

JOURNAL OF THE HOUSE.

Wednesday, January 13, 2016.

Met according to adjournment at eleven o'clock A.M., with Mr. Donato of Medford in the Chair (having been appointed by the Speaker, under authority conferred by Rule 5, to perform the duties of the Chair).

At the request of the Chair (Mr. Donato), the members, guests and employees joined with him in reciting the pledge of allegiance to the flag. Pledge of allegiance.

Statement of Representative Barber of Somerville.

A statement of Ms. Barber of Somerville was spread upon the records of the House, as follows:

MR. SPEAKER: I would like to call to the attention of the House the fact that I was unable to be present in the House Chamber for the sitting of Wednesday last due to a previously scheduled family commitment. Had I been present, I would have voted in the affirmative on roll call number 181, on passing to be enacted the engrossed Bill regulating sewer betterment assessments in the Commonwealth (see House, No. 3654); and in the affirmative on roll call number 183, on passing to be engrossed, in concurrence, the Senate Bill relative to motor vehicle license suspension (Senate, No. 2021, amended). My missing of roll calls that day was due entirely to the reason stated.

Statement of
Ms. Barber of
Somerville.

Statement of Representative Cariddi of North Adams.

A statement of Ms. Cariddi of North Adams was spread upon the records of the House, as follows:

MR. SPEAKER: I would like to call to the attention of the House the fact that I was unable to be present in the House Chamber for the earlier portion of today's sitting due to being selected for jury duty for today. My missing of any roll calls today was due entirely to the reason stated.

Statement of
Ms. Cariddi of
North Adams.

Statement Concerning Representative Devers of Lawrence.

A statement of Mr. Rushing of Boston concerning Mr. Devers of Lawrence was spread upon the records of the House, as follows:

MR. SPEAKER: I would like to call to the attention of the House the fact that one of our colleagues, Representative Devers of Lawrence, is unable to be present in the House Chamber for today's sitting due to his attendance at a meeting pertaining to improving ties with higher education institutions, being held in the Dominican Republic. His missing of roll calls today is due entirely to the reason stated.

Statement
concerning
Mr. Devers of
Lawrence.

Statement Concerning Representative Tosado of Springfield.

A statement of Mrs. Haddad of Somerset concerning Mr. Tosado of Springfield was spread upon the records of the House, as follows:

Statement concerning Mr. Tosado of Springfield.

MR. SPEAKER: I would like to call to the attention of the House the fact that one of our colleagues, Representative Tosado of Springfield, is unable to be present in the House Chamber for today's sitting due to personal family business outside of the Commonwealth. His missing of roll calls today is due entirely to the reason stated.

Resolutions.

Eleanor Schimelman.

Resolutions (filed with the Clerk by Mr. Rushing of Boston) congratulating Eleanor Schimelman for her many years of commitment to art, children, and cross cultural understanding, were referred under Rule 85, to the committee on Rules.

Mr. Galvin of Canton, for said committee, then reported that the resolutions ought to be adopted. Under suspension of the Rules, on motion of Mr. O'Day of West Boylston, the resolutions (reported by the committee on Bills in the Third Reading to be correctly drawn) were considered forthwith; and they were adopted.

Communications.

Communications

Mass DOT,—performance management.

From the Massachusetts Department of Transportation (see Section 5 of Chapter 25 of the Acts of 2009) submitting the sixth annual Performance Management report for the fiscal year 2015; and

Pharmacy Board,—advisory report.

From the Department of Public Health (see Section 24 of Chapter 159 of the Acts of 2014) submitting the report of the Advisory Committee to the Board of Registration in Pharmacy;

Severally were placed on file.

Reports.

Reports

Autism Waiver Program.

Of the Department of Developmental Services (under item 5920-3010 of Chapter 46 of the Acts of 2015) submitting the Autism Waiver Program 2015 legislative report;

Essex District,—wiretaps.

Of the Office of the District Attorney of the Essex District (under Section 99(R) of Chapter 272 of the General Laws) indicating that said office made no applications for wiretap warrants during the calendar year 2015; and

Vaccine Purchase Trust Fund.

Of the Department of Public Health (under Section 24N of Chapter 111 of the General Laws) submitting the Vaccine Purchase Trust Fund report for fiscal years 2015 and 2016;

Severally were placed on file.

Papers from the Senate.

Norwood,—liquor licenses.

The House Bill authorizing the town of Norwood to grant additional licenses for the sale of all alcoholic beverages to be drunk on the premises (House, No. 3684) (its title having been changed by the Senate committee on Bills in the Third Reading), came from the Senate passed to be engrossed, in concurrence, with an amendment striking out all after the enacting clause and inserting in place thereof the text contained in Senate document numbered 2089. The amendment was referred, under Rule 35, to the committee on Bills in the Third Reading.

Petitions severally were referred, in concurrence, under suspension of Joint Rule 12, as follows:

Petition (accompanied by bill, Senate, No. 2096) of James E. Timilty for legislation relative to New England Convenience Stores and Energy Marketers Association. To the committee on Environment, Natural Resources and Agriculture.

Energy Marketers Association.

Petition (accompanied by bill, Senate, No. 2095) of Marc R. Pacheco and Patricia A. Haddad for legislation to establish a sick leave bank for Tina Jennings, an employee of the Department of Developmental Services. To committee on Public Service.

Tina Jennings,—sick leave.

Reports of Committees.

By Mr. Galvin of Canton, for the committee on Rules and the committees on Rules of the two branches, acting concurrently, that Joint Rule 12 be suspended on the following petitions:

Petition (accompanied by bill) of Brian M. Ashe and others for legislation to further regulate the practice of sheet metal work. To the committee on Consumer Protection and Professional Licensure.

Sheet metal work.

Petition (accompanied by bill) of James M. Cantwell relative to transferring funds to the Commonwealth Stabilization Fund. To the committee on Revenue.

Stabilization Fund.

Under suspension of the rules, on motion of Mr. Cantwell of Marshfield, the reports were considered forthwith. Joint Rule 12 then was suspended, in each instance. Severally sent to the Senate for concurrence.

By Mr. Honan of Boston, for the committee on Housing, on a petition, a Bill relative to manufactured housing communities (House, No. 1104).

Manufactured housing.

By Mr. Kocot of Northampton, for the committee on State Administration and Regulatory Oversight, on a petition, a Bill authorizing the Division of Capital Asset Management and Maintenance to grant an easement in certain land in the city of Salem (House, No. 2838, changed in section 1, in line 1, by striking out the figures "38" and inserting in place thereof the figures "37").

Salem,—land.

By the same member, for the same committee, on a petition, a Bill authorizing the Division of Fisheries and Wildlife to convey property to the town of Acton in exchange for other real property (House, No. 3792, changed in section 1, in line 1, by striking out the words: "any general or special law to the contrary" and inserting in place thereof the words "sections 32 to 37, inclusive, of chapter 7C of the General Laws").

Acton,—land.

By the same member, for the same committee, on a joint petition, a Bill relative to the conveyance of a certain parcel of land in the town of Grafton for the Massachusetts State Police Museum and Learning Center (House, No. 3844).

Grafton,—land.

Severally read; and referred, under Rule 33, to the committee on Ways and Means.

By Mr. Kocot of Northampton, for the committee on State Administration and Regulatory Oversight, on a petition, a Bill designating inflammatory breast cancer awareness day (House, No. 2768). Read; and referred, under Rule 7A, to the committee on Steering, Policy and Scheduling.

Inflammatory breast cancer awareness day.

*Engrossed Bills.**Engrossed bills*Bills
enacted.

Authorizing the town of Dalton to grant an additional license for the sale of all alcoholic beverages not to be drunk on the premises (see Senate, No. 1927, amended);

Authorizing the town of Mount Washington to establish, own and operate broadband infrastructure and services and to issue bonds or notes therefor (see Senate, No. 1978);

(Which severally originated in the Senate); and

Extending a certain property tax exemption for seniors in the town of Sudbury (see House, No. 3890) (which originated in the House);

Severally having been certified by the Clerk to be rightly and truly prepared for final passage, were passed to be enacted; and it were signed by the acting Speaker and sent to the Senate.

Recess.

Recess.

At nine minutes after eleven o'clock A.M., on motion of Mr. D'Emilia of Bridgewater (Mr. Donato of Medford being in the Chair), the House recessed until one o'clock P.M.; and at nineteen minutes after one o'clock, the House was called to order with the Speaker in the Chair.

Quorum.

Quorum.

Mr. Vieira of Falmouth thereupon asked for a count of the House to ascertain if a quorum was present. The Speaker, having determined that a quorum was not in attendance, then directed the Sergeant-at-Arms to secure the presence of a quorum.

Quorum.—
yea and nay
No. 184.

Subsequently a roll call was taken for the purpose of ascertaining the presence of a quorum; and on the roll call 142 members were recorded as being in attendance.

[See Yea and Nay No. 184 in Supplement.]

Therefore a quorum was present.

*Reports of Committees.*Substance
use,—
treatment.

Prior to the noon recess,— By Mr. Dempsey of Haverhill, for the committee on Ways and Means, that the Bill relative to substance use, treatment, education and prevention (House, No. 3926), ought to pass with an amendment substituting therefor a bill with the same title (House, No. 3944). Referred, under Rule 7A, to the committee on Steering, Policy and Scheduling.

Mr. Nangle of Lowell, for said committee, then reported that the matter be scheduled for consideration by the House.

Under suspension of Rule 7A, on motion of Mr. Kafka of Stoughton, the bill was read a second time forthwith.

The amendment recommended by the committee on Ways and Means then was adopted; and the substituted bill was ordered to a third reading.

Subsequently, the noon recess having terminated, under suspension of the rules, on motion of Ms. Malia of Boston, the bill (reported by the committee on Bills in the Third Reading to be correctly drawn) was read a third time.

After debate on passing the bill to be engrossed, Representatives Lyons of Andover and O'Connell of Taunton moved to amend it by adding the following section:

"SECTION 42. Chapter 123 of the General Laws is hereby amended by inserting after section 35 the following 2 sections:—

Section 35A. (a) Any physician who is licensed pursuant to section 2 of chapter 112 or qualified psychiatric nurse mental health clinical specialist authorized to practice as such under regulations promulgated pursuant to section 80B of said chapter 112 or a qualified psychologist licensed pursuant to sections 118 to 129, inclusive, of said chapter 112, or a licensed independent clinical social worker licensed pursuant to sections 130 to 137, inclusive, of chapter 112 who, after examining a person, has reason to believe that failure to commit such person for treatment would create a likelihood of serious harm by reason of an alcohol or substance use disorder may restrain or authorize the restraint of such person and apply for the treatment of such person for a 3-day period at a facility authorized for such purposes by the department of public health or the department of mental health.

If an examination is not possible because of the emergency nature of the case or because of the refusal of the person to consent to such examination, the physician, qualified psychologist, qualified psychiatric nurse mental health clinical specialist or licensed independent clinical social worker on the basis of the facts and circumstances may determine that treatment is necessary and may apply therefore. In an emergency situation, if a physician, qualified psychologist, qualified psychiatric nurse mental health clinical specialist or licensed independent clinical social worker is not available, a police officer, who believes that failure to treat a person would create a likelihood of serious harm by reason of an alcohol or substance use disorder may restrain such person and apply for the treatment of such person for a 3-day period at a facility authorized for such purpose by the department of public health or the department of mental health.

An application for treatment shall state the reasons for the restraint of such person and any other relevant information which may assist the admitting clinician. Whenever practicable, prior to transporting such person, the applicant shall telephone or otherwise communicate with a facility to describe the circumstances and known clinical history and to determine whether the facility is the proper facility to receive such person and also to give notice of any restraint to be used and to determine whether such restraint is necessary.

(b) Only if the application for treatment under this section is made by a physician specifically designated to have the authority to admit to a facility in accordance with the regulations of the department of mental health or department of public health shall the person be admitted to the facility immediately after the person's reception. If the application is made by someone other than a designated physician, the person shall be given an examination by a designated physician within a reasonable amount of time after the person's reception at such facility. If the physician determines that failure to treat the person would create a likelihood of serious harm by reason of an alcohol or substance use disorder the physician may admit the person to the facility for care and treatment.

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Upon admission of a person under this subsection, the facility shall inform the person that, upon the person's request, the facility will notify the committee for public counsel services of the name and location of the person admitted. The committee for public counsel services shall forthwith appoint an attorney who shall meet with the person. If the appointed attorney determines that the person voluntarily and knowingly waives the right to be represented, or is presently represented or will be represented by another attorney, the appointed attorney shall so notify the committee for public counsel services, which shall withdraw the appointment.

Any person admitted under this subsection, who has reason to believe that such admission is the result of an abuse or misuse of this subsection, may request, or request through counsel an emergency hearing in the juvenile court or district court in whose jurisdiction the facility is located, and unless a delay is requested by the person or through counsel, the district court shall hold such hearing on the day the request is filed with the court or not later than the next business day. The superintendent of the facility, if he or she seeks to retain the person for treatment, shall at the time of the hearing file a petition for commitment pursuant to subsection (e).

(c) No person shall be admitted to a facility under this section unless the person, or if the person is a minor, the person's parent, is given an opportunity to apply for voluntary admission under section 35B.

(d) A person shall be discharged at the end of the 3-day period unless the superintendent applies for a commitment order under subsection (e) or the person remains on a voluntary status.

(e) The superintendent of a facility may petition the district court or the division of the juvenile court department in whose jurisdiction the facility is located for the commitment of a person to the facility if the superintendent determines that the failure to provide continued treatment would create a likelihood of serious harm by reason of an alcohol or substance use disorder.

(f) Whenever a court receives a petition filed under subsection (e) for an order of commitment of a person to a facility, the court shall notify the person and, if under 18, the person's parent or guardian of the receipt of the petition and of the date a hearing on the petition is to be held. Except where a person has requested an emergency hearing under subsection (b), the hearing shall be commenced within 5 days of the filing of the petition, unless a delay is requested by the person or the person's counsel. The periods of time prescribed or allowed under this section shall be computed pursuant to Rule 6 of the Massachusetts Rules of Civil Procedure.

(g) After a hearing which shall include expert testimony and may include other evidence, the district court or the division of the juvenile court department shall order the commitment of the person to a facility for continued treatment if the court finds that (1) the person has an alcohol or substance use disorder, and (2) the discharge of the person from the facility would create a likelihood of serious harm as a result of the person's alcohol or substance use disorder. A person who is the subject of a petition under subsection (e) may waive the right to a hearing, in which case the court may make its finding based on the credible

evidence offered in support of the petition filed pursuant to subsection (e). A waiver of the right to a hearing must be made in writing.

(h) The court shall render its decision on the petition filed under subsection (e) within 10 days of the completion of the hearing or within 10 days of the court's receipt of a written waiver of the right to a hearing by the person who is the subject of the petition; provided, that for reasons stated in writing by the court, the administrative justice for the district court department may extend the 10 day period.

(i) Upon making the finding required under subsection (g), the court may order such person to be committed for a period not to exceed 90 days, followed by the availability of case management services provided by the department of public health for up to 1 year; provided, however, that a review of the necessity of the commitment shall take place by the superintendent on days 30, 45, 60 and 75 as long as the commitment continues; and provided further, that combined periods of treatment under this section shall not exceed 90 days. A person so committed may be released prior to the expiration of the period of commitment upon written determination by the superintendent of the facility that release of that person will not result in a likelihood of serious harm. Such commitment shall be for the purpose of inpatient care for the treatment of an alcohol or substance use disorder in a facility licensed or approved by the department of public health or the department of mental health; provided further, that subsequent to the issuance of a commitment order, the department of public health and the department of mental health may transfer a patient to a different facility for continuing treatment.

If the department of public health informs the court that there are no other suitable facilities available for treatment, or if the court makes a specific finding that the only appropriate setting for treatment for the person is a secure facility, then the person may be committed to a secure facility for women approved by the department of public health or the department of mental health, if a female; or to the Massachusetts correctional institution at Bridgewater, if a male; provided, however, that any person so committed shall be housed and treated separately from persons currently serving a criminal sentence. Such person shall, upon release, be encouraged to consent to further treatment and shall be allowed voluntarily to remain in the facility for such purpose.

The court, in its order, shall specify whether such commitment is based upon a finding that the person is a person with an alcohol use disorder, substance use disorder, or both. The court, upon ordering the commitment of a person found to be a person with an alcohol use disorder or substance use disorder pursuant to this section, shall transmit the person's name and nonclinical identifying information, including the person's social security number and date of birth, to the department of criminal justice information services. The court shall notify the person that such person is prohibited from being issued a firearm identification card pursuant to section 129B of chapter 140 or a license to carry pursuant to sections 131 and 131F of said chapter 140 unless a petition for relief pursuant to section 35 is subsequently granted.

Section 35B. (a) (1) Pursuant to regulations on admission procedures, the superintendent of a facility may receive and treat on a voluntary basis any person who has been temporarily restrained under

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subsection (a) of section 35A; provided, that the person is in need of care and treatment for an alcohol or substance use disorder; and provided further, that the admitting facility is suitable for such care and treatment and approved or licensed by the department of public health or the department of mental health. The application for treatment may be made by a person who has attained the age of 16 or by a parent of a person under the age of 18 years. Prior to accepting an application for a voluntary admission, the superintendent shall afford the person making the application the opportunity for consultation with an attorney, or with a person who is working under the supervision of an attorney, concerning the legal effect of a voluntary admission. The superintendent may discharge any person admitted under this subsection at any time the superintendent deems the discharge in the best interest of the person; provided, however, that if a parent made the application for admission, 14 days' notice shall be given to the parent prior to discharge.

(2) Pursuant to regulations, the superintendent of a facility may treat a person as an outpatient; provided that the application for outpatient treatment is made in accordance with paragraph (1). The superintendent may, in the best interest of the person, discontinue the outpatient treatment of a person at any time.

(b) A person admitted to a facility under subsection (a) shall be free to leave such facility at any time, and any parent who requested the admission of such person may withdraw such person at any time, upon giving written notice to the superintendent; provided, however, that the superintendent may restrict the right to leave or withdraw to normal working hours and weekdays and, in the superintendent's discretion, may require the person or the person's parent to give 3 days' written notice of his or her intention to leave or withdraw. If a person or the person's parent provides a notice of intention to leave or withdraw, the superintendent may require an examination of the person to determine the person's clinical progress, the person's suitability for discharge and to investigate other aspects of the person's case including the person's legal competency and family, home or community situation. Such person may be retained at the facility beyond the expiration of the 3 day notice period if, prior to the expiration of the 3 day notice period, the superintendent files a petition for commitment under subsection (e) of section 35A.

Before accepting an application for voluntary admission where the superintendent may require 3 days written notice of intention to leave or withdraw, the admitting or treating physician shall assess the person's capacity to understand that: (i) the person is agreeing to stay or remain at the facility; (ii) the person is agreeing to accept treatment; (iii) the person may be required to provide the facility with 3 days written advance notice of the person's intention to leave the facility; and (iv) the facility may petition a court for an extended commitment of the person under section 35A and that the person may be held at the facility until the petition is heard by the court. If the physician determines that the person lacks the capacity to understand these facts and consequences, the application for voluntary admission shall not be accepted."

After debate on the question on adoption of the amendment (Mr. Donato of Medford being in the Chair), the sense of the House was taken by

Amendment
rejected,—

yeas and nays, at the request of Mr. Lyons of Andover; and on the roll call 34 members voted in the affirmative and 116 in the negative.

yea and nay
No. 185.

[See Yea and Nay No. 185 in Supplement.]

Therefore the amendment was rejected.

Mr. Pignatelli of Lenox and other members of the House then moved to amend the bill by adding the following seven sections:

"SECTION 42. Chapter 32A of the General Laws, as appearing in the 2014 Official Edition, is hereby amended by inserting after section 17N the following section:

Section 17O. The commission shall provide to an active or retired employee of the commonwealth who is insured under the group insurance commission coverage for acupuncture and oriental medicine based diagnosis and treatment in the areas of pain management, post-traumatic stress disorder and substance abuse treatment.

SECTION 43. Chapter 175 of the General Laws, as so appearing, is hereby amended by inserting after section 47GG the following section:

Section 47HH. All individual or group accident and health insurance policies and health service contracts delivered, issued or renewed by an insurer or nonprofit health service corporation which provide benefits to individual subscribers and members within the commonwealth or to all group members having a principal place of employment within the commonwealth shall provide benefits for acupuncture and oriental medicine based diagnosis and treatment in the areas of pain management, post-traumatic stress disorder and substance abuse treatment.

SECTION 44. Said chapter 175, as so appearing, is hereby amended by inserting after the section 205 the following section:

Section 205A. The commissioner shall not approve a policy under section 205 that does not provide benefits for acupuncture and oriental medicine based diagnosis and treatment in the areas of pain management, post-traumatic stress disorder and substance abuse treatment.

SECTION 45. Chapter 176A of the General Laws, as so appearing, is hereby amended by inserting after section 8HH the following section:

Section 8II. Any contract between a subscriber and the corporation under an individual or group hospital service plan delivered, issued or renewed in the commonwealth shall provide as benefits to all individual subscribers and members within the commonwealth and to all group members having a principal place of employment within the commonwealth acupuncture and oriental medicine based diagnosis and treatment in the areas of pain management, post-traumatic stress disorder and substance abuse treatment.

SECTION 46. Chapter 176B of the General Laws, as so appearing, is hereby amended by inserting after section 4II the following section:

Section 4JJ. Any subscription certificate under an individual or group medical service agreement delivered, issued or renewed in the commonwealth shall provide benefits to all individual subscribers and members within the commonwealth and to all group members having a principal place of employment within the commonwealth for acupuncture and oriental medicine based diagnosis and treatment in the areas of pain management, post-traumatic stress disorder and substance abuse treatment.

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SECTION 47. Chapter 176G of the General Laws is hereby amended by inserting after section 4AA the following section:

Section 4BB. Any group health maintenance contract shall provide coverage for acupuncture and oriental medicine based diagnosis and treatment in the areas of pain management, post-traumatic stress disorder and substance abuse treatment.

SECTION 48. Notwithstanding any general or special law to the contrary, no third party payer of health care services shall differentiate reimbursement rates for acupuncture services by provider type. Only licensed acupuncturists or medical doctors shall be reimbursed for acupuncture services.”

After remarks the amendment was rejected.

Mr. Cantwell of Marshfield then moved to amend the bill (as changed by the committee on Bills in the Third Reading) by adding the following section:

“SECTION 42. Notwithstanding any general or special law to the contrary, the department of public health, in consultation with the executive office of public safety and security and representatives from acute and community hospitals, shall investigate and report on: (i) the current capacity of health care facilities in the Commonwealth, including hospital emergency departments, to screen patients for non-medical use of fentanyl, and the extent to which laboratory tests commonly used in these settings are able to identify misuse of fentanyl when it is not used in concert with other substances; (ii) the current capacity of medical examiners in the Commonwealth to identify and report on the number of overdose deaths associated primarily or solely with fentanyl abuse; and, (iii) the feasibility and costs associated with implementing or expanding the capacity of medical facilities and medical examiners to test for abuse of fentanyl, whether or not it is used in concert with other drugs.

The department shall report to the general court the results of its study and its recommendations, if any, together with drafts of legislation necessary to carry out its recommendations by filing the same with the clerks of the senate and house of representatives, the joint committee on mental health and substance abuse and the senate and house committees on ways and means not later than December 31, 2016.”

The amendment was adopted.

Ms. DiZoglio of Methuen then moved to amend the bill by inserting after section 36 (as published) the following section:

“SECTION 36A. Item 4000-0005 of section 2 of chapter 46 of the acts of 2015 is hereby amended by inserting after the word ‘programs’ the second time it is used, the following words:— provided further, that any grant awarded may also be used to target youth and adult substance misuse.”

The amendment was adopted.

The same member then moved to amend the bill by adding the following section:

“SECTION 43. The department of public health shall promulgate rules and regulations relative to practitioners, as defined in section 1 of chapter 94C of the General Laws, advertising opiates, benzodiazepines, and narcotics on their premises by posting or distributing written material.

For the purposes of this section, the following terms shall have the following meanings: narcotic shall mean ‘narcotic’ as defined in section 1 of chapter 94C; opiate shall mean ‘opiate’ as defined in section 1 of chapter 94C; and benzodiazepine shall mean any substance or drug which contains a benzene ring fused to a 7 member diazepine ring, results in the depression of the central nervous system and is primarily intended to treat insomnia and anxiety, including alprazolam, clonazepam, diazepam, lorazepam, and temazepam.”

The amendment was adopted.

Ms. Kane of Shrewsbury and other members of the House then moved to amend the bill by adding the following section:

“SECTION 44: The department of public health and the bureau of substance abuse services shall recommend each municipality designate at least one prescription drug drop box and other safe locations at which to dispose of prescription drugs. Locations may include but are not limited to: police stations, pharmacies, local health departments and areas approved by the local authority.”

The amendment was adopted.

Mr. Kuros of Uxbridge and other members of the House then moved to amend the bill by adding the following section:

“SECTION 45. Notwithstanding any special or general law there shall be a special commission to study the alternatives and develop recommendations to broaden the availability of naloxone without prescription, including but not limited to recommendations on the standing order process, the collaborative practice agreement process, and/or legislative recommendations.

The special commission shall consist of: the secretary of health and human services or their designee, who shall serve as chair; the commissioner of the division of insurance or their designee; three members to be appointed by the governor, which shall include: one person who is a prescribing physician, one person who is a stakeholder within a retail pharmacy company, and one member of the general citizenry impacted by the opiate epidemic; two members of the house of representatives, one of whom to be appointed by the minority leader; two members of the senate, one of whom to be appointed by the minority leader; the director of the board of pharmacy or their designee; the director of the bureau of substance abuse services or their designee; provided, however, that the first meeting of the commission shall take place not later than March 1, 2016.

The special commission shall submit its recommendations, together with drafts of any legislation, to the clerks of the house of representatives and the senate, the chairs of the joint committee on mental health and substance abuse not later than July 1, 2016.”

The amendment was adopted.

There being no objection, Mr. Lawn of Watertown moved to amend the bill in section 36 (as published), in line 382, by inserting after the word “pharmacists;” the following: “with respect only to clause (iv) of subsection (a), the President of the Massachusetts Biotechnology Council”; and the amendment was adopted.

Mr. Mariano of Quincy then moved to amend the bill by inserting after section 41 (as published) the following section:

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"SECTION 40A. There shall be a special commission to investigate and study state licensed addiction treatment centers.

The commission shall consist of: the secretary of health and human services or a designee, who shall serve as chair; the commissioner of mental health or a designee; the commissioner of public health or a designee; the director of medicaid or a designee; the inspector general or a designee; and 6 members who shall be appointed by the secretary of health and human services: 3 of whom shall be advocates from the addiction treatment community and 3 of whom shall be a family members of individuals who have been treated at a state licensed addiction treatment center.

The commission shall: (1) solicit information and input from addiction treatment service providers, consumers, families and any other parties or entities the commission considers appropriate; (2) examine the effectiveness of addiction treatment services in promoting successful outcomes of recovery and wellness, (3) examine ways to encourage engagement from individuals in recovery from substance use disorders in policy development related to service delivery and the training and evaluation of services, (4) consider best practice models of delivery and the provision of recovery oriented services in other states; (6) examine mental health considerations when an individual enters an addiction treatment center, including, but not limited to, patient access to mental health services and (7) recommend legislation to improve services for people in a state licensed addiction treatment center.

The commission shall submit a report to the general court of the results of its investigation and its recommendations, if any, together with any drafts of proposed legislation, with the clerks of the senate and the house of representatives, the chairs of the joint committee on mental health and substance abuse, and the chairs of the senate and house committees on ways and means not later than January 1, 2017."

The amendment was adopted.

Mr. Naughton of Clinton then moved to amend the bill in section 36 (as published), in line 360, by inserting after the word "medications" the words "not limited to expanding the use of prescription medication drop box sites at locations other than police departments".

The amendment was adopted.

Mrs. Haddad of Somerset being in the Chair,—

Mr. Jones of North Reading and other members of the House then moved to amend the bill in section 12, in lines 92 and 93, by striking out the words "issuance to a patient every time for a prescription for an extended-release long-acting opioid in a non-abuse deterrent form for outpatient use" and inserting in place thereof the words "prescribing an opioid"; and by inserting after section 40A (inserted by amendment) the following section:

"SECTION 40B. Section 12 shall take effect October 1, 2016."

The amendments were adopted.

Pending the question on passing the bill, as amended, to be engrossed, Mr. Jones asked for a count of the House to ascertain if a quorum was present. The Chair, having determined that a quorum was not in attendance, then directed the Sergeant-at-Arms to secure the presence of a quorum.

Quorum.

Subsequently a roll call was taken for the purpose of ascertaining the presence of a quorum; and on the roll call (the Speaker being in the Chair) 140 members were recorded as being in attendance.

[See Yea and Nay No. 186 in Supplement.]

Therefore a quorum was present.

After debate on the question on passing the bill, as amended, to be engrossed, Mr. Jones of North Reading and other members of the House moved to amend it by striking out section 14 and inserting in place thereof the following section: "SECTION 14. said chapter 94C of the General Laws is hereby further amended by inserting after section 19C the following section:—

Section 19D. (a) When issuing a prescription for an opiate to adult patient for outpatient use for first time, a practitioner shall not issue a prescription for more than a 5-day supply. A practitioner shall not issue an opiate prescription to a minor for more than a 5-day supply at any time and shall discuss with the parent or guardian of the minor the risk associated with opiate use and the reasons why the prescription is necessary.

(b) Notwithstanding subsection (a), if in the professional medical judgment of a practitioner more than a 5-day supply of an opiate is required to treat the adult or minor patient's acute medical condition, or is necessary for the treatment of chronic pain management, pain associated with a cancer diagnoses or for palliative care, then the practitioner may issue a prescription for the quantity needed to treat said acute medical condition, chronic pain, pain associated with a cancer diagnosis or pain experienced while the patient is in palliative care. The condition triggering prescription of an opiate for more than a 5-day supply shall be documented in the patient's medical record and the practitioner shall indicate that a non-opiate alternative was not appropriate to address the medical condition."

On the question on adoption of the amendment (Mrs. Haddad of Somerset having returned to the Chair), the sense of the House was taken by yeas and nays, at the request of Mr. Hill of Ipswich; and on the roll call 33 members voted in the affirmative and 115 in the negative.

[See Yea and Nay No. 187 in Supplement.]

[Mr. Madden of Nantucket answered "Present" in response to his name.]

Therefore the amendment was rejected.

Mr. Zlotnik of Gardner then moved to amend the bill in section 9, in line 56, by inserting after the word "website." the following sentence: "Guidance and recommendations may include educating parents or guardians on recognizing warning signs of substance abuse and providing available resources." The amendment was adopted.

Mr. Gordon of Bedford then moved to amend the bill by adding the following two sections:

"SECTION 46. Section 24A Chapter 94C of the General Laws is hereby amended in subsection (c) by striking the language ', to a patient for the first time,'

SECTION 47. The department of public health shall investigate and study the occurrence of opiate prescribing to patients who have experienced nonfatal opiate overdoses. The study shall include, but not be limited to: (i) an analysis of the number of patients who have been administered a schedule II controlled substance utilized in

Quorum,—
yea and nay
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Amendment
rejected,—
yea and nay
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order to prevent an opiate-related adverse event and subsequently prescribed an opiate medication; (ii) an examination of the feasibility of including a schedule II controlled substance utilized in order to prevent an opiate-related adverse event and any other opiate antagonist medications in the prescription monitoring database established under section 24A of chapter 94C; (iii) an examination of strategies to enhance awareness of and access to substance use disorder treatment and services for persons that have experienced an overdose, including the disclosure of a directory of available treatment options by emergency medical service professionals upon the administration of a schedule II controlled substance utilized in order to prevent an opiate-related adverse event. The department shall file a report on its finding and recommendations with the clerks of the house of representatives and the senate, the chairs of the joint committee on mental health and substance abuse, the chairs of the joint committee on public health, the chairs of the joint committee on health care financing, and the chairs of the house and senate committee on ways and means, not later than October 1, 2016. Within 180 days of the completion of said study, the department of public health shall take all operational steps necessary to ensure all professionals licensed to prescribe or dispense controlled substances, schedule II to V, inclusive, and certain additional drugs pursuant to Chapter 94C, shall maintain the ability to document a nonfatal opiate-related adverse event within the prescription monitoring program. Implementation of said provision by the department shall take into account all applicable state and federal patient privacy laws.”.

The amendment was adopted.

Mr. Jones of North Reading and other members of the House then moved to amend the bill in section 16, in lines 216, 217 and 218, by striking out the paragraph contained in those lines and inserting in place thereof the following paragraph:

“(d) If a person has received a substance evaluation and returns to an acute care hospital or emergency satellite facility within seven days of receipt of such evaluation suffering from an opiate-related overdose or has recently been administered naloxone, the attending physician may authorize the restraint of such person and apply for the treatment of such person for a 3-day period at a facility authorized for such purposes by the department of public health or the department of mental health.”.

After debate on the question on adoption of the amendment, the sense of the House was taken by yeas and nays, at the request of Mr. Jones of North Reading; and on the roll call 38 members voted in the affirmative and 109 in the negative.

[See Yea and Nay No. 188 in Supplement.]

Therefore the amendment was rejected.

Mr. Bradley of Hingham then moved to amend the bill by adding the following section:

“SECTION 48. Section 35 of chapter 123 of the General Laws, as appearing in the 2014 Official Edition, is hereby amended by striking out the fifth sentence in the third paragraph and inserting in place thereof the following sentence:— If such person is not immediately presented before a judge of the district court, the warrant shall continue

Amendment
rejected,—
yea and nay
No. 188.

day after day for up to 5 consecutive days, excluding Saturdays, Sundays and legal holidays, or until such time the person is presented to the court, whichever is sooner; provided, however that an arrest on such warrant shall not be made unless the person may be presented immediately before a judge of the district court.”.

The amendment was adopted.

The same member then moved to amend the bill by adding the following section:

“SECTION 49. The department of public health shall create a central navigation model, utilizing real-time information on treatment bed and services availability across the system, available as a consumer-facing dashboard available to the public to efficiently refer consumers to appropriate care settings, and improve access to and understanding of the substance abuse treatment system, including, but not limited to, treatment provider directories, facility operator, service settings, client characteristics, insurance requirements and information for consumers to petition any district or juvenile court for an order of commitment for an individual believed to be a person with an alcohol or substance use disorder under section 35 of chapter 123 of the General Laws. The department shall be allowed to amend contracts as needed to ensure access to real-time treatment bed and services availability.”.

After remarks the amendment was adopted.

After debate on passing the bill, as amended, to engrossed, Mr. Heroux of Attleboro moved to amend it in section 11, in line 74, by inserting after the word “form” the words “, or any immediate release opioid.”; and amendment was adopted.

Mr. Cusack of Braintree then moved to amend the bill in section 14 by adding the following paragraph:

“(c) Notwithstanding the provisions of subsection (a) and subsection (b) this section shall not apply to medications designed for the treatment of substance abuse or opioid dependence.”.

The amendment was adopted.

Messrs. Dooley of Norfolk and Jones of North Reading then moved to amend the bill by adding the following section:

“SECTION 50. Notwithstanding any general or special law to the contrary, there shall be a special commission, known as the Partial Fill Prescribing Method Advisory Commission, to investigate the feasibility of implementing a partial fill method of prescribing narcotics to patients which would enable patients to fill a prescription in increments, depending on their needs, and to exempt patients from paying any additional copayments to fill the remainder of their prescription. The intent of this legislation is to limit the amount of narcotics dispensed and, consequently, the amount of excess narcotics left over in households, thus reducing the amount of prescription drug abuse by those who have access to this excess medication.

The commission shall consist of the secretary of the executive office of Health and Human Services, or his designee; the commissioner of the Department of Public Health, or his designee; the president of the Massachusetts Association of Health Plans, or his designee; 1 representative of a health consumer organization appointed by the attorney general; Director of Medicaid or his designee; Director of the Board of Registration in Medicine, or his designee; Director of the Board of Registration

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in Dentistry, or his designee; Director of the Board of Registration in Pharmacy, or his designee; 1 member of the senate to be appointed by the senate president; 1 member of the senate to be appointed by the senate minority leader; 1 member of the house of representatives to be appointed by the speaker of the house; 1 member of the house of representatives appointed by the house minority leader.

The scope of the commission shall include, but not be limited to, studying (i) the feasibility of creating and administering this new process for writing and filling prescriptions and how this method of prescribing medication would be implemented for all types of narcotics, dosages and diagnoses, (ii) the feasibility of integrating this method of filling prescriptions into the processing of pharmacy claims by public and private health insurance entities, (iii) the ability of this method to effectively reduce the amount of excess prescription narcotics available to be abused by those who do not have a prescription and have no medical need to take said medication.

The commission shall submit its findings, along with any draft of legislation, to the joint committee on public health, the joint committee on health care financing, the joint committee of mental health and substance abuse and the clerks of the house of representatives and the senate on or before June 1, 2016.”

The amendment was adopted.

There being no objection, Representatives Fernandes of Milford and Dykema of Holliston then moved to amend the bill by adding the following section:

“SECTION 51. Chapter 94C, Section 24A is hereby amended by striking (h) and inserting in place thereof the following:

(h) The department may provide de-identified information to a public or private entity for statistical research or educational purposes.”

The amendment was adopted.

Mr. Jones of North Reading and other members of the House then moved to amend the bill in section 11, in line 84, by inserting after the word “programs” the following: “; provided, that each board shall, at a minimum, require 5 hours of training every 2 years in one or more of the aforementioned topic areas.” The amendment was adopted.

Ms. Ferrante of Gloucester then moved to amend the bill in section 16, in line 201, by striking out the word “admission” and inserting in place thereof the word “presentation”; and the amendment was adopted.

Ms. Dykema of Holliston then moved to amend the bill in section 36 (as published), in line 360, by inserting before the word “; and”, the words “and the utilization of out-of-state treatment beds;”. The amendment was adopted.

Mr. Collins of Boston then moved to amend the bill by adding the following section:

“SECTION 52. Notwithstanding any rule, regulation, special or general law to the contrary, the Department of Public Health shall issue, not later than July 1, 2016 recommendations to encourage the co-prescription of naloxone to patients at risk who are taking opioid analgesics.”

The amendment was adopted.

Ms. Campbell of Methuen and other members of the House then moved to amend the bill in section 16 by adding the following two paragraphs:

“(f) Upon discharge of a patient who experienced an opiate-related overdose, the acute-care hospital shall notify the patient’s primary care physician, if known, of the opiate-related overdose and any recommended further treatment.

(g) Upon discharge of a patient who experienced an opiate-related overdose, the acute-care hospital shall record the opiate-related overdose on the patient’s electronic medical record.”

The amendment was adopted.

Ms. DiZoglio of Methuen then moved to amend the bill by adding the following section:

“SECTION 53. The second paragraph of section 21 of chapter 94C, as appearing in the 2014 Official Edition, is hereby amended, in line 24, inserting after the figure ‘17’ the following:—

In addition to the previously listed, the department shall also include information on the risk of the addictive properties as well as the use and misuse of opiates.”

The amendment was adopted.

Mr. Fernandes of Milford then moved to amend the bill in section 16, in line 204, by inserting after the word “patient.” the following sentence: “No physician shall be held liable in a civil suit for releasing a patient who does not wish to remain in the emergency department after stabilization, but before a substance abuse evaluation has taken place.” The amendment was adopted.

Representatives Fernandes of Milford and Farley-Bouvier of Pittsfield then moved to amend the bill in section 15 by adding the following paragraph:

“The department shall work in conjunction with the respective boards of licensure to annually determine each practitioner’s schedule II and schedule III opiate prescribing quantity and volume and the practitioner’s standing with regard to the mean and median quantity and volume for the practitioner’s category of specialty or practice type. A practitioner may request the practitioner’s own percentile ranking within the practitioner’s own category of practice; such information shall be confidential, shall not constitute a public record as defined in clause twenty-sixth of section 7 of chapter 4, shall not be admissible as evidence in a civil or criminal proceeding, and shall not be the sole basis for investigation by a licensure board. The department shall also coordinate with the respective boards of licensure to make resources available to prescribers regarding ways to change prescribing practices and incorporate alternative pain management options into a prescriber’s practice.”

The amendment was adopted.

Mr. Nangle of Lowell then moved to amend the bill by adding the following section:

“SECTION 54. Chapter 15A of the General Laws is hereby amended by adding the following section:—

Section 45. The board of higher education shall ensure that each public institution of higher education has a policy regarding substance use prevention and the education of its students about the dangers of substance abuse. Student orientation shall include the topics of: misuse

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of drugs in combination with alcohol and possible drug interactions; misuse of opioids, other prescription drugs and street drugs. Each public institution of higher education shall provide for training of designated employees in recognizing signs of substance abuse and appropriate actions to take.

The board of higher education, in consultation with the department of public health, shall provide guidance and recommendations in order to assist schools with developing and implementing effective substance use prevention and abuse education policies and shall make such guidance and recommendations publicly available on the board's website. Guidance and recommendations shall be reviewed and regularly updated to reflect applicable research and best practices.

The board of higher education shall provide to each public institution of higher education a standardized, annual and anonymous survey of students to measure the scope and trends in alcohol and substance abuse. Such survey shall be conducted by each such public institution in the commonwealth and shall include methods of misuse of consumption of alcohol and substance abuse by injection, inhalation and ingestion. The results of the survey shall be publicly available on the board's website.”.

The amendment was adopted.

Mr. Fernandes of Milford and other members of the House then moved to amend the bill by inserting after section 17 the following six sections:

“SECTION 17A. Section 3 of chapter 111B of the General Laws, as appearing in the 2014 Official Edition, is hereby amended by inserting the following words after the words ‘or alcoholics’, in line 17:—, or any acute-care hospital or satellite emergency facility, as defined in section 511/2 of chapter 111.

SECTION 17B. Said section 3 of said chapter 111B, as so appearing, is hereby further amended by striking out, in lines 24 and 25, the words ‘the condition of an intoxicated person who, by reason of the consumption of intoxicating liquor is’ and inserting in place thereof the following words:— the condition of a person who, by reason of the consumption of an intoxicating liquor, controlled substance, toxic vapor or other substance that causes the individual to become.

SECTION 17C. Said section 3 of said chapter 111B, as so appearing, is hereby further amended by striking out, in lines 35 and 36, the words ‘intoxicated persons and alcoholics’ and inserting in place thereof the following words:— individuals with an alcohol use disorder or substance use disorder, or any acute-care hospital or satellite emergency facility, as defined in section 511/2 of chapter 111.

SECTION 17D. Said section 3 of said chapter 111B, as so appearing, is hereby further amended by inserting the following after the words ‘of alcoholics’, in line 40:—, or any acute-care hospital or satellite emergency facility, as defined in section 511/2 of chapter 111.

SECTION 17E. Section 8 of said chapter 111B, as so appearing, is hereby amended by striking out, in lines 13 through 23, the words ‘Any person who is administered a breathalyzer test, under this section, shall be presumed not to be intoxicated if evidence from said test indicated that the percentage of alcohol in his blood is five one hundredths or less and shall be released from custody forthwith. If any per-

son who is administered a breathalyzer test, under this section, and evidence from said test indicates that the percentage of alcohol in his blood is more than five one hundredths and is less than ten one hundredths there shall be no presumption made based solely on the breathalyzer test. In such instance a reasonable test of coordination or speech coherency must be administered to determine if said person is intoxicated’ and inserting in place thereof the following words:— If evidence from said breathalyzer test indicates that the percentage of alcohol in the person's blood is less than ten one hundredths, a reasonable test of coordination or speech coherency must be administered to determine if said person is incapacitated.

SECTION 17F. Section 8 of said chapter 111B, as so appearing, is hereby amended by striking out, in all instances, the word ‘intoxicated’ and inserting in place thereof the following word:— incapacitated.”.

The amendment was adopted.

Mr. Dempsey of Haverhill then moved to amend the bill by inserting after section 2 (as published) the following two sections:

“SECTION 1A. Section 4 of chapter 17 of the General Laws, as appearing in the 2014 Official Edition, is hereby amended by striking out, in line 11, the words ‘with the advice of the advisory council on alcoholism and’.

SECTION 1B. Said section 4 of said chapter 17 is hereby further amended by striking out, in lines 14 and 15, the words:— with the advice of the drug rehabilitation advisory board and.”;

By striking out section 7 and inserting in place thereof the following section:

“SECTION 7. Section 17N of said chapter 32A, as so appearing, is hereby amended by inserting after the words figure ‘7’, in line 28, the following words:—; provided further, the commission shall provide to any active or retired employee of the commonwealth who is insured under the group insurance commission coverage for, without preauthorization, substance abuse evaluations ordered pursuant to section 511/2 of chapter 111.”; By inserting after section 8, the following three sections:

“SECTION 8A. Section 1P of chapter 69 of the General Laws, as so appearing, is hereby amended by striking out, in line 97, the figure ‘18’ and inserting in place thereof the figure ‘19’;

SECTION 8B. Said section 1P of said chapter 69, is hereby further amended by striking out, in line 127, the figure ‘3’ and inserting in place thereof the figure:— 4.

SECTION 8C. Said section 1P of said chapter 69 is hereby further amended by inserting after the word ‘schools’ in line 136, the following words:—; 1 of whom shall be a representative of Massachusetts Recovery High Schools with expertise in adolescent substance use disorders.”;

In section 16, in lines 174 and 175, by striking out the words “nurse mental health clinical specialist” and inserting in place thereof, the words “psychiatric clinical nurse specialist.”;

By inserting after section 17F (inserted by amendment) the following section:

“SECTION 17G. Section 1 of chapter 111E of the General Laws, as appearing in the 2014 Official Edition, is hereby amended by striking out the definition of ‘advisory board’.”;

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By inserting after section 18 (as published) the following section:

"SECTION 18A. Section 4 of said chapter 111E is hereby amended by striking out, in lines 6 and 7, the words 'the advisory board,'."

By inserting after section 21 (as published) the following section:

"SECTION 25A. Section 47GG of said chapter 175, as so appearing, is hereby amended by striking out, in line 21, the word '118M' and inserting in place thereof the following word:— 111M.";

By striking out section 24 (as published) and inserting in place thereof the following section:

"SECTION 28. Section 8II of said chapter 176A, as so appearing, is hereby amended by inserting after the figure '7', in line 28, the following words:— ; provided further, any contract between a subscriber and the corporation under an individual or group hospital service plan which is delivered, issued or renewed within the commonwealth, shall cover, without preauthorization, a substance abuse evaluation ordered pursuant to section 51½ of chapter 111.";

By striking out section 26 (as published) and inserting in place thereof the following section:

"SECTION 30. Section 4II of said chapter 176B, as so appearing, is hereby amended by inserting after the figure '7', in line 28, the following words:— ; provided further, any subscription certificate under an individual or group medical service agreement delivered, issued or renewed within the commonwealth shall provide coverage for, without preauthorization, a substance abuse evaluation ordered pursuant to section 51½ of chapter 111.";

By striking out section 28 (as published) and inserting in place thereof the following section:

"SECTION 32. Section 4AA of said chapter 176G, as so appearing, is hereby amended by inserting after the figure '7', in line 27, the following words:— ; provided further, an individual or group health maintenance contract that is issued or renewed shall provide coverage for, without preauthorization, a substance abuse evaluation ordered pursuant to section 51½ of chapter 111.";

In section 36 (as published), in line 382, by inserting after the word "pharmacists" the following: "; 1 of whom shall be a member from the Association of Behavioral Healthcare, 1 of whom shall be a representative from the Massachusetts Biotechnology Council", in lines 383 and 384, by striking out the words "and at the pleasure of the governor"; and by striking out section 39 (as published).

The amendments were adopted.

On the question on passing the bill, as amended, to be engrossed, the sense of the House was taken by yeas and nays, at the request of Ms. Malia of Boston; and on the roll call 149 members voted in the affirmative and 0 in the negative.

[See Yea and Nay No. 189 in Supplement.]

Therefore the bill (House, No. 3947, published as amended) was passed to be engrossed. Sent to the Senate for concurrence.

Bill passed to
be engrossed,—
yea and nay
No. 189.

*Motions to Discharge Certain Matters
in the Orders of the Day.*

The Senate amendment of the House Bill authorizing the town of Scituate to convey certain land (House, No. 3599), reported by the committee on Bills in the Third Reading to be correctly drawn, was taken from its position in the Orders of the Day, under suspension of Rule 47, on motion of Mr. Cantwell of Marshfield; and it was adopted, in concurrence.

Scituate,—
land.

The House Bill establishing a sick leave bank for Nicole Medina, an employee of the Department of Public Health (House, No. 3874), reported by the committee on Bills in the Third Reading to be correctly drawn, was discharged from its position in the Orders of the Day and read a third time forthwith, under suspension of Rule 47, on motion of Mr. Scaccia of Boston; and it was passed to be engrossed. Sent to the Senate for concurrence.

Nicole
Medina,—
sick leave.

The House Bill establishing a sick leave bank for Lisa Hershowitz, an employee of the Department of Developmental Services (House, No. 3876), reported by the committee on Bills in the Third Reading to be correctly drawn, was discharged from its position in the Orders of the Day and read a third time forthwith, under suspension of Rule 47, on motion of Mr. Smola of Warren; and it was passed to be engrossed. Sent to the Senate for concurrence.

Lisa
Hershowitz,—
sick leave.

Order.

On motion of Mr. DeLeo of Winthrop,—

Ordered, That when the House adjourns today, it adjourn to meet tomorrow at eleven o'clock A.M.

Next
sitting.

Mr. D'Emilia of Bridgewater then moved that the House adjourn; and the motion prevailed. Accordingly, without proceeding to consideration of the matters in the Orders of the Day, at fourteen minutes before seven o'clock P.M. (Mrs. Haddad of Somerset being in the Chair), the House adjourned, to meet the following day at eleven o'clock A.M., in an Informal Session.