

HOUSE No. 4758

House bill No. 4743, as change by the House committee on Bills in the Third Reading, and as amended and passed to be engrossed by the House. June 13, 2024.

The Commonwealth of Massachusetts

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

An Act relative to treatments and coverage for substance use disorder and recovery coach licensure.

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 A1. Chapter 32A of the General Laws is hereby amended by striking out
2 section 17Q and inserting in place thereof the following section:-

3 Section 17Q. (a) The commission shall develop a plan to provide active or retired
4 employees insured under the group insurance commission adequate coverage and access to a
5 broad spectrum of pain management services, including, but not limited to, non-medication, non-
6 surgical treatment modalities and non-opioid medication treatment options that serve as
7 alternatives to opioid prescribing, in accordance with guidelines developed by the division of
8 insurance.

9 (b) No such coverage offered by the commission shall, relative to pain management
10 services identified by the commission pursuant to subsection (a), require a member to obtain a
11 preauthorization for non-medication, non-surgical treatment modalities that include restorative

12 therapies, behavioral health approaches or integrative health therapies, including acupuncture,
13 chiropractic treatments, massage and movement therapies.

14 (c)(1) The plan pursuant to subsection (a) shall be subject to review by the division of
15 insurance. In its review, the division shall consider the adequacy of access to a broad spectrum of
16 pain management services and any policies that may create unduly preferential coverage to
17 prescribing opioids without other pain management modalities.

18 (2) Any coverage offered by the commission to an active or retired employee of the
19 commonwealth insured under the group insurance commission shall not establish utilization
20 controls, including preauthorization or step therapy requirements, for clinically appropriate non-
21 opioid drugs approved by the federal Food and Drug Administration for the treatment or
22 management of pain that are more restrictive or extensive than the least restrictive or extensive
23 utilization controls applicable to any clinically appropriate opioid drug.

24 (d) The commission shall annually distribute educational materials to providers within
25 their network and to members about the pain management access plan and shall make
26 information about its plan publicly available on its website.

27 SECTION 1. Said chapter 32A is hereby further amended by inserting after section 17S
28 the following 2 sections:-

29 Section 17T. (a) Any coverage offered by the commission to an active or retired
30 employee of the commonwealth insured under the group insurance commission shall provide
31 coverage for prescribed or dispensed opioid antagonists, as defined in section 19B of chapter
32 94C and used in the reversal of overdoses caused by opioids, which shall be deemed medically

33 necessary and shall not require prior authorization; provided, however, that a prescription from a
34 health care practitioner shall not be required for coverage of opioid antagonists. An opioid
35 antagonist used in the reversal of overdoses caused by opioids shall not be subject to any
36 deductible, coinsurance, copayments or out-of-pocket limits; provided, however, that cost-
37 sharing shall be required if the applicable plan is governed by the federal Internal Revenue Code
38 and would lose its tax-exempt status as a result of the prohibition on cost-sharing for this service.

39 (b) The commission shall provide coverage for an opioid antagonist used in the reversal
40 of overdoses caused by opioids as a medical benefit when dispensed by the health care facility in
41 which the opioid antagonist was prescribed and shall provide coverage as a pharmacy benefit for
42 an opioid antagonist used in the reversal of overdoses caused by opioids dispensed by a
43 pharmacist, including an opioid antagonist dispensed pursuant to section 19B of chapter 94C;
44 provided, however, that the rate to be reimbursed under the medical benefit shall not exceed the
45 commission's average in-network pharmacy benefit rate and the health care facility shall not
46 balance bill the patient.

47 Section 17U. (a) The commission shall provide to any active or retired employee of the
48 commonwealth who is insured under the group insurance commission coverage for the provision
49 of services by a recovery coach licensed or otherwise authorized to practice pursuant to chapter
50 111J, irrespective of the setting in which the services are provided; provided, that such services
51 shall be within the lawful scope of practice of a recovery coach. The contractual rate for these
52 services shall be not less than the prevailing MassHealth rate for recovery coach services. The
53 benefits in this section shall not be subject to any deductible, coinsurance, copayments or out-of-
54 pocket limits; provided, however, that cost-sharing shall be required if the applicable plan is
55 governed by the federal Internal Revenue Code and would lose its tax-exempt status as a result

56 of the prohibition on cost-sharing for the service. Recovery coach services shall be deemed
57 medically necessary and shall not require prior authorization.

58 SECTION 2. Chapter 18 of chapter 94C of the General Laws, as appearing in the 2022
59 Official Edition, is hereby amended by striking out subsection (e) and inserting in place thereof
60 the following subsection:-

61 (e) Practitioners who prescribe controlled substances, except veterinarians, shall be
62 required, as a prerequisite to obtaining or renewing their professional licenses, to complete
63 appropriate training relative to: (i) effective pain management including, but not limited to: (A)
64 appropriate, available non-opioid alternatives for the treatment of pain; (B) the advantages and
65 disadvantages of the use of non-opioid treatment alternatives, considering a patient's risk of
66 substance misuse; and (C) the options for referring or prescribing appropriate non-opioid
67 treatment alternatives based on the practitioner's clinical judgment and following generally
68 accepted clinical guidelines, taking into consideration the preference and consent of the patient
69 and the educational information described in section 21; (ii) the risks of misuse and addiction
70 associated with opioid medication; (iii) the identification of patients at risk for substance misuse;
71 (iv) counseling patients about the side effects, risks, addictive nature and proper storage and
72 disposal of prescription medications; (v) the appropriate prescription quantities for prescription
73 medications that have an increased risk of misuse and addiction, including a patient's option to
74 fill a prescription for a schedule II controlled substance in a lesser quantity than indicated on the
75 prescription pursuant to subsection (d^{3/4}); and (vi) opioid antagonists, overdose prevention
76 treatments and information to advise patients on both the use of and ways to access opioid
77 antagonists and overdose prevention treatments. The boards of registration for each professional
78 license that require this training shall, in consultation with the department, relevant stakeholders

79 and experts in the treatment and management of acute and chronic pain, develop the standards
80 for appropriate training programs. For the purposes of this section, non-opioid treatment
81 alternatives shall include, but shall not be limited to, medications, restorative therapies,
82 interventional procedures, behavioral health approaches and complementary and integrative
83 treatments.

84 SECTION 3. Said chapter 94C is hereby further amended by striking out section 19C and
85 inserting in place thereof the following section:-

86 Section 19C. The board of registration in pharmacy shall promulgate regulations
87 requiring pharmacies located in areas with high incidents of opiate overdose, as determined by
88 the board in consultation with the department, to maintain a continuous supply of opioid
89 antagonists, as defined in section 19B; provided, that the continuous supply of opioid antagonists
90 shall include opioid antagonists that are approved by the federal Food and Drug Administration
91 to be sold over the counter without a prescription; provided further, that such pharmacies shall
92 notify the department if the supply or stock of opioid antagonist doses is insufficient to enable
93 compliance with maintaining a continuous supply of opioid antagonists.

94 SECTION 4. Said chapter 94C is hereby further amended by inserting after section 19D
95 the following section:-

96 Section 19D^{1/2}. (a) For the purposes of this section, the following words shall, unless the
97 context clearly requires otherwise, have the following meanings:

98 “Opioid antagonist”, as defined in section 19B.

99 “Substance use disorder treatment facility”, a facility licensed or approved by the
100 department to offer treatment for substance use disorder, including, but not limited to: (i)
101 withdrawal management services; (ii) clinical stabilization services; (iii) transitional support
102 services; (iv) residential support services; (v) community behavioral health center services; (vi)
103 office-based opioid or addiction treatment services; or (vii) outpatient substance use disorder
104 services.

105 (b) Upon discharge of a patient from a substance use disorder treatment facility, the
106 facility shall educate the patient on the use of opioid antagonists and dispense not less than 2
107 doses of an opioid antagonist to the patient or a legal guardian.

108 (c) The commissioner may promulgate rules and regulations necessary to implement this
109 section.

110 SECTION 5. Section 21 of said chapter 94C, as appearing in the 2022 Official Edition, is
111 hereby amended by striking out the third paragraph and inserting in place thereof the following
112 paragraph:-

113 The department, in consultation with relevant stakeholders and experts in the treatment
114 and management of acute and chronic pain, and based in part on the Pain Management Best
115 Practices Inter-Agency Task Force Report issued by the United States Department of Health and
116 Human Services, shall produce and distribute either in written or electronic form to pharmacies,
117 not including institutional pharmacies, pamphlets for consumers relative to narcotic drugs,
118 specifically opiates, that include educational information related to: (i) pain management and the
119 use and availability of non-opioid alternatives for the treatment of acute and chronic pain,
120 including, but not limited to: (A) information on available non-opioid alternatives for the

121 treatment of pain, including non-opioid medications and non-pharmacological therapies; and (B)
122 the advantages and disadvantages of the use of such non-opioid treatment alternatives; (ii) the
123 consumer's option to fill a prescription for a schedule II controlled substance in a lesser quantity
124 than indicated on the prescription pursuant to subsection (d^{3/4}) of section 18; (iii) misuse and
125 abuse by adults and children; (iv) the risk of dependency and addiction; (v) proper storage and
126 disposal; (vi) addiction support and treatment resources; (vii) the telephone helpline operated by
127 the bureau of substance addiction services established in section 18 of chapter 17; (viii) risks of
128 unintended overdoses associated with prescription opioid use, including, but not limited to: (A)
129 mixing any opioid with respiratory depressants, including, but not limited to, alcohol,
130 benzodiazepines and stimulants; and (B) changes in personal tolerance levels for persons with a
131 history of overdose; and (ix) risk reduction measures to prevent, respond to and reverse an opioid
132 overdose. A pharmacist shall distribute the pamphlet when dispensing a narcotic or controlled
133 substance contained in schedule II or III; provided, however, that pharmacists shall not be
134 required to distribute the pamphlet if: (i) the patient is receiving outpatient palliative care
135 pursuant to section 227 of chapter 111; (ii) the patient is a resident of a long-term care facility; or
136 (iii) the narcotic or controlled substance is prescribed for use in the treatment of substance use
137 disorder or opioid dependence. For the purposes of this section, non-opioid treatment alternatives
138 shall include, but shall not be limited to, medications, restorative therapies, interventional
139 procedures, behavioral health approaches and complementary and integrative treatments.

140 SECTION 6. Said chapter 94C is hereby further amended by inserting after section 34A the
141 following section:-

142 Section 34A^{1/2}. (a) As used in this section, the following words shall, unless the context
143 clearly requires otherwise, have the following meanings:

144 “Drug testing services”, the use of testing equipment to identify or analyze the strength,
145 effectiveness or purity of a controlled substance prior to its injection, inhalation or ingestion by
146 another person to determine whether the controlled substance contains chemicals, toxic
147 substances or hazardous compounds.

148 “Testing equipment”, including, but not limited to: fentanyl test strips, colorimetric
149 reagents, high-performance liquid chromatography, gas chromatography and mass spectrometry.

150 (b)(1) A person acting in good faith and within the scope of their role providing or
151 assisting in the provision of harm reduction services as an owner, employee, intern, volunteer or
152 third-party contractor of an entity providing harm reduction services may provide or assist in
153 drug testing services to an individual to ensure that a controlled substance in the possession of
154 the individual and exclusively for that individual’s personal use does not contain dangerous
155 chemicals, toxic substances or hazardous compounds likely to cause an accidental overdose.

156 (2) A person acting in good faith and within the scope of their role providing or assisting
157 in the provision of harm reduction services as an owner, employee, intern, volunteer or third-
158 party contractor of an entity providing harm reduction services who provides or assists in the
159 provision of drug testing services pursuant to this section shall not be charged or prosecuted
160 pursuant to sections 32I, 34 or 40.

161 (3) A person acting in good faith and within the scope of their role providing or assisting
162 in the provision of harm reduction services as an owner, employee, intern, volunteer or third-
163 party contractor of an entity providing harm reduction services who provides or assists in drug
164 testing services pursuant to this section shall: (i) not be held civilly liable for drug testing
165 services unless for gross negligence or willful misconduct in the execution of the drug testing

166 services; and (ii) not be subject to any criminal or civil liability or any professional disciplinary
167 action; provided, however, that this section shall not apply to acts of gross negligence or willful
168 or wanton misconduct.

169 (c) An individual acting in good faith who seeks drug testing services of a controlled
170 substance in their possession and intended exclusively for their personal use from a person acting
171 in good faith and within the scope of their role providing, or assisting in the provision of, harm
172 reduction services as an owner, employee, intern, volunteer or third-party contractor of an entity
173 providing harm reduction services shall not be charged or prosecuted pursuant to sections 32I, 34
174 or 40 while on the premises where the drug testing services are conducted.

175 SECTION 7. Section 25J^{1/2} of chapter 111 of the General Laws, as appearing in the 2022
176 Official Edition, is hereby amended by inserting after the first paragraph the following
177 paragraph:-

178 Upon discharge of a patient from an acute care hospital or satellite emergency facility
179 who has: (i) a history of or is actively using opioids; (ii) been diagnosed with opioid use
180 disorder; or (iii) experienced an opioid-related overdose, the acute care hospital or satellite
181 emergency facility shall educate the patient on the use of opioid antagonists, as defined in section
182 19B of chapter 94C, and prescribe or dispense not less than 2 doses of an opioid antagonist to the
183 patient or a legal guardian and notify the patient's primary care physician or preferred care
184 provider, if known and in consultation with the patient, of the prescribed or dispensed opioid
185 antagonist.

186 SECTION 8. Said chapter 111, as so appearing, is hereby amended by inserting after
187 section 110C the following section:-

188 Section 110D. (a) The department shall collect and provide data to the department of
189 children and families and the office of the child advocate on all births of infants affected by
190 prenatal substance exposure in a form and manner consistent with any requirements of the
191 federal Child Abuse Prevention and Treatment Act; provided, that said data shall not include
192 personally identifiable information.

193 (b) Annually, not later than April 1, the department, in consultation with the department
194 of children and families and the office of the child advocate, shall file with the clerks of the
195 house of representatives and the senate, the house and senate committees on ways and means, the
196 joint committee on children, families and person with disabilities and the joint committee on
197 mental health, substance use and recovery a report, along with any recommendations, examining
198 the prevalence of births of infants identified as affected by prenatal substance exposure or fetal
199 alcohol spectrum disorder, including, but not limited to: (i) any gaps in services for perinatal
200 patients or such infants; (ii) an examination of child abuse and neglect reports related to an
201 infant's prenatal exposure to substances, including those that were ultimately screened out by the
202 department of children and families; (iii) an examination of child abuse and neglect reports made
203 pursuant to section 51A of chapter 119 related to an infant's prenatal exposure to substances; and
204 (iv) any recommended changes, including legislative or regulatory changes, that may be
205 necessary to ensure the ongoing health, safety and wellbeing of perinatal patients and infants. If
206 applicable, the department, in consultation with the department of children and families and the
207 office of the child advocate, shall provide recommendations to address disparate impacts of the
208 safety and wellbeing of infants identified as affected by prenatal substance exposure or fetal
209 alcohol spectrum disorder.

210 SECTION 9. Section 7 of chapter 111E of the General Laws, as so appearing, is hereby
211 amended by inserting after the word “basis”, in line 28, the following words:- , as determined by
212 the department to be consistent with section 4 of chapter 151B and sufficient to ensure the needs
213 of such residents are met and such residents have adequate access to such a facility,.

214 SECTION 10. The General Laws are hereby amended by striking out chapter 111J and
215 inserting in place thereof the following chapter:-

216 CHAPTER 111J

217 ALCOHOL AND DRUG COUNSELORS; RECOVERY COACHES.

218 Section 1. As used in this chapter, the following words shall, unless the context clearly
219 requires otherwise, have the following meanings:

220 “Applicant”, an individual seeking licensure under this chapter.

221 “Approved continuing education”, continuing education approved by the department,
222 including research and training programs, college and university courses, in-service training
223 programs, seminars and conferences designed to maintain and enhance the skills of licensees.

224 “Approved program”, a program approved by the department for the education and
225 training of licensees.

226 “Approved work experience”, supervised work experience, approved by the department,
227 in the practice area for which an applicant seeks licensure.

228 “Department”, the department of public health.

229 “Licensee”, an individual who is licensed under this chapter.

230 “Licensed alcohol and drug counselor I”, a person licensed by the department to conduct
231 an independent practice of alcohol and drug counseling and to provide supervision to other
232 alcohol and drug counselors. A licensed alcohol and drug counselor I shall have: (i) received a
233 master’s or doctoral degree in behavioral sciences, which included a supervised counseling
234 practicum that meets the requirements established by the department or such equivalent
235 educational credits as may be established by the department; (ii) at least 3 years of approved
236 work experience; and (iii) passed a licensing examination approved by the department.

237 “Licensed alcohol and drug counselor II”, a person licensed by the department to practice
238 alcohol and drug counseling under clinical supervision. A licensed alcohol and drug counselor II
239 shall have: (i) completed an approved program of education, which included a supervised
240 counseling practicum that meets the requirements established by the department or such
241 equivalent educational credits as may be established by the department; (ii) at least 3 years of
242 approved work experience; and (iii) passed a licensing examination approved by the department.

243 “Licensed recovery coach”, a person with lived experience who is licensed by the
244 department to practice recovery coaching using shared understanding, respect and mutual
245 empowerment to help others become and stay engaged in the process of recovery from a
246 substance use disorder. A licensed recovery coach shall: (i) have completed an approved
247 program of education, including approved work experience that meets the requirements
248 established by the department; (ii) demonstrate at least 2 years of sustained recovery; and (iii)
249 have met all education, training and experience requirements and qualifications as established by
250 the department.

251 “Lived experience”, the experience of addiction and recovery from a substance use
252 disorder.

253 Section 2. (a) The department shall establish and administer a program for the licensure
254 of alcohol and drug counselors and recovery coaches. The department shall: (i) establish the
255 licensure requirements for licensed alcohol and drug counselors practicing in the commonwealth;
256 (ii) establish the licensure requirements for licensed recovery coaches practicing in the
257 commonwealth; (iii) evaluate the qualifications of applicants for licensure; (iv) supervise
258 licensing examinations, where applicable; (v) establish and collect fees for licensing and
259 examination, where applicable; (vi) grant and issue licenses to applicants who satisfy the
260 department’s requirements for licensure; (vii) establish continuing education requirements; (viii)
261 investigate complaints; (ix) take appropriate disciplinary action to protect the public health,
262 safety and welfare; and (x) perform other functions and duties as may be necessary to carry out
263 this chapter.

264 (b) The department shall establish requirements for licensed alcohol and drug counselors
265 I and licensed alcohol and drug counselors II and may establish other reasonable classifications
266 for alcohol and drug counselors as it finds necessary and appropriate, taking into consideration
267 different levels of education, training and work experience.

268 (c) The department shall establish requirements for licensed recovery coaches, including,
269 but not limited to, establishing an ethical code of conduct for recovery coaches, and may
270 establish other reasonable classifications for recovery coaches as it finds necessary and
271 appropriate, taking into consideration different levels of education, training and work experience.

272 (d) The department shall approve and issue certificates of approval of programs for the
273 training of alcohol and drug counselors. The department shall maintain a list of approved
274 programs and a current roster of persons serving as licensed alcohol and drug counselors in the
275 commonwealth.

276 (e) The department shall approve and issue certificates of approval of programs for the
277 training of recovery coaches. The department shall maintain a list of approved programs and a
278 current roster of persons serving as licensed recovery coaches in the commonwealth.

279 (f) The department shall promulgate rules and regulations as it deems necessary to
280 implement the provisions of this chapter, including, but not limited to, rules and regulations
281 establishing the educational and professional requirements for licensing individuals under this
282 chapter, establishing fees for licensing and examination, where applicable, and governing the
283 practice and employment of licensees to promote the public health, safety and welfare.

284 Section 3. (a) Each applicant shall furnish the department with proof of satisfactory
285 completion of the educational, training and experience requirements for licensure, including
286 completion of an approved program and approved work experience and proof of having passed
287 any licensing examinations required by the department; provided, that the department may
288 establish additional requirements for licensure and exemptions by regulation.

289 (b) A licensee shall apply biennially to the department for license renewal. A licensee
290 seeking license renewal shall submit proof of having successfully completed the requirements for
291 approved continuing education as may be established by the department.

292 (c) Applications for licenses and renewals thereof shall be submitted in accordance with
293 procedures established by the department. The department may establish fees for license
294 applications or renewals.

295 Section 4. (a) Except as otherwise provided for in this chapter or by regulation of the
296 department, persons not licensed or otherwise exempt from licensing shall not hold themselves
297 out as a licensed recovery coach and shall not use the title, initials, abbreviations, insignia or
298 description of a licensed recovery coach or practice or attempt to practice recovery coaching
299 unless otherwise authorized by law or rule or regulation of the department. Whoever engages in
300 any such unauthorized action shall be subject to a fine of not less than \$500. The department may
301 bring a petition in superior court to enjoin such action or any other violation of this chapter or a
302 regulation of the department.

303 (b) The following individuals pursuing a recovery coach license who meet the
304 requirements for licensed recovery coach applicants as set forth in this chapter or in rules or
305 regulations of the department may practice without a license in order to obtain the requisite hours
306 of supervised work experience needed to obtain such license:

307 (i) an educational psychologist, marriage and family therapist, alcohol and drug
308 counselor, mental health counselor, nurse practitioner, occupational therapist, physician,
309 physician assistant, practical nurse, psychologist, registered nurse, rehabilitation counselor or
310 social worker;

311 (ii) an employee or other agent of a recognized academic institution or employee
312 assistance program or a federal, state, county or local government institution, program, agency or
313 facility or school committee, school district, school board or board of regents while performing

314 recovery coach duties solely for the respective entity or under the jurisdiction and supervision of
315 such entity; and

316 (iii) an employee of a program or facility approved or licensed by the department
317 pursuant to chapters 111B and 111E; provided, however, that such individual shall perform
318 recovery coaching solely within or under the jurisdiction and supervision of such program or
319 facility.

320 (c) Nothing in this section shall be construed to prevent members of peer groups or self-
321 help groups from performing peer counseling or self-help activities that may be included within
322 the practice recovery coaching; provided, however, that no members of peer groups or self-help
323 groups who are not so credentialed shall use a title stating or implying that such person is a
324 licensed recovery coach.

325 Section 5. (a) Except as otherwise provided for in this chapter or by regulation, a person
326 who is not licensed or is otherwise exempt from licensing shall not hold themselves out as a
327 licensed alcohol and drug counselor and shall not use the title, initials or description of a licensed
328 alcohol and drug counselor or practice or attempt to practice alcohol and drug counseling.
329 Whoever engages in any such unauthorized action shall be subject to a fine of not less than \$500.
330 The department may bring a petition in superior court to enjoin such action or any other violation
331 of this chapter or a regulation of the department.

332 (b) The following individuals shall be exempt from the licensing requirements for alcohol
333 and drug counseling under this chapter:

334 (i) an educational psychologist, marriage and family therapist, mental health counselor,
335 nurse practitioner, occupational therapist, physician, physician assistant, practical nurse,
336 psychologist, registered nurse, rehabilitation counselor and social worker;

337 (ii) an employee or other agent of a recognized academic institution or employee
338 assistance program or a federal, state, county or local government institution, program, agency or
339 facility or school committee, school district, school board or board of regents while performing
340 alcohol and drug counseling duties solely for the respective entity or under the jurisdiction of
341 such entity; provided, however, that a license pursuant to this chapter need not be a requirement
342 for employment in any state, county or municipal agency; and

343 (iii) an employee of a treatment program or facility licensed or approved by the
344 department pursuant to chapters 111B and 111E; provided, however, that such individual shall
345 perform alcohol and drug counseling solely within or under the jurisdiction of such program or
346 facility.

347 (c) Nothing in this section shall be construed to prevent qualified members of other
348 professions, including attorneys, Christian Science practitioners or members of the clergy, from
349 providing alcohol or drug counseling consistent with accepted standards of their respective
350 professions; provided, however, that no such person shall use a title stating or implying that such
351 person is a licensed alcohol and drug counselor.

352 (d) Nothing in this section shall be construed to prevent members of peer groups or self-
353 help groups from performing peer group or self-help activities; provided, however, that no such
354 person shall use a title stating or implying that such person is a licensed alcohol and drug
355 counselor.

356 Section 6. (a) The department shall establish procedures for consumers to file written
357 complaints regarding an individual licensed under this chapter. The department shall investigate
358 all complaints relating to the proper practice of a person holding a license under this chapter and
359 all complaints relating to any violation of this chapter or regulation of the department.

360 (b) The department may conduct an adjudicatory proceeding pursuant to chapter 30A, but
361 shall not have the power to issue, vacate, modify or enforce subpoenas pursuant to section 12 of
362 said chapter 30A. The department may, after a hearing pursuant to said chapter 30A, deny, refuse
363 renewal, revoke, limit or suspend a license or otherwise discipline a licensee; provided, however,
364 the department may suspend the license of a licensee who poses an imminent danger to the
365 public; provided further, that the licensee shall be afforded a hearing within 7 business days to
366 determine whether the action is warranted; and provided further, that the department shall
367 conduct its proceedings in accordance with the provisions of this chapter and said chapter 30A.
368 Grounds for denial, refusal to renew, revocation, limitation, suspension or other discipline shall
369 include the following:

370 (i) fraud or misrepresentation in obtaining a license;

371 (ii) criminal conduct which the department determines to be of such a nature as to render
372 such person unfit to practice as licensed as evidenced by criminal proceedings resulting in a
373 conviction, guilty plea or plea of nolo contendere or an admission of sufficient facts;

374 (iii) violation of any law or rule or regulation of the department governing the practice of
375 the licensee;

376 (iv) violation of ethical standards which the department determines to be of such a nature
377 as to render such person unfit to practice as a licensee; or

378 (v) other just and sufficient cause that the department determines would render a person
379 unfit to practice as a licensee.

380 (c) Where denial, refusal to renew, revocation or suspension is based solely on the failure
381 of the licensee to timely file an application or pay prescribed fees or to maintain insurance
382 coverage as required by law or regulation, the department may act without first granting the
383 applicant or licensee a hearing.

384 Section 7. (a) Examinations for licensure, where applicable, shall be conducted at least
385 twice per year at times and places designated by the department. Examinations for licensure,
386 where applicable, shall be written; provided, however, that portions thereof may be conducted
387 orally. A person who has failed an examination may be admitted to the next subsequent
388 examination.

389 (b) The department may accept, in lieu of its own examination, a current certificate of
390 any recognized certifying body issued on the basis of an examination satisfactory to the
391 department; provided, however, that the standards of such body shall be at least as stringent as
392 those established by the department.

393 Section 8. (a) The department may issue a license without examination to an applicant
394 who meets the requirements for licensure established by the department if such applicant is
395 licensed or certified in alcohol and drug counseling or in recovery coaching or a comparable
396 field in another state wherein the requirements for licensure shall be determined by the
397 department to be equivalent to or in excess of the requirements of this chapter.

398 (b) The department may authorize an alcohol and drug counselor or a recovery coach to
399 practice by reciprocity.

400 (c) The department shall promulgate rules and regulations as may be necessary to
401 implement this section.

402 Section 9. (a) There shall be a recovery coach advisory council within the department to
403 assist and support the department in carrying out this chapter by planning, guiding and
404 coordinating the components of the practice of recovery coaching; provided, that the council may
405 advise the department on other such matters related to the practice of repractice of alcohol and
406 drug counseling and the inclusion of people with lived experience in guiding such practices.

407 (b) The advisory council shall consist of the following members: the director of the
408 bureau of substance addiction services, or a designee, who shall serve as chair; and 7 members
409 appointed by the secretary of health and human services, 4 of whom shall be employed as
410 recovery coaches, recovery coach supervisors or recovery coach educators and shall be, to the
411 extent possible, representative of the demographic diversity of the commonwealth, including, but
412 not limited to, diversity in race, ethnicity, gender, gender identity, sexual orientation, age,
413 disability, geographical region, workplace and history of involvement with the criminal legal
414 system, 1 of whom shall be a representative of the Massachusetts Board of Substance Abuse
415 Counselor Certification, 1 of whom shall represent a health plan and 1 of whom shall be a person
416 with lived experience who has received or is receiving recovery coaching services. Members of
417 the advisory council shall be residents of the commonwealth.

418 Section 10. The bureau of substance addiction services shall establish a comprehensive
419 peer support program to provide mentorship, technical assistance and support resources for the
420 wellbeing of recovery coaches, including, but not limited to, peer support specialists, peer
421 recovery coaches and recovery support navigators. The program shall include, but shall not be

422 limited to: (i) a network for peer-to-peer trainings, education, mentorship, counseling and
423 support; (ii) educational and other clinical support materials; (iii) technical assistance for
424 licensure, certification, credentialing and other employment and practice requirements; and (iv)
425 billing technical assistance for organizations that employ recovery coaches.

426 SECTION 10A. Chapter 112 of the General Laws is hereby amended by inserting after
427 section 52G the following section:-

428 Section 52H. (a) For the purpose of this section, the following words shall, unless the
429 context clearly requires otherwise, have the following meanings:

430 “Board”, the board of registration in dentistry established in section 19 of chapter 13.

431 “Continuing care”, guidance, support, toxicology collection and accountability through a
432 formal monitoring contract concurrent with or following an evaluation and treatment process.

433 “Peer review committee”, a committee of healthcare providers which evaluates or
434 improves the quality of health care rendered by providers of health care services and evaluates
435 and assists health care providers impaired or allegedly impaired by reason of alcohol, drugs,
436 physical disability, mental instability or otherwise.

437 “Substantive non-compliance”, a pattern of non-compliance or dishonesty in continuing
438 care monitoring or an episode of non-compliance which could place patients at risk.

439 (b)(1) The board is hereby authorized and directed to offer a remediation program for
440 dentists and dental hygienists.

441 (2) The board shall select 1 or more providers to serve as designated remediation
442 programs.

443 (3) The board shall establish: (i) criteria for the acceptance, denial or termination of
444 registered dentists and dental hygienists in the program; and (ii) an outreach program to identify
445 registered dentists and dental hygienists who may have a substance use disorder and to provide
446 education about the remediation program.

447 (4) No member of the board shall be employed by or volunteer for the program.

448 (c)(1) A remediation program shall serve as a voluntary alternative to traditional
449 disciplinary actions. Any registered dentist or dental hygienist in the commonwealth may request
450 to participate in the program.

451 (2) To be eligible for designation, a remediation program shall have demonstrable
452 experience in the field of substance use disorder and shall employ a licensed mental health
453 professional with experience in the treatment of substance use disorders.

454 (3) The remediation program shall have the following duties and responsibilities: (i) to
455 evaluate registered dentists and dental hygienists who request to participate in the program for
456 admission into the program; (ii) to agree to accept referrals from the board; (iii) to review and
457 designate treatment facilities and assessment services to which participants may be referred; (iv)
458 to receive and review information concerning a participant in the program; (v) to disclose to the
459 board aggregate data on compliance-based on ongoing recovery documentation; (vi) to provide
460 each participant, through contracted agreements, with an individualized remediation plan
461 according to guidelines developed through collaboration between the board and the remediation

462 program with regards to requirements for supervision; (vii) to provide information to dentists or
463 dental hygienists who request to participate in the program; and (viii) to establish an outreach
464 program to identify registered dentists and dental hygienists who may have a substance use or
465 other mental health disorder, and to provide education about the remediation program.

466 (4) A registered dentist or dental hygienist who requests to participate in the remediation
467 program shall agree to cooperate with the individualized remediation plan recommended by the
468 remediation program. The remediation program may report to the board the name and license
469 number of a registered dentist or dental hygienist who fails to comply with an individualized
470 remediation plan.

471 (5) After the remediation program, in its discretion, has determined that a registered
472 dentist or dental hygienist has successfully completed an individualized remediation plan
473 through the program, the board shall seal all records pertaining to the participation of the
474 registered dentist or dental hygienist in the program. No record shall be sealed sooner than 5
475 years from the participant's date of entry into the program. All board and remediation program
476 records of a participant's involvement in the program shall be kept confidential and shall not be
477 subject to discovery or subpoena in any civil, criminal, legislative or administrative proceeding
478 without the prior written consent of the participant.

479 (6) The designated remediation programs shall be confidential and shall offer a means of
480 recovery and rehabilitation without the loss of a license by providing access to early
481 identification, intervention, evaluation, monitoring, referral to appropriate intervention programs
482 and treatment services, and earned advocacy, when appropriate, of licensees with potentially
483 impairing illness, ideally prior to functional impairment.

484 (7) In accordance with peer review law, proceedings, reports and records of the
485 remediation program shall be confidential pursuant to section 240. Such records shall not to be
486 disclosed, and shall not subject to subpoena or discovery, and shall not be introduced into
487 evidence in any judicial or administrative proceeding, subject to paragraph (4) and (5).

488 (8) No employee or volunteer member of the remediation program who is licensed to
489 practice by the department of public health division of professional licensure or by the board
490 shall have had any type of disciplinary or enforcement action taken against them by their
491 respective licensing board, during the 5 years preceding their appointment to the program.

492 SECTION 11. Chapter 118E of the General Laws is hereby amended by inserting after
493 section 10Q the following 2 sections:-

494 Section 10R. The division and its contracted health insurers, health plans, health
495 maintenance organizations, behavioral health management firms and third-party administrators
496 under contract to a Medicaid managed care organization, accountable care organization or
497 primary care clinician plan shall provide coverage for prescribed or dispensed opioid antagonists,
498 as defined in section 19B of chapter 94C, which shall be deemed medically necessary and shall
499 not require prior authorization; provided, however, that a prescription from a health care
500 practitioner shall not be required for coverage of opioid antagonists. An opioid antagonist shall
501 not be subject to any deductible, coinsurance, copayments or out-of-pocket limits; provided,
502 however, that cost-sharing shall be required if the applicable plan is governed by the federal
503 Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition on cost-
504 sharing for this service.

505 (b) The division and its contracted health insurers, health plans, health maintenance
506 organizations, behavioral health management firms and third-party administrators shall provide
507 coverage for an opioid antagonist as a medical benefit when dispensed by the health care facility
508 in which the opioid antagonist was prescribed and shall provide coverage as a pharmacy benefit
509 for an opioid antagonist dispensed by a pharmacist, including an opioid antagonist dispensed
510 pursuant to section 19B of chapter 94C.

511 Section 10S. The division and its contracted health insurers, health plans, health
512 maintenance organizations, behavioral health management firms and third-party administrators
513 under contract to a Medicaid managed care organization, accountable care organization or
514 primary care clinician plan shall provide coverage for the provision of services by a recovery
515 coach licensed or otherwise authorized to practice pursuant to chapter 111J, irrespective of the
516 setting in which these services are provided; provided, that such services shall be within the
517 lawful scope of practice of a recovery coach. The benefits in this section shall not be subject to
518 any deductible, coinsurance, copayments or out-of-pocket limits. Recovery coach services shall
519 be deemed medically necessary and shall not require prior authorization.

520 SECTION 11A. Section 35 of chapter 123 of the General Laws, as appearing in the 2022
521 Official Edition, is hereby amended by inserting after the definition of “Facility” the following
522 definition:-

523 “Secured facility”, any public or private facility that provides care and treatment for a
524 person with alcohol or substance use disorder located within a correctional facility funded,
525 controlled, or administered by a county sheriff, or a private facility that provides a comparable
526 level of security.

527 SECTION 11B. Said section 35 of chapter 123, as so appearing, is hereby amended by
528 striking out the fourth, fifth and six paragraphs and inserting in place thereof the following
529 paragraphs:-

530 The secretary of health and human services shall ensure an adequate supply of suitable
531 beds for the treatment of alcohol or substance use disorders at facilities licensed or approved by
532 the department of public health or the department of mental health for persons ordered to be
533 committed under this section.

534 If the department of public health informs the court that there are no such suitable
535 facilities or if the court makes a specific finding that the only appropriate setting for treatment for
536 the person is a secure facility, then the person may be committed to a secure facility licensed or
537 approved by the department of public health or the department of mental health; provided
538 further, that such secure facilities shall be geographically distributed so as to provide access to
539 treatment in all regions of the commonwealth.

540 A person committed under this section shall, upon release, be encouraged to consent to
541 further treatment and shall be allowed voluntarily to remain in the facility for such purpose. The
542 department of public health shall maintain a roster of public and private facilities available,
543 together with the number of beds currently available and the level of security at each facility, for
544 the care and treatment of alcohol use disorder and substance use disorder and shall make the
545 roster available to the trial court.

546 SECTION 12. Subsection (a) of section 51A of chapter 119 of the General Laws, as
547 appearing in the 2022 Official Edition, is hereby amended by striking out the first paragraph and
548 inserting in place thereof the following paragraph:-

549 A mandated reporter shall immediately communicate with the department orally and
550 shall, within 48 hours, file a written report with the department detailing suspected abuse or
551 neglect if, in their professional capacity, they have reasonable cause to believe that a child is: (i)
552 suffering physical or emotional injury resulting from abuse inflicted upon them which causes
553 harm or substantial risk of harm to the child’s health or welfare including, but not limited to,
554 sexual abuse; (ii) suffering physical or emotional injury resulting from neglect including, but not
555 limited to, malnutrition; (iii) a sexually exploited child; or (iv) a human trafficking victim, as
556 defined by section 20M of chapter 233.

557 SECTION 13. Section 1 of chapter 151B of the General Laws, as so appearing, is hereby
558 amended by striking out subsection 17 and inserting in place thereof the following subsection:-

559 17. The term “handicap” means: (a) a physical or mental impairment which substantially
560 limits 1 or more major life activities of a person; (b) a record of having such impairment; (c)
561 being regarded as having such impairment; or (d) the lawful possession and clinically
562 appropriate taking of any medication that is: (i) approved by the federal Food and Drug
563 Administration for the treatment of an opioid-related substance use disorder, including, but not
564 limited to, an opioid agonist or a partial opioid agonist and used for the treatment of an opioid-
565 related substance use disorder; (ii) obtained directly or pursuant to a valid prescription or order
566 from a practitioner, as defined in section 1 of chapter 94C; (iii) determined to be medically
567 necessary by a practitioner while acting in the course of professional practice; and (iv) offered in
568 accordance with a treatment plan that is reviewed by a practitioner at a frequency consistent with
569 appropriate clinical standards. The term handicap shall not include current, illegal use of a
570 controlled substance, as defined in said section 1 of said chapter 94C. For the purposes of this
571 subsection, the words “clinically appropriate” shall mean the taking of a prescribed medication

572 for the treatment of an opioid-related substance use disorder when such drug is medically
573 indicated and intake is proportioned to the medical need.

574 SECTION 13A. Chapter 175 of the General Laws is hereby amended by striking out
575 section 47KK and inserting in place thereof the following section:-

576 Section 47KK. (a) Any policy, contract, agreement, plan or certificate of insurance issued,
577 delivered or renewed within the commonwealth, which is considered creditable coverage under
578 section 1 of chapter 111M, shall develop a plan to provide adequate coverage and access to a
579 broad spectrum of pain management services, including, but not limited to, non-medication, non-
580 surgical treatment modalities and non-opioid medication treatment options that serve as
581 alternatives to opioid prescribing, in accordance with guidelines developed by the division of
582 insurance.

583 (b) No such policy, contract, agreement, plan or certificate of insurance shall, relative to
584 pain management services identified by the carrier pursuant to subsection (a), require a member
585 to obtain a preauthorization for non-medication, non-surgical treatment modalities that include
586 restorative therapies, behavioral health approaches or integrative health therapies, including
587 acupuncture, chiropractic treatments, massage and movement therapies.

588 (c)(1) The plan pursuant to subsection (a) shall be subject to approval and shall be a
589 component of carrier accreditation by the division of insurance pursuant to section 2 of chapter
590 176O. In its review, the division shall consider the adequacy of access to a broad spectrum of
591 pain management services and any carrier policies that may create unduly preferential coverage
592 to prescribing opioids without other pain management modalities.

593 (2) No policy, contract, agreement, plan or certificate of insurance issued, delivered or
594 renewed within the commonwealth, which is considered creditable coverage under said section 1
595 of said chapter 111M, shall establish utilization controls, including preauthorization or step
596 therapy requirements, for clinically appropriate non-opioid drugs approved by the federal Food
597 and Drug Administration for the treatment or management of pain, that are more restrictive or
598 extensive than the least restrictive or extensive utilization controls applicable to any clinically
599 appropriate opioid drug.

600 (d) Carriers shall annually distribute educational materials to providers within their
601 networks and to members about the pain management access plan and shall make information
602 about their plans publicly available on their websites.

603 SECTION 14. Said chapter 175 is hereby further amended by inserting after section
604 47UU the following 2 sections:-

605 Section 47VV. Any policy, contract, agreement, plan or certificate of insurance issued,
606 delivered or renewed within the commonwealth, which is considered creditable coverage under
607 section 1 of chapter 111M, shall provide coverage for prescribed or dispensed opioid antagonists,
608 as defined in section 19B of chapter 94C and used in the reversal of overdoses caused by opioids,
609 which shall be deemed medically necessary and shall not require prior authorization; provided,
610 however, that a prescription from a health care practitioner shall not be required for coverage of
611 opioid antagonists. An opioid antagonist used in the reversal of overdoses caused by opioids
612 shall not be subject to any deductible, coinsurance, copayments or out-of-pocket limits;
613 provided, however, that cost-sharing shall be required if the applicable plan is governed by the

614 federal Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition
615 on cost-sharing for this service.

616 (b) The policy, contract, agreement, plan or certificate of insurance shall provide
617 coverage for an opioid antagonist used in the reversal of overdoses caused by opioids as a
618 medical benefit when dispensed by the health care facility in which the opioid antagonist was
619 prescribed and shall provide coverage as a pharmacy benefit for an opioid antagonist used in the
620 reversal of overdoses caused by opioids dispensed by a pharmacist, including an opioid
621 antagonist dispensed pursuant to section 19B of chapter 94C; provided, however, that the rate to
622 be reimbursed under the medical benefit shall not exceed the carrier's average in-network
623 pharmacy benefit rate and the health care facility shall not balance bill the patient.

624 Section 47WW. Any policy, contract, agreement, plan or certificate of insurance issued,
625 delivered or renewed within the commonwealth, which is considered creditable coverage under
626 section 1 of chapter 111M, shall provide coverage for the provision of services by a recovery
627 coach licensed or otherwise authorized to practice under chapter 111J, irrespective of the setting
628 in which these services are provided; provided, that such services shall be within the lawful
629 scope of practice of a recovery coach. The contractual rate for these services shall be no less than
630 the prevailing MassHealth rate for recovery coach services. The benefits in this section shall not
631 be subject to any deductible, coinsurance, copayments or out-of-pocket limits; provided,
632 however, that cost-sharing shall be required if the applicable plan is governed by the federal
633 Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition on cost-
634 sharing for this service. Recovery coach services shall be deemed medically necessary and shall
635 not require prior authorization.

636 SECTION 15. Said chapter 175 is hereby further amended by inserting after section
637 122A the following section:-

638 Section 122B. (a) No insurer authorized to issue policies on the lives of persons in the
639 commonwealth shall make a distinction or otherwise discriminate between persons, reject an
640 applicant, cancel a policy or demand or require a higher rate of premium for reasons based solely
641 upon an applicant or insured having or had a prescription for, purchased or otherwise possessed
642 an opioid antagonist, as defined in section 19B of chapter 94C.

643 (b) A violation of this section shall constitute an unfair method of competition or unfair
644 and deceptive act or practice pursuant to chapters 93A and 176D.

645 SECTION 15A. Chapter 176A of the General Laws is hereby amended by striking out
646 section 8MM and inserting in place thereof the following section:-

647 Section 8MM. (a) Any contract between a subscriber and the corporation under an
648 individual or group hospital service plan that is delivered, issued or renewed within the
649 commonwealth shall develop a plan to provide adequate coverage and access to a broad
650 spectrum of pain management services, including, but not limited to, non-medication, non-
651 surgical treatment modalities and non-opioid medication treatment options that serve as
652 alternatives to opioid prescribing, in accordance with guidelines developed by the division of
653 insurance.

654 (b) No such contract shall, relative to pain management services identified by the carrier
655 pursuant to subsection (a), require a member to obtain a preauthorization for non-medication,
656 non-surgical treatment modalities that include restorative therapies, behavioral health approaches

657 or integrative health therapies, including acupuncture, chiropractic treatments, massage, and
658 movement therapies.

659 (c)(1) The plan pursuant to subsection (a) shall be subject to approval and shall be a
660 component of carrier accreditation by the division of insurance pursuant to section 2 of chapter
661 176O. In its review, the division shall consider the adequacy of access to a broad spectrum of
662 pain management services and any carrier policies that may create unduly preferential coverage
663 to prescribing opioids without other pain management modalities.

664 (2) No contract between a subscriber and the corporation under an individual or group
665 hospital service plan that is delivered, issued or renewed within the commonwealth shall
666 establish utilization controls, including preauthorization or step therapy requirements, for
667 clinically appropriate non-opioid drugs approved by the federal Food and Drug Administration
668 for the treatment or management of pain, that are more restrictive or extensive than the least
669 restrictive or extensive utilization controls applicable to any clinically appropriate opioid drug.

670 (d) Carriers shall annually distribute educational materials to providers within their
671 networks and to members about the pain management access plan and shall make information
672 about their plans publicly available on their websites.

673 SECTION 16. Said chapter 176A is hereby further amended by inserting after section
674 8VV the following 2 sections:-

675 Section 8WW. Any contract between a subscriber and the corporation under an
676 individual or group hospital service plan that is delivered, issued or renewed within the
677 commonwealth shall provide coverage for prescribed or dispensed opioid antagonists, as defined

678 in section 19B of chapter 94C and used in the reversal of overdoses caused by opioids, which
679 shall be deemed medically necessary and shall not require prior authorization; provided,
680 however, that a prescription from a health care practitioner shall not be required for coverage of
681 opioid antagonists. An opioid antagonist used in the reversal of overdoses caused by opioids
682 shall not be subject to any deductible, coinsurance, copayments or out-of-pocket limits;
683 provided, however, that cost-sharing shall be required if the applicable plan is governed by the
684 federal Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition
685 on cost-sharing for this service.

686 (b) Such contract shall provide coverage for an opioid antagonist used in the reversal of
687 overdoses caused by opioids as a medical benefit when dispensed by the health care facility in
688 which the opioid antagonist was prescribed and shall provide coverage as a pharmacy benefit for
689 an opioid antagonist used in the reversal of overdoses caused by opioids dispensed by a
690 pharmacist, including an opioid antagonist dispensed pursuant to section 19B of chapter 94C;
691 provided, however, that the rate to be reimbursed under the medical benefit shall not exceed the
692 carrier's average in-network pharmacy benefit rate and the health care facility shall not balance
693 bill the patient.

694 Section 8XX. Any contract between a subscriber and the corporation under an individual
695 or group hospital service plan that is delivered, issued or renewed within the commonwealth
696 shall provide coverage for the provision of services by a recovery coach licensed or otherwise
697 authorized to practice under chapter 111J, irrespective of the setting in which these services are
698 provided; provided, that such services shall be within the lawful scope of practice of a recovery
699 coach. The contractual rate for these services shall be no less than the prevailing MassHealth rate
700 for recovery coach services. The benefits in this section shall not be subject to any deductible,

701 coinsurance, copayments or out-of-pocket limits; provided, however, that cost-sharing shall be
702 required if the applicable plan is governed by the federal Internal Revenue Code and would lose
703 its tax-exempt status as a result of the prohibition on cost-sharing for this service. Recovery
704 coach services shall be deemed medically necessary and shall not require prior authorization.

705 SECTION 16A. Chapter 176B of the General Laws is hereby amended by striking out
706 section 4MM and inserting in place thereof the following section:-

707 Section 4MM. (a) Any subscription certificate under an individual or group medical
708 service agreement delivered, issued or renewed within the commonwealth shall develop a plan to
709 provide adequate coverage and access to a broad spectrum of pain management services,
710 including, but not limited to, non-medication, non-surgical treatment modalities and non-opioid
711 medication treatment options that serve as alternatives to opioid prescribing, in accordance with
712 guidelines developed by the division of insurance.

713 (b) No such subscription certificate shall, relative to pain management services identified
714 by the carrier pursuant to subsection (a), require a member to obtain a preauthorization for non-
715 medication, non-surgical treatment modalities that include restorative therapies, behavioral
716 health approaches or integrative health therapies, including acupuncture, chiropractic treatments,
717 massage, and movement therapies.

718 (c)(1) The plan pursuant to subsection (a) shall be subject to approval and shall be a
719 component of carrier accreditation by the division of insurance pursuant to section 2 of chapter
720 176O. In its review, the division shall consider the adequacy of access to a broad spectrum of
721 pain management services and any carrier policies that may create unduly preferential coverage
722 to prescribing opioids without other pain management modalities.

723 (2) No subscription certificate under an individual or group medical service agreement
724 delivered, issued or renewed within the commonwealth shall establish utilization controls,
725 including preauthorization or step therapy requirements, for clinically appropriate non-opioid
726 drugs approved by the federal Food and Drug Administration for the treatment or management of
727 pain, that are more restrictive or extensive than the least restrictive or extensive utilization
728 controls applicable to any clinically appropriate opioid drug.

729 (d) Carriers shall annually distribute educational materials to providers within their
730 networks and to members about the pain management access plan and shall make information
731 about their plans publicly available on their websites.

732 SECTION 17. Said chapter 176B is hereby further amended by inserting after section
733 4VV the following 2 sections:-

734 Section 4WW. Any subscription certificate under an individual or group medical service
735 agreement delivered, issued or renewed within the commonwealth, shall provide coverage for
736 prescribed or dispensed opioid antagonists, as defined in section 19B of chapter 94C and used in
737 the reversal of overdoses caused by opioids, which shall be deemed medically necessary and
738 shall not require prior authorization; provided, however, that a prescription from a health care
739 practitioner shall not be required for coverage of opioid antagonists. An opioid antagonist used in
740 the reversal of overdoses caused by opioids shall not be subject to any deductible, coinsurance,
741 copayments or out-of-pocket limits; provided, however, that cost-sharing shall be required if the
742 applicable plan is governed by the federal Internal Revenue Code and would lose its tax-exempt
743 status as a result of the prohibition on cost-sharing for this service.

744 (b) The policy, contract, agreement, plan or certificate of insurance shall provide
745 coverage for an opioid antagonist used in the reversal of overdoses caused by opioids as a
746 medical benefit when dispensed by the health care facility in which the opioid antagonist was
747 prescribed and shall provide coverage as a pharmacy benefit for an opioid antagonist used in the
748 reversal of overdoses caused by opioids dispensed by a pharmacist, including an opioid
749 antagonist dispensed pursuant to section 19B of chapter 94C; provided, however, that the rate to
750 be reimbursed under the medical benefit shall not exceed the carrier's average in-network
751 pharmacy benefit rate and the health care facility shall not balance bill the patient.

752 Section 4XX. Any subscription certificate under an individual or group medical service
753 agreement delivered, issued or renewed within the commonwealth shall provide coverage for the
754 provision of services by a recovery coach licensed or otherwise authorized to practice under
755 chapter 111J, irrespective of the setting in which these services are provided; provided, that such
756 services shall be within the lawful scope of practice of a recovery coach. The contractual rate for
757 these services shall be no less than the prevailing MassHealth rate for recovery coach services.
758 The benefits in this section shall not be subject to any deductible, coinsurance, copayments or
759 out-of-pocket limits; provided, however, that cost-sharing shall be required if the applicable plan
760 is governed by the federal Internal Revenue Code and would lose its tax-exempt status as a result
761 of the prohibition on cost-sharing for this service. Recovery coach services shall be deemed
762 medically necessary and shall not require prior authorization.

763 SECTION 17A. Chapter 176G of the General Laws is hereby amended by striking out
764 section 4EE and inserting in place thereof the following section:-

765 Section 4EE. (a) Any individual or group health maintenance contract that is issued or
766 renewed within or without the commonwealth shall develop a plan to provide adequate coverage
767 and access to a broad spectrum of pain management services, including, but not limited to, non-
768 medication, non-surgical treatment modalities and non-opioid medication treatment options that
769 serve as alternatives to opioid prescribing, in accordance with guidelines developed by the
770 division of insurance.

771 (b) No such contract shall, relative to pain management services identified by the carrier
772 pursuant to subsection (a), require a member to obtain a preauthorization for non-medication,
773 non-surgical treatment modalities that include restorative therapies, behavioral health approaches
774 or integrative health therapies, including acupuncture, chiropractic treatments, massage, and
775 movement therapies.

776 (c)(1) The plan pursuant to subsection (a) shall be subject to approval and shall be a
777 component of carrier accreditation by the division of insurance pursuant to section 2 of chapter
778 176O. In its review, the division shall consider the adequacy of access to a broad spectrum of
779 pain management services and any carrier policies that may create unduly preferential coverage
780 to prescribing opioids without other pain management modalities.

781 (2) No individual or group health maintenance contract that is issued or renewed within
782 or without the commonwealth shall establish utilization controls, including preauthorization or
783 step therapy requirements, for clinically appropriate non-opioid drugs approved by the federal
784 Food and Drug Administration for the treatment or management of pain, that are more restrictive
785 or extensive than the least restrictive or extensive utilization controls applicable to any clinically
786 appropriate opioid drug.

787 (d) Carriers shall annually distribute educational materials to providers within their
788 networks and to members about the pain management access plan and shall make information
789 about their plans publicly available on their websites.

790 SECTION 18. Said chapter 176G is hereby further amended by inserting after section
791 4NN the following 2 sections:-

792 Section 40O. An individual or group health maintenance contract that is issued or
793 renewed within or without the commonwealth shall provide coverage for prescribed or dispensed
794 opioid antagonists, as defined in section 19B of chapter 94C and used in the reversal of
795 overdoses caused by opioids, which shall be deemed medically necessary and shall not require
796 prior authorization; provided, however, that a prescription from a health care practitioner shall
797 not be required for coverage of opioid antagonists. An opioid antagonist used in the reversal of
798 overdoses caused by opioids shall not be subject to any deductible, coinsurance, copayments or
799 out-of-pocket limits; provided, however, that cost-sharing shall be required if the applicable plan
800 is governed by the federal Internal Revenue Code and would lose its tax-exempt status as a result
801 of the prohibition on cost-sharing for this service.

802 (b) The individual or group health maintenance contract shall provide coverage for an
803 opioid antagonist used in the reversal of overdoses caused by opioids as a medical benefit when
804 dispensed by the health care facility in which the opioid antagonist was prescribed and shall
805 provide coverage as a pharmacy benefit for an opioid antagonist used in the reversal of
806 overdoses caused by opioids dispensed by a pharmacist, including an opioid antagonist
807 dispensed pursuant to section 19B of chapter 94C; provided, however, that the rate to be

808 reimbursed under the medical benefit shall not exceed the carrier's average in-network pharmacy
809 benefit rate and the health care facility shall not balance bill the patient.

810 Section 4PP. An individual or group health maintenance contract that is issued or
811 renewed within or without the commonwealth shall provide coverage for the provision of
812 services by a recovery coach licensed or otherwise authorized to practice under chapter 111J,
813 irrespective of the setting in which these services are provided; provided, that such services shall
814 be within the lawful scope of practice of a recovery coach. The contractual rate for these services
815 shall be no less than the prevailing MassHealth rate for recovery coach services. The benefits in
816 this section shall not be subject to any deductible, coinsurance, copayments or out-of-pocket
817 limits; provided, however, that cost-sharing shall be required if the applicable plan is governed
818 by the federal Internal Revenue Code and would lose its tax-exempt status as a result of the
819 prohibition on cost-sharing for this service. Recovery coach services shall be deemed medically
820 necessary and shall not require prior authorization.

821 SECTION 18A. (a) Notwithstanding any general or special law to the contrary, the
822 Massachusetts alcohol and substance abuse center, hereinafter referred to as the center, shall be
823 considered a security facility under section 35 of chapter 123 of the General Laws for the
824 purposes of commitments under said section 35 until the conditions under subsection (b) are
825 satisfied.

826 (b) The secretary of health and human services shall develop a plan to end operations at
827 the center as a facility accepting persons committed for treatment for alcohol or substance use
828 disorder by not later than December 31, 2026; provided, however, that persons may continue to
829 be committed to the center under said section 35 of said chapter 123 until the department of

830 public health and department of mental health have licensed and approved suitable facilities with
831 a total bed capacity equal to the center. Such facilities shall be geographically distributed so as to
832 provide access to treatment in all regions of the commonwealth.

833 (c) The secretary shall submit the plan required under subsection (b) to the clerks of the
834 senate and house of representatives and to the joint committee on mental health, substance abuse
835 and recovery not later than 180 days after the effective date of this act. The secretary shall submit
836 interim reports quarterly detailing the progress towards ending operations at the center to the
837 clerks of the senate and house of representatives and to the joint committee on mental health,
838 substance abuse and recovery. The quarterly reports shall include, but shall not be limited to
839 following: (i) a census of persons being treated at the center; (ii) the number of persons
840 transferred from the center to other facilities licensed by the department of public health or
841 department of mental health; (iii) the location and bed capacity of each newly licensed facility;
842 (iv) the type of facility and location of newly committed persons under section 35 of chapter 123
843 of the General Laws; and (v) the anticipated fiscal impact, if any, of complying with this section.

844 SECTION 19. (a) The department of children and families, in consultation with the
845 department of public health and the office of the child advocate, shall promulgate regulations or
846 issue further guidance for the requirements of health care providers involved in the delivery or
847 care of infants identified as being affected by prenatal substance exposure or fetal alcohol
848 spectrum disorder. The regulations or guidance shall include, but shall not be limited to: (i)
849 factors for determining instances in which prenatal substance exposure from a medication
850 prescribed by a licensed health care provider require filing a report pursuant to section 51A of
851 chapter 119 of the General Laws; provided, that an indication of prenatal substance exposure
852 shall not solely meet the requirements of said section 51A of said chapter 119; and (ii) the roles

853 and responsibilities of health care providers and staff who care for perinatal patients or newborns
854 pursuant to 42 U.S.C. § 5106a(b)(2)(B)(ii) and in accordance with the federal Child Abuse
855 Prevention and Treatment Act, 42 U.S.C. § 5101 et seq. and 42 U.S.C. § 5116 et seq., as
856 amended from time to time.

857 (b) Such regulations or guidance shall: (i) reflect current accepted standards of health
858 care and substance use treatment practices; (ii) conform to the reporting requirements under the
859 federal Child Abuse Prevention and Treatment Act, 42 U.S.C. § 5101 et seq. and 42 U.S.C. §
860 5116 et seq., as amended from time to time; and (iii) to the extent possible, reduce racial
861 disparities in maternal and child health care, reports of suspected child abuse or neglect under
862 said section 51A of said chapter 119 or the number of patients identified for plans of safe care
863 pursuant to the federal Child Abuse Prevention and Treatment Act, 42 U.S.C. § 5101 et seq. and
864 42 U.S.C. § 5116 et seq., as amended from time to time.

865 (c) Such regulations or guidance shall be developed with input from relevant
866 stakeholders, including, but not limited to: (i) medical professional associations and health care
867 providers with expertise in the provision of care to pregnant people; (ii) individuals who have
868 lived experience of seeking or receiving behavioral health services or treatment prior to, during
869 and after pregnancy; (iii) professional associations and organizations with expertise in prenatal
870 substance exposure, perinatal and child health, treatment of substance use disorder and racial
871 equity in access to health care; and (iv) behavioral health professionals with expertise in
872 providing culturally-competent care.

873 SECTION 20. The bureau of substance addiction services within the department of
874 public health shall conduct a comprehensive review of barriers to certification, credentialing and

875 other employment and practice requirements of recovery coaches, including, but not limited to,
876 peer support specialists, peer recovery coaches and recovery support navigators, and issue a
877 report on its findings. The report shall include, but shall not be limited to: (i) cost barriers for
878 individuals with lived experience, including, but not limited to, application and examination fees
879 for initial certification and credentialing; (ii) cost barriers to certification and credentialing
880 renewals; (iii) cost and reimbursement barriers for hospitals and clinics licensed under chapter
881 111 of the General Laws and other employers to hire, train and retain recovery coaches,
882 including, but not limited to, peer support specialists, peer recovery coaches and recovery
883 support navigators; (iv) eligibility requirements for certification and credentialing; (v) access to
884 training programs and resources; and (vi) any additional barriers to obtaining and maintaining
885 authorization to practice recovery coaching. The report shall also include recommendations to
886 address said barriers. The bureau shall submit a copy of the report to the secretary of health and
887 human services, the clerks of the house of representatives and the senate and the joint committee
888 on mental health, substance use and recovery within 90 days of the effective date of this act.

889 SECTION 20A. (a) The bureau of substance addiction services within the department of
890 public health shall review and study the disparate impacts and disparities of substance use
891 disorder, overdoses, overdose deaths and clinical outcomes for members of historically
892 marginalized communities, including, but not limited to, impacts based on race, ethnicity,
893 language, gender, gender identity, sexual orientation, age, disability and other social
894 determinants of health identified by the bureau.

895 (b) The bureau shall: (i) review current data and trends regarding substance use and
896 overdose rates, disparities in treatment access and corresponding causes within historically
897 marginalized communities; (ii) evaluate the effectiveness of current treatment interventions

898 within historically marginalized communities; (iii) identify barriers to accessing treatment,
899 including, but not limited to, access to necessary resources, education and access to appropriate
900 care and interventions; and (iv) identify evidence-based strategies to reduce overdose deaths and
901 improve access, treatment and education within historically marginalized communities.

902 (c) Not later than June 30, 2025, the bureau shall submit a report of its findings and any
903 recommendations, including any legislative or regulatory changes that may be necessary to carry
904 out any recommendations, to the clerks of the house of representatives and the senate, the joint
905 committee on mental health, substance use and recovery and the joint committee on racial equity,
906 civil rights, and inclusion.

907 SECTION 20B. (a) For the purposes of this section, the words “administrative discharge”
908 shall mean the termination of treatment of a patient determined by a health care provider to have
909 a substance use disorder and related treatment needs despite a lack of clinical improvement in the
910 patient due to a violation of an administrative rule of a licensed substance use disorder treatment
911 program.

912 (b) The bureau of substance addiction services within the department of public health
913 shall study the circumstances and effects of administrative discharges of patients from substance
914 use disorder treatment programs licensed under sections 6 and 6A of chapter 111B of the
915 General Laws or section 7 of chapter 111E of the General Laws or programs established
916 pursuant to sections 24 and 24D of chapter 90.

917 (b) The bureau shall examine: (i) standards used by substance use disorder treatment
918 programs in determining when an administrative discharge is appropriate, including, but not
919 limited to, any standard criteria, methodology or graduated sanctions based on staff and patient

920 safety and the level of treatment and severity of the symptoms of the patient; (ii) options for
921 patients following an administrative discharge from a substance use disorder treatment program,
922 including, but not limited to, any programs or resources available to a patient and the frequency
923 that such options are provided to said patients; and (iii) the applicability, availability and
924 effectiveness of the regulations relative to the coordination of care and management of discharge
925 planning for an administrative discharge pursuant to 105 CMR 164 and section 19 of chapter 17
926 of the General Laws.

927 (c) Not later than December 31, 2025, the bureau shall submit its findings and any
928 recommendations, including any legislative or regulatory changes that may be necessary to
929 implement any recommendations, with the clerks of the house of representatives and senate, the
930 house and senate committees on ways and means and the joint committee on mental health,
931 substance use and recovery.

932 SECTION 21. (a) The department of public health may issue a recovery coach license to
933 an applicant who: (i) is practicing in the commonwealth as a recovery coach as of the effective
934 date of this act; and (ii) applies for licensure within 1 year of the effective date of this act. The
935 lived experience requirement pursuant to section 1 of chapter 111J of the General Laws, as
936 inserted by section 10, shall be waived for applicants who were credentialed by the
937 Massachusetts Board of Substance Abuse Counselor Certification prior to the effective date of
938 this act.

939 (b) The department of public health shall issue a temporary recovery coach license to an
940 applicant who has received a Certified Addictions Recovery Coach certification, issued by the
941 Massachusetts Board of Substance Abuse Counselor Certification and provides satisfactory proof

942 for any test or examination that may be required for licensure; provided, that no temporary
943 license shall be valid for more than 2 years. The applicants eligible for a temporary license shall
944 meet all other qualifications and requirements for licensure as determined by the department of
945 public health.

946 (c) The department of public health shall promulgate rules or regulations for the
947 implementation of this section.

948 SECTION 21A. (a) There is hereby established a special commission to study and make
949 recommendations on ways to address the public health and safety concerns posed by the
950 proliferation of xylazine as an additive to illicit drugs such as fentanyl.

951 (b) The commission shall consist of the following 13 members: the chairs of the joint
952 committee on mental health, substance use, and recovery, who shall serve as co-chairs; 1
953 member appointed by the speaker of the house of representatives; 1 member appointed by the
954 minority leader of the house of representatives; 1 member appointed by the senate president; 1
955 member appointed by the minority leader of the senate; the secretary of health and human
956 services, or their designee; the commissioner of public health, or their designee; the
957 commissioner of mental health, or their designee; the secretary of public safety and security, or
958 their designee; 1 member who is a representative of the bureau of substance addiction services
959 within the department of public health; 1 member who is a representative of the Massachusetts
960 Veterinary Medical Association; and 1 member appointed by the governor who shall be a
961 registered nurse or licensed physician with experience in treating patients for substance use
962 disorder.

963 (c) The commission shall consider: (i) best practices to regulate and oversee the
964 production and distribution of xylazine to ensure that it is used solely for its intended purpose as
965 an animal tranquilizer administered by licensed veterinarians and not for human consumption;
966 (ii) whether xylazine should be classified as a controlled substance and appropriate penalties for
967 its illegal production and distribution; (iii) the availability of effective outreach and treatment
968 programs for patients who have been exposed to xylazine and ways to address any gaps in
969 available programs and services; and (iv) any other considerations determined to be relevant by
970 the commission.

971 (d) The commission shall file a report and its recommendations, including any legislation
972 necessary to implement the recommendations, with the clerks of the house of representatives and
973 the senate not later than June 30, 2025.

974 SECTION 22. No person shall be found to have violated section 4 of chapter 111J of the
975 General Laws, as inserted by section 10, until 6 months after the department of public health first
976 issues a recovery coach license pursuant to said section 4 of said chapter 111J.

977 SECTION 23. Not later than 18 months after the effective date of this act, the initial
978 report consistent with the report required pursuant to section 110D of chapter 111 of the General
979 Laws, as inserted by section 8, shall be filed by the department of public health, in consultation
980 with the department of children and families and the office of the child advocate, with the clerks
981 of the house of representatives and the senate, the house and senate committees on ways and
982 means, the joint committee on children, families and person with disabilities and the joint
983 committee on mental health, substance use and recovery examining the prevalence of births of

984 infants identified as being affected by prenatal substance exposure or fetal alcohol spectrum
985 disorder.

986 SECTION 23A. All commission members pursuant to section 21A shall be appointed
987 within 30 days of the effective date of this act.