

Substance Abuse Recovery Legislation Summary (7/31/14)

- Amends the Drug Formulary Commission by adding appointments from the Department of Public Health, Medicaid, the Department of Insurance and individuals with experience in biologics, addiction medicine and treatment of chronic pain.
- Requires the Drug Formulary Commission to prepare a drug formulary of chemically equivalent substitutions for opiates determined to have a heightened level of public health risk due to the drug's potential for abuse. The Commission must also consider the cost and accessibility of the drugs.
- Requires a pharmacist to dispense an interchangeable abuse deterrent drug unless a physician has indicated that a substitution should not be made. Under the bill, insurance carriers are required to cover abuse deterrent drugs listed on the formulary in the same manner that they cover non-abuse deterrent drugs and cannot impose additional cost burdens on consumers who receive abuse deterrent drugs.
- Authorizes the Commissioner of Public Health to schedule a substance as Schedule I for up to one year if it poses as an imminent hazard to public safety and is not already listed in a different schedule.
- Requires the Chief Medical Examiner to file a report with the FDA's MedWatch Program and the Department of Public Health when a death is caused by a controlled substance and directs the Department of Public Health to review the Prescription Monitoring Program upon receiving a report.
- Requires an opioid treatment program that is not otherwise licensed and has more than 300 patients receiving medication assisted drug therapy by physicians who are not members of the practice to be licensed by the Department of Public Health. The Department of Public Health is also required to issue best practices related to medication assisted drug therapy.
- Requires the Department of Public Health to report to the Legislature on whether doctors are using the Prescription Monitoring Program, the number of physician and pharmacist violations and their outcomes and recommendations on how to improve the use of the Program's data and how to prevent the diversion of prescription drugs.
- Creates a commission to review prescription painkiller limitations by insurance carriers, including the system implemented by Blue Cross Blue Shield, and report recommendations and proposed legislation to the Legislature.
- Requires the Department of Public Health to list locations of prescription drug drop boxes on their website and submit a list of counties without a prescription drug drop box to the Legislature.
- Requires all insurance carriers to reimburse for substance abuse treatment services delivered by a Licensed Alcohol and Drug Counselor.

- Removes prior authorization for substance abuse treatment if the provider is certified or licensed by the Department of Public Health.
- Removes prior authorization for Acute Treatment Services for all MassHealth Managed Care Entities and requires coverage of up to 14 days of Clinical Stabilization Services with utilization review procedures beginning on day seven. Also requires the facility to provide the carrier with notification of admission and an initial treatment plan within 48 hours of admission.
- Removes prior authorization for Acute Treatment Services and Clinical Stabilization Services for commercial insurers and requires coverage for a total of up to 14 days with utilization review procedures beginning on day seven. Also requires the facility to provide the carrier with notification of admission and an initial treatment plan within 48 hours of admission.
- Directs the Center for Health Information and Analysis to review the accessibility of substance abuse treatment and adequacy of insurance coverage and tasks the Health Policy Commission with recommending policies to ensure access and coverage for substance abuse treatment throughout the Commonwealth.
- Directs the Center for Health Information and Analysis to review denial rates for substance abuse treatment coverage by commercial insurers.
- Requires acute hospitals to report on a monthly basis the number of infants born exposed to a controlled substance and hospitalizations caused by ingestion of a controlled substance to the Department of Public Health.

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