

HOUSE No. 4743

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, June 11, 2024.

The committee on Ways and Means, to whom was referred the Bill relative to recovery coach licensure (House, No. 2005), reports recommending that the same ought to pass with an amendment substituting therefor the accompanying bill (House, No. 4743).

For the committee,

AARON MICHLEWITZ.

HOUSE No. 4743

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-Third General Court
(2023-2024)**

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

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 is hereby amended by inserting after
2 section 17S the following 2 sections:-

3 Section 17T. (a) Any coverage offered by the commission to an active or retired
4 employee of the commonwealth insured under the group insurance commission shall provide
5 coverage for prescribed or dispensed opioid antagonists, as defined in section 19B of chapter
6 94C, which shall be deemed medically necessary and shall not require prior authorization;
7 provided, however, that a prescription from a health care practitioner shall not be required for
8 coverage of opioid antagonists. An opioid antagonist shall not be subject to any deductible,
9 coinsurance, copayments or out-of-pocket limits; provided, however, that cost-sharing shall be
10 required if the applicable plan is governed by the federal Internal Revenue Code and would lose
11 its tax-exempt status as a result of the prohibition on cost-sharing for this service.

12 (b) The commission shall provide coverage for an opioid antagonist as a medical benefit
13 when dispensed by the health care facility in which the opioid antagonist was prescribed and

14 shall provide coverage as a pharmacy benefit for an opioid antagonist dispensed by a pharmacist,
15 including an opioid antagonist dispensed pursuant to section 19B of chapter 94C.

16 Section 17U. (a) The commission shall provide to any active or retired employee of the
17 commonwealth who is insured under the group insurance commission coverage for the provision
18 of services by a recovery coach licensed or otherwise authorized to practice pursuant to chapter
19 111J, irrespective of the setting in which the services are provided; provided, that such services
20 shall be within the lawful scope of practice of a recovery coach. The contractual rate for these
21 services shall be not less than the prevailing MassHealth rate for recovery coach services. The
22 benefits in this section shall not be subject to any deductible, coinsurance, copayments or out-of-
23 pocket limits; provided, however, that cost-sharing shall be required if the applicable plan is
24 governed by the federal Internal Revenue Code and would lose its tax-exempt status as a result
25 of the prohibition on cost-sharing for the service. Recovery coach services shall be deemed
26 medically necessary and shall not require prior authorization.

27 SECTION 2. Chapter 18 of chapter 94C of the General Laws, as appearing in the 2022
28 Official Edition, is hereby amended by striking out subsection (e) and inserting in place thereof
29 the following subsection:-

30 (e) Practitioners who prescribe controlled substances, except veterinarians, shall be
31 required, as a prerequisite to obtaining or renewing their professional licenses, to complete
32 appropriate training relative to: (i) effective pain management including, but not limited to: (A)
33 appropriate, available non-opioid alternatives for the treatment of pain; (B) the advantages and
34 disadvantages of the use of non-opioid treatment alternatives, considering a patient's risk of
35 substance misuse; and (C) the options for referring or prescribing appropriate non-opioid

36 treatment alternatives based on the practitioner's clinical judgment and following generally
37 accepted clinical guidelines, taking into consideration the preference and consent of the patient
38 and the educational information described in section 21; (ii) the risks of misuse and addiction
39 associated with opioid medication; (iii) the identification of patients at risk for substance misuse;
40 (iv) counseling patients about the side effects, risks, addictive nature and proper storage and
41 disposal of prescription medications; (v) the appropriate prescription quantities for prescription
42 medications that have an increased risk of misuse and addiction, including a patient's option to
43 fill a prescription for a schedule II controlled substance in a lesser quantity than indicated on the
44 prescription pursuant to subsection (d^{3/4}); and (vi) opioid antagonists, overdose prevention
45 treatments and information to advise patients on both the use of and ways to access opioid
46 antagonists and overdose prevention treatments. The boards of registration for each professional
47 license that require this training shall, in consultation with the department, relevant stakeholders
48 and experts in the treatment and management of acute and chronic pain, develop the standards
49 for appropriate training programs. For the purposes of this section, non-opioid treatment
50 alternatives shall include, but shall not be limited to, medications, restorative therapies,
51 interventional procedures, behavioral health approaches and complementary and integrative
52 treatments.

53 SECTION 3. Said chapter 94C is hereby further amended by striking out section 19C and
54 inserting in place thereof the following section:-

55 Section 19C. The board of registration in pharmacy shall promulgate regulations
56 requiring pharmacies located in areas with high incidents of opiate overdose, as determined by
57 the board in consultation with the department, to maintain a continuous supply of opioid
58 antagonists, as defined in section 19B; provided, that the continuous supply of opioid antagonists

59 shall include opioid antagonists that are approved by the federal Food and Drug Administration
60 to be sold over the counter without a prescription; provided further, that such pharmacies shall
61 notify the department if the supply or stock of opioid antagonist doses is insufficient to enable
62 compliance with maintaining a continuous supply of opioid antagonists.

63 SECTION 4. Said chapter 94C is hereby further amended by inserting after section 19D
64 the following section:-

65 Section 19D½. (a) For the purposes of this section, the following words shall, unless the
66 context clearly requires otherwise, have the following meanings:

67 “Opioid antagonist”, as defined in section 19B.

68 “Substance use disorder treatment facility”, a facility licensed or approved by the
69 department to offer treatment for substance use disorder, including, but not limited to: (i)
70 withdrawal management services; (ii) clinical stabilization services; (iii) transitional support
71 services; (iv) residential support services; (v) community behavioral health center services; (vi)
72 office-based opioid or addiction treatment services; or (vii) outpatient substance use disorder
73 services.

74 (b) Upon discharge of a patient from a substance use disorder treatment facility, the
75 facility shall educate the patient on the use of opioid antagonists and dispense not less than 2
76 doses of an opioid antagonist to the patient or a legal guardian.

77 (c) The commissioner may promulgate rules and regulations necessary to implement this
78 section.

79 SECTION 5. Section 21 of said chapter 94C, as appearing in the 2022 Official Edition, is
80 hereby amended by striking out the third paragraph and inserting in place thereof the following
81 paragraph:-

82 The department, in consultation with relevant stakeholders and experts in the treatment
83 and management of acute and chronic pain, and based in part on the Pain Management Best
84 Practices Inter-Agency Task Force Report issued by the United States Department of Health and
85 Human Services, shall produce and distribute either in written or electronic form to pharmacies,
86 not including institutional pharmacies, pamphlets for consumers relative to narcotic drugs,
87 specifically opiates, that include educational information related to: (i) pain management and the
88 use and availability of non-opioid alternatives for the treatment of acute and chronic pain,
89 including, but not limited to: (A) information on available non-opioid alternatives for the
90 treatment of pain, including non-opioid medications and non-pharmacological therapies; and (B)
91 the advantages and disadvantages of the use of such non-opioid treatment alternatives; (ii) the
92 consumer's option to fill a prescription for a schedule II controlled substance in a lesser quantity
93 than indicated on the prescription pursuant to subsection (d^{3/4}) of section 18; (iii) misuse and
94 abuse by adults and children; (iv) the risk of dependency and addiction; (v) proper storage and
95 disposal; (vi) addiction support and treatment resources; and (vii) the telephone helpline operated
96 by the bureau of substance addiction services established in section 18 of chapter 17. A
97 pharmacist shall distribute the pamphlet when dispensing a narcotic or controlled substance
98 contained in schedule II or III; provided, however, that pharmacists shall not be required to
99 distribute the pamphlet if: (i) the patient is receiving outpatient palliative care pursuant to section
100 227 of chapter 111; (ii) the patient is a resident of a long-term care facility; or (iii) the narcotic or
101 controlled substance is prescribed for use in the treatment of substance use disorder or opioid

102 dependence. For the purposes of this section, non-opioid treatment alternatives shall include, but
103 shall not be limited to, medications, restorative therapies, interventional procedures, behavioral
104 health approaches and complementary and integrative treatments.

105 SECTION 6. Said chapter 94C is hereby further amended by inserting after section 34A
106 the following section:-

107 Section 34A½. (a) As used in this section, the following words shall, unless the context
108 clearly requires otherwise, have the following meanings:

109 “Drug testing services”, the use of testing equipment to identify or analyze the strength,
110 effectiveness or purity of a controlled substance prior to its injection, inhalation or ingestion by
111 another person to determine whether the controlled substance contains chemicals, toxic
112 substances or hazardous compounds.

113 “Testing equipment”, including, but not limited to: fentanyl test strips, colorimetric
114 reagents, high-performance liquid chromatography, gas chromatography and mass spectrometry.

115 (b)(1) A person acting in good faith and within the scope of their role providing or
116 assisting in the provision of harm reduction services as an owner, employee, intern, volunteer or
117 third-party contractor of an entity providing harm reduction services may provide or assist in
118 drug testing services to an individual to ensure that a controlled substance in the possession of
119 the individual and exclusively for that individual’s personal use does not contain dangerous
120 chemicals, toxic substances or hazardous compounds likely to cause an accidental overdose.

121 (2) A person acting in good faith and within the scope of their role providing or assisting
122 in the provision of harm reduction services as an owner, employee, intern, volunteer or third-

123 party contractor of an entity providing harm reduction services who provides or assists in the
124 provision of drug testing services pursuant to this section shall not be charged or prosecuted
125 pursuant to sections 32I, 34 or 40.

126 (3) A person acting in good faith and within the scope of their role providing or assisting
127 in the provision of harm reduction services as an owner, employee, intern, volunteer or third-
128 party contractor of an entity providing harm reduction services who provides or assists in drug
129 testing services pursuant to this section shall: (i) not be held civilly liable for drug testing
130 services unless for gross negligence or willful misconduct in the execution of the drug testing
131 services; and (ii) not be subject to any criminal or civil liability or any professional disciplinary
132 action; provided, however, that this section shall not apply to acts of gross negligence or willful
133 or wanton misconduct.

134 (c) An individual acting in good faith who seeks drug testing services of a controlled
135 substance in their possession and intended exclusively for their personal use from a person acting
136 in good faith and within the scope of their role providing, or assisting in the provision of, harm
137 reduction services as an owner, employee, intern, volunteer or third-party contractor of an entity
138 providing harm reduction services shall not be charged or prosecuted pursuant to sections 32I, 34
139 or 40 while on the premises where the drug testing services are conducted.

140 SECTION 7. Section 25J½ of chapter 111 of the General Laws, as appearing in the 2022
141 Official Edition, is hereby amended by inserting after the first paragraph the following
142 paragraph:-

143 Upon discharge of a patient from an acute care hospital or satellite emergency facility
144 who has: (i) a history of or is actively using opioids; (ii) been diagnosed with opioid use

145 disorder; or (iii) experienced an opioid-related overdose, the acute care hospital or satellite
146 emergency facility shall educate the patient on the use of opioid antagonists, as defined in section
147 19B of chapter 94C, and prescribe or dispense not less than 2 doses of an opioid antagonist to the
148 patient or a legal guardian and notify the patient's primary care physician or preferred care
149 provider, if known and in consultation with the patient, of the prescribed or dispensed opioid
150 antagonist.

151 SECTION 8. Said chapter 111, as so appearing, is hereby amended by inserting after
152 section 110C the following section:-

153 Section 110D. (a) The department shall collect and provide data to the department of
154 children and families and the office of the child advocate on all births of infants affected by
155 prenatal substance exposure in a form and manner consistent with any requirements of the
156 federal Child Abuse Prevention and Treatment Act; provided, that said data shall not include
157 personally identifiable information.

158 (b) Annually, not later than April 1, the department, in consultation with the department
159 of children and families and the office of the child advocate, shall file with the clerks of the
160 house of representatives and the senate, the house and senate committees on ways and means, the
161 joint committee on children, families and person with disabilities and the joint committee on
162 mental health, substance use and recovery a report, along with any recommendations, examining
163 the prevalence of births of infants identified as affected by prenatal substance exposure or fetal
164 alcohol spectrum disorder, including, but not limited to: (i) any gaps in services for perinatal
165 patients or such infants; (ii) an examination of child abuse and neglect reports related to an
166 infant's prenatal exposure to substances, including those that were ultimately screened out by the

167 department of children and families; (iii) an examination of child abuse and neglect reports made
168 pursuant to section 51A of chapter 119 related to an infant’s prenatal exposure to substances; and
169 (iv) any recommended changes, including legislative or regulatory changes, that may be
170 necessary to ensure the ongoing health, safety and wellbeing of perinatal patients and infants. If
171 applicable, the department, in consultation with the department of children and families and the
172 office of the child advocate, shall provide recommendations to address disparate impacts of the
173 safety and wellbeing of infants identified as affected by prenatal substance exposure or fetal
174 alcohol spectrum disorder.

175 SECTION 9. Section 7 of chapter 111E of the General Laws, as so appearing, is hereby
176 amended by inserting after the word “basis”, in line 28, the following words:- , as determined by
177 the department to be consistent with section 4 of chapter 151B and sufficient to ensure the needs
178 of such residents are met and such residents have adequate access to such a facility,.

179 SECTION 10. The General Laws are hereby amended by striking out chapter 111J and
180 inserting in place thereof the following chapter:-

181 CHAPTER 111J

182 ALCOHOL AND DRUG COUNSELORS; RECOVERY COACHES.

183 Section 1. As used in this chapter, the following words shall, unless the context clearly
184 requires otherwise, have the following meanings:

185 “Applicant”, an individual seeking licensure under this chapter.

186 “Approved continuing education”, continuing education approved by the department,
187 including research and training programs, college and university courses, in-service training
188 programs, seminars and conferences designed to maintain and enhance the skills of licensees.

189 “Approved program”, a program approved by the department for the education and
190 training of licensees.

191 “Approved work experience”, supervised work experience, approved by the department,
192 in the practice area for which an applicant seeks licensure.

193 “Department”, the department of public health.

194 “Licensee”, an individual who is licensed under this chapter.

195 “Licensed alcohol and drug counselor I”, a person licensed by the department to conduct
196 an independent practice of alcohol and drug counseling and to provide supervision to other
197 alcohol and drug counselors. A licensed alcohol and drug counselor I shall have: (i) received a
198 master’s or doctoral degree in behavioral sciences, which included a supervised counseling
199 practicum that meets the requirements established by the department or such equivalent
200 educational credits as may be established by the department; (ii) at least 3 years of approved
201 work experience; and (iii) passed a licensing examination approved by the department.

202 “Licensed alcohol and drug counselor II”, a person licensed by the department to practice
203 alcohol and drug counseling under clinical supervision. A licensed alcohol and drug counselor II
204 shall have: (i) completed an approved program of education, which included a supervised
205 counseling practicum that meets the requirements established by the department or such

206 equivalent educational credits as may be established by the department; (ii) at least 3 years of
207 approved work experience; and (iii) passed a licensing examination approved by the department.

208 “Licensed recovery coach”, a person with lived experience who is licensed by the
209 department to practice recovery coaching using shared understanding, respect and mutual
210 empowerment to help others become and stay engaged in the process of recovery from a
211 substance use disorder. A licensed recovery coach shall: (i) have completed an approved
212 program of education, including approved work experience that meets the requirements
213 established by the department; (ii) demonstrate at least 2 years of sustained recovery; and (iii)
214 have met all education, training and experience requirements and qualifications as established by
215 the department.

216 “Lived experience”, the experience of addiction and recovery from a substance use
217 disorder.

218 Section 2. (a) The department shall establish and administer a program for the licensure
219 of alcohol and drug counselors and recovery coaches. The department shall: (i) establish the
220 licensure requirements for licensed alcohol and drug counselors practicing in the commonwealth;
221 (ii) establish the licensure requirements for licensed recovery coaches practicing in the
222 commonwealth; (iii) evaluate the qualifications of applicants for licensure; (iv) supervise
223 licensing examinations, where applicable; (v) establish and collect fees for licensing and
224 examination, where applicable; (vi) grant and issue licenses to applicants who satisfy the
225 department’s requirements for licensure; (vii) establish continuing education requirements; (viii)
226 investigate complaints; (ix) take appropriate disciplinary action to protect the public health,

227 safety and welfare; and (x) perform other functions and duties as may be necessary to carry out
228 this chapter.

229 (b) The department shall establish requirements for licensed alcohol and drug counselors
230 I and licensed alcohol and drug counselors II and may establish other reasonable classifications
231 for alcohol and drug counselors as it finds necessary and appropriate, taking into consideration
232 different levels of education, training and work experience.

233 (c) The department shall establish requirements for licensed recovery coaches, including,
234 but not limited to, establishing an ethical code of conduct for recovery coaches, and may
235 establish other reasonable classifications for recovery coaches as it finds necessary and
236 appropriate, taking into consideration different levels of education, training and work experience.

237 (d) The department shall approve and issue certificates of approval of programs for the
238 training of alcohol and drug counselors. The department shall maintain a list of approved
239 programs and a current roster of persons serving as licensed alcohol and drug counselors in the
240 commonwealth.

241 (e) The department shall approve and issue certificates of approval of programs for the
242 training of recovery coaches. The department shall maintain a list of approved programs and a
243 current roster of persons serving as licensed recovery coaches in the commonwealth.

244 (f) The department shall promulgate rules and regulations as it deems necessary to
245 implement the provisions of this chapter, including, but not limited to, rules and regulations
246 establishing the educational and professional requirements for licensing individuals under this
247 chapter, establishing fees for licensing and examination, where applicable, and governing the
248 practice and employment of licensees to promote the public health, safety and welfare.

249 Section 3. (a) Each applicant shall furnish the department with proof of satisfactory
250 completion of the educational, training and experience requirements for licensure, including
251 completion of an approved program and approved work experience and proof of having passed
252 any licensing examinations required by the department; provided, that the department may
253 establish additional requirements for licensure and exemptions by regulation.

254 (b) A licensee shall apply biennially to the department for license renewal. A licensee
255 seeking license renewal shall submit proof of having successfully completed the requirements for
256 approved continuing education as may be established by the department.

257 (c) Applications for licenses and renewals thereof shall be submitted in accordance with
258 procedures established by the department. The department may establish fees for license
259 applications or renewals.

260 Section 4. (a) Except as otherwise provided for in this chapter or by regulation of the
261 department, persons not licensed or otherwise exempt from licensing shall not hold themselves
262 out as a licensed recovery coach and shall not use the title, initials, abbreviations, insignia or
263 description of a licensed recovery coach or practice or attempt to practice recovery coaching
264 unless otherwise authorized by law or rule or regulation of the department. Whoever engages in
265 any such unauthorized action shall be subject to a fine of not less than \$500. The department may
266 bring a petition in superior court to enjoin such action or any other violation of this chapter or a
267 regulation of the department.

268 (b) The following individuals pursuing a recovery coach license who meet the
269 requirements for licensed recovery coach applicants as set forth in this chapter or in rules or

270 regulations of the department may practice without a license in order to obtain the requisite hours
271 of supervised work experience needed to obtain such license:

272 (i) an educational psychologist, marriage and family therapist, alcohol and drug
273 counselor, mental health counselor, nurse practitioner, occupational therapist, physician,
274 physician assistant, practical nurse, psychologist, registered nurse, rehabilitation counselor or
275 social worker;

276 (ii) an employee or other agent of a recognized academic institution or employee
277 assistance program or a federal, state, county or local government institution, program, agency or
278 facility or school committee, school district, school board or board of regents while performing
279 recovery coach duties solely for the respective entity or under the jurisdiction and supervision of
280 such entity; and

281 (iii) an employee of a program or facility approved or licensed by the department
282 pursuant to chapters 111B and 111E; provided, however, that such individual shall perform
283 recovery coaching solely within or under the jurisdiction and supervision of such program or
284 facility.

285 (c) Nothing in this section shall be construed to prevent members of peer groups or self-
286 help groups from performing peer counseling or self-help activities that may be included within
287 the practice recovery coaching; provided, however, that no members of peer groups or self-help
288 groups who are not so credentialed shall use a title stating or implying that such person is a
289 licensed recovery coach.

290 Section 5. (a) Except as otherwise provided for in this chapter or by regulation, a person
291 who is not licensed or is otherwise exempt from licensing shall not hold themselves out as a

292 licensed alcohol and drug counselor and shall not use the title, initials or description of a licensed
293 alcohol and drug counselor or practice or attempt to practice alcohol and drug counseling.
294 Whoever engages in any such unauthorized action shall be subject to a fine of not less than \$500.
295 The department may bring a petition in superior court to enjoin such action or any other violation
296 of this chapter or a regulation of the department.

297 (b) The following individuals shall be exempt from the licensing requirements for alcohol
298 and drug counseling under this chapter:

299 (i) an educational psychologist, marriage and family therapist, mental health counselor,
300 nurse practitioner, occupational therapist, physician, physician assistant, practical nurse,
301 psychologist, registered nurse, rehabilitation counselor and social worker;

302 (ii) an employee or other agent of a recognized academic institution or employee
303 assistance program or a federal, state, county or local government institution, program, agency or
304 facility or school committee, school district, school board or board of regents while performing
305 alcohol and drug counseling duties solely for the respective entity or under the jurisdiction of
306 such entity; provided, however, that a license pursuant to this chapter need not be a requirement
307 for employment in any state, county or municipal agency; and

308 (iii) an employee of a treatment program or facility licensed or approved by the
309 department pursuant to chapters 111B and 111E; provided, however, that such individual shall
310 perform alcohol and drug counseling solely within or under the jurisdiction of such program or
311 facility.

312 (c) Nothing in this section shall be construed to prevent qualified members of other
313 professions, including attorneys, Christian Science practitioners or members of the clergy, from

314 providing alcohol or drug counseling consistent with accepted standards of their respective
315 professions; provided, however, that no such person shall use a title stating or implying that such
316 person is a licensed alcohol and drug counselor.

317 (d) Nothing in this section shall be construed to prevent members of peer groups or self-
318 help groups from performing peer group or self-help activities; provided, however, that no such
319 person shall use a title stating or implying that such person is a licensed alcohol and drug
320 counselor.

321 Section 6. (a) The department shall establish procedures for consumers to file written
322 complaints regarding an individual licensed under this chapter. The department shall investigate
323 all complaints relating to the proper practice of a person holding a license under this chapter and
324 all complaints relating to any violation of this chapter or regulation of the department.

325 (b) The department may conduct an adjudicatory proceeding pursuant to chapter 30A, but
326 shall not have the power to issue, vacate, modify or enforce subpoenas pursuant to section 12 of
327 chapter 30A. The department may, after a hearing pursuant to chapter 30A, deny, refuse renewal,
328 revoke, limit or suspend a license or otherwise discipline a licensee; provided, however, the
329 department may suspend the license of a licensee who poses an imminent danger to the public;
330 provided further, that the licensee shall be afforded a hearing within 7 business days to determine
331 whether the action is warranted; and provided further, that the department shall conduct its
332 proceedings in accordance with the provisions of this chapter and said chapter 30A. Grounds for
333 denial, refusal to renew, revocation, limitation, suspension or other discipline shall include the
334 following:

335 (i) fraud or misrepresentation in obtaining a license;

336 (ii) criminal conduct which the department determines to be of such a nature as to render
337 such person unfit to practice as licensed as evidenced by criminal proceedings resulting in a
338 conviction, guilty plea or plea of nolo contendere or an admission of sufficient facts;

339 (iii) violation of any law or rule or regulation of the department governing the practice of
340 the licensee;

341 (iv) violation of ethical standards which the department determines to be of such a nature
342 as to render such person unfit to practice as a licensee; or

343 (v) other just and sufficient cause that the department determines would render a person
344 unfit to practice as a licensee.

345 (c) Where denial, refusal to renew, revocation or suspension is based solely on the failure
346 of the licensee to timely file an application or pay prescribed fees or to maintain insurance
347 coverage as required by law or regulation, the department may act without first granting the
348 applicant or licensee a hearing.

349 Section 7. (a) Examinations for licensure, where applicable, shall be conducted at least
350 twice per year at times and places designated by the department. Examinations for licensure,
351 where applicable, shall be written; provided, however, that portions thereof may be conducted
352 orally. A person who has failed an examination may be admitted to the next subsequent
353 examination.

354 (b) The department may accept, in lieu of its own examination, a current certificate of
355 any recognized certifying body issued on the basis of an examination satisfactory to the

356 department; provided, however, that the standards of such body shall be at least as stringent as
357 those established by the department.

358 Section 8. (a) The department may issue a license without examination to an applicant
359 who meets the requirements for licensure established by the department if such applicant is
360 licensed or certified in alcohol and drug counseling or in recovery coaching or a comparable
361 field in another state wherein the requirements for licensure shall be deemed by the department
362 to be equivalent to or in excess of the requirements of this chapter.

363 (b) The department may authorize an alcohol and drug counselor or a recovery coach to
364 practice by reciprocity.

365 (c) The department shall promulgate rules and regulations as may be necessary to
366 implement this section.

367 Section 9. (a) There shall be a recovery coach advisory council within the department to
368 assist and support the department in carrying out this chapter by planning, guiding and
369 coordinating the components of the practice of recovery coaching; provided, that the council may
370 advise the department on other such matters related to the practice of recovery coaching, the
371 practice of alcohol and drug counseling and the inclusion of people with lived experience in
372 guiding such practices.

373 (b) The advisory council shall consist of the following members: the director of the
374 bureau of substance addiction services, or a designee, who shall serve as chair; and 7 members
375 appointed by the secretary of health and human services, 4 of whom shall be employed as
376 recovery coaches, recovery coach supervisors or recovery coach educators and shall be, to the
377 extent possible, representative of the demographic diversity of the commonwealth, including, but

378 not limited to, diversity in race, ethnicity, gender, gender identity, sexual orientation, age,
379 disability, geographical region, workplace and history of involvement with the criminal legal
380 system, 1 of whom shall be a representative of the Massachusetts Board of Substance Abuse
381 Counselor Certification, 1 of whom shall represent a health plan and 1 of whom shall be a person
382 with lived experience who has received or is receiving recovery coaching services. Members of
383 the advisory council shall be residents of the commonwealth.

384 Section 10. The bureau of substance addiction services shall establish a comprehensive
385 peer support program to provide mentorship, technical assistance and support resources for the
386 wellbeing of recovery coaches, including, but not limited to, peer support specialists, peer
387 recovery coaches and recovery support navigators. The program shall include, but shall not be
388 limited to: (i) a network for peer-to-peer trainings, education, mentorship, counseling and
389 support; (ii) educational and other clinical support materials; (iii) technical assistance for
390 licensure, certification, credentialing and other employment and practice requirements; and (iv)
391 billing technical assistance for organizations that employ recovery coaches.

392 SECTION 11. Chapter 118E of the General Laws is hereby amended by inserting after
393 section 10Q the following 2 sections:-

394 Section 10R. The division and its contracted health insurers, health plans, health
395 maintenance organizations, behavioral health management firms and third-party administrators
396 under contract to a Medicaid managed care organization, accountable care organization or
397 primary care clinician plan shall provide coverage for prescribed or dispensed opioid antagonists,
398 as defined in section 19B of chapter 94C, which shall be deemed medically necessary and shall
399 not require prior authorization; provided, however, that a prescription from a health care

400 practitioner shall not be required for coverage of opioid antagonists. An opioid antagonist shall
401 not be subject to any deductible, coinsurance, copayments or out-of-pocket limits; provided,
402 however, that cost-sharing shall be required if the applicable plan is governed by the federal
403 Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition on cost-
404 sharing for this service.

405 (b) The division and its contracted health insurers, health plans, health maintenance
406 organizations, behavioral health management firms and third-party administrators shall provide
407 coverage for an opioid antagonist as a medical benefit when dispensed by the health care facility
408 in which the opioid antagonist was prescribed and shall provide coverage as a pharmacy benefit
409 for an opioid antagonist dispensed by a pharmacist, including an opioid antagonist dispensed
410 pursuant to section 19B of chapter 94C.

411 Section 10S. The division and its contracted health insurers, health plans, health
412 maintenance organizations, behavioral health management firms and third-party administrators
413 under contract to a Medicaid managed care organization, accountable care organization or
414 primary care clinician plan shall provide coverage for the provision of services by a recovery
415 coach licensed or otherwise authorized to practice pursuant to chapter 111J, irrespective of the
416 setting in which these services are provided; provided, that such services shall be within the
417 lawful scope of practice of a recovery coach. The benefits in this section shall not be subject to
418 any deductible, coinsurance, copayments or out-of-pocket limits; provided, however, that cost-
419 sharing shall be required if the applicable plan is governed by the federal Internal Revenue Code
420 and would lose its tax-exempt status as a result of the prohibition on cost-sharing for this service.
421 Recovery coach services shall be deemed medically necessary and shall not require prior
422 authorization.

423 SECTION 12. Subsection (a) of section 51A of chapter 119 of the General Laws, as
424 appearing in the 2022 Official Edition, is hereby amended by striking out the first paragraph and
425 inserting in place thereof the following paragraph:-

426 A mandated reporter shall immediately communicate with the department orally and
427 shall, within 48 hours, file a written report with the department detailing suspected abuse or
428 neglect if, in their professional capacity, they have reasonable cause to believe that a child is: (i)
429 suffering physical or emotional injury resulting from abuse inflicted upon them which causes
430 harm or substantial risk of harm to the child’s health or welfare including, but not limited to,
431 sexual abuse; (ii) suffering physical or emotional injury resulting from neglect including, but not
432 limited to, malnutrition; (iii) a sexually exploited child; or (iv) a human trafficking victim, as
433 defined by section 20M of chapter 233.

434 SECTION 13. Section 1 of chapter 151B of the General Laws, as so appearing, is hereby
435 amended by striking out subsection 17 and inserting in place thereof the following subsection:-

436 17. The term “handicap” means: (a) a physical or mental impairment which substantially
437 limits 1 or more major life activities of a person; (b) a record of having such impairment; (c)
438 being regarded as having such impairment; or (d) the lawful possession and clinically
439 appropriate taking of any medication that is: (i) approved by the federal Food and Drug
440 Administration for the treatment of an opioid-related substance use disorder, including, but not
441 limited to, an opioid agonist or a partial opioid agonist and used for the treatment of an opioid-
442 related substance use disorder; (ii) obtained directly or pursuant to a valid prescription or order
443 from a practitioner, as defined in section 1 of chapter 94C; (iii) determined to be medically
444 necessary by a practitioner while acting in the course of professional practice; and (iv) offered in

445 accordance with a treatment plan that is reviewed by a practitioner at a frequency consistent with
446 appropriate clinical standards. The term handicap shall not include current, illegal use of a
447 controlled substance, as defined in said section 1 of said chapter 94C. For the purposes of this
448 subsection, the words “clinically appropriate” shall mean the taking of a prescribed medication
449 for the treatment of an opioid-related substance use disorder when such drug is medically
450 indicated and intake is proportioned to the medical need.

451 SECTION 14. Chapter 175 of the General Laws is hereby amended by inserting after
452 section 47UU the following 2 sections:-

453 Section 47VV. Any policy, contract, agreement, plan or certificate of insurance issued,
454 delivered or renewed within the commonwealth, which is considered creditable coverage under
455 section 1 of chapter 111M, shall provide coverage for prescribed or dispensed opioid antagonists,
456 as defined in section 19B of chapter 94C, which shall be deemed medically necessary and shall
457 not require prior authorization; provided, however, that a prescription from a health care
458 practitioner shall not be required for coverage of opioid antagonists. An opioid antagonist shall
459 not be subject to any deductible, coinsurance, copayments or out-of-pocket limits; provided,
460 however, that cost-sharing shall be required if the applicable plan is governed by the federal
461 Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition on cost-
462 sharing for this service.

463 (b) The policy, contract, agreement, plan or certificate of insurance shall provide
464 coverage for an opioid antagonist as a medical benefit when dispensed by the health care facility
465 in which the opioid antagonist was prescribed and shall provide coverage as a pharmacy benefit

466 for an opioid antagonist dispensed by a pharmacist, including an opioid antagonist dispensed
467 pursuant to section 19B of chapter 94C.

468 Section 47WW. Any policy, contract, agreement, plan or certificate of insurance issued,
469 delivered or renewed within the commonwealth, which is considered creditable coverage under
470 section 1 of chapter 111M, shall provide coverage for the provision of services by a recovery
471 coach licensed or otherwise authorized to practice under chapter 111J, irrespective of the setting
472 in which these services are provided; provided, that such services shall be within the lawful
473 scope of practice of a recovery coach. The contractual rate for these services shall be no less than
474 the prevailing MassHealth rate for recovery coach services. The benefits in this section shall not
475 be subject to any deductible, coinsurance, copayments or out-of-pocket limits; provided,
476 however, that cost-sharing shall be required if the applicable plan is governed by the federal
477 Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition on cost-
478 sharing for this service. Recovery coach services shall be deemed medically necessary and shall
479 not require prior authorization.

480 SECTION 15. Said chapter 175 is hereby further amended by inserting after section
481 122A the following section:-

482 Section 122B. (a) No insurer authorized to issue policies on the lives of persons in the
483 commonwealth shall make a distinction or otherwise discriminate between persons, reject an
484 applicant, cancel a policy or demand or require a higher rate of premium for reasons based solely
485 upon an applicant or insured having or had a prescription for, purchased or otherwise possessed
486 an opioid antagonist, as defined in section 19B of chapter 94C.

487 (b) A violation of this section shall constitute an unfair method of competition or unfair
488 and deceptive act or practice pursuant to chapters 93A and 176D.

489 SECTION 16. Chapter 176A of the General Laws is hereby amended by inserting after
490 section 8VV the following 2 sections:-

491 Section 8WW. Any contract between a subscriber and the corporation under an
492 individual or group hospital service plan that is delivered, issued or renewed within the
493 commonwealth shall provide coverage for prescribed or dispensed opioid antagonists, as defined
494 in section 19B of chapter 94C, which shall be deemed medically necessary and shall not require
495 prior authorization; provided, however, that a prescription from a health care practitioner shall
496 not be required for coverage of opioid antagonists. An opioid antagonist shall not be subject to
497 any deductible, coinsurance, copayments or out-of-pocket limits; provided, however, that cost-
498 sharing shall be required if the applicable plan is governed by the federal Internal Revenue Code
499 and would lose its tax-exempt status as a result of the prohibition on cost-sharing for this service.

500 (b) Such contract shall provide coverage for an opioid antagonist as a medical benefit
501 when dispensed by the health care facility in which the opioid antagonist was prescribed and
502 shall provide coverage as a pharmacy benefit for an opioid antagonist dispensed by a pharmacist,
503 including an opioid antagonist dispensed pursuant to section 19B of chapter 94C.

504 Section 8XX. Any contract between a subscriber and the corporation under an individual
505 or group hospital service plan that is delivered, issued or renewed within the commonwealth
506 shall provide coverage for the provision of services by a recovery coach licensed or otherwise
507 authorized to practice under chapter 111J, irrespective of the setting in which these services are
508 provided; provided, that such services shall be within the lawful scope of practice of a recovery

509 coach. The contractual rate for these services shall be no less than the prevailing MassHealth rate
510 for recovery coach services. The benefits in this section shall not be subject to any deductible,
511 coinsurance, copayments or out-of-pocket limits; provided, however, that cost-sharing shall be
512 required if the applicable plan is governed by the federal Internal Revenue Code and would lose
513 its tax-exempt status as a result of the prohibition on cost-sharing for this service. Recovery
514 coach services shall be deemed medically necessary and shall not require prior authorization.

515 SECTION 17. Chapter 176B of the General Laws is hereby amended by inserting after
516 section 4VV the following 2 sections:-

517 Section 4WW. Any subscription certificate under an individual or group medical service
518 agreement delivered, issued or renewed within the commonwealth, shall provide coverage for
519 prescribed or dispensed opioid antagonists, as defined in section 19B of chapter 94C, which shall
520 be deemed medically necessary and shall not require prior authorization; provided, however, that
521 a prescription from a health care practitioner shall not be required for coverage of opioid
522 antagonists. An opioid antagonist shall not be subject to any deductible, coinsurance,
523 copayments or out-of-pocket limits; provided, however, that cost-sharing shall be required if the
524 applicable plan is governed by the federal Internal Revenue Code and would lose its tax-exempt
525 status as a result of the prohibition on cost-sharing for this service.

526 (b) The policy, contract, agreement, plan or certificate of insurance shall provide
527 coverage for an opioid antagonist as a medical benefit when dispensed by the health care facility
528 in which the opioid antagonist was prescribed and shall provide coverage as a pharmacy benefit
529 for an opioid antagonist dispensed by a pharmacist, including an opioid antagonist dispensed
530 pursuant to section 19B of chapter 94C.

531 Section 4XX. Any subscription certificate under an individual or group medical service
532 agreement delivered, issued or renewed within the commonwealth shall provide coverage for the
533 provision of services by a recovery coach licensed or otherwise authorized to practice under
534 chapter 111J, irrespective of the setting in which these services are provided; provided, that such
535 services shall be within the lawful scope of practice of a recovery coach. The contractual rate for
536 these services shall be no less than the prevailing MassHealth rate for recovery coach services.
537 The benefits in this section shall not be subject to any deductible, coinsurance, copayments or
538 out-of-pocket limits; provided, however, that cost-sharing shall be required if the applicable plan
539 is governed by the federal Internal Revenue Code and would lose its tax-exempt status as a result
540 of the prohibition on cost-sharing for this service. Recovery coach services shall be deemed
541 medically necessary and shall not require prior authorization.

542 SECTION 18. Chapter 176G of the General Laws is hereby amended by inserting after
543 section 4NN the following 2 sections:-

544 Section 4OO. An individual or group health maintenance contract that is issued or
545 renewed within or without the commonwealth shall provide coverage for prescribed or dispensed
546 opioid antagonists, as defined in section 19B of chapter 94C, which shall be deemed medically
547 necessary and shall not require prior authorization; provided, however, that a prescription from a
548 health care practitioner shall not be required for coverage of opioid antagonists. An opioid
549 antagonist shall not be subject to any deductible, coinsurance, copayments or out-of-pocket
550 limits; provided, however, that cost-sharing shall be required if the applicable plan is governed
551 by the federal Internal Revenue Code and would lose its tax-exempt status as a result of the
552 prohibition on cost-sharing for this service.

553 (b) The individual or group health maintenance contract shall provide coverage for an
554 opioid antagonist as a medical benefit when dispensed by the health care facility in which the
555 opioid antagonist was prescribed and shall provide coverage as a pharmacy benefit for an opioid
556 antagonist dispensed by a pharmacist, including an opioid antagonist dispensed pursuant to
557 section 19B of chapter 94C.

558 Section 4PP. An individual or group health maintenance contract that is issued or
559 renewed within or without the commonwealth shall provide coverage for the provision of
560 services by a recovery coach licensed or otherwise authorized to practice under chapter 111J,
561 irrespective of the setting in which these services are provided; provided, that such services shall
562 be within the lawful scope of practice of a recovery coach. The contractual rate for these services
563 shall be no less than the prevailing MassHealth rate for recovery coach services. The benefits in
564 this section shall not be subject to any deductible, coinsurance, copayments or out-of-pocket
565 limits; provided, however, that cost-sharing shall be required if the applicable plan is governed
566 by the federal Internal Revenue Code and would lose its tax-exempt status as a result of the
567 prohibition on cost-sharing for this service. Recovery coach services shall be deemed medically
568 necessary and shall not require prior authorization.

569 SECTION 19. (a) The department of children and families, in consultation with the
570 department of public health and the office of the child advocate, shall promulgate regulations or
571 issue further guidance for the requirements of health care providers involved in the delivery or
572 care of infants identified as being affected by prenatal substance exposure or fetal alcohol
573 spectrum disorder. The regulations or guidance shall include, but shall not be limited to: (i)
574 factors for determining instances in which prenatal substance exposure from a medication
575 prescribed by a licensed health care provider require filing a report pursuant to section 51A of

576 chapter 119 of the General Laws; provided, that an indication of prenatal substance exposure
577 shall not solely meet the requirements of said section 51A of said chapter 119; and (ii) the roles
578 and responsibilities of health care providers and staff who care for perinatal patients or newborns
579 pursuant to 42 U.S.C. § 5106a(b)(2)(B)(ii) and in accordance with the federal Child Abuse
580 Prevention and Treatment Act, 42 U.S.C. § 5101 et seq. and 42 U.S.C. § 5116 et seq., as
581 amended from time to time.

582 (b) Such regulations or guidance shall: (i) reflect current accepted standards of health
583 care and substance use treatment practices; (ii) conform to the reporting requirements under the
584 federal Child Abuse Prevention and Treatment Act, 42 U.S.C. § 5101 et seq. and 42 U.S.C. §
585 5116 et seq., as amended from time to time; and (iii) to the extent possible, reduce racial
586 disparities in maternal and child health care, reports of suspected child abuse or neglect under
587 said section 51A of said chapter 119 or the number of patients identified for plans of safe care
588 pursuant to the federal Child Abuse Prevention and Treatment Act, 42 U.S.C. § 5101 et seq. and
589 42 U.S.C. § 5116 et seq., as amended from time to time.

590 (c) Such regulations or guidance shall be developed with input from relevant
591 stakeholders, including, but not limited to: (i) medical professional associations and health care
592 providers with expertise in the provision of care to pregnant people; (ii) individuals who have
593 lived experience of seeking or receiving behavioral health services or treatment prior to, during
594 and after pregnancy; (iii) professional associations and organizations with expertise in prenatal
595 substance exposure, perinatal and child health, treatment of substance use disorder and racial
596 equity in access to health care; and (iv) behavioral health professionals with expertise in
597 providing culturally-competent care.

598 SECTION 20. The bureau of substance addiction services within the department of
599 public health shall conduct a comprehensive review of barriers to certification, credentialing and
600 other employment and practice requirements of recovery coaches, including, but not limited to,
601 peer support specialists, peer recovery coaches and recovery support navigators, and issue a
602 report on its findings. The report shall include, but shall not be limited to: (i) cost barriers for
603 individuals with lived experience, including, but not limited to, application and examination fees
604 for initial certification and credentialing; (ii) cost barriers to certification and credentialing
605 renewals; (iii) cost and reimbursement barriers for hospitals and clinics licensed under chapter
606 111 of the General Laws and other employers to hire, train and retain recovery coaches,
607 including, but not limited to, peer support specialists, peer recovery coaches and recovery
608 support navigators; (iv) eligibility requirements for certification and credentialing; (v) access to
609 training programs and resources; and (vi) any additional barriers to obtaining and maintaining
610 authorization to practice recovery coaching. The report shall also include recommendations to
611 address said barriers. The bureau shall submit a copy of the report to the secretary of health and
612 human services, the clerks of the house of representatives and the senate and the joint committee
613 on mental health, substance use and recovery within 90 days of the effective date of this act.

614 SECTION 21. (a) The department of public health may issue a recovery coach license to
615 an applicant who: (i) is practicing in the commonwealth as a recovery coach as of the effective
616 date of this act; and (ii) applies for licensure within 1 year of the effective date of this act. The
617 lived experience requirement pursuant to section 1 of chapter 111J of the General Laws, as
618 inserted by section 10, shall be waived for applicants who were credentialed by the
619 Massachusetts Board of Substance Abuse Counselor Certification prior to the effective date of
620 this act.

621 (b) The department of public health shall issue a temporary recovery coach license to an
622 applicant who has received a Certified Addictions Recovery Coach certification, issued by the
623 Massachusetts Board of Substance Abuse Counselor Certification and provides satisfactory proof
624 for any test or examination that may be required for licensure; provided, that no temporary
625 license shall be valid for more than 2 years. The applicants eligible for a temporary license shall
626 meet all other qualifications and requirements for licensure as determined by the department of
627 public health.

628 (c) The department of public health shall promulgate rules or regulations for the
629 implementation of this section.

630 SECTION 22. No person shall be found to have violated section 4 of chapter 111J of the
631 General Laws, as inserted by section 10, until 6 months after the department of public health first
632 issues a recovery coach license pursuant to said section 4 of said chapter 111J.

633 SECTION 23. Not later than 18 months after the effective date of this act, the initial
634 report consistent with the report required pursuant to section 110D of chapter 111 of the General
635 Laws, as inserted by section 8, shall be filed by the department of public health, in consultation
636 with the department of children and families and the office of the child advocate, with the clerks
637 of the house of representatives and the senate, the house and senate committees on ways and
638 means, the joint committee on children, families and person with disabilities and the joint
639 committee on mental health, substance use and recovery examining the prevalence of births of
640 infants identified as being affected by prenatal substance exposure or fetal alcohol spectrum
641 disorder.