

HOUSE No. 4236

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, June 30, 2014.

The committee on Ways and Means to whom was referred the Senate Bill to increase opportunities for long-term substance abuse recovery (Senate, No. 2142), reports recommending that the same ought to pass with an amendment striking out all after the enacting clause and inserting in place thereof the text of House document numbered 4236.

For the committee,

BRIAN S. DEMPSEY.

The Commonwealth of Massachusetts

In the Year Two Thousand Fourteen

By striking out all after the enacting clause and inserting in place thereof the following:

1 “SECTION 1. Chapter 12C of the General Laws is hereby amended by inserting after
2 section 21 the following section:-

3 Section 21A. The center shall establish a continuing program of investigation and study
4 of mental health and substance use disorders in the commonwealth.

5 SECTION 2. Section 13 of chapter 17 of the General Laws, as appearing in the 2012
6 Official Edition, is hereby amended by striking out the first and second paragraphs and inserting
7 in place thereof the following subsection:-

8 (a) There shall be in the department a drug formulary commission consisting of 15
9 members. The commission shall include: the commissioner of public health or a designee, who
10 shall serve as the chair of the commission; the director of Medicaid or a designee; the
11 commissioner of insurance or a designee; and 10 members appointed by the governor, which
12 shall include: a clinical pharmacist; a pharmaceutical chemist; a clinical pharmacologist; a retail
13 pharmacist; 2 persons with experience in pharmaceutical manufacturing, 1 of whom shall have
14 experience with biologics; 4 practicing physicians, 1 of whom shall specialize in addiction
15 medicine and 1 of whom shall specialize in the treatment of chronic pain; and 2 persons who are
16 not involved in the delivery of health services who shall be representatives of the public. One of
17 the 2 public appointees by reason of age, training, experience and affiliation shall represent the
18 interests of the elderly. None of the members may be employed by a pharmaceutical
19 manufacturing company or private insurer. Members shall serve for a term of 3 years, but a
20 person appointed to fill a vacancy shall serve only for the unexpired term.

21 SECTION 3. Said section 13 of said chapter 17, as so appearing, is hereby further
22 amended by striking out, in line 16, the word “The” and inserting in place thereof the following
23 word:- (b) The.

24 SECTION 4. Said section 13 of said chapter 17, as so appearing, is hereby further
25 amended by inserting after the third paragraph the following 2 paragraphs:-

26 The commission shall also prepare a drug formulary of chemically equivalent
27 substitutions for drugs that are opiates, as defined in section 1 of chapter 94C, and contained in
28 schedule II or III of section 3 of said chapter 94C that the commission has determined have a
29 heightened level of public health risk due to the drug's potential for abuse and misuse. The
30 department shall adopt this drug formulary, as prepared by the commission, by regulation. The
31 formulary shall include formulations of drugs that the commission has determined may be
32 appropriately substituted and that incorporate any of the following abuse deterrent properties:

33 (1) a physical or chemical barrier that (i) prevents chewing, crushing, cutting, grating,
34 grinding, melting or other physical manipulations that enable abuse or (ii) resists extraction of
35 the opioid by common solvents such as water, alcohol or other organic solvents;

36 (2) an agonist or antagonist combination that interferes with, reduces or defeats the
37 euphoria associated with abuse;

38 (3) an aversion quality that produces an unpleasant effect if the dosage form is
39 manipulated or altered or a higher dose than directed is used;

40 (4) a delivery system that, under United States Food and Drug Administration guidance,
41 offers resistance to abuse;

42 (5) a prodrug technique that limits opioid activity until transformed in the gastrointestinal
43 tract; or

44 (6) any other technique, as may be identified or recommended by the United States Food
45 and Drug Administration, that offers significant abuse deterrence.

46 In preparing the formulary, the commission shall consider information contained in drug
47 applications approved by the United States Food and Drug Administration and other regulatory
48 and guidance documents distributed by the United States Food and Drug Administration. A
49 determination of substitution between 2 drug products shall not require that both products
50 incorporate the same methods of abuse deterrence. Inclusion of a drug on the formulary shall not
51 be the basis for a labeling or marketing claim of abuse deterrence potential, unless the United
52 States Food and Drug Administration authorizes such a claim. In considering whether a drug is a
53 chemically equivalent substitution the commission shall consider: the accessibility of the drug
54 and its proposed substitute; whether the drug's substitute is cost prohibitive; the effectiveness of
55 the substitution; and whether, based upon the current patterns of abuse and misuse, the drug's
56 substitute incorporates abuse deterrent technology that will be an effective deterrent to such
57 abuse and misuse. In conducting its analysis, the commission may request an insurance benefit
58 review by the center for health information and analysis.

59 SECTION 5. Said section 13 of said chapter 17, as so appearing, is hereby further
60 amended by striking out, in lines 29, 34 and 39, the word ‘formulary’ and inserting in place
61 thereof, in each instance, the following word:- formularies.

62 SECTION 6. Said section 13 of said chapter 17, as so appearing, is hereby further
63 amended by striking out, in line 44, the word ‘The’ the first time it appears and inserting in place
64 thereof the following word:- (c) The.

65 SECTION 7. Said section 13 of said chapter 17, as so appearing, is hereby further
66 amended by adding the following subsection:-

67 (d) For purposes of this subsection, the term ‘extended release long acting-opioids’ shall
68 mean a drug that is subject to the federal Food and Drug Administration’s risk evaluation and
69 mitigation strategy for extended release and long-acting opioid analgesics; and the term ‘non-
70 abuse deterrent opioid’ shall mean an opioid drug product that is approved for medical use but
71 does not meet the requirements for listing as a chemically equivalent substitute pursuant to this
72 section. The commission shall also identify drugs that are extended release long acting-opioids
73 and non-abuse deterrent opioids, contained in schedule II or III of section 3 of said chapter 94C,
74 that the commission has determined have a heightened level of public health risk due to the
75 drug's potential for abuse and misuse for which no adequate chemically equivalent substitute is
76 available and shall notify the commissioner of public health that such drugs pose a threat to the
77 public’s health.

78 SECTION 8. Chapter 17 of the General Laws is hereby amended by striking out section
79 19, as so appearing, and inserting in place thereof the following section:-

80 Section 19. The department shall promulgate regulations relative to coordination of care
81 and management that includes effective discharge planning for substance use disorder treatment
82 programs subject to licensure or approval under sections 24 and 24D of chapter 90, sections 6
83 and 6A of chapter 111B and section 7 of chapter 111E. The regulations shall include, but not be
84 limited to, a requirement that such substance use disorder treatment providers shall:

85 (1) provide enhanced care coordination and management, which shall include
86 effective discharge planning that engages and educates the patient and the patient’s outpatient
87 medical and psychiatric providers to ensure continuity of care;

88 (2) provide a discharge plan to each client leaving a licensed substance use disorder
89 treatment program, which shall include recommended follow-up treatment, contact information
90 for certified alcohol and drug free housing pursuant to section 18A, additional resources for
91 substance use disorder treatment, resources for workforce options, information and links to
92 community and social supports and information on family support services;

93 (3) provide patient specific treatment that is individualized based on the patient's past
94 history of treatment, medical history, psychiatric history and social history;

95 (4) facilitate transitions from more intensive to less intensive treatment based on the
96 patient's needs and response to treatment;

97 (5) upon admission, acquire informed consent from each patient regarding the risk
98 and benefit of all medication assisted treatment options, as well as the risk and benefit of not
99 receiving treatment; and

100 (6) provide regular monitoring of patients' behavior and addressing relapse risks.

101 SECTION 9. Chapter 32A of the General Laws is hereby amended by inserting after
102 section 17K the following 3 sections:-

103 Section 17L. Any coverage offered by the commission to an active or retired employee of
104 the commonwealth insured under the group insurance commission shall provide coverage for
105 abuse deterrent opioid drug products listed on the formulary, compiled under subsection (b) of
106 section 13 of chapter 17, on a basis not less favorable than non-abuse deterrent opioid drug
107 products that are covered by the commission. An increase in patient cost sharing shall not be
108 allowed to achieve compliance with this section.

109 Section 17M. For the purposes of this section the term 'substance abuse treatment' shall
110 include: early intervention services for substance use disorder treatment; outpatient services
111 including medically assisted therapies; intensive outpatient and partial hospitalization services;
112 residential or inpatient services, not covered under section 17N; and medically managed
113 intensive inpatient services, not covered under said section 17N.

114 Any coverage offered by the commission to an active or retired employee of the
115 commonwealth insured under the group insurance commission shall not require a member to
116 obtain a preauthorization for substance abuse treatment if the provider is certified or licensed by
117 the commonwealth.

118 Section 17N. For the purposes of this section the following terms shall have the following
119 meanings, unless the context clearly requires otherwise:-

120 'Acute treatment services', 24 hour medically supervised addiction treatment for adults or
121 adolescents provided in a medically managed or medically monitored inpatient facility, as
122 defined by the department of public health, that provides evaluation and withdrawal management
123 and which may include biopsychosocial assessment, individual and group counseling,
124 psychoeducational groups and discharge planning.

125 'Clinical stabilization services', 24-hour clinically managed detoxification treatment for
126 adults or adolescents, as defined by the department of public health, usually following more

127 acute treatment services for substance abuse, which may include intensive education and
128 counseling regarding the nature of addiction and its consequences, relapse prevention, outreach
129 to families and significant others and aftercare planning, for individuals beginning to engage in
130 recovery from addiction.

131 The commission shall provide coverage to any active or retired employee of the
132 commonwealth who is insured under the group insurance commission coverage for acute
133 treatment services and clinical stabilization services for up to a total of 10 days and shall not
134 require preauthorization prior to obtaining such acute treatment services or clinical stabilization
135 services; provided that, utilization review procedures may be initiated on day 8.

136 SECTION 10. Section 22 of said chapter 32A, as appearing in the 2012 Official Edition,
137 is hereby amended by inserting after the word 'specialist', in line 104, the following words:- , a
138 licensed alcohol and drug counselor I, as defined in section 1 of chapter 111J,.

139 SECTION 11. Chapter 38 of the General Laws is hereby amended by adding the
140 following section:-

141 Section 16. The chief medical examiner shall file a report with the federal Food and Drug
142 Administration's MedWatch Program any time the determined cause of death of an individual
143 was due solely to the ingestion of a schedule II through schedule VI, inclusive, controlled
144 substance, under chapter 94C. A report shall also be sent to the commissioner of public health in
145 a manner determined by the commissioner of public health.

146 SECTION 12. Chapter 94C of the General Laws is hereby amended by inserting after
147 section 2 the following section:-

148 Section 2A. (a) Notwithstanding section 2, the commissioner may, by order, place a
149 substance in schedule I on a temporary basis if the commissioner finds: (i) it is necessary to
150 avoid an imminent hazard to the public safety; (ii) it is necessary for the preservation of the
151 public health, safety or general welfare; (iii) the substance is not listed in any other schedule
152 identified in section 3; (iv) no exception is in effect for the substance pursuant to section 4; and
153 (v) the substance is not excluded under subsection (c) of section 2.

154 (b) Prior to finding that a substance is an imminent hazard to the public safety under
155 clause (i) of subsection (a), the commissioner shall consider the substance's actual or relative
156 potential for abuse and its history and current patterns of abuse.

157 (c) An order issued under subsection (a) shall be an emergency regulation and subject to
158 section 3 of chapter 30A; provided, however, that: (i) no further approval by designated persons
159 or bodies, as referenced in said section 3, shall be required before the emergency regulation
160 becomes effective; and (ii) the emergency regulation may remain in effect for up to 1 year.

161 (d) An order issued under subsection (a) shall take effect upon the completion of a 14 day
162 notice period. For the purposes of this section, the notice period shall begin when the order is
163 published on the department of public health's website and by any other means the commissioner
164 may deem necessary. The commissioner shall forward a copy of the order to all acute inpatient
165 hospitals in the commonwealth, in a form and manner to be determined by the commissioner, to
166 disseminate information regarding the dangers of the substance.

167 (e) Upon issuing an order under subsection (a), the commissioner shall forward a copy of
168 the order to the chairs of the joint committee on public health.

169 (f) Upon issuing an order under subsection (a), the commissioner shall forward a copy of
170 the order to the attorney general of the United States to request that the attorney general
171 temporarily place the substance in schedule I under the federal Controlled Substances Act, 21
172 USC § 811(h).

173 (g) Upon issuing an order under subsection (a), the commissioner shall forward a copy of
174 the order to all local and regional boards of health, with guidance that possession or distribution
175 of the substance by any food, retail or other commercial establishment shall constitute an
176 imminent health hazard. While the order is in effect the board of health or an authorized agent,
177 the local inspection department or the equivalent or a municipal government or its agent may,
178 under section 30 of chapter 111 and any regulation promulgated pursuant thereto, take any
179 enforcement action consistent with a finding of an imminent health hazard, up to and including
180 summary suspension of a municipal license or permit held by the establishment including, but
181 not limited to, a permit to operate.

182 SECTION 13. Said chapter 94C is hereby further amended by inserting after section 6 the
183 following section:-

184 Section 6A. A corporate entity, other than a hospital or clinic licensed under section 51 of
185 chapter 111 or an opioid treatment program licensed under chapter 111E, doing business in the
186 commonwealth, which has more than 300 patients receiving treatment for opioid dependency in
187 the form of opioid agonist therapy provided by physicians who are associated with the entity by
188 contract, fee for service or other arrangement other than as members of the practice, shall be
189 licensed by the department and shall comply with requirements established by the department to
190 limit the diversion of opioid drugs and ensure patient safety.

191 The department shall issue best practice guidance related to routine toxicology
192 screenings, maximum take home dosages and behavioral health referrals for practitioners who
193 provide opioid agonist therapy in the commonwealth. Practitioners shall adhere to said best
194 practices promulgated by the department.

195 SECTION 14. Section 12A of chapter 112 of the General Laws, as so appearing, is
196 hereby amended by striking out, in lines 32 and 33, the words 'de-identified, aggregate

197 information in a manner to be determined in conjunction with the department of public health'
198 and inserting in place thereof the following words:- information related to the incident to the
199 commissioner of public health in a manner determined by the commissioner that complies with
200 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2 and 45 C.F.R. § 164.512. The department of public health
201 may promulgate regulations to enforce this section and to ensure that serious adverse drug events
202 are reported to the federal Food and Drug Administration's MedWatch Program.

203 SECTION 15. Section 12D of said chapter 112, as so appearing, is hereby amended by
204 inserting after the definition of 'Department' the following definition:- 'Interchangeable abuse
205 deterrent drug product', a drug with abuse deterrent properties identified by the drug formulary
206 commission as an appropriate substitute for a drug that the commission has determined poses a
207 heightened level of risk to the public due to the drug's potential for abuse and misuse under
208 subsection (b) of section 13 of chapter 17.

209 SECTION 16. The fourth paragraph of said section 12D of said chapter 112, as so
210 appearing, is hereby amended by striking out the first sentence and inserting in place thereof the
211 following sentence:- Except in cases where the practitioner has indicated 'no substitution', the
212 pharmacist shall dispense: an interchangeable abuse deterrent product if one exists; or, if none
213 exists, a less expensive, reasonably available, interchangeable drug product as allowed by the
214 most current formularies or supplement thereof.

215 SECTION 17. Said section 12D of said chapter 112, as so appearing, is hereby further
216 amended by striking out, in lines 30 and 31, the words 'the pharmacist dispense a brand name
217 drug product' and inserting in place thereof the following words:- no substitution be made.

218 SECTION 18. Chapter 118E of the General Laws is hereby amended by inserting after
219 section 10G the following section:-

220 Section 10H. For the purposes of this section the following terms shall have the following
221 meanings, unless the context clearly requires otherwise:-

222 'Acute treatment services', 24 hour medically supervised addiction treatment for adults or
223 adolescents provided in a medically managed or medically monitored inpatient facility, as
224 defined by the department of public health, that provides evaluation and withdrawal management
225 and which may include biopsychosocial assessment, individual and group counseling,
226 psychoeducational groups and discharge planning.

227 'Clinical stabilization services', 24-hour clinically managed detoxification treatment for
228 adults or adolescents, as defined by the department of public health, usually following more
229 acute treatment services for substance abuse, which may include intensive education and
230 counseling regarding the nature of addiction and its consequences, relapse prevention, outreach
231 to families and significant others and aftercare planning, for individuals beginning to engage in
232 recovery from addiction.

233 The division and its contracted health insurers, health plans, health maintenance
234 organizations, behavioral health management firms and third party administrators under contract
235 to a Medicaid managed care organization or primary care clinician plan shall cover the cost of
236 acute treatment services and shall not require a preauthorization prior to obtaining treatment.

237 The division and its contracted health insurers, health plans, health maintenance
238 organizations, behavioral health management firms and third party administrators under contract
239 to a Medicaid managed care organization or primary care clinician plan shall cover the cost of
240 clinical stabilization services for up to 10 days and shall not require preauthorization prior to
241 obtaining clinical stabilization services; provided that, utilization review procedures may be
242 initiated on day 8.

243 SECTION 19. Section 47B of chapter 175 of the General Laws, as appearing in the 2012
244 Official Edition, is hereby amended by inserting after the word ‘specialist’, in line 114, the
245 following words:- , a licensed alcohol and drug counselor I, as defined in section 1 of chapter
246 111J,.

247 SECTION 20. Chapter 175 of the General Laws is hereby amended by inserting after
248 section 47DD the following 3 sections:-

249 Section 47EE. Any policy, contract, agreement, plan or certificate of insurance issued,
250 delivered or renewed within the commonwealth shall provide coverage for abuse deterrent opioid
251 drug products listed on the formulary, compiled under subsection (b) of section 13 of chapter 17,
252 on a basis not less favorable than non-abuse deterrent opioid drug products that are covered by
253 such policy, contract, agreement, plan or certificate of insurance. An increase in patient cost
254 sharing shall not be allowed to achieve compliance with this section.

255 Section 47FF. For the purposes of this section the term ‘substance abuse treatment’ shall
256 include: early intervention services for substance use disorder treatment; outpatient services
257 including medically assisted therapies; intensive outpatient and partial hospitalization services;
258 residential or inpatient services, not covered under section 47GG; and medically managed
259 intensive inpatient services, not covered under said section 47GG.

260 Any policy, contract, agreement, plan or certificate of insurance issued, delivered or
261 renewed within the commonwealth shall not require a member to obtain a preauthorization for
262 substance abuse treatment if the provider is certified or licensed by the commonwealth.

263 Section 47GG. For the purposes of this section the following terms shall have the
264 following meanings, unless the context clearly requires otherwise:-

265 ‘Acute treatment services’, 24 hour medically supervised addiction treatment for adults or
266 adolescents provided in a medically managed or medically monitored inpatient facility, as
267 defined by the department of public health, that provides evaluation and withdrawal management

268 and which may include biopsychosocial assessment, individual and group counseling,
269 psychoeducational groups and discharge planning.

270 'Clinical stabilization services', 24-hour clinically managed detoxification treatment for
271 adults or adolescents, as defined by the department of public health, usually following more
272 acute treatment services for substance abuse, which may include intensive education and
273 counseling regarding the nature of addiction and its consequences, relapse prevention, outreach
274 to families and significant others and aftercare planning, for individuals beginning to engage in
275 recovery from addiction.

276 Any policy, contract, agreement, plan or certificate of insurance issued, delivered or
277 renewed within the commonwealth shall provide coverage for acute treatment services and
278 clinical stabilization services for up to a total of 10 days and shall not require preauthorization
279 prior to obtaining acute treatment services or clinical stabilization services; provided that,
280 utilization review procedures may be initiated on day 8.

281 SECTION 21. Section 8A of chapter 176A of the General Laws, as appearing in the 2012
282 Official Edition, is hereby amended by inserting after the word 'specialist', in line 116, the
283 following words:- , a licensed alcohol and drug counselor I, as defined in section 1 of chapter
284 111J,.

285 SECTION 22. Chapter 176A of the General Laws is hereby amended by inserting after
286 section 8FF the following 3 sections:-

287 Section 8GG. Any contract between a subscriber and the corporation under an individual
288 or group hospital service plan which is delivered, issued or renewed within the commonwealth
289 shall provide coverage for abuse deterrent opioid drug products listed on the formulary, compiled
290 under subsection (b) of section 13 of chapter 17, on a basis not less favorable than non-abuse
291 deterrent opioid drug products that are covered by the individual or group hospital service plan.
292 An increase in patient cost sharing shall not be allowed to achieve compliance with this section.

293 Section 8HH. For the purposes of this section the term 'substance abuse treatment' shall
294 include: early intervention services for substance use disorder treatment; outpatient services
295 including medically assisted therapies; intensive outpatient and partial hospitalization services;
296 residential or inpatient services, not covered under section 8II; and medically managed intensive
297 inpatient services, not covered under said section 8II.

298 Any contract between a subscriber and the corporation under an individual or group
299 hospital service plan which is delivered, issued or renewed within the commonwealth shall not
300 require a member to obtain a preauthorization for substance abuse treatment if the provider is
301 certified or licensed by the commonwealth.

302 Section 8II. For the purposes of this section the following terms shall have the following
303 meanings, unless the context clearly requires otherwise:-

304 'Acute treatment services', 24 hour medically supervised addiction treatment for adults or
305 adolescents provided in a medically managed or medically monitored inpatient facility, as
306 defined by the department of public health, that provides evaluation and withdrawal management
307 and which may include biopsychosocial assessment, individual and group counseling,
308 psychoeducational groups and discharge planning.

309 'Clinical stabilization services', 24-hour clinically managed detoxification treatment for
310 adults or adolescents, as defined by the department of public health, usually following more
311 acute treatment services for substance abuse, which may include intensive education and
312 counseling regarding the nature of addiction and its consequences, relapse prevention, outreach
313 to families and significant others and aftercare planning, for individuals beginning to engage in
314 recovery from addiction.

315 Any contract between a subscriber and the corporation under an individual or group
316 hospital service plan which is delivered, issued or renewed within the commonwealth shall
317 provide coverage for acute treatment services and clinical stabilization services for up to a total
318 of 10 days and shall not require preauthorization prior to obtaining acute treatment services or
319 clinical stabilization services; provided that, utilization review procedures may be initiated on
320 day 8.

321 SECTION 23. Section 4A of chapter 176B of the General Laws, as appearing in the 2012
322 Official Edition, is hereby amended by inserting after the word 'specialist', in line 114, the
323 following words:- , a licensed alcohol and drug counselor I, as defined in section 1 of chapter
324 111J,.

325 SECTION 24. Chapter 176B of the General Laws is hereby amended by inserting after
326 section 4FF the following 3 sections:-

327 Section 4GG. Any subscription certificate under an individual or group medical service
328 agreement delivered, issued or renewed within the commonwealth shall provide coverage for
329 abuse deterrent opioid drug products listed on the formulary, compiled under subsection (b) of
330 section 13 of chapter 17, on a basis not less favorable than non-abuse deterrent opioid drug
331 products that are covered by an individual or group medical service agreement. An increase in
332 patient cost sharing shall not be allowed to achieve compliance with this section.

333 Section 4HH. For the purposes of this section the term 'substance abuse treatment' shall
334 include: early intervention services for substance use disorder treatment; outpatient services
335 including medically assisted therapies; intensive outpatient and partial hospitalization services;
336 residential or inpatient services, not covered under section 4II; and medically managed intensive
337 inpatient services, not covered under said section 4II.

338 Any subscription certificate under an individual or group medical service agreement
339 delivered, issued or renewed within the commonwealth shall not require a member to obtain a
340 preauthorization for substance abuse treatment if the provider is certified or licensed by the
341 commonwealth.

342 Section 4II. For the purposes of this section the following terms shall have the following
343 meanings, unless the context clearly requires otherwise:-

344 ‘Acute treatment services’, 24 hour medically supervised addiction treatment for adults or
345 adolescents provided in a medically managed or medically monitored inpatient facility, as
346 defined by the department of public health, that provides evaluation and withdrawal management
347 and which may include biopsychosocial assessment, individual and group counseling,
348 psychoeducational groups and discharge planning.

349 ‘Clinical stabilization services’, 24-hour clinically managed detoxification treatment for
350 adults or adolescents, as defined by the department of public health, usually following more
351 acute treatment services for substance abuse, which may include intensive education and
352 counseling regarding the nature of addiction and its consequences, relapse prevention, outreach
353 to families and significant others and aftercare planning, for individuals beginning to engage in
354 recovery from addiction.

355 Any subscription certificate under an individual or group medical service agreement
356 delivered, issued or renewed within the commonwealth shall provide coverage for acute
357 treatment services and clinical stabilization services for up to a total of 10 days and shall not
358 require preauthorization prior to obtaining acute treatment services or clinical stabilization
359 services; provided that, utilization review procedures may be initiated on day 8.

360 SECTION 25. Section 4M of chapter 176G of the General Laws, as appearing in the
361 2012 Official Edition, is hereby amended by inserting after the word ‘specialist’, in line 110, the
362 following words:- , a licensed alcohol and drug counselor I, as defined in section 1 of chapter
363 111J,.

364 SECTION 26. Chapter 176G of the General Laws is hereby amended by inserting after
365 section 4X the following 3 sections:-

366 Section 4Y. An individual or group health maintenance contract that is issued or renewed
367 shall provide coverage for abuse deterrent opioid drug products listed on the formulary, compiled
368 under subsection (b) of section 13 of chapter 17, on a basis not less favorable than non-abuse
369 deterrent opioid drug products that are covered by an individual or group health maintenance
370 contract. An increase in patient cost sharing shall not be allowed to achieve compliance with this
371 section.

372 Section 4Z. For the purposes of this section the term ‘substance abuse treatment’ shall
373 include: early intervention services for substance use disorder treatment; outpatient services
374 including medically assisted therapies; intensive outpatient and partial hospitalization services;
375 residential or inpatient services, not covered under section 4AA; and medically managed
376 intensive inpatient services, not covered under said section 4AA.

377 An individual or group health maintenance contract that is issued or renewed shall not
378 require a member to obtain a preauthorization for substance abuse treatment if the provider is
379 certified or licensed by the commonwealth.

380 Section 4AA. For the purposes of this section the following terms shall have the
381 following meanings, unless the context clearly requires otherwise:-

382 ‘Acute treatment services’, 24 hour medically supervised addiction treatment for adults or
383 adolescents provided in a medically managed or medically monitored inpatient facility, as
384 defined by the department of public health, that provides evaluation and withdrawal management
385 and which may include biopsychosocial assessment, individual and group counseling,
386 psychoeducational groups and discharge planning.

387 ‘Clinical stabilization services’, 24-hour clinically managed detoxification treatment for
388 adults or adolescents, as defined by the department of public health, usually following more
389 acute treatment services for substance abuse, which may include intensive education and
390 counseling regarding the nature of addiction and its consequences, relapse prevention, outreach
391 to families and significant others and aftercare planning, for individuals beginning to engage in
392 recovery from addiction.

393 An individual or group health maintenance contract that is issued or renewed shall
394 provide coverage for acute treatment services and clinical stabilization services for up to a total
395 of 10 days and shall not require preauthorization prior to obtaining acute treatment services or
396 clinical stabilization services; provided that, utilization review procedures may be initiated on
397 day 8.

398 SECTION 27. The department of public health shall compile a list of prescription drug
399 drop boxes and other safe locations to dispose of prescription drugs within the commonwealth.
400 The list shall be published on the department’s website, not later than January 2, 2015, and shall
401 be updated on a regular basis.

402 The department shall compile a list of communities within the commonwealth that do not
403 have a prescription drug drop box or other safe location to dispose of prescription drugs. The
404 department shall file the list with the house and senate clerks, who shall forward the list to the
405 senate and house committees on ways and means and the joint committee on mental health and
406 substance abuse, not later than January 2, 2015.

407 SECTION 28. The center for health information and analysis shall conduct a review of the
408 accessibility of substance use disorder treatment and adequacy of insurance coverage in the
409 commonwealth and shall issue a report, not later than February 15, 2015. The review shall be
410 posted on the center's website and shall be filed with the house of representatives and senate
411 clerks, the house and senate committees on ways and means and the health policy commission.

412 The report shall include, but not be limited to: (i) a description of the continuum of care
413 for substance use disorder treatment; (ii) an evaluation of access to the continuum of care for
414 patients eligible for MassHealth and department of public health programs; (iii) an evaluation of
415 access to the continuum of care for commercially insured patients; and (iv) a description of
416 specific barriers to treatment access, including utilization review, prior authorization and patient
417 cost sharing.

418 SECTION 29. The health policy commission shall issue a report recommending policies
419 intended to ensure access to and coverage for substance use disorder treatment throughout the
420 commonwealth, which shall be filed with the clerks of the house of representatives and the
421 senate and shall be available on the general court's website, not later than May 30, 2015. In
422 preparing the report, the commission shall consider the report of the center for health information
423 and analysis, under section 36, and the recommendations of the senate special committee on drug
424 abuse and treatment options, established by a senate order adopted on January 16, 2014. The
425 commission shall provide opportunity for public comment during the development of this report.
426 The report shall include but not be limited to: (1) specific legislation or regulatory changes
427 recommended, including appropriate coverage mandates; (2) an evaluation of the availability of
428 medication-assisted opioid therapy such as methadone, buprenorphine and extended-release
429 naltrexone in critical stabilization services, including insurance coverage, regulatory or licensure
430 barriers to access such medications prior to discharge and recommendations for changes to
431 ensure patient access; and (3) recommendations for the continuing study of substance use
432 disorder by the center for health information and analysis, under section 21A of chapter 12C of
433 the General Laws, including appropriate data collection and sharing activities.

434 SECTION 30. In carrying out its responsibilities under this act, the center for health
435 information and analysis and the health policy commission may use all department of public
436 health data; provided, that such data shall not be a public record and the health policy
437 commission and the center for health information and analysis shall protect the privacy of any
438 protected health information in accordance with federal and state laws and applicable rules and
439 regulations.

440 SECTION 31. Notwithstanding any general or special law to the contrary, the governor
441 shall appoint the new members to the drug formulary commission, under section 13 of chapter 17
442 of the General Laws, not later than 30 days from the effective date of this act. Of the 4 new
443 appointments under said section 13 of said chapter 17, 2 shall be appointed for a term of 3 years;

444 1 shall be appointed for a term of 2 years; and 1 shall be appointed for a term of 1 year. As the
445 term of a member expires the successor shall be appointed to serve for a term of 3 years.

446 SECTION 32. The division shall implement section 18 subject to all required federal
447 approvals.

448 SECTION 33. Notwithstanding any general or special law to the contrary, the drug
449 formulary commission shall issue the first draft of its formulary of abuse deterrent drugs that are
450 a chemically equivalent substitute for drugs that are opiates and pose a risk to the public's health,
451 under subsection (b) of section 13 of chapter 17 of the General Laws, not later than 120 days
452 from the effective date of this act.

453 SECTION 34. Sections 9, 10 and 18 to 26, inclusive, shall take effect on October 1, 2015.

454 SECTION 35. Sections 13, 16 and 17 shall take effect 6 months from the effective date of
455 this act.”.