SENATE DOCKET, NO. 1822 FILED ON: 1/16/2025

SENATE . . . . . No. 863

The Commonwealth of Massachusetts

PRESENTED BY:

Dylan A. Fernandes

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 non-opioid options for chronic pain.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
Dylan A. Fernandes	*Plymouth and Barnstable*

SENATE DOCKET, NO. 1822 FILED ON: 1/16/2025

SENATE . . . . . No. 863

By Mr. Fernandes, a petition (accompanied by bill, Senate, No. 863) of Dylan A. Fernandes for legislation relative to coverage for non-opioid pain medications for chronic pain. Health Care Financing.

The Commonwealth of Massachusetts

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

An Act relative to non-opioid options for chronic pain.

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

SECTION 1. Chapter 118E of the General Laws is hereby amended by inserting after section 10Q the following new section:-

Section 10R. Coverage for non-opioid pain medications.

(a) As used in this section, the following word shall, unless the context clearly requires otherwise, have the following meaning:

"Non-opioid drug" means a non-opioid drug approved by the federal Food and Drug Administration for the treatment or management of pain.

(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 or primary care clinician plan shall provide coverage such that no non-opioid drug shall be disadvantaged or discouraged with respect to coverage

12 relative to any opioid or narcotic drug for the treatment or management of pain, where
13 impermissible disadvantaging or discouragement includes, without limitation:

14 (1) designating any such non-opioid drug as a non-preferred drug if any opioid or
15 narcotic drug is designated as a preferred drug on the MassHealth Drug List; or

16 (2) establishing more restrictive or more extensive utilization management procedures,
17 including, but not limited to, more restrictive or more extensive prior authorization or step
18 therapy protocols, for such non-opioid drug than the least restrictive or extensive utilization
19 management procedures applicable to any such opioid or narcotic drug.

20 SECTION 2. (a) Notwithstanding any general or special law to the contrary, the division
21 of medical assistance shall ensure the availability of accessible, quality health care for
22 individuals with chronic pain who are enrolled in Medicaid managed care organizations or
23 accountable care organizations that have a contract with the division to provide services to
24 individuals enrolled under MassHealth pursuant to section 9 of chapter 118E of the General
25 Laws. Such health care shall include, but not be limited to the following:

26 (1) comprehensive integrated care management for chronic pain patients, including
27 primary care, medical specialty care (including but not limited to pain management specialists,
28 neurologists, rheumatologists), and specialized treatment providers (including but not limited to
29 physical therapists, occupational therapists, chiropractors, acupuncturists, psychologists, massage
30 therapists) as specified in individualized pain treatment plans;

31 (2) social work services as well as education on chronic pain management for patients,
32 caregivers, and providers; and

33 (3) support navigating health insurance coverage and support with transportation to
34 primary care and specialty providers.

35 (b) Not later than the fiscal year 2026 contract year, the division of medical assistance
36 shall require Medicaid managed care or accountable care organizations to implement a chronic
37 pain quality strategy for children and adults with chronic pain that includes, but is not limited to,
38 the following components:

39 (1) measurable goals to improve the identification of members with chronic pain within
40 90 days after enrolling in the contracted health plan;

41 (2) to the extent practicable, adequate provider network capacity to ensure timely access
42 to chronic pain specialty service providers as listed above;

43 (3) care coordination strategies and supports to help members with chronic pain access
44 appropriate providers including primary care, medical specialists, other specialized care
45 providers of therapies included in the treatment plan and other related care supports; and

46 (4) delivery of a training curriculum approved by the division of medical assistance to
47 educate primary care providers on the treatment of those with chronic pain, including
48 information on the components of comprehensive chronic pain treatment including but not
49 limited to pain assessment and diagnosis, administration of a validated pain rating tool, the
50 development, implementation and revision of an individualized treatment plan, medication
51 management, any necessary chronic pain crisis management, and care coordination and
52 communication among providers furnishing various treatments; and on multidisciplinary pain
53 care encompassing the full range of evidence-based treatments in five areas: restorative

54 therapies, medications, interventional procedures, behavioral therapies and complementary
55 treatments.

56 (c) The division of medical assistance shall also, not later than January 1, 2026, and in
57 partnership with Medicaid managed care organizations and accountable care organizations,
58 identify, document, and share best practices regarding chronic pain care management and care
59 coordination with Medicaid-enrolled primary care and specialty providers with a goal of
60 improving services for members with chronic pain and their families.

61 SECTION 3. Chapter 12C of the General Laws is hereby amended by inserting after
62 section 24 the following new section:-

63 Section 25. Data collection and reports on the incidence and prevalence of chronic pain in
64 the commonwealth.

65 (a) The center shall utilize available federal and state data, including health care data
66 collected under sections 8, 9, and 10, to clarify the incidence and prevalence of chronic pain
67 experienced by individuals in the commonwealth from any source, including injuries, surgeries,
68 diseases and conditions.

69 (b) The center shall also identify gaps in the available research data and collect
70 deidentified population research data using medical claims and survey data to fill gaps in
71 available research data.

72 (c) In its review of the relevant research data, the center shall identify information
73 concerning:

74 (1) incidence and prevalence of chronic pain and of all specific known chronic pain
75 conditions as well as of diseases and conditions that include or lead to chronic pain;

76 (2) demographics and other information, such as age, race, ethnicity, gender, and
77 geographic location overall and for specific known chronic pain conditions;

78 (3) risk factors that may be associated with chronic pain conditions, such as genetic and
79 environmental risk factors and other information, as appropriate;

80 (4) diagnosis and progression markers;

81 (5) direct health care costs of chronic pain treatment, both traditional and alternative, and
82 indirect costs of chronic pain (such as missed work and reduction in productivity);

83 (6) the epidemiology of the conditions;

84 (7) the detection, management, and treatment of the conditions;

85 (8) the epidemiology, detection, management, and treatment of secondary or co-occurring
86 conditions, such as depressive, anxiety, and substance use disorders;

87 (9) the utilization of medical and social services by patients with chronic pain conditions;
88 and

89 (10) the effectiveness of evidence-based treatment approaches for chronic pain
90 conditions.

91 (d) Not later than 2 years after the date of enactment of this Act, and every two years
92 thereafter, the center shall publish a report concerning the incidence, prevalence and
93 demographics of chronic pain and specific chronic pain conditions experienced by individuals in

94 the commonwealth. Such report shall address the information outlined in subsection (c). Such
95 report shall also include an analysis of any data gaps identified by the center, and any
96 recommendations with respect to efforts to address such gaps.