HOUSE . . . . . No. 5143

The Commonwealth of Massachusetts

The committee of conference on the disagreeing votes of the two branches with reference to the Senate amendments (striking out all after the enacting clause and inserting in place thereof the text contained in Senate document numbered 2921; and striking out the title and inserting in place thereof the following title: "An Act relative to accessing harm reduction initiatives.") of the House Bill relative to treatments and coverage for substance use disorder and recovery coach licensure (House, No. 4758), reports recommending passage of the accompanying bill (House, No. 5143). December 17, 2024.

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FILED ON: 12/17/2024

HOUSE . . . . . No. 5143

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:

SECTION 1. Chapter 32A of the General Laws is hereby amended by striking out section 17Q, as appearing in the 2022 Official Edition, and inserting in place thereof the following section:-

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

(b) No such coverage offered by the commission shall, relative to pain management services identified by the commission pursuant to subsection (a), require a member to obtain prior authorization for non-medication, nonsurgical treatment modalities that include restorative therapies, behavioral health approaches or integrative health therapies, including acupuncture, chiropractic treatments, massage and movement therapies.

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

(2) No coverage offered by the commission to an active or retired employee of the commonwealth insured under the group insurance commission shall establish utilization controls, including prior authorization or step therapy requirements, for clinically appropriate non-opioid drugs approved by the United States Food and Drug Administration for the treatment or management of pain that are more restrictive or extensive than the least restrictive or extensive utilization controls applicable to any clinically appropriate opioid drug.

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

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

Section 17X. (a) Coverage offered by the commission to an active or retired employee of the commonwealth insured under the group insurance commission shall provide coverage for prescribed, ordered or dispensed opioid antagonists, as defined in section 19B of chapter 94C and used in the reversal of overdoses caused by opioids; provided, however, that the coverage for such prescribed, ordered or dispensed opioid antagonists shall not require prior authorization; and provided further, that a prescription from a health care practitioner shall not be required for coverage or reimbursement of opioid antagonists under this section. An opioid antagonist used in

the reversal of overdoses caused by opioids shall not be subject to any deductible, coinsurance, copayments or out-of-pocket limits; provided, however, that cost-sharing shall be required if the applicable plan is governed by the federal Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition on cost-sharing for this service.

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

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

SECTION 3. Section 18 of chapter 94C of the General Laws, as appearing in the 2022 Official Edition, is hereby amended by striking out subsection (e) and inserting in place thereof the following subsection:-

(e) Practitioners who prescribe controlled substances, except veterinarians, shall be required, as a prerequisite to obtaining or renewing their professional licenses, to complete appropriate training relative to: (i) effective pain management including, but not limited to: (A) appropriate, available non-opioid alternatives for the treatment of pain; (B) the advantages and disadvantages of the use of non-opioid treatment alternatives, considering a patient's risk of substance misuse; and (C) the options for referring or prescribing appropriate non-opioid treatment alternatives based on the practitioner's clinical judgment and following generally accepted clinical guidelines, taking into consideration the preference and consent of the patient and the educational information described in section 21; (ii) the risks of misuse and addiction associated with opioid medication; (iii) the identification of patients at risk for substance misuse; (iv) counseling patients about the side effects, risks, addictive nature and proper storage and disposal of prescription medications; (v) the appropriate prescription quantities for prescription medications that have an increased risk of misuse and addiction, including a patient's option to fill a prescription for a schedule II controlled substance in a lesser quantity than indicated on the prescription pursuant to subsection (d¾); and (vi) opioid antagonists, overdose prevention treatments and information to advise patients on both the use of and ways to access opioid antagonists and overdose prevention treatments. The boards of registration for each professional license that require this training shall, in consultation with the department, relevant stakeholders and experts in the treatment and management of acute and chronic pain, develop the standards for appropriate training programs. For the purposes of this section, non-opioid treatment

alternatives shall include, but shall not be limited to, medications, restorative therapies, interventional procedures, behavioral health approaches and complementary and integrative treatments.

SECTION 4. Said chapter 94C is hereby further amended by striking out section 19C, as so appearing, and inserting in place thereof the following section:-

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

SECTION 5. Said chapter 94C is hereby further amended by inserting after section 19D the following section:-

Section 19D½. (a) For the purposes of this section, the following words shall, unless the context clearly requires otherwise, have the following meanings:

"Opioid antagonist", as defined in section 19B.

"Substance use disorder treatment facility", a facility licensed or approved by the department or the department of mental health to offer treatment for substance use disorder, including, but not limited to: (i) withdrawal management services; (ii) clinical stabilization

services; (iii) transitional support services; (iv) residential support services; (v) community behavioral health center services; (vi) office-based opioid or addiction treatment services; or (vii) inpatient or outpatient substance use disorder services.

(b) A substance use disorder treatment facility shall, upon discharge of a patient who has: (i) a history of using opioids; (ii) been diagnosed with opioid use disorder; or (iii) experienced an opioid-related overdose, educate the patient on the use of opioid antagonists and dispense not less than 2 doses of an opioid antagonist to the patient or a legal guardian.

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

SECTION 6. Section 21 of said chapter 94C, as appearing in the 2022 Official Edition, is hereby amended by striking out the third paragraph and inserting in place thereof the following paragraph:-

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

consumer’s option to fill a prescription for a schedule II controlled substance in a lesser quantity than indicated on the prescription pursuant to subsection (d¾) of section 18; (iii) misuse and abuse of narcotics by adults and children; (iv) the risk of dependency and addiction associated with narcotics use; (v) proper storage and disposal of narcotics; (vi) addiction support and treatment resources; (vii) the telephone helpline operated by the bureau of substance addiction services established in section 18 of chapter 17; (viii) the risks of unintended overdoses associated with prescription opioid use, including, but not limited to: (A) mixing any opioid with stimulants or respiratory depressants, including, but not limited to, alcohol and benzodiazepines; and (B) changes in personal tolerance levels for persons with a history of overdose; and (ix) risk reduction measures to prevent, respond to and reverse an opioid overdose. A pharmacist shall distribute the pamphlet when dispensing a narcotic or controlled substance contained in schedule II or III; provided, however, that pharmacists shall not be required to distribute the pamphlet if: (1) the patient is receiving outpatient palliative care pursuant to section 227 of chapter 111; (2) the patient is a resident of a long-term care facility; or (3) the narcotic or controlled substance is prescribed for use in the treatment of substance use disorder or opioid dependence. For the purposes of this section, non-opioid treatment alternatives shall include, but shall not be limited to, medications, restorative therapies, interventional procedures, behavioral health approaches and complementary and integrative treatments.

SECTION 7. Said chapter 94C is hereby further amended by inserting after section 34A the following section:-

Section 34A½. (a) As used in this section, the following words shall, unless the context clearly requires otherwise, have the following meanings:

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

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

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

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

(3) A person acting in good faith and within the scope of such person's role providing or assisting in the provision of harm reduction services as an owner, employee, intern, volunteer or third-party contractor of an entity providing harm reduction services who provides or assists in the provision of drug testing services pursuant to this section shall not be subject to any criminal

or civil liability or any professional disciplinary action as a result of any act or omission related to the provision of drug testing services; provided, however, that this paragraph shall not apply to acts or omissions of gross negligence or willful or wanton misconduct.

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

SECTION 8. Section 25J½ of chapter 111 of the General Laws, as appearing in the 2022 Official Edition, is hereby amended by inserting after the first paragraph the following paragraph:-

Upon discharge of a patient from an acute care hospital, a satellite emergency facility or a freestanding psychiatric hospital who has: (i) a history of or is actively using opioids; (ii) been diagnosed with opioid use disorder; or (iii) experienced an opioid-related overdose, the acute care hospital, satellite emergency facility or freestanding psychiatric hospital shall educate the patient on the use of opioid antagonists, as defined in section 19B of chapter 94C, and prescribe or dispense not less than 2 doses of an opioid antagonist to the patient or a legal guardian of the patient.

SECTION 9. Said chapter 111 is hereby further amended by inserting after section 110C the following 2 sections:-

Section 110D. (a) The department shall collect and provide data to the department of children and families on all births of infants affected by prenatal substance exposure in a form and manner consistent with any requirements of the federal Child Abuse Prevention and Treatment Act, 42 U.S.C. § 5101 et seq. and 42 U.S.C. § 5116 et seq.

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

Section 110E. (a) The department, in consultation with the department of children and families and the office of the child advocate, shall promulgate regulations on the requirements of

health care providers involved in the delivery or care of infants identified as being affected by prenatal substance exposure or fetal alcohol spectrum disorder. The regulations shall cover topics including, but not limited to: (i) assessment for prenatal substance exposure and fetal alcohol spectrum disorder; (ii) assessment for prenatal substance exposure from a medication prescribed by a licensed health care provider; and (iii) the roles and responsibilities of health care providers and staff who care for perinatal patients or infants in relation to the requirements of 42 U.S.C. § 5106a(b)(2)(B)(ii) and in accordance with the federal Child Abuse Prevention and Treatment Act, 42 U.S.C. § 5101 et seq. and 42 U.S.C. § 5116 et seq., including, but not limited to, the development and implementation of plans of safe care, if indicated, and referrals for appropriate services.

(b) Such regulations may: (i) reflect current accepted standards of health care and substance use treatment practices; (ii) enable data collection in a form and manner consistent with the reporting requirements under the federal Child Abuse Prevention and Treatment Act, 42 U.S.C. § 5101 et seq. and 42 U.S.C. § 5116 et seq.; and (iii) to the extent possible, enable data collection regarding racial disparities in maternal and child health care, the number of patients identified for plans of safe care and appropriate service referrals pursuant to the federal Child Abuse Prevention and Treatment Act, 42 U.S.C. § 5101 et seq. and 42 U.S.C. § 5116 et seq.

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

health care; and (iv) behavioral health professionals with expertise in providing culturally-competent care.

SECTION 10. Section 7 of chapter 111E of the General Laws, as appearing in the 2022 Official Edition, is hereby amended by inserting after the word “basis”, in line 28, the following words:- , as determined by the department to be consistent with section 4 of chapter 151B and sufficient to ensure the needs of such residents are met and such residents have adequate access to such a facility.

SECTION 11. The General Laws are hereby amended by striking out chapter 111J, as so appearing, and inserting in place thereof the following chapter:-

CHAPTER 111J.

ALCOHOL AND DRUG COUNSELORS; RECOVERY COACHES.

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

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

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

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

"Approved recovery coach supervisor", a licensed recovery coach who has completed recovery coach supervision training that has been approved by the department.

"Approved work experience", supervised work experience, approved by the department, in the practice area for which an applicant seeks licensure.

"Department", the department of public health.

"Licensee", an individual who is licensed under this chapter.

"Licensed alcohol and drug counselor I", a person licensed by the department to conduct an independent practice of alcohol and drug counseling and to provide supervision to other alcohol and drug counselors; provided, however, that a licensed alcohol and drug counselor I shall have: (i) received a master's or doctoral degree in behavioral sciences, which included a supervised counseling practicum that meets the requirements established by the department or such equivalent educational credits as may be established by the department; (ii) not less than 3 years of approved work experience; and (iii) passed a licensing examination approved by the department.

"Licensed alcohol and drug counselor II", a person licensed by the department to practice alcohol and drug counseling under clinical supervision; provided, however, that a licensed alcohol and drug counselor II shall have: (i) completed an approved program of education, which included a supervised counseling practicum that meets the requirements established by the department or such equivalent educational credits as may be established by the department; (ii) not less than 3 years of approved work experience; and (iii) passed a licensing examination approved by the department.

"Licensed recovery coach", a person with lived experience who is licensed by the department to practice recovery coaching using shared understanding, respect and mutual empowerment to help others become and stay engaged in the process of recovery from a substance use disorder; provided, however, that a licensed recovery coach shall: (i) have completed an approved program of education, including approved work experience that meets the requirements established by the department; (ii) demonstrate not less than 2 years of sustained recovery; and (iii) have met all education, training and experience requirements and qualifications as established by the department.

"Lived experience", the experience of addiction and recovery from a substance use disorder.

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

(b) The department shall establish requirements for licensed alcohol and drug counselors I and licensed alcohol and drug counselors II and may establish other reasonable classifications for alcohol and drug counselors as it finds necessary and appropriate, including, but not limited to, alcohol and drug counselors specializing in youth recovery counseling, taking into consideration different levels of education, training and work experience.

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

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

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

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

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

(b) A license under this chapter shall be valid for a 2-year period and licensees may apply for renewal of a license for a like term. A licensee seeking license renewal shall submit proof of having successfully completed the requirements for approved continuing education as may be established by the department.

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

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

(b) Individuals working under an approved recovery coach supervisor and receiving approved work experience may practice without a license in order to obtain the requisite hours of supervised experience needed to obtain a recovery coach license; provided, however, that such

individuals shall meet all other requirements for recovery coach applicants provided for in this chapter or by regulation.

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

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

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

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

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

alcohol and drug counseling duties solely for the respective entity or under the jurisdiction of such entity; provided, however, that a license pursuant to this chapter need not be a requirement for employment in any state, county or municipal agency; and

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

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

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

Section 6. (a) The department shall establish procedures for consumers to file written complaints regarding licensees. The department shall investigate all complaints relating to the proper practice of a licensee under this chapter and all complaints relating to any violation of this chapter or regulation promulgated hereunder.

(b) The department may conduct an adjudicatory proceeding pursuant to chapter 30A but shall not issue, vacate, modify or enforce subpoenas pursuant to section 12 of said chapter 30A. The department may, after a hearing pursuant to said chapter 30A, deny, refuse renewal, revoke,

limit or suspend a license or otherwise discipline a licensee; provided, however, that the department may suspend the license of a licensee who poses an imminent danger to the public without a hearing; provided further, that the licensee shall be afforded a hearing within 7 business days of receipt of a notice of such denial, refusal to renew, revocation, limitation, suspension or other disciplinary action; and provided further, that the department shall conduct its proceedings in accordance with the provisions of this chapter and said chapter 30A. Grounds for denial, refusal to renew, revocation, limitation, suspension or other discipline shall include: (i) fraud or misrepresentation in obtaining a license; (ii) criminal conduct which the department determines to be of such a nature as to render such person unfit to practice as evidenced by criminal proceedings resulting in a conviction, guilty plea or plea of nolo contendere or an admission of sufficient facts; (iii) violation of any law or rule or regulation of the department governing the practice of the licensee under this chapter; (iv) violation of ethical standards which the department determines to be of such a nature as to render such person unfit to practice as a licensee; or (v) other just and sufficient cause that the department determines would render a person unfit to practice as a licensee.

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

Section 7. Examinations for licensure, where applicable, shall be conducted not less than twice per year at times and places and in formats designated by the department. Examinations for licensure, where applicable, shall be written; provided, however, that portions thereof may be

conducted orally at the department's discretion; and provided further, that a person who fails an examination may be admitted to the next available examination.

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

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

Section 9. The bureau of substance addiction services within the department shall establish a comprehensive peer support program to provide mentorship, technical assistance and resources to support the skill-building and credentialing of peers working in substance addiction recovery services, including, but not limited to, peer workers and recovery coaches. The program shall include, but shall not be limited to: (i) a network for peer-to-peer trainings, education, mentorship, counseling and support; (ii) educational and other support materials; (iii) technical assistance for licensure, certification, credentialing and other employment and practice requirements; and (iv) billing technical assistance for organizations that employ recovery coaches. The bureau shall consult peers working in substance addiction recovery services in the establishment of such comprehensive peer support program.

SECTION 12. Chapter 112 of the General Laws is hereby amended by inserting after section 52G the following section:-

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

"Board", the board of registration in dentistry established in section 19 of chapter 13.

"Unified recovery and monitoring program" or "Program", the program for monitoring the rehabilitation of licensed health care professionals established by the department pursuant to section 65G.

(b)(1) The board shall participate in the unified recovery and monitoring program and shall make appropriate referrals to said unified recovery and monitoring program of dentists and dental hygienists who seek support for their mental health or substance use as a voluntary alternative to disciplinary actions.

(2) The board shall: (i) establish criteria for the referral of registered dentists and dental hygienists; (ii) establish an outreach program to identify registered dentists and dental hygienists who may have a qualifying mental health condition or substance use disorder; and (iii) provide education about the program to promote early identification, intervention, evaluation and monitoring; provided, however, that the outreach program required under this paragraph shall notify dentists and dental hygienists of the opportunity to apply directly with the department to participate in the program.

(c) A registered dentist or dental hygienist who requests to participate in the program shall cooperate with the individualized rehabilitation plan recommended by the program. The program director employed pursuant to subsection (e) of section 65G may report to the board: (i) information concerning a participant in the program; (ii) aggregate data on program compliance;

and (iii) the name and license number of a registered dentist or dental hygienist who fails to comply with an individualized remediation plan.

(d) Upon admission of a dentist or dental hygienist into the program, the board may dismiss any pending investigation or complaint against the participant that arises from or relates to the participant's mental health or substance use. The board may change the participant's publicly-available license status to reflect the existence of non-disciplinary restrictions or conditions. The board may immediately suspend the participant's license as is necessary to protect the public health, safety and welfare upon receipt of notice that the participant has withdrawn or been terminated from the program before completion.

(e) The record of participation in the program shall not be a public record and shall be exempt from disclosure pursuant to clause Twenty-sixth of section 7 of chapter 4 and chapter 66. If a dentist or dental hygienist referred to the program by the board fails to complete the application process, the board may use information and documents in the record of participation as evidence in a disciplinary proceeding as necessary to protect public health, safety and welfare. In all other instances, the record of participation or application to the program shall be kept confidential and shall not be subject to subpoena or discovery in any civil, criminal, legislative or administrative proceeding without the prior written consent of the participant or applicant. Upon the determination by the rehabilitation evaluation committee established pursuant section 65G that a participant has successfully completed the program and their ability to safely practice their profession is not impaired or affected by their mental health or substance use, the department, the program, the rehabilitation evaluation committee and the board, if applicable, shall seal all records pertaining to the participant's participation in the program. The records of participation of

participants who successfully complete the program shall be destroyed 3 years following the date of successful completion.

SECTION 13. Said chapter 112 is hereby further amended by inserting after section 162 the following section:-

Section 162A. (a) For the purposes of this section, the following words shall, unless the context clearly requires otherwise, have the following meanings:

"Acupuncture detoxification specialist", a qualified health care professional who is registered with the department to engage in the practice of auricular acupuncture detoxification pursuant to this section.

"Auricular acupuncture detoxification", treatment by means of the subcutaneous insertion of sterile, disposable acupuncture needles in consistent, predetermined bilateral locations on the ear in accordance with the standardized auricular acupuncture detoxification protocol developed by the National Acupuncture Detoxification Association.

"General supervision", supervision by phone or other electronic means during business hours with in-person site visits as deemed necessary by a licensed acupuncturist.

"Licensed acupuncturist", an individual who is licensed under sections 148 to 162, inclusive, to practice as a licensed acupuncturist.

"National Acupuncture Detoxification Association training", the most current standardized auricular acupuncture detoxification protocol training developed by the National Acupuncture Detoxification Association.

"Qualified health care professional", a qualified individual who: (i) is a licensed physician, licensed psychologist, licensed independent clinical social worker, licensed clinical social worker, licensed mental health counselor, licensed psychiatric clinical nurse specialist, certified addictions registered nurse, licensed alcohol and drug counselor I or licensed alcohol and drug counselor II as defined in section 1 of chapter 111J, certified alcohol and drug abuse counselor or certified alcohol and drug abuse counselor II as certified by the Massachusetts Board of Substance Abuse Counselor Certification or an equivalent certifying body or a registered nurse or nurse practitioner certified by the board of registration in nursing pursuant to this chapter; and (ii) has received training and a certificate of completion from the National Acupuncture Detoxification Association or from a state-recognized organization or agency that meets or exceeds the National Acupuncture Detoxification Association training standards to engage in the practice of auricular acupuncture detoxification protocol for the treatment of substance use disorder, mental and behavioral health conditions and trauma.

(b)(1) An individual who is not a licensed acupuncturist shall not engage in the practice of the auricular acupuncture detoxification or represent themself as an acupuncture detoxification specialist unless the individual: (i) has been issued: (A) an approved registration by the department to practice auricular acupuncture detoxification in accordance with this section; or (B) a license or certificate in another state with requirements that are at least equivalent to the requirements of this section, as determined by the commissioner; and (ii) has been trained in the standardized auricular acupuncture detoxification protocol in accordance with the National Acupuncture Detoxification Association training or an equivalent training certificate by a state-recognized organization.

(2) To engage in the practice of auricular acupuncture detoxification within the individual's designated lawful scope of practice, a qualified health care professional shall file an application to register as an acupuncture detoxification specialist with the department, in a form determined by the department. Each application may be accompanied by the payment of a fee to be determined by the department.

(3) The applicant seeking to practice auricular acupuncture detoxification shall, at a minimum, furnish proof of: (i) relevant licensure or certification as a qualified health care professional; and (ii) completion of the National Acupuncture Detoxification Association training or an equivalent training certificate by a state-recognized organization; provided, however, that an applicant who is registered or certified in another state with requirements that are at least equivalent to the requirements of this section, as determined by the commissioner, shall be allowed to practice auricular acupuncture detoxification in accordance with this section. A registration issued under this section shall be valid for 2 years and subject to renewal as determined by the department.

(c) Auricular acupuncture detoxification shall only be performed by a licensed acupuncturist or a qualified health care professional within their designated lawful scope of practice for the purpose of providing integrated health care delivery interventions in substance use disorder treatment and wellness promotion including, but not limited to, treating mental and behavioral health conditions or trauma.

(d) A qualified health care professional registered in accordance with this section shall only practice under the general supervision of a licensed acupuncturist; provided, however, that no such individual shall use the title acupuncturist or otherwise represent themself or imply that

they are a licensed acupuncturist and shall not perform or practice acupuncture outside of the scope of the auricular acupuncture detoxification as defined in this section.

(e) Nothing in this chapter shall prohibit, limit, interfere with or prevent a qualified health care professional from practicing or performing auricular acupuncture detoxification if the individual is acting within the lawful scope of practice in accordance with the individual's license and the auricular acupuncture detoxification is performed in: (i) a private, freestanding facility licensed by the department that provides care or treatment for individuals with substance use disorders or other addictive disorders; (ii) a facility under the direction and supervision of the department of mental health; (iii) a setting approved or licensed by the department of mental health; or (iv) any other setting where auricular acupuncture detoxification is an appropriate adjunct therapy to a substance use disorder or behavioral health treatment program; provided, however, that individual or 1-on-1 appointments with a health care provider shall occur within a setting permissible under this subsection.

(f) Nothing in this chapter shall prohibit, limit, interfere with or prevent a licensed physician or acupuncturist from practicing or performing auricular acupuncture detoxification if the licensed physician or acupuncturist is acting within the lawful scope of practice in accordance with their license.

(g) The commissioner may promulgate regulations to implement this section.

SECTION 14. Chapter 118E of the General Laws is hereby amended by inserting after section 10W the following 2 sections:-

Section 10X. (a) The division and its contracted health insurers, health plans, health maintenance organizations, behavioral health management firms and third-party administrators

under contract to a Medicaid managed care organization, accountable care organization or primary care clinician plan shall provide coverage for prescribed, ordered or dispensed opioid antagonists, as defined in section 19B of chapter 94C and used in the reversal of overdoses caused by opioids; provided, however, that the coverage for such prescribed, ordered or dispensed opioid antagonists shall not require prior authorization; and provided further, that a prescription from a health care practitioner shall not be required for coverage or reimbursement of opioid antagonists under this section. An opioid antagonist used in the reversal of overdoses caused by opioids shall not be subject to any deductible, coinsurance, copayments or out-of-pocket limits.

(b) The division and its contracted health insurers, health plans, health maintenance organizations, behavioral health management firms and third-party administrators under contract to a Medicaid managed care organization, accountable care organization or primary care clinician plan shall provide coverage and reimbursement for an opioid antagonist used in the reversal of overdoses caused by opioids as a medical benefit when dispensed by the health care facility in which the opioid antagonist was prescribed or ordered and shall provide coverage as a pharmacy benefit for an opioid antagonist used in the reversal of overdoses caused by opioids dispensed by a pharmacist, including an opioid antagonist dispensed pursuant to section 19B of chapter 94C; provided, however, that the rate to be reimbursed under the medical benefit shall not exceed the carrier’s average in-network pharmacy benefit rate and the health care facility shall not balance bill the patient.

Section 10Y. The division and its contracted health insurers, health plans, health maintenance organizations, behavioral health management firms and third-party administrators under contract to a Medicaid managed care organization, accountable care organization or

primary care clinician plan shall provide coverage for the provision of services by a recovery coach licensed or otherwise authorized to practice pursuant to chapter 111J, regardless of the setting in which these services are provided; provided, however, that such services shall be within the lawful scope of practice of a recovery coach. The benefits in this section shall not be subject to any deductible, coinsurance, copayments or out-of-pocket limits. Recovery coach services shall not require prior authorization.

SECTION 15. Subsection (a) of section 51A of chapter 119 of the General Laws, as appearing in the 2022 Official Edition, is hereby amended by striking out the first paragraph and inserting in place thereof the following paragraph:-

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

SECTION 16. Section 35 of chapter 123 of the General Laws, as so appearing, is hereby amended by inserting after the definition of "Facility" the following definition:-

"Secure facility", a facility that provides care and treatment for a person with alcohol or substance use disorder funded, controlled or administered by a county sheriff or a facility so

designated by the department of public health or the department of mental health that provides a comparable level of security.

SECTION 17. Said section 35 of said chapter 123, as so appearing, is hereby further amended by striking out the fourth to sixth paragraphs, inclusive, and inserting in place thereof the following 3 paragraphs:-

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

If the department of public health informs the court that there are no suitable facilities available for treatment licensed or approved by the department of public health or the department of mental health, or if the court makes a specific finding that the only appropriate setting for treatment for the person is a secure facility, the person may be committed to a secure facility licensed or approved by the department of public health or the department of mental health; provided, however, that any person so committed shall be housed and treated separately from persons currently serving a criminal sentence.

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

SECTION 18. Said section 35 of said chapter 123, as so appearing, is hereby further amended by inserting after the word “facility”, in line 133, the following words:- or secure facility.

SECTION 19. Section 1 of chapter 151B of the General Laws, as so appearing, is hereby amended by striking out subsection 17 and inserting in place thereof the following subsection:-

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

SECTION 20. Chapter 175 of the General Laws is hereby amended by striking out section 47KK, as so appearing, and inserting in place thereof the following section:-

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

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

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

(2) No policy, contract, agreement, plan or certificate of insurance issued, delivered or renewed within the commonwealth, which is considered creditable coverage under section 1 of chapter 111M, shall establish utilization controls, including prior authorization or step therapy requirements, for clinically appropriate non-opioid drugs approved by the United States Food and Drug Administration for the treatment or management of pain, that are more restrictive or

extensive than the least restrictive or extensive utilization controls applicable to any clinically appropriate opioid drug.

(d) Carriers shall annually distribute educational materials to providers within their networks and to members about the pain management access plans developed pursuant to subsection (a) and shall make information about the plans publicly available on their websites.

SECTION 21. Said chapter 175 is hereby further amended by inserting after section 47ZZ the following 2 sections:-

Section 47AAA. (a) A policy, contract, agreement, plan or certificate of insurance issued, delivered or renewed within the commonwealth, which is considered creditable coverage under section 1 of chapter 111M, shall provide coverage for prescribed, ordered or dispensed opioid antagonists, as defined in section 19B of chapter 94C and used in the reversal of overdoses caused by opioids; provided, however, that the coverage for such prescribed, ordered or dispensed opioid antagonists shall not require prior authorization; and provided further, that a prescription from a health care practitioner shall not be required for coverage or reimbursement of opioid antagonists under this section. An opioid antagonist used in the reversal of overdoses caused by opioids shall not be subject to any deductible, coinsurance, copayments or out-of-pocket limits; provided, however, that cost-sharing shall be required if the applicable plan is governed by the federal Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition on cost-sharing for this service.

(b) The policy, contract, agreement, plan or certificate of insurance shall provide coverage and reimbursement for an opioid antagonist used in the reversal of overdoses caused by opioids as a medical benefit when dispensed by the health care facility in which the opioid

antagonist was prescribed or ordered and shall provide coverage as a pharmacy benefit for an opioid antagonist used in the reversal of overdoses caused by opioids dispensed by a pharmacist, including an opioid antagonist dispensed pursuant to section 19B of chapter 94C; provided, however, that the rate to be reimbursed under the medical benefit shall not exceed the carrier's average in-network pharmacy benefit rate and the health care facility shall not balance bill the patient.

Section 47BBB. A policy, contract, agreement, plan or certificate of insurance issued, delivered or renewed within the commonwealth, which is considered creditable coverage under section 1 of chapter 111M, shall provide coverage for the provision of services by a recovery coach licensed or otherwise authorized to practice under chapter 111J, regardless of the setting in which these services are provided; provided, however, that such services shall be within the lawful scope of practice of a recovery coach. The contractual rate for these services shall be not less than the prevailing MassHealth rate for recovery coach services. The benefits in this section shall not be subject to any deductible, coinsurance, copayments or out-of-pocket limits; provided, however, that cost-sharing shall be required if the applicable plan is governed by the federal Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition on cost-sharing for this service. Recovery coach services shall not require prior authorization.

SECTION 22. Said chapter 175 is hereby further amended by inserting after section 122A the following section:-

Section 122B. (a) No insurer authorized to issue policies on the lives of persons in the commonwealth shall make a distinction or otherwise discriminate between persons, reject an applicant, cancel a policy or demand or require a higher rate of premium for reasons based solely

upon the fact that an applicant or insured has or had a prescription for, purchased or otherwise possessed an opioid antagonist, as defined in section 19B of chapter 94C.

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

SECTION 23. Section 193U of said chapter 175, as appearing in the 2022 Official Edition, is hereby amended by inserting after the word “that”, in line 17, following words:- the health care provider provides services at a harm reduction program or.

SECTION 24. Chapter 176A of the General Laws is hereby amended by striking out section 8MM, as so appearing, and inserting in place thereof the following section:-

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

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

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

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

(d) Carriers shall annually distribute educational materials to providers within their networks and to members about the pain management access plans developed pursuant to subsection (a) and shall make information about the plans publicly available on their websites.

SECTION 25. Said chapter 176A is hereby further amended by inserting after section 8AAA the following 2 sections:-

Section 8BBB. (a) Any contract between a subscriber and the corporation under an individual or group hospital service plan that is delivered, issued or renewed within the commonwealth shall provide coverage for prescribed, ordered or dispensed opioid antagonists, as defined in section 19B of chapter 94C and used in the reversal of overdoses caused by opioids; provided, however, that the coverage for such prescribed, ordered or dispensed opioid

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

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

Section 8CCC. Any contract between a subscriber and the corporation under an individual or group hospital service plan that is delivered, issued or renewed within the commonwealth shall provide coverage for the provision of services by a recovery coach licensed or otherwise authorized to practice under chapter 111J, regardless of the setting in which these services are provided; provided, however, that such services shall be within the lawful scope of practice of a recovery coach. The contractual rate for these services shall be not less than the prevailing MassHealth rate for recovery coach services. The benefits in this section shall not be subject to any deductible, coinsurance, copayments or out-of-pocket limits; provided, however,

that cost-sharing shall be required if the applicable plan is governed by the federal Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition on cost-sharing for this service. Recovery coach services shall not require prior authorization.

SECTION 26. Chapter 176B of the General Laws is hereby amended by striking out section 4MM, as so appearing, and inserting in place thereof the following section:-

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

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

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

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

(d) Carriers shall annually distribute educational materials to providers within their networks and to members about the pain management access plans developed pursuant to subsection (a) and shall make information about the plans publicly available on their websites.

SECTION 27. Said chapter 176B is hereby further amended by inserting after section 4AAA the following 2 sections:-

Section 4BBB. (a) A subscription certificate under an individual or group medical service agreement delivered, issued or renewed within the commonwealth, shall provide coverage for prescribed, ordered or dispensed opioid antagonists, as defined in section 19B of chapter 94C and used in the reversal of overdoses caused by opioids; provided, however, that the coverage for such prescribed, ordered or dispensed opioid antagonists shall not require prior authorization; and provided further, that a prescription from a health care practitioner shall not be required for coverage or reimbursement of opioid antagonists under this section. An opioid antagonist used in the reversal of overdoses caused by opioids shall not be subject to any deductible, coinsurance, copayments or out-of-pocket limits; provided, however, that cost-sharing shall be required if the applicable plan is governed by the federal Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition on cost-sharing for this service.

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

Section 4CCC. Any subscription certificate under an individual or group medical service agreement delivered, issued or renewed within the commonwealth shall provide coverage for the provision of services by a recovery coach licensed or otherwise authorized to practice under chapter 111J, regardless of the setting in which these services are provided; provided, however, that such services shall be within the lawful scope of practice of a recovery coach. The contractual rate for these services shall be not less than the prevailing MassHealth rate for recovery coach services. The benefits in this section shall not be subject to any deductible, coinsurance, copayments or out-of-pocket limits; provided, however, that cost-sharing shall be required if the applicable plan is governed by the federal Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition on cost-sharing for this service. Recovery coach services shall not require prior authorization.

SECTION 28. Chapter 176G of the General Laws is hereby amended by striking out section 4EE, as appearing in the 2022 Official Edition, and inserting in place thereof the following section:-

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

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

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

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

(d) Carriers shall annually distribute educational materials to providers within their networks and to members about the pain management access plans developed pursuant to subsection (a) and shall make information about the plans publicly available on their websites.

SECTION 29. Said chapter 176G is hereby further amended by inserting after section 4SS the following 2 sections:-

Section 4TT. (a) An individual or group health maintenance contract that is issued or renewed within or without the commonwealth shall provide coverage for prescribed, ordered or dispensed opioid antagonists, as defined in section 19B of chapter 94C and used in the reversal of overdoses caused by opioids; provided, however, that the coverage for such prescribed, ordered or dispensed opioid antagonists shall not require prior authorization; and provided further, that a prescription from a health care practitioner shall not be required for coverage or reimbursement of opioid antagonists under this section. An opioid antagonist used in the reversal of overdoses caused by opioids shall not be subject to any deductible, coinsurance, copayments or out-of-pocket limits; provided, however, that cost-sharing shall be required if the applicable plan is governed by the federal Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition on cost-sharing for this service.

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

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

Section 4UU. An individual or group health maintenance contract that is issued or renewed within or without the commonwealth shall provide coverage for the provision of services by a recovery coach licensed or otherwise authorized to practice under chapter 111J, regardless of the setting in which these services are provided; provided, however, that such services shall be within the lawful scope of practice of a recovery coach. The contractual rate for these services shall be not less than the prevailing MassHealth rate for recovery coach services. The benefits in this section shall not be subject to any deductible, coinsurance, copayments or out-of-pocket limits; provided, however, that cost-sharing shall be required if the applicable plan is governed by the federal Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition on cost-sharing for this service. Recovery coach services shall not require prior authorization.

SECTION 30. (a) Notwithstanding any general or special law to the contrary, the Massachusetts alcohol and substance abuse center, hereinafter referred to as the center, shall be considered a secure facility under section 35 of chapter 123 of the General Laws for the purposes of commitments under said section 35 of said chapter 123 until December 31, 2026 or such time as the secretary of health and human services determines there is an adequate supply of beds pursuant to subsection (b).

(b) The secretary of health and human services shall develop a plan to end operations at the center as a secure facility accepting persons committed for treatment for alcohol or substance use disorder by not later than December 31, 2026; provided, however, that persons may continue

to be committed to the center until the department of public health or the department of mental health have identified, licensed or approved facilities with sufficient capacity to ensure an adequate supply of beds for the treatment of individuals committed under said section 35 of said chapter 123. In developing the plan, the secretary shall consider geographic distribution of facilities when identifying, licensing or approving facilities.

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

SECTION 31. (a) The department of public health shall study alcohol and drug free housing, as defined in section 18A of chapter 17 of the Generals Laws, commonly known as sober homes in the commonwealth, including the safety and recovery of sober home residents. The study shall include, but not be limited to: (i) appropriate training for operators and staff of sober homes and whether such training should be required; (ii) evidence-based methods for

creating safe and health recovery environments; (iii) current oversight and additional oversight needed for sober homes; (iv) barriers to sober home facility improvements, including, but not limited to, fiscal constraints; and (v) different aspects, if any, between certified and noncertified sober homes. The department shall hold at least 1 public hearing as part of its study under this section.

(b) The department shall submit a report detailing the results of the study, along with recommendations and any proposed legislation necessary to carry out its recommendations, to the clerks of the senate and house of representatives, the joint committee on health care financing, the joint committee on public health, the joint committee on mental health, substance use and recovery and the senate and house committees on ways and means not later than July 31, 2025.

SECTION 32. The bureau of substance addiction services within the department of public health shall conduct a comprehensive review of barriers to certification, credentialing and other employment and practice requirements of recovery coaches, including, but not limited to, peer support specialists, peer recovery coaches and recovery support navigators, and issue a report on its findings. The report shall include, but shall not be limited to: (i) cost barriers for individuals with lived experience as defined in section 1 of chapter 111J of the General Laws, including, but not limited to, application and examination fees for initial certification and credentialing; (ii) cost barriers to certification and credentialing renewals; (iii) cost and reimbursement barriers for hospitals and clinics licensed under chapter 111 of the General Laws and other employers to hire, train and retain recovery coaches, including, but not limited to, peer support specialists, peer recovery coaches and recovery support navigators; (iv) eligibility requirements for certification and credentialing; (v) access to training programs and resources;

(vi) any additional barriers to obtaining and maintaining authorization to practice recovery coaching; and (vii) recommendations to address said barriers. The bureau shall submit a copy of the report to the secretary of health and human services, the clerks of the house of representatives and the senate and the joint committee on mental health, substance use and recovery within 90 days after the effective date of this act.

SECTION 33. (a) The bureau of substance addiction services within the department of public health shall review and study the disparate impacts and disparities of substance use disorder, overdoses, overdose deaths and clinical outcomes for members of historically marginalized communities, including, but not limited to, impacts based on race, ethnicity, language, gender, gender identity, sexual orientation, age, disability and other social determinants of health as identified by the bureau.

(b) The bureau shall: (i) review current data and trends regarding substance use and overdose rates, disparities in treatment access and corresponding causes within historically marginalized communities; (ii) evaluate the effectiveness of current treatment interventions within historically marginalized communities; (iii) identify barriers to accessing treatment, including, but not limited to, access to necessary resources, education and access to appropriate care and interventions; and (iv) identify evidence-based strategies to reduce overdose deaths and improve access, treatment and education within historically marginalized communities.

(c) Not later than June 30, 2025, the bureau shall submit a report of its findings and any recommendations, including any legislative or regulatory changes that may be necessary to carry out such recommendations, to the clerks of the house of representatives and the senate, the joint

committee on mental health, substance use and recovery and the joint committee on racial equity, civil rights, and inclusion.

SECTION 34. (a) For the purposes of this section, the words “administrative discharge” shall mean the termination of treatment of a patient determined by a health care provider to have a substance use disorder and related treatment needs despite a lack of clinical improvement in the patient due to a violation of an administrative rule of a licensed substance use disorder treatment program.

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

(c) The bureau shall examine: (i) standards used by substance use disorder treatment programs in determining when an administrative discharge is appropriate, including, but not limited to, any standard criteria, methodology or graduated sanctions based on staff and patient safety and the level of treatment and severity of the symptoms of the patient; (ii) options for patients following an administrative discharge from a substance use disorder treatment program, including, but not limited to, any programs or resources available to a patient and the frequency with which such options are provided to said patients; and (iii) the applicability, availability and effectiveness of regulations relative to the coordination of care and management of discharge planning for an administrative discharge pursuant to 105 CMR 164 and section 19 of chapter 17 of the General Laws.

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

SECTION 35. (a) The bureau of substance addiction services within the department of public health shall conduct a study on the potential benefits of expanding collaborative practice agreements between physicians and pharmacists to allow for the prescription of schedules II to VI, inclusive, controlled substances by pharmacists outside of the hospital or other health care setting to treat patients with substance use disorders.

(b) The bureau shall study and report on: (i) collaborative practice agreements between physicians and pharmacists for the prescription of substances in collaborative practice agreements in other states; and (ii) the positive and negative impacts of allowing a collaborative practice agreement for schedules II to VI, inclusive, controlled substances.

(c) The bureau shall submit a report detailing the results of the study, along with its recommendations and any proposed legislation necessary to carry out its recommendations, to the clerks of the senate and house of representatives, the joint committee on mental health, substance use and recovery, the joint committee on public health and the senate and house committees on ways and means not later than June 30, 2025.

SECTION 36. (a) There shall be a special commission to study and make recommendations on ways to address the public health and safety concerns posed by the proliferation of xylazine as an additive to illicit drugs, including, but not limited to, fentanyl.

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

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

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

SECTION 37. (a) There shall be a special commission to study prescribing practices for benzodiazepines and non-benzodiazepine hypnotics.

(b) The commission shall meet not less than 4 times and shall invite the public and medical experts in the field to offer testimony. The commission shall study and make recommendations on topics including but not limited to: (i) current and best prescribing practices for benzodiazepines and non-benzodiazepine hypnotics; (ii) proper labeling of benzodiazepines and non-benzodiazepine hypnotics; and (iii) protocols to safely discontinue the use of benzodiazepines and non-benzodiazepine hypnotics and minimize the patient's symptoms of withdrawal.

(c) The commission shall consist of: the commissioner of public health or a designee, who shall serve as chair; the secretary of health and human services or a designee; the director of the bureau of substance addiction services or a designee; and 4 members to be appointed by the governor, 1 of whom shall be a psychiatrist licensed to practice in the commonwealth, 1 of whom shall be a representative from the Center for Addiction Medicine at Massachusetts General Hospital, 1 of whom shall be a licensed clinician specializing in substance use disorder and 1 of whom shall be an advocate from the substance use disorder treatment community.

(d) The commission shall report its findings and recommendations, including any proposed legislation, to the clerks of the senate and the house of representatives, the joint committee on mental health, substance use and recovery and the senate and house committees on ways and means not later than 1 year after the commission's first meeting.

SECTION 38. A Certified Addictions Recovery Coach certification issued by the Massachusetts Board of Substance Abuse Counselor Certification or other comparable certifying

body shall serve as satisfactory proof for recovery coach application requirements, including test exemptions, for a limited period following the effective date of this act as determined by the department of public health; provided, however, that the department shall waive the lived experience requirement for a recovery coach license pursuant to section 1 of chapter 111J of the General Laws for an applicant who was credentialed by the Massachusetts Board of Substance Abuse Counselor Certification prior to the effective date of this act. The eligible applicants shall meet all other qualifications and requirements for licensure as determined by the department. The department shall promulgate rules and regulations for the implementation of this section.

SECTION 39. The plans required pursuant to section 17Q of chapter 32A of the General Laws, amended by section 1; section 47KK of chapter 175 of the General Laws, amended by section 20; section 8MM of chapter 176A of the General Laws, amended by section 24; section 4MM of chapter 176B of the General Laws, amended by section 26; and section 4EE of chapter 176G of the General Laws, amended by section 28, shall be submitted to the division of insurance by not later than May 1, 2025.

SECTION 40. Not later than 18 months after the effective date of this act, the initial report required pursuant to section 110D of chapter 111 of the General Laws shall be filed with the clerks of the house of representatives and the senate, the house and senate committees on ways and means, the joint committee on children, families and persons with disabilities and the joint committee on mental health, substance use and recovery.

SECTION 41. The department of public health shall promulgate regulations pursuant to section 110E of chapter 111 of the General Laws not later than 60 days after the effective date of this act.

SECTION 42. The department of public health shall issue regulations pursuant to section 8 of chapter 111J of the General Laws not later than 90 days after the effective date of this act.

SECTION 43. No person shall be found to have violated section 4 of chapter 111J of the General Laws until 6 months after the department of public health first establishes a recovery coach license pursuant to section 2 of said chapter 111J.

SECTION 44. All commission members pursuant to section 36 shall be appointed within 30 days after the effective date of this act.

SECTION 45. Section 17X of chapter 32A of the General Laws, section 10X of chapter 118E of the General Laws, section 47AAA of chapter 175 of the General Laws, section 8BBB of chapter 176A of the General Laws, section 4BBB of chapter 176B of the General Laws, and section 4TT of chapter 176G of the General Laws shall apply to all contracts entered into, renewed or amended on or after July 1, 2025.

SECTION 46. Section 17Y of chapter 32A of the General Laws, section 10Y of chapter 118E of the General Laws, section 47BBB of chapter 175 of the General Laws, section 8CCC of chapter 176A of the General Laws, section 4CCC of chapter 176B of the General Laws, and section 4UU of chapter 176G of the General Laws shall apply to all contracts entered into, renewed or amended on or after January 1, 2026.

SECTION 47. Sections 1, 20, 24, 26, and 28 shall apply to all contracts entered into, renewed or amended on or after July 1, 2025.

SECTION 48. Sections 5 and 8 shall take effect on July 1, 2025.