

**2018 Opioid Bill (H.4866):**

**An Act for prevention and access to appropriate care and treatment of addiction**

**SECTION-BY-SECTION SUMMARY**

<u>Section</u>	<u>Amends</u>	<u>Summary</u>
1	MGL c. 6 s. 219 (NEW)	Establishes a commission on community-based behavioral health promotion and prevention to promote positive mental, emotional and behavioral health and early intervention for persons with a mental illness, and to prevent substance use disorders among residents of the commonwealth.
2	MGL c. 6A s. 16R	Enables the office of the child advocate, under certain circumstances, to impose temporary cost share agreements to ensure children’s timely access to services.
3	MGL c. 6A s. 16AA & 16BB (NEW)	Establishes, subject to appropriation, MCPAP for Pain and MCPAP for SUD statewide programs to provide remote consultations 5 days a week to primary care practices, nurse practitioners and other health care providers providing care to persons with chronic pain or a SUD.
4	MGL c. 6D s. 15	Allows HPC, when establishing standards for certification as an ACO, to ensure that insurance carriers consider patient access to pain management, including non-opioid and non-pharmaceutical pain management.
5	MGL c. 6D s. 15	Allows HPC, when establishing standards for certification as an ACO, to ensure that insurance carriers consider patient access to healthcare services that address “chronic pain.”
6	MGL c. 6D s. 19 (NEW)	Subject to appropriation, directs HPC, in consultation with DPH, to create and administer an early childhood investment opportunity grant related to substance exposed newborns.
7	MGL c. 10 s. 35GGG (NEW)	Establishes a community-based behavioral health promotion and prevention trust fund to promote positive mental, emotional and behavioral health among children and young adults and to prevent substance use disorders among children and young adults.
8	MGL c. 12C s. 21A	Requires CHIA to establish a continuing program of investigation and study on “chronic pain.”
9	MGL c. 13 s. 13	Increases from 9 to 11 the number of RNs on the BORN and decreases from 4 to 2 the number of licensed practical nurses on the BORN.

10	MGL c. 13 s. 13	Requires the BORN to include 3 representatives with expertise in nursing education whose graduates are eligible to write nursing licensure examinations: 1 representative from pre-licensure level, 1 representative from graduate level and 1 representative from post-graduate level.
11	MGL c. 13 s. 13	Requires the BORN to include 1 RN currently providing direct care to patients with a SUD, 1 RN currently providing direct care to patients in an outpatient, community-based, behavioral health setting, and 1 RN currently providing direct care to patients living with chronic pain.
12	MGL c. 13 s. 13	Requires the BORN to include licensed practical nurses from at least 2 of the following 3 settings: long-term care, acute care, and community health settings.
13	MGL c. 18C s. 2	Technical edit.
14	MGL c. 18C s. 2	Allows the office of the child advocate to impose temporary cost share agreements, as necessary, to ensure children’s timely access to services.
15	MGL c. 19 s. 19	Revises DMH facility licensure provisions.
16	MGL c. 19 s. 19	Revises DMH facility licensure provisions.
17	MGL c. 19 s. 19	Revises DMH facility licensure provisions related to demonstrated need standards for new facility license – to include capacity to care for those with co-occurring SUD and mental illness.
18	MGL c. 19 s. 19	Revises DMH facility licensure provisions.
19	MGL c. 19 s. 19	Revises DMH facility licensure provisions.
20	MGL c. 19 s. 25 (NEW)	Subject to appropriation, establishes a center for police training in crisis intervention to serve as a source for cost-effective, evidence-based mental health and substance use crisis response training programs for municipal police and other public safety personnel.
21	MGL c. 29 s. 2RRRR	Allows a sheriff of a house of correction that contracts with DPH to participate in the state's naloxone bulk purchasing program.
22	MGL c. 32A s. 17M	Replaces “substance abuse” with “substance use disorder.”
23	MGL c. 32A s. 17N	Replaces “substance abuse” with “substance use disorder.”
24	MGL c. 32A s. 17P & 17Q (NEW)	Prohibits GIC double-billing of a patient who fills the rest of a prescription after partial fill. Requires GIC insurance plans to offer access to and coverage for a broad range of pain management services.

25	MGL 71 s. 97	Allows students in high school or students over the age of 14 to request confidentiality for disclosure of their responses to school SUD screening, regardless of parental or guardian consent.
26	MGL c. 94C s. 1	Defines “electronic prescriptions.”
27	MGL c. 94C s. 8	Provisions related to requiring electronic prescribing for all controlled substance prescriptions.
28	MGL c. 94C s. 17	Provisions related to requiring electronic prescribing for all controlled substance prescriptions.
29	MGL c. 94C s. 17	Allows DPH, in emergency situations, to dispense written or oral prescriptions, regardless of the electronic prescription mandate.
30	MGL c. 94C s. 17	Provisions related to requiring electronic prescribing for all controlled substance prescriptions.
31	MGL c. 94C s. 18	Updates the partial fill law.
32	MGL c. 94C s. 19B & 19B½ (NEW)	Directs DPH to issue a statewide naloxone standing order, authorizing the dispensing of naloxone in the Commonwealth by any licensed pharmacist. Allows municipalities and non-municipal public agencies to exchange unused unexpired Narcan or other opioid antagonist.
33	MGL c. 94C s. 20	Provisions related to requiring electronic prescribing for all controlled substance prescriptions.
34	MGL c. 94C s. 21	Provisions related to requiring electronic prescribing for all controlled substance prescriptions.
35	MGL c. 94C s. 21	Provisions related to requiring electronic prescribing for all controlled substance prescriptions.
36	MGL c. 94C s. 22	Provisions related to requiring electronic prescribing for all controlled substance prescriptions.
37	MGL c. 94C s. 22	Updates the partial fill law.
38	MGL c. 94C s. 23	Provisions related to requiring electronic prescribing for all controlled substance prescriptions.
39	MGL c. 94C s. 23	Provisions related to requiring electronic prescribing for all controlled substance prescriptions.
40	MGL c. 94C s. 23	Provisions related to requiring electronic prescribing for all controlled substance prescriptions.

41	MGL c. 94C s. 24A	Directs DPH to promulgate rules and regulations regarding the use of the PMP by registered participants for prescriptions for benzodiazepine.
42	MGL c. 94C s. 24A	Requires law enforcement or prosecutors to present a probable cause warrant before seeking PMP data related to an investigation.
43	MGL c. 94C s. 24A	Technical edit.
44	MGL c. 94C s. 24A	Requires law enforcement or prosecutors to present a probable cause warrant before seeking PMP data related to an investigation. Exempts AG's Medicaid fraud control unit from warrant requirement for PMP data only when it is related to a Medicaid fraud investigation of a practitioner, pharmacist, or pharmacy.
45	MGL c. 94C s. 24A	Ensures practitioners can access PMP data directly through a secure electronic medical record or similar software that enables automated query and retrieval of PMP data to a practitioner. This data may be used for the purpose of diagnosis, treatment or coordinating care to the practitioner's patients only.
46	MGL c. 94C s. 24A	Allows DPH to enter into agreements to permit health care facilities to integrate secure software for electronic medical records for the purpose of using PMP data to perform data analysis, compilation, or visualization, for purposes of diagnosis, treatment or coordinating care of the practitioner's patient.
47	MGL c. 94C s. 27	Strikes the age 18 requirement to purchase hypodermic syringes or hypodermic needles at a pharmacy for the administration of controlled substances by injection.
48	MGL c. 94C s. 27	Strikes the age 18 requirement to purchase hypodermic syringes or hypodermic needles at a pharmacy for the administration of controlled substances by injection.
49	MGL c. 94C s. 32I	Strikes the age 18 requirement to purchase hypodermic syringes or hypodermic needles at a pharmacy for the administration of controlled substances by injection.
50	MGL c. 111 s. 25J½ (NEW)	Requires acute care hospitals with emergency departments (ED) and satellite emergency facilities to be able to initiate MAT in the ED/emergency facility.
51	MGL c. 111 s. 51½	Defines "licensed mental health professional" as it relates to who can perform the required SUD evaluation.
52	MGL c. 111 s. 51½	Replaces "substance abuse" with "substance use disorder."

53	MGL c. 111 s. 51½	Clarifies that the required SUD evaluation can be conducted through an emergency services program as long as it is conducted by a licensed mental health professional.
54	MGL c. 111 s. 51½	Replaces “opiate-related” with “opioid-related” (to include synthetic opioids like fentanyl and carfentanyl).
55	MGL c. 111 s. 51½	Revises the language related to what happens in the emergency services setting after the required SUD evaluation to reflect the requirement in new section 25J½ related to capacity to initiate MAT.
56	MGL c. 111 s. 51½	Upon discharge of a patient treated for opioid-related overdose, requires recording in the electronic patient record not only the occurrence of the overdose, but also the SUD evaluation. Also requires that the SUD evaluation be directly accessible by other health care providers.
57	MGL c. 111 s. 51½	With Section 96, eliminates a duplicative hospital report to DPH.
58	MGL c. 111E s. 1	Defines “commissioner” as the commissioner of DPH.
59	MGL c. 111E s. 1	Defines “original license” for the DPH facility licensure provisions.
60	MGL c. 111E s. 7	Replaces multiple references to “division” (of drug rehabilitation) with “department” (of public health) as it relates to DPH facility licensure.
61	MGL c. 111E s. 7	Revises DPH facility licensure provisions.
62	MGL c. 111E s. 7	Revises DPH facility licensure provisions.
63	MGL c. 111E s. 7	Revises DPH facility licensure provisions related to demonstrated need standards for new facility license – to include capacity to care for those with co-occurring SUD and mental illness.
64	MGL c. 111E s. 7	Revises DPH facility licensure provisions.
65	MGL c. 111E s. 7	Revises DPH facility licensure provisions.
67	MGL c. 111E s. 7	Revises DPH facility licensure provisions.
68	MGL c. 111E s. 7	Replaces “director” (of drug rehabilitation) with “commissioner” (of DPH).
69	MGL c. 111E s. 7	Revises DPH facility licensure provisions.
70	MGL c. 118E s. 10H	Replaces “substance abuse” with “substance use disorder.”

71	MGL c. 118E s. 10L (NEW)	Ensures no extra co-pay when filling the remaining portion of a prescription previously partially filled.
72	MGL c. 123 s. 35	Requires the superintendent of a Section 35 facility to provide timely notice to the committing court and to the petitioner, if consent is obtained from the committed person, when the committed person is being released early.
73	MGL c. 123 s. 35	Requires the superintendent of a Section 35 facility to provide timely notice to the committing court and to the petitioner, if consent is obtained from the committed person, when the committed person is being transferred.
74	MGL c. 123 s. 35	Requires facilities used for a “Section 35” commitment for SUD to have the capacity to provide MAT.
75	MGL c. 127 s. 1	Adds a definition for “behavioral health counseling” and “commissioner” in correctional facilities.
76	MGL c. 127 s. 1	Adds a definition for “medication-assisted treatment” in correctional facilities.
77	MGL c. 127 s. 1	Adds a definition for “qualified addiction specialist” in correctional facilities.
78	MGL c. 127 s. 17B, 17C, 17D (NEW)	Requires MAT for opioid-related SUD be made available under certain circumstances in the state correctional system at MASAC, MCI-Framingham, South Middlesex, and Cedar Junction.
79	MGL c. 175 s. 47FF	Replaces “substance abuse” with “substance use disorder.”
80	MGL c. 175 s. 47GG	Replaces “substance abuse” with “substance use disorder.”
81	MGL c. 175 s. 47JJ, 47KK (NEW)	Ensures no extra co-pay when filling the remaining portion of a prescription previously partially filled. Requires insurance plans offer access to and coverage for a broad range of pain management services.
82	MGL c. 175H s. 3	Extends pharmaceutical coupon prohibition to certain opioids.
83	MGL c. 176A s. 8HH	Replaces “substance abuse” with “substance use disorder.”
84	MGL c. 176A c. 8II	Replaces “substance abuse” with “substance use disorder.”
85	MGL c. 176A s. 8LL, 8MM (NEW)	Ensures no extra co-pay when filling the remaining portion of a prescription previously partially filled. Requires insurance plans offer access to and coverage for a broad range of pain management services.

86	MGL c. 176B s. 4HH	Replaces “substance abuse” with “substance use disorder.”
87	MGL c. 176B s. 4II	Replaces “substance abuse” with “substance use disorder.”
88	MGL c. 176B s. 4LL, 4MM (NEW)	Ensures no extra co-pay when filling the remaining portion of a prescription previously partially filled. Requires insurance plans offer access to and coverage for a broad range of pain management services.
89	MGL c. 176G s. 4Z	Replaces “substance abuse” with “substance use disorder.”
90	MGL c. 176G s. 4AA	Replaces “substance abuse” with “substance use disorder.”
91	MGL c. 176G s. 4DD, 4EE (NEW)	Ensures no extra co-pay when filling the remaining portion of a prescription previously partially filled. Requires insurance plans offer access to and coverage for a broad range of pain management services.
92	MGL c. 176O s. 2	Requires, as condition of accreditation, that insurance carriers meet minimum standards regarding access to a broad range of pain management services.
93	MGL c. 176O s. 2	Makes a technical correction to the name of the center for health information and analysis (CHIA).
94	MGL c. 176O s. 2	Requires that DOI consult with HPC in determining appropriate standards for evidence-based pain management, including non-opioid treatments to be applied in setting standards for insurance carrier coverage.
95	N/A	Describes factors for EOHHS to consider in developing the MCPAP for pain and the MCPAP for SUD programs.
96	N/A	With Section 57, eliminates a duplicative hospital report to DPH and sunsets the reporting requirement after 5 years.
97	N/A	Directs DOC to establish protocols for informed consent for MAT.
98	N/A	Establishes a pilot program for the delivery of MAT at 5 county correctional facilities, including: Franklin, Hampden, Hampshire, Middlesex and Norfolk counties.
99	N/A	Directs DPH to develop recommendations for voluntary rehabilitative alternatives to traditional disciplinary actions for health care professionals, including dentists, with SUD.
100	N/A	Creates a harm reduction commission to evaluate evidence-based harm reduction strategies, particularly the feasibility of establishing harm reduction sites (a.k.a., safe injection sites).

101	N/A	Creates a commission related to recovery coach credentialing.
102	N/A	Creates a commission to develop a taxonomy of licensed behavioral health clinician specialties, which may be used by insurance companies to develop a provider network for treatment for those with SUD, mental illness, or both.
103	N/A	Creates a commission to expand access to MAT in a variety of settings, including primary care.
104	N/A	Creates a section 35 involuntary commitment commission to study the efficacy of involuntary inpatient treatment for non-court involved individuals diagnosed with SUD.
105	N/A	Requires a CHIA review of a proposal to mandate coverage for medically necessary mental health acute treatment and mental health crisis stabilization services. Sets a July 1, 2019 deadline for the CHIA report.
106	N/A	Directs DOI and the office of Medicaid to consult insurance carriers and providers and then issue bulletin(s) identifying billing codes to use for medically necessary opioid agonist treatment in a variety of settings, including in the ED.
107	N/A	Establishes a special commission to study ways that Massachusetts consumer protection laws can be strengthened to hold corporations responsible for their role in the opioid crisis.
108	N/A	With Section 109, repeals Section 6 of this bill (early childhood investment opportunity grant program) on July 1, 2021.
109	N/A	With Section 108, repeals Section 6 of this bill (early childhood investment opportunity grant program) on July 1, 2021.
110	N/A	Establishes effective date of January 1, 2020 for sections 26-30, 33-36, and 38-40 (e-prescribing).
111	N/A	Establishes effective date of April 1, 2019 for section 78 (DOC MAT program).
112	N/A	With Section 113, repeals various commissions established in Sections 100-104 and 107 of this bill on January 1, 2021.
113	N/A	With Section 113, repeals various commissions established in Sections 100-104 and 107 of this bill on January 1, 2021.