

**HOUSE . . . . . No. 2229**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

*David M. Rogers and Greg Schwartz*

*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 expand equity and access to patient centered care for substance abuse disorder.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>David M. Rogers</i>	<i>24th Middlesex</i>	<i>1/16/2025</i>
<i>Greg Schwartz</i>	<i>12th Middlesex</i>	<i>1/16/2025</i>

**HOUSE . . . . . No. 2229**

By Representatives Rogers of Cambridge and Schwartz of Newton, a petition (accompanied by bill, House, No. 2229) of David M. Rogers and Greg Schwartz for legislation to expand equity and access to patient centered care for substance abuse disorders. Mental Health, Substance Use and Recovery.

[SIMILAR MATTER FILED IN PREVIOUS SESSION  
SEE HOUSE, NO. 2011 OF 2023-2024.]

**The Commonwealth of Massachusetts**

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

An Act to expand equity and access to patient centered care for substance abuse disorder.

*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: Notwithstanding any special or general law to the contrary, the Department  
2 of Public Health and the Massachusetts Board of Registration in Medicine shall develop, or  
3 provide for, a healthcare provider education campaign that encourages the adoption of all FDA-  
4 approved medications for the treatment of alcohol and opioid use disorders. The goal of the  
5 campaign is to increase the number of providers offering all FDA-approved medications, directly  
6 or by referral, along with counseling and other appropriate support services. The training shall  
7 include, but not be limited to guidelines and best practices for:

8 A. Screening and Assessment;

9 B. Toxicology screens;

10 C. Detoxification/withdrawal management and induction to relapse prevention  
11 medication

12 D. Treatment Plans, including counseling frequency and type, and an informed consent  
13 process to guide medication and treatment decisions and selection

14 E. Addressing Co-occurring mental health disorders

15 F. Reducing disparities in health outcomes for underserved communities experiencing  
16 substance use disorder

17 G. Care Coordination;

18 H. Appropriate Length of Treatment; and

19 I. Relapse Prevention

20 The training developed or provided shall be accepted by the board as up to 2 continuing  
21 professional development credits.

22 SECTION 2: Notwithstanding any special or general law to the contrary, the Department  
23 of Public Health and the Bureau of Substance Abuse Services shall establish a peer mentoring  
24 program that supplements the healthcare provider educational campaign by providing a network  
25 for peer-to-peer trainings, materials, and prescriber and clinical team support. Peer mentors  
26 should have strong credentials, expertise and clinical experience with all FDA-approved  
27 medications for the treatment of substance use disorder. Mentors shall provide coaching for  
28 providers licensed or certified by the Department of Public Health. The Department shall  
29 prioritize the efforts of the peer mentor program for providers serving geographic areas and  
30 racially and ethnically diverse populations of the Commonwealth identified by the Department

31 where access to medication assisted treatment is limited. Provided further, that said training  
32 program shall include, but not be limited to the following criteria: patient eligibility, optimal  
33 selection criteria, placement matching, patient engagement, team coaching and coordination,  
34 withdrawal management and induction, dosing and administration, clinical evaluation and  
35 laboratory monitoring, side effect management, co-occurring disorders management, drug-drug  
36 interactions, treatment retention, managed care interactions, and termination of medication.

37 SECTION 3: There shall be a grant program established to support providers who  
38 demonstrate the ability to offer all FDA-approved medications for substance use disorders, along  
39 with counseling and other supports, directly or by referral. Providers will be eligible to apply for  
40 funding to add a staff person(s) to support the expanded services. In addition to, or in substitution  
41 of state funding, the grant program may utilize applicable federal grants and state trust funds.

42 SECTION 4: The department of public health shall create an inventory of health care  
43 providers treating patients with medications to measure adoption of offering all FDA-approved  
44 treatment options across the Commonwealth. They shall also submit a report to the house and  
45 senate committees on ways and means and the joint committee on mental health and substance  
46 use, and recovery on the number of providers trained and any identified obstacles to expanding  
47 the number of providers offering all FDA-approved medications by January 1, 2020.