

HOUSE No. 3944

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, January 13, 2016.

The committee on Ways and Means to whom was referred the Bill relative to substance use, treatment, education and prevention (House, No. 3926), reports recommending that the same ought to pass with an amendment substituting therefor the accompanying bill (House, No. 3944).

For the committee,

BRIAN S. DEMPSEY.

The Commonwealth of Massachusetts

**In the One Hundred and Eighty-Ninth General Court
(2015-2016)**

An Act relative to substance use, treatment, education and prevention.

Whereas, The deferred operation of this act would tend to defeat its purpose, which is to increase forthwith the availability of substance use treatment, education and prevention, therefore, it is hereby declared to be an emergency law, necessary for the immediate preservation of the public health.

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 118 of chapter 6 of the General Laws, as appearing in the 2014
2 Official Edition, is hereby amended by inserting before the first sentence the following word:-
3 (a)

4 SECTION 2. Said section 118 of said chapter 6, as so appearing, is hereby further
5 amended by adding the following subsection:-

6 (b) The municipal police training committee may establish a course within the recruit
7 basic training curriculum for regional and municipal police training schools to train law
8 enforcement officers on the application of section 34A of chapter 94C and section 12FF of
9 chapter 112 and on responding to calls for assistance for drug-related overdoses. The committee
10 may periodically include within its in-service training curriculum a course of instruction on the
11 application of said section 34A of said chapter 94C and on responding to calls for assistance for

12 drug-related overdoses. Upon request, the department of public health shall provide information
13 or training assistance to the municipal police training committee regarding the application of said
14 section 34A of said chapter 94C.

15 SECTION 3. Section 14 of chapter 17 of the General Laws is hereby repealed.

16 SECTION 4. Section 19 of said chapter 17 of the General Laws, as appearing in the 2014
17 Official Edition, is hereby amended by inserting after the word “treatment”, in line 16, the
18 following words:- , including information on United States Food and Drug Administration
19 approved medication assisted therapies and the availability of such therapies in each geographic
20 region of the commonwealth.

21 SECTION 5. Said section 19 of said chapter 17 is hereby further amended by striking
22 out, in lines 27 and 28, as so appearing, the words “and (6)” and inserting in place thereof the
23 following words:-

24 (6) provide information to the patient prior to discharge about the patient’s option to file a
25 voluntary non-opiate directive form under section 18B of chapter 94C; and (7).

26 SECTION 6. Section 17M of chapter 32A of the General Laws, as so appearing, is
27 hereby amended by inserting after the word “treatment” in line 3, the following words:- ; a
28 substance abuse evaluation as defined in subsection section 51½ of chapter 111;

29 SECTION 7. Section 17N of said chapter 32A, as so appearing, is hereby amended by
30 inserting after the words “day 7”, in line 28, the following words:- ; provided further, that the
31 division and its contracted health insurers, health plans, health maintenance organizations,
32 behavioral health management firms and third party administrators under contract to a Medicaid

33 managed care organization or primary care clinician plan shall cover, without preauthorization,
34 substance abuse evaluations ordered pursuant to section 51½ of chapter 111.

35 SECTION 8. Section 16 of chapter 38 of the General Laws is hereby amended by striking
36 out subsection (b), as so appearing, and inserting in place thereof the following subsection:-

37 (b) Acute hospitals, as defined in section 64 of chapter 118E, shall file a monthly report
38 regarding exposure of children to controlled substances with the commissioner of public health
39 in a manner determined by the commissioner of public health. The report shall include, but not
40 be limited to: (i) the number of infants born in the previous month identified by the hospital as
41 having been exposed to a schedule I, II or III controlled substance under chapter 94C; and (ii) the
42 number and specific causes of hospitalizations of children under the age of 11 caused by
43 ingestion of a schedule I, II or III controlled substance under said chapter 94C.

44 SECTION 9: Chapter 71 of the General Laws is hereby amended by striking out section
45 96, as so appearing, and inserting in place thereof the following section:-

46 Section 96. Each public school shall have a policy regarding substance use prevention
47 and the education of its students about the dangers of substance abuse. The school shall notify
48 the parents or guardians of all students attending the school of the policy and shall post the
49 policy on the school's website. The policy, and any standards and rules enforcing the policy,
50 shall be prescribed by the school committee in conjunction with the superintendent or the board
51 of trustees of a charter school.

52 The department of elementary and secondary education, in consultation with the
53 department of public health, shall provide guidance and recommendations in order to assist
54 schools with developing and implementing effective substance use prevention and abuse

55 education policies and shall make such guidance and recommendations publicly available on the
56 department's website. Guidance and recommendations shall be reviewed and regularly updated
57 to reflect applicable research and best practices.

58 Each school district and charter school shall file its substance use prevention and abuse
59 education policies with the department of elementary and secondary education in a manner and
60 form prescribed by the department.

61 SECTION 10. Section 1 of chapter 94C of the General Laws, as amended by section 80
62 of chapter 46 of the acts of 2015, is hereby amended by inserting after the definition of "drug
63 paraphernalia" the following definition:-

64 "Extended-release long-acting opioid in a non-abuse deterrent form", a drug that is: (i)
65 subject to the United States Food and Drug Administration's Extended Release and Long-Acting
66 Opioid Analgesics Risk Evaluation and Mitigation Strategy; (ii) an opioid approved for medical
67 use but does not meet the requirements for listing as a drug with abuse-deterrent properties
68 pursuant to section 13 of chapter 17; and (iii) identified pursuant to said section 13 of said
69 chapter 17 as posing a heightened level of public health risk.

70 SECTION 11. Said section 18 of said chapter 94C, as so appearing, is hereby further
71 amended by striking out subsection (e) and inserting in place thereof the following 2
72 subsections:-

73 (e) Practitioners who prescribe an extended-release long-acting opioid in a non-abuse
74 deterrent form shall note in the patient's medical record the reasons for prescribing such an
75 opioid over other forms of pain management.

76 (f) Practitioners who prescribe controlled substances, except veterinarians, shall be
77 required, as a prerequisite to obtaining or renewing their professional licenses, to complete
78 appropriate training relative to: (i) effective pain management; (ii) identification of patients at
79 risk for substance use disorders; (iii) counseling patients about the side effects, addictive nature
80 and proper storage and disposal of prescription medications and; (iv) opioid antagonists,
81 overdose prevention treatments and instances in which a patient may be advised on both the use
82 of and ways to access opioid antagonists and overdose prevention treatments. The boards of
83 registration for each professional license that requires this training shall develop the standards for
84 appropriate training programs.

85 SECTION 12. The second paragraph of subsection (c) of section 24A of said chapter 94C
86 of the General Laws is hereby amended by striking out the first sentence, as so appearing, and
87 inserting in place there of the following sentence-

88 The department shall promulgate rules and regulations relative to the use of the
89 prescription monitoring program by registered participants which shall include the requirement
90 that participants utilize the prescription monitoring program in the following instances: (i) prior
91 to the issuance to a patient for the first time of a prescription for a narcotic drug that is contained
92 in schedule II or III; and (ii) prior to issuance to a patient every time for a prescription for an
93 extended-release long-acting opioid in a non-abuse deterrent form for outpatient use.

94 SECTION 13. Chapter 94C of the General Laws is hereby amended by inserting after
95 section 18 the following section:-

96 Section 18A. (a) The department of public health shall establish a voluntary non-opiate
97 directive form. The form shall indicate to all prescribers, health care providers and facilities that

98 an individual shall not be administered or offered a prescription or medication order for an
99 opiate. The form shall be posted on the department's searchable website. A patient may bring a
100 copy of the voluntary non-opiate directive form to a practitioner registered under section 7 or
101 other authority authorized by the department for signature. Before any such practitioner signs a
102 voluntary non-opiate directive form they shall assess the patient's personal and family history of
103 alcohol or drug abuse and evaluate the patient's risk for medication misuse or abuse. If a
104 practitioner reasonably believes that a patient is at risk for substance misuse or a practitioner
105 believes in the practitioner's expert medical opinion that for any other reason the non-opiate
106 directive is appropriate, the practitioner may sign the form. The practitioner signing the non-
107 opiate directive form shall note doing so in the patient's medical record. A patient may revoke
108 the voluntary non-opiate directive form for any reason and may do so by written or oral means.

109 (b) The secretary shall promulgate regulations for the implementation of the voluntary
110 non-opiate directive form which shall include, but need not be limited to:

111 (i) procedures to record the voluntary non-opiate directive form in the person's
112 interoperable electronic health record and in the prescription drug monitoring program
113 established in section 24A;

114 (ii) a standard form for the recording and transmission of the voluntary non-opiate
115 directive form, which shall include verification by a practitioner registered under section 7 and
116 which shall comply with the written consent requirements of the Public Health Service Act, 42
117 U.S.C. § 290dd-2(b), and 42 CFR Part 2; provided, however, that the voluntary non-opiate
118 directive form shall also provide in plain language information on the process to revoke the
119 voluntary non-opiate directive form;

120 (iii) requirements for an individual to appoint a duly authorized guardian or health care
121 proxy to override a previously recorded voluntary non-opiate directive form and circumstances
122 under which a treating practitioner registered under said section 7 may override a previously
123 recorded voluntary non-opiate directive form based on documented medical judgment which
124 shall be recorded in the patient's interoperable electronic health record;

125 (iv) procedures to ensure that any recording, sharing or distribution of data relative to the
126 voluntary non-opiate directive form complies with all state and federal confidentiality laws; and

127 (v) appropriate exemptions for health care providers to prescribe an opiate medication
128 when, in their professional medical judgement, such medication is necessary.

129 (c) A written prescription that is presented at an outpatient pharmacy or a prescription
130 that is electronically transmitted to an outpatient pharmacy shall be presumed to be valid for the
131 purposes of this section and a pharmacist in an outpatient setting shall not be held in violation of
132 this section for dispensing a controlled substance in contradiction of a voluntary non-opiate
133 directive form.

134 (d) No health care provider or employee of a health care provider acting in good faith
135 shall be subject to criminal or civil liability or be considered to have engaged in unprofessional
136 conduct for failing to offer or administer a prescription or medication order for an opiate under
137 the voluntary non-opiate directive form.

138 (e) No person acting as an agent pursuant to a health care proxy shall be subject to
139 criminal or civil liability for making a decision under clause (iii) of subsection (b) in good faith.

140 SECTION 14. Said chapter 94C of the General Laws is hereby further amended by
141 inserting after section 19C the following section:-

142 Section 19D. (a) When issuing a prescription for an opiate to an adult patient for
143 outpatient use for the first time, a practitioner shall not issue a prescription for more than a 7-day
144 supply. A practitioner shall not issue an opiate prescription to a minor for more than a 7-day
145 supply at any time and shall discuss with the parent or guardian of the minor the risks associated
146 with opiate use and the reasons why the prescription is necessary.

147 (b) Notwithstanding subsection (a), if in the professional medical judgment of a
148 practitioner more than a 7-day supply of an opiate is required to treat the adult or minor patient's
149 acute medical condition, or is necessary for the treatment of chronic pain management, pain
150 associated with a cancer diagnoses or for palliative care, then the practitioner may issue a
151 prescription for the quantity needed to treat said acute medical condition, chronic pain, pain
152 associated with a cancer diagnosis or pain experienced while the patient is in palliative care. The
153 condition triggering prescription of an opiate for more than a 7-day supply shall be documented
154 in the patient's medical record and the practitioner shall indicate that a non-opiate alternative was
155 not appropriate to address the medical condition.

156 SECTION 15. Said chapter 94C of the General Laws is hereby further amended by
157 inserting after section 24A the following section:-

158 Section 24B. The department shall annually determine, through the prescription drug
159 monitoring system established under section 24A, the mean and median quantity and volume of
160 prescriptions for opiates contained in schedule II and schedule III of section 3 issued by
161 practitioners registered under section 7; provided, however, that mean and median prescription

162 quantities and volumes shall be determined within categories of practitioners of a similar
163 specialty or practice type as determined by the department.

164 SECTION 16. Chapter 111 of the General Laws is hereby amended by inserting after
165 section 51 the following section:-

166 Section 51½: Substance Abuse Evaluations in Acute-Care Hospitals

167 (a) For the purposes of this section, the following words shall have the following
168 meanings:-

169 “Acute-care hospital”, any hospital licensed under section 51 of chapter 111, and the
170 teaching hospital of the University of Massachusetts Medical School, which contains a majority
171 of medical-surgical, pediatric, obstetric, and maternity beds, as defined by the department.

172 “Licensed mental health professional” , a licensed physician who specializes in the
173 practice of psychiatry or addiction medicine, a licensed psychologist, a licensed independent
174 social worker, a licensed mental health counselor, a licensed nurse mental health clinical
175 specialist or a licensed alcohol and drug counselor I, as defined in section 1 of chapter 111J.

176 “Satellite emergency facility”, a health care facility that operates on a 7 day per week, 24
177 hour per day basis, that is located off the premises of a hospital, but is listed on the license of the
178 hospital, which is authorized to accept patients transported to the facility by ambulance.

179 “Substance abuse evaluation”, an evaluation ordered pursuant to subsection (b) that is
180 conducted by a licensed mental health professional, or through an emergency services program,
181 which shall include, but not be limited to, collecting the following information: history of the use
182 of alcohol, tobacco and other drugs, including age of onset, duration, patterns and consequences

183 of use; the use of alcohol, tobacco and other drugs by family members; types of and responses to
184 previous treatment for substance use disorders or other psychological disorders; an assessment of
185 the patient's psychological status including co-occurring disorders, trauma history and history of
186 compulsive behaviors; and an assessment of the patient's Human Immunodeficiency Virus,
187 Hepatitis C, and Tuberculosis risk status.

188 (b) Each person presenting in an acute-care hospital or a satellite emergency facility
189 who is reasonably believed by the attending physician to be experiencing an opiate-related
190 overdose, or who has been administered naloxone prior to arriving at the hospital or facility,
191 shall receive a substance abuse evaluation within 24 hours of receiving emergency room
192 services. A substance abuse evaluation shall conclude with a diagnosis of the status and nature of
193 the client's substance use disorder, using standardized definitions as set forth in the Diagnostic
194 and Statistical Manual of Mental Disorders as published by the American Psychiatric
195 Association, or a mental or behavioral disorder due to the use of psychoactive substances, as
196 defined and coded by the World Health Organization. Each patient shall be presented with the
197 findings of the evaluation in person and in writing, and such findings shall include
198 recommendations for further treatment, if necessary, with an assessment of the appropriate level
199 of care needed. Findings from the evaluation shall be entered into the patient's medical record.
200 No acute-care hospital or satellite emergency facility shall permit early discharge, defined as less
201 than 24 hours after admission or before the conclusion of a substance abuse evaluation,
202 whichever comes sooner. If a patient does not receive an evaluation within 24 hours, the
203 attending physician must note in the medical record the reason the evaluation did not take place
204 and authorize the discharge of the patient.

205 (c) After a substance abuse evaluation has been completed pursuant to subsection (b)
206 a patient may consent to further treatment. Such treatment may occur within the acute-care
207 hospital or satellite emergency facility, if appropriate services are available; provided, however,
208 that if the hospital or facility is unable to provide such services the hospital or facility shall refer
209 the patient to treatment center outside of the hospital or facility. Medical necessity for such
210 treatment shall be determined by the treating clinician in consultation with the patient and noted
211 in the medical record. If a patient refuses further treatment after the evaluation is complete, and
212 is otherwise medically stable, the hospital or facility may initiate discharge proceedings. All
213 persons receiving an evaluation under subsection (b) shall receive, upon discharge, information
214 on local and statewide treatment options, providers and other relevant information as deemed
215 appropriate by the attending physician.

216 (d) If a person has received a substance abuse evaluation within the past 3 months,
217 further treatment and evaluation determinations shall be made by the attending physician
218 according to best practices and procedures.

219 (e) If a person under 18 years of age is ordered to undergo a substance abuse
220 evaluation, the parent or guardian shall be notified that the minor has suffered from an opiate-
221 related overdose and that an evaluation has been ordered. The parent or guardian may be present
222 when the findings of the evaluation are presented to the minor.

223 SECTION 17. Subsection (a) of section 222 of chapter 111 of General Laws, as
224 appearing in 2014 Official Edition, is hereby amended by adding the following paragraph:-

225 The bureau of substance abuse services shall provide education materials on the dangers
226 of opiate use and misuse to those persons participating in the annual head injury safety program

227 required by this section. The same information shall be distributed in written form to all student
228 athletes prior to the commencement of their athletic seasons.

229 SECTION 18. Section 3 of chapter 111E of the General Laws is hereby repealed.

230 SECTION 19. Chapter 112 of the General Laws, as so appearing, is hereby amended by
231 inserting after section 12EE the following section:-

232 Section 12FF. Any person who, in good faith, attempts to render emergency care by
233 administering naloxone or any other opioid antagonist as defined in section 19B of chapter 94C
234 to a person reasonably believed to be experiencing an opiate-related overdose shall not be liable
235 for acts or omissions, other than gross negligence or willful or wanton misconduct, resulting
236 from the attempt to render this emergency care.

237 SECTION 20. Section 10H of chapter 118E of the General Laws, as so appearing, is
238 hereby amended by inserting after the words “day 7”, in line 45, the following words:- ;
239 provided further, the division and its contracted health insurers, health plans, health maintenance
240 organizations, behavioral health management firms and third party administrators under contract
241 to a Medicaid managed care organization or primary care clinician plan shall cover, without
242 preauthorization, substance abuse evaluations ordered pursuant to section 51½ of chapter 111.

243 SECTION 21. Section 47FF of chapter 175 of the General Laws, as so appearing, is
244 hereby amended by inserting after the word “treatment;”, in line 3, the following words:- a
245 substance abuse evaluation as defined in section 51½ of chapter 111;

246 SECTION 22. Section 47GG of said chapter 175, as so appearing, is hereby amended by
247 inserting after words “day 7”, in line 29, the following words:- ; provided further, any policy,

248 contract, agreement, plan or certificate of insurance issued, delivered or renewed within the
249 commonwealth, which is considered creditable coverage under section 1 of chapter 118M, shall
250 cover, without preauthorization, a substance abuse evaluation ordered pursuant to section 51½ of
251 chapter 111.

252 SECTION 23. Section 8HH of chapter 176A, as so appearing, is hereby amended by
253 inserting after the word “treatment;”, in line 3, the following words:- a substance abuse
254 evaluation as defined in section 51½ of chapter 111;

255 SECTION 24. Section 8II of chapter 176A, as so appearing, is hereby amended by
256 inserting after the words “day 7”, in line 28, the following words:- ; provided further, any
257 policy, contract, agreement, plan or certificate of insurance issued, delivered or renewed within
258 the commonwealth, which is considered creditable coverage under section 1 of chapter 118M,
259 shall cover, without preauthorization, a substance abuse evaluation ordered pursuant to section
260 51½ of chapter 111.

261 SECTION 25. Section 4HH of chapter 176B, as so appearing, is hereby amended by
262 inserting after the word “treatment;”, in line 3, the following words:- a substance abuse
263 evaluation as defined in section 51½ of chapter 111;

264 SECTION 26. Section 4II of chapter 176B, as so appearing, is hereby amended by
265 inserting after the words “day 7”, in line 28, the following words:- ; provided further, any
266 policy, contract, agreement, plan or certificate of insurance issued, delivered or renewed within
267 the commonwealth, which is considered creditable coverage under section 1 of chapter 118M,
268 shall cover, without preauthorization, a substance abuse evaluation ordered pursuant to section
269 51½ of chapter 111.

270 SECTION 27. Section 4Z of chapter 176G, as so appearing, is hereby amended by
271 inserting after the word “treatment;” ,in line 3, the following words:- a substance abuse
272 evaluation as defined in section 51½ of chapter 111;

273 SECTION 28. Section 4AA of chapter 176G, as so appearing, is hereby amended by
274 inserting after the words “day 7”, in line 27, the following words:- ; provided further, any
275 policy, contract, agreement, plan or certificate of insurance issued, delivered or renewed within
276 the commonwealth, which is considered creditable coverage under section 1 of chapter 118M,
277 shall cover, without preauthorization, a substance abuse evaluation ordered pursuant to section
278 51½ of chapter 111.

279 SECTION 29. Section 7 of chapter 176O of the General Laws, as so appearing, is hereby
280 amended by striking out, in line 59, the word “and”.

281 SECTION 30. Said section 7 of said chapter 176O, as so appearing, is hereby further
282 amended by inserting after the word “age”, in line 68, the following words:- ; and

283 (5) a report detailing for the previous calendar year the total number of: (i) medical or
284 surgical claims submitted to the carrier; (ii) medical or surgical claims denied by the carrier; (iii)
285 mental health or substance use disorder claims submitted to the carrier; (iv) mental health or
286 substance use disorder claims denied by the carrier; and (v) medical or surgical claims and
287 mental health or substance use disorder claims denied by the carrier because: (A) the insured
288 failed to obtain pre-treatment authorization or referral for services; (B) the service was not
289 medically necessary; (C) the service was experimental or investigational; (D) the insured was not
290 covered or eligible for benefits at the time services occurred; (E) the carrier does not cover the
291 service or the provider under the insured’s plan; (F) duplicate claims had been submitted; (G)

292 incomplete claims had been submitted; (H) coding errors had occurred; or (I) of any other
293 specified reason.

294 SECTION 31. Section 35 of chapter 123 of the General Laws, as so appearing, is hereby
295 amended by striking out the first two paragraphs and inserting in place thereof the following
296 paragraph:-

297 For the purposes of this section the following terms shall, unless the context clearly
298 requires otherwise, have the following meanings:

299 “Alcohol use disorder,” where a person chronically or habitually consumes alcoholic
300 beverages to the extent that (1) such use substantially injures the person’s health or substantially
301 interferes with the person’s social or economic functioning, or (2) the person has lost the power
302 of self-control over the use of such beverages.

303 “Facility,” a public or private facility that provides care and treatment for a person with
304 an alcohol or substance use disorder.

305 “Substance use disorder,” where a person chronically or habitually consumes or ingests
306 controlled substances or intentionally inhales toxic vapors to the extent that: (i) such use
307 substantially injures the person’s health or substantially interferes with the person’s social or
308 economic functioning; or (ii) the person has lost the power of self-control over the use of such
309 controlled substances or toxic vapors.

310 SECTION 32. Said section 35 of said chapter 123, as so appearing, is hereby further
311 amended by striking out the words “an alcoholic or substance abuser”, in lines 17 and 18, and

312 inserting in place thereof, in each instance, the words:- a person with an alcohol or substance use
313 disorder.

314 SECTION 33. Said section 35 of said chapter 123, as so appearing, is hereby further
315 amended by striking out the words “or a”, in line 36, and inserting in place thereof the following
316 words:- or a qualified.

317 SECTION 34. Said section 35 of said chapter 123, as so appearing, is hereby further
318 amended by striking out the fourth and fifth paragraphs and inserting in place thereof the
319 following 3 paragraphs:-

320 If, after a hearing which shall include expert testimony and may include other evidence,
321 the court finds that such person is an individual with an alcohol or substance use disorder and
322 there is a likelihood of serious harm as a result of the person’s alcohol or substance use disorder,
323 the court may order such person to be committed for a period not to exceed 90 days to a facility
324 designated by the department of public health, followed by the availability of case management
325 services provided by the department of public health for up to 1 year; provided, however, that a
326 review of the necessity of the commitment shall take place by the superintendent on days 30, 45,
327 60 and 75 as long as the commitment continues. A person so committed may be released prior to
328 the expiration of the period of commitment upon written determination by the superintendent of
329 the facility that release of that person will not result in a likelihood of serious harm. Such
330 commitment shall be for the purpose of inpatient care for the treatment of an alcohol or
331 substance use disorder in a facility licensed or approved by the department of public health or the
332 department of mental health; provided further, that subsequent to the issuance of a commitment
333 order, the superintendent of the facility may authorize the transfer of a patient to a different

334 facility for continuing treatment and shall provide notification of the transfer to the committing
335 court.

336 If the department of public health informs the court that there are no suitable facilities
337 available for treatment licensed or approved by the department of public health or the department
338 of mental health, or if the court makes a specific finding that the only appropriate setting for
339 treatment for the person is a secure facility, then the person may be committed to a secure facility
340 for women approved by the department of public health or the department of mental health, if a
341 female; or to the Massachusetts correctional institution at Bridgewater, if a male; provided,
342 however, that any person so committed shall be housed and treated separately from persons
343 currently serving a criminal sentence. Such person shall, upon release, be encouraged to consent
344 to further treatment and shall be allowed voluntarily to remain in the facility for such purpose.
345 The department of public health shall maintain a roster of public and private facilities available,
346 together with the number of beds currently available and the level of security at each facility, for
347 the care and treatment of alcohol use disorder and substance use disorder and shall make the
348 roster available to the trial court.

349 Nothing in this section shall preclude a facility, including the Massachusetts correctional
350 institution at Bridgewater, from treating persons on a voluntary basis.

351 SECTION 35: Section 43 of chapter 258 of the acts of 2014 is hereby repealed.

352 SECTION 36: (a) There shall be a Massachusetts Council on Substance Use Disorder
353 Prevention and Treatment. The council shall: (i) support the efforts of the department of public
354 health and the department of mental health to supervise, coordinate and establish standards for
355 the operation of substance use prevention and treatment services; (ii) oversee implementation of

356 initiatives and programs that effectively direct the existing resources and minimize the impact of
357 substance use and misuse; (iii) develop and recommend formal policies and procedures for the
358 coordination and efficient utilization of programs and resources across state agencies and
359 secretariats; (iv) provide recommendations on methods and programs to increase the collection
360 and safe disposal of federally scheduled prescription medications; and (v) develop an annual
361 report and submit said report to the governor, on or before November 30 of each year, detailing
362 all activities of the council and recommending further efforts and resource needs.

363 (b) The council shall consist of the following members or their designees: the
364 secretary of health and human services, who shall serve as chair; the secretary of public safety, or
365 a designee; the secretary of education, or a designee; the commissioner of public health, or a
366 designee; the commissioner of mental health, or a designee; the secretary of elder affairs, or a
367 designee; the chief justice of the trial court; 1 member appointed by the president of the senate; 1
368 member appointed by the speaker of the house; 1 member appointed by the senate minority
369 leader; 1 member appointed by the house minority leader; 15 members appointed by the
370 governor, 2 of whom shall be medical professionals specializing in the treatment of substance
371 use disorders, 1 of whom shall be a medical professional with expertise in the assessment and
372 management of neonatal abstinence syndrome, 1 of whom shall be an individual recovering from
373 a substance use disorder, 1 of whom shall be a family member of an individual with a substance
374 use disorder, 1 of whom shall represent the interests of individuals with chronic pain, 1 of whom
375 shall be a member of the Massachusetts Hospital Association, 1 of whom shall be a mayor or
376 selectman in a city or town in the commonwealth, 1 of whom shall be a representative of the
377 Massachusetts Sheriffs' Association, 1 of whom shall be a representative from the Massachusetts
378 Chiefs of Police Association, 1 of whom shall be a representative of District Attorney's

379 Association, 1 of whom shall be a representative of the Committee for Public Counsel Services,
380 1 of whom shall be a representative from the Service Employees International Union; 1 of whom
381 shall be a member of the Police Assisted Addiction Recovery Initiative, 1 of whom shall
382 represent pharmacists; and other appropriate representatives as determined by the governor. All
383 members shall serve without compensation in an advisory capacity and at the pleasure of the
384 governor.

385 (c) The council shall meet at least 4 times annually and shall establish task groups,
386 meetings, forums and any other activity deemed necessary to carry out its mandate.

387 (d) All affected agencies, departments and boards of the commonwealth shall fully
388 cooperate with the council. The council may call and rely upon the expertise and services of
389 individuals and entities outside of its membership for research, advice, support or other functions
390 necessary and appropriate to further accomplish its mission.

391 SECTION 37. Not later than July 1, 2016, the Massachusetts Association of School
392 Committees, the Massachusetts Association of School Superintendents, and the Massachusetts
393 Charter Public School Association shall provide an update to the department of elementary and
394 secondary education, the joint committee on education, and the joint committee on mental health
395 and substance abuse on its ongoing efforts to ensure compliance with the requirements set forth
396 in section 96 of chapter 71 of the General Laws.

397 SECTION 38. The department of public health and the department of elementary and
398 secondary education shall develop a transportation plan for recovery high schools. Said plan
399 shall ensure that each student attending a recovery high school has access to transportation
400 between home and school.

401 SECTION 39. The department of public health shall promulgate regulations to classify
402 gabapentin and its chemical equivalents as “additional drugs” for the purposes of section 24A of
403 chapter 94C of the General Laws.

404 SECTION 40: The health policy commission, in consultation with the department of
405 public health and the department of mental health, shall conduct a study on the availability of
406 health care providers that serve patients with dual diagnoses of substance use disorder and
407 mental illness in inpatient and outpatient settings. This study shall include: (a) an inventory of
408 health care providers with capability of caring for patients with dual diagnoses, including the
409 location and nature of services offered at each such provider; (b) an inventory of health care
410 providers specializing in caring for child and adolescent patients with dual diagnoses, including
411 the location and nature of services offered at each such provider and (c) an assessment of the
412 sufficiency of such resources in the commonwealth considering multiple factors, including but
413 not limited to population density, geographic barriers to access, insurance coverage and network
414 design, and incidence of mental illness and substance use disorders and needs of individuals with
415 dual diagnosis. The study shall also consider barriers to access to comprehensive mental health
416 and substance use disorder treatment for adults, seniors, children and adolescents and include
417 recommendations to reduce barriers to treatment for patients with dual diagnoses, including the
418 appropriate supply and distribution of health care providers with such capability. The
419 commission shall report to the joint committee on mental health and substance abuse and the
420 house and senate committees on ways and means no later than 12 months following the
421 completion of the study.

422 SECTION 41. Notwithstanding any general or special law to the contrary, the
423 Massachusetts Behavioral Health Access (MABHA) website, operated by the office of

424 medicaid's behavioral health vendor, shall post contact information for all insurance payers for
425 the purpose of enhancing communication between payers and providers. Contact information
426 posted on the website shall include a phone number which is accessible 24 hours per day.

427 SECTION 42. Sections 5, 6, 7, 13, 16, 20, 21, 22, 23, 24, 25, 26, 27, and 28 shall take
428 effect on July 1, 2016.