

SENATE No. 667

The Commonwealth of Massachusetts

PRESENTED BY:

Jason M. Lewis

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act to prohibit cost sharing for opioid antagonists.

PETITION OF:

NAME:

Jason M. Lewis

DISTRICT/ADDRESS:

Fifth Middlesex

SENATE No. 667

By Mr. Lewis, a petition (accompanied by bill, Senate, No. 667) of Jason M. Lewis for legislation to prohibit cost sharing for opioid antagonists. Financial Services.

The Commonwealth of Massachusetts

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

An Act to prohibit cost sharing for opioid antagonists.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Said chapter 32A is hereby further amended by adding the following
2 section:-

3 Section 33. (a) For the purpose of this section, the following words shall have the
4 following meaning:

5 "Opioid antagonists," naloxone or any other drug approved by the federal Food and Drug
6 Administration as a competitive narcotic antagonist used in the reversal of overdoses caused by
7 opioids.

8 (b) Any coverage offered by the commission to an active or retired employee of the
9 commonwealth insured under the group insurance commission shall provide coverage for opioid
10 antagonists. Opioid antagonists shall be covered with no patient cost-sharing; provided, however,
11 that cost-sharing shall be allowed if the applicable plan is governed by the Federal Internal

12 Revenue Code and would lose its tax-exempt status as a result of the prohibition on cost-sharing
13 for this service.

14 (c) A prescription from a health care practitioner shall not be required for coverage of
15 opioid antagonists in accordance with the statewide standing order issued under section 19B of
16 chapter 94C.

17 SECTION 2. Chapter 118E of the General Laws is hereby amended by inserting after
18 section 10Q the following section:-

19 Section 10R. (a) For the purpose of this section, the following words shall have the
20 following meaning:

21 "Opioid antagonists," naloxone or any other drug approved by the federal Food and Drug
22 Administration as a competitive narcotic antagonist used in the reversal of overdoses caused by
23 opioids.

24 (b) The division and its contracted health insurers, health plans, health maintenance
25 organizations, behavioral health management firms and third-party administrators under contract
26 to a Medicaid managed care organization or primary care clinician plan shall provide coverage
27 for opioid antagonists. Opioid antagonists shall be covered with no patient cost-sharing;
28 provided, however, that cost-sharing shall be allowed if the applicable plan is governed by the
29 Federal Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition
30 on cost-sharing for this service.

31 (c) A prescription from a health care practitioner shall not be required for coverage of
32 opioid antagonists in accordance with the statewide standing order issued under section 19B of
33 chapter 94C.

34 SECTION 3. Said chapter 175 is hereby further amended by inserting after section 47TT,
35 the following section:-

36 Section 47UU. (a) For the purpose of this section, the following words shall have the
37 following meaning:

38 "Opioid antagonists," naloxone or any other drug approved by the federal Food and Drug
39 Administration as a competitive narcotic antagonist used in the reversal of overdoses caused by
40 opioids.

41 (b) The following shall provide coverage for opioid antagonists: (i) any policy of accident
42 and sickness insurance, as described in section 108, which provides hospital expense and
43 surgical expense insurance and which is delivered, issued or subsequently renewed by agreement
44 between the insurer and policyholder in the commonwealth; (ii) any blanket or general policy of
45 insurance described in subdivision (A), (C) or (D) of section 110 which provides hospital
46 expense and surgical expense insurance and which is delivered, issued or subsequently renewed
47 by agreement between the insurer and the policyholder in or outside of the commonwealth; and
48 (iii) any employees' health and welfare fund which provides hospital expense and surgical
49 expense benefits and which is delivered, issued to or renewed for any person or group of persons
50 in the commonwealth. Opioid antagonists shall be covered with no patient cost-sharing;
51 provided, however, that cost-sharing shall be allowed if the applicable plan is governed by the

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

54 (c) A prescription from a health care practitioner shall not be required for coverage of
55 opioid antagonists in accordance with the statewide standing order issued under section 19B of
56 chapter 94C.

57 SECTION 4. Said chapter 176A is hereby further amended by inserting after section 8UU
58 the following section:-

59 Section 8VV. (a) For the purpose of this section, the following words shall have the
60 following meaning:

61 "Opioid antagonists," naloxone or any other drug approved by the federal Food and Drug
62 Administration as a competitive narcotic antagonist used in the reversal of overdoses caused by
63 opioids.

64 (b) A contract between a subscriber and the corporation under an individual or group
65 hospital service plan which is delivered, issued or renewed within the commonwealth shall
66 provide coverage for opioid antagonists. Opioid antagonists shall be covered with no patient
67 cost-sharing; provided, however, that cost-sharing shall be allowed if the applicable plan is
68 governed by the Federal Internal Revenue Code and would lose its tax-exempt status as a result
69 of the prohibition on cost-sharing for this service.

70 (c) A prescription from a health care practitioner shall not be required for coverage of
71 opioid antagonists in accordance with the statewide standing order issued under section 19B of
72 chapter 94C.

73 SECTION 5. Said chapter 176B is hereby further amended by inserting after section 4UU
74 the following section:-

75 Section 4VV. (a) For the purpose of this section, the following words shall have the
76 following meaning:

77 "Opioid antagonists," naloxone or any other drug approved by the federal Food and Drug
78 Administration as a competitive narcotic antagonist used in the reversal of overdoses caused by
79 opioids.

80 (b) A subscription certificate under an individual or group medical service agreement
81 delivered, issued or renewed within the commonwealth shall provide coverage for opioid
82 antagonists. Opioid antagonists shall be covered with no patient cost-sharing; provided, however,
83 that cost-sharing shall be allowed if the applicable plan is governed by the Federal Internal
84 Revenue Code and would lose its tax-exempt status as a result of the prohibition on cost-sharing
85 for this service.

86 (c) A prescription from a health care practitioner shall not be required for coverage of
87 opioid antagonists in accordance with the statewide standing order issued under section 19B of
88 chapter 94C.

89 SECTION 6. Said chapter 176G is hereby further amended by inserting after section
90 4MM the following section:-

91 Section 4NN. (a) For the purpose of this section, the following words shall have the
92 following meaning:

93 "Opioid antagonists," naloxone or any other drug approved by the federal Food and Drug
94 Administration as a competitive narcotic antagonist used in the reversal of overdoses caused by
95 opioids.

96 (b) An individual or group health maintenance contract that is issued or renewed within
97 or without the commonwealth shall provide coverage for opioid antagonists. Opioid antagonists
98 shall be covered with no patient cost-sharing; provided, however, that cost-sharing shall be
99 allowed if the applicable plan is governed by the Federal Internal Revenue Code and would lose
100 its tax-exempt status as a result of the prohibition on cost-sharing for this service.

101 (c) A prescription from a health care practitioner shall not be required for coverage of
102 opioid antagonists in accordance with the statewide standing order issued under section 19B of
103 chapter 94C.