

**SENATE . . . . . No. 1160**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

***Michael O. Moore***

*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 expanding access to patient centered care for opioid use disorder.

PETITION OF:

NAME:

*Michael O. Moore*

DISTRICT/ADDRESS:

*Second Worcester*

**SENATE . . . . . No. 1160**

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By Mr. Moore, a petition (accompanied by bill, Senate, No. 1160) of Michael O. Moore for legislation to expand access to patient centered care for opioid use disorder. Mental Health, Substance Use and Recovery.

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**The Commonwealth of Massachusetts**

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**In the One Hundred and Ninety-First General Court  
(2019-2020)**  
\_\_\_\_\_

An Act expanding access to patient centered care for opioid use disorder.

*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. Notwithstanding any special or general law to the contrary, the department  
2 of public health and the board of registration in medicine shall develop, or provide for, a  
3 healthcare provider education campaign that encourages the adoption of all Food and Drug  
4 Administration, FDA, approved medications for the treatment of opioid use disorder. The goal of  
5 the campaign is to increase the number of providers offering all FDA-approved medications,  
6 directly or by referral, along with counseling and other appropriate support services. The training  
7 shall include, but not be limited to guidelines and best practices for: assessment; toxicology  
8 screens; treatment plans, including counseling frequency and type; detoxification/withdrawal  
9 management and induction care coordination; appropriate length of treatment; and relapse  
10 prevention. The training developed or provided shall be accepted by the board as up to 2  
11 continuing professional development credits.

12           SECTION 2. Notwithstanding any special or general law to the contrary, the department  
13 of public health and the bureau of substance abuse services shall establish a peer mentoring  
14 program that supplements the healthcare provider educational campaign by providing a network  
15 for peer-to-peer trainings, materials, and prescriber and clinical team support. Peer mentors  
16 should have strong credentials, expertise and clinical experience with all FDA-approved  
17 medications for the treatment of opioid use disorder. Mentors shall provide coaching for  
18 providers licensed or certified by the department of public health. The department shall prioritize  
19 the efforts of the peer mentor program for providers serving geographic areas of the  
20 commonwealth identified by the department where access to medication assisted treatment is  
21 limited. The training program shall include, but not be limited to the following criteria: patient  
22 eligibility, optimal selection criteria, placement matching, patient engagement, team coaching  
23 and coordination, withdrawal management and induction, dosing and administration, clinical  
24 evaluation and laboratory monitoring, side effect management, co-occurring disorders  
25 management, drug-drug interactions, treatment retention, managed care interactions, and  
26 termination of medication.

27           SECTION 3. There shall be a grant program established to support providers who  
28 demonstrate the ability to offer all FDA-approved medications, along with counseling and other  
29 supports, directly or by referral. Providers who complete the waiver process and the educational  
30 programming on all FDA approved medications will be eligible to apply for funding to add a  
31 staff person(s) to support the expanded services.

32           SECTION 4. The department of public health shall create an inventory of health care  
33 providers treating patients with medications to measure adoption of offering all FDA-approved  
34 treatment options across the commonwealth. They shall also submit a report to the house and

35 senate committees on ways and means and the joint committee on mental health and substance  
36 use, and recovery on the number of providers trained and any identified obstacles to expanding  
37 the number of providers offering all FDA-approved medications by January 1, 2020.