

SENATE No. 2920

Senate, July 30, 2024 -- Text of amendment (36) (offered by Senator Keenan) to the Ways and Means amendment (Senate, No. 2898) to the Senate Bill relative to accessing harm reduction initiatives

The Commonwealth of Massachusetts

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

1 by inserting, after section __, the following sections:-

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

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

13 (c)(1) The plan pursuant to subsection (a) shall be subject to review by the division of
14 insurance. In its review, the division shall consider the adequacy of access to a broad spectrum of

15 pain management services and any policies that may create unduly preferential coverage to
16 prescribing opioids without other pain management modalities.

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

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

26 SECTION __. Chapter 175 of the General Laws is hereby amended by striking out section
27 47KK and inserting in place thereof the following section:-

28 Section 47KK. (a) Any policy, contract, agreement, plan or certificate of insurance
29 issued, delivered or renewed within the commonwealth, which is considered creditable coverage
30 under section 1 of chapter 111M, shall develop a plan to provide adequate coverage and access
31 to a broad spectrum of pain management services, including, but not limited to, non-medication,
32 non580 surgical treatment modalities and nonopioid medication treatment options that serve as
33 alternatives to opioid prescribing, in accordance with guidelines developed by the division of
34 insurance.

35 (b) No such policy, contract, agreement, plan or certificate of insurance shall, relative to
36 pain management services identified by the carrier pursuant to subsection (a), require a member

37 to obtain a preauthorization for non-medication, non-surgical treatment modalities that include
38 restorative therapies, behavioral health approaches or integrative health therapies, including
39 acupuncture, chiropractic treatments, massage and movement therapies.

40 (c)(1) The plan pursuant to subsection (a) shall be subject to approval and shall be a
41 component of carrier accreditation by the division of insurance pursuant to section 2 of chapter
42 176O. In its review, the division shall consider the adequacy of access to a broad spectrum of
43 pain management services and any carrier policies that may create unduly preferential coverage
44 to prescribing opioids without other pain management modalities.(2) No policy, contract,
45 agreement, plan or certificate of insurance issued, delivered or renewed within the
46 commonwealth, which is considered creditable coverage under said section 1 of said chapter
47 111M, shall establish utilization controls, including preauthorization or step therapy
48 requirements, for clinically appropriate non-opioid drugs approved by the federal Food and Drug
49 Administration for the treatment or management of pain, that are more restrictive or extensive
50 than the least restrictive or extensive utilization controls applicable to any clinically appropriate
51 opioid drug.

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

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

57 Section 8MM. (a) Any contract between a subscriber and the corporation under an
58 individual or group hospital service plan that is delivered, issued or renewed within the

59 commonwealth shall develop a plan to provide adequate coverage and access to a broad
60 spectrum of pain management services, including, but not limited to, non-medication, non-
61 surgical treatment modalities and non-opioid medication treatment options that serve as
62 alternatives to opioid prescribing, in accordance with guidelines developed by the division of
63 insurance.

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

69 (c)(1) The plan pursuant to subsection (a) shall be subject to approval and shall be a
70 component of carrier accreditation by the division of insurance pursuant to section 2 of chapter
71 176O. In its review, the division shall consider the adequacy of access to a broad spectrum of
72 pain management services and any carrier policies that may create unduly preferential coverage
73 to prescribing opioids without other pain management modalities.

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

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

83 SECTION __. Chapter 176B of the General Laws is hereby amended by striking out
84 section 4MM and inserting in place thereof the following section:-

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

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

96 (c)(1) The plan pursuant to subsection (a) shall be subject to approval and shall be a
97 component of carrier accreditation by the division of insurance pursuant to section 2 of chapter
98 176O. In its review, the division shall consider the adequacy of access to a broad spectrum of
99 pain management services and any carrier policies that may create unduly preferential coverage
100 to prescribing opioids without other pain management modalities. (2) No subscription certificate
101 under an individual or group medical service agreement delivered, issued or renewed within the

102 commonwealth shall establish utilization controls, including preauthorization or step therapy
103 requirements, for clinically appropriate non-opioid drugs approved by the federal Food and Drug
104 Administration for the treatment or management of pain, that are more restrictive or extensive
105 than the least restrictive or extensive utilization controls applicable to any clinically appropriate
106 opioid drug.

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

110 SECTION __. Chapter 176G of the General Laws is hereby amended by striking out
111 section 4EE and inserting in place thereof the following section:-

112 Section 4EE. (a) Any individual or group health maintenance contract that is issued or
113 renewed within or without the commonwealth shall develop a plan to provide adequate coverage
114 and access to a broad spectrum of pain management services, including, but not limited to,
115 non⁷⁶⁸ medication, non-surgical treatment modalities and non-opioid medication treatment
116 options that serve as alternatives to opioid prescribing, in accordance with guidelines developed
117 by the division of insurance.

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

123 (c)(1) The plan pursuant to subsection (a) shall be subject to approval and shall be a
124 component of carrier accreditation by the division of insurance pursuant to section 2 of chapter
125 176O. In its review, the division shall consider the adequacy of access to a broad spectrum of
126 pain management services and any carrier policies that may create unduly preferential coverage
127 to prescribing opioids without other pain management modalities.

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

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