

An Act relative to treatments and coverage for substance use disorder and recovery coach licensure

Fact Sheet & Highlights

In December 2024, a conference committee of the Massachusetts House and Senate reached agreement on *An Act relative to treatments and coverage for substance use disorder and recovery coach licensure*. This compromise legislation widely expands access to opioid reversal drugs, bolsters non-opioid pain treatments, and strengthens treatment for Massachusetts residents going through recovery.

Highlights

Mandates that insurance providers cover opioid reversal drugs. This bill mandates that all health plans cover emergency opioid antagonists (EOAs)—opioid reversal drugs such as naloxone and Narcan—without cost-sharing or prior authorization.

Expands access to overdose reversal drugs. The legislation requires hospitals to educate patients on EOAs, and prescribe or dispense at least two doses of EOAs to patients with a history of overdose, opioid use, or opioid use disorder (OUD) upon discharge. It also requires substance use disorder (SUD) treatment facilities to educate patients on EOAs and dispense two doses of EOAs drugs to patients upon discharge.

The bill further expands existing requirements for pharmacies in areas with high incidences of overdoses to maintain a sufficient and consistent supply of EOAs. Pharmacies will be required to stock EOAs approved for over-the-counter sale in addition to EOAs requiring a prescription and report to the Department of Public Health (DPH) if the pharmacy is unable to maintain compliance with this provision due to insufficient supply.

Prohibits life insurance limits or refusal based on EOA history. This legislation prohibits life insurance companies from limiting or refusing coverage to a person solely because they obtained an EOA for themselves or others.

Establishes liability protections. This bill protects public health and harm reduction organizations and their agents from civil or criminal liability and professional disciplinary actions if they are providing drug checking services in good faith. It also protects individuals from criminal liability while on the premises of a public health or harm reduction organization if they are seeking drug checking services on substances intended for personal use. It further prohibits medical malpractice insurers from discriminating against health care practitioners who provide harm reduction services.

Expands non-opioid pain treatment training. The legislation expands required prescriber training to include acute and chronic pain treatment, incorporating available and appropriate non-opioid alternatives. It also requires pharmacists dispensing opioids to distribute printed educational materials on non-opioid alternatives to pain treatment as issued by the Department of Public Health (DPH). It further requires DPH to include educational materials on its website related to non-opioid alternatives for the treatment of pain, as well as the risks of and protective measures against unintended overdoses associated with prescription opioids.

Updates insurance requirements for non-opioid pain treatment. The bill updates requirements for insurance providers to ensure adequate coverage and access to pain management services without prior authorization, including non-opioid alternatives to pain treatment.

Mandates insurance coverage for recovery coaches. The bill mandates all health plans cover recovery coach services without cost-sharing or prior authorization at no less than MassHealth rates, regardless of the setting in which the services are provided.

Establishes recovery coaching licensure. This legislation establishes recovery coach licensing and oversight within DPH and codifies the practice of recovery coaching to ensure qualifications, proper use of titles, and compliance with DPH regulations. It also directs BSAS to study and report on barriers to certification, credentialing, and other employment and practice requirements for recovery coaches, as well as establish a peer support program for recovery coaches and their employers that includes mentorship, technical assistance, and other resources.

Boosts anti-discrimination protections for people with substance use disorder. This legislation clarifies DPH authority to enforce anti-discrimination protections for people with SUD who are covered by public health insurance. It prohibits discrimination against those lawfully possessing or taking medication for opioid-related SUD treatment as prescribed. It also directs the Bureau of Substance Addiction Services (BSAS) to examine and then report to the Legislature—including any recommendations or necessary legislative or regulatory changes—on the disparate impacts of SUD, overdoses, overdose deaths, and clinical outcomes for members of historically marginalized communities.

Support for pregnant people using medication for addiction treatment or with a substance use disorder. This bill modifies mandated reporting requirements regarding substance-exposed newborns to make clear that encountering a substance-exposed newborn is not an automatic referral to the Department of Children and Families, to ensure that people taking prescribed medications, including medications for OUD (MOUDs) continue with their treatment. It further directs DCF to promulgate regulations, in consultation with DPH, the Office of the Child Advocate (OCA) and stakeholders, related to the care, treatment, and reporting of substance-exposed newborns for state child abuse or neglect prevention and treatment programs. It also requires DPH, in consultation with DCF and OCA, to track and report to DCF on all births of substance-exposed newborns.

Reforms to involuntary SUD commitment. The legislation requires the Commonwealth's executive agencies to develop a plan by 2027 that will close the Massachusetts Alcohol and Substance Abuse Center (MASAC), a court-ordered SUD treatment program for men located inside a correctional facility, and replace MASAC beds with beds in programs overseen by DPH or the Department of Mental Health (DMH).

Alternative-to-discipline and rehabilitation program for dental professionals. This bill establishes remediation and outreach programs for dentists and dental hygienists with physical, mental health, or substance use needs that have impaired or may impair their ability to practice their profession safely.

Auricular Acupuncture Detoxification (AAD) practice. The bill establishes the practice of—and restrictions on—AAD to expand access to this treatment by increasing the type of providers authorized to practice it.

Studying treatment outcomes after discharge from SUD treatment facilities. The bill directs BSAS to study the circumstances and effects of administrative discharges from SUD treatment facilities, as well as the potential benefits of expanding collaborative practice agreements to allow pharmacists to prescribe Schedule II to IV controlled substances—including MOUDs—outside of hospital or health care institution settings, and report findings to the Legislature.

Reporting on alcohol- and drug-free housing. The legislation directs DPH to study and report findings to the Legislature on alcohol- and drug-free housing, also known as sober homes, including the safety and recovery of sober home residents in the Commonwealth.

Commissions on substances. The bill establishes two special commissions—one to study ways to address the public health and safety concerns posed by the proliferation of xylazine, and another to study prescribing practices for benzodiazepines and non-benzodiazepine hypnotics—and report findings to the Legislature.