

# SENATE . . . . . No. 2921

July 30, 2024 -- Text of the Senate amendment to the House Bill relative to accessing harm reduction initiatives (House, No. 4758) (being the text of Senate, No. 2898, printed as amended)

## 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 19D½. (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 related to its  
75 injection, inhalation or ingestion by a person to determine whether the controlled substance  
76 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 consultants, 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 municipal legislative body shall vote to  
93 approve or deny such program in the manner provided for in section 4 of chapter 4 not later than  
94 3 months following the approval by the board of health. If such program is approved by each  
95 body, the city or town shall provide notice of such approval to the department, in a manner  
96 determined by the department, and upon such notice, the department shall review the proposed  
97 program and make a determination of whether to authorize such program; provided, however,  
98 that in making the determination, the department shall take into consideration the program’s  
99 proposed location, including, but not limited to, the location’s proximity to schools; provided,  
100 further that the department shall provide the determination in writing not later than 3 months  
101 after receiving notice of approval from the city or town and, if applicable, shall provide an  
102 explanation for rejecting a proposed program; and provided further, that the department shall  
103 submit any such program to the attorney general to ensure compliance with state and federal law.

104 Not later than 1 year after the implementation of a harm reduction program under this  
105 subsection, the department shall report the results of authorized programs pursuant to this section  
106 and any recommendations by filing the report with the clerks of the senate and house of  
107 representatives, the joint committee on mental health, substance use and recovery, the joint  
108 committee on public health and the senate and house committees on ways and means; provided,  
109 however, that the report shall include, but not be limited to, site-specific information on the: (i)  
110 number of participant visits; (ii) types of drugs consumed and tested; (iii) number of overdoses  
111 reversed; (iv) types of drugs involved in overdoses; (v) staffing levels and staff experiences; (vi)  
112 operating costs; (vii) number of referrals to addiction treatment; (viii) number of hypodermic  
113 needles and syringes collected and distributed; (ix) medical emergency and 911 calls; and (x) in  
114 consultation with local law enforcement, report on changes to the prevalence of crimes in the  
115 vicinity of the program.

116 (c) Notwithstanding any general or special law to the contrary, harm reduction program  
117 operators, individuals who access harm reduction program services, owners, lessors and sub-  
118 lessors of property used for harm reduction programs and state, county and municipal employees  
119 involved in approving or operating harm reduction programs shall, for actions related to the  
120 approval or operation of, or participation in, a harm reduction program, be immune from: (i)  
121 arrest, charge or prosecution, including for attempting, aiding and abetting or conspiracy to  
122 commit a violation, pursuant to sections 32, 32A, 32B, 32C, 32D, 32E, 32I, 34, 40, 43 and 47 of  
123 chapter 94C and chapter 271A; (ii) seizure or forfeiture of data, records, assets or property under  
124 state law; (iii) civil suit, liability or damages alleged to have been sustained by an act or omission  
125 by a harm reduction program operator in the course of providing harm reduction services; and  
126 (iv) for health care providers, disciplinary action by a professional licensing board, credentialing

127 restriction, contractual liability, adverse employment action or denial of any professional  
128 privilege; provided, however, that the immunity described in this subsection shall apply only if  
129 the harm reduction program operates in good faith in accordance with this section and regulatory  
130 requirements issued by the department. Entering or exiting a harm reduction program cannot  
131 serve as the basis for, or a fact contributing to the existence of, reasonable suspicion or probable  
132 cause to conduct a search or seizure.

133 (d) The immunity provided under subsection (c) shall not apply: (i) if the damage was  
134 caused by an act or omission constituting gross negligence or recklessness, conduct with an  
135 intent to harm, discrimination based on race, ethnicity, national origin, religion, disability, sexual  
136 orientation or gender identity or conduct outside the scope of responsibility of a harm reduction  
137 program employee or volunteer, as determined by the department; (ii) to consumer protection  
138 actions brought by the attorney general; (iii) to false claims actions brought by or on behalf of  
139 the commonwealth; or (iv) privacy violations.

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

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

144 SECTION 6. Said chapter 111 is hereby further amended by adding the following  
145 section:-

146 Section 245. (a) As used in this section, the following words shall have the following  
147 meanings unless the context clearly requires otherwise:

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

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

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

157 “Licensed acupuncturist”, an individual who is licensed under sections 148 to 162,  
158 inclusive, of chapter 112 to practice as a licensed acupuncturist.

159 “National Acupuncture Detoxification Association training”, the standardized auricular  
160 acupuncture detoxification protocol training developed by National Acupuncture Detoxification  
161 Association, Inc., effective as of January 1, 2019.

162 “Qualified health care professional”, a qualified individual who: (i) is a licensed  
163 physician, licensed psychologist, licensed independent clinical social worker, licensed clinical  
164 social worker, licensed mental health counselor, licensed psychiatric clinical nurse specialist,  
165 certified addictions registered nurse, licensed alcohol and drug counselor I or licensed alcohol  
166 and drug counselor II as defined in section 1 of chapter 111J, certified alcohol and drug abuse  
167 counselor or certified alcohol and drug abuse counselor II as certified by the Massachusetts  
168 Board of Substance Abuse Counselor Certification or an equivalent certifying body or a  
169 registered nurse or nurse practitioner certified by the board of registration in nursing pursuant to



170 chapter 112; and (ii) has received training and a certificate of completion from National  
171 Acupuncture Detoxification Association, Inc. or from a state-recognized organization or agency  
172 that meets or exceeds National Acupuncture Detoxification Association, Inc. training standards  
173 to engage in the practice of auricular acupuncture detoxification protocol for the treatment of  
174 addictions, mental and behavioral health, trauma as a result of a disaster and other emotional  
175 trauma.

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

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

190 The applicant seeking to practice auricular acupuncture detoxification shall, at a  
191 minimum, furnish proof of: (i) relevant licensure or certification as a qualified health care

192 professional; and (ii) completion of National Acupuncture Detoxification Association, Inc.  
193 training or an equivalent training certificate by a state-recognized organization. An applicant  
194 who is registered or certified in another state with requirements that are at least equivalent to the  
195 requirements of this section, as determined by the commissioner, shall be allowed to practice  
196 auricular acupuncture detoxification in accordance with this section. A registration issued under  
197 this section shall be valid for 2 years and subject to renewal as determined by the department.

198 (c) Auricular acupuncture detoxification shall only be performed by a licensed  
199 acupuncturist or a qualified health care professional within their designated lawful scope of  
200 practice for the purpose of providing integrated health care delivery interventions in substance  
201 abuse treatment and wellness promotion including, but not limited to, treating mental and  
202 emotional health, post and acute trauma, addiction or chemical dependency.

203 (d) A qualified health care professional registered in accordance with this section shall  
204 only practice under the general supervision of a licensed acupuncturist; provided, however, that  
205 no such individual shall use the title “acupuncturist” or otherwise represent themselves or imply  
206 that they are a licensed acupuncturist and shall not perform or practice acupuncture outside of the  
207 scope of the auricular acupuncture detoxification as defined in this section.

208 (e) Nothing in this chapter or sections 149 to 162, inclusive, of chapter 112 shall prohibit,  
209 limit, interfere with or prevent a qualified health care professional from practicing or performing  
210 auricular acupuncture detoxification if the individual is acting within the lawful scope of practice  
211 in accordance with the individual’s license and the auricular acupuncture detoxification is  
212 performed in: (i) a private, freestanding facility licensed by the department that provides care or  
213 treatment for individuals with substance use disorders or other addictive disorders; (ii) a facility

214 under the direction and supervision of the department of mental health; (iii) a setting approved or  
215 licensed by the department of mental health; or (iv) any other setting where auricular  
216 acupuncture detoxification is an appropriate adjunct therapy to a substance use disorder or  
217 behavioral health treatment program; provided, however, that individual or 1-on-1 appointments  
218 with a health care provider not within a setting pursuant to this subsection shall not be an  
219 appropriate setting in accordance with this section.

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

221 SECTION 7. Chapter 111J of the General Laws is hereby amended by striking out  
222 sections 1 to 8, inclusive, as appearing in the 2022 Official Edition, and inserting in place thereof  
223 the following 9 sections:-

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

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

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

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

232 “Approved recovery coach supervisor”, a licensed recovery coach that has completed  
233 recovery coach supervision training that has been approved by the department for the supervision  
234 of recovery coaches.

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

237 “Department”, the department of public health.

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

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

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

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

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

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

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

275 (b) The department shall establish requirements for licensed alcohol and drug counselors  
276 I and licensed alcohol and drug counselors II and may establish other reasonable classifications  
277 for alcohol and drug counselors as it finds necessary and appropriate, including, but not limited

278 to, counselors specializing in youth recovery counseling, taking into consideration different  
279 levels of education, training and work experience.

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

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

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

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

296 Section 3. (a) Each applicant shall furnish the department with proof of satisfactory  
297 completion of the educational, training and experience requirements for licensure, including  
298 completion of an approved program and approved work experience and proof of having passed

299 any licensing examinations required by the department; provided, however, that the department  
300 may establish additional requirements for licensure and exemptions by regulation.

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

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

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

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

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

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

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

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

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



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

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

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

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

358 (b) The department may conduct an adjudicatory proceeding pursuant to chapter 30A but  
359 shall not issue, vacate, modify or enforce subpoenas pursuant to section 12 of said chapter 30A.  
360 The department may, after a hearing pursuant to said chapter 30A, deny, refuse renewal, revoke,  
361 limit or suspend a license or otherwise discipline a licensee; provided, however, that the  
362 department may suspend the license of a licensee who poses an imminent danger to the public  
363 without a hearing; provided further, that the licensee shall be afforded a hearing within 7

364 business days of receipt of a notice of such denial, refusal to renew, revocation, limitation,  
365 suspension or other disciplinary action; and provided further, that the department shall conduct  
366 its proceedings in accordance with this chapter and said chapter 30A. Grounds for denial, refusal  
367 to renew, revocation, limitation, suspension or other disciplinary action shall include: (i) fraud or  
368 misrepresentation in obtaining a license; (ii) criminal conduct which the department determines  
369 to be of such a nature as to render such person unfit to practice as evidenced by criminal  
370 proceedings resulting in a conviction, guilty plea or plea of nolo contendere or an admission of  
371 sufficient facts; (iii) a violation of any law or rule or regulation of the department governing the  
372 practice of the licensee under this chapter; (iv) a violation of ethical standards which the  
373 department determines to be of such a nature as to render such person unfit to practice as a  
374 licensee; or (v) other just and sufficient cause that the department determines would render a  
375 person unfit to practice as a licensee.

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

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

385           Section 8. (a) The department may issue a license without examination to an applicant  
386 who meets the requirements for licensure; provided, however, that requirements for licensure in  
387 another state shall be determined by the department to be equivalent to or in excess of the  
388 requirements of this chapter; and provided further, that such applicant is: (i) licensed or certified  
389 in alcohol and drug counseling or a comparable field in another state; or (ii) licensed or certified  
390 in recovery coaching or a comparable field in another state.

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

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

403           SECTION 8. Chapter 112 of the General Laws is hereby amended by inserting after  
404 section 155 the following section:-

405           Section 155A. Nothing in this chapter shall prohibit, limit, interfere with or prevent a  
406 licensed physician or acupuncturist from practicing or performing auricular acupuncture

407 detoxification, as defined in section 245 of chapter 111, if the licensed physician or acupuncturist  
408 is acting within the lawful scope of practice in accordance with their license.

409 SECTION 9. Chapter 118E of the General Laws is hereby amended by inserting after  
410 section 10Q the following 2 sections:-

411 Section 10R. (a) The division and its contracted health insurers, health plans, health  
412 maintenance organizations, behavioral health management firms and third-party administrators  
413 under contract to a Medicaid managed care organization, accountable care organization or  
414 primary care clinician plan shall provide coverage for prescribed or dispensed opioid antagonists,  
415 as defined in section 19B of chapter 94C and used in the reversal of overdoses caused by opioids,  
416 which shall not require prior authorization; provided, however, that a prescription from a health  
417 care practitioner shall not be required for coverage of opioid antagonists. An opioid antagonist  
418 used in the reversal of overdoses caused by opioids shall not be subject to any deductible,  
419 coinsurance, copayments or out-of-pocket limits; provided, however, that cost-sharing shall be  
420 required if the applicable plan is governed by the Internal Revenue Code and would lose its tax-  
421 exempt status as a result of the prohibition on cost-sharing for this service.

422 (b) The division and its contracted health insurers, health plans, health maintenance  
423 organizations, behavioral health management firms and third-party administrators under contract  
424 to a Medicaid managed care organization, accountable care organization or primary care  
425 clinician plan shall provide coverage for an opioid antagonist used in the reversal of overdoses  
426 caused by opioids as a medical benefit when dispensed by the health care facility in which the  
427 opioid antagonist was prescribed and shall provide coverage as a pharmacy benefit for an opioid  
428 antagonist used in the reversal of overdoses caused by opioids dispensed by a pharmacist,

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

433 Section 10S. The division and its contracted health insurers, health plans, health  
434 maintenance organizations, behavioral health management firms and third-party administrators  
435 under contract to a Medicaid managed care organization, accountable care organization or  
436 primary care clinician plan shall provide coverage for the provision of services by a recovery  
437 coach licensed or otherwise authorized to practice pursuant to chapter 111J, irrespective of the  
438 setting in which these services are provided; provided, however, that such services shall be  
439 within the lawful scope of practice of a recovery coach. The benefits in this section shall not be  
440 subject to any deductible, coinsurance, copayments or out-of-pocket limits; and provided further,  
441 that recovery coach services shall not require prior authorization.

442 SECTION 10. Chapter 175 of the General Laws is hereby amended by inserting after  
443 section 47UU the following 2 sections:-

444 Section 47VV. (a) Any policy, contract, agreement, plan or certificate of insurance  
445 issued, delivered or renewed within the commonwealth, which is considered creditable coverage  
446 under section 1 of chapter 111M, shall provide coverage for prescribed or dispensed opioid  
447 antagonists, as defined in section 19B of chapter 94C and used in the reversal of overdoses  
448 caused by opioids, which shall not require prior authorization; provided, however, that a  
449 prescription from a health care practitioner shall not be required for coverage of opioid  
450 antagonists. An opioid antagonist used in the reversal of overdoses caused by opioids shall not be

451 subject to any deductible, coinsurance, copayments or out-of-pocket limits; provided, however,  
452 that cost-sharing shall be required if the applicable plan is governed by the Internal Revenue  
453 Code and would lose its tax-exempt status as a result of the prohibition on cost-sharing for this  
454 service.

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

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

473 sharing for this service; and provided further, that recovery coach services shall not require prior  
474 authorization.

475 SECTION 11. Said chapter 175 is hereby further amended by inserting after section  
476 122A the following section:-

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

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

484 SECTION 12. Section 193U of said chapter 175, as appearing in the 2022 Official  
485 Edition, is hereby amended by striking out, in lines 21 to 26, inclusive, the words “or (iii)  
486 abusive litigation against a provider concerning reproductive health care services or gender-  
487 affirming health care services resulted in a judgment against the provider, if such health care  
488 services would be lawful and consistent with good medical practice as provided if they occurred  
489 entirely in the commonwealth” and inserting in place thereof the following words:- (iii) abusive  
490 litigation against a provider concerning reproductive health care services or gender-affirming  
491 health care services resulted in a judgment against the provider, if such health care services  
492 would be lawful and consistent with good medical practice as provided if they occurred entirely  
493 in the commonwealth; or (iv) the health care provider provides services at a harm reduction  
494 program.

495 SECTION 13. Chapter 176A of the General Laws is hereby amended by inserting after  
496 section 8VV the following 2 sections:-

497 Section 8WW. (a) Any contract between a subscriber and the corporation under an  
498 individual or group hospital service plan that is delivered, issued or renewed within the  
499 commonwealth shall provide coverage for prescribed or dispensed opioid antagonists, as defined  
500 in section 19B of chapter 94C and used in the reversal of overdoses caused by opioids, which  
501 shall not require prior authorization; provided, however, that a prescription from a health care  
502 practitioner shall not be required for coverage of opioid antagonists. An opioid antagonist used in  
503 the reversal of overdoses caused by opioids shall not be subject to any deductible, coinsurance,  
504 copayments or out-of-pocket limits; provided, however, that cost-sharing shall be required if the  
505 applicable plan is governed by the Internal Revenue Code and would lose its tax-exempt status  
506 as a result of the prohibition on cost-sharing for this service.

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

515 Section 8XX. Any contract between a subscriber and the corporation under an individual  
516 or group hospital service plan that is delivered, issued or renewed within the commonwealth



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

526 SECTION 14. Chapter 176B of the General Laws is hereby amended by inserting after  
527 section 4VV the following 2 sections:-

528 Section 4WW. (a) Any subscription certificate under an individual or group medical  
529 service agreement delivered, issued or renewed within the commonwealth, shall provide  
530 coverage for prescribed or dispensed opioid antagonists, as defined in section 19B of chapter  
531 94C and used in the reversal of overdoses caused by opioids, which shall not require prior  
532 authorization; provided, however, that a prescription from a health care practitioner shall not be  
533 required for coverage of opioid antagonists. An opioid antagonist used in the reversal of  
534 overdoses caused by opioids shall not be subject to any deductible, coinsurance, copayments or  
535 out-of-pocket limits; provided, however, that cost-sharing shall be required if the applicable plan  
536 is governed by the Internal Revenue Code and would lose its tax-exempt status as a result of the  
537 prohibition on cost-sharing for this service.

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

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

557 SECTION 15. Chapter 176G of the General Laws is hereby amended by inserting after  
558 section 4NN the following 2 sections:-

559           Section 400. (a) An individual or group health maintenance contract that is issued or  
560 renewed within or without the commonwealth shall provide coverage for prescribed or dispensed  
561 opioid antagonists, as defined in section 19B of chapter 94C and used in the reversal of  
562 overdoses caused by opioids, which shall not require prior authorization; provided, however, that  
563 a prescription from a health care practitioner shall not be required for coverage of opioid  
564 antagonists. An opioid antagonist used in the reversal of overdoses caused by opioids shall not be  
565 subject to any deductible, coinsurance, copayments or out-of-pocket limits; provided, however,  
566 that cost-sharing shall be required if the applicable plan is governed by the Internal Revenue  
567 Code and would lose its tax-exempt status as a result of the prohibition on cost-sharing for this  
568 service.

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

577           Section 4PP. An individual or group health maintenance contract that is issued or  
578 renewed within or without the commonwealth shall provide coverage for the provision of  
579 services by a recovery coach licensed or otherwise authorized to practice under chapter 111J,  
580 irrespective of the setting in which these services are provided; provided, however, that such  
581 services shall be within the lawful scope of practice of a recovery coach. The contractual rate for

582 these services shall be not less than the prevailing MassHealth rate for recovery coach services.  
583 The benefits in this section shall not be subject to any deductible, coinsurance, copayments or  
584 out-of-pocket limits; provided, however, that cost-sharing shall be required if the applicable plan  
585 is governed by the Internal Revenue Code and would lose its tax-exempt status as a result of the  
586 prohibition on cost-sharing for this service. Recovery coach services shall not require prior  
587 authorization.

588 SECTION 16. A “Certified Addictions Recovery Coach (CARC)” certification issued by  
589 the Massachusetts Board of Substance Abuse Counselor Certification or other comparable  
590 certifying body shall serve as satisfactory proof for recovery coach application requirements,  
591 including test exemptions, for a limited period following the effective date of this act as  
592 determined by the department of public health; provided, however, that the department shall  
593 waive the lived experience requirement for a recovery coach license pursuant to section 1 of  
594 chapter 111J of the General Laws for an applicant who was credentialed by the Massachusetts  
595 Board of Substance Abuse Counselor Certification prior to the effective date of this act. The  
596 eligible applicants shall meet all other qualifications and requirements for licensure as  
597 determined by the department. The department shall promulgate rules and regulations for the  
598 implementation of this section.

599 SECTION 17. (a) The department of public health shall study sober homes in the  
600 commonwealth, including the safety and recovery of sober home residents. The study shall  
601 include, but not be limited to: (i) appropriate training for operators and staff of sober homes and  
602 whether such training should be required; (ii) evidence-based methods to creating safe and health  
603 recovery environments; (iii) current oversight and additional oversight needed for sober homes;  
604 (iv) barriers to sober home facility improvements, including, but not limited to, fiscal constraints;

605 and (v) different aspects, if any, between certified and noncertified sober homes. The department  
606 shall hold at least 1 public hearing as part of its study under this section.

607 (b) The department shall submit a report detailing the results of the study, along with  
608 recommendations and any proposed legislation necessary to carry out its recommendations, to  
609 the clerks of the senate and house of representatives, the joint committee on health care  
610 financing, the joint committee on public health, the joint committee on mental health, substance  
611 use and recovery and the senate and house committees on ways and means not later than July 31,  
612 2025.

613 SECTION 18. (a) There shall be a special commission to study prescribing practices for  
614 benzodiazepines and non-benzodiazepine hypnotics.

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

622 (c) The commission shall consist of: the commissioner of public health or a designee,  
623 who shall serve as chair; the secretary of health and human services or a designee; 4 members to  
624 be appointed by the governor, 1 of whom shall be a psychiatrist licensed to practice in the  
625 commonwealth, 1 of whom shall be a representative from the bureau of substance abuse services,

626 1 of whom shall be a representative from the Center for Addiction Medicine at Massachusetts  
627 General Hospital and 1 of whom shall be an advocate from the addiction treatment community.

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

632 SECTION 19. (a) The bureau of substance use addiction services shall conduct a study  
633 on the potential benefits of expanding collaborative practice agreements between physicians and  
634 pharmacists to allow for the prescription of schedule II to VI, inclusive, controlled substances by  
635 pharmacists outside of the hospital or health care institution setting to treat patients with  
636 substance use disorders.

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

641 (c) The department shall submit a report detailing the results of the study, along with  
642 recommendations and any proposed legislation necessary to carry out its recommendations, to  
643 the clerks of the senate and house of representatives, the joint committee on mental health,  
644 substance use and recovery, the joint committee on public health and the senate and house  
645 committees on ways and means not later than January 1, 2025.

646 SECTION 20. The department of public health shall issue regulations pursuant to section  
647 7 not later than 6 months after the effective date of this act.

648 SECTION 21. Sections 1, 9, 10, 13, 14 and 15 shall take effect 6 months after the  
649 effective date of this act.

650 SECTION 22. No person shall be found to have violated section 4 of chapter 111J of the  
651 General Laws until 6 months after the department of public health first establishes a recovery  
652 coach license pursuant to section 2 of said chapter 111J.