Medicaid funds from municipalities back to schools for health services and administration. Charter schools, regional school districts, and regional vocational/technical who participate in SBMP receive the Medicaid revenue directly. However, in the municipal run districts, each city or town has its own arrangement. Some districts do direct the Medicaid funds back to the school budget through annual appropriation votes in town meeting, some have memoranda of understanding in place with set proportions divided between the town and school, and others set up stabilization or



special education stabilization funds that are fed by Medicaid funds through annual appropriation votes at town meeting. However, other districts have the funds stay in the municipality's general funds. This bill would fully direct school Medicaid reimbursements back to schools to increase participation in the program, support school-based services, and support school health programming. Guaranteed access to Medicaid dollars overall may encourage stronger participation in the program. This could potentially increase available Medicaid revenue that would enhance schools' capacity to provide comprehensive behavioral health support, case management, mental health education, social emotional learning and health support, school health infrastructure development, and other related school health services.

**A proposed program called the Whole Child Grant Program could also help strengthen school-based mental health**. The program, proposed in *An Act to establish a whole-child grant program* (H.544 & S.369), would provide funds to schools to support the social, emotional, and physical well being of students and educators in public school districts. More grant funding would go to schools with higher numbers of students from households designated as low-income. Districts could use the funding for activities such as hiring one or more school nurses, school adjustment counselors, licensed social workers, or school psychologists, developing and implementing policies and programs to ensure the academic, social, emotional and physical well being and safety of students and educators, or providing ongoing, specialized, relevant, and research-based professional development opportunities to educators. While tele-behavioral health is not mentioned as an allowable or nonallowable program within the Whole Child Grant program, strengthening the school-based workforce by hiring more behavioral health providers is important as tele-behavioral health is not meant to replace in-person services when they are available and preferred. Likewise, a strong behavioral health infrastructure at the school is important for incorporating a tele-behavioral health program.

### MENTAL HEALTH EDUCATION

**Youth who participated in the listening session for the Tele-Behavioral Health for Middle and High School Students: Best Practices and Policy Considerations for Massachusetts report noted the need to implement mental health education in schools and normalize receiving mental health support.** They shared that stigma might deter students from seeking or participating in behavioral health care whether in-person at schools or via tele-behavioral health. The youth suggested having mental health education incorporated into health and wellness classes, as well as having mental health check-ins during clubs and extracurricular activities. Studies of several mental health education programs indicate they are effective in improving knowledge about mental health and may help to decrease stigma and increase students' willingness to ask for and receive help. Now that the Massachusetts Department of Elementary and Secondary Education's (DESE's) Comprehensive Health and Physical Education Framework (CHPE) has been approved, schools have better guidance than ever about what to teach their students and when. Mental health education and the other changes suggested by youth can make a big difference in positively shaping school climates. Proposed legislation like *An Act relative to the promotion of mental health education* (H.598 & S.310) would require all K-12 schools in the Commonwealth to provide mental health education instruction to their students. It would allow for flexibility for the schools in choosing curricula.



## LICENSURE

**Employing a diverse and large behavioral health workforce is essential for ensuring equitable access to both in-person and virtual services, but Massachusetts is experiencing a shortage of qualified behavioral health providers.** In addition, the distribution of behavioral health providers is uneven across the Commonwealth, exacerbating challenges to access for many communities. The use of telehealth and tele-behavioral health may exacerbate workforce challenges in schools and in other behavioral health settings. Therefore, selective policy reforms to licensing, credentialing, and reimbursement could increase the available workforce for both in-person and virtual services.

**Systemic barriers such as costs associated with exams and licensure fees make it harder to employ a diverse workforce.** Overall, health care licensing and renewal fees are more expensive in the United States than they are in other nations. This is burdensome for providers who may want to be licensed in multiple states, such as those who are provided services remotely to clients in multiple states. This financial burden may make it more challenging for providers of color to obtain their licenses as Black and African American college graduates owe more in student loan debt and are less likely to receive financial aid than their white counterparts.

**There are a number of proposed bills that try to address these barriers to obtaining licensure**. *An Act relative to social work uplifting practices and exam removal* (H.1423 & S.218) aims to "ensure a stable, diverse workforce of licensed social workers in the Commonwealth of Massachusetts, and to provide for increased support and retention of practicing licensed social workers." The bill would create a state-run grant program that would provide master's level social work students with stipends for their field placements with priority given to students from historically marginalized communities and low-income communities. *An Act expanding licensure opportunity for school counselors* (S.283) would help remove certain barriers that limit credentialed school counselors from becoming Licensed Mental Health Counselors and therefore would allow for a broader and more diverse behavioral workforce.

## INTERSTATE COMPACTS

**The Tele-Behavioral Health for Middle and High School Students: Best Practices and Policy Considerations for Massachusetts report recommends exploring the feasibility, advantages, and drawbacks of interstate compacts for behavioral health providers.** Providers who are providing services to clients in Massachusetts must be licensed in Massachusetts. If a client is out of state for any reason, they are not able to receive services from their clinician unless that clinician has a license in the state that the client is in. Interstate compacts create a path for licensed professionals in one state to practice in another state without having to apply for a license in that state. This would allow clinicians in other states to provide services in Massachusetts, increasing the available workforce for the Commonwealth, as well as allow clinicians in Massachusetts to provide services across state lines if their client is traveling or has moved allowing for continuity of services. Advocates for these compacts assert that not only do the compacts facilitate hiring and also ease utilization of telehealth, but they also "strengthen public protection by facilitating state medical board sharing of investigative and disciplinary information that they cannot share now." Opponents of interstate compacts worry that interstate compacts lead to less rigorous licensing requirements, ultimately leading to lower quality of care for patients.



**For tele-behavioral health programs in schools, interstate compacts are most relevant to students that travel out of state for a vacation or summer break or who leave Massachusetts to attend college in a different state.** *An Act relative to telehealth and digital equity for patients* (H.1130 & S.763), mentioned above, would require the Executive Office of Health and Human Services (EOHHS) to develop a task force to address barriers to the use of telehealth across state lines. The task force would provide analysis on a variety of topics including how other states have entered interstate compacts and if there was any resulting impact on care quality, the ability of clinicians to provide follow-up care via telehealth across state lines, and the impact of interstate compacts on health care quality, cost, and access. The bill also proposes a second task force to study the practice of telehealth across state lines for a variety of clinicians including behavioral and allied health professionals. Other interstate compact bills are specific to the type of behavioral health practitioner, such as *An Act establishing the social work licensure compact in Massachusetts* (H.380 & S.252) that is intended to facilitate interstate practice for social workers.

## CONCLUSION

**The proposed legislation described above highlights policy opportunities to advance tele-behavioral health in schools as well as the broader behavioral health system in Massachusetts.** Tele-behavioral health in schools is one important option in the context of building an array of services and supports available to students through comprehensive school-based systems of behavioral health supports. Legislation that supports advancing tele-behavioral health as well as other school-based mental health services is essential to helping youth and families who are experiencing significant barriers to accessing timely, effective, and culturally responsive behavioral health services.