

# HOUSE . . . . . No. 4866

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Text of a further amendment, offered by Ms. Garlick of Needham, to the Senate amendment (striking out all after the enacting clause and inserting in place thereof the text contained in Senate document numbered 2623, amended) of the House Bill for prevention and access to appropriate care and treatment of addiction (House, No. 4742). July 31, 2018.

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## The Commonwealth of Massachusetts

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In the One Hundred and Ninetieth General Court  
(2017-2018)  
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By striking out all after the enacting clause and inserting in place thereof the following:—

1 SECTION 1. Chapter 6 of the General Laws is hereby amended by adding the following  
2 section:—

3 Section 219. (a) There shall be a commission on community behavioral health promotion  
4 and prevention located within, but not subject to the control of, the executive office of health and  
5 human services. The commission shall work to promote positive mental, emotional and  
6 behavioral health and early intervention for persons with a mental illness, and to prevent  
7 substance use disorders among residents of the commonwealth.

8 (b)(1) The commission shall consist of 21 members, as follows: the secretary of health  
9 and human services or a designee, who shall serve as the chair; the commissioner of mental  
10 health or a designee; the commissioner of public health or a designee; the chief justice of the trial  
11 court or a designee; the director of the center for health information and analysis or a designee;  
12 the house chair of the joint committee on mental health, substance use and recovery; the senate  
13 chair of the joint committee on mental health, substance use and recovery; 1 person appointed by

14 the speaker of the house; 1 person appointed by the senate president; 1 person appointed by the  
15 house minority leader; 1 person appointed by the senate minority leader; and 1 representative  
16 from each of the following 10 organizations: the Association for Behavioral Healthcare, Inc.; the  
17 Massachusetts Association of Community Health Workers, Inc.; the Massachusetts Association  
18 for Mental Health, Inc.; the Massachusetts Organization for Addiction Recovery, Inc.; the  
19 Massachusetts Public Health Association; the Massachusetts Society for the Prevention of  
20 Cruelty to Children; the National Alliance on Mental Illness of Massachusetts, Inc.; the Social-  
21 Emotional Learning Alliance for Massachusetts, Inc.; the Freedman Center at William James  
22 College; and the Massachusetts chapter of the National Association of Social Workers, Inc.

23 (2) Members of the commission shall serve for a term of 4 years, without compensation.  
24 Any member shall be eligible for reappointment. Vacancies shall be filled in accordance with  
25 paragraph (1) for the remainder of the unexpired term. Any member who is appointed by the  
26 governor may be removed by the governor for cause.

27 (c) The commission may establish advisory committees to assist its work.

28 (d) The commission shall:

29 (1) promote an understanding of: (i) the science of prevention; (ii) population health; (iii)  
30 risk and protective factors; (iv) social determinants of health; (v) evidence-based programming  
31 and policymaking; (vi) health equity; and (vii) trauma-informed care; provided that the  
32 commission may use, as a guide for its work, the recommendations of the report of the special  
33 commission on behavioral health promotion and upstream prevention established pursuant to  
34 section 193 of chapter 133 of the acts of 2016;

35 (2) consult with the secretary of health and human services on grants from the community  
36 behavioral health promotion and prevention trust fund established in section 35EEE of chapter  
37 10;

38 (3) collaborate, as appropriate, with other active state commissions, including but not  
39 limited to the safe and supportive schools commission, the Ellen Story commission on  
40 postpartum depression and the commission on autism;

41 (4) make recommendations to the legislature that: (i) promote behavioral health and  
42 prevention issues at the universal, selective and indicated levels; (ii) strengthen community or  
43 state-level promotion and prevention systems; advance the identification, selection and funding  
44 of evidence-based programs, practices or systems designed to promote behavioral health and  
45 early intervention for persons with a mental illness and to prevent substance use disorders; and  
46 (iv) reduce healthcare and other public costs through evidence-based promotion and prevention;  
47 provided that the commission may use state and local prevalence and cost data to ensure  
48 commission recommendations are data-informed and address risks at the universal, selective and  
49 indicated levels of prevention;

50 (5) hold public hearings and meetings to accept comment from the general public and to  
51 seek advice from experts, including, but not limited to, those in the fields of neuroscience, public  
52 health, behavioral health, education and prevention science; and

53 (6) submit an annual report to the legislature as provided in subsection (e) on the state of  
54 preventing substance use disorder and promoting behavioral health in the commonwealth.

55 (e) Annually, not later than March 1, the commission shall file a report with the joint  
56 committee on health care financing and the joint committee on mental health, substance use and

57 recovery on its activities and any recommendations. The commission shall monitor the  
58 implementation of its recommendations and update recommendations to reflect current science  
59 and evidence-based practices.

60 SECTION 2. Section 16R of chapter 6A of the General Laws, as appearing in the 2016  
61 Official Edition, is hereby amended by inserting after the first paragraph the following  
62 paragraph:-

63 If, after 14 days from the date that the team determines which services a child is eligible  
64 for, the team is unable to reach a consensus on the responsibility of payment, and the child is  
65 unable to access those services because of disagreement about responsibility for payment among  
66 state agencies and local education agencies, the child advocate shall be notified and shall have  
67 the authority to impose a binding temporary cost share agreement on those state agencies and  
68 local education agencies. The cost share agreement shall remain in effect until the child advocate  
69 is informed in writing of a permanent cost share or payment agreement having been implemented  
70 or until the child no longer qualifies for the services.

71 SECTION 3. Said chapter 6A is hereby further amended by inserting after section 16Z  
72 the following 2 sections:-

73 Section 16AA. (a) Subject to appropriation, the executive office of health and human  
74 services shall develop and implement a statewide program to provide remote consultations not  
75 less than 5 days a week to primary care practices, nurse practitioners and other health care  
76 providers who are providing care for persons who are over the age of 17 and are experiencing  
77 chronic pain; provided, however, that the remote consultations shall include, but not be limited

78 to, support for screening, diagnosis, pain management strategies, pharmacological and non-  
79 pharmacological treatments and referrals for chronic pain.

80 (b) Expenditures by the executive office of health and human services that are for the  
81 program and related to services provided on behalf of commercially-insured clients may be  
82 assessed by the secretary of health and human services on surcharge payors, as defined in section  
83 64 of chapter 118E.

84 Section 16BB. (a) Subject to appropriation, the executive office of health and human  
85 services shall develop and implement a statewide program to provide remote consultations  
86 available for not less than 5 days a week to primary care practices, nurse practitioners and other  
87 health care providers for persons over the age of 17 who exhibit symptoms of a substance use  
88 disorder. Consultation services shall include, but not be limited to, support of screening,  
89 diagnosis, treatment, other interventions and referrals for substance use disorder.

90 (b) Expenditures by the executive office of health and human services that for the  
91 program are related to services provided on behalf of commercially-insured clients may be  
92 assessed by the secretary of health and human services on surcharge payors, as defined in section  
93 64 of chapter 118E.

94 SECTION 4. Section 15 of chapter 6D of the General Laws, as appearing in the 2016  
95 Official Edition, is hereby amended by inserting after the word “abuse”, in line 65, the following  
96 words:- ; pain management, including non-opioid and non-pharmaceutical pain management.

97 SECTION 5. Said section 15 of said chapter 6D, as so appearing, is hereby further  
98 amended by inserting after the word “illnesses”, in line 91, the following words:- , including  
99 chronic pain,.

100 SECTION 6. Said chapter 6D is hereby further amended by adding the following  
101 section:-

102 Section 19. Subject to appropriation, the health policy commission, in consultation with  
103 the department of public health, shall create and administer an early childhood investment  
104 opportunity grant program for programs to support and care for families with substance exposed  
105 newborns, including the study of long-term effects of neonatal abstinence syndrome on children  
106 up to the age of 18. The program shall support a model that includes both medical services and  
107 traditionally non-reimbursed services and may support services provided in clinic settings or in-  
108 home visits. The commission shall report to the joint committee on mental health, substance use  
109 and recovery and the house and senate committees on ways and means not later than 12 months  
110 following completion of the grant program on the results of the programs and the findings of the  
111 study on the long-term effects of neonatal abstinence syndrome, including their effectiveness,  
112 efficiency, and sustainability.

113 SECTION 7. Chapter 10 of the General Laws is hereby amended by inserting after  
114 section 35FFF, inserted by section 1 of chapter 91 of the acts of 2018, the following section:-

115 Section 35GGG. (a) There shall be established and set up on the books of the  
116 commonwealth a Community Behavioral Health Promotion and Prevention Trust Fund. The  
117 purpose of the fund shall be to promote positive mental, emotional and behavioral health among  
118 children and young adults and to prevent substance use disorders among children and young  
119 adults.

120 (b) The fund shall be administered by the secretary of health and human services who, in  
121 consultation with the community behavioral health promotion and prevention commission

122 established in section 219 of chapter 6, shall issue grants from the fund to community  
123 organizations to establish or support evidence-based and evidence-informed programs for  
124 children and young adults. The community organizations may include, but not be limited to,  
125 public and private agencies, community coalitions and other entities that offer resources or  
126 support to children or young adults. A community organization or coalition may include more  
127 than one community.

128 (c) The secretary of health and human services shall establish application procedures and  
129 evidence-based and evidence-informed criteria upon which to base approval or disapproval of a  
130 proposal for a grant under this section. The criteria may include, but are not limited to, the  
131 following:

132 (i) programs that educate children and young adults on addiction, substance misuse and  
133 other risky behaviors and that identify and support children and young adults at risk for alcohol  
134 or substance misuse; (ii) programs that use evidence-based or evidence-informed prevention  
135 programs, early detection protocols and policies, risk assessment tools or counseling in a  
136 community setting; (iii) support for underserved populations of children and young adults  
137 including, but not limited to, children with multiple adverse childhood experiences; (iv)  
138 programs that offer culturally and linguistically competent services that meet the needs of the  
139 population to be served; and (v) programs that employ the science of prevention, including, but  
140 not limited to, consideration of population health, risk and protective factors, social determinants  
141 of health, health equity, adverse childhood experiences and trauma-informed care.

142 (d) The secretary may use the fund for necessary and reasonable administrative and  
143 personnel costs related to administering the grants, including providing funds to the department

144 of public health to provide technical assistance, training and guidance to support applicants in  
145 completing grant applications and to grantees to develop and evaluate programs. Expenditures  
146 made pursuant to this subsection may not exceed, in 1 fiscal year, 5 per cent of the total amount  
147 deposited into the fund during that fiscal year. The fund shall consist of revenue from  
148 appropriations or other money authorized by the general court and specifically designated to be  
149 credited to the fund and revenue from private sources including, but not limited to, grants, gifts  
150 and donations received by the commonwealth that are specifically designated to be credited to  
151 the fund. Amounts credited to the fund shall not be subject to further appropriation and any  
152 money remaining in the fund at the end of a fiscal year shall not revert to the General Fund and  
153 shall be available for expenditure in subsequent fiscal years.

154 (e) Annually, not later than March 1, the secretary shall file a report on its activities with  
155 the joint committee on health care financing and the joint committee on mental health, substance  
156 use and recovery.

157 SECTION 8. Section 21A of chapter 12C of the General Laws, as appearing in the 2016  
158 Official Edition, is hereby amended by inserting after the words “mental health”, in line 2, the  
159 following words:- , chronic pain.

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

163 SECTION 10. Subsection (c) of said section 13 of said chapter 13, as so appearing, is  
164 hereby amended by striking out clause (1) and inserting in place thereof the following clause:-



165 (1) 3 representatives with expertise in nursing education whose graduates are eligible to  
166 write nursing licensure examinations, including 1 representative from pre-licensure level, 1  
167 representative from graduate level and 1 representative from post-graduate level; provided, that  
168 none of these 3 representatives shall be from the same institution;

169 SECTION 11. Said subsection (c) of said section 13 of said chapter 13, as so appearing,  
170 is hereby further amended by striking out clause (4) and inserting in place thereof the following 4  
171 clauses:-

172 (4) 2 registered nurses not authorized in advanced nursing practice and who provide  
173 direct patient care;

174 (5) 1 registered nurse currently providing direct care to patients with a substance use  
175 disorder;

176 (6) 1 registered nurse currently providing direct care to patients in an outpatient,  
177 community-based, behavioral health setting; and

178 (7) 1 registered nurse currently providing direct care to patients living with chronic pain.

179 SECTION 12. Said section 13 of said chapter 13, as so appearing, is hereby amended by  
180 striking out subsection (d) and inserting in place thereof the following subsection:-

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

183 SECTION 13. Section 2 of chapter 18C of the General Laws, as so appearing, is hereby  
184 amended by striking out, in line 14, the word “and”.

185 SECTION 14. Said section 2 of said chapter 18C, as so appearing, is hereby further  
186 amended by inserting after the word “families”, in line 17, the following words:-

187 ; and

188 (e) impose temporary cost share agreements, as necessary pursuant to section 16R of  
189 chapter 6A to ensure children’s timely access to services.

190 SECTION 15. Section 19 of chapter 19 of the General Laws, as so appearing, is hereby  
191 amended by striking out subsection (a) and inserting in place thereof the following subsection:-

192 (a) The department shall issue for a term of 2 years, and may renew for like terms, a  
193 license, subject to revocation by the department for cause, to any private, county or municipal  
194 facility or department or unit of any such facility that: (i) offers to the public inpatient  
195 psychiatric, residential or day care services; (ii) is represented as providing treatment of persons  
196 with a mental illness; and (iii) meets the department’s applicable licensure standards and  
197 requirements, set forth in regulations of the department; provided, however, that: (1) the  
198 department may issue a license to those facilities, departments or units providing care but not  
199 treatment of persons with a mental illness; and (2) licensing by the department shall not be  
200 required where such residential or day care treatment is provided within an institution or facility  
201 licensed by the department of public health pursuant to chapter 111, unless such services are  
202 provided on an involuntary basis. Whether or not a license is issued under clause (1), the  
203 department shall make regulations for the operation of such facilities, departments or units. The  
204 department may issue a provisional license to a facility, department or unit that has not  
205 previously operated, or is operating but is temporarily unable to meet applicable standards and  
206 requirements. No original license shall be issued to establish or maintain a facility, department or

207 unit subject to licensure under this section, unless there is determination by the department, in  
208 accordance with its regulations, that there is need for such a facility, department or unit, as  
209 described in subsection (c). The department may grant the type of license that it deems suitable  
210 for the facility, department or unit. The department shall fix reasonable fees for licenses and  
211 renewal of licenses. In order to be licensed by the department under this section, a facility,  
212 department or unit shall provide services to commonwealth residents with public health  
213 insurance on a non-discriminatory basis and shall report the facility's payer mix to the  
214 department on a quarterly basis.

215 SECTION 16. Said section 19 of said chapter 19, as so appearing, is hereby further  
216 amended by striking out, in line 20, the word "ward" and inserting in place thereof the following  
217 word:- unit.

218 SECTION 17. Said section 19 of said chapter 19, as so appearing, is hereby further  
219 amended by striking out subsection (c) and inserting in place thereof the following subsection:-

220 (c) Each facility, department or unit licensed by the department shall be subject to  
221 supervision, visitation and inspection by the department. The department shall inspect each  
222 facility, department or unit prior to granting or renewing a license pursuant to this section. The  
223 department shall establish regulations to administer licensing standards and to provide  
224 operational standards for such facilities, departments or units, including, but not limited to, the  
225 standards or criteria that an applicant shall meet to demonstrate the need for an original license;  
226 provided, however, that those standards or criteria shall be reviewed by the department every 2  
227 years and shall be limited to: (i) the health needs of persons with a mental illness in the  
228 commonwealth, including underserved populations and persons with co-occurring mental illness

229 and substance use disorder; and (ii) the demonstrated ability and history of a prospective licensee  
230 to meet the needs of those persons.

231 The regulations promulgated by the department pursuant to this section shall provide that  
232 no facility, department or unit shall discriminate against an individual, qualified within the scope  
233 of the individual's license, when considering or acting on an application of a licensed  
234 independent clinical social worker for staff membership or clinical privileges. The regulations  
235 shall further provide that each application shall be considered solely on the basis of the  
236 applicant's education, training, current competence and experience. Each facility, department or  
237 unit shall establish, in consultation with the director of social work or, if none, a consulting  
238 licensed independent clinical social worker, the specific standards, criteria and procedures to  
239 admit an applicant for staff membership and clinical privileges. Such standards shall be available  
240 to the department upon request.

241 SECTION 18. Said section 19 of said chapter 19, as so appearing, is hereby further  
242 amended by striking out, in line 44, the word "ward" and inserting in place thereof the following  
243 words:- unit, including the denial or conditional issuance of an original license if an application  
244 does not meet the department's standards or criteria for demonstrating need, as described in  
245 subsection (c).

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

249 (e) The department may conduct surveys and investigations to enforce compliance with  
250 this section and any rule or regulation promulgated pursuant to this section. The department may

251 examine the books and accounts of any facility, department or unit if it deems such examination  
252 necessary for the purposes of this section. If upon inspection or through information in its  
253 possession, the department finds that a facility, department or unit licensed by the department is  
254 not in compliance with a requirement established under this section, the department may order  
255 the facility, department or unit to correct the deficiency by providing the facility, department or  
256 unit a deficiency notice in writing of each deficiency. The notice shall specify a reasonable time,  
257 not more than 60 days after receipt of the notice, by which time the facility, department or unit  
258 shall remedy or correct each deficiency cited in the notice; provided, however, that in the case of  
259 a deficiency which, in the opinion of the department, is not capable of correction within 60 days,  
260 the department shall require that the facility, department or unit submit a written plan for  
261 correction of the deficiency in a reasonable manner. The department may modify a  
262 nonconforming written plan for correction upon notice in writing to the facility, department or  
263 unit. Not more than 7 days after the receipt of notice of such a modification of a written plan for  
264 correction, the affected facility, department or unit may file a written request with the department  
265 for administrative reconsideration of the modified plan for correction or any portion thereof.

266         Nothing in this section shall be construed to prohibit the department from enforcing a  
267 rule, regulation, deficiency notice or plan for correction, administratively or in court, without  
268 first affording formal opportunity to make correction, or to seek administrative reconsideration  
269 under this section, where, in the opinion of the department, the violation of such rule, regulation,  
270 deficiency notice or plan for correction jeopardizes the health or safety of patients or the public  
271 or seriously limits the capacity of a facility, department or unit to provide adequate care, or  
272 where the violation of such rule, regulation, deficiency notice or plan for correction is the second  
273 or subsequent such violation occurring during a period of 12 months.

274           If a facility, department or unit fails to remedy or correct a cited deficiency by the date  
275 specified in the written deficiency notice or fails to remedy or correct a cited deficiency by the  
276 date specified in a plan for correction, as accepted or modified by the department, the department  
277 may: (i) suspend, limit, restrict or revoke the license of the facility, department or unit; (ii)  
278 impose a civil fine upon the facility, department or unit; (iii) pursue any other sanction as the  
279 department may impose administratively upon the facility, department or unit; or (iv) impose any  
280 combination of the penalties set forth in clauses (i) to (iii), inclusive, of this paragraph. A civil  
281 fine imposed pursuant to this subsection shall not exceed \$1,000 per deficiency for each day the  
282 deficiency continues to exist beyond the date prescribed for correction.

283           (f) No facility, department or unit, for which a license is required under subsection (a),  
284 shall provide inpatient psychiatric, residential or day care services for the treatment or care of  
285 persons with a mental illness, unless it has obtained a license under this section. The superior  
286 court sitting in equity shall have jurisdiction, upon petition of the department, to restrain any  
287 violation of this section or to take such other action as equity and justice may require. Whoever  
288 violates this section shall be punished for the first offense by a fine of not more than \$500 and  
289 for subsequent offenses by a fine of not more than \$1,000 or by imprisonment for not more than  
290 2 years, or both.

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

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

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

301 SECTION 20. Said chapter 19 is hereby further amended by adding the following  
302 section:-

303 Section 25. (a) Subject to appropriation, within the department of mental health, there  
304 shall be a center for police training in crisis intervention, in this section hereinafter referred to as  
305 the center. The center shall serve as a source for cost-effective, evidence-based mental health and  
306 substance use crisis response training programs for municipal police and other public safety  
307 personnel throughout the commonwealth. The center shall conduct activities as the advisory  
308 council, pursuant to subsection (e), directs, which shall include: (i) supporting the establishment  
309 and availability of community policing and behavioral health training curricula for law  
310 enforcement personnel, particularly in interventions that provide alternatives to arrest and  
311 incarceration; (ii) serving as a clearinghouse for best practices in police interactions with  
312 individuals suffering from mental illness and substance use disorders; (iii) developing and  
313 implementing crisis intervention training curricula for all veteran and new recruit officers; (iv)  
314 providing technical assistance to cities and towns by establishing collaborative partnerships

315 between law enforcement and human services providers that maximize referrals to treatment  
316 services; and (v) establishing metrics for success and evaluation of outcomes of these programs.

317 (b) The center shall be funded with revenue from appropriations or other money  
318 authorized by the general court and specifically credited to the center, and revenue from private  
319 sources including, but not limited to, grants, both state and federal, gifts and donations received  
320 by the commonwealth that are specifically credited to the center.

321 (c)(1) The center shall: (i) establish regional training opportunities for municipal police as  
322 needed throughout the commonwealth; (ii) develop and maintain curricula that is updated with  
323 the latest research on best practices in community policing and behavioral health; (iii) recruit,  
324 reimburse and support trainers with experience in community policing and behavioral health  
325 crisis intervention; (iv) ensure the training is targeted to meet specific local needs of participating  
326 cities and towns and the commonwealth; (v) support police departments in implementing  
327 improved behavioral health responses through responsive policies and procedures and  
328 partnerships with community behavioral health providers; (vi) assist municipal police  
329 departments to cover backfill costs incurred in sending staff to training, provided that said  
330 reimbursement shall not exceed the actual cost of the sending department's backfill; and (vii)  
331 stipulate that each municipal police department receiving reimbursement provide information  
332 necessary for the center to evaluate the goals described in subsection (c)(3), including the  
333 percentage of the municipality's police sergeants, lieutenants and other officers who directly  
334 oversee patrol officers who have received the center's recommended training and the percentage  
335 of the municipality's patrol officers who have received the center's recommended training.



336 (2) Training shall include, but not be limited to, information on: (i) the signs and  
337 symptoms of mental illnesses and substance misuse; (ii) mental health treatment; (iii) co-  
338 occurring disorders; (iv) responding to a mental health or substance use crisis; (v) best practices  
339 and (vi) community policing principles.

340 (3) The center shall develop and ensure sufficient training resources and opportunities to  
341 enable each municipality in the commonwealth to obtain the center's recommended training for  
342 not less than 25 per cent of their police sergeants, lieutenants and other officers who directly  
343 oversee patrol officers, and not less than 50 per cent of their patrol officers within a time  
344 determined by the community policing and behavioral health advisory council as described in  
345 subsection (e).

346 (d) The center shall publish an annual report including: (i) narrative and statistical  
347 information about training demand, delivery, cost and identified service gaps during the prior  
348 year; (ii) the effectiveness of the services delivered during the prior year; (iii) the communities  
349 that participated in the training; (iv) the number of officers, and their ranks, that participated in  
350 the training; (v) the progress each municipality has made in reaching the goals described in  
351 subsection (c)(3), including the percentage of each municipality's police sergeants, lieutenants  
352 and other officers who directly oversee patrol officers who have received the center's  
353 recommended training, and the percentage of each municipality's patrol officers who have  
354 received the center's recommended training; and (vi) a review of research analyzed or conducted  
355 during the prior year. The center shall submit the annual report not later than February 1 to the  
356 governor, the secretary of health and human services, the commissioner of mental health, the  
357 secretary of public safety and security, the clerks of the house of representatives and the senate ,

358 the joint committee on mental health, substance use and recovery, the joint committee on public  
359 safety and homeland security and the house and senate committees on ways and means.

360 (e) There shall be a community policing and behavioral health advisory council, in this  
361 section called the council, consisting of 11 members: the secretary of health and human services  
362 or the secretary's designee, and the secretary of public safety and security or the secretary's  
363 designee who shall serve as co-chairs of the council; the commissioner of the department of  
364 mental health or the commissioner's designee; the commissioner of the department of public  
365 health or the commissioner's designee; the executive director of the municipal police training  
366 committee or the director's designee; a representative of a mental health consumer advocacy  
367 group, as appointed by the secretary of health and human services; 2 community members who  
368 are consumers of behavioral health services, appointed by the secretary of health and human  
369 services; and 3 municipal police chiefs or commanding officers to be selected by the executive  
370 director of the Massachusetts Chiefs of Police Association, which shall include 1 police chief or  
371 commanding officer employed by a community with fewer than 10,000 residents; 1 police chief  
372 or commanding officer employed by a community with 10,000 or more residents and fewer than  
373 60,000 residents; and 1 police chief or commanding officer employed by a community with  
374 60,000 or more residents. Members of the council shall be appointed for a term of 3 years, and  
375 may be reappointed for consecutive 3-year terms. Each member shall be reimbursed by the  
376 commonwealth for all expenses incurred in the performance of their official duties.

377 The council shall advise the chairs in directing the activities of the center consistent with  
378 subsection (c), and shall receive ongoing reports from the center concerning its activities. The  
379 council shall solicit public comment in the area of community policing and behavioral health,  
380 and in so doing may convene public hearings throughout the commonwealth. The council shall

381 hold not less than 2 meetings per year and may convene special meetings at the call of the chair  
382 or a majority of the council.

383 SECTION 21. Subsection (a) of section 2RRRR of chapter 29 of the General Laws, as  
384 appearing in the 2016 Official Edition, is hereby amended by inserting after the second sentence  
385 the following sentence:- A sheriff of a house of correction that contracts with the department of  
386 public health may also participate in the program; provided, however, that such participation  
387 shall be pursuant to terms that the department may establish for such contract.

388 SECTION 22. Section 17M of chapter 32A of the General Laws, as so appearing, is  
389 hereby amended by striking out, in line 3, the word “abuse” and inserting in place thereof the  
390 following words:- use disorder.

391 SECTION 23. Section 17N of said chapter 32A, as so appearing, is hereby amended by  
392 striking out, in line 31, the word “abuse” and inserting in place thereof the following words:- use  
393 disorder.

394 SECTION 24. Said chapter 32A is hereby further amended by inserting after section 17O  
395 the following 2 sections:-

396 Section 17P. The commission shall provide, to an active or retired employee of the  
397 commonwealth who is insured under the group insurance commission, for any covered drug that  
398 is a narcotic substance contained in schedule II pursuant to chapter 94C and subject to cost  
399 sharing, that if a person receives a prescription filled in a lesser quantity pursuant to section 18 of  
400 said chapter 94C, that person shall not be subject to an additional payment obligation, including  
401 but not limited to co-payments, if that person fills the remaining portion of the prescription.

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

406 (b) The plan shall be subject to review by the division of insurance. In its review, the  
407 division shall consider the adequacy of access to a broad spectrum of pain management services  
408 and any carrier policies that may create unduly preferential coverage to prescribing opioids  
409 without other pain management modalities.

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

413 SECTION 25. Section 97 of chapter 71 of the General Laws, as appearing in the 2016  
414 Official Edition, is hereby amended by inserting after the word “law”, in line 27, the following  
415 words:-; provided, however, that the screening required under this section shall be implemented  
416 in accordance with applicable state and federal laws and regulations pertaining to student  
417 confidentiality, including rules and regulations promulgated pursuant to section 34D.

418 SECTION 26. Section 1 of chapter 94C of the General Laws so, is hereby amended by  
419 inserting after the definition of “Drug paraphernalia”, as so appearing, the following definition:-

420 “Electronic prescription”, a lawful order from a practitioner for a drug or device for a  
421 specific patient that is generated on an electronic prescribing system that meets federal  
422 requirements for electronic prescriptions for controlled substances, and is transmitted  
423 electronically to a pharmacy designated by the patient without alteration of the prescription

424 information, except that third-party intermediaries may act as conduits to route the prescription  
425 from the prescriber to the pharmacist; provided however, that electronic prescription shall not  
426 include an order for medication, which is dispensed for immediate administration to the ultimate  
427 user; and provided further, that the electronic prescription shall be received by the pharmacy on  
428 an electronic system that meets federal requirements for electronic prescriptions. For the  
429 purposes of this chapter, a prescription generated on an electronic system that is printed out or  
430 transmitted via facsimile is not considered an electronic prescription.

431 SECTION 27. Section 8 of said chapter 94C, as so appearing, is hereby amended by  
432 inserting after the word “oral”, in line 60, the following word:- , electronic.

433 SECTION 28. Section 17 of said chapter 94C, as so appearing, is hereby amended by  
434 striking out, in line 2, the words “the written prescription of” and inserting in place thereof the  
435 following words:- an electronic prescription from.

436 SECTION 29. Said section 17 of said chapter 94C, as so appearing, is hereby further  
437 amended by striking out subsection (b) and inserting in place thereof the following subsection:-

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

441 SECTION 30. Said section 17 of said chapter 94C, as so appearing, is hereby further  
442 amended by striking out, in line 11, the words “a written or oral prescription of” and inserting in  
443 place thereof the following words:- an electronic prescription from.

444 SECTION 31. Section 18 of said chapter 94C is hereby amended by striking out  
445 subsection (d<sup>3/4</sup>), as so appearing, and inserting in place thereof the following subsection:-

446 (d<sup>3/4</sup>) A pharmacist filling a prescription for a schedule II substance shall, if requested by  
447 the patient, dispense the prescribed substance in a lesser quantity than indicated on the  
448 prescription. The remaining portion may be filled upon patient request in accordance with federal  
449 law; provided, however, that only the same pharmacy that originally dispensed the lesser  
450 quantity shall dispense the remaining portion. Upon an initial partial dispensing of a prescription  
451 or a subsequent dispensing of a remaining portion, the pharmacist or the pharmacist's designee  
452 shall make a notation in the patient's record maintained by the pharmacy, which shall be  
453 accessible to the prescribing practitioner by request, indicating that the prescription was partially  
454 filled and the quantity dispensed. The initial partial dispensing of a prescription filled pursuant to  
455 subsection (d) or (d<sup>1/2</sup>) shall be filled not more than 5 days after the prescription issue date. The  
456 remaining portion filled pursuant to this subsection must be filled not later than 30 days after the  
457 prescription issue date.

458 SECTION 32. Said chapter 94C is hereby further amended by striking out section 19B  
459 and inserting in place thereof the following 2 sections:-

460 Section 19B. (a) As used in this section and unless the context clearly requires otherwise,  
461 "opioid antagonist" shall mean naloxone or any other drug approved by the federal Food and  
462 Drug Administration as a competitive narcotic antagonist used in the reversal of overdoses  
463 caused by opioids.

464 (b) The department shall ensure that a statewide standing order is issued to authorize the  
465 dispensing of an opioid antagonist in the commonwealth by any licensed pharmacist. The

466 statewide standing order shall include, but not be limited to, written, standardized procedures or  
467 protocols for the dispensing of an opioid antagonist by a licensed pharmacist. Notwithstanding  
468 any general or special law to the contrary, the commissioner, or a physician who is designated by  
469 the commissioner and is registered to distribute or dispense a controlled substance in the course  
470 of professional practice under section 7, may issue a statewide standing order that may be used  
471 for a licensed pharmacist to dispense an opioid antagonist under this section.

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

478 (d) A pharmacist who dispenses an opioid antagonist shall annually report to the  
479 department the number of opioid antagonist doses dispensed. Reports shall not identify an  
480 individual patient, shall be confidential and shall not constitute a public record as defined in  
481 clause Twenty-sixth of section 7 of chapter 4. The department shall publish an annual report that  
482 includes aggregate information about the dispensing of opioid antagonists in the commonwealth.

483 (e) A pharmacist or designee who dispenses an opioid antagonist pursuant to this section  
484 shall, for the purposes of health insurance billing and cost-sharing, treat the transaction as the  
485 dispensing of a prescription to the person purchasing the opioid antagonist regardless of the  
486 ultimate user of the opioid antagonist. Unless the person purchasing the opioid antagonist  
487 requests to pay for the prescription out-of-pocket, the pharmacist or designee shall make a

488 reasonable effort to identify the purchaser's insurance coverage and to submit a claim for the  
489 opioid antagonist to the insurance carrier prior to dispensing the opioid antagonist.

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

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

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

504 Section 19B½. Notwithstanding any special or general law to the contrary, a municipality  
505 or non-municipal public agency that is duly registered pursuant to subsection (g) of section 7  
506 may convey or exchange naloxone or another opioid antagonist approved by the department to or  
507 with another duly registered entity to ensure the availability and use of unexpired naloxone or  
508 other approved opioid antagonist; provided, however, that such an exchange shall be recorded in  
509 a memorandum between the registered entities in a manner prescribed by the department.



510 SECTION 33. Subsection (c) of section 20 of said chapter 94C, as appearing in the 2016  
511 Official Edition, is hereby amended by striking out the first and second sentences and inserting in  
512 place thereof the following 3 sentences:- Whenever a practitioner prescribes a controlled  
513 substance by oral prescription, the practitioner shall cause an electronic prescription for the  
514 prescribed controlled substance to be delivered to the dispensing pharmacy within 2 days;  
515 provided, however, that if the practitioner has received an exception from using an electronic  
516 prescription from the commissioner pursuant to subsection (h) of section 23, the practitioner  
517 shall, within a period of not more than 7 days or such shorter period that is required by federal  
518 law, cause a written prescription for the prescribed controlled substance to be delivered to the  
519 dispensing pharmacy. The written prescription may be delivered to the pharmacy in person or by  
520 mail, but shall be postmarked within 7 days or such shorter period that is required by federal law.  
521 When an electronic or written prescription is issued pursuant to this subsection, the practitioner  
522 shall indicate on the electronic or written prescription that such prescription is being issued to  
523 document an oral prescription.

524 SECTION 34. Section 21 of said chapter 94C is hereby amended by inserting after the  
525 word “written”, in line 1, as so appearing, the following word:-, electronic.

526 SECTION 35. Said section 21 of said chapter 94C is hereby further amended by inserting  
527 after the word “oral”, in line 28, as so appearing, the following word:-, electronic.

528 SECTION 36. Section 22 of said chapter 94C, as so appearing, is hereby amended by  
529 inserting after the word “written”, in line 2, the following words:- or electronic.

530 SECTION 37. Said section 22 of said chapter 94C, as so appearing, is hereby further  
531 amended by striking out, in line 21, the words “recommended full quantity indicated” and  
532 inserting in place thereof the following words:- full prescribed quantity.

533 SECTION 38. Section 23 of said chapter 94C, as so appearing, is hereby amended by  
534 inserting after the word “written”, in lines 1 and 6, each time it appears, the following words:- or  
535 electronic.

536 SECTION 39. Said section 23 of said chapter 94C, as so appearing, is hereby further  
537 amended by striking out subsection (b) and inserting in place thereof the following subsection:-

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

541 SECTION 40. Said section 23 of said chapter 94C, as so appearing, is hereby further  
542 amended by striking out subsections (g) and (h) and inserting in place thereof the following 3  
543 subsections:-

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

547 (h) The commissioner, through regulation, shall establish exceptions to section 17 and  
548 subsection (g) authorizing the limited use of a written and oral prescription where appropriate.  
549 The exceptions shall be limited to: (i) prescriptions that are issued by veterinarians; (ii)  
550 prescriptions issued or dispensed in circumstances where electronic prescribing is not available

551 due to temporary technological or electrical failure; (iii) a time-limited waiver process for  
552 practitioners who demonstrate economic hardship, technological limitations that are not  
553 reasonably within the control of the practitioner, or other exceptional circumstance; (iv)  
554 prescriptions that are issued or dispensed in emergency situations as defined by the  
555 commissioner pursuant to said section 17, including situations where the electronic prescription  
556 requirement would result in a delay that would adversely impact the patient's medical condition;  
557 (v) when a prescription cannot be issued electronically under federal or state law or regulations;  
558 (vi) prescriptions issued outside the jurisdiction of the commonwealth; and (vii) other exceptions  
559 to said section 17 and said subsection (g) as the commissioner determines necessary; provided,  
560 however, that 90 days before promulgating or amending any regulations regarding other  
561 exceptions to said section 17 and said subsection (g), the commissioner shall file with the house  
562 and senate committees on ways and means, the joint committee on public health, and the joint  
563 committee on mental health, substance use and recovery a written report setting forth  
564 justification for such changes.

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

568 SECTION 41. Subsection (c) of section 24A of said chapter 94C, as so appearing, is  
569 hereby amended by striking out the second paragraph and inserting in place thereof the following  
570 paragraph:-

571 The department shall promulgate rules and regulations relative to the use of the  
572 prescription monitoring program by registered participants. The regulations shall include the

573 requirement that prior to issuance, participants shall utilize the prescription monitoring program  
574 each time a prescription for a narcotic drug that is contained in schedule II or III, or a  
575 prescription for a benzodiazepine, is issued. The department may require participants to utilize  
576 the prescription monitoring program prior to the issuance of any schedule IV or V prescription  
577 drug, that is commonly misused and may lead to physical or psychological dependence or that  
578 causes patients with a history of substance dependence to experience significant addictive  
579 symptoms. The regulations shall specify the circumstances under which such narcotics or  
580 benzodiazepines may be prescribed without first utilizing the prescription monitoring program.  
581 The regulations may also specify the circumstances under which support staff may use the  
582 prescription monitoring program on behalf of a registered participant. When promulgating the  
583 rules and regulations, the department shall also require that pharmacists be trained in the use of  
584 the prescription monitoring program as part of the continuing education requirements mandated  
585 for licensure by the board of registration in pharmacy, under section 24A of chapter 112. The  
586 department shall also study the feasibility and value of expanding the prescription monitoring  
587 program to include schedule VI prescription drugs.

588 SECTION 42. Subsection (f) of said section 24A of said chapter 94C, as so appearing, is  
589 hereby amended by striking out clause (4) and inserting in place thereof the following clause:-

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

595 SECTION 43. Said section 24A of said chapter 94C, as so appearing, is hereby further  
596 amended by striking out, in line 94, the word “or”.

597 SECTION 44. Subsection (f) of said section 24A of said chapter 94C, as so appearing, is  
598 hereby amended by striking out clause (6)and inserting in place thereof the following 2 clauses:-

599 (6) personnel of the United States attorney, office of the attorney general or a district  
600 attorney; provided, however, that the data request is in connection with a bona fide specific  
601 controlled substance or additional drug related investigation and accompanied by a probable  
602 cause warrant issued pursuant to chapter 276; or

603 (7) personnel of the Medicaid fraud control unit within the office of the attorney general,  
604 which shall be exempted from the probable cause warrant requirement in paragraphs 4 and 6;  
605 provided however, that the data request is made in connection with a bona fide specific  
606 controlled substance or additional drug related investigation of a practitioner, pharmacist,  
607 pharmacy, person required to be a registered participant by this chapter or any other provider  
608 subject to the jurisdiction of a Medicaid fraud control unit under federal law, including, but not  
609 limited to, 42 USC section 1396b, et. seq.

610 SECTION 45. Said section 24A of said chapter 94C, as so appearing, is hereby further  
611 amended by striking out subsection (g) and inserting in place thereof the following subsection:-

612 (g) The department may provide data from the prescription monitoring program to  
613 practitioners in accordance with this section; provided, however, that practitioners shall be able  
614 to access the data directly through a secure electronic medical record or other similar secure  
615 software or information system that enables automated query and retrieval of prescription  
616 monitoring program data to a practitioner. This data may be used only for the purpose of

617 diagnosis, treatment or coordinating care of the practitioner's patient, unless otherwise permitted  
618 by this section. Any such secure software or information system shall identify the registered  
619 participant on whose behalf the prescription monitoring program was accessed. The department  
620 may enter into data use agreements to allow summary prescription monitoring program data to  
621 be securely retained in the patient's medical record as a clinical note associated with a clinical  
622 encounter; provided, however, that prescription monitoring program data shall not be retained  
623 separately from said clinical note; and provided further, that no such agreement shall allow for  
624 prescription monitoring program data to be used for purposes inconsistent with this section.

625 SECTION 46. Said section 24A of said chapter 94C, as so appearing, is hereby further  
626 amended by adding the following subsection:-

627 (m) The department may enter into agreements to permit health care facilities to integrate  
628 secure software or information systems into their electronic medical records for the purpose of  
629 using prescription monitoring program data to perform data analysis, compilation, or  
630 visualization, for purposes of diagnosis, treatment or coordinating care of the practitioner's  
631 patient. Any such secure software or information system shall comply with requirements  
632 established by the department to ensure the security and confidentiality of any data transferred.

633 SECTION 47. Section 27 of said chapter 94C, as so appearing, is hereby amended by  
634 striking out, in lines 3 and 4, the words “, but only to persons who have attained the age of 18  
635 years and”.

636 SECTION 48. Said section 27 of said chapter 94C, as so appearing, is hereby further  
637 amended by striking out the second sentence.

638 SECTION 49. Section 32I of said chapter 94C is hereby amended by striking out, in line  
639 27, as so appearing, the words “to persons over the age of 18”.

640 SECTION 50. Chapter 111 of the General Laws is hereby amended by inserting after  
641 section 25J the following section:-

642 Section 25J<sup>1/2</sup>. An acute-care hospital, as defined in section 25B, that provides emergency  
643 services in an emergency department and a satellite emergency facility, as defined in section  
644 51<sup>1/2</sup>, shall maintain, as part of its emergency services, protocols and capacity to provide  
645 appropriate, evidence-based interventions prior to discharge that reduce the risk of subsequent  
646 harm and fatality following an opioid-related overdose including, but not limited to, institutional  
647 protocols and capacity to possess, dispense, administer and prescribe opioid agonist treatment,  
648 including partial agonist treatment, and offer such treatment to patients who present in an acute-  
649 care hospital emergency department or a satellite emergency facility for care and treatment of an  
650 opioid-related overdose; provided, however, that such treatment shall occur when it is  
651 recommended by the treating healthcare provider and is voluntarily agreed to by the patient. An  
652 acute-care hospital that provides emergency services in an emergency department, and a satellite  
653 emergency facility, shall demonstrate compliance with applicable training and waiver  
654 requirements established by the federal drug enforcement agency and the substance abuse and  
655 mental health services administration relative to prescribing opioid agonist treatment. Prior to  
656 discharge, any patient who is administered or prescribed an opioid agonist treatment in an acute  
657 care hospital emergency department or satellite emergency facility shall be directly connected to  
658 an appropriate provider or treatment site to voluntarily continue said treatment.

659 The department may issue regulations pursuant to this section.

660 SECTION 51. Subsection (a) of said section 51½ of said chapter 111, as appearing in the  
661 2016 Official Edition, is hereby amended by striking out the definition of “Licensed mental  
662 health professional” and inserting in place thereof the following definition:-

663 “Licensed mental health professional”, a: (i) licensed physician who specializes in the  
664 practice of psychiatry or addiction medicine; (ii) licensed psychologist; (iii) licensed independent  
665 clinical social worker; (iv) licensed certified social worker; (v) licensed mental health counselor;  
666 (vi) licensed psychiatric clinical nurse specialist; (vii) certified addictions registered nurse; (viii)  
667 licensed alcohol and drug counselor I as defined in section 1 of chapter 111J; or (ix) healthcare  
668 provider, as defined in section 1, qualified within the scope of the individual’s license to perform  
669 substance use disorder evaluations, including an intern, resident or fellow pursuant to medical  
670 staff policies and practice.

671 SECTION 52. Said section 51½ of said chapter 111, as so appearing, is hereby further  
672 amended by striking out, in lines 18, 35, 36, 50, 56, 73, 78 and 94, the word “abuse” and  
673 inserting in place thereof, in each instance, the following words:- use disorder.

674 SECTION 53. Said section 51½ of said chapter 111, as so appearing, is hereby further  
675 amended by inserting after the word “program”, in line 20, the following words:- by a licensed  
676 mental health professional.

677 SECTION 54. Said section 51½ of said chapter 111, as so appearing, is hereby further  
678 amended by striking out, in lines 33, 79, 82 and lines 84 and 85, the word “opiate-related” and  
679 inserting in place thereof, in each instance, the following word:- opioid-related.

680 SECTION 55. Said section 51½ of said chapter 111, as so appearing, is hereby further  
681 amended by striking out subsection (c) and inserting in place thereof the following subsection:-



682 (c) During or after a substance use disorder evaluation conducted pursuant to subsection  
683 (b), treatment may occur within the acute-care hospital or satellite emergency facility, if  
684 appropriate services are available, which may include induction to medication-assisted treatment.  
685 If the acute care hospital or satellite emergency facility is unable to provide such services, the  
686 acute care hospital or satellite emergency facility shall refer the patient to an appropriate and  
687 available hospital or treatment provider; provided, however, that nothing in this section shall  
688 relieve an acute care hospital or satellite emergency facility from the requirements of section  
689 25J½. Medical necessity for further treatment shall be determined by the treating clinician and  
690 noted in the patient's medical record.

691 If a patient refuses further treatment after the evaluation is complete, and is otherwise  
692 medically stable, the acute-care hospital or satellite emergency facility may initiate discharge  
693 proceedings; provided, however, that if the patient is in need of and agrees to further treatment  
694 following discharge pursuant to the substance use disorder evaluation, then the acute care  
695 hospital or satellite emergency facility shall directly connect the patient with a community-based  
696 program prior to discharge or within a reasonable time following discharge when the  
697 community-based program is available. All patients receiving an evaluation under subsection (b)  
698 shall receive, upon discharge, information on local and statewide treatment options, providers  
699 and other relevant information as deemed appropriate by the treating clinician.

700 SECTION 56. Said section 51½ of said chapter 111, as so appearing, is hereby further  
701 amended by striking out subsection (g) and inserting in place thereof the following subsection:-

702 (g) Upon discharge of a patient who experienced an opioid-related overdose, the acute-  
703 care hospital, satellite emergency facility or emergency service program shall record the opioid-

704 related overdose and substance use disorder evaluation in the patient’s electronic medical record  
705 and shall make the evaluation directly accessible by other healthcare providers and facilities  
706 consistent with federal and state privacy requirements through a secure electronic medical  
707 record, health information exchange, or other similar software or information systems to: (i)  
708 improve ease of access and utilization of such data for treatment or diagnosis; (ii) support  
709 integration of such data within the electronic health records of a healthcare provider for purposes  
710 of treatment or diagnosis; or (iii) allow healthcare providers and their vendors to maintain such  
711 data for the purposes of compiling and visualizing such data within the electronic health records  
712 of a healthcare provider that supports treatment or diagnosis.

713 SECTION 57. Said section 51½ of said chapter 111, as so appearing, is hereby further  
714 amended by striking out subsection (i).

715 SECTION 58. Section 1 of chapter 111E of the General Laws, as so appearing, is hereby  
716 amended by inserting after the definition of “Assignment” the following definition:-

717 “Commissioner”, the commissioner of public health.

718 SECTION 59. Said section 1 of said chapter 111E is hereby further amended by  
719 inserting after the definition of “Independent addiction specialist”, inserted by section 63 of  
720 chapter 69 of the acts of 2018, the following definition:-

721 “Original license”, a license, including a provisional license, issued to a facility not  
722 previously licensed; or a license issued to an existing facility, in which there has been a change  
723 in ownership or location.

724 SECTION 60. Section 7 of said chapter 111E, as appearing in the 2016 Official Edition,  
725 is hereby amended by striking out, in lines 1, 10, 13, 26, 27, 33, 39, 44, 50, 75, 77 and 80, the  
726 word “division”, each time it appears, and inserting in place thereof, in each instance, the  
727 following word:- department.

728 SECTION 61. Said section 7 of said chapter 111E, as so appearing, is hereby further  
729 amended by inserting after the word “requirements”, in line 8, the following words:- set forth in  
730 regulations of the department.

731 SECTION 62. Said section 7 of said chapter 111E, as so appearing, is hereby further  
732 amended by striking out, in lines 17 and 18, the words “but such standards and requirements  
733 shall concern only” and inserting in place thereof the following words:- which shall include, but  
734 not be limited to.

735 SECTION 63. The fourth sentence of the first paragraph of said section 7 of said chapter  
736 111E, as so appearing, is hereby amended by striking out clauses (1) to (6), inclusive, and  
737 inserting in place thereof the following 8 clauses:-

738 (1) the health standards to be met by a facility;

739 (2) misrepresentations regarding the treatment that would be provided to patients at a  
740 facility;

741 (3) licensing fees;

742 (4) procedures for making and approving license applications;

743 (5) the services and treatment provided by programs at a facility;

744 (6) certification of capability of self-preservation;

745 (7) a requirement that a facility provide services to commonwealth residents with public  
746 health insurance on a non-discriminatory basis and report the facility's payer mix to the  
747 department on a quarterly basis; and

748 (8) the standards or criteria that a facility shall meet to demonstrate the need for an  
749 original license; provided, however, that such standards or criteria shall be reviewed by the  
750 department every 2 years and shall be limited to: (i) the health needs of drug dependent persons  
751 and persons with alcoholism, as defined in section 3 of chapter 111B, in the commonwealth,  
752 including underserved populations and persons with co-occurring mental illness and substance  
753 use disorder; and (ii) the demonstrated ability and history of a prospective licensee to meet the  
754 needs of such persons.

755 SECTION 64. Said section 7 of said chapter 111E, as so appearing, is hereby further  
756 amended by striking out, in lines 26 and 27, the words "from time to time, on request,".

757 SECTION 65. Said section 7 of said chapter 111E, as so appearing, is hereby further  
758 amended by striking out, in lines 28 to 32, inclusive, the words "reasonably require for the  
759 purposes of this section, and any licensee or other person operating a private facility who fails to  
760 furnish any such data, statistics, schedules or information as requested, or who files fraudulent  
761 returns thereof, shall be punished by a fine of not more than five hundred dollars" and inserting  
762 in place thereof the following word:- require.

763 SECTION 66. Said section 7 of said chapter 111E, as so appearing, is hereby further  
764 amended by striking out, in line 42, the second time it appears, the word "or".

765 SECTION 67. The third paragraph of said section 7 of said chapter 111E, as so  
766 appearing, is hereby amended by striking out clause (3) and inserting in place thereof the  
767 following 2 clauses:-

768 (3) failure to comply with section 10; or

769 (4) an application for an original license fails to meet the department's standards or  
770 criteria for demonstrating need.

771 SECTION 68. Said section 7 of said chapter 111E, as so appearing, is hereby further  
772 amended by striking out, in line 49, the word "director" and inserting in place thereof the  
773 following word:- commissioner.

774 SECTION 69. Said section 7 of said chapter 111E, as so appearing, is hereby further  
775 amended by striking out the fifth to seventh paragraphs, inclusive, and inserting in place thereof  
776 the following 6 paragraphs:-

777 The department may conduct surveys and investigations to enforce compliance with this  
778 section and any rule or regulation promulgated pursuant to this chapter. If upon inspection, or  
779 through information in its possession, the department finds that a facility licensed by the  
780 department is not in compliance with a requirement established under this chapter, the  
781 department may order the facility to correct such deficiency by issuing a corrective action order,  
782 which shall provide the facility written notice of each deficiency. The order shall specify a  
783 reasonable time, not more than 60 days after receipt of the notice, by which time the facility shall  
784 remedy or correct each deficiency cited in the notice; provided, however, that in the case of any  
785 deficiency which, in the opinion of the department, is not capable of correction within 60 days,  
786 the department shall require that the facility submit a written plan for correction of the deficiency

787 in a reasonable manner. The department may modify any nonconforming written plan for  
788 correction upon notice in writing to the facility. Not more than 7 days after the receipt of notice  
789 of such modification of a written plan for correction, the affected facility may file a written  
790 request with the department for administrative reconsideration of the modified plan for  
791 correction or any portion thereof.

792         Nothing in this section shall be construed to prohibit the department from enforcing a  
793 rule, regulation, corrective action order or plan for correction, administratively or in court,  
794 without first affording formal opportunity to make correction, or to seek administrative  
795 reconsideration under this section, where, in the opinion of the department, the violation of such  
796 rule, regulation, corrective action order or plan for correction jeopardizes the health or safety of  
797 patients or the public or seriously limits the capacity of a facility to provide adequate care, or  
798 where the violation of such rule, regulation, corrective action order or plan for correction is the  
799 second or subsequent such violation occurring during a period of 12 months.

800         If a facility fails to remedy or correct a cited deficiency by the date specified in the  
801 corrective action order or fails to remedy or correct a cited deficiency by the date specified in a  
802 plan for correction as accepted or modified by the department, the department may: (i) suspend,  
803 limit, restrict or revoke the facility's license; (ii) impose a civil fine upon the facility; (iii) pursue  
804 any other sanction as the department may impose administratively upon the facility; or (iv)  
805 impose any combination of the penalties set forth in clauses (i) to (iii), inclusive, of this  
806 paragraph. A civil fine imposed pursuant to this section shall not exceed \$1,000 per deficiency  
807 for each day the deficiency continues to exist beyond the date prescribed for correction.

808 No person, partnership, corporation, society, association, other agency, or entity of any  
809 kind, except a licensed general hospital, a department, agency or institution of the federal  
810 government, the commonwealth or any political subdivision thereof, shall operate a facility  
811 without a license and no department, agency or institution of the commonwealth or any political  
812 subdivision thereof shall operate a facility without approval from the department pursuant to this  
813 section. Upon petition of the department, the superior court shall have jurisdiction in equity to  
814 restrain any violation of this section and to take such other action as equity and justice may  
815 require to enforce its provisions.

816 Whoever knowingly establishes or maintains a private facility, other than a licensed  
817 general hospital, without a license granted pursuant to this section shall, for a first offense, be  
818 punished by a fine of not more than \$500 and for each subsequent offense by a fine of not more  
819 than \$1,000 or imprisonment for not more than 2 years, or both.

820 A facility shall be subject to visitation and inspection by the department to enforce  
821 compliance with this chapter and any rule or regulation issued thereunder. The department shall  
822 inspect each facility prior to granting or renewing a license or approval. The department may  
823 examine the books and accounts of any facility if it deems such examination necessary for the  
824 purposes of this section.

825 SECTION 70. Section 10H of chapter 118E of the General Laws, as inserted by section  
826 19 of chapter 258 of the acts of 2014, is hereby amended by striking out, in line 55, the word  
827 “abuse” and inserting in place thereof the following words:- use disorder.

828 SECTION 71. Said chapter 118E is hereby further amended by inserting after section  
829 10K, inserted by section 2 of chapter 120 of the acts of 2017, the following section:-

830 Section 10L. The division and its contracted health insurers, health plans, health  
831 maintenance organizations, behavioral health management firms and third party administrators  
832 under contract to a Medicaid managed care organization or primary care clinician plan shall  
833 provide, for any covered drug that is a narcotic substance contained in schedule II pursuant to  
834 chapter 94C and subject to cost sharing, that if a person receives a prescription filled in a lesser  
835 quantity pursuant to section 18 of said chapter 94C, said person shall not be subject to an  
836 additional payment obligation, including, but not limited, to co-payments, if said person fills the  
837 remaining portion of the prescription.

838 SECTION 72. Section 35 of chapter 123 of the General Laws is hereby amended by  
839 inserting after the word “harm”, in line 59, appearing in the 2016 Official Edition, the following  
840 words:- ; provided, that the superintendent shall provide timely notification to the committing  
841 court and, if consent is obtained from the committed person, to the petitioner; provided further,  
842 that the superintendent shall request such consent from all committed persons.

843 SECTION 73. Said section 35 of said chapter 123 is hereby further amended by striking  
844 out, in lines 66 and 67, as so appearing, the words “notification of the transfer to the committing  
845 court” and inserting in place thereof the following words:- timely notification of the transfer to  
846 the committing court and, if consent is obtained from the committed person, to the petitioner;  
847 provided further, that the superintendent shall request such consent from all committed persons.

848 SECTION 74. Said section 35 of said chapter 123 is hereby further amended by inserting  
849 after the seventh paragraph, as so appearing, the following paragraph:-

850 A facility used for commitment under this section for a person found to be a person with  
851 a substance use disorder shall maintain or provide for the capacity to possess, dispense and



852 administer all drugs approved by the federal Food and Drug Administration for use in opioid  
853 agonist treatment, including partial agonist treatment, and opioid antagonist treatment for opioid  
854 use disorder and shall make such treatment available to any person for whom such treatment is  
855 medically appropriate.

856 SECTION 75. Section 1 of chapter 127 of the General Laws is hereby amended by  
857 striking out the definition of “Commissioner”, as appearing in the 2016 Official Edition, and  
858 inserting in place thereof the following 2 definitions:-

859 “Behavioral health counseling”, a non-pharmacological intervention carried out by a  
860 qualified behavioral health professional in a therapeutic context at an individual, family or group  
861 level; provided, however, that such an intervention may include a structured, professionally  
862 administered intervention delivered in person or an intervention delivered remotely via  
863 telemedicine.

864 “Commissioner”, the commissioner of correction.

865 SECTION 76. Said section 1 of said chapter 127, as so appearing, is hereby further  
866 amended by inserting after the definition of “Exigent circumstances”, inserted by section 85 of  
867 chapter 69 of” the acts of 2018, the following definition:-

868 “Medication-assisted treatment”, treatment for an opioid-related substance use disorder  
869 that: (i) is determined to be medically necessary by a qualified addiction specialist; (ii) involves  
870 the use of medication that is approved by the federal Food and Drug Administration for  
871 treatment of an opioid-related substance use disorder; and (iii) is offered in accordance with a  
872 treatment plan that is reviewed by a qualified addiction specialist at a frequency consistent with  
873 appropriate clinical standards.

874 SECTION 77. Said section 1 of said chapter 127 is hereby further amended by inserting  
875 after the definition of “Placement review”, inserted by section 86 of chapter 69 of the acts of  
876 2018, the following definition:-

877 “Qualified addiction specialist”, a treatment provider who is: (i) a physician licensed by  
878 the board of registration of medicine, a licensed advanced practice registered nurse or a licensed  
879 physician assistant; and (ii) a qualifying practitioner or qualifying other practitioner, as defined  
880 in the federal Controlled Substances Act, as codified at 21 U.S.C. 823(G), who has been issued  
881 an identification number by the United States Drug Enforcement Administration pursuant to the  
882 federal Controlled Substances Act, as codified at 21 U.S.C. 823(g)(2)(D)(ii) or 21 U.S.C.  
883 823(g)(2)(D)(iii).

884 SECTION 78. Said chapter 127 is hereby further amended by inserting after section 17A  
885 the following 3 sections:-

886 Section 17B. The commissioner, in consultation with the commissioner of public health,  
887 shall offer medication-assisted treatment for opioid use disorder to a state detainee or prisoner at  
888 the Massachusetts alcohol and substance abuse center, the Massachusetts correctional institution  
889 at Framingham or the South Middlesex correctional center, upon the recommendation of a  
890 qualified addiction specialist. The medication-assisted treatment program shall not be required to  
891 be administered in any other state correctional facility; provided, however, that the commissioner  
892 shall, upon the recommendation of a qualified addiction specialist, offer medication-assisted  
893 treatment at the Massachusetts correctional institution at Cedar Junction to: (i) a state detainee or  
894 prisoner, including a state detainee or prisoner who was receiving opioid agonist or partial  
895 agonist treatment immediately preceding incarceration, during the first 90 days during which

896 such state detainee or prisoner is serving a sentence, as part of a medically managed  
897 detoxification which shall comply with the federal Substance Abuse and Mental Health Services  
898 Administration's treatment improvement protocols for detoxification; and (ii) a state detainee or  
899 prisoner during the last 90 days during which such state detainee or prisoner is serving a  
900 sentence, pursuant to a re-entry treatment plan under section 17C. The Massachusetts alcohol  
901 and substance abuse center, the Massachusetts correctional institution at Framingham, the South  
902 Middlesex correctional center and the Massachusetts correctional institution at Cedar Junction  
903 shall maintain or provide for the capacity to possess, dispense and administer all drugs approved  
904 by the federal Food and Drug Administration for use in medication-assisted treatment for opioid  
905 use disorder; provided however, that such facilities shall not be required to maintain or provide a  
906 drug that is not also a MassHealth covered benefit.

907         The commissioner shall ensure that each state detainee or prisoner at the Massachusetts  
908 alcohol and substance abuse center, the Massachusetts correctional institution at Framingham  
909 and the South Middlesex correctional center who is receiving medication-assisted treatment for  
910 opioid use disorder, including immediately preceding incarceration or commitment, continues to  
911 have such treatment available unless such person voluntarily discontinues the treatment or unless  
912 a qualified addiction specialist determines that treatment is no longer medically necessary.

913         Such facilities shall ensure access to a qualified addiction specialist by a state detainee or  
914 prisoner.

915         Treatment established under this section shall include behavioral health counseling for  
916 individuals diagnosed with opioid use disorder; provided, however, that counseling services shall  
917 be consistent with current therapeutic standards for these therapies in a community setting.

918 No incentives, rewards or punishments shall be used to encourage or discourage a state  
919 detainee's or prisoner's decision to receive medication-assisted treatment.

920 Section 17C. The commissioner shall ensure that, not later than 120 days prior to the  
921 expected discharge date of a state detainee or prisoner serving a sentence to a state prison, a state  
922 detainee or prisoner shall have access to a qualified addiction specialist who shall conduct an  
923 assessment of the state detainee or prisoner. Upon a determination by the qualified addiction  
924 specialist that the state detainee or prisoner requires treatment for opioid use disorder, the  
925 qualified addiction specialist shall establish a medically appropriate re-entry treatment plan for  
926 the state detainee or prisoner, which may include, but shall not be limited to, medication-assisted  
927 treatment during the final 90 days of incarceration; provided, however, that if medication-  
928 assisted treatment is included in a re-entry treatment plan, such treatment plan shall be provided  
929 to the state detainee or prisoner at a facility included in section 17B. A re-entry treatment plan  
930 may include any treatment upon discharge that the qualified addiction specialist shall  
931 recommend and deem appropriate, which may include, but shall not be limited to, all drugs  
932 approved by the federal Food and Drug Administration for use in medication-assisted treatment  
933 for opioid use disorder. A re-entry treatment plan shall ensure that a state detainee or prisoner is  
934 directly connected to an appropriate provider or treatment site in the geographic region to which  
935 the state detainee or prisoner shall reside upon release. The commissioner shall further ensure  
936 that, for a state detainee or prisoner with a re-entry treatment plan under this section, the facility  
937 shall request reinstatement or apply for MassHealth benefits for the state detainee or prisoner at  
938 least 30 days prior to release.

939 The re-entry treatment plan shall be forwarded to the parole board and may be  
940 incorporated into any treatment plan included within the terms and conditions of parole.

941 Section 17D. (a) Annually, not later than February 1, the commissioner shall report to the  
942 house and senate committees on ways and means, the joint committee on mental health,  
943 substance use and recovery, the joint committee on public safety and homeland security and the  
944 joint committee on the judiciary the following information for the prior calendar year for each  
945 facility included in section 17B: (i) the cost to the facility of providing medication-assisted  
946 treatment for opioid use disorder; (ii) the cost to the facility of providing re-entry treatment plans  
947 under section 17C; (iii) the type and prevalence of medication-assisted treatment provided for  
948 opioid use disorder; (iv) the number of persons in the custody of the facility, in any status, who  
949 continued to receive the same medication-assisted treatment as they received prior to  
950 incarceration, by medication type; (v) the number of persons in the custody of the facility, in any  
951 status, who changed or discontinued medication-assisted treatment for opioid use disorder that  
952 they received prior to incarceration, by medication type; (vi) the number of persons in the  
953 custody of the facility, in any status, who received medication-assisted treatment for opioid use  
954 disorder during the 90 days prior to release, by medication type; (vii) the number of persons in  
955 the custody of a facility, in any status, with a re-entry treatment plan that included medication-  
956 assisted treatment but did not receive such treatment prior to release; (viii) the number of persons  
957 in the custody of the facility, in any status, who received medication-assisted treatment for opioid  
958 use disorder who did not receive such treatment prior to incarceration, by medication type; (ix) a  
959 summary of facility practices and any changes to those practices related to medication-assisted  
960 treatment for opioid use disorder; (x) the number of persons who were connected to treatment  
961 after release; (xi) the number of persons who received a re-entry treatment plan under section  
962 17C and were subsequently enrolled in MassHealth upon discharge; provided, however, that the  
963 commissioner, the commissioner of medical assistance and the commissioner of public health

964 shall coordinate to provide such information; and (xii) any other information requested by the  
965 commissioner related to the provision of medication-assisted treatment for opioid use disorder.

966         Every 2 years, not later than the April 30, the commissioner of public health shall prepare  
967 a report, pursuant to section 237 of chapter 111, regarding outcomes for the medication-assisted  
968 treatment programs established under sections 17B and 17C to the house and senate committees  
969 on ways and means, the joint committee on mental health, substance use and recovery, the joint  
970 committee on public safety and homeland security and the joint committee on the judiciary. The  
971 department of correction shall provide, upon request from the commissioner of public health,  
972 information necessary to prepare the report. The report shall, to the extent possible, provide a  
973 comparison between the state detainees and prisoners who did not receive medication-assisted  
974 treatment for opioid use disorder and those who did, reported separately for each medication  
975 type, in order to determine the impact of the treatment programs on the following: (i) retention in  
976 treatment after release; (ii) substance use and relapse after release; (iii) rates of recidivism; (iv)  
977 rates of nonfatal and fatal overdose; (v) treatment retention after release; and (vi) other outcome  
978 measures identified by the commissioner of public health.

979         SECTION 79. Section 47FF of chapter 175 of the General Laws, as appearing in the  
980 2016 Official Edition, is hereby amended by striking out, in line 3, the word “abuse” and  
981 inserting in place thereof the following words:- use disorder.

982         SECTION 80. Section 47GG of said chapter 175, as so appearing, is hereby amended by  
983 striking out, in line 33, the word “abuse” and inserting in place thereof the following words:- use  
984 disorder.

985 SECTION 81. Said chapter 175 is hereby further amended by inserting after section 47II  
986 the following 2 sections:-

987 Section 47JJ. Any policy, contract, agreement, plan or certificate of insurance issued,  
988 delivered or renewed within the commonwealth, which is considered creditable coverage under  
989 section 1 of chapter 111M, shall provide, for any covered drug that is a narcotic substance  
990 contained in schedule II pursuant to chapter 94C and subject to cost sharing, that if a person  
991 receives a prescription filled in a lesser quantity pursuant to section 18 of said chapter 94C, said  
992 person shall not be subject to an additional payment obligation, including, but not limited to, co-  
993 payments, if said person fills the remaining portion of the prescription.

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

1000 (b) The plan shall be subject to approval and shall be a component of carrier accreditation  
1001 by the division of insurance pursuant to section 2 of chapter 176O. In its review, the division  
1002 shall consider the adequacy of access to a broad spectrum of pain management services and any  
1003 carrier policies that may create unduly preferential coverage to prescribing opioids without other  
1004 pain management modalities.

1005 (c) Carriers shall distribute educational materials to providers within their networks about  
1006 the pain management access plan and make information about their plans publicly available on  
1007 their websites.

1008 SECTION 82. Section 3 of chapter 175H of the General Laws, as appearing in the 2016  
1009 Official Edition, is hereby amended by inserting after the word “Administration”, in line 38, the  
1010 following words:- or for any prescription drug that is an opioid placed by the commissioner of  
1011 public health on schedule II pursuant to subsection (a) of section 2 of said chapter 94C.

1012 SECTION 83. Section 8HH of chapter 176A of the General Laws, as so appearing, is  
1013 hereby amended by striking out, in line 3, the word “abuse” and inserting in place thereof the  
1014 following words:- use disorder.

1015 SECTION 84. Section 8II of said chapter 176A, as so appearing, is hereby amended by  
1016 striking out, in line 32, the word “abuse” and inserting in place thereof the following words:- use  
1017 disorder.

1018 SECTION 85. Said chapter 176A is hereby further amended by inserting after section  
1019 8KK the following 2 sections:-

1020 Section 8LL. Any contract between a subscriber and the corporation under an individual  
1021 or group hospital service plan that is delivered, issued or renewed within the commonwealth  
1022 shall provide, for any covered drug that is a narcotic substance contained in schedule II pursuant  
1023 to chapter 94C and subject to cost sharing, that if a person receives a prescription filled in a  
1024 lesser quantity pursuant to section 18 of said chapter 94C, said person shall not be subject to an  
1025 additional payment obligation, including but not limited to co-payments, if said person fills the  
1026 remaining portion of the prescription.



1027 Section 8MM. (a) Any contract between a subscriber and the corporation under an  
1028 individual or group hospital service plan that is delivered, issued or renewed within the  
1029 commonwealth shall develop a plan to provide adequate coverage and access to a broad  
1030 spectrum of pain management services, including, but not limited to, those that serve as  
1031 alternatives to opioid prescribing, in accordance with guidelines developed by the division of  
1032 insurance.

1033 (b) The plan shall be subject to approval and shall be a component of carrier accreditation  
1034 by the division of insurance pursuant to section 2 of chapter 176O. In its review, the division  
1035 shall consider the adequacy of access to a broad spectrum of pain management services and any  
1036 carrier policies that may create unduly preferential coverage to prescribing opioids without other  
1037 pain management modalities.

1038 (c) Carriers shall distribute educational materials to providers within their networks about  
1039 the pain management access plan and make information about their plans publicly available on  
1040 their websites.

1041 SECTION 86. Section 4HH of chapter 176B of the General Laws, as appearing in the  
1042 2016 Official Edition, is hereby amended by striking out, in line 3, the word “abuse” and  
1043 inserting in place thereof the following words:- use disorder.

1044 SECTION 87. Section 4II of said chapter 176B, as so appearing, is hereby amended by  
1045 striking out, in line 31, the word “abuse” and inserting in place thereof the following words:- use  
1046 disorder.

1047 SECTION 88. Said chapter 176B is hereby further amended by inserting after section  
1048 4KK the following 2 sections:-

1049           Section 4LL. Any subscription certificate under an individual or group medical service  
1050 agreement delivered, issued or renewed within the commonwealth shall provide, for any covered  
1051 drug that is a narcotic substance contained in schedule II pursuant to chapter 94C and subject to  
1052 cost sharing, that if a person receives a prescription filled in a lesser quantity pursuant to section  
1053 18 of said chapter 94C, said person shall not be subject to an additional payment obligation,  
1054 including but not limited to co-payments, if said person fills the remaining portion of the  
1055 prescription.

1056           Section 4MM. (a) Any subscription certificate under an individual or group medical  
1057 service agreement delivered, issued or renewed within the commonwealth shall develop a plan to  
1058 provide adequate coverage and access to a broad spectrum of pain management services,  
1059 including, but not limited to, those that serve as alternatives to opioid prescribing, in accordance  
1060 with guidelines developed by the division of insurance.

1061           (b) The plan shall be subject to approval and shall be a component of carrier accreditation  
1062 by the division of insurance pursuant to section 2 of chapter 176O. In its review, the division  
1063 shall consider the adequacy of access to a broad spectrum of pain management services and any  
1064 carrier policies that may create unduly preferential coverage to prescribing opioids without other  
1065 pain management modalities.

1066           (c) Carriers shall distribute educational materials to providers within their networks about  
1067 the pain management access plan and make information about their plans publicly available on  
1068 their websites.

1069 SECTION 89. Section 4Z of chapter 176G of the General Laws, as appearing in the 2016  
1070 Official Edition, is hereby amended by striking out, in line 3, the word “abuse” and inserting in  
1071 place thereof the following words:- use disorder.

1072 SECTION 90. Section 4AA of said chapter 176G, as so appearing, is hereby amended by  
1073 striking out, in line 30, the word “abuse” and inserting in place thereof the following words:- use  
1074 disorder.

1075 SECTION 91. Said chapter 176G is hereby further amended by inserting after section  
1076 4CC the following 2 sections:-

1077 Section 4DD. An individual or group health maintenance contract that is issued or  
1078 renewed shall provide, for any covered drug that is a narcotic substance contained in schedule II  
1079 pursuant to chapter 94C and subject to cost sharing, that if a person receives a prescription filled  
1080 in a lesser quantity pursuant to section 18 of said chapter 94C, said person shall not be subject to  
1081 an additional payment obligation, including but not limited to co-payments, if said person fills  
1082 the remaining portion of the prescription.

1083 Section 4EE. (a) Any individual or group health maintenance contract that is issued or  
1084 renewed shall develop a plan to provide adequate coverage and access to a broad spectrum of  
1085 pain management services, including, but not limited to, those that serve as alternatives to opioid  
1086 prescribing, in accordance with guidelines developed by the division of insurance.

1087 (b) The plan shall be subject to approval and shall be a component of carrier accreditation  
1088 by the division of insurance pursuant to section 2 of chapter 176O. In its review, the division  
1089 shall consider the adequacy of access to a broad spectrum of pain management services and any

1090 carrier policies that may create unduly preferential coverage to prescribing opioids without other  
1091 pain management modalities.

1092 (c) Carriers shall distribute educational materials to providers within their networks about  
1093 the pain management access plan and make information about their plans publicly available on  
1094 their websites.

1095 SECTION 92. The second sentence of subsection (a) of section 2 of chapter 176O of the  
1096 General Laws, as appearing in the 2016 Official Edition, is hereby amended by striking out  
1097 clauses (4) and (5) and inserting in place thereof the following 3 clauses:-

1098 (4) preventive health services;

1099 (5) access to pain management services, including non-opioid and non-pharmaceutical  
1100 service options; and

1101 (6) compliance with sections 2 to 12, inclusive.

1102 SECTION 93. Said section 2 of said chapter 176O, as so appearing, is hereby further  
1103 amended by striking out, in line 24, the words “of health care finance and policy” and inserting  
1104 in place thereof the following words:- for health information and analysis.

1105 SECTION 94. Subsection (b) of said section 2 of said chapter 176O, as so appearing, is  
1106 hereby amended by adding the following paragraph:-

1107 For the purposes of accreditation review in the area of pain management, the division  
1108 shall consult with the health policy commission, established under chapter 6D, for assistance in  
1109 determining appropriate standards for evidence-based pain management, including non-opioid  
1110 pain management products and services, and shall publish guidelines to assist and evaluate

1111 carriers' development and submission of pain management access plans as required under clause  
1112 (5) of the second sentence of subsection (a).

1113           SECTION 95. When developing the programs pursuant to sections 16AA and 16BB of  
1114 chapter 6A of the General Laws, the executive office of health and human services shall consider  
1115 the following: (i) how to most effectively adapt the program model of the Massachusetts child  
1116 psychiatry access program, established pursuant to section 16A of chapter 19 of the General  
1117 Laws, for chronic pain management consultation services and for substance use disorder  
1118 consultation services; (ii) program structure, including whether to use regionally based teams;  
1119 (iii) the necessity of a needs assessment; (iv) outreach methods to educate and engage providers,  
1120 patients and health insurance carriers; (v) program metrics to gauge program usage and efficacy  
1121 in expanding access to appropriate pain management and substance use disorder consultation  
1122 services; and (vi) program costs. The executive office of health and human services may consult  
1123 with stakeholders in the development of the programs under this section.

1124           SECTION 96. Notwithstanding any general or special law to the contrary, not later than  
1125 January 1, 2019, and annually thereafter for the next 5 years, the center for health information  
1126 and analysis shall submit to the department of public health, the joint committee on mental  
1127 health, substance use and recovery, the joint committee on public health, the joint committee on  
1128 health care financing and the house and senate committees on ways and means a report regarding  
1129 the frequency and location of substance use disorder evaluations ordered pursuant to section 51½  
1130 of chapter 111 of the General Laws utilizing the center for health information and analysis'  
1131 merged case-mix discharge database.

1132 SECTION 97. Notwithstanding any general or special law to the contrary, the department  
1133 of correction shall establish protocols to ensure that medication-assisted treatment provided  
1134 under sections 17B and 17C of chapter 127 of the General Laws meets the following criteria: (i)  
1135 consent provided to receive medication-assisted treatment is voluntarily given by the state  
1136 detainee or prisoner; (ii) that consent is recorded on a consent form signed by the state detainee  
1137 or prisoner; and (iii) consent is given after a written and verbal explanation of the following  
1138 information: (1) the nature of federal Food and Drug Administration-approved medication used  
1139 in substance use disorder treatment, including benefits and risks; (2) available alternative  
1140 treatment options, including benefits and risks; (3) the need for the state detainee or prisoner to  
1141 inform the qualified addiction specialist as defined in section 1 of chapter 127 of the General  
1142 Laws, of medical conditions, including pregnancy, and medications that the state detainee or  
1143 prisoner is currently taking; (4) acknowledgement that the state detainee or prisoner may  
1144 withdraw voluntarily from treatment and discontinue use of medications; and (5) the options  
1145 following termination of treatment, including detoxification. The department of correction shall  
1146 establish the protocols not later than March 1, 2019, and shall make the protocols publicly  
1147 available on its website and forward a copy of the protocols to the joint committee on mental  
1148 health, substance use and recovery.

1149 SECTION 98. (a) Notwithstanding any general or special law to the contrary, there shall  
1150 be, subject to appropriation, a pilot program for the delivery of medication-assisted treatment for  
1151 opioid use disorder at the county correctional facilities located in Franklin, Hampden,  
1152 Hampshire, Middlesex and Norfolk counties. The pilot program shall be implemented by the  
1153 department of public health, in collaboration with the executive office of public safety and  
1154 security, the office of Medicaid, and the county sheriffs who have jurisdiction over the county

1155 correctional facilities located in Franklin, Hampden, Hampshire, Middlesex and Norfolk  
1156 counties.

1157 (b) A county correctional facility participating in the pilot program shall:

1158 (1) maintain or provide for the capacity to possess, dispense and administer all drugs  
1159 approved by the federal Food and Drug Administration for use in medication-assisted treatment  
1160 for opioid use disorder; provided, however, that a facility shall not be required to maintain or  
1161 provide a drug that is not also included as a MassHealth covered benefit;

1162 (2) provide medication-assisted treatment to a person in the custody of the facility, in any  
1163 status, who was receiving medication-assisted treatment for opioid use disorder through a legally  
1164 authorized medical program or by a valid prescription immediately before incarceration;  
1165 provided, however, that treatment shall not be involuntarily changed or discontinued except upon  
1166 a determination by a qualified addiction specialist, as defined in section 1 of chapter 127 of the  
1167 General Laws, that the treatment is no longer appropriate;

1168 (3) provide medication-assisted treatment not less than 30 days prior to release to a  
1169 sentenced inmate in the custody of the facility for whom such treatment is determined to be  
1170 medically appropriate by a qualified addiction specialist;

1171 (4) provide, as part of the facility's opioid use disorder treatment program, behavioral  
1172 health counseling, as defined in section 1 of chapter 127 of the General Laws, for individuals  
1173 consistent with current therapeutic standards for these therapies in a community setting;  
1174 provided, however, that those standards shall be consistent with the safety and security  
1175 requirements of the facility;

1176 (5) not use incentives, rewards or punishments to encourage or discourage a person's  
1177 decision to receive medication-assisted treatment while in the custody of the facility;

1178 (6) make every possible effort to directly connect, prior to release, a person in the custody  
1179 of the facility who is receiving medication-assisted treatment to an appropriate provider or  
1180 treatment site in the geographic region in which the person will reside upon release; provided,  
1181 however, that if such connection is not possible, the facility shall document its efforts in the  
1182 person's record;

1183 (7) request reinstatement or apply for MassHealth benefits for a person in the custody of  
1184 the facility who is receiving medication-assisted treatment not less than 30 days before that  
1185 person's release; and

1186 (8) provide a status report every 6 months, in a format determined by the commissioner  
1187 of public health, to the secretary of public safety, the commissioner of public health, the joint  
1188 committee on public safety and homeland security and the joint committee on mental health,  
1189 substance use and recovery, which shall include following information: (i) the cost to the facility  
1190 of providing medication-assisted treatment, behavioral health counseling and post-release case  
1191 management for opioid use disorder; (ii) the type and prevalence of medication-assisted  
1192 treatment provided for opioid use disorder; (iii) the number of persons in the custody of the  
1193 facility, in any status, who continued to receive the same medication-assisted treatment as they  
1194 received prior to incarceration; (iv) the number of persons in the custody of the facility, in any  
1195 status, who voluntarily changed or discontinued medication-assisted treatment for opioid use  
1196 disorder that they received prior to incarceration; (v) the number of persons in the custody of the  
1197 facility, in any status, who changed or discontinued medication-assisted treatment for opioid use



1198 disorder that they received prior to incarceration due to a determination by a qualified addiction  
1199 specialist; (vi) the number of persons in the custody of the facility, in any status, who received  
1200 medication-assisted treatment for opioid use disorder during the 30 days before their release;  
1201 (vii) a summary of facility practices and any changes to those practices related to medication-  
1202 assisted treatment and behavioral health counseling for opioid use disorder; (viii) a list of  
1203 program participants, which shall be provided to the department of public health in order to track  
1204 aggregated outcome data post release; and (ix) any other information requested by the  
1205 commissioner related to the provision of medication-assisted treatment for opioid use disorder.

1206 (c) A county sheriff with jurisdiction over a county correctional facility participating in  
1207 the pilot program shall, in consultation with the commissioner of public health, the secretary of  
1208 public safety and security, the director of Medicaid, the Association for Behavioral Healthcare,  
1209 Inc., the Advocates for Human Potential, Inc., and other county sheriffs who have jurisdiction  
1210 over the county correctional facilities participating in the pilot program, develop an  
1211 implementation plan for the pilot program in their facility. An implementation plan shall  
1212 consider: (i) best practices for the delivery of medication-assisted treatment and behavioral  
1213 health counseling for opioid use disorder; (ii) uniform guidelines to ensure the safety and  
1214 security of correctional facility personnel and people in the custody of the facility during the  
1215 administration of medication-assisted treatment and behavioral health counseling; (iii) the  
1216 projected cost of providing medication-assisted treatment and behavioral health counseling; (iv)  
1217 health insurance coverage, including Medicaid; (v) protocols for technical medical assistance  
1218 that may be required by the department of public health, including appropriate personnel and  
1219 physical space to safely administer medication-assisted treatment; (vi) the availability of  
1220 appropriate community services after release, including a process for directly connecting a

1221 person upon release to an appropriate provider or treatment site in the geographic region in  
1222 which the person will reside upon release in order to continue treatment; (vii) appropriate metrics  
1223 for evaluating and tracking pilot program outcomes; and (viii) any other information necessary to  
1224 implement the pilot program.

1225           The commissioner of public health shall evaluate and approve, pursuant to section 7 of  
1226 chapter 111E, implementation plans for a pilot program under this section. The commissioner of  
1227 public health shall send copies of approved implementation plans to the senate and house  
1228 committees on ways and means, the joint committee on mental health, substance use and  
1229 recovery and the joint committee on public safety and homeland security not less than 30 days  
1230 before the implementation of the pilot program.

1231           (d) The pilot program under this section shall be implemented not later than September 1,  
1232 2019.

1233           (e) After implementation of the pilot program, the commissioner of public health shall  
1234 submit a report regarding outcomes for the pilot program not later than September 1, 2020, and  
1235 annually thereafter for the next 3 years, to the senate and house committees on ways and means,  
1236 the joint committee on mental health, substance use and recovery and the joint committee on  
1237 public safety and homeland security. The report shall include, to the extent possible, a  
1238 comparison between people in custody who did not receive medication-assisted treatment for  
1239 opioid use disorder and those who did, reported separately for each medication type, in order to  
1240 determine the impact of the treatment programs on the following: (i) retention in treatment after  
1241 release, including regions where direct connection to treatment was less likely; (ii) substance use

1242 and relapse after release; (iii) rates of recidivism; (iv) rates of nonfatal and fatal overdose; and  
1243 (v) other outcome measures identified by the commissioner of public health.

1244 (f) Notwithstanding any general or special law to the contrary, the department of public  
1245 health shall establish protocols that ensure that medication-assisted treatment provided under this  
1246 section meets the following criteria: (i) consent provided to receive medication-assisted  
1247 treatment is voluntarily given by the person in custody; (ii) that consent is recorded on a consent  
1248 form signed by the person in custody; and (iii) consent is given after a written and verbal  
1249 explanation of the following information: (A) the nature of federal Food and Drug  
1250 Administration-approved medication used in substance use disorder treatment, including benefits  
1251 and risks; (B) available alternative treatment options, including benefits and risks; (C) the need  
1252 for the person in custody to inform the qualified addiction specialist, as defined in section 1 of  
1253 chapter 127 of the General Laws, of medical conditions, including pregnancy, and medications  
1254 that the person in custody is currently taking; (D) acknowledgement that the person in custody  
1255 may withdraw voluntarily from treatment and discontinue use of medications; and (E) the  
1256 options following termination of treatment, including detoxification. The department of public  
1257 health shall establish the protocols not later than March 1, 2019, and shall make the protocols  
1258 publicly available on its website and forward a copy of the protocols to the joint committee on  
1259 mental health, substance use and recovery.

1260 (g) The commissioner of public health may promulgate regulations and guidelines  
1261 necessary to implement the pilot program under this section.

1262 SECTION 99. Not later than January 1, 2019, the department of public health shall  
1263 submit recommendations, together with drafts of any legislation, for improving access to

1264 voluntary rehabilitative alternatives to traditional disciplinary actions for licensed health care  
1265 professionals who have a substance use disorder, including, but not limited to, dentists who have  
1266 a substance use disorder, to the clerks of the house of representatives and the senate, the chairs of  
1267 the joint committee on mental health, substance use and recovery and the chairs of the joint  
1268 committee on public health.

1269 SECTION 100. There shall be a harm reduction commission to review and make  
1270 recommendations regarding harm reduction opportunities to address substance use disorder.

1271 The commission shall consist of 15 members: the secretary of health and human services  
1272 or a designee, who shall serve as chair; the commissioner of public health; the house and senate  
1273 chairs of the joint committee on mental health, substance use and recovery or their designees; the  
1274 mayor of the city of Boston or a designee; the mayor of the city of Cambridge or a designee; a  
1275 representative from the Massachusetts Medical Society; a representative from the Massachusetts  
1276 Health and Hospital Association, Inc.; and 7 members appointed by the secretary, 2 of whom  
1277 shall be persons with a substance use disorder, 1 of whom shall be a clinician with experience  
1278 providing direct care to individuals with a co-occurring mental health and substance use disorder,  
1279 1 of whom shall be a person working in an established harm reduction program providing direct  
1280 support to persons with substance use disorders, 1 of whom shall be a representative of the  
1281 Massachusetts Chiefs of Police Association Incorporated, 1 of whom shall have expertise in  
1282 relevant state and federal law and regulation and 1 of whom shall be a representative of local  
1283 municipal boards of health. In making appointments, the secretary shall, to the maximum extent  
1284 feasible, ensure that the commission represents a broad distribution of diverse perspectives and  
1285 geographic regions.

1286           As part of its review, the commission shall consider: (i) the feasibility of operating harm  
1287 reduction sites in which (A) a person with a substance use disorder may consume pre-obtained  
1288 controlled substances, (B) medical assistance by health care professionals is made immediately  
1289 available to a person with a substance use disorder as necessary to prevent fatal overdose, and  
1290 (C) counseling, referrals to treatment and other appropriate services are available on a voluntary  
1291 basis; (ii) the potential public health and public safety benefits and risks of harm reduction sites;  
1292 (iii) the potential federal, state and local legal issues involved with establishing harm reduction  
1293 sites; (iv) appropriate guidance that would be necessary and required for professional licensure  
1294 boards and any necessary changes to the regulations of such boards; (v) existing harm reduction  
1295 efforts in the commonwealth and whether there is potential for collaboration with existing public  
1296 health harm reduction organizations; (vi) opportunities to maximize public health benefits,  
1297 including educating persons utilizing the sites of the risks of contracting HIV and viral hepatitis  
1298 and on proper disposal of hypodermic needles and syringes; (vii) ways to support persons  
1299 utilizing the sites who express an interest in seeking substance use disorder treatment, including  
1300 providing information on evidence-based treatment options and direct referral to treatment  
1301 providers; (viii) other harm reduction opportunities, including but not limited to, broadening the  
1302 availability of narcotic testing products, including fentanyl test strips; (ix) alternatives and  
1303 recommendations to broaden the availability of naloxone without prescription; and (x) other  
1304 matters deemed appropriate by the commission. In developing its report, the commission shall  
1305 review the experiences and results of other states and countries that have established supervised  
1306 drug consumption sites and other harm reduction strategies and report on the impact of those  
1307 harm reduction sites and strategies.

1308           The commission shall submit its findings and recommendations to the clerks of the senate  
1309 and the house of representatives, the joint committee on mental health, substance use and  
1310 recovery, the joint committee on public health, the joint committee on the judiciary and the  
1311 senate and house committees on ways and means not later than February 1, 2019. The secretary  
1312 shall also make the report publicly available on the executive office of health and human  
1313 services' website.

1314           SECTION 101. There shall be a commission to review and make recommendations  
1315 regarding recovery coaching in the commonwealth. The commission shall review training  
1316 opportunities for recovery coaches and recommend the standards for credentialing a recovery  
1317 coach, including whether recovery coaches should be subject to a board of registration through  
1318 the department of public health. The commission shall gather all relevant data related to recovery  
1319 coaches, including, but not limited to: (i) the total number of recovery coaches in the  
1320 commonwealth; (ii) the number of people receiving compensation as recovery coaches in the  
1321 commonwealth; (iii) the average and median compensation for a recovery coach; (iv) the average  
1322 and median caseload for a recovery coach; and (v) the projected need for certified recovery  
1323 coach services. The commission shall develop recommendations for a streamlined process to  
1324 certify recovery coaches and adequate protections to ensure unauthorized individuals are not  
1325 engaging in the practice of recovery coaching.

1326           The commission shall consist of 15 members: the secretary of health and human services  
1327 or a designee, who shall serve as chair; the commissioner of public health or a designee; the  
1328 director of Medicaid or a designee; 1 person appointed by the speaker of the house; 1 person  
1329 appointed by the senate president; 1 representative from the Massachusetts Association of Health  
1330 Plans, Inc.; 1 representative from the Massachusetts Psychiatric Society, Inc., who shall be a

1331 psychiatrist specializing in addiction; 1 representative from Blue Cross Blue Shield of  
1332 Massachusetts, Inc.; 1 representative from the Massachusetts Organization for Addiction  
1333 Recovery, Inc.; and 6 persons who shall be appointed by the secretary of health and human  
1334 services, 1 of whom shall have expertise in training recovery coaches, 1 of whom shall be a  
1335 community provider who employs recovery coaches, 1 of whom shall represent a hospital that  
1336 employs recovery coaches, 1 of whom shall be a family member to an individual with a  
1337 substance use disorder, 1 of whom shall currently be employed as a recovery coach and 1 of  
1338 whom shall be a consumer of recovery coach services.

1339           The commission may hold public meetings or fact-finding hearings or solicit public  
1340 comment as it considers necessary. The commission shall submit its findings and  
1341 recommendations, together with drafts of legislation, if any, necessary to carry those  
1342 recommendations into effect, to the clerks of the senate and the house of representatives and the  
1343 joint committee on mental health, substance use and recovery not later than 1 year from the  
1344 effective date of this act.

1345           SECTION 102. There shall be a commission to review evidence-based treatment for  
1346 individuals with a substance use disorder, mental illness or co-occurring substance use disorder  
1347 and mental illness. The commission shall recommend a taxonomy of licensed behavioral health  
1348 clinician specialties. Notwithstanding any general or special law to the contrary, the taxonomy of  
1349 licensed behavioral health clinician specialties may be used by insurance carriers to develop a  
1350 provider network. The commission shall recommend a process that may be used by carriers to  
1351 validate a licensed behavioral health clinician's specialty.

1352           The commission shall consist of 11 members: the secretary of health and human services  
1353 or a designee, who shall serve as chair; the commissioner of insurance or a designee; and 9  
1354 persons to be appointed by the secretary of health and human services, 1 of whom shall have  
1355 expertise in the treatment of individuals with a substance use disorder, 1 of whom shall have  
1356 expertise in the treatment of adults with a mental illness, 1 of whom shall have expertise in  
1357 children’s behavioral health, 1 of whom shall be an emergency medicine expert with expertise in  
1358 the treatment of addiction, 1 of whom shall be a hospital medicine expert with expertise in the  
1359 treatment of addiction, 1 of whom shall be a licensed behavioral health clinician, 1 of whom  
1360 shall be a representative of the National Association of Social Workers, Inc., 1 of whom shall be  
1361 a representative of the Massachusetts Association of Health Plans, Inc., and 1 of whom shall be a  
1362 representative of Blue Cross Blue Shield of Massachusetts, Inc. The secretary may appoint  
1363 additional members who shall have expertise to aid the commission in producing its  
1364 recommendations.

1365           The commission shall file a report of its findings and recommendations, together with  
1366 drafts of legislation necessary to carry those recommendations into effect, with the clerks of the  
1367 senate and the house of representatives not later than 180 days after the effective date of this act.

1368           SECTION 103. (a) There shall be a special commission to study and make  
1369 recommendations regarding the use of medication-assisted treatment for opioid use disorder in  
1370 the commonwealth, including methadone, buprenorphine and injectable long-acting naltrexone.

1371           (b) The commission shall: (i) create aggregate demographic and geographic profiles of  
1372 individuals who use medication-assisted treatment; (ii) examine the availability of and barriers to  
1373 accessing medication-assisted treatment, including federal, state and local laws and regulations;



1374 (iii) determine the current utilization of, and projected need for, medication-assisted treatment in  
1375 inpatient and outpatient settings, including, but not limited to, inpatient and residential substance  
1376 use treatment facilities, inpatient psychiatric settings, pharmacy settings, mobile settings and  
1377 primary care settings; (iv) identify ways to expand access to medication-assisted treatment in  
1378 both inpatient and outpatient settings; (v) identify ways to encourage practitioners to seek  
1379 waivers to administer buprenorphine to treat patients with opioid use disorder; (vi) study the  
1380 availability of and concurrent use of behavioral health therapy for individuals receiving  
1381 medication-assisted treatment; and (vii) study other related matters.

1382 (c) The commission shall consist of 19 members: the commissioner of public health or a  
1383 designee, who shall serve as chair; the executive director of the health policy commission or a  
1384 designee; the director of Medicaid or a designee; the house and senate chairs of the joint  
1385 committee on mental health, substance use, and recovery or their designees; the ranking house  
1386 and senate minority members of the joint committee on mental health, substance use and  
1387 recovery or their designees; 3 representatives appointed by the commissioner of public health, 1  
1388 of whom shall be a representative of community health centers, 1 of whom shall be a primary  
1389 care provider with experience providing medication-assisted treatment, and 1 of whom shall be  
1390 an expert in substance use disorder treatment; and 1 representative of each of the following 9  
1391 organizations: the Massachusetts Medical Society; the Massachusetts Health and Hospital  
1392 Association, Inc.; the Association for Behavioral Healthcare, Inc.; the Massachusetts Association  
1393 of Behavioral Health Systems, Inc.; the Massachusetts Association of Health Plans, Inc.; Blue  
1394 Cross Blue Shield of Massachusetts, Inc.; the Massachusetts Pharmacists Association; Advocates  
1395 for Human Potential, Inc.; and the Massachusetts Organization for Addiction Recovery, Inc.

1396 (d) The commission shall file a report on its findings and recommendations, together with  
1397 any recommendations for legislation, with the clerks of the house of representatives and the  
1398 senate no later than 1 year from the effective date of this act.

1399 SECTION 104. There shall be a section 35 involuntary commitment commission to study  
1400 the efficacy of involuntary inpatient treatment for non-court involved individuals diagnosed with  
1401 substance use disorder. The commission shall: (a) review medical literature and expert opinions  
1402 on the long-term relapse rates of individuals diagnosed with substance use disorder following  
1403 involuntary inpatient treatment including: (1) the differences in outcomes for coerced and non-  
1404 coerced patients, (2) any potential increased risk of an individual suffering a fatal overdose  
1405 following a period of involuntary treatment, (3) medical literature on length of time necessary for  
1406 detoxification of opioids and recommended time following detoxification to begin medication-  
1407 assisted treatment, (4) the legal implications of holding a non-court involved individual who is  
1408 diagnosed with substance use disorder but is no longer under the influence of substances, (5)  
1409 whether the current capacity, including acute treatment services, clinical stabilization services,  
1410 transitional support services and recovery homes, is sufficient to treat individuals seeking  
1411 voluntary treatment for substance use disorder, (6) the availability of other treatments for  
1412 substance use disorder, including those treatments used in less restrictive settings, and (7) the  
1413 effectiveness of the existing involuntary commitment procedures pursuant to section 35 of  
1414 chapter 123 of the General Laws at reducing long-term relapse rates; and

1415 (b) evaluate and develop a proposal for a consistent statewide standard for the medical  
1416 review of individuals who are involuntarily committed due to an alcohol or substance use  
1417 disorder pursuant to section 35 of chapter 123 of the General Laws, including, but not limited to,  
1418 developing: (1) a proposed standardized form and criteria for releasing medical information for

1419 use in a commitment hearing under said section 35 of said chapter 123 that is in compliance with  
1420 federal and state privacy requirements and (2) criteria and guidance to medical staff about filing  
1421 a petition under said section 35 of said chapter 123.

1422           The commission shall consist of: the secretary of health and human services or a  
1423 designee, who shall serve as chair; the house and senate chairs of the joint committee on mental  
1424 health, substance use and recovery or their designees; the house and senate chairs of the joint  
1425 committee on judiciary or their designees; the minority leader of the house or a designee; the  
1426 minority leader of the senate or a designee; 1 representative of an academic institution appointed  
1427 by the speaker of the house; 1 representative of an academic institution appointed by the senate  
1428 president; the chief justice of the trial court or a designee; the commissioner of the department of  
1429 mental health or a designee; the commissioner of the department of public health or a designee;  
1430 the director of the office of health equity in the department of public health; an addiction expert  
1431 with experience in federal and state policy on substance use disorder; and 1 representative from  
1432 each of the following organizations: Massachusetts Organization for Addiction Recovery, Inc.;  
1433 The Boston Health Care for the Homeless Program, Inc.; Massachusetts Nurses Association; the  
1434 Massachusetts Association of Advanced Practice Psychiatric Nurses; the Massachusetts chapter  
1435 of the National Association of Social Workers, Inc.; American Civil Liberties Union of  
1436 Massachusetts, Inc.; the committee for public counsel services; Massachusetts Health & Hospital  
1437 Association, Inc.; the Massachusetts Psychological Association, Inc.; Massachusetts Medical  
1438 Society; Massachusetts Psychiatric Society, Inc.; Massachusetts College of Emergency  
1439 Physicians, Inc.; Massachusetts Society of Addiction Medicine, Inc.; Association for Behavioral  
1440 Healthcare, Inc.; and Massachusetts Association of Behavioral Health Systems, Inc. The

1441 commission shall file recommendations, including any proposed legislation, with the clerks of  
1442 the house of representatives and the senate not later July 1, 2019.

1443 SECTION 105. For the purposes of this section, the following terms shall have the  
1444 following meanings unless the context clearly requires otherwise:-

1445 “Community-based acute treatment” or “CBAT”, 24-hour clinically managed mental  
1446 health diversionary or step-down services for children and adolescents, as defined by the  
1447 department of early education and care, usually provided as an alternative to mental health acute  
1448 treatment.

1449 “Intensive community-based acute treatment” or “ICBAT”, intensive 24-hour clinically  
1450 managed mental health diversionary or step-down services for children and adolescents, as  
1451 defined by the department of early education and care, usually provided as an alternative to  
1452 mental health acute treatment.

1453 “Mental health acute treatment”, 24-hour medically supervised mental health services  
1454 provided in an inpatient facility, licensed by the department of mental health, that provides  
1455 psychiatric evaluation, management, treatment and discharge planning in a structured treatment  
1456 setting.

1457 “Mental health crisis stabilization services”, 24-hour clinically managed mental health  
1458 diversionary or step-down services for adults or adolescents, as defined by MassHealth, usually  
1459 provided as an alternative to mental health acute treatment or following mental health acute  
1460 treatment, which may include intensive crisis stabilization counseling, outreach to families and  
1461 significant others and aftercare planning.

1462 Notwithstanding any general or special law to the contrary, the center for health  
1463 information and analysis shall conduct a review of a mandated health benefit proposal to require  
1464 coverage for: (i) medically necessary mental health acute treatment that does not require  
1465 preauthorization prior to obtaining treatment; provided, however, that medical necessity shall be  
1466 determined by the treating clinician in consultation with the patient and noted in the patient's  
1467 medical record; (ii) medically necessary mental health crisis stabilization services for not more  
1468 than 14 days that does not require preauthorization prior to obtaining such services; provided,  
1469 however, that a facility shall provide the carrier with both notification of admission and the  
1470 initial treatment plan within 48 hours of admission; provided further, that utilization review  
1471 procedures may be initiated on day 7 and medical necessity shall be determined by the treating  
1472 clinician in consultation with the patient and noted in the patient's medical record; (iii) medically  
1473 necessary community-based acute treatment for not more than 21 days; provided, however, that a  
1474 facility shall provide the carrier both notification of admission and the initial treatment plan  
1475 within 48 hours of admission; provided further, that utilization review procedures may be  
1476 initiated on day 10; and provided further, that medical necessity shall be determined by the  
1477 treating clinician in consultation with the patient and noted in the patient's medical record; and  
1478 (iv) medically necessary intensive community-based acute treatment services for not more than  
1479 14 days; provided, however, that a facility shall provide the carrier with both notification of  
1480 admission and the initial treatment plan within 48 hours of admission, provided further, that  
1481 utilization review procedures may be initiated on day 7; and provided further, that medical  
1482 necessity shall be determined by the treating clinician in consultation with the patient and noted  
1483 in the patient's medical record.

1484           The review shall be performed by the center consistent with section 38C of chapter 3 of  
1485 the General Laws. The center shall evaluate the impact of such a mandate as a requirement for all  
1486 of the health plans and policies under subsection (a) of said section 38C of said chapter 3, as well  
1487 as the impact of such a mandate on the division of medical assistance and its contracted health  
1488 insurers, health plans, health maintenance organizations, behavioral health management firms  
1489 and third party administrators under contract to a Medicaid managed care organization or  
1490 primary care clinician plan. The center shall file its review with the clerks of the house of  
1491 representatives and senate, the joint committee on mental health, substance use and recovery, the  
1492 joint committee on health care financing and the house and senate committees on ways and  
1493 means not later July 1, 2019.

1494           SECTION 106. The division of insurance and the office of Medicaid shall jointly develop  
1495 and issue bulletins identifying the healthcare common procedure coding system codes that are  
1496 used by carriers, as defined in section 1 of chapter 176O of the General Laws, behavioral health  
1497 management firms and third party administrators under contract to a carrier, Medicaid managed  
1498 care organization, accountable care organization or the MassHealth primary care clinician plan  
1499 for initiation and continuation of opioid agonist treatment, including partial agonist treatment, of  
1500 opioid use disorders provided in: (i) acute care hospital emergency departments or satellite  
1501 emergency facilities; (ii) community-based treatment facilities, outpatient clinics, primary care  
1502 practices or office-based treatment clinics; (iii) inpatient facilities providing treatment for  
1503 substance use disorders; and (iv) any facility used for commitment pursuant to section 35 of  
1504 chapter 123 of the General Laws for persons with a substance use disorder; provided, however,  
1505 that the procedures identified in the bulletins shall be based on medical necessity, pursuant to  
1506 said chapter 176O, and shall ensure at least 1 opioid agonist treatment and at least 1 partial

1507 agonist treatment are available without preauthorization. Prior to the issuance of the bulletins, the  
1508 division and the office of Medicaid shall convene and consult with a group of carriers and  
1509 providers regarding opioid agonist treatment in each of the treatment settings described in  
1510 clauses (i) to (iv), inclusive. The division and the office of Medicaid shall publish the bulletins  
1511 on their respective websites not later than January 1, 2019.

1512 SECTION 107. There shall be a special commission to study the ways consumer  
1513 protection laws in the commonwealth may be strengthened to hold corporate entities responsible  
1514 for their role in furthering the opioid epidemic. The commission shall issue a report that shall  
1515 include, but not be limited to, a review of and recommendations regarding: (i) the personal  
1516 liability standard for executives of pharmaceutical companies; (ii) the use of deceptive or  
1517 misleading marketing practices by pharmaceutical companies; (iii) the need to strengthen  
1518 existing penalties against pharmaceutical companies engaged in unfair or deceptive acts or  
1519 practices related to the opioid epidemic; and (iv) remedial action pharmaceutical companies may  
1520 take to mitigate the harmful effects of the opioid epidemic.

1521 The commission shall consist of the following members: the governor or a designee; the  
1522 attorney general or a designee; the commissioner of public health or a designee; the senate  
1523 president, who shall serve as co-chair; the senate minority leader; the speaker of the house, who  
1524 shall serve as co-chair; the house minority leader; and 6 members appointed by the attorney  
1525 general: 1 of whom shall be a legal expert in consumer protection and liability, 1 of whom shall  
1526 be an expert in the field of pain medication and management, 1 of whom shall be a medical  
1527 expert in the area of substance use disorder and treatment, 1 of whom shall be a provider with  
1528 extensive experience in the field of pain medication prescription and 2 of whom shall be persons  
1529 who have had a substance use disorder.

1530           The commission shall file a report, including any recommendations, with the clerks of the  
1531 house of representatives and senate, the joint committee on mental health, substance use and  
1532 recovery, the joint committee on consumer protection and professional licensure, the joint  
1533 committee on the judiciary and the house and senate committees on ways and means annually  
1534 not later than January 1, 2019.

1535           SECTION 108. Section 6 is hereby repealed.

1536           SECTION 109. Section 108 shall take effect on July 1, 2021.

1537           SECTION 110. Sections 26 to 30, inclusive, 33 to 36, inclusive, and 38 to 40, inclusive,  
1538 shall take effect on January 1, 2020.

1539           SECTION 111. Section 78 shall take effect on April 1, 2019.

1540           SECTION 112. Sections 100 to 104, inclusive, and 107 are hereby repealed.

1541           SECTION 113. Section 112 shall take effect on January 1, 2021.”.