

nt, and 1 of whom shall
care medicine or public

oe non-providers: 1 shall
airs; 1 shall be appointed
shall be appointed by the
ealth Care For All, Inc.; 1
list of 3 nominated by the
rrors, Inc.; 1 shall be ap-
minated by the Massachu-
shall be appointed by the
he Massachusetts Commu-
an organization nominates
ne governor under this sub-
additional candidates if the
originally nominated.

provider" shall mean a per-
edicate that he is qualified to
st; who, and whose spouse,
inancial interest in a health
has no employment relation-
ofit service corporation estab-
nclusive, or to a corporation
ividuals; and who, and whose
ine.

f office of an appointive mem-
in the same manner as the
years and until the qualifica-
all be appointed not later than
il shall meet at least once a
shall determine by its rules, or
or any 4 members. The ap-
per day that the council meets,
ing expenses while in the per-

il service

department a division of sanato-
venereal diseases, a division of
sm, a division of drug rehabilita-
and such other divisions as the
the public health council, may
a division shall be in charge of a
other than the divisions of alco-

holism and drug rehabilitation, shall be appointed by the commis-
sioner, subject to the approval of the public health council. The
director of the division of alcoholism shall be appointed by the com-
missioner, with the advice of the advisory council on alcoholism and
with the approval of the secretary of health and human services.
The director of the division of drug rehabilitation shall be appointed
by the commissioner, with the advice of the drug rehabilitation advi-
sory board and with the approval of the secretary of health and hu-
man services. The director of each division, other than divisions of
alcoholism and drug rehabilitation, shall be subject to chapter thirty-
one. The director of the division of alcoholism shall be a physician
with special training or experience in the treatment of behavioral
disorders or medico-social problems, or a person qualified by training
and experience in the treatment of behavioral disorders or medico-
social problems or, in the organization or administration of treat-
ment services for persons suffering from behavioral disorders or
medico-social problems. The provisions of chapter thirty-one shall
not apply to the director of the division of alcoholism nor to physi-
cians and psychiatrists therein who have full medical or psychiatric
responsibilities, as opposed to administrative responsibilities, or to
officers. The provisions of chapter thirty-one shall not apply to the
director of the division of drug rehabilitation. Whenever, as a condi-
tion of receiving federal grants for the purpose and programs of
chapter one hundred eleven B, the federal government requires that
the director of physicians and psychiatrists be subject to the civil
service law, the exemption of such officer or employee from the op-
erations of the civil service law shall not apply.

There shall also be in the department a registry of vital records
and statistics which may be located within such division as the com-
missioner determines to be appropriate. The commissioner shall ap-
point a registrar, subject to the approval of the public health
council. The registrar shall be subject to chapter thirty-one and
shall be under the supervision of the commissioner, enforce all laws
relating to the registry and return of births, marriages and deaths,
and prosecute in the name of the commonwealth any violations
thereof. The department may, after public hearing, promulgate
regulations to insure the uniform administration of all laws relative
to the registry and return of births, marriages and deaths. Proposed
regulations shall be prepared for the department by the registrar
and approved by a majority of the members of a seven person committee
which shall include the registrar, no less than four town clerks as de-
termined by the registrar, a representative of the Massachusetts
Genealogical Society (e) of section one E of chapter forty-six, a genealo-
gist chosen from a list of three to be submitted by the
Massachusetts Historical Genealogical Society, and a historian to be
chosen from a list of three to be submitted by the Massachusetts His-
torical Society. The registrar shall be appointed by the registrar. Said regula-

tions shall not unduly restrict access to said records by qualified genealogists and historians. The committee shall meet annually, no later than March first each year. At least twenty-one days prior to any public hearing held pursuant to section two of chapter thirty A, the commissioner shall send notice of such hearing to all city and town clerks. Said notice shall be published at least once, at least twenty-one days prior to said public hearing in the major newspapers throughout the commonwealth.

The responsibility of the division of communicable and venereal diseases shall include, but not be limited to, the prevention and control of communicable and venereal diseases and the provision of diagnostic and treatment care of those having or suspected of having a venereal disease, or any program relating thereto.

The commissioner may require that a physician who is to be appointed a director be certified as to his qualifications by one of the physicians specialty boards approved by the Council on Medical Education and Hospitals of the American Medical Association.

There shall be within the division of food and drugs a furniture and bedding inspection section, a drugs control section, a poultry inspection section, a fish inspection section and such other sections as the director, with the approval of the department, may from time to time determine.

17:4A. Poison information and control center

Section 4A. There shall be in the department a poison information and control center to accept inquiries and provide comprehensive, full-time, centralized professional information to cities and towns of the commonwealth. The department may through agencies of the commonwealth or by contract with private hospitals, institutions, agencies, individuals or groups provide for such facilities and services as may be necessary to carry out the purposes of this section.

17:5. Deputy commissioners

Section 5. The commissioner may, with the approval of the public health council, designate the director of one or more, but not more than three, divisions as deputy commissioners, who shall perform such duties as may be prescribed by the commissioner, and he may, with like approval, designate one of the deputy commissioners to perform the duties of the commissioner during his absence or disability.

ical specialties; fellow-

Commissioner, superin-
 vision of the depart-
 ment of residents in
 specialties of medi-
 cine undergoing such train-
 ing shall be exempt from
 the provisions of said grants shall
 be one and shall not be
 less than. Approval of said
 grants shall be required in
 accordance with chapter

point a hearings officer
 shall not be subject to chapter
 one hundred and eleven

approval of the public
 health officer for each health
 center one hundred and eleven.
 Graduated medical schools, ad-
 vanced shall have had at least
 in specialties and sanitary science,
 performance of their duties, and

salaries

the approval of the secretary
 designate certain physicians and
 public health officers; pro-
 vide more than ten public health
 officers. In order to be eligible to
 be an employee shall have re-
 ceived a degree in medicine or equivalent
 from a medical school, and shall be fully
 licensed in the commonwealth

[Chap. 17]

M-IX, M-X, M-XI or M-XII in the management salary schedule in
 section forty-six C of chapter thirty. The salaries of the positions in
 which public health officers are serving shall, however, be deter-
 mined in accordance with the provisions of paragraph (5A) of said
 section forty-six C and shall not be subject to paragraph (4) of section
 forty-five of said chapter thirty.

3, 9. Repealed, 1963, 558, Sec. 3

A. Repealed, 1978, 3, Sec. 1

Repealed, 1925, 348, Sec. 5

Commission on hypertension

Section 11. There shall be in the department, but in no manner
 subject to its control, a commission on hypertension, hereinafter
 referred to as the commission. The commission shall consist of three per-
 sons to be appointed by the governor, with the advice and consent of
 the council, who shall be members of the medical profession experi-
 enced in the fields of cardiovascular disease or public health, to serve
 terms of one, two and three years, respectively, as he may desig-
 nate. Upon the expiration of the term of a member, his successor
 shall be appointed in like manner for a term of three years. The
 members shall serve without compensation, but shall receive neces-
 sary expenses incurred in the discharge of their duties. The chair-
 man of the commission shall be elected by the members. Said
 commission shall keep informed of the research program relative to
 high blood pressure and its control established in the Lemuel
 Hospital, and may recommend any legislation it deems nec-
 essary to assist and promote said program.

Repealed, 1969, 889, Sec. 4

Drug formulary commission

(a) There shall be in the department a drug formu-
 lary commission consisting of 16 members. The commission shall
 be composed of the commissioner of public health or a designee, who shall
 be the chair of the commission; the director of Medicaid or a
 designee; the commissioner of insurance or a designee; and 10
 persons appointed by the governor, which shall include: a clinical
 pharmacist; a pharmaceutical chemist; a clinical pharmacologist; a
 pharmacist; a person with experience in insurance pharmacy
 and 2 persons with experience in pharmaceutical manu-

e in addiction medicine and
ent of chronic pain; and
very of health services wh
One of the 2 public appoin
e and affiliation shall repre
e of the members may be
ring company or private in
f 3 years, but a person ap
or the unexpired term.

g formulary of interchange
ed by regulations of the de
based on assessment and
copeia and its supplementa
tment of Health, Education
ion, other state formularies
commonwealth, as well as
commission shall assess and
ing data, clinical proof of
ence where available. The
in said formulary the list of
ne Food and Drug Adminis
and interchangeable when

drug formulary of chemically
re opiates, as defined in sec
chedule II or III of section 3
on has determined have a
e to the drugs' potential for
l adopt this drug formulary,
ation. The formulary shall
commission has determined
at incorporate any of the fol-

(i) prevents chewing, crush-
or other physical manipula-
extraction of the opioid by
or other organic solvents;
ion that interferes with, re-
with abuse;

an unpleasant effect if the
a higher dose than directed

ed States Food and Drug Ad-
o abuse;

drug technique that limits opioid activity until trans- 55
the gastrointestinal tract; or 56
other technique, as may be identified or recommended by 57
States Food and Drug Administration, that offers signifi- 58
deterrence. 59

ing the formulary, the commission shall consider informa- 60
ed in drug applications approved by the United States 61
Drug Administration and other regulatory and guidance 62
distributed by the United States Food and Drug Adminis- 63
determination of substitution between 2 drug products 64
require that both products incorporate the same methods of 65
erence. Inclusion of a drug on the formulary shall not be 66
for a labeling or marketing claim of abuse deterrence po- 67
less the United States Food and Drug Administration au- 68
ch a claim. In considering whether a drug is a chemically 69
substitution the commission shall consider: the accessi- 70
the drug and its proposed substitute; whether the drug's 71
is cost prohibitive; the effectiveness of the substitution; 72
er, based upon the current patterns of abuse and misuse, 73
substitute incorporates abuse deterrent technology that 74
effective deterrent to such abuse and misuse. In conduct- 75
lysis, the commission may request an insurance benefit re- 76
the center for health information and analysis. 77

formularies shall not include drugs which are the subject 78
patent rights issued by the United States Patent Office nor 79
include those drug products for which bioequivalence is con- 80
essential, but for which bioequivalence has not been estab- 81
the Food and Drug Administration. 82

commission shall provide for distribution copies of such formu- 83
and revisions thereto amongst physicians and pharmacists li- 84
to practice within the commonwealth and to other 85
ate individuals and shall supply a copy to any person on re- 86
on payment of the cost of printing. 87

formularies shall be revised from time to time but in no event 88
quently than once a year so as to include new pertinent infor- 89
on drugs approved for inclusion or drugs to be deleted and to 90
current information as to the therapeutic efficacy of drugs and 91
ceuticals. 92

the department, in cooperation with the commission, shall pro- 93
rules and regulations to insure public education regarding 94
visions of this section. 95

ing physicians, 1 of whom shall specialize in addiction medicine and 1 of whom shall specialize in the treatment of chronic pain; and 2 persons who are not involved in the delivery of health services who shall be representatives of the public. One of the 2 public appointees by reason of age, training, experience and affiliation shall represent the interests of the elderly. None of the members may be employed by a pharmaceutical manufacturing company or private insurer. Members shall serve for a term of 3 years, but a person appointed to fill a vacancy shall serve only for the unexpired term.

(b) The commission shall prepare a drug formulary of interchangeable drug products which shall be adopted by regulations of the department. Said formulary shall be based on assessment and evaluation of the United States Pharmacopeia and its supplements, additional pertinent listings of the Department of Health, Education, and Welfare, Food and Drug Administration, other state formularies, formularies of various hospitals of the commonwealth, as well as data submitted by manufacturers. The commission shall assess and evaluate chemical and laboratory testing data, clinical proof of bioequivalence, and therapeutic equivalence where available. The commission shall also adopt for inclusion in said formulary the list of drugs determined by the regulation of the Food and Drug Administration to be therapeutically equivalent and interchangeable when said list becomes available.

The commission shall also prepare a drug formulary of chemically equivalent substitutions for drugs that are opiates, as defined in section 1 of chapter 94C, and contained in schedule II or III of section 3 of said chapter 94C that the commission has determined have a heightened level of public health risk due to the drugs' potential for abuse and misuse. The department shall adopt this drug formulary, as prepared by the commission, by regulation. The formulary shall include formulations of drugs that the commission has determined may be appropriately substituted and that incorporate any of the following abuse deterrent properties:

- (1) a physical or chemical barrier that (i) prevents chewing, crushing, cutting, grating, grinding, melting or other physical manipulations that enable abuse or (ii) resists extraction of the opioid by common solvents such as water, alcohol or other organic solvents;
- (2) an agonist or antagonist combination that interferes with, reduces or defeats the euphoria associated with abuse;
- (3) an aversion quality that produces an unpleasant effect if the dosage form is manipulated or altered or a higher dose than directed is used;
- (4) a delivery system that, under United States Food and Drug Administration guidance, offers resistance to abuse;

Any person or party in interest aggrieved by a finding or report of the commission shall be entitled to a judicial review thereof as provided in section fourteen of chapter thirty A.

(d) For purposes of this subsection, the term "extended release long-acting opioids" shall mean a drug that is subject to the United States Food and Drug Administration's risk evaluation and mitigation strategy for extended release and long-acting opioid analgesics and the term "non-abuse deterrent opioid" shall mean an opioid drug product that is approved for medical use but does not meet the requirements for listing as a chemically equivalent substitute pursuant to this section. The commission shall also identify drugs that are extended release long-acting opioids and non-abuse deterrent opioids, contained in schedule II or III of section 3 of chapter 94C, that the commission has determined have a heightened level of public health risk due to the drugs' potential for abuse and misuse for which no adequate chemically equivalent substitute is available and shall notify the commissioner of public health that such drugs pose a threat to the public's health.

17:14. Advisory council on alcoholism

Section 14. There shall be an advisory council on alcoholism consisting of the attorney general, the commissioner of public health, the commissioner of mental health, the commissioner of corrections, the commissioner of rehabilitation, the commissioner of education, the commissioner of youth services, the commissioner of probation, the commissioner of public safety, the commissioner of public welfare, the commissioner of elder affairs, the commissioner of children and families, the registrar of motor vehicles, the chairman of the alcoholic beverages control commission, the president of the Massachusetts chiefs of police association, or their designees, all of whom shall serve *ex officio*, and twelve persons experienced in the field of alcoholism treatment and prevention to be appointed by the governor, of whom at least two shall be women and at least four shall be rehabilitated alcoholics. Upon the expiration of the term of any appointive member, a successor shall be appointed in like manner for a term of three years. The term of all appointive members shall be three years and no such member shall be appointed to serve more than two consecutive terms.

The governor shall annually designate the chairman of the council from among its members. The council shall meet at least four times each year, and shall convene special meetings at the call of the chairman, a majority of the members of the council, the commissioner of public health, or the director of the division of alcoholism. The director of the division of alcoholism shall serve as the executive secretary of the council and shall attend all meetings. The council shall

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ry council on alcoholism con-
mmissioner of public health,
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ative members shall be three
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ate the chairman of the council
l shall meet at least four times
meetings at the call of the chair-
e council, the commissioner of
division of alcoholism. The di-
all serve as the executive secre-
The council shall

an annual report to the governor, and shall file a copy of said 26
with the state secretary, the clerk of the senate and the clerk 27
house of representatives. Members of the council shall serve 28
compensation but shall be reimbursed for their expenses ac- 29
and necessarily incurred in the discharge of their duties. 30

advisory council shall (a) assist the commissioner of public 31
and the director of the division of alcoholism in coordinating 32
ports of all public and private agencies within the common- 33
concerned with the prevention of alcoholism and the treat- 34
and rehabilitation of alcoholics and intoxicated persons, (b) 35
the said commissioner and said director on policy and priori- 36
need in the commonwealth for comprehensive treatment and 37
station of alcoholics, and (c) review the annual plans, the pro- 38
annual budget and the programs and services of the division 39
ke recommendations to the commissioner, including approval, 40
tion, or disapproval in regard thereto. 41

Chairman of the advisory council shall appoint a five member 42
committee which shall meet annually with the commis- 43
and director, or shall meet at the request of the commissioner, 44
or chairman for the purpose of reviewing existing programs 45
plementing new programs designed to meet the future needs 46
se as a result of the administration of chapter one hundred 47
en B. 48

advisory council on organ and tissue transplants and dona-

15. (a) There shall be an advisory council on organ and 1
transplants and donations which shall consist of the commis- 2
public health; the registrar of motor vehicles; the director 3
transplants; the president of the Massachusetts Medical So- 4
at least 6 persons to be appointed by the governor with 5
in the field of organ and tissue transplants and donations, 6
of whom shall be a representative of a federally-designated 7
urement organization serving the commonwealth, at least 8
shall be a physician experienced in organ and tissue 9
ation, at least 1 of whom shall be a physician experienced 10
ic organ and tissue transplantation, at least 1 of whom 11
donated organ or tissue recipient, at least 1 of whom may 12
etric donated organ or tissue recipient and at least 1 of 13
be an organ or tissue donor or a family member of an or- 14
tissue donor. Members shall be appointed for terms of 3 15
no member shall be appointed to serve for more than 2 16
terms. Upon the expiration of the term of an appointed 17
successor shall be appointed in like manner for a term of 18
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house services.

and drug free housing or a
owner to have primary re-
ch housing and for maintain-
ch housing that create an
e disorder recovery.

provide for the administration
n program for operators of al-
certification under subsection

ished pursuant to this section
standards and practices that:

d support a safe, healthy and

ons in achieving long-term re-

g for the operators and staff
uch training;

drug free housing against un-
tting and collecting rent pay-

rd to local, state and federal
nces including, but not limited
safety and sanitation codes.

lence on a list of certified alco-
d in subsection (f) upon receipt

cribed in subsection (c);

of incorporation, lease or other
videncing that the individual or
ful owner or lessee of the parcel
and

o section 23 of chapter 60 indi-
er assessments that constitute
n which the housing shall be lo-

evaluate the quality of training
certification and the integrity
ram.

ish and disseminate a list of al-
d pursuant to this section; pro-

vided, however, that the list shall be updated bimonthly. The list shall be disseminated to the director of the division of drug rehabilitation and to each state agency or vendor with a statewide contract that provides substance use disorder treatment services. The commissioner of probation shall inform all district and superior court probation officers and the chief justice of the trial court shall inform all district and superior court judges on how to access the list. The list shall also be posted on the website established pursuant to section 18.

The department, in consultation with the bureau, shall promulgate rules and regulations to implement this section that shall include a process for receiving complaints against certified alcohol and drug free housing and criteria by which the director may exclude a residence from the list prepared under subsection (f) if the frequency or severity of complaints received supports a determination that alcohol and drug free housing in question does not maintain standards or provide an environment that appropriately supports the goals of its residents.

*Section (h) added by 2014, 165, Sec. 37 effective June 1, 2015.
2014, 165, Sec. 287.]*

state agency or vendor with a statewide contract that is pro-
treatment or services to a person, or a state agency or officer
terms and conditions for the release, parole or discharge of a
from custody or treatment, shall not refer that person to alco-
drug free housing and shall not otherwise include in such
conditions a referral to alcohol and drug free housing un-
alcohol and drug free housing is certified pursuant to this
nothing in this section shall prohibit a residence that has
certification from operating or advertising as alcohol
free housing or from offering residence to persons recover-
substance use disorders.

**Provisions relative to coordination of care and management;
Planning for substance use disorder treatment programs**

The department shall promulgate regulations relative to coordination of care and management that includes effective discharge planning for substance use disorder treatment programs subject to review or approval under sections 24 and 24D of chapter 90, section 6A of chapter 111B and section 7 of chapter 111E. The regulations shall include, but not be limited to, a requirement that substance use disorder treatment providers shall:

- 1. Provide enhanced care coordination and management, which
- 2. Include effective discharge planning that engages and educates

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the patient and the patient's outpatient medical and psychiatric providers to ensure continuity of care;

(2) provide a discharge plan to each client leaving a licensed substance use disorder treatment program, which shall include recommended follow-up treatment, contact information for certified alcohol and drug free housing pursuant to section 18A, additional resources for substance use disorder treatment, resources for workforce options, information and links to community and social supports and information on family support services;

(3) provide patient specific treatment that is individualized based on the patient's past history of treatment, medical history, psychiatric history and social history;

(4) facilitate transitions from more intensive to less intensive treatment based on the patient's needs and response to treatment;

(5) upon admission, acquire informed consent from each patient regarding the risk and benefit of all medication assisted treatment options, as well as the risk and benefit of not receiving treatment; and

(6) provide regular monitoring of patients' behavior and addressing relapse risks.

[Paragraph added by 2014, 165, Sec. 38 effective June 1, 2015. See 2014, 165, Sec. 288.]

A discharge plan shall not include a referral or recommendation to alcohol and drug free housing unless such housing is certified pursuant to section 18A.

17:20. Domestic and Sexual Violence Prevention and Victim Assistance Fund

Section 20. There shall be established and placed within the department of public health a fund to be known as the Domestic and Sexual Violence Prevention and Victim Assistance Fund, in this section referred to as the fund, to support innovative practices to prevent domestic and sexual violence and provide assistance to victims of domestic violence in the commonwealth. The fund shall be credited any appropriations, bond proceeds or other monies authorized by the general court, which may properly be applied in furtherance of the objectives of the fund, domestic and sexual violence prevention and victim assistance assessments, as specified in section 8 of chapter 258B, and any other monies which may be available for the purposes of the fund from any other source or sources. Any revenues, deposits, receipts or funds received shall be deposited in the fund and shall be available for the purposes described in this section,

shall not impose any annual
for prosthetic devices other
um that applies in the aggr
nder the policy.

shall not apply amounts paid
lifetime dollar maximum
ment covered under the pol
ar maximum that applies
covered under the policy.

may include a reasonable co
ices and repairs, not to ex
ne prosthetic device or rep
coinsurance under the plan
provides coverage for servic
policy may include a reasona
c devices and repairs, not
st of the device or repair v
der, unless all covered ben
do so at a higher amount.

require prior authorization
devices.

Children under age 18 for

Commission shall provide to
Commonwealth who is insur
coverage for the cost of tre
under the age of 18 cover
coverage shall include be
surgery, surgical manage
surgeons, orthodontic tr
and restorative dentistr
ental structures for ortho
therapy, speech therapy, a
ices are prescribed by the
sician or surgeon certifie
and consequent to the tre
The coverage required b
and conditions applicabl
thodontic treatment not
conditions of cleft lip and
section.

Age for orally administered anticancer medications

Any coverage offered by the commission to an active
employee of the commonwealth insured under the group
insurance that provides coverage for cancer chemo-
therapy shall provide coverage for prescribed, orally ad-
ministered anticancer medications used to kill or slow the growth of
cancer on a basis not less favorable than intravenously ad-
ministered anticancer medications that are covered as medi-
cations. An increase in patient cost sharing for anticancer
medications shall not be allowed to achieve compliance with this sec-
tion.

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Age for abuse deterrent opioid drug products

*Section added by 2014, 258, Sec. 9 effective October 1,
2015, Sec. 45.]*

Any coverage offered by the commission to an active
employee of the commonwealth insured under the group
insurance shall provide coverage for abuse deterrent opi-
oids listed on the formulary, compiled pursuant to sub-
section 13 of chapter 17, on a basis not less favorable
than coverage for other opioid drug products that are covered by
the commission. An increase in patient cost sharing shall not be al-
lowed to achieve compliance with this section.

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Authorization for substance abuse treatment not to be

*Section added by 2014, 258, Sec. 9 effective October 1,
2015, Sec. 45.]*

For the purposes of this section the term "sub-
stance abuse treatment" shall include: early intervention services
for substance use disorder treatment; outpatient services including
individual and group therapies; intensive outpatient and partial hospi-
talization; residential or inpatient services, not covered un-
der section 17N; and medically managed intensive inpatient
services covered under said section 17N.

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Any coverage offered by the commission to an active or retired em-
ployee of the commonwealth insured under the group insurance com-
mission shall require a member to obtain a preauthorization for
substance abuse treatment if the provider is certified or licensed by
the department of public health.

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32A:17N. Coverage for medically necessary acute treatment services; preauthorization not to be required to carrier of admission and initial treatment plan

[Text of section added by 2014, 258, Sec. 9 effective October 2015. See 2014, 258, Sec. 45.]

Section 17N. For the purposes of this section the following shall have the following meanings, unless the context clearly requires otherwise:—

“Acute treatment services”, 24-hour medically supervised admission treatment for adults or adolescents provided in a medically managed or medically monitored inpatient facility, as defined by the department of public health, that provides evaluation and withdrawal management and which may include biopsychosocial assessment, individual and group counseling, psychoeducational groups and discharge planning.

“Clinical stabilization services”, 24-hour clinically managed detoxification treatment for adults or adolescents, as defined by the department of public health, usually following acute treatment services for substance abuse, which may include intensive education and counseling regarding the nature of addiction and its consequences, relapse prevention, outreach to families and significant others and aftercare planning, for individuals beginning to enter recovery from addiction.

The commission shall provide to any active or retired employee of the commonwealth who is insured under the group insurance plan the commission coverage for medically necessary acute treatment services and medically necessary clinical stabilization services for up to a total of 14 days and shall not require preauthorization prior to receiving such acute treatment services or clinical stabilization services provided that, the facility shall provide the carrier both notification of admission and the initial treatment plan within 48 hours of admission; provided further, that utilization review procedures shall be initiated on day 7.

Medical necessity shall be determined by the treating clinician in consultation with the patient and noted in the patient's medical record.

32A:18. Medicare health benefits supplement plan, managed care; payment of penalty

Section 18. Notwithstanding any other provision of this chapter, all retirees, their spouses and dependents insured or eligible to be insured under sections five, ten B and twelve, if enrolled in a Medicare part A at no cost to the retiree, spouse or dependents, or other