

SENATE No. 2623

Senate July 19, 2018, – Text of the Senate amendment to the House Bill for prevention and access to appropriate care and treatment of addiction (House, No. 4742) (being the text of Senate document numbered 2609, printed as amended)

The Commonwealth of Massachusetts

—
In the One Hundred and Ninetieth General Court
(2017-2018)
—

1 SECTION 1. Chapter 6A of the General Laws, as appearing in the 2016 Official Edition,
2 is hereby amended by inserting after section 16Z the following section:-

3 Section 16AA. (a) Subject to appropriation, the executive office of health and human
4 services shall develop and implement a statewide program to provide remote consultations not less
5 than 5 days a week to primary care practices, nurse practitioners and other health care providers
6 who are providing care for persons who are over the age of 17 and are experiencing chronic pain;
7 provided, however, that the remote consultations shall include, but not be limited to, support for
8 screening, diagnosis, pain management strategies, pharmacological and non-pharmacological
9 treatments and referrals for chronic pain.

10 (b) Expenditures on the program by the executive office of health and human services that
11 are related to services provided on behalf of commercially-insured clients shall be assessed by the
12 commissioner of medical assistance on surcharge payors, as defined in section 64 of chapter 118E.

13 SECTION 2. Section 15 of chapter 6D of the General Laws, as so appearing, is hereby
14 amended by inserting after the word “abuse”, in line 65, the following words:- ; pain management,
15 including non-opioid and non-pharmaceutical pain management.

16 SECTION 3. Said section 15 of said chapter 6D, as so appearing, is hereby further amended
17 by inserting after the word “illnesses”, in line 91, the following words:- , including chronic pain,.

18 SECTION 4. Chapter 10 of the General Laws is hereby amended by inserting after section
19 35EEE the following section:-

20 Section 35FFF. (a) There shall be established and set up on the books of the commonwealth
21 a Substance Use Prevention, Education and Screening Trust Fund for the purpose of supporting
22 school-based programs that (i) educate children and young persons on alcohol and substance
23 misuse and (ii) identify and support children and young persons at risk of alcohol or substance
24 misuse and related risky behaviors. The fund shall be administered by the secretary of education,
25 in consultation with the secretary of health and human services and the advisory commission
26 established under subsection (b). The fund shall be used: (i) to provide grants to public elementary,
27 middle and secondary, including vocational schools, schools and to public institutions of higher
28 education to support the expansion of educational and intervention programs meeting the purposes
29 of the fund; and (ii) for the department of public health to support public schools in implementing
30 evidence-based alcohol and substance use prevention programs, early detection protocols and
31 policies, risk assessment tools or counseling in the school setting. Grants from the fund may be
32 made for the implementation of the safe and supportive schools framework specified in subsection
33 (f) of section 1P of chapter 69 or for the purposes specified in sections 96 or 97 of chapter 71. The
34 secretary may use the fund for necessary and reasonable administrative and personnel costs related
35 to administering the grants; provided, however that such expenditures shall not exceed, in any
36 fiscal year, 5 per cent of the total amount present in the fund during that fiscal year.

37 The fund shall consist of: (i) money appropriated or otherwise authorized by the general
38 court and specifically designated to be credited to the fund and (ii) money from private sources
39 including, but not limited to, grants, gifts and donations received by the commonwealth and
40 specifically designated to be credited to the fund. Amounts credited to the fund shall not be subject
41 to further appropriation and any money remaining in the fund at the end of a fiscal year shall not
42 revert to the General Fund and shall be available for expenditure in subsequent fiscal years.

43 (b) There shall be a Substance Use Prevention, Education, and Screening Trust Fund
44 Advisory Commission who shall be appointed by the secretary of education in consultation with
45 the secretary of health and human services. The advisory commission shall consist of experts in
46 children's behavioral health, adolescent substance use prevention and treatment, public health,
47 school nursing and education. The advisory commission shall develop a set of standards and
48 criteria for programs to meet in order to be eligible for funding under subsection (a); provided,
49 however, that the set of standards and criteria shall include documented evidence of effectiveness
50 as determined by the National Registry of Effective and Promising Practices. The advisory
51 commission shall identify and may recommend to the secretary of education funding for evidence-
52 informed practices and programs that identify and eliminate disparities related to substance use
53 disorders and its effects among different population groups, including youth of color and lesbian,
54 gay, bisexual, transgender, queer and questioning youth.

55 (c) Annually, not later than December 31, the secretary of education shall report to the
56 house and senate committees on ways and means and the joint committee on mental health,
57 substance use and recovery on: (i) the status of grants awarded under this section, including a list
58 and description of all practices and programs that received grant funds; (ii) the amount of awarded
59 grants; and (iii) a breakdown of the number of youth receiving services through each grant.

60 SECTION 5. Section 21A of chapter 12C of the General Laws, as appearing in the 2016
61 Official Edition, is hereby amended by inserting after the words “mental health”, in line 2, the
62 following words:- , chronic pain.

63 SECTION 6. Said section 21A of said chapter 12C, as so appearing, is hereby further
64 amended by adding the following sentence:- The program may include, but not be limited to,
65 assisting the division of insurance in its assessment of provider networks and utilization of services
66 for mental health, substance use disorder and pain management under the division’s network
67 adequacy review process established under section 2A of chapter 176O .

68 SECTION 7. Section 13 of chapter 13 of the General Laws, as so appearing, is hereby
69 amended by striking out, in line 6, the words “9 registered nurses; 4” and inserting in place thereof
70 the following words:- 11 registered nurses; 2.

71 SECTION 8. Subsection (c) of said section 13 of said chapter 13, as so appearing, is hereby
72 amended by striking out clause (1) and inserting in place thereof the following clause:-

73 (1) 3 representatives with expertise in nursing education whose graduates are eligible to
74 write nursing licensure examinations, including 1 representative from pre-licensure level, 1
75 representative from graduate level and 1 representative from post-graduate level; provided,
76 however, that none of these 3 representatives shall be from the same institution;

77 SECTION 9. Said subsection (c) of said section 13 of said chapter 13, as so appearing, is
78 hereby further amended by striking out clause (4) and inserting in place thereof the following 4
79 clauses:-

80 (4) 2 registered nurses not authorized in advanced nursing practice and who provide direct
81 patient care;

82 (5) 1 registered nurse currently providing direct care to patients with a substance use
83 disorder;

84 (6) 1 registered nurse currently providing direct care to patients in an outpatient,
85 community-based, behavioral health setting; and

86 (7) 1 registered nurse currently providing direct care to patients living with chronic pain.

87 SECTION 10. Said section 13 of said chapter 13, as so appearing, is hereby amended by
88 striking out subsection (d) and inserting in place thereof the following subsection:-

89 (d) Licensed practical nurse board members shall include representatives from at least 2 of
90 the following 3 settings: long-term care, acute care, and community health settings.

91 SECTION 11. Section 19 of chapter 19 of the General Laws, as appearing in the 2016
92 Official Edition, is hereby amended by striking out subsection (a) and inserting in place thereof
93 the following subsection:-

94 (a) The department shall issue for a term of 2 years, and may renew for like terms, a license,
95 subject to revocation by it for cause, to any private, county or municipal facility or department or
96 unit of any such facility that: (i) offers to the public inpatient psychiatric, residential or day care
97 services; (ii) is represented as providing treatment of persons with a mental illness; and (iii) meets
98 the department's applicable licensure standards and requirements; provided, however, that the
99 department may issue a license to those facilities, departments or units providing care but not
100 treatment of persons with a mental illness; and provided further, that licensing by the department

101 shall not be required if such residential or day care treatment is provided within an institution or
102 facility licensed by the department of public health pursuant to chapter 111, unless such services
103 are provided on an involuntary basis. The department shall regulate the operation of facilities,
104 departments or units that provide care but not treatment of persons with a mental illness and such
105 facilities and such facilities, departments or units shall be subject to such regulations as the
106 department shall promulgate whether they obtain a license or not. The department may issue a
107 provisional license to a facility, department or unit that has not previously operated, or is operating
108 but is temporarily unable to meet applicable standards and requirements. No original license shall
109 be issued to establish or maintain a facility, department or unit subject to licensure under this
110 section, unless there is determination by the department, in accordance with its regulations, that
111 there is need for such a facility, department or unit, as described in subsection (c). The department
112 may grant the type of license that it deems suitable for the facility, department or unit. The
113 department shall fix reasonable fees for licenses and renewal thereof. In order to be licensed by
114 the department under this section, a facility, department or unit shall provide services to
115 commonwealth residents with public health insurance on a non-discriminatory basis.

116 SECTION 12. Said section 19 of said chapter 19, as so appearing, is hereby further
117 amended by striking out, in line 20, the word “ward” and inserting in place thereof the following
118 word:- unit.

119 SECTION 13. Said section 19 of said chapter 19, as so appearing, is hereby further
120 amended by striking out subsection (c) and inserting in place thereof the following subsection:-

121 (c) Each facility, department or unit licensed by the department shall be subject to
122 supervision, visitation and inspection by the department. The department shall inspect each

123 facility, department or unit prior to granting or renewing a license pursuant to this section. The
124 department shall establish regulations to administer licensing standards and to provide operational
125 standards for such facilities, departments or units, including, but not limited to, the standards or
126 criteria that an applicant shall meet to demonstrate the need for an original license. Such standards
127 or criteria shall be reviewed by the department every 2 years and shall consider: (i) the health needs
128 of persons who have a mental illness, including but not limited to persons with a co-occurring
129 substance use disorder and underserved populations, or both; and (ii) the demonstrated ability and
130 history of a prospective licensee to meet the needs of such persons.

131 The regulations promulgated by the department pursuant to this section shall provide that
132 no facility, department or unit shall discriminate against an individual, qualified within the scope
133 of the individual's license, when considering or acting on an application of a licensed independent
134 clinical social worker for staff membership or clinical privileges. The regulations shall further
135 provide that each application shall be considered solely on the basis of the applicant's education,
136 training, current competence and experience. Each facility, department or unit shall establish, in
137 consultation with the director of social work or, if none, a consulting licensed independent clinical
138 social worker, the specific standards, criteria and procedures to admit an applicant for staff
139 membership and clinical privileges. Such standards shall be available to the department upon
140 request.

141 SECTION 14. Said section 19 of said chapter 19, as so appearing, is hereby further
142 amended by striking out, in line 44, the word "ward" and inserting in place thereof the following
143 words:- unit; provided, however, that the department may deny or condition the issuance of an
144 original license if an application does not meet the department's standards or criteria for
145 demonstrating need, as described in subsection (c).

146 SECTION 15. Said section 19 of said chapter 19, as so appearing, is hereby further
147 amended by striking out subsections (e) to (g), inclusive, and inserting in place there of the
148 following 5 subsections:-

149 (e) The department may conduct surveys and investigations to enforce compliance with
150 this section and any rule or regulation promulgated under this section. The department may
151 examine the books and accounts of any facility, department or unit if it deems such examination
152 necessary for the purposes of this section. If upon inspection, or through information in its
153 possession, the department finds that a facility, department or unit licensed by the department is
154 not in compliance with a requirement established under this section, the department may order the
155 facility, department or unit to correct such deficiency by providing the facility, department or unit
156 a deficiency notice in writing of each deficiency. The notice shall specify a reasonable time, not
157 more than 60 days after receipt of the notice, by which time the facility, department or unit shall
158 remedy or correct each deficiency cited in the notice; provided, however, that in the case of any
159 deficiency which, in the opinion of the department, is not capable of correction within 60 days, the
160 department shall require that the facility, department or unit submit a written plan for correction
161 of the deficiency in a reasonable manner. The department may modify any written plan for
162 correction, upon notice in writing to the facility, department or unit. Not more than 7 days after
163 the receipt of notice of such a modification of a written plan for correction, the affected facility,
164 department or unit may file a written request with the department for administrative
165 reconsideration of the modified plan for correction or any portion thereof.

166 Nothing in this section shall be construed to prohibit the department from enforcing a rule,
167 regulation, deficiency notice or plan for correction, administratively or in court, without first
168 affording formal opportunity to make correction, or to seek administrative reconsideration under

169 this section, where, in the opinion of the department, the violation of such rule, regulation,
170 deficiency notice or plan for correction jeopardizes the health or safety of patients or the public or
171 seriously limits the capacity of a facility, department or unit to provide adequate care, or where the
172 violation of such rule, regulation, deficiency notice or plan for correction is the second or
173 subsequent such violation occurring during a period of 12 months.

174 If a facility, department or unit fails to remedy or correct a cited deficiency by the date
175 specified in the written deficiency notice or fails to remedy or correct a cited deficiency by the
176 date specified in a plan for correction, as accepted or modified by the department, the department
177 may: (i) suspend, limit, restrict or revoke the license of the facility, department or unit; (ii) impose
178 a civil fine upon the facility, department or unit; (iii) pursue any other sanction as the department
179 may impose administratively upon the facility, department or unit; or (iv) impose any combination
180 of the penalties set forth in clauses (i) to (iii), inclusive, of this paragraph. A civil fine imposed
181 pursuant to this subsection shall be not more than \$1,000 per deficiency for each day the deficiency
182 continues to exist beyond the date prescribed for correction.

183 (f) No facility, department or unit, for which a license is required under subsection (a),
184 shall provide inpatient psychiatric, residential or day care services for the treatment or care of
185 persons with a mental illness, unless it has obtained a license under this section. The superior court
186 sitting in equity shall have jurisdiction, upon petition of the department, to restrain any violation
187 of this section or to take such other action as equity and justice may require. Whoever violates this
188 section shall be punished for the first offense by a fine of not more than \$500 and for subsequent
189 offenses by a fine of not more than \$1,000 or by imprisonment for not more than 2 years, or both.

190 (g) No patient at a facility, department or unit subject to licensure under this section shall
191 be commercially exploited. No patient shall be photographed, interviewed or exposed to public
192 view without the express written consent of the patient or the patient’s legal guardian.

193 (h) Notwithstanding subsections (a) to (g), inclusive, a child care center, family child care
194 home, family child care system, family foster care or group care facility, as defined in section 1A
195 of chapter 15D, shall not be subject to this section.

196 (i) As used in this section, “original license” shall mean a license, including a provisional
197 license, issued to a facility, department or unit not previously licensed, or a license issued to an
198 existing facility, department or unit in which there has been a change in ownership or location or
199 a change in class of license or specialized service as provided in regulations of the department.

200 SECTION 16. Subsection (a) of section 2RRRR of chapter 29 of the General Laws, as so
201 appearing, is hereby amended by inserting after the second sentence the following sentence:- A
202 sheriff of a house of correction that contracts with the department of public health may also
203 participate in the program; provided, however, that such participation shall be pursuant to any
204 terms that the department may establish for such a contract.

205 SECTION 17. Section 17M of chapter 32A of the General Laws, as so appearing, is hereby
206 amended by striking out, in line 3, the word “abuse” and inserting in place thereof the following
207 words:- use disorder.

208 SECTION 18. Section 17N of said chapter 32A, as so appearing, is hereby amended by
209 striking out, in line 31, the word “abuse” and inserting in place thereof the following words:- use
210 disorder.

211 SECTION 19. Said chapter 32A is hereby amended by inserting after section 17O the
212 following 2 sections:-

213 Section 17P. (a) The commission shall develop a plan to provide active or retired
214 employees adequate coverage and access to a broad spectrum of pain management services,
215 including, but not limited to, those that serve as alternatives to opioid prescribing, in accordance
216 with guidelines developed by the division of insurance.

217 (b) The plan shall be subject to review by the division of insurance. In its review, the
218 division shall consider the adequacy of access to a broad spectrum of pain management services
219 and any carrier policies which may create unduly preferential coverage to prescribing opiates
220 without other pain management modalities.

221 (c) The commission shall distribute educational materials to providers within their
222 networks about the pain management access plan and make information about its plan publicly
223 available on its website.

224 Section 17Q. Any coverage offered by the commission to an active or retired employee of
225 the commonwealth insured under the group insurance commission shall provide, for any covered
226 drug that is a narcotic substance contained in schedule II of section 3 of chapter 94C and that is
227 subject to cost sharing, a schedule that allows for adjustments and reductions in the cost sharing if
228 a person requests a prescription filled in a lesser quantity pursuant to section 18 of said chapter
229 94C.

230 SECTION 20. Section 97 of chapter 71 of the General Laws, as appearing in the 2016
231 Official Edition, is hereby amended by striking out, in line 25, the words “, parent or guardian”.

232 SECTION 21. Section 1 of chapter 94C of the General Laws, as so appearing, is hereby
233 amended by inserting after the definition of “Drug paraphernalia” the following definition:-

234 “Electronic prescription”, a lawful order from a practitioner registered under section 7 for
235 a drug or device for a specific patient that is: (i) generated on an electronic prescribing system that
236 meets federal requirements for electronic prescriptions for controlled substances; (ii) received by
237 the pharmacy on an electronic system that meets federal requirements for electronic prescriptions
238 for controlled substances; and (iii) is transmitted electronically to a pharmacy designated by the
239 patient without alteration of the prescription information; provided, however, that a third-party
240 intermediary may act as a conduit to route the prescription from the practitioner to the pharmacist;
241 provided further, that “electronic prescription” shall not include: (i) an order for medication which
242 is dispensed for immediate administration to the ultimate user; or (ii) a prescription generated on
243 an electronic system that is printed out or transmitted via facsimile.

244 SECTION 22. Section 8 of said chapter 94C, as so appearing, is hereby amended by
245 inserting after the word “oral”, in line 60, the following word:- , electronic.

246 SECTION 23. Section 17 of said chapter 94C, as so appearing, is hereby amended by
247 striking out, in line 2, the words “the written prescription of” and inserting in place thereof the
248 following words:- an electronic prescription from.

249 SECTION 24. Said section 17 of said chapter 94C, as so appearing, is hereby further
250 amended by striking out subsection (b) and inserting in place thereof the following subsection:-

251 (b) In emergency situations, as defined by the commissioner, a schedule II, III, IV, V or VI
252 substance may be dispensed upon written prescription or oral prescription in accordance with
253 section 20 and related regulations.

254 SECTION 25. Said section 17 of said chapter 94C, as so appearing, is hereby further
255 amended by striking out, in line 11, the words “a written or oral prescription of” and inserting in
256 place thereof the following words:- an electronic prescription from.

257 SECTION 26. Section 18 of said chapter 94C, as so appearing, is hereby amended by
258 striking out subsection (d^{3/4}) and inserting in place thereof the following subsection:-

259 (d^{3/4}) A pharmacist filling a prescription for a schedule II substance shall, if requested by
260 the patient, dispense the prescribed substance in a lesser quantity than indicated on the prescription.
261 The remaining portion may be filled upon patient request in accordance with federal law; provided,
262 however, that only the same pharmacy that originally dispensed the lesser quantity shall dispense
263 the remaining portion. Upon an initial partial dispensing of a prescription or a subsequent
264 dispensing of a remaining portion, the pharmacist or the pharmacist’s designee shall make a
265 notation in the patient's record maintained by the pharmacy, which shall be accessible to the
266 prescribing practitioner by request, indicating that the prescription was partially filled and the
267 quantity dispensed.

268 SECTION 27. Section 18B of said chapter 94C, as so appearing, is hereby amended by
269 striking out, in lines 15 and 16, the words “and in the prescription drug monitoring program
270 established in section 24A”.

271 SECTION 28. Said chapter 94C is hereby further amended by striking out section 19B, as
272 so appearing, and inserting in place thereof the following 2 sections:-

273 Section 19B. (a) As used in this section and unless the context clearly requires otherwise,
274 “opioid antagonist” shall mean naloxone or any other drug approved by the federal Food and Drug

275 Administration as a competitive narcotic antagonist used in the reversal of overdoses caused by
276 opioids.

277 (b) The department shall ensure that a statewide standing order is issued to authorize the
278 dispensing of an opioid antagonist in the commonwealth by any licensed pharmacist. The
279 statewide standing order shall include, but shall not be limited to, written, standardized procedures
280 or protocols for the dispensing of an opioid antagonist by a licensed pharmacist. Notwithstanding
281 any general or special law to the contrary, the commissioner, or a physician who is designated by
282 the commissioner and is registered under section 7, may issue a statewide standing order that may
283 be used for a licensed pharmacist to dispense an opioid antagonist under this section.

284 (c) Notwithstanding any general or special law to the contrary, a licensed pharmacist may
285 dispense an opioid antagonist in accordance with the statewide standing order issued under
286 subsection (b). Except for an act of gross negligence or willful misconduct, a pharmacist who,
287 acting in good faith, dispenses an opioid antagonist shall not be subject to any criminal or civil
288 liability or any professional disciplinary action by the board of registration in pharmacy related to
289 the use or administration of an opioid antagonist.

290 (d) A pharmacist who dispenses an opioid antagonist shall annually report to the
291 department the number of times the pharmacist dispensed an opioid antagonist. Reports shall not
292 identify an individual patient, shall be confidential and shall not constitute a public record as
293 defined in clause twenty-sixth of section 7 of chapter 4. The department shall publish an annual
294 report that includes aggregate information about the dispensing of opioid antagonists in the
295 commonwealth.

296 (e) A pharmacist or designee who dispenses an opioid antagonist pursuant to this section
297 shall, for the purposes of health insurance billing and cost-sharing, treat the transaction as the
298 dispensing of a prescription to the person purchasing the opioid antagonist regardless of the
299 ultimate user of the opioid antagonist. Prior to dispensing the opioid antagonist, the pharmacist or
300 designee shall make a reasonable effort to identify the purchaser's insurance coverage and to
301 submit a claim for the opioid antagonist to the insurance carrier at the time of purchase.

302 (f) Except for an act of gross negligence or willful misconduct, the commissioner or a
303 physician who issues the statewide standing order under subsection (a) and any practitioner who,
304 acting in good faith, directly or through the standing order, prescribes or dispenses an opioid
305 antagonist shall not be subject to any criminal or civil liability or any professional disciplinary
306 action.

307 (g) A person acting in good faith may receive a prescription for an opioid antagonist,
308 possess an opioid antagonist and administer an opioid antagonist to an individual appearing to
309 experience an opioid-related overdose. A person who, acting in good faith, administers an opioid
310 antagonist to an individual appearing to experience an opioid-related overdose shall not, as a result
311 of the person's acts or omissions, be subject to any criminal or civil liability or any professional
312 disciplinary action. The immunity established under section 34A shall also apply to a person
313 administering an opioid antagonist pursuant to this section.

314 (h) The department, the board of registration in medicine and the board of registration in
315 pharmacy shall adopt regulations to implement this section.

316 Section 19B½. Notwithstanding any special or general law to the contrary, a municipality
317 or non-municipal public agency that is duly registered pursuant to subsection (g) of section 7 may

318 convey or exchange Naloxone or another opioid antagonist approved by the department of public
319 health to or with another duly registered entity to ensure the availability and use of unexpired
320 Naloxone or other approved opioid antagonist; provided, however, that such an exchange shall be
321 recorded in a memorandum between the registered entities in a manner prescribed by the
322 department.

323 SECTION 29. Subsection (c) of section 20 of said chapter 94C, as so appearing, is hereby
324 amended by striking out the first and second sentences and inserting in place thereof the following
325 2 sentences:-

326 Whenever a practitioner registered under section 7 prescribes a controlled substance by
327 oral prescription, such individual shall, within a period of not more than 7 days or such shorter
328 period if required by federal law, cause an electronic or written prescription for the prescribed
329 controlled substance to be delivered to the dispensing pharmacy; provided, however, that the
330 written prescription may be delivered to the pharmacy in person or by mail, but shall be
331 postmarked within a period of not more than 7 days or such shorter period if required by federal
332 law.

333 SECTION 30. Section 21 of said chapter 94C, as so appearing, is hereby amended by
334 inserting after the word “written”, in line 1, the following word:-, electronic.

335 SECTION 31. Said section 21 of said chapter 94C, as so appearing, is hereby further
336 amended by inserting after the word “oral”, in line 28, the following word:-, electronic.

337 SECTION 32. Section 22 of said chapter 94C, as so appearing, is hereby amended by
338 inserting after the word “written”, in line 2, the following words:- or electronic.

339 SECTION 33. Said section 22 of said chapter 94C, as so appearing, is hereby further
340 amended by striking out, in line 21, the words “recommended full quantity indicated” and inserting
341 in place thereof the following words:- full prescribed quantity.

342 SECTION 34. Section 23 of said chapter 94C, as so appearing, is hereby amended by
343 inserting after the word “written”, in lines 1 and 6, in each instance, the following words:- or
344 electronic.

345 SECTION 35. Said section 23 of said chapter 94C, as so appearing, is hereby further
346 amended by striking out subsection (b) and inserting in place thereof the following subsection:-

347 (b) A written or electronic prescription for a controlled substance in schedule II shall not
348 be refilled. Written prescriptions for a controlled substance in schedule II shall be kept in a separate
349 file.

350 SECTION 36. Said section 23 of said chapter 94C, as so appearing, is hereby further
351 amended by striking out subsections (g) and (h) and inserting in place thereof the following 3
352 subsections:-

353 (g) Prescribers shall issue an electronic prescription for all controlled substances and
354 medical devices. The department shall promulgate regulations setting forth standards for electronic
355 prescriptions.

356 (h) The commissioner, through regulation, shall establish exceptions to section 17 and
357 subsection (g) authorizing the limited use of a written and oral prescription where appropriate.
358 Said exceptions shall include, but shall not be limited to: (i) prescriptions issued by veterinarians;
359 (ii) prescriptions issued or dispensed in circumstances where electronic prescribing is not available

360 due to temporary technological or electrical failure; (iii) a time-limited waiver process for
361 practitioners who demonstrate economic hardship, technological limitations that are not
362 reasonably within the control of the practitioner, or other exceptional circumstance; and (iv)
363 instances where it would be impractical for the patient to obtain controlled substances prescribed
364 by electronic prescription in a timely manner, and such delay would adversely impact the patient's
365 medical condition.

366 (i) All written prescriptions shall be written in ink, indelible pencil or by other means on a
367 tamper resistant form consistent with federal requirements for Medicaid and signed by the
368 prescribing practitioner.

369 SECTION 37. Section 24A of said chapter 94C, as so appearing, is hereby amended by
370 striking out clause (4) of subsection (f) and inserting in place thereof the following clause:-

371 (4) local, state and federal law enforcement or prosecutorial officials working with the
372 executive office of public safety engaged in the administration, investigation or enforcement of
373 the laws governing prescription drugs; provided, however, that the data request is in connection
374 with a bona fide specific controlled substance or additional drug-related investigation and
375 accompanied by a probable cause warrant issued pursuant to chapter 276;

376 SECTION 38. Said section 24A of said chapter 94C, as so appearing, is hereby further
377 amended by striking out clause (6) of subsection (f) and inserting in place thereof the following
378 clause:-

379 (6) personnel of the United States attorney, office of the attorney general or a district
380 attorney; provided, however, that the data request is in connection with a bona fide specific

381 controlled substance or additional drug related investigation and accompanied by a probable cause
382 warrant issued pursuant to chapter 276.

383 SECTION 39. Said section 24A of said chapter 94C, as so appearing, is hereby amended
384 by striking out subsection (g) and inserting in place thereof the following subsection:-

385 (g) The department may provide data from the prescription monitoring program to
386 practitioners in accordance with this section; provided, however, that practitioners shall be able to
387 access the data directly through a secure electronic medical record or other similar secure software
388 or information system that enables automated query and retrieval of prescription monitoring
389 program data to a practitioner. This data may be used only for the purpose of diagnosis, treatment
390 and coordinating care of the practitioners' patients, unless otherwise permitted by this section. Any
391 such secure software or information system shall identify the registered participant on whose
392 behalf the prescription monitoring program was accessed. The department may enter into data use
393 agreements to allow summary prescription monitoring program data to be securely retained in the
394 patient's medical record as a clinical note associated with a clinical encounter; provided, however,
395 that prescription monitoring program data shall not be retained separately from said clinical note;
396 and provided further, that no such agreement shall allow for prescription monitoring program data
397 to be used for purposes inconsistent with this section.

398 SECTION 40. Said section 24A of said chapter 94C, as so appearing, is hereby further
399 amended by adding the following subsection:-

400 (m) The department may enter into agreements to permit health care facilities to integrate
401 secure software or information systems into their electronic medical records for the purpose of
402 using prescription monitoring program data to perform data analysis, compilation or visualization,

403 for purposes of diagnosis, treatment and coordinating care of the practitioner’s patient. Any such
404 secure software or information system shall be bound to comply with requirements established by
405 the department to ensure the security and confidentiality of any data transferred.

406 SECTION 41. Section 34A of said chapter 94C, as so appearing, is hereby amended by
407 adding the following subsection:-

408 (f) A person acting in good faith may provide, administer or utilize a narcotic testing
409 product to assist another person in determining whether a narcotic or substance contains chemicals,
410 toxic substances or hazardous compounds. A person who, in good faith, provides, administers or
411 utilizes a narcotic testing product to assist another person in determining whether a narcotic or
412 substance contains chemicals, toxic substances or hazardous compounds shall not be charged or
413 prosecuted for possession of a controlled substance under sections 34 or 35 if the evidence for the
414 charge of possession of a controlled substance was gained as a result of providing, administering
415 or utilizing a narcotic testing product to provide assistance to another person. Narcotic testing
416 products shall include, but not be limited to, fentanyl test strips.

417 SECTION 42. Section 3 of chapter 94H of the General Laws, as so appearing, is hereby
418 amended by striking out, in lines 15 to 18, inclusive, the words “(D) in-home disposal methods
419 that render a product safe from misuse and that comply with applicable controlled substance
420 regulations and environmental safety regulations; or (E)” and inserting in place thereof the
421 following words:- or (D).

422 SECTION 43. Section 4 of said chapter 94H, as so appearing, is hereby amended by
423 striking out, in line 20, the word “may” and inserting in place thereof the following word:- shall.

424 SECTION 44. Said chapter 94H is hereby amended by adding the following section:-

425 Section 7. Annually, not later than April 1, the department shall file a report with the clerks
426 of the senate and the house of representatives and the chairs of the joint committee on mental
427 health, substance use and recovery regarding the status of the drug stewardship program, including,
428 but not limited to information regarding: (i) the regulations established under chapter 94H; (ii) any
429 new applications for drug stewardship programs; (iii) the status of existing drug stewardship
430 programs operating in the commonwealth; and (iv) a list of noncompliance notices issued pursuant
431 to section 4, including the reason for the noncompliance notice, the recipient of the noncompliance
432 notice and any subsequent department action taken to address noncompliance.

433 SECTION 45. Chapter 111 of the General Laws is hereby amended by inserting after
434 section 25J the following section:-

435 Section 25J½. An acute care hospital, as defined in section 25B, that provides emergency
436 services in an emergency department and every satellite emergency facility, as defined in section
437 51½, shall maintain, as part of its emergency services, protocols and capacity to provide
438 appropriate, evidence-based interventions prior to discharge that reduce the risk of subsequent
439 harm and fatality following an opioid-related overdose including, but not limited to, protocols and
440 capacity to possess, dispense, administer and prescribe opioid agonist treatment and offer such
441 treatment to patients who present in an acute care hospital emergency department or a satellite
442 emergency facility for care and treatment of an opioid-related overdose; provided, however, that
443 such treatment shall occur when it is recommended by the treating healthcare provider and is
444 voluntarily agreed to by the patient. An acute care hospital that provides emergency services in an
445 emergency department, and every satellite emergency facility, shall demonstrate compliance with
446 applicable training and waiver requirements established by the federal drug enforcement agency
447 and the substance abuse and mental health services administration relative to prescribing opioid

448 agonist treatment. Prior to discharge, any patient who is administered or prescribed an opioid
449 agonist treatment in an acute care hospital emergency department or satellite emergency facility
450 shall be directly connected to an appropriate provider or treatment site to voluntarily continue said
451 treatment.

452 SECTION 46. Said chapter 111, as appearing in the 2016 Official Edition, is hereby further
453 amended by inserting after section 25N³/₄ the following section:-

454 Section 25N⁷/₈. (a) As used in this section, the following terms shall, unless the context
455 clearly requires otherwise, have the following meanings:-

456 “Human services worker”, an individual who provides services that support an individual’s
457 and family’s efforts to function in daily living situations, including such settings including but not
458 limited to group homes; institutional or residential settings; correctional facilities; community
459 health centers; family, child and youth service agencies; and programs that help individuals
460 affected by alcohol or substance use disorder, family violence or aging.

461 “Qualified education loan indebtedness”, any indebtedness, including interest on such
462 indebtedness, incurred to pay tuition or other direct expenses incurred in connection with the
463 pursuit of a certificate, undergraduate or graduate degree at an institution of higher education as
464 accepted by the department related to the work of a human services worker by an applicant;
465 provided, however, that “qualified education loan indebtedness” shall not include a loan made by
466 an individual related to the applicant.

467 (b) Subject to appropriation, there shall be a student loan repayment program for human
468 services workers for the purpose of encouraging individuals to enter into and continue in such

469 professional positions. The department shall administer the program in consultation with the
470 department of higher education.

471 (c) To be eligible for an award under this program, an applicant shall: (i) be employed as a
472 human services worker at a minimum of 35 hours per week; (ii) have an individual income of no
473 more than \$45,000 per year; (iii) have been employed for 12 consecutive months as a human
474 services worker at a minimum of 35 hours per week prior to making their application; and (iv) has
475 qualified education loan indebtedness.

476 (d) Subject to appropriation, the department shall partially reimburse eligible individuals
477 for payments made by the individual toward their qualified education loan indebtedness. The
478 amount of reimbursement made by the department under the program shall be based on the total
479 amount of qualified education loan indebtedness held by the individual. Reimbursement shall not
480 exceed \$1,800 per individual per year. Reimbursement shall be paid monthly by the department at
481 a rate not to exceed \$150 per month. The individual shall no longer be eligible for reimbursement
482 after 4 years from the date the individual receives his or her first reimbursement payment. An
483 individual shall only be eligible for reimbursement payments by the department for months in
484 which the individual acts as a human services worker in the commonwealth.

485 SECTION 47. Subsection (a) of section 51½ of said chapter 111, as so appearing, is hereby
486 amended by striking out the definition of “Licensed mental health professional” and inserting in
487 place thereof the following definition:-

488 “Licensed mental health professional”, (i) a licensed physician who specializes in the
489 practice of psychiatry or addiction medicine; (ii) a licensed psychologist; (iii) a licensed
490 independent clinical social worker; (iv) a licensed certified social worker; (v) a licensed mental

491 health counselor; (vi) a licensed psychiatric clinical nurse specialist; (vii) a certified addictions
492 registered nurse; (viii) a licensed alcohol and drug counselor I as defined in section 1 of chapter
493 111J; (ix) a healthcare provider defined in section 1 of chapter 111 whose scope of practice allows
494 such evaluations pursuant to medical staff policies and practice; or (x) another professional
495 authorized by the department through regulation.

496 SECTION 48. Said section 51½ of said chapter 111, as so appearing, is hereby further
497 amended by striking out, in lines 18, 35, 36, 50, 56, 73, 78 and 94 the word “abuse” and inserting
498 in place thereof, in each instance, the following words:- use disorder.

499 SECTION 49. Said section 51½ of said chapter 111, as so appearing, is hereby further
500 amended by inserting after the word “program”, in line 20, the following words:- by a staff member
501 who is a licensed mental health professional.

502 SECTION 50. Said section 51½ of said chapter 111, as so appearing, is hereby further
503 amended by striking out, in lines 33, 79, 82 and 84 and 85, the word “opiate-related” and inserting
504 in place thereof the following word:- “opioid-related.”

505 SECTION 51. Said section 51½ of said chapter 111, as so appearing, is hereby further
506 amended by striking out subsection (c) and inserting in place thereof the following subsection:-

507 (c) During or after a substance use disorder evaluation conducted pursuant to subsection
508 (b), treatment may occur within the acute care hospital or satellite emergency facility, if available,
509 that may include induction to medication assisted treatment. If the acute care hospital or satellite
510 emergency facility is unable to provide such services, the acute care hospital or satellite emergency
511 facility shall refer the patient to an appropriate and available hospital or treatment provider;
512 provided, however, that nothing in this section shall relieve an acute care hospital or satellite

513 emergency facility from the requirements of section 25J½. Medical necessity for further treatment
514 shall be determined by the treating clinician and noted in the patient’s medical record.

515 If a patient refuses further treatment after the evaluation is complete, and is otherwise
516 medically stable, the acute care hospital or satellite emergency facility may initiate discharge
517 proceedings; provided, however, that if the patient is in need of and agrees to further treatment
518 following discharge pursuant to the substance use disorder evaluation, then the acute care hospital
519 or satellite emergency facility shall directly connect the patient with a community based program
520 prior to discharge or within a reasonable time following discharge when the community based
521 program is available.

522 SECTION 52. Said section 51½ of said chapter 111, as so appearing, is hereby further
523 amended by striking out subsection (g) and inserting in place thereof the following subsection:-

524 (g) Upon discharge of a patient who experienced an opioid-related overdose, the acute-care
525 hospital, satellite emergency facility or emergency service program shall record the opioid-related
526 overdose and substance use disorder evaluation in the patient’s electronic medical record and shall
527 make the evaluation directly accessible by other healthcare providers and facilities consistent with
528 federal and state privacy requirements through a secure electronic medical record, health
529 information exchange or other similar software or information system for the purposes of: (i)
530 improving the ease of access and utilization of such data for treatment or diagnosis; (ii) supporting
531 the integration of such data within the electronic health records of a healthcare provider for
532 purposes of treatment or diagnosis; or (iii) allowing healthcare providers and their vendors to
533 maintain such data for the purposes of compiling and visualizing such data within the electronic
534 health records of a healthcare provider in a manner that supports treatment or diagnosis.

535 SECTION 53. Subsection (i) of section 51½ of said chapter 111, as so appearing, is hereby
536 repealed.

537 SECTION 54. Section 1 of chapter 111E of the General Laws is hereby amended by
538 inserting after the definition of “Assignment”, as so appearing, the following definition:-

539 “Commissioner”, the commissioner of public health.

540 SECTION 55. Said section 1 of said chapter 111E is hereby amended by inserting after the
541 definition of “Independent addiction specialist”, inserted by section 63 of chapter 69 of the acts of
542 2018, the following definition:-

543 “Original license”, a license, including a provisional license, issued to a facility not
544 previously licensed, or a license issued to an existing facility, in which there has been a change in
545 ownership or location.

546 SECTION 56. Section 7 of said chapter 111E, as appearing in the 2016 Official Edition, is
547 hereby amended by striking out, in lines 1, 10, 13, 26, 27, 33, 39, 44, 50, 75, 77 and 80, the word
548 “division” and inserting in place thereof, in each instance, the following word:- department.

549 SECTION 57. Said section 7 of said chapter 111E, as so appearing, is hereby further
550 amended by inserting after the word “requirements”, in line 8, the following words:- set forth in
551 regulations of the department.

552 SECTION 58. Said section 7 of said chapter 111E, as so appearing, is hereby further
553 amended by striking out the fourth and fifth sentences and inserting in place thereof the following
554 2 sentences:- The commissioner shall promulgate rules and regulations establishing licensure and
555 approval standards and requirements which shall include, but not be limited to: (i) the health

556 standards to be met by a facility; (ii) misrepresentations regarding the treatment that would be
557 provided to patients at a facility; (iii) licensing fees; (iv) procedures for making and approving
558 license applications; (v) services and treatment provided by programs at a facility; (vi) certification
559 of capability of self-preservation; (vii) a requirement that the facility provide services to
560 commonwealth residents with public health insurance on a non-discriminatory basis; and (viii) the
561 standards or criteria that a facility shall meet to demonstrate the need for an original license;
562 provided, however, that such standards or criteria shall be reviewed by the department every 2
563 years and shall consider the health needs of persons who have a substance use disorder with a co-
564 occurring mental illness, including underserved populations, and the demonstrated ability and
565 history of a prospective licensee to meet the needs of such persons. Each facility shall file with the
566 division such data, statistics, schedules or information as the division may require.

567 SECTION 59. Said section 7 of said chapter 111E, as so appearing, is hereby further
568 amended by inserting after the number “10”, in line 43, the following words:- ; provided, however,
569 that the department may, in its discretion, deny or condition the issuance of an original license if
570 an application does not meet the department’s standards or criteria for demonstrating the need for
571 an original license.

572 SECTION 60. Said section 7 of said chapter 111E, as so appearing, is hereby further
573 amended by striking out, in line 49, the word “director” and inserting in place thereof the following
574 word:- commissioner.

575 SECTION 61. Said section 7 of said chapter 111E, as so appearing, is hereby further
576 amended by striking out the fifth through seventh paragraphs, inclusive, and inserting in place
577 thereof the following 7 paragraphs:-

578 No person, partnership, corporation, society, association or other agency or entity of any
579 kind, other than a licensed general hospital, a department, agency or institution of the federal
580 government, the commonwealth or any political subdivision thereof, shall operate a facility
581 without a license and no department, agency or institution of the commonwealth or any political
582 subdivision thereof shall operate a facility without approval from the department pursuant to this
583 section.

584 The department may conduct surveys and investigations to enforce compliance with this
585 section and any rule or regulation promulgated pursuant to this chapter. If the department finds
586 upon inspection, or through information in its possession, that a facility is not in compliance with
587 a requirement established under this chapter, the department may order the facility to correct such
588 deficiency by providing the facility written notice of each deficiency. The notice shall specify a
589 reasonable time, but not more than 60 days after receipt of the notice, by which time the facility
590 shall remedy or correct each deficiency cited in the notice; provided, however, that in the case of
591 any violation which, in the opinion of the department, is not capable of correction within 60 days,
592 the department shall require that the facility submit a written plan for correction of the deficiency
593 in a reasonable manner. The department may modify a written plan for correction upon written
594 notice to the facility. Within 7 days of receipt of such notice of modification of a written plan for
595 correction, the affected facility may file a written request with the department for administrative
596 reconsideration of the modified plan for correction or any portion thereof.

597 Nothing in this section shall be construed to prohibit the department from enforcing a rule,
598 regulation, deficiency notice or plan for correction, administratively or in court, without first
599 affording formal opportunity to make correction, or to seek administrative reconsideration under
600 this section, where, in the opinion of the department, the violation of such rule, regulation,

601 deficiency notice or plan for correction jeopardizes the health or safety of patients or the public or
602 seriously limits the capacity of a facility to provide adequate care, or where the violation of such
603 rule, regulation, deficiency notice or plan for correction is the second or subsequent such violation
604 occurring during a period of 12 months.

605 Upon a failure to remedy or correct a cited deficiency by the date specified in the written
606 deficiency notice or failure to remedy or correct a cited deficiency by the date specified in a plan
607 for correction as accepted or modified by the department, the department may: (i) suspend, limit,
608 restrict or revoke the facility's license; (ii) impose a civil fine upon the facility; (iii) pursue any
609 other sanction as the department may impose administratively upon the facility; or (iv) impose any
610 combination of the penalties set forth in clauses (i) to (iii), inclusive, of this paragraph. A civil fine
611 imposed pursuant to this section shall not exceed \$1,000 per deficiency for each day the deficiency
612 continues to exist beyond the date prescribed for correction.

613 Upon petition of the department, the superior court shall have jurisdiction in equity to
614 restrain any violation of this section and to take such other action as equity and justice may require
615 to enforce the department's provisions. Whoever knowingly establishes or maintains a private
616 facility other than a licensed general hospital without a license granted pursuant to this section
617 shall, for a first offense, be punished by a fine of not more than \$500 and for each subsequent
618 offense by a fine of not more than \$1,000 or imprisonment for not more than 2 years, or both.

619 A facility shall be subject to visitation and inspection by the department to enforce
620 compliance with this chapter and any rule or regulation issued thereunder. The department shall
621 inspect each facility prior to granting or renewing a license or approval. The department may

622 examine the books and accounts of any facility if it deems such examination necessary for the
623 purposes of this section.

624 No patient at a facility subject to licensure under this section shall be commercially
625 exploited. No patient shall be photographed, interviewed or exposed to public view without the
626 express written consent of the patient or the patient's legal guardian.

627 SECTION 62. Section 10H of chapter 118E of the General Laws, as inserted by section 19
628 of chapter 258 of the acts of 2014, is hereby amended by striking out, in line 55, as appearing in
629 the 2016 Official Edition, the word "abuse" and inserting in place thereof the following words:-
630 use disorder.

631 SECTION 63. Section 35 of chapter 123 of the General Laws is hereby amended by
632 inserting after the word "guardian", in line 18, as so appearing, the following words:- , medical
633 professional as defined by the department in regulation.

634 SECTION 64. Said section 35 of said chapter 123 is hereby further amended by inserting
635 after the word "harm" in line 59, as so appearing, the following words:- ; provided, however, that
636 the superintendent has provided notification to the committing court and the petitioner.

637 SECTION 65. Said Section 35 of said chapter 123 is hereby further amended by inserting
638 after the word "court", in line 67, as so appearing, the following words:- and the petitioner.

639 SECTION 66. Said section 35 of said chapter 123 is hereby further amended by inserting
640 after the third paragraph, as so appearing, the following paragraph:-

641 When the court is closed for business, upon filing of a petition by a person authorized to
642 do so under the second paragraph, a justice of the court may order a person to be committed to a

643 facility designated by the department of public health if the court finds that the person is an
644 individual with a substance use disorder and finds that there is a grave likelihood of serious harm
645 as a result of the person's substance use disorder; provided, however, that at the next available
646 opportunity, or at the next business day, whichever is sooner, the person shall receive a hearing in
647 accordance with the preceding paragraph; and provided further, that an order issued pursuant to
648 this paragraph shall expire not more than 72 hours after the issuance of the order, at which point
649 the person committed shall be immediately released from commitment or transported to the court
650 for a hearing. The court may adopt rules and procedures to implement this paragraph.

651 SECTION 67. Said section 35 of said chapter 123 is hereby further amended by inserting
652 after the seventh paragraph, as so appearing, the following paragraph:-

653 A facility used for commitment under this section for a person found to be a person with a
654 substance use disorder shall maintain or provide for the capacity to possess, dispense and
655 administer all drugs approved by the federal Food and Drug Administration for use in opioid
656 agonist treatment and opioid antagonist treatment for addiction and shall make such treatment
657 available to any person for whom such treatment is medically appropriate.

658 SECTION 68. Section 1 of chapter 127 of the General Laws, as so appearing, is hereby
659 amended by striking out the definition of "Commissioner" and inserting in place thereof the
660 following 2 definitions:-

661 "Behavioral health counseling", a non-pharmacological intervention carried out by a
662 qualified behavioral health professional in a therapeutic context at an individual, family or group
663 level; provided, however, that such an intervention may include a structured, professionally

664 administered intervention delivered in person or an intervention delivered remotely via
665 telemedicine.

666 “Commissioner”, the commissioner of correction.

667 SECTION 69. Said section 1 of said chapter 127 is hereby further amended by inserting
668 after the definition of “Placement review”, inserted by section 86 of chapter 69 of the acts of 2018,
669 the following definition:-

670 “Qualified addiction specialist”, a treatment provider who is: (i) a physician licensed by
671 the board of registration of medicine, a licensed advanced practice registered nurse or a licensed
672 physician assistant; and (ii) a licensed a qualifying practitioner or qualifying other practitioner, as
673 defined in section 303(g) of the federal Controlled Substances Act, 21 U.S.C. 823(g), who has
674 been issued an identification number by the United States Drug Enforcement Administration
675 pursuant to section 303(g)(2)(D)(ii) or (iii) of said federal Controlled Substances Act, 21 U.S.C.
676 823(g)(2)(D)(ii) or (iii).

677 SECTION 70. Section 16 of said chapter 127 is hereby amended by inserting after the word
678 “more”, in line 6, as appearing in the 2016 Official Edition, the following words:- ; provided,
679 however, that if an inmate is diagnosed with substance use disorder, the report of such examination
680 shall include a determination of whether or not opioid agonist treatment for opioid use disorder is
681 appropriate for the inmate; provided further, that this requirement may be satisfied by relying on
682 the report of an examination made pursuant to section 10 of chapter 111E if the report includes a
683 determination of whether or not opioid agonist treatment for opioid use disorder is appropriate for
684 the inmate.

685 SECTION 71. Said chapter 127 is hereby further amended by inserting after section 17A
686 the following 4 sections:-

687 Section 17B. Each county correctional facility shall maintain or provide for the capacity to
688 possess, dispense and administer all drugs approved by the federal Food and Drug Administration
689 for use in opioid agonist treatment and opioid antagonist treatment for addiction; provided,
690 however, that a facility shall not be required to maintain or provide an opioid agonist treatment or
691 opioid antagonist treatment that is not also included as a MassHealth covered benefit.

692 If a person in the custody of a county correctional facility, in any status, was receiving
693 opioid agonist treatment or opioid antagonist treatment for opioid addiction through any legally
694 authorized medical program or by a valid prescription immediately preceding incarceration, the
695 treatment shall not be involuntarily changed or discontinued except upon a determination by a
696 qualified addiction specialist that the treatment is no longer appropriate. The qualified addiction
697 specialist who makes a determination to change or discontinue treatment shall provide the reason
698 for the change or discontinuance in the person's medical record. The person shall be provided,
699 both orally and in writing, with a specific explanation of the decision to change or discontinue the
700 treatment and with notice of the right to have the person's community-based prescriber notified of
701 the decision. If the person provides signed authorization, the superintendent or sheriff shall notify
702 the community-based prescriber in writing of the decision to change or discontinue the treatment.

703 Treatment established under this section shall be subject to section 7 of chapter 111E and
704 facilities shall report not less than biannually to the commissioner of public health in a manner to
705 be determined by the commissioner of public health for the evaluation of such treatment.

706 A county correctional facility shall also make treatment under this section available not
707 less than 30 days prior to release to any person in the custody of a county correctional facility for
708 whom such treatment is determined to be medically appropriate by a qualified addiction specialist.
709 Treatment established under this section shall include behavioral health counseling for individuals
710 diagnosed with substance use disorder and such counseling services shall be consistent with
711 current therapeutic standards for these therapies in a community setting.

712 Section 17C. The commissioner, in consultation with the commissioner of public health,
713 shall provide medication-assisted treatment for opioid use disorder to a detainee or prisoner at the
714 Massachusetts Alcohol and Substance Abuse Center, the Massachusetts Correctional Institution at
715 Framingham or South Middlesex Correctional Center, upon the recommendation of a qualified
716 addiction specialist. The medication-assisted treatment program shall not be required to be
717 administered in any other state correctional facility; provided, however, that for the first 90 days
718 during which a prisoner is serving a sentence to the state prison, the commissioner shall provide
719 medication-assisted treatment for such prisoner at the Massachusetts Correctional Institution at
720 Cedar Junction upon the recommendation of a qualified addiction specialist.

721 Such facilities shall maintain or provide for the capacity to possess, dispense and
722 administer all drugs approved by the federal Food and Drug Administration for use in medication-
723 assisted treatment for opioid use disorder; provided however, that such facilities shall not be
724 required to maintain or provide a drug that is not is not a MassHealth covered benefit.

725 Such facilities shall ensure that each detainee or prisoner who is receiving medication-
726 assisted treatment for opioid use disorder continues the treatment unless such person voluntarily

727 discontinues the treatment or unless a qualified addiction specialist determines that treatment is no
728 longer medically necessary.

729 Such facilities shall ensure access to a qualified addiction specialist by a detainee or
730 prisoner.

731 Treatment established under this section shall include, but not be limited to, behavioral
732 health counseling for individuals diagnosed with opioid use disorder; provided, however, that
733 counseling services shall be consistent with current therapeutic standards for these therapies in a
734 community setting.

735 Section 17D. The commissioner shall ensure that, not later than 120 days prior to the
736 expected discharge date of a prisoner serving a sentence to the state prison, a prisoner shall have
737 access to a qualified addiction specialist who shall conduct an assessment of the prisoner. Upon a
738 determination by the qualified addiction specialist that the prisoner requires treatment for opioid
739 use disorder, the qualified addiction specialist shall establish a medically appropriate treatment
740 plan for the prisoner, which may include, but shall not be limited to, medication-assisted treatment
741 during the final 90 days of incarceration. A treatment plan may include any treatment upon
742 discharge that the qualified addiction specialist shall recommend and deem appropriate, which
743 may include, but shall not be limited to, all drugs approved by the federal Food and Drug
744 Administration for use in medication-assisted treatment for opioid use disorder; provided,
745 however, that the treatment plan shall not be required to include a drug that is not a MassHealth
746 covered benefit.

747 The treatment plant shall be forwarded to the parole board and shall be incorporated into
748 any treatment plan included within the terms and conditions of parole.

749 Section 17E. Not later than February 1, each state and county correctional facility shall
750 report to the commissioner and the commissioner of public health the following information for
751 the prior calendar year: (i) the cost to the facility of providing opioid agonist treatment and opioid
752 antagonist treatment for addiction; (ii) the type and prevalence of opioid agonist treatment and
753 opioid antagonist treatment for addiction provided; (iii) the number of persons in the custody of
754 the facility, in any status, who continued to receive the same opioid agonist treatment or opioid
755 antagonist treatment for addiction as they received prior to incarceration; (iv) the number of
756 persons in the custody of the facility, in any status, who voluntarily changed or discontinued the
757 opioid agonist treatment or opioid antagonist treatment for addiction that they received prior to
758 incarceration; (v) the number of persons in the custody of the facility, in any status, who changed
759 or discontinued opioid agonist treatment and opioid antagonist treatment for addiction that they
760 received prior to incarceration due to a determination by a physician or addiction specialist; (vi)
761 the number of persons in the custody of the facility, in any status, who received opioid agonist
762 treatment or opioid antagonist treatment for addiction not less than 30 days prior to release; (vii)
763 the number of persons in the custody of the facility, in any status, who received opioid agonist
764 treatment or opioid antagonist treatment for addiction who did not receive such treatment prior to
765 incarceration; and (viii) any other information requested by the commissioner related to the
766 provision of opioid agonist treatment and opioid antagonist treatment for addiction.

767 Annually, not later than March 1, the department of correction, in consultation with the
768 department of public health, shall submit a report on the findings collected from facilities under
769 this section to the joint committee on mental health, substance use and recovery and the house
770 and senate committees on ways and means.

771 The report shall include, but not be limited to: (a) the cost of providing opioid agonist
772 treatment and opioid antagonist treatment for addiction for all persons in the custody of state and
773 correctional facilities, regardless of status; (b) the type and prevalence of opioid agonist treatment
774 and opioid antagonist treatment for addiction provided at state and correctional facilities in the
775 commonwealth; (c) a summary of facility practices and any changes to those practices related to
776 opioid agonist treatment or opioid antagonist treatment for addiction; and (d) the aggregated results
777 of the information collected pursuant to clauses (iii) to (vii), inclusive, of the first paragraph.

778 SECTION 72. Section 47FF of chapter 175 of the General Laws, as appearing in the 2016
779 Official Edition, is hereby amended by striking out, in line 3, the word “abuse” and inserting in
780 place thereof the following words:- use disorder.

781 SECTION 73. Section 47GG of said chapter 175, as so appearing, is hereby amended by
782 striking out, in line 33, the word “abuse” and inserting in place thereof the following words:- use
783 disorder.

784 SECTION 74. Said chapter 175 is hereby further amended by inserting after section 47II
785 the following 2 sections:-

786 Section 47JJ. Any policy, contract, agreement, plan or certificate of insurance issued,
787 delivered or renewed within the commonwealth, which is considered creditable coverage under
788 section 1 of chapter 111M, shall provide, for any covered drug that is a narcotic substance
789 contained in schedule II of section 3 of chapter 94C and that is subject to cost sharing, a schedule
790 that allows for adjustments and reductions in the cost sharing if a person requests a prescription
791 filled in a lesser quantity pursuant to section 18 of said chapter 94C.

792 Section 47KK. (a) Any policy, contract, agreement, plan or certificate of insurance issued,
793 delivered or renewed within the commonwealth, which is considered creditable coverage under
794 section 1 of chapter 111M, shall develop a plan to provide adequate coverage and access to a broad
795 spectrum of pain management services, including, but not limited to, those that serve as
796 alternatives to opioid prescribing, in accordance with guidelines developed by the division of
797 insurance.

798 (b) The plan shall be subject to approval and shall be a component of carrier accreditation
799 by the division of insurance pursuant to section 2 of chapter 176O. In its review, the division shall
800 consider the adequacy of access to a broad spectrum of pain management services and any carrier
801 policies that may create unduly preferential coverage to prescribing opiates, as defined in section
802 1 of chapter 94C, without other pain management modalities.

803 (c) Carriers shall distribute educational materials to providers within their networks about
804 the pain management access plan and make information about its plan publicly available on its
805 website.

806 SECTION 75. Section 3 of chapter 175H of the General Laws, as appearing in the 2016
807 Official Edition, is hereby amended by inserting after the word “Administration”, in line 38, the
808 following words:- or for any prescription drug that is an opiate, as defined in section 1 of chapter
809 94C, placed by the commissioner of public health on schedule II pursuant to subsection (a) of
810 section 2 of said chapter 94C.

811 SECTION 76. Section 8HH of chapter 176A of the General Laws, as so appearing, is
812 hereby amended by striking out, in line 3, the word “abuse” and inserting in place thereof the
813 following words:- use disorder.

814 SECTION 77. Section 8II of said chapter 176A, as so appearing, is hereby amended by
815 striking out, in line 32, the word “abuse” and inserting in place thereof the following words:- use
816 disorder.

817 SECTION 78. Said chapter 176A is hereby amended by inserting after section 8KK the
818 following 2 sections:-

819 Section 8LL. Any contract between a subscriber and the corporation under an individual
820 or group hospital service plan that is delivered, issued or renewed within the commonwealth shall
821 provide, for any covered drug that is a narcotic substance contained in schedule II of section 3 of
822 chapter 94C and that is subject to cost sharing, a schedule that allows for adjustments and
823 reductions in the cost sharing if a person requests a prescription filled in a lesser quantity pursuant
824 to section 18 of said chapter 94C.

825 Section 8MM. (a) Any contract between a subscriber and the corporation under an
826 individual or group hospital service plan that is delivered, issued or renewed within the
827 commonwealth shall develop a plan to provide adequate coverage and access to a broad spectrum
828 of pain management services, including, but not limited to, those that serve as alternatives to opioid
829 prescribing, in accordance with guidelines developed by the division of insurance.

830 (b) The plan shall be subject to approval and shall be a component of carrier accreditation
831 by the division of insurance pursuant to section 2 of chapter 176O. In its review, the division shall
832 consider the adequacy of access to a broad spectrum of pain management services and any carrier
833 policies that may create unduly preferential coverage to prescribing opiates, as defined in section
834 1 of chapter 94C, without other pain management modalities.

835 (c) Carriers shall distribute educational materials to providers within their networks about
836 the pain management access plan and make information about its plan publicly available on its
837 website.

838 SECTION 79. Section 4HH of chapter 176B of the General Laws, as appearing in the 2016
839 Official Edition, is hereby amended by striking out, in line 3, the word “abuse” and inserting in
840 place thereof the following words:- use disorder.

841 SECTION 80. Section 4II of said chapter 176B, as so appearing, is hereby amended by
842 striking out, in line 31, the word “abuse” and inserting in place thereof the following words:- use
843 disorder.

844 SECTION 81. Said chapter 176B is hereby amended by inserting after section 4KK the
845 following 2 sections:-

846 Section 4LL. Any subscription certificate under an individual or group medical service
847 agreement that is delivered, issued or renewed within the commonwealth shall provide, for any
848 covered drug that is a narcotic substance contained in schedule II of section 3 of chapter 94C and
849 that is subject to cost sharing, a schedule that allows for adjustments and reductions in the cost
850 sharing if a person requests a prescription filled in a lesser quantity pursuant to section 18 of said
851 chapter 94C.

852 Section 4MM. (a) Any subscription certificate under an individual or group medical service
853 agreement delivered, issued or renewed within the commonwealth shall develop a plan to provide
854 adequate coverage and access to a broad spectrum of pain management services, including, but
855 not limited to, those that serve as alternatives to opioid prescribing, in accordance with guidelines
856 developed by the division of insurance.

857 (b) The plan shall be subject to approval and shall be a component of carrier accreditation
858 by the division of insurance pursuant to section 2 of chapter 176O. In its review, the division shall
859 consider the adequacy of access to a broad spectrum of pain management services and any carrier
860 policies that may create unduly preferential coverage to prescribing opiates, as defined in section
861 1 of chapter 94C, without other pain management modalities.

862 (c) Carriers shall distribute educational materials to providers within their networks about
863 the pain management access plan and make information about its plan publicly available on its
864 website.

865 SECTION 82. Section 4Z of chapter 176G of the General Laws, as appearing in the 2016
866 Official Edition, is hereby amended by striking out, in line 3, the word “abuse” and inserting in
867 place thereof the following words:- use disorder.

868 SECTION 83. Section 4AA of said chapter 176G, as so appearing, is hereby amended by
869 striking out, in line 30, the word “abuse” and inserting in place thereof the following words:- use
870 disorder.

871 SECTION 84. Said chapter 176G is hereby amended by inserting after section 4CC the
872 following 2 sections:-

873 Section 4DD. Any individual or group health maintenance contract that is issued or
874 renewed shall provide, for any covered drug that is a narcotic substance contained in schedule II
875 of section 3 of chapter 94C and that is subject to cost sharing, a schedule that allows for
876 adjustments and reductions in the cost sharing if a person requests a prescription filled in a lesser
877 quantity pursuant to section 18 of said chapter 94C.

878 Section 4EE. (a) Any individual or group health maintenance contract that is issued or
879 renewed shall develop a plan to provide adequate coverage and access to a broad spectrum of pain
880 management services, including, but not limited to, those that serve as alternatives to opioid
881 prescribing, in accordance with guidelines developed by the division of insurance.

882 (b) The plan shall be subject to approval and shall be a component of carrier accreditation
883 by the division of insurance pursuant to section 2 of chapter 176O. In its review, the division shall
884 consider the adequacy of access to a broad spectrum of pain management services and any carrier
885 policies that may create unduly preferential coverage to prescribing opiates, as defined in section
886 1 of chapter 94C, without other pain management modalities.

887 (c) Carriers shall distribute educational materials to providers within their networks about
888 the pain management access plan and make information about its plan publicly available on its
889 website.

890 SECTION 85. Subsection (a) of section 2 of chapter 176O of the General Laws, as
891 appearing in the 2016 Official Edition, is hereby amended by striking out clauses (4) and (5) and
892 inserting in place thereof the following 3 clauses:-

893 (4) preventive health services;

894 (5) access to pain management services, including non-opioid and non-pharmaceutical
895 service options; and

896 (6) compliance with sections 2 to 12, inclusive.

897 SECTION 86. Said section 2 of said chapter 176O, as so appearing, is hereby further
898 amended by striking out, in line 24, the words “of health care finance and policy” and inserting in
899 place thereof the following words:- for health information and analysis.

900 SECTION 87. Subsection (b) of said section 2 of said chapter 176O, as so appearing, is
901 hereby amended by adding the following paragraph:-

902 For the purposes of accreditation review in the area of pain management, the division shall
903 consult with the health policy commission, established under chapter 6D, for assistance in
904 determining appropriate standards for evidence-based pain management, including non-opioid
905 pain management products and services, and shall publish guidelines to assist and evaluate
906 carriers’ development and submission of pain management access plans as required under clause
907 (5) of subsection (a).

908 SECTION 88. Said chapter 176O is hereby amended by inserting after section 2 the
909 following section:-

910 Section 2A. The division may require the submission of plan provider network documents
911 by carriers to assess network adequacy of provider networks and utilization of services for mental
912 health, substance use disorder and pain management based on standards and procedures
913 established by the division and may be in consultation with the center for health information and
914 analysis. The division may share documents received under this section pursuant to an interagency
915 agreement with the center. The center may compare the documents to actual claims paid by the
916 carrier to assist the division in determining whether a carrier’s provider network documents
917 accurately reflect actual service access and utilization by the carrier’s covered members.

918 SECTION 89. Section 55 of chapter 52 of the acts of 2016 is hereby repealed.

919 SECTION 90. Section 77 of said chapter 52 is hereby repealed.

920 SECTION 91. Notwithstanding any general or special law to the contrary, the secretary of
921 health and human services shall convene an advisory board to advise the secretary on the
922 implementation of the program established in section 16AA of chapter 6A of the General Laws.
923 The advisory board shall consist of: the secretary of health and human services or a designee, who
924 shall serve as chair; and 10 persons who shall be appointed by the secretary, 1 of whom shall have
925 substantial knowledge of or experience with the Massachusetts Child Psychiatry Access Program,
926 established in section 16A of chapter 19 of the General Laws, 2 of whom shall be representatives
927 from the Massachusetts Pain Initiative, 1 of whom shall be a representative from the Massachusetts
928 Medical Society, 1 of whom shall be a representative of the Massachusetts Associations of Health
929 Plans, Inc., 1 of whom shall be a representative of Blue Cross Blue Shield of Massachusetts, Inc.,
930 1 of whom shall be a patient living with chronic pain, 1 of whom shall be a pain management
931 doctor specializing in the care of people living with chronic pain, 1 of whom shall be a primary
932 care physician with experience treating patients with chronic pain and 1 of whom shall be an
933 integrative care physician with expertise in treating patients with chronic pain with a combination
934 of traditional and complementary therapies.

935 The advisory board shall study and make recommendations on: (i) how to most effectively
936 adapt the Massachusetts Child Psychiatry Access Program model for chronic pain remote
937 consultation services; (ii) program design and structure, including whether to use regionally based
938 teams; (iii) whether to conduct a needs assessment of key stakeholders; (iv) outreach methods to
939 educate and engage providers, chronic pain patients and health insurance carriers; (v) program
940 metrics to gauge program usage and efficacy in expanding access to appropriate pain management;
941 and (vi) estimated program costs. The advisory board shall submit its recommendations to the

942 clerks of the house of representatives and senate, the joint committee on mental health substance
943 use and recovery and the senate and house committees on ways and means not later than 6 months
944 after the effective date of this act.

945 SECTION 92. Notwithstanding any general or special law to the contrary, not later than
946 January 1, 2019, and annually thereafter for the next 5 years, the center for health information and
947 analysis shall submit to the department of public health, the joint committee on mental health,
948 substance use and recovery, the joint committee on public health, the joint committee on health
949 care financing and the house and senate committees on ways and means a report regarding the
950 frequency and location of substance use disorder evaluations ordered pursuant to section 51½ of
951 chapter 111 of the General Laws utilizing the center for health information and analysis' merged
952 case-mix discharge database.

953 SECTION 93. There shall be a commission to review and make recommendations
954 regarding the feasibility of operating harm reduction sites in which: (i) a person with a substance
955 use disorder may consume pre-obtained controlled substances; (ii) medical assistance by health
956 care professionals is made immediately available to a person with a substance use disorder as
957 necessary to prevent fatal overdose; and (iii) counseling, referrals to treatment and other
958 appropriate services are available on a voluntary basis.

959 The commission shall consist of: the secretary of health and human services or a designee,
960 who shall serve as chair; the commissioner of public health; the house and senate chairs of the
961 joint committee on mental health, substance use and recovery or their designees, the mayor of the
962 city of Boston or a designee; the mayor of the city of Cambridge or a designee; a representative
963 from the Massachusetts Medical Society; a representative from the Massachusetts Health and

964 Hospital Association, Inc.; and 7 members appointed by the secretary, 2 of whom shall be persons
965 with a substance use disorder, 1 of whom shall be a clinician with experience providing direct
966 care to individuals with a co-occurring mental health and substance use disorder, 1 of whom shall
967 be a person working in an established harm reduction program providing direct support to persons
968 with substance use disorders, 1 of whom shall be a representative of the Massachusetts Chiefs of
969 Police Association Incorporated, 1 of whom shall have expertise in relevant state and federal law
970 and regulation and 1 of whom shall be a representative of local municipal boards of health. In
971 making appointments, the secretary shall, to the maximum extent feasible, ensure that the
972 commission represents a broad distribution of diverse perspectives and geographic regions.

973 As part of its review, the commission shall consider: (i) the potential public health and
974 public safety benefits and risks; (ii) the potential federal, state and local legal issues involved with
975 establishing harm reduction sites; (iii) appropriate guidance that would be necessary and required
976 for professional licensure boards and any necessary changes to the regulations of such boards; (iv)
977 existing harm reduction efforts in the commonwealth and whether there is potential for
978 collaboration with existing public health harm reduction organizations; (v) opportunities to
979 maximize public health benefits, including educating persons utilizing the sites of the risks of
980 contracting HIV and viral hepatitis and proper disposal of hypodermic needles and syringes; (vi)
981 ways to support persons utilizing the sites who express an interest in seeking substance use disorder
982 treatment, including providing information on evidence-based treatment options and direct referral
983 to treatment providers; and (vii) other matters deemed appropriate by the commission. In
984 developing its report, the commission shall review the experiences and results of other states and
985 countries that have established supervised drug consumption sites and report on the impact of those
986 harm reduction sites.

987 The commission shall submit its findings and recommendations to the clerks of the senate
988 and the house of representatives, the joint committee on mental health, substance use and recovery,
989 the joint committee on public health, the joint committee on the judiciary and the senate and house
990 committees on ways and means not later than February 1, 2019. The secretary shall also make the
991 report publicly available on the executive office of health and human services' website.

992 SECTION 94. There shall be a commission to review and make recommendations
993 regarding the standards for credentialing a recovery coach, including whether recovery coaches
994 should be subject to a board of registration through the department of public health.

995 The commission shall consist of: the secretary of health and human services or a designee,
996 who shall serve as chair; the commissioner of public health or a designee; the director of Medicaid
997 or a designee; and 8 persons who shall be appointed by the secretary of health and human services,
998 1 of whom shall have expertise in training recovery coaches, 1 of whom shall be a community
999 provider who employs recovery coaches, 1 of whom shall represent a hospital who employs
1000 recovery coaches, 1 of whom shall be a family member to an individual with a substance use
1001 disorder, 1 of whom shall have lived experience with addiction, 1 of whom shall represent payers,
1002 1 of whom shall currently be employed as a recovery coach and 1 of whom shall be a psychiatrist
1003 specializing in addiction.

1004 The commission shall submit its findings and recommendations, together with drafts of
1005 legislation, in any, necessary to carry those recommendations into effect, with the clerks of the
1006 senate and the house of representatives and the joint committee on mental health, substance use
1007 and recovery not later than 1 year from the effective date of this act.

1008 SECTION 95. There shall be a commission to review and make recommendations
1009 regarding the standards that should apply when credentialing a peer specialist or peer specialist
1010 program, including whether peer specialists should be required to register with a board.

1011 The commission shall consist of: the secretary of health and human services or a designee,
1012 who shall serve as chair; the commissioner of mental health or a designee; the director of Medicaid
1013 or a designee; a representative from the Association for Behavioral Healthcare, Inc.; and 5 persons
1014 who shall be appointed by the secretary, 1 of whom shall have expertise in training peer specialists,
1015 1 of whom shall be a family member to an individual with a mental illness, 1 of whom shall have
1016 lived experience with a mental illness, 1 of whom shall represent payers and 1 of whom shall
1017 currently be employed as a peer specialist.

1018 The commission shall submit its findings and recommendations, together with drafts of
1019 legislation necessary to carry those recommendations into effect, to the clerks of the senate and
1020 the house of representatives and the joint committee on mental health, substance use and recovery
1021 not later than 1 year after the effective date of this act.

1022 SECTION 96. There shall be a commission to review evidence based treatment for
1023 individuals with a substance use disorder, mental illness or co-occurring substance use disorder
1024 and mental illness. The commission shall recommend a taxonomy of licensed behavioral health
1025 clinician specialties. Notwithstanding any general or special law to the contrary, the taxonomy of
1026 licensed behavioral health clinician specialties may be used by insurance carriers to develop a
1027 provider network. The commission shall recommend a process that may be used by carriers to
1028 validate a licensed behavioral health clinician's specialty.

1029 The commission shall be comprised of: the secretary of health and human services or a
1030 designee, who shall serve as chair; the commissioner of insurance or a designee; the executive
1031 director of the group insurance commission or a designee; and 8 persons who shall be appointed
1032 by the secretary of health and human services, 1 of whom shall have expertise in the treatment of
1033 individuals with a substance use disorder, 1 of whom shall have expertise in the treatment of adults
1034 with a mental illness, 1 of whom shall have expertise in children’s behavioral health, 1 of whom
1035 shall be an emergency medicine expert with expertise in the treatment of addiction, 1 of whom
1036 shall be a hospital medicine expert with expertise in the treatment of addiction, 1 of whom shall
1037 represent payers, 1 of whom shall be a licensed behavioral health clinician and 1 of whom shall be
1038 a family member to an individual with a substance use disorder or mental illness. The secretary
1039 may appoint additional members who have expertise that will aid the commission in producing its
1040 recommendations.

1041 The commission shall file a report of its findings and recommendations, together with
1042 drafts of legislation necessary to carry those recommendations into effect, with the clerks of the
1043 senate and the house of representatives 180 days after the effective date of this act.

1044 SECTION 97. The executive office of health and human services, in coordination with the
1045 trial court of the commonwealth, shall convene an advisory committee of healthcare providers and
1046 provider associations that shall evaluate and develop a consistent statewide standard for the
1047 medical review of individuals who are involuntarily committed due to an alcohol or substance use
1048 disorder pursuant to section 35 of chapter 123 of the General Laws, including, but not limited to,
1049 developing: (i) a standardized form and criteria for releasing medical information for use in a
1050 commitment hearing under said section 35 of said chapter 123 that is in compliance with federal

1051 and state privacy requirements; and (ii) criteria and guidance to medical staff about filing a petition
1052 under said section 35 of said chapter 123.

1053 SECTION 98. For the purposes of this section, the following terms shall have the following
1054 meanings unless the context clearly requires otherwise:

1055 “Mental health acute treatment”, 24-hour medically supervised mental health services
1056 provided in an inpatient facility, licensed by the department of mental health, that provides
1057 psychiatric evaluation, management, treatment and discharge planning in a structured treatment
1058 milieu.

1059 “Mental health crisis stabilization services”, 24-hour clinically managed mental health
1060 diversionary or step-down services for adults or adolescents, as defined by MassHealth, usually
1061 provided as an alternative to mental health acute treatment or following mental health acute
1062 treatment, which may include intensive crisis stabilization counseling, outreach to families and
1063 significant others and aftercare planning.

1064 “Community-based acute treatment (CBAT)”, 24-hour clinically managed mental health
1065 diversionary or step-down services for children and adolescents, as defined by the department of
1066 early education and care, usually provided as an alternative to mental health acute treatment.

1067 “Intensive community-based acute treatment (ICBAT)”, intensive 24-hour clinically
1068 managed mental health diversionary or step-down services for children and adolescents, as defined
1069 by the department of early education and care, usually provided as an alternative to mental health
1070 acute treatment.

1071 Notwithstanding any general or special law to the contrary, the center for health information and
1072 analysis shall conduct a review of a mandated health benefit proposal to require coverage for: (i)
1073 medically necessary mental health acute treatment that does not require preauthorization prior to
1074 obtaining treatment and medical necessity shall be determined by the treating clinician in
1075 consultation with the patient and noted in the patient's medical record; (ii) medically necessary
1076 mental health crisis stabilization services for not more than 14 days that does not require
1077 preauthorization prior to obtaining such services; provided, however, that a facility shall provide
1078 the carrier both notification of admission and the initial treatment plan within 48 hours of
1079 admission, utilization review procedures may be initiated on day 7 and medical necessity shall be
1080 determined by the treating clinician in consultation with the patient and noted in the patient's
1081 medical record; and (iii) medically necessary intensive community based acute treatment services
1082 for not more than 14 days; provided, however, that a facility shall provide the carrier both
1083 notification of admission and the initial treatment plan within 48 hours of admission, utilization
1084 review procedures may be initiated on day 7 and medical necessity shall be determined by the
1085 treating clinician in consultation with the patient and noted in the patient's medical record.

1086 The review shall be performed by the center consistent with section 38C of chapter 3 of
1087 the General Laws. The center shall evaluate the impact of such a mandate as a requirement for all
1088 of the health plans and policies under subsection (a) of said section 38C of said chapter 3. The
1089 center shall file its review with the clerks of the senate and house of representatives, the joint
1090 committee on mental health, substance use and recovery, the joint committee on health care
1091 financing and the senate and house committees on ways and means not later July 1, 2019.

1092 SECTION 99. There shall be a special commission to review the prevalence and barriers
1093 to the provision of medication assisted treatment for substance use disorders by primary care

1094 providers. The commission shall review current practices, identify barriers to accessing medication
1095 assisted treatment through primary care, including whether certain primary care settings are more
1096 difficult than others, and recommend ways to increase access to medication assisted treatment
1097 through primary care providers and other related wrap around services.

1098 The commission shall consist of the following members or a designee: the secretary of
1099 health and human services, who shall serve as chair; the director of the bureau of substance
1100 addiction services; and 11 members appointed by the governor, 1 of whom shall be a representative
1101 of the Massachusetts Medical Society, 1 of whom shall be a representative of the Massachusetts
1102 chapter of the National Alliance on Mental Illness, 1 of whom shall be a representative of the
1103 Massachusetts Health and Hospital Association, Inc., 1 of whom shall be a representative of the
1104 Association for Behavioral Healthcare, Inc., 1 of whom shall be a representative of the
1105 Massachusetts Association of Behavioral Health Systems, Inc., 1 of whom shall be a representative
1106 of the Massachusetts Association of Health Plans, Inc., 1 of whom shall be a representative of Blue
1107 Cross Blue Shield of Massachusetts, Inc., 1 of whom shall be a representative of the Massachusetts
1108 Organization for Addiction Recovery, Inc., 1 of whom shall be a representative of community
1109 health centers, 1 of whom shall be a primary care provider with experience providing medication
1110 assisted treatment and 1 of whom shall be an expert in substance use disorder treatment.

1111 The commission shall file its report with the clerks of the senate and house of
1112 representatives, the joint committee on mental health, substance use and recovery and the house
1113 and senate committees on ways and means not later than July 1, 2019.

1114 SECTION 100. The division of insurance and the office of Medicaid shall jointly develop
1115 and issue bulletins identifying the Healthcare Common Procedure Coding System codes that are

1116 used by carriers, as defined in section 1 of chapter 176O of the General Laws, behavioral health
1117 management firms and third party administrators under contract to a carrier, Medicaid managed
1118 care organization, accountable care organization or the MassHealth primary care clinician plan for
1119 initiation and continuation of opioid agonist treatment of opioid use disorders provided in: (i) acute
1120 care hospital emergency departments or satellite emergency facilities; (ii) community-based
1121 treatment facilities, outpatient clinics, primary care practices or office based treatment clinics; (iii)
1122 inpatient facilities providing treatment for substance use disorders; and (iv) any facility used for
1123 commitment pursuant to section 35 of chapter 123 of the General Laws for persons with a
1124 substance use disorder; provided, however, that the procedures identified in the bulletins shall be
1125 based on medical necessity, pursuant to said chapter 176O, and shall not require a prior
1126 authorization for access to opioid agonist treatment unless such prior authorization is to promote
1127 the use of generic medication or for patient safety purposes. Prior to the issuance of the bulletins,
1128 the division and the office of Medicaid shall convene and consult with a group of carriers and
1129 providers regarding opioid agonist treatment in each of the treatment settings described in clauses
1130 (i) to (iv), inclusive. The division and the office of Medicaid shall publish the bulletins on their
1131 respective websites not later than January 1, 2019.

1132 SECTION 101. There shall be a special commission to study the ways consumer protection
1133 laws in the commonwealth can be strengthened to hold corporate entities responsible for their role
1134 in furthering the opioid epidemic. The commission shall issue a report that shall include, but not
1135 be limited to, a review of and recommendations regarding: (i) the personal liability standard for
1136 executives of pharmaceutical companies; (ii) the use of deceptive or misleading marketing
1137 practices by pharmaceutical companies; (iii) the need to strengthen existing penalties against
1138 pharmaceutical companies engaged in unfair or deceptive acts or practices related to the opioid

1139 epidemic; and (iv) remedial action pharmaceutical companies can take to mitigate the harmful
1140 effects of the opioid epidemic.

1141 The commission shall consist of the following members or a designee: the governor; the
1142 attorney general; the commissioner of public health; the senate president, who shall serve as co-
1143 chair; the senate minority leader; the speaker of the house, who shall serve as co-chair; the house
1144 minority leader; and 6 members appointed by the attorney general, 1 of whom shall be a legal
1145 expert in consumer protection and liability, 1 of whom shall be an expert in the field of pain
1146 medication and management, 1 of whom shall be a medical expert in the area of substance use
1147 disorders and treatment, 1 of whom shall be a provider with extensive experience in the field of
1148 pain medication prescription and 2 of whom shall be persons who have struggled with a substance
1149 use disorder.

1150 The commission shall file a report, including any recommendations, with the clerks of the
1151 senate and house of representatives, the joint committee on mental health, substance use and
1152 recovery, the joint committee on consumer protection and professional licensure, the joint
1153 committee on the judiciary and the house and senate committees on ways and means annually not
1154 later than January 1, 2019.

1155 SECTION 102. There shall be a county correctional facility working group to provide
1156 recommendations on the feasibility of offering of medication-assisted treatment to all persons,
1157 regardless of status, in the custody of a county correctional facility.

1158 The working group shall consist of: the commissioner of public health or a designee; 5
1159 county sheriffs from geographically diverse regions of the commonwealth appointed by the
1160 Massachusetts Sheriffs' Association; and 1 representative of each of the following 7 organizations:

1161 the Massachusetts Medical Society; the Massachusetts Health and Hospital Association, Inc.; the
1162 Association for Behavioral Healthcare, Inc.; the Disability Law Center, Inc.; Prisoners' Legal
1163 Services of Massachusetts; the Massachusetts Society of Addiction Medicine, Inc.; and the
1164 Massachusetts Organization for Addiction Recovery, Inc.. The chair shall be selected by a majority
1165 of members.

1166 The working group shall file its recommendations with the clerks of the senate and house
1167 of representatives, the joint committee on mental health, substance abuse and recovery and the
1168 senate and house committees on ways and means not later than July 1, 2019.

1169 SECTION 103. Sections 19 to 23, inclusive, 27, 28, and 30 to 32, inclusive, shall take
1170 effect on January 1, 2020.

1171 SECTION 104. Section 17B of chapter 127 of the General Laws shall take effect on July
1172 1, 2019.

1173 SECTION 105. Sections 17C to 17E, inclusive, of chapter 127 of the General Laws shall
1174 take effect on April 1, 2019.