

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

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**The Commonwealth of Massachusetts**

PRESENTED BY:

*Mindy Domb*

*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 regarding consistent care for addiction rooted in evidence.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Mindy Domb</i>	<i>3rd Hampshire</i>	<i>1/16/2025</i>

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

[Pin Slip]

**The Commonwealth of Massachusetts**

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

An Act regarding consistent care for addiction rooted in evidence.

*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. Section 1 of chapter 127 of the General Laws, as appearing in the 2022  
2 Official Edition, is hereby amended by striking out the definition of “Medication-assisted  
3 treatment” and replacing it with the following definition:-

4 “Medication for addiction treatment”, treatment for a substance use disorder or alcohol  
5 use disorder that: (i) is determined to be clinically indicated by a qualified addiction specialist;  
6 (ii) involves the use of medication that is approved by the federal Food and Drug Administration  
7 for treatment of a substance use disorder; and (iii) is offered in accordance with a treatment plan  
8 that is reviewed by a qualified addiction specialist at a frequency consistent with appropriate  
9 clinical standards. “Medication for addiction treatment” is sometimes referred to as “medication-  
10 assisted treatment”, or “MAT”.

11 SECTION 2. Section 16 of said chapter 127, as so appearing, is hereby amended by  
12 striking out in the second paragraph the words “who is committed for a term of 30 days’  
13 imprisonment or more.” and inserting in place thereof the following:-

14 within 24 hours of admission to the facility. Regardless of whether the individual was  
15 receiving medication for addiction treatment immediately prior to admission to the facility, the  
16 examination shall include an assessment for treatment with medication for addiction treatment.

17 SECTION 3. Said chapter 127, as so appearing, is hereby further amended by striking out  
18 section 17B and replacing it with the following:-

19 Section 17B. Medication-assisted treatment for substance use conditions for state  
20 detainees or prisoners at correctional facilities.

21 (a) All correctional facilities, jails and houses of correction, in consultation with the  
22 commissioner of public health, shall offer all medications for addiction treatment to a detained,  
23 committed or incarcerated person, upon the recommendation of a qualified addiction specialist.  
24 All correctional facilities, jails and houses of correction shall maintain or provide for the capacity  
25 to possess, dispense, administer and secure all medications for addiction treatment; provided  
26 however, that such facilities shall not be required to maintain or provide a medication for  
27 addiction treatment that is not also a MassHealth covered benefit.

28 (b) No detained, committed or incarcerated person shall be denied medication for  
29 addiction treatment on the basis of a positive drug screening upon entering custody or at any time  
30 during the incarceration, detention or commitment of the person; nor shall any detained,  
31 committed or incarcerated person receive a disciplinary infraction for a positive drug screening.  
32 The medication for addiction treatment of a detained, committed or incarcerated person shall not  
33 be discontinued due to any disciplinary infraction. A detained, committed or incarcerated person  
34 may request medication for addiction treatment at any time during the incarceration, detention or  
35 commitment of such detained, committed or incarcerated person.

36 (c) The commissioner and county sheriffs shall ensure that each detained, committed or  
37 incarcerated person who was receiving medication for addiction treatment immediately  
38 preceding incarceration, detention or commitment continues to have such treatment available as  
39 soon as practicable, and in any event within 24 hours of admission to the facility, unless such  
40 person voluntarily discontinues the treatment or unless a qualified addiction specialist  
41 determines, based on individual medical need, that maintaining the same treatment is no longer  
42 clinically indicated. Each detained, committed or incarcerated person shall receive the same dose  
43 of the same medication that the person was receiving before incarceration, commitment or  
44 detention, unless a qualified addiction specialist determines, based on individual medical need  
45 and in consultation with the person, that a change in dose or medication is clinically indicated.

46 (d) The commissioner and county sheriffs shall ensure that each detained, committed or  
47 incarcerated person who was not receiving medication for addiction treatment immediately  
48 preceding incarceration, detention or commitment, and for whom medication for addiction  
49 treatment is clinically indicated, shall be offered such medication within 24 hours of the  
50 assessment required by section 16. The determinations of which medication to prescribe and the  
51 dosage shall be made based on individual medical need in consultation with the patient.  
52 Detained, committed or incarcerated persons shall be authorized to receive the medication for as  
53 long as clinically indicated.

54 (e) All state and county correctional facilities shall ensure consistent and ongoing access  
55 to a qualified addiction specialist by a detained, committed or incarcerated person.

56 (f) Treatment established under this section shall include behavioral health counseling for  
57 individuals diagnosed with substance use disorder or substance use-related needs; provided,

58 however, that counseling services shall be consistent with current therapeutic standards for these  
59 therapies in a community setting and shall not be a substitute for medication for addiction  
60 treatment. The commissioner and county sheriffs may make such treatment available by directly  
61 engaging qualified providers of substance use services, through collaboration with other  
62 agencies, and by utilizing trained volunteers from community recovery programs.

63 (g) No incentives, rewards or punishments shall be used to encourage or discourage a  
64 detained, committed or incarcerated person's decision to receive or decline medication for  
65 addiction treatment, or any particular such medication.

66 (h) The commissioner of public health may promulgate regulations and guidelines  
67 necessary to implement the treatment program under this section.

68 SECTION 4. Said chapter 127, as so appearing, is hereby further amended by striking out  
69 Section 17C and replacing it with the following:-

70 Section 17C. Not later than 120 days prior to the expected discharge date of a person  
71 detained, committed or incarcerated in a state prison or county facility, or within a reasonable  
72 timeframe if the length of incarceration, detention or commitment is less than 120 days, but in  
73 any event no less than 30 days prior to such expected discharge date, a qualified addiction  
74 specialist shall establish a medically appropriate re-entry treatment plan for the person. A re-  
75 entry treatment plan may include any treatment upon discharge that the qualified addiction  
76 specialist shall recommend and deem appropriate, which may include, but shall not be limited to,  
77 any medication for addiction treatment. A re-entry treatment plan shall ensure that a detained,  
78 committed or incarcerated person is provided with a referral to an appropriate provider or  
79 treatment site in the geographic region where the person will reside upon release, and that the

80 person receives not less than 2 doses of an opioid antagonist, along with education and  
81 instruction about the use of opioid antagonists and where they can access opioid antagonists in  
82 the community. The detained, committed or incarcerated person shall receive information on  
83 available treatment facilities in their area, information on available housing and employment  
84 resources and any other information that will assist the individual in continued recovery once  
85 released. The commissioner and county sheriffs shall further ensure that, for a person with a re-  
86 entry treatment plan under this section, the facility shall request reinstatement or apply for  
87 MassHealth benefits for the person at least 30 days prior to release or shall use best efforts to  
88 request such reinstatement of or apply for MassHealth benefits or other public assistance for the  
89 person within a reasonable timeframe if the person's sentence, detention or commitment is less  
90 than 30 days. Notwithstanding the foregoing, nothing in this section shall authorize a state prison  
91 or county facility to extend a person's sentence, detention or commitment to comply with this  
92 section. In the event the expected discharge date of a detained, committed or incarcerated person  
93 serving a sentence to a state prison or county facility is less than 30 days following the start date  
94 of said detained, committed or incarcerated person's sentence, detention or commitment, a  
95 qualified addiction specialist shall use best efforts to establish a medically appropriate treatment  
96 plan for the person prior to the expected discharge date.

97           The re-entry treatment plan shall be forwarded to the parole board and may be  
98 incorporated into any treatment plan included within the terms and conditions of parole.

99           SECTION 5. Said chapter 127, as so appearing, is hereby amended by striking out  
100 section 17D and replacing it with the following:-

101 (a) Every six months, on a schedule to be established by the department of public health,  
102 the commissioner and the administrator of each county correctional facility shall report, in a  
103 format determined by the commissioner of public health, to the commissioner of public health,  
104 the house and senate committees on ways and means, the joint committee on mental health,  
105 substance use and recovery, the joint committee on public safety and homeland security and the  
106 joint committee on the judiciary the following information for the prior six months: (i) at the  
107 time of the report, the number of persons in the custody of the facility receiving each medication  
108 for addiction treatment, in total and disaggregated by dosage; (ii) the number of persons in the  
109 custody of the facility, in any status, who continued to receive the same medication for addiction  
110 treatment as they received prior to incarceration, detention or commitment, by medication type;  
111 (iii) the number of persons in the custody of the facility, in any status, who discontinued  
112 medication for addiction treatment that they received prior to incarceration, detention or  
113 commitment by medication type; (iv) the number of persons in the custody of the facility, in any  
114 status, who received a different medication for addiction treatment than they received prior to  
115 incarceration, detention or commitment, by medication type; (v) the number of persons in the  
116 custody of the facility, in any status, who received medication for addiction treatment who did  
117 not receive such treatment prior to incarceration, detention or commitment, by medication type;  
118 (vi) a summary of facility practices and any changes to those practices related to medication for  
119 addiction treatment; (vii) the number of persons who were referred to treatment after release;  
120 (viii) the number of nonfatal and fatal overdoses in the facility; (ix) the number of persons who  
121 received a re-entry treatment plan under section 17C and were subsequently enrolled in  
122 MassHealth upon discharge; provided, however, that the commissioner, the sheriffs, the  
123 commissioner of medical assistance and the commissioner of public health shall coordinate to

124 provide such information; (x) the number of people who were provided 2 doses of an opioid  
125 antagonist upon release; and (xi) any other information requested by the commissioner of public  
126 health related to the provision of medication for addiction treatment.

127 (b) Every 2 years, not later than April 30, the commissioner of public health shall prepare  
128 a report, pursuant to section 237 of chapter 111, regarding outcomes for the treatment programs  
129 established under sections 17B and 17C to the house and senate committees on ways and means,  
130 the joint committee on mental health, substance use and recovery, the joint committee on public  
131 safety and homeland security and the joint committee on the judiciary. The department of  
132 correction and county correctional facilities shall provide, upon request from the commissioner  
133 of public health, information necessary to prepare the report. The report shall, to the extent  
134 possible, provide a comparison between the detained, committed and incarcerated persons who  
135 did not receive medication for addiction treatment and those who did, reported separately for  
136 each medication type, in order to determine the impact of the treatment programs on the  
137 following: (i) treatment retention after release; (ii) substance use after release; (iii) rates of  
138 recidivism; (iv) rates of nonfatal and fatal overdose; and (v) other outcome measures identified  
139 by the commissioner of public health.

140 SECTION 6. As soon as practicable, and in any event within 30 days of passage of this  
141 legislation, all state and county correctional facilities shall assess for treatment with medication  
142 for addiction treatment all detained, committed or incarcerated persons in their respective  
143 institutions who have substance use-related needs but who are not currently receiving medication  
144 for addiction treatment. Detained, committed or incarcerated persons for whom such medication  
145 is clinically indicated shall be offered such medication within 24 hours of such assessment, and

146 such medication shall be prescribed and provided in a manner consistent with the provisions of  
147 section 17B of chapter 127.

148 SECTION 7. Section 98 of chapter 208 of the acts of 2018 is hereby repealed.