

SENATE No. 2898

The Commonwealth of Massachusetts

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

SENATE, July 29, 2024.

The committee on Senate Ways and Means to whom was referred the House Bill relative to treatments and coverage for substance use disorder and recovery coach licensure (House, No. 4758); reports, recommending that the same ought to pass with an amendment striking out all after the enacting clause and inserting in place thereof the text of Senate document numbered 2898; and by striking the title and inserting in place thereof the following title "An Act relative to accessing harm reduction initiatives".

For the committee,
Michael J. Rodrigues

The Commonwealth of Massachusetts

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

1 SECTION 1. Chapter 32A of the General Laws is hereby amended by inserting after
2 section 17S the following 2 sections:-

3 Section 17T. (a) Coverage offered by the commission to an active or retired employee of
4 the commonwealth insured under the group insurance commission shall provide coverage for
5 prescribed or dispensed opioid antagonists, as defined in section 19B of chapter 94C and used in
6 the reversal of overdoses caused by opioids, which shall not require prior authorization;
7 provided, however, that a prescription from a health care practitioner shall not be required for
8 coverage of opioid antagonists. An opioid antagonist used in the reversal of overdoses caused by
9 opioids shall not be subject to any deductible, coinsurance, copayments or out-of-pocket limits;
10 provided, however, that cost-sharing shall be required if the applicable plan is governed by the
11 Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition on cost-
12 sharing for this service.

13 (b) The commission shall provide coverage for an opioid antagonist used in the reversal
14 of overdoses caused by opioids as a medical benefit when dispensed by the health care facility in
15 which the opioid antagonist was prescribed and shall provide coverage as a pharmacy benefit for
16 an opioid antagonist used in the reversal of overdoses caused by opioids dispensed by a

17 pharmacist, including an opioid antagonist dispensed pursuant to section 19B of chapter 94C;
18 provided, however, that the rate to be reimbursed under the medical benefit shall not exceed the
19 commission's average in-network pharmacy benefit rate and the health care facility shall not
20 balance bill the patient.

21 Section 17U. The commission shall provide to any active or retired employee of the
22 commonwealth who is insured under the group insurance commission coverage for the provision
23 of services by a recovery coach licensed or otherwise authorized to practice pursuant to chapter
24 111J, irrespective of the setting in which the services are provided; provided, however, that such
25 services shall be within the lawful scope of practice of a recovery coach. The contractual rate for
26 these services shall be not less than the prevailing MassHealth rate for recovery coach services.
27 The benefits in this section shall not be subject to any deductible, coinsurance, copayments or
28 out-of-pocket limits; provided, however, that cost-sharing shall be required if the applicable plan
29 is governed by the Internal Revenue Code and would lose its tax-exempt status as a result of the
30 prohibition on cost-sharing for the service. Recovery coach services shall not require prior
31 authorization.

32 SECTION 2. Chapter 94C of the General Laws is hereby amended by striking out section
33 19C, as appearing in the 2022 Official Edition, and inserting in place thereof the following
34 section:-

35 Section 19C. The board of registration in pharmacy shall promulgate regulations
36 requiring pharmacies located in areas with high incidents of opiate overdose, as determined by
37 the board in consultation with the department, to maintain a continuous supply of opioid
38 antagonists, as defined in section 19B; provided, however, that the continuous supply of opioid

39 antagonists shall include opioid antagonists that are approved by the United States Food and
40 Drug Administration to be sold over the counter without a prescription; provided further, that
41 such pharmacies shall notify the department if the supply or stock of opioid antagonist doses is
42 insufficient to enable compliance with maintaining a continuous supply of opioid antagonists.

43 SECTION 3. Said chapter 94C is hereby further amended by inserting after section 19D
44 the following section:-

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

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

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

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

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

60 SECTION 4. Section 25J½ of chapter 111 of the General Laws, as appearing in the 2022
61 Official Edition, is hereby amended by inserting after the first paragraph the following
62 paragraph:-

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

69 SECTION 5. Said chapter 111 is hereby further amended by inserting after section 215
70 the following section:-

71 Section 215A. (a) For the purposes of the section, the following words shall have the
72 following meanings unless the context clearly requires otherwise:

73 “Drug testing services”, the use of testing equipment for the surveillance or identification
74 of, or to analyze the strength, effectiveness or purity of, a controlled substance prior to its
75 injection, inhalation or ingestion by another person to determine whether the controlled
76 substance contains chemicals, toxic substances or hazardous compounds.

77 “Harm reduction program”, a department approved program or service that reduces the
78 adverse consequences of substance use, including use-related mortality, stabilizes and improves
79 the health of people who use substances and advances public health; provided, however, that
80 programs or services may include harm reduction services, including, but not be limited to: (i)
81 needle exchange programs pursuant to section 215; (ii) primary care, including disease

82 prevention and health screenings; (iii) access or referral to evidence-based treatment options; (iv)
83 drug testing services; (v) overdose reversal care; (vi) supervision of persons who consume pre-
84 obtained substances; and (vii) other social support services deemed permissible by the
85 department.

86 “Harm reduction program operators”, individuals directly involved in the operation,
87 administration or staffing of a harm reduction program, including directors, board members,
88 health care providers, service providers, staff and volunteers.

89 (b) Prior to the establishment of a harm reduction program that provides overdose
90 reversal care and supervision of persons who consume pre-obtained substances, the board of
91 health of the city or town in which the program is located shall vote to approve or deny such
92 program. If the board approves such program, the select board or city council shall also vote to
93 approve or deny such program not later than 3 months following the approval by the board of
94 health. If such program is approved by each body, the city or town shall provide notice of such
95 approval to the department, in a manner determined by the department and upon such notice, the
96 department shall review the proposed program and make a determination of whether to authorize
97 such program.

98 Not later than 1 year after the implementation of a harm reduction program under this
99 subsection, the department shall report the results of authorized programs pursuant to this section
100 and any recommendations by filing the report with the clerks of the senate and house of
101 representatives, the joint committee on mental health, substance use and recovery and the senate
102 and house committees on ways and means.

103 (c) Notwithstanding any general or special law to the contrary, harm reduction program
104 operators, individuals who access harm reduction program services, owners, lessors and sub-
105 lessors of property used for harm reduction programs and state, county and municipal employees
106 involved in approving or operating harm reduction programs shall, for actions related to the
107 approval or operation of, or participation in, a harm reduction program, be immune from: (i)
108 arrest, charge or prosecution, including for attempting, aiding and abetting or conspiracy to
109 commit a violation, pursuant to sections 32, 32A, 32B, 32C, 32D, 32E, 32I, 34, 40, 43 and 47 of
110 chapter 94C and chapter 271A; (ii) seizure or forfeiture of data, records, assets or property under
111 state law; (iii) civil suit, liability or damages alleged to have been sustained by an act or omission
112 by a harm reduction program operator in the course of providing harm reduction services; and
113 (iv) for health care providers, disciplinary action by a professional licensing board, credentialing
114 restriction, contractual liability, adverse employment action or denial of any professional
115 privilege; provided, however, that the immunity described in this subsection shall apply only if
116 the harm reduction program operates in good faith in accordance with this section and regulatory
117 requirements issued by the department. Entering or exiting a harm reduction program cannot
118 serve as the basis for, or a fact contributing to the existence of, reasonable suspicion or probable
119 cause to conduct a search or seizure.

120 (d) The immunity provided under subsection (c) shall not apply: (i) if the damage was
121 caused by an act or omission constituting gross negligence or recklessness, conduct with an
122 intent to harm, discrimination based on race, ethnicity, national origin, religion, disability, sexual
123 orientation or gender identity or conduct outside the scope of responsibility of a harm reduction
124 program employee or volunteer, as determined by the department; (ii) to consumer protection

125 actions brought by the attorney general; (iii) to false claims actions brought by or on behalf of
126 the commonwealth; or (iv) privacy violations.

127 (e) Notwithstanding any general law or special law to the contrary, a person or entity
128 providing harm reduction services under this section and approved by the department shall not be
129 required to register their activities pursuant to section 7 of chapter 94C.

130 (f) The department shall promulgate regulations to implement this section.

131 SECTION 6. Chapter 111J of the General Laws is hereby amended by striking out
132 sections 1 to 8, inclusive, as appearing in the 2022 Official Edition, and inserting in place thereof
133 the following 9 sections:-

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

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

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

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

142 “Approved recovery coach supervisor”, a licensed recovery coach that has completed
143 recovery coach supervision training that has been approved by the department for the supervision
144 of recovery coaches.

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

147 “Department”, the department of public health.

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

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

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

164 “Licensed recovery coach”, a person with lived experience who is licensed by the
165 department to practice recovery coaching using shared understanding, respect and mutual
166 empowerment to help others become and stay engaged in the process of recovery from a

167 substance use disorder; provided, however, that a “licensed recovery coach” shall: (i) have
168 completed an approved program of education, including approved work experience that meets
169 the requirements established by the department; (ii) demonstrate not less than 2 years of
170 sustained recovery; and (iii) have met all education, training and experience requirements and
171 qualifications as established by the department.

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

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

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

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

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

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

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

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

210 (b) A license for alcohol and drug counselor I, alcohol and drug counselor II or recovery
211 coaches shall be valid for a 2-year period and licensees may apply for renewal of a license for a
212 like term. A licensee seeking renewal of a license shall submit proof of having successfully
213 completed the requirements for approved continuing education as may be established by the
214 department.

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

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

226 (b) Individuals working under an approved recovery coach supervisor and receiving
227 approved work experience may practice without a license in order to obtain the requisite hours of
228 supervised experience needed to obtain a recovery coach license.

229 (c) Nothing in this section shall prevent members of peer groups or self-help groups from
230 performing peer support or self-help activities that may be included within the practice recovery

231 coaching; provided, however, that no members of peer groups or self-help groups who are not so
232 credentialed shall use a title stating or implying that such person is a licensed recovery coach.

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

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

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

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

251 (iii) an employee of a treatment program or facility licensed or approved by the
252 department pursuant to chapters 111B and 111E; provided, however, that such individual shall

253 perform alcohol and drug counseling solely within or under the jurisdiction of such program or
254 facility.

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

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

263 Section 6. (a) The department shall establish procedures for consumers to file written
264 complaints regarding an individual licensed under this chapter. The department shall investigate
265 all complaints relating to the practice of a person holding a license under this chapter and all
266 complaints relating to any violation of this chapter or regulation promulgated hereunder.

267 (b) The department may conduct an adjudicatory proceeding pursuant to chapter 30A but
268 shall not issue, vacate, modify or enforce subpoenas pursuant to section 12 of said chapter 30A.
269 The department may, after a hearing pursuant to said chapter 30A, deny, refuse renewal, revoke,
270 limit or suspend a license or otherwise discipline a licensee; provided, however, that the
271 department may suspend the license of a licensee who poses an imminent danger to the public
272 without a hearing; provided further, that the licensee shall be afforded a hearing within 7
273 business days of receipt of a notice of such denial, refusal to renew, revocation, limitation,
274 suspension or other disciplinary action; and provided further, that the department shall conduct

275 its proceedings in accordance with this chapter and said chapter 30A. Grounds for denial, refusal
276 to renew, revocation, limitation, suspension or other disciplinary action shall include: (i) fraud or
277 misrepresentation in obtaining a license; (ii) criminal conduct which the department determines
278 to be of such a nature as to render such person unfit to practice as evidenced by criminal
279 proceedings resulting in a conviction, guilty plea or plea of nolo contendere or an admission of
280 sufficient facts; (iii) a violation of any law or rule or regulation of the department governing the
281 practice of the licensee under this chapter; (iv) a violation of ethical standards which the
282 department determines to be of such a nature as to render such person unfit to practice as a
283 licensee; or (v) other just and sufficient cause that the department determines would render a
284 person unfit to practice as a licensee.

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

289 Section 7. Examinations for licensure, where applicable, shall be conducted not less than
290 twice per year at times and places and in formats designated by the department. Examinations for
291 licensure, where applicable, shall be written; provided, however, that portions thereof may be
292 conducted orally at the department's discretion; and provided further, that a person who fails an
293 examination may be admitted to the next available examination.

294 Section 8. (a) The department may issue a license without examination to an applicant
295 who meets the requirements for licensure; provided, however, that requirements for licensure in
296 another state shall be determined by the department to be equivalent to or in excess of the

297 requirements of this chapter; and provided further, that such applicant is: (i) licensed or certified
298 in alcohol and drug counseling or a comparable field in another state; or (ii) licensed or certified
299 in recovery coaching or a comparable field in another state.

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

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

312 SECTION 7. Chapter 118E of the General Laws is hereby amended by inserting after
313 section 10Q the following 2 sections:-

314 Section 10R. (a) The division and its contracted health insurers, health plans, health
315 maintenance organizations, behavioral health management firms and third-party administrators
316 under contract to a Medicaid managed care organization, accountable care organization or
317 primary care clinician plan shall provide coverage for prescribed or dispensed opioid antagonists,
318 as defined in section 19B of chapter 94C and used in the reversal of overdoses caused by opioids,

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

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

336 Section 10S. The division and its contracted health insurers, health plans, health
337 maintenance organizations, behavioral health management firms and third-party administrators
338 under contract to a Medicaid managed care organization, accountable care organization or
339 primary care clinician plan shall provide coverage for the provision of services by a recovery
340 coach licensed or otherwise authorized to practice pursuant to chapter 111J, irrespective of the
341 setting in which these services are provided; provided, however, that such services shall be

342 within the lawful scope of practice of a recovery coach. The benefits in this section shall not be
343 subject to any deductible, coinsurance, copayments or out-of-pocket limits; and provided further,
344 that recovery coach services shall not require prior authorization.

345 SECTION 8. Chapter 175 of the General Laws is hereby amended by inserting after
346 section 47UU the following 2 sections:-

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

358 (b) The policy, contract, agreement, plan or certificate of insurance shall provide
359 coverage for an opioid antagonist used in the reversal of overdoses caused by opioids as a
360 medical benefit when dispensed by the health care facility in which the opioid antagonist was
361 prescribed and shall provide coverage as a pharmacy benefit for an opioid antagonist used in the
362 reversal of overdoses caused by opioids dispensed by a pharmacist, including an opioid
363 antagonist dispensed pursuant to section 19B of chapter 94C; provided, however, that the rate to

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

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

378 SECTION 9. Said chapter 175 is hereby further amended by inserting after section 122A
379 the following section:-

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

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

387 SECTION 10. Section 193U of said chapter 175, as appearing in the 2022 Official
388 Edition, is hereby amended by striking out, in lines 21 to 26, inclusive, the words “or (iii)
389 abusive litigation against a provider concerning reproductive health care services or gender-
390 affirming health care services resulted in a judgment against the provider, if such health care
391 services would be lawful and consistent with good medical practice as provided if they occurred
392 entirely in the commonwealth” and inserting in place thereof the following words:- (iii) abusive
393 litigation against a provider concerning reproductive health care services or gender-affirming
394 health care services resulted in a judgment against the provider, if such health care services
395 would be lawful and consistent with good medical practice as provided if they occurred entirely
396 in the commonwealth; or (iv) the health care provider provides services at a harm reduction
397 program.

398 SECTION 11. Chapter 176A of the General Laws is hereby amended by inserting after
399 section 8VV the following 2 sections:-

400 Section 8WW. (a) Any contract between a subscriber and the corporation under an
401 individual or group hospital service plan that is delivered, issued or renewed within the
402 commonwealth shall provide coverage for prescribed or dispensed opioid antagonists, as defined
403 in section 19B of chapter 94C and used in the reversal of overdoses caused by opioids, which
404 shall not require prior authorization; provided, however, that a prescription from a health care
405 practitioner shall not be required for coverage of opioid antagonists. An opioid antagonist used in
406 the reversal of overdoses caused by opioids shall not be subject to any deductible, coinsurance,

407 copayments or out-of-pocket limits; provided, however, that cost-sharing shall be required if the
408 applicable plan is governed by the Internal Revenue Code and would lose its tax-exempt status
409 as a result of the prohibition on cost-sharing for this service.

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

418 Section 8XX. Any contract between a subscriber and the corporation under an individual
419 or group hospital service plan that is delivered, issued or renewed within the commonwealth
420 shall provide coverage for the provision of services by a recovery coach licensed or otherwise
421 authorized to practice under chapter 111J, irrespective of the setting in which these services are
422 provided; provided, however, that such services shall be within the lawful scope of practice of a
423 recovery coach. The contractual rate for these services shall be not less than the prevailing
424 MassHealth rate for recovery coach services. The benefits in this section shall not be subject to
425 any deductible, coinsurance, copayments or out-of-pocket limits; provided, however, that cost-
426 sharing shall be required if the applicable plan is governed by the Internal Revenue Code and
427 would lose its tax-exempt status as a result of the prohibition on cost-sharing for this service.
428 Recovery coach services shall not require prior authorization.

429 SECTION 12. Chapter 176B of the General Laws is hereby amended by inserting after
430 section 4VV the following 2 sections:-

431 Section 4WW. (a) Any subscription certificate under an individual or group medical
432 service agreement delivered, issued or renewed within the commonwealth, shall provide
433 coverage for prescribed or dispensed opioid antagonists, as defined in section 19B of chapter
434 94C and used in the reversal of overdoses caused by opioids, which shall not require prior
435 authorization; provided, however, that a prescription from a health care practitioner shall not be
436 required for coverage of opioid antagonists. An opioid antagonist used in the reversal of
437 overdoses caused by opioids shall not be subject to any deductible, coinsurance, copayments or
438 out-of-pocket limits; provided, however, that cost-sharing shall be required if the applicable plan
439 is governed by the Internal Revenue Code and would lose its tax-exempt status as a result of the
440 prohibition on cost-sharing for this service.

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

449 Section 4XX. Any subscription certificate under an individual or group medical service
450 agreement delivered, issued or renewed within the commonwealth shall provide coverage for the

451 provision of services by a recovery coach licensed or otherwise authorized to practice under
452 chapter 111J, irrespective of the setting in which these services are provided; provided, however,
453 that such services shall be within the lawful scope of practice of a recovery coach. The
454 contractual rate for these services shall be not less than the prevailing MassHealth rate for
455 recovery coach services. The benefits in this section shall not be subject to any deductible,
456 coinsurance, copayments or out-of-pocket limits; provided, however, that cost-sharing shall be
457 required if the applicable plan is governed by the Internal Revenue Code and would lose its tax-
458 exempt status as a result of the prohibition on cost-sharing for this service. Recovery coach
459 services shall not require prior authorization.

460 SECTION 13. Chapter 176G of the General Laws is hereby amended by inserting after
461 section 4NN the following 2 sections:-

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

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

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

491 SECTION 14. A "Certified Addictions Recovery Coach (CARC)" certification issued by
492 the Massachusetts Board of Substance Abuse Counselor Certification or other comparable
493 certifying body shall serve as satisfactory proof for recovery coach application requirements,
494 including test exemptions, for a limited period following the effective date of this act as

495 determined by the department of public health; provided, however, that the department shall
496 waive the lived experience requirement for a recovery coach license pursuant to section 1 of
497 chapter 111J of the General Laws for an applicant who was credentialed by the Massachusetts
498 Board of Substance Abuse Counselor Certification prior to the effective date of this act. The
499 eligible applicants shall meet all other qualifications and requirements for licensure as
500 determined by the department. The department shall promulgate rules and regulations for the
501 implementation of this section.

502 SECTION 15. (a) The department of public health shall study sober homes in the
503 commonwealth, including the safety and recovery of sober home residents. The study shall
504 include, but not be limited to: (i) appropriate training for operators and staff of sober homes and
505 whether such training should be required; (ii) evidence-based methods to creating safe and health
506 recovery environments; (iii) current oversight and additional oversight needed for sober homes;
507 and (iv) barriers to sober home facility improvements. The department shall hold at least 1 public
508 hearing as part of its study under this section.

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

514 SECTION 16. The department of public health shall issue regulations pursuant to section
515 6 not later than 6 months after the effective date of this act.

516 SECTION 17. Sections 1, 7, 8, 11 and 13 shall take effect 6 months after the effective
517 date of this act.

518 SECTION 18. No person shall be found to have violated section 4 of chapter 111J of the
519 General Laws until 6 months after the department of public health first establishes a recovery
520 coach license pursuant to section 2 of said chapter 111J.