

**HOUSE . . . . . No. 1142**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

*Jon Santiago*

*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 to prohibit cost sharing for opioid antagonists.**

PETITION OF:

| NAME:               | DISTRICT/ADDRESS:  | DATE ADDED:      |
|---------------------|--------------------|------------------|
| <i>Jon Santiago</i> | <i>9th Suffolk</i> | <i>1/19/2023</i> |

**HOUSE . . . . . No. 1142**

By Representative Santiago of Boston, a petition (accompanied by bill, House, No. 1142) of Jon Santiago for legislation to prohibit cost-sharing for naloxone and other opioid antagonists. Financial Services.

**The Commonwealth of Massachusetts**

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

An Act to prohibit cost sharing for opioid antagonists.

*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. Said chapter 32A is hereby further amended by adding the following  
2 section:-

3 Section 33. (a) For the purpose of this section, the following words shall have the  
4 following meaning:

5 "Opioid antagonists," naloxone or any other drug approved by the federal Food and Drug  
6 Administration as a competitive narcotic antagonist used in the reversal of overdoses caused by  
7 opioids.

8 (b) Any coverage offered by the commission to an active or retired employee of the  
9 commonwealth insured under the group insurance commission shall provide coverage for opioid  
10 antagonists. Opioid antagonists shall be covered with no patient cost-sharing; provided, however,  
11 that cost-sharing shall be allowed if the applicable plan is governed by the Federal Internal

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

14 (c) A prescription from a health care practitioner shall not be required for coverage of  
15 opioid antagonists in accordance with the statewide standing order issued under section 19B of  
16 chapter 94C.

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18 SECTION 2. Chapter 118E of the General Laws is hereby amended by inserting after  
19 section 10Q the following section:-

20 Section 10R. (a) For the purpose of this section, the following words shall have the  
21 following meaning:

22 "Opioid antagonists," naloxone or any other drug approved by the federal Food and Drug  
23 Administration as a competitive narcotic antagonist used in the reversal of overdoses caused by  
24 opioids.

25 (b) The division and its contracted health insurers, health plans, health maintenance  
26 organizations, behavioral health management firms and third-party administrators under contract  
27 to a Medicaid managed care organization or primary care clinician plan shall provide coverage  
28 for opioid antagonists. Opioid antagonists shall be covered with no patient cost-sharing;  
29 provided, however, that cost-sharing shall be allowed if the applicable plan is governed by the  
30 Federal Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition  
31 on cost-sharing for this service.

32 (c) A prescription from a health care practitioner shall not be required for coverage of  
33 opioid antagonists in accordance with the statewide standing order issued under section 19B of  
34 chapter 94C.

35 SECTION 3. Said chapter 175 is hereby further amended by inserting after  
36 section 47TT, the following section:-

37 Section 47UU. (a) For the purpose of this section, the following words shall have the  
38 following meaning:

39 "Opioid antagonists," naloxone or any other drug approved by the federal Food and Drug  
40 Administration as a competitive narcotic antagonist used in the reversal of overdoses caused by  
41 opioids.

42 (b) The following shall provide coverage for opioid antagonists: (i) any policy of accident  
43 and sickness insurance, as described in section 108, which provides hospital expense and  
44 surgical expense insurance and which is delivered, issued or subsequently renewed by agreement  
45 between the insurer and policyholder in the commonwealth; (ii) any blanket or general policy of  
46 insurance described in subdivision (A), (C) or (D) of section 110 which provides hospital  
47 expense and surgical expense insurance and which is delivered, issued or subsequently renewed  
48 by agreement between the insurer and the policyholder in or outside of the commonwealth; and  
49 (iii) any employees' health and welfare fund which provides hospital expense and surgical  
50 expense benefits and which is delivered, issued to or renewed for any person or group of persons  
51 in the commonwealth. Opioid antagonists shall be covered with no patient cost-sharing;  
52 provided, however, that cost-sharing shall be allowed if the applicable plan is governed by the

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

55 (c) A prescription from a health care practitioner shall not be required for coverage of  
56 opioid antagonists in accordance with the statewide standing order issued under section 19B of  
57 chapter 94C.

58 SECTION 4. Said chapter 176A is hereby further amended by inserting after section 8UU  
59 the following section:-

60 Section 8VV. (a) For the purpose of this section, the following words shall have the  
61 following meaning:

62 "Opioid antagonists," naloxone or any other drug approved by the federal Food and Drug  
63 Administration as a competitive narcotic antagonist used in the reversal of overdoses caused by  
64 opioids.

65 (b) A contract between a subscriber and the corporation under an individual or group  
66 hospital service plan which is delivered, issued or renewed within the commonwealth shall  
67 provide coverage for opioid antagonists. Opioid antagonists shall be covered with no patient  
68 cost-sharing; provided, however, that cost-sharing shall be allowed if the applicable plan is  
69 governed by the Federal Internal Revenue Code and would lose its tax-exempt status as a result  
70 of the prohibition on cost-sharing for this service.

71 (c) A prescription from a health care practitioner shall not be required for coverage of  
72 opioid antagonists in accordance with the statewide standing order issued under section 19B of  
73 chapter 94C.

74 SECTION 5. Said chapter 176B is hereby further amended by inserting after section 4UU  
75 the following section:-

76 Section 4VV. (a) For the purpose of this section, the following words shall have the  
77 following meaning:

78 "Opioid antagonists," naloxone or any other drug approved by the federal Food and Drug  
79 Administration as a competitive narcotic antagonist used in the reversal of overdoses caused by  
80 opioids.

81 (b) A subscription certificate under an individual or group medical service agreement  
82 delivered, issued or renewed within the commonwealth shall provide coverage for opioid  
83 antagonists. Opioid antagonists shall be covered with no patient cost-sharing; provided, however,  
84 that cost-sharing shall be allowed if the applicable plan is governed by the Federal Internal  
85 Revenue Code and would lose its tax-exempt status as a result of the prohibition on cost-sharing  
86 for this service.

87 (c) A prescription from a health care practitioner shall not be required for coverage of  
88 opioid antagonists in accordance with the statewide standing order issued under section 19B of  
89 chapter 94C.

90 SECTION 6. Said chapter 176G is hereby further amended by inserting after section  
91 4MM the following section:-

92 Section 4NN. (a) For the purpose of this section, the following words shall have the  
93 following meaning:

94 "Opioid antagonists," naloxone or any other drug approved by the federal Food and Drug  
95 Administration as a competitive narcotic antagonist used in the reversal of overdoses caused by  
96 opioids.

97 (b) An individual or group health maintenance contract that is issued or renewed within  
98 or without the commonwealth shall provide coverage for opioid antagonists. Opioid antagonists  
99 shall be covered with no patient cost-sharing; provided, however, that cost-sharing shall be  
100 allowed if the applicable plan is governed by the Federal Internal Revenue Code and would lose  
101 its tax-exempt status as a result of the prohibition on cost-sharing for this service.

102 (c) A prescription from a health care practitioner shall not be required for coverage of  
103 opioid antagonists in accordance with the statewide standing order issued under section 19B of  
104 chapter 94C.