

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

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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>1/14/2025</i>
<i>Kate Donaghue</i>	<i>19th Worcester</i>	<i>1/15/2025</i>

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

[Pin Slip]

**The Commonwealth of Massachusetts**

**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;

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

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

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

59 SECTION 3. Chapter 175 of the General Laws, as amended by chapter xx of the Act of  
60 2024 is hereby amended by inserting after section 47BBB the following new section:-

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

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

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

87 SECTION 4. Chapter 176A of the General Laws, as amended by chapter xx of the Act of  
88 2024 is hereby amended by inserting after section 8CCC the following new section:-

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

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

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

114 SECTION 5. Chapter 176B of the General Laws, as amended by chapter xx of the Act of  
115 2024 is hereby amended by inserting after section 4CCC the following new section:-

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

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

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

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

142 SECTION 6. Chapter 176G of the General Laws, as amended by chapter xx of the Act of  
143 2024 is hereby amended by inserting after section 4UU the following new section:-



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

156 (b) The individual or group health maintenance contract shall provide coverage for an  
157 opioid antagonist and an opioid agonist, including partial agonists, used in the treatment of  
158 opioid use disorder as a medical benefit when dispensed or administered by the health care  
159 facility, including substance use treatment facility, in which the opioid antagonist or opioid  
160 agonist, including partial agonists, used in the treatment of opioid use disorder was prescribed,  
161 administered, or ordered and shall provide coverage as a pharmacy benefit for an opioid  
162 antagonist and an opioid agonist, including partial agonists, used in the treatment of opioid use  
163 disorder dispensed by a pharmacist; provided, however, that the rate to be reimbursed under the  
164 medical benefit shall not exceed the carrier's average in-network pharmacy benefit rate and the  
165 health care facility shall not balance bill the patient. If dispensed directly to or administered to  
166 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.