

# HOUSE . . . . . No. 1337

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## The Commonwealth of Massachusetts

PRESENTED BY:

*Andres X. Vargas and Kate Donaghue*

*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 relative to opioid use disorder treatment and rehabilitation coverage.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Andres X. Vargas</i>	<i>3rd Essex</i>	<i>1/15/2025</i>
<i>Kate Donaghue</i>	<i>19th Worcester</i>	<i>1/15/2025</i>

# HOUSE . . . . . No. 1337

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By Representatives Vargas of Haverhill and Donaghue of Westborough, a petition (accompanied by bill, House, No. 1337) of Andres X. Vargas and Kate Donaghue relative to opioid use disorder treatment and rehabilitation. Financial Services.

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## The Commonwealth of Massachusetts

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In the One Hundred and Ninety-Fourth General Court  
(2025-2026)  
\_\_\_\_\_

An Act relative to opioid use disorder treatment and rehabilitation coverage.

*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. Chapter 32A of the General Laws, as amended by chapter xx of the acts of  
2   2024, is hereby amended by inserting after section 17Y the following new section:-

3           Section 17Z. (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 and opioid agonists, including partial agonists, used in  
6   the treatment of opioid use disorder; provided, however that the coverage for such prescribed,  
7   administered, ordered or dispensed opioid antagonists and opioid agonists, including partial  
8   agonists, shall be deemed medically necessary and shall not require prior authorization; and  
9   provided further that a prescription from a health care practitioner shall not be required for  
10   coverage of opioid antagonists and opioid agonists, including partial agonists. An opioid  
11   antagonist and an opioid agonist, including partial agonists, shall not be subject to any  
12   deductible, coinsurance, copayments or out-of-pocket limits; provided, however, that cost-

13 sharing shall be required if the applicable plan is governed by the Internal Revenue Code and  
14 would lose its tax-exempt status as a result of the prohibition on cost-sharing for this service.

15 (b) The commission shall provide coverage for an opioid antagonist and an opioid  
16 agonist, including partial agonists, used in the treatment of opioid use disorder as a medical  
17 benefit when dispensed or administered by the health care facility, including substance use  
18 treatment facility, in which the opioid antagonist or opioid agonist, including partial agonists,  
19 used in the treatment of opioid use disorder was prescribed, administered, or ordered and shall  
20 provide coverage as a pharmacy benefit for an opioid antagonist and an opioid agonist, including  
21 partial agonists, used in the treatment of opioid use disorder dispensed by a pharmacist;  
22 provided, however, that the rate to be reimbursed under the medical benefit shall not exceed the  
23 commission's average in-network pharmacy benefit rate and the health care facility shall not  
24 balance bill the patient. If dispensed directly to or administered to the patient, the commission  
25 shall ensure cost to the health care facility is covered through reimbursement or other mechanism  
26 as determined by the commission in consultation with the Department of Public Health, the  
27 Division of Insurance, and the Division of Medical Assistance.

28 SECTION 2. Chapter 118E of the General Laws, as amended by chapter xx of the Acts of  
29 2024, is hereby amended by inserting after section 10Y the following new section:-

30 Section 10Z. (a) The division and its contracted health insurers, health plans, health  
31 maintenance organizations, behavioral health management firms and third-party administrators  
32 under contract to a Medicaid managed care organization, accountable care organization or  
33 primary care clinician plan shall provide coverage for prescribed or dispensed opioid antagonists  
34 and opioid agonists, including partial agonists, used in the treatment of opioid use disorder;

provided, however that the coverage for such prescribed, administered, ordered or dispensed opioid antagonists and opioid agonists, including partial agonists, shall be deemed medically necessary and shall not require prior authorization; and provided further that a prescription from a health care practitioner shall not be required for coverage of opioid antagonists and opioid agonists, including partial agonists. An opioid antagonist and an opioid agonist, including partial agonists, shall not be subject to any deductible, coinsurance, copayments or out-of-pocket limits; provided, however, that cost-sharing shall be required if the applicable plan is governed by the Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition on cost-sharing for this service.

(b) The division and its contracted health insurers, health plans, health maintenance organizations, behavioral health management firms and third-party administrators under contract to a Medicaid managed care organization, accountable care organization or primary care clinician plan shall provide coverage for an opioid antagonist and an opioid agonist, including partial agonists, used in the treatment of opioid use disorder as a medical benefit when dispensed or administered by the health care facility, including substance use treatment facility, in which the opioid antagonist or opioid agonist, including partial agonists, used in the treatment of opioid use disorder was prescribed, administered, or ordered and shall provide coverage as a pharmacy benefit for an opioid antagonist and an opioid agonist, including partial agonists, used in the treatment of opioid use disorder dispensed by a pharmacist; provided, however, that the rate to be reimbursed under the medical benefit shall not exceed the carrier's average in-network pharmacy benefit rate and the health care facility shall not balance bill the patient. If dispensed directly to or administered to the patient, the division shall ensure cost to the health care facility

is covered through reimbursement or other mechanism as determined by the commission in consultation with the Department of Public Health and the Division of Insurance.

SECTION 3. Chapter 175 of the General Laws, as amended by chapter xx of the Act of 2024 is hereby amended by inserting after section 47BBB the following new section:-

Section 47CCC. (a) Any policy, contract, agreement, plan or certificate of insurance issued, delivered or renewed within the commonwealth, which is considered creditable coverage under section 1 of chapter 111M, shall provide coverage for prescribed or dispensed opioid antagonists and opioid agonists, including partial agonists, used in the treatment of opioid use disorder; provided, however that the coverage for such prescribed, administered, ordered or dispensed opioid antagonists and opioid agonists, including partial agonists, shall be deemed medically necessary and shall not require prior authorization; and provided further that a prescription from a health care practitioner shall not be required for coverage of opioid antagonists and opioid agonists, including partial agonists. An opioid antagonist and an opioid agonist, including partial agonists, shall not be subject to any deductible, coinsurance, copayments or out-of-pocket limits; provided, however, that cost-sharing shall be required if the applicable plan is governed by the Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition on cost-sharing for this service.

(b) The policy, contract, agreement, plan or certificate of insurance shall provide coverage for an opioid antagonist and an opioid agonist, including partial agonists, used in the treatment of opioid use disorder as a medical benefit when dispensed or administered by the health care facility, including substance use treatment facility, in which the opioid antagonist or opioid agonist, including partial agonists, used in the treatment of opioid use disorder was

prescribed, administered, or ordered and shall provide coverage as a pharmacy benefit for an opioid antagonist and an opioid agonist, including partial agonists, used in the treatment of opioid use disorder dispensed by a pharmacist; provided, however, that the rate to be reimbursed under the medical benefit shall not exceed the carrier's average in-network pharmacy benefit rate and the health care facility shall not balance bill the patient. If dispensed directly to or administered to the patient, the division shall ensure cost to the health care facility is covered through reimbursement or other mechanism as determined by the division in consultation with the Department of Public Health and the Division of Medical Assistance.

SECTION 4. Chapter 176A of the General Laws, as amended by chapter xx of the Act of 2024 is hereby amended by inserting after section 8CCC the following new section:-

Section 8DDD. (a) Any contract between a subscriber and the corporation under an individual or group hospital service plan that is delivered, issued or renewed within the commonwealth shall provide coverage for prescribed or dispensed opioid antagonists and opioid agonists, including partial agonists, used in the treatment of opioid use disorder; provided, however that the coverage for such prescribed, administered, ordered or dispensed opioid antagonists and opioid agonists, including partial agonists, shall be deemed medically necessary and shall not require prior authorization; and provided further that a prescription from a health care practitioner shall not be required for coverage of opioid antagonists and opioid agonists, including partial agonists. An opioid antagonist and an opioid agonist, including partial agonists, shall not be subject to any deductible, coinsurance, copayments or out-of-pocket limits; provided, however, that cost-sharing shall be required if the applicable plan is governed by the

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

(b) Such contracts shall provide coverage for an opioid antagonist and an opioid agonist, including partial agonists, used in the treatment of opioid use disorder as a medical benefit when dispensed or administered by the health care facility, including substance use treatment facility, in which the opioid antagonist or opioid agonist, including partial agonists, used in the treatment of opioid use disorder was prescribed, administered, or ordered and shall provide coverage as a pharmacy benefit for an opioid antagonist and an opioid agonist, including partial agonists, used in the treatment of opioid use disorder dispensed by a pharmacist; provided, however, that the rate to be reimbursed under the medical benefit shall not exceed the carrier's average in-network pharmacy benefit rate and the health care facility shall not balance bill the patient. If dispensed directly to or administered to the patient, the division shall ensure cost to the health care facility is covered through reimbursement or other mechanism as determined by the division in consultation with the Department of Public Health and the Division of Medical Assistance.

SECTION 5. Chapter 176B of the General Laws, as amended by chapter xx of the Act of 2024 is hereby amended by inserting after section 4CCC the following new section:-

Section 4DDD. (a) A subscription certificate under an individual or group medical service

agreement delivered, issued or renewed within the commonwealth shall provide coverage for prescribed or dispensed opioid antagonists and opioid agonists, including partial agonists, used in the treatment of opioid use disorder; provided, however that the coverage for such prescribed, administered, ordered or dispensed opioid antagonists and opioid agonists, including

partial agonists, shall be deemed medically necessary and shall not require prior authorization; and provided further that a prescription from a health care practitioner shall not be required for coverage of opioid antagonists and opioid agonists, including partial agonists. An opioid antagonist and an opioid agonist, including partial agonists, shall not be subject to any deductible, coinsurance, copayments or out-of-pocket limits; provided, however, that cost-sharing shall be required if the applicable plan is governed by the Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition on cost-sharing for this service.

(b) The policy, contract, agreement, plan or certificate of insurance shall provide coverage for an opioid antagonist and an opioid agonist, including partial agonists, used in the treatment of opioid use disorder as a medical benefit when dispensed or administered by the health care facility, including substance use treatment facility, in which the opioid antagonist or opioid agonist, including partial agonists, used in the treatment of opioid use disorder was prescribed, administered, or ordered and shall provide coverage as a pharmacy benefit for an opioid antagonist and an opioid agonist, including partial agonists, used in the treatment of opioid use disorder dispensed by a pharmacist; provided, however, that the rate to be reimbursed under the medical benefit shall not exceed the carrier's average in-network pharmacy benefit rate and the health care facility shall not balance bill the patient. If dispensed directly to or administered to the patient, the division shall ensure cost to the health care facility is covered through reimbursement or other mechanism as determined by the division in consultation with the Department of Public Health and the Division of Medical Assistance.

SECTION 6. Chapter 176G of the General Laws, as amended by chapter xx of the Act of 2024 is hereby amended by inserting after section 4UU the following new section:-



Section 4VV. (a) An individual or group health maintenance contract that is issued or renewed within or without the commonwealth shall provide coverage for prescribed or dispensed opioid antagonists and opioid agonists, including partial agonists, used in the treatment of opioid use disorder; provided, however that the coverage for such prescribed, administered, ordered or dispensed opioid antagonists and opioid agonists, including partial agonists, shall be deemed medically necessary and shall not require prior authorization; and provided further that a prescription from a health care practitioner shall not be required for coverage of opioid antagonists and opioid agonists, including partial agonists. An opioid antagonist and an opioid agonist, including partial agonists, shall not be subject to any deductible, coinsurance, copayments or out-of-pocket limits; provided, however, that cost-sharing shall be required if the applicable plan is governed by the Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition on cost-sharing for this service.

(b) The individual or group health maintenance contract shall provide coverage for an opioid antagonist and an opioid agonist, including partial agonists, used in the treatment of opioid use disorder as a medical benefit when dispensed or administered by the health care facility, including substance use treatment facility, in which the opioid antagonist or opioid agonist, including partial agonists, used in the treatment of opioid use disorder was prescribed, administered, or ordered and shall provide coverage as a pharmacy benefit for an opioid antagonist and an opioid agonist, including partial agonists, used in the treatment of opioid use disorder dispensed by a pharmacist; provided, however, that the rate to be reimbursed under the medical benefit shall not exceed the carrier's average in-network pharmacy benefit rate and the health care facility shall not balance bill the patient. If dispensed directly to or administered to the patient, the division shall ensure cost to the health care facility is covered through

167 reimbursement or other mechanism as determined by the division in consultation with the  
168 Department of Public Health and the Division of Medical Assistance.