

# HOUSE . . . . . No. 4470

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## The Commonwealth of Massachusetts

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HOUSE OF REPRESENTATIVES, May 7, 2018.

The committee on Mental Health Substance Use and Recovery to whom were referred the Message from His Excellency the Governor relative to combatting addiction, accessing treatment, reducing prescriptions, and enhancing prevention (House, No. 4033), the petition (accompanied by bill, Senate, No. 1007) of Eileen M. Donoghue, James R. Miceli, John F. Keenan, Rady Mom and other members of the General Court for legislation to raise employment and combating opioids through vocational education and rehabilitation (RECOVER), the petition (accompanied by bill, Senate, No. 1092) of Eileen M. Donoghue for legislation relative to benzodiazepines and non-benzodiazepine hypnotics, the petition (accompanied by bill, Senate, No. 1099) of John F. Keenan, James M. Cantwell, William Smitty Pignatelli and Mathew Muratore for legislation relative to patient choice to promote prescription safety, the petition (accompanied by bill, Senate, No. 1100) of John F. Keenan, William Smitty Pignatelli, Elizabeth A. Malia, Denise Provost and other members of the General Court for legislation relative to opioid prescribing practices and access to pain management, the petition (accompanied by bill, Senate, No. 1101) of John F. Keenan and Eric P. Lesser for legislation to improve access to naloxone, the petition (accompanied by bill, Senate, No. 1114) of Bruce E. Tarr, Bradley H. Jones, Jr. and Ryan C. Fattman for legislation relative to protective custody, the petition (accompanied by bill, House, No. 1066) of Kay Khan, James M. Cantwell and Leonard Mirra relative to psychiatric nurse mental health clinical specialists, the petition (accompanied by bill, House, No. 2391) of Mark J. Cusack relative to behavioral health services integration, the petition (accompanied by bill, House, No. 2396) of Bradley H. Jones, Jr., and others relative to substance abuse treatment, the joint petition (accompanied by bill, House, No. 2404) of Elizabeth A. Malia and others relative to access to behavioral health services, the petition (accompanied by bill, House, No. 3206) of Shawn Dooley, Timothy R. Whelan and Shaunna L. O'Connell relative to opiate-related overdose treatment, the petition (accompanied by resolve, House, No. 3511) of Dylan Fernandes and others for an investigation by a special commission (including

members of the General Court) of treatment options for substance misuse, the petition (accompanied by bill, House, No. 3594) of Paul McMurtry and others relative to benzodiazepines and non-benzodiazepine hypnotics, the petition (accompanied by bill, House, No. 4337) of Carole A. Fiola and others for legislation to establish a special commission to research current logistical issues related to outpatient methadone centers and to identify alternatives to the distribution of outpatient methadone treatment, the petition (accompanied by bill, House, No. 4363) of James M. Cantwell and others for legislation to establish a commission (including members of the General Court) relative to behavioral health promotion and upstream prevention, and the petition (accompanied by bill, House, No. 4380) of James J. O'Day and others relative to the treatment of substance use disorders, reports recommending that the accompanying bill (House, No. 4470) ought to pass.

For the committee,

DENISE C. GARLICK.

**HOUSE . . . . . No. 4470**

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**The Commonwealth of Massachusetts**

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**In the One Hundred and Ninetieth General Court  
(2017-2018)**  
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An Act for prevention and access to appropriate care and treatment of addiction.

*Whereas*, The deferred operation of this act would tend to defeat its purpose, which is to continue the Commonwealth's efforts to mitigate the effects of the ongoing opioid crisis in Massachusetts, therefore it is hereby declared to be an emergency law, necessary for the immediate preservation of the public convenience.

*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:*

1           SECTION 1. Chapter 6 of the General Laws, as appearing in the 2016 Official Edition, is  
2 hereby amended by adding the following section:-

3           Section 219. (a) There shall be a commission on school and community-based behavioral  
4 health promotion and prevention located within, but not subject to the control of, the executive  
5 office of health and human services. The commission shall work to advance state and local  
6 policies, practices, systems and programs to promote positive mental, emotional and behavioral  
7 health and to prevent mental health and substance use disorders among residents of the  
8 commonwealth.

9           (b) The commission shall consist of 21 members, as follows: the secretary of health and  
10 human services and the secretary of education or their designees, who shall serve as co-chairs;

11 the commissioner of mental health or a designee; the commissioner of public health or a  
12 designee; the chief justice of the trial court or a designee; the house chair of the joint committee  
13 on mental health, substance use and recovery; the senate chair of the joint committee on mental  
14 health, substance use and recovery; the house chair of the joint committee on education; the  
15 senate chair of the joint committee on education; 1 person appointed by the speaker of the house  
16 personally impacted by behavioral health issues; 1 person appointed by the senate president  
17 personally impacted by behavioral health issues; and 1 representative from each of the following  
18 10 organizations: the Association for Behavioral Healthcare; the Massachusetts Association of  
19 Community Health Workers; the Massachusetts Association of Mental Health; the Massachusetts  
20 Organization for Addiction Recovery; the Massachusetts Public Health Association; the  
21 Massachusetts Society for the Prevention of Cruelty to Children; the National Alliance on  
22 Mental Illness, Massachusetts; the Social-Emotional Learning Alliance for Massachusetts; the  
23 Freedman Center at William James College; and the Massachusetts chapter of the National  
24 Association of Social Workers.

25 Members of the commission shall serve for a term of 4 years, without compensation. Any  
26 member shall be eligible for reappointment. Vacancies shall be filled for the remainder of the  
27 unexpired term. Any member may be removed by the governor for cause.

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

29 (d) The commission shall:

30 (1) consult with the secretary of health and human services on grants by the school and  
31 community-based behavioral health promotion and prevention trust fund established in section  
32 35EEE of chapter 10;

33 (2) use, as a guide for its work, the recommendations of the report of the special  
34 commission on behavioral health promotion and upstream prevention established pursuant to  
35 section 193 of chapter 133 of the acts of 2016;

36 (3) promote an understanding of the science of prevention; population health; risk and  
37 protective factors; social determinants of health; evidence-based programming and  
38 policymaking; health equity; and trauma-informed care;

39 (4) use state and local prevalence and cost data to ensure commission recommendations  
40 are data-informed and address risks at the universal, selective and indicated levels of prevention;

41 (5) collaborate, as appropriate, with other active state commissions, including but not  
42 limited to the safe and supportive schools commission, the Ellen Story commission on  
43 postpartum depression and the commission on autism;

44 (6) make recommendations to the governor and legislature concerning: (i) promoting  
45 behavioral health and prevention issues at the universal, selective and indicated levels; (ii)  
46 strengthening community or state-level promotion and prevention systems; (iii) advancing the  
47 identification, selection and funding of evidence-based cost-beneficial programs, practices or  
48 systems designed to promote behavioral health and to prevent mental health and substance use  
49 disorders; (iv) reducing healthcare and other public costs through evidence-based promotion and  
50 prevention; (v) the regulation of substances including, but not limited to, nicotine, opiates,  
51 alcohol and marijuana in order to promote public health; and (vi) advancing sustainable funding  
52 sources for behavioral health promotion and prevention;

53 (7) serve, in consultation with state technical assistance providers, as a clearinghouse for  
54 the collection and dissemination of local bylaws or policies to promote behavioral health and to  
55 prevent mental health and substance use disorders and other risk-taking behaviors;

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

59 (9) submit an annual report to the governor and legislature as provided in subsection (e)  
60 on the state of preventing behavioral health disorders and promoting behavioral health in the  
61 commonwealth.

62 (e) The commission shall file an annual report, on or before March 1, with the governor,  
63 the joint committee on children, families and persons with disabilities, the joint committee on  
64 health care financing, the joint committee on public health, the joint committee on mental health,  
65 substance use and recovery and the joint committee on education on its activities and any  
66 recommendations for regulatory and legislative action. The commission shall monitor the  
67 implementation of its recommendations and update recommendations to reflect current science  
68 and evidence-based practice.

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

72 If after 14 days of a child being determined eligible for services the child cannot access  
73 the services because of disagreement about responsibility for payment among state agencies and  
74 local education agencies, the child advocate shall be notified and shall have the authority to

75 impose a binding temporary cost share agreement on said state agencies and local education  
76 agencies. The cost share agreement will remain in effect until the child advocate is informed in  
77 writing of a permanent cost share or payment agreement having been implemented.

78 SECTION 3. Said chapter 6A, as so appearing, is hereby amended by inserting after  
79 section 16Z the following two sections:-

80 Section 16AA. (a) Subject to appropriation, the executive office of health and human  
81 services shall develop and implement a statewide program to provide remote consultations  
82 available for at least 5 days a week to primary care practices, nurse practitioners and other health  
83 care providers for persons over the age of 17 who exhibit a possible substance use disorder.  
84 Consultation services shall include, but not be limited to, support of screening, diagnosis,  
85 treatment, other interventions and referrals for substance use disorder.

86 (b) Expenditures on the program by the department that are related to services provided  
87 on behalf of commercially-insured clients shall be assessed by the commissioner on surcharge  
88 payors as defined in section 64 of chapter 118E.

89 Section 16BB. (a) Subject to appropriation, the executive office of health and human  
90 services shall develop and implement a statewide program to provide remote consultations  
91 available for at least 5 days a week to primary care practices, nurse practitioners and other health  
92 care providers for persons over the age of 17 experiencing chronic pain. Consultation services  
93 shall include, but not be limited to, support of screening, diagnosis, pain management strategies,  
94 pharmacological and non-pharmacological treatments and referrals for chronic pain.

95 (b) Expenditures on the program by the department that are related to services provided  
96 on behalf of commercially-insured clients shall be assessed by the commissioner on surcharge  
97 payors as defined in section 64 of chapter 118E.

98 SECTION 4. Chapter 10 of the General Laws, as appearing in the 2016 Official Edition,  
99 is hereby amended by inserting after section 35DDD the following section:-

100 Section 35EEE. (a) There shall be established and set up on the books of the  
101 commonwealth a school and community-based behavioral health promotion and prevention trust  
102 fund. The purpose of the fund is to promote positive mental, emotional and behavioral health  
103 among children and young adults from birth through 26 years of age and to prevent mental health  
104 and substance use disorders among children and young adults from birth through 26 years of age.

105 (b) The fund shall be administered by the secretary of health and human services who, in  
106 consultation with the secretary of education and the school and community-based behavioral  
107 health promotion and prevention commission established in section 219 of chapter 6, shall use  
108 the fund to provide grants:

109 (1) to public elementary, middle and secondary schools and to public colleges and  
110 universities to support the expansion of evidence-based and evidence-informed educational and  
111 intervention programs meeting the purposes of the fund. Grants from the fund may be made to  
112 schools for the purposes specified in subsection (f) of section 1P of chapter 69 where consistent  
113 with the purposes of the fund;

114 (2) to community organizations to establish or support evidence-based and evidence-  
115 informed programs for children and young adults from birth through 26 years of age. The  
116 community organizations may include, but not be limited to, public and private agencies,

117 community organizations, community coalitions and other entities that offer resources or support  
118 to children or young adults. A community organization or coalition may include more than one  
119 community; and

120 (3) to the department of public health to provide technical assistance, training and  
121 guidance to support applicants in completing grant applications and to grantees to develop and  
122 evaluate programs.

123 (c) The secretary of health and human services shall establish application procedures and  
124 evidence-based and evidence-informed criteria upon which to base approval or disapproval of  
125 any proposal. The criteria may include, but are not limited to, the following:

126 (1) programs that educate children and young adults on addiction, substance misuse and  
127 other risky behaviors and that identify and support children and young adults at risk of alcohol or  
128 substance misuse;

129 (2) programs that use evidence-based or evidence-informed prevention programs, early  
130 detection protocols and policies, risk assessment tools or counseling in a school or community  
131 setting;

132 (3) support of underserved populations of children and young adults that may include, but  
133 not be limited to, young adults who are not attending a public school or college or children with  
134 multiple adverse childhood experiences;

135 (4) programs that offer culturally and linguistically competent services that meet the  
136 needs of the population to be served; and

137 (5) programs that employ the science of prevention, including, but not limited to,  
138 consideration of population health, risk and protective factors, social determinants of health,  
139 health equity, adverse childhood experiences and trauma-informed care.

140 (d) The secretary may use the fund for necessary and reasonable administrative and  
141 personnel costs related to administering the grants. These expenditures may not exceed, in one  
142 fiscal year, 5 per cent of the total amount deposited into the fund during that fiscal year. The fund  
143 shall consist of revenue from appropriations or other money authorized by the general court and  
144 specifically designated to be credited to the fund and revenue from private sources including, but  
145 not limited to, grants, gifts and donations received by the commonwealth that are specifically  
146 designated to be credited to the fund. Amounts credited to the fund shall not be subject to further  
147 appropriation and any money remaining in the fund at the end of a fiscal year shall not revert to  
148 the General Fund and shall be available for expenditure in subsequent fiscal years.

149 (e) The secretary shall file an annual report about its activities, on or before March 1,  
150 with the joint committee on children, families and persons with disabilities, the joint committee  
151 on health care financing, the joint committee on public health, the joint committee on mental  
152 health, substance use and recovery and the joint committee on education.

153 SECTION 5. Subsection (a) of section 13 of chapter 13 of the General Laws, as  
154 appearing in the 2016 Official Edition, is hereby amended by striking out the last sentence and  
155 inserting in place thereof:-

156 The composition of the board shall be as follows: 11 registered nurses; 2 licensed  
157 practical nurses; 1 physician registered pursuant to chapter 112; 1 pharmacist registered under  
158 section 24 of chapter 112; and 2 consumers.

159 SECTION 6. Subsection (c) of said section 13 of said chapter 13, as so appearing, is  
160 hereby amended by striking out the first paragraph and inserting in place thereof the following  
161 paragraph:-

162 (1) 3 representatives with expertise in nursing education whose graduates are eligible to  
163 write nursing licensure examinations, including 1 representative from pre-licensure level, 1  
164 representative from graduate level and 1 representative from post-graduate level. None of these 3  
165 representatives shall be from the same institution.

166 SECTION 7. Said subsection (c) of said section 13 of said chapter 13, as so appearing, is  
167 hereby further amended by adding the following 3 paragraphs:-

168 (5) 1 registered nurse currently providing direct care to patients with substance use  
169 disorders;

170 (6) 1 registered nurse currently providing direct care to patients in an outpatient,  
171 community-based, behavioral health setting; and

172 (7) 1 registered nurse who has successfully completed the substance abuse rehabilitation  
173 program for nurses.

174 SECTION 8. Section 13 of chapter 17 of the General Laws, as appearing in the 2016  
175 Official Edition, is hereby amended by striking out, in line 2, the figure “16” and inserting in  
176 place thereof the following figure:- 18; and by striking out, in line 5, the figure “13” and  
177 inserting in place thereof the following figure:- 14.

178 SECTION 9. Said section 13 of said chapter 17, as so appearing, is hereby further  
179 amended by inserting, in line 5, before the word “and” the following words:- “the director of the

180 department of industrial accidents or a designee;”, and by inserting, in line 12, after the word  
181 “pain;” the following words:- 1 representative of a Massachusetts labor organization;.

182 SECTION 10. Said section 13 of said chapter 17, as so appearing, is hereby further  
183 amended by inserting after the first paragraph of subsection (b) the following paragraph:-

184 The commission shall prepare a drug formulary of clinically appropriate opioids for use  
185 in the treatment of patients with workers’ compensation claims. In establishing the formulary the  
186 commission shall consult with the department of industrial accidents established in chapter 152.  
187 The formulary shall be based on well-documented, evidence-based methodology. The  
188 commission shall include as part of the formulary a complete list of opioids that are approved for  
189 payment under chapter 152 and any specific payment, prescribing or dispensing controls  
190 associated with drugs on the list. The formulary shall include all drugs approved by the United  
191 States Food and Drug Administration for the treatment of opioid use disorder.

192 SECTION 11. Said chapter 17, as so appearing, is hereby further amended by inserting  
193 after section 20 the following section:-

194 Section 21. (a) Subject to appropriation, the department shall establish an advanced  
195 practice addiction treatment grant program. The grant shall be made to an individual in a  
196 physician training program and an individual in an advanced practice nursing program who have  
197 completed a core curriculum in general psychiatry, addiction medicine, internal medicine, family  
198 medicine or an equivalent primary specialty that will meet professional certification  
199 requirements. Said grant shall mandate integrated and interdisciplinary training and education to  
200 prepare graduates for practice in an integrated care setting, such as a medical home, accountable  
201 care organization, federally qualified health center, a department of mental health facility or

202 department of public health facility. The grant program shall: (i) offer training in drug courts and  
203 other diversion programs within the criminal justice system; (ii) require community-based  
204 rotations in underserved areas of the state, for each trainee, including experience working with  
205 the department’s funded nurse care managers; (iii) require rotations in public sector settings such  
206 as the department of public health, the department of mental health or the department of veterans  
207 affairs.

208           This grant shall be provided to one individual in a physician training program and one  
209 individual in an advanced practice nursing program per year. No individual shall receive said  
210 grant for more than 1 academic year.

211           SECTION 12. Section 2 of chapter 18C of the General Laws, as appearing in the 2016  
212 Official Edition, is hereby amended by striking out, in line 14, the word “and”.

213           SECTION 13. Said section 2 of chapter 18C, as so appearing, is hereby further amended  
214 by inserting after the word “families”, in line 17, the following words:-

215           ; and

216           (e) impose temporary cost share agreements, as needed, under section 16R of chapter 6A  
217 to ensure children’s timely access to services.

218           SECTION 14. Section 19 of chapter 19 of the General Laws, as appearing in the 2016  
219 Official Edition, is hereby amended by striking out subsection (a) and inserting in place thereof  
220 the following subsection:-

221           (a) The department shall issue for a term of 2 years, and may renew for like terms, a  
222 license, subject to revocation by it for cause, to any private, county or municipal facility or

223 department or unit of any such facility which offers to the public inpatient psychiatric, residential  
224 or day care services and is represented as providing treatment of persons who are mentally ill and  
225 which is deemed by it to be responsible and suitable to meet applicable licensure standards and  
226 requirements, set forth in regulations of the department, except that: (1) the department may  
227 issue a license to those facilities providing care but not treatment of persons who are mentally ill,  
228 and (2) licensing by the department is not required where such residential or day care treatment  
229 is provided within an institution or facility licensed by the department of public health pursuant  
230 to chapter 111 unless such services are provided on an involuntary basis. Whether or not a  
231 license is issued under clause (1), the department shall make regulations for the operation of such  
232 facilities. The department may issue a provisional license where a facility, department or unit has  
233 not previously operated, or is operating but is temporarily unable to meet applicable standards  
234 and requirements. No original license, as defined in subsection (i), shall be issued to establish or  
235 maintain a facility, department or unit subject to licensure under this section, unless there is  
236 determination by the department, in accordance with its regulations, that there is need for such a  
237 facility, department or unit. The department may grant the type of license that it deems suitable  
238 for the facility, department or unit. The department shall fix reasonable fees for licenses and  
239 renewal thereof. In order to be licensed by the department under this section, a facility,  
240 department or unit shall provide services to commonwealth residents with public health  
241 insurance on a non-discriminatory basis.

242 SECTION 15. Said section 19 of said chapter 19, as so appearing, is hereby further  
243 amended by striking out, in line 20, the word "ward" and inserting in place thereof the following  
244 word:- unit.

245 SECTION 16. Said section 19 of said chapter 19, as so appearing, is hereby further  
246 amended by striking out subsection (c) and inserting in place thereof the following subsection:-

247 (c) Each facility, department and unit licensed by the department shall be subject to the  
248 supervision, visitation and inspection of the department. The department shall inspect each  
249 facility, department or unit prior to granting or renewing a license pursuant to this section. The  
250 department shall establish regulations to administer licensing standards and to provide  
251 operational standards for such facilities, departments or units, including, but not limited to, the  
252 standards or criteria an applicant shall meet to demonstrate the need for an original license;  
253 provided, however, that such standards or criteria shall be reviewed by the department every 2  
254 years and shall be limited to the health needs of persons who are mentally ill in the  
255 commonwealth, including underserved populations, and the demonstrated ability and history of a  
256 prospective licensee to meet the needs of such persons.

257 The regulations promulgated by the department pursuant to this section shall provide that  
258 no facility, department or unit shall discriminate against an individual, qualified within the scope  
259 of the individual's license, when considering or acting on an application of a licensed  
260 independent clinical social worker for staff membership or clinical privileges. The regulations  
261 shall further provide that each application shall be considered solely on the basis of the  
262 applicant's education, training, current competence and experience. Each facility, department or  
263 unit shall establish, in consultation with the director of social work or, if none, a consulting  
264 licensed independent clinical social worker, the specific standards, criteria and procedures to  
265 admit an applicant for staff membership and clinical privileges. Such standards shall be available  
266 to the department upon request.

267 SECTION 17. Said section 19 of said chapter 19, as so appearing, is hereby further  
268 amended by striking out, in line 44, the word “ward” and inserting in place thereof the following  
269 words:-

270 unit, including the denial or conditional issuance of an original license if an application  
271 does not meet the department’s standards or criteria for demonstrating need.

272 SECTION 18. Said section 19 of said chapter 19, as so appearing, is hereby further  
273 amended by striking out subsections (e) through (g), inclusive, and inserting in place there of the  
274 following 5 subsections:-

275 (e) The department may conduct surveys and investigations to enforce compliance with  
276 this section and any rule or regulation promulgated pursuant to this section. The department may  
277 examine the books and accounts of any facility, department or unit if it deems such examination  
278 necessary for the purposes of this section. If the department finds upon inspection, or through  
279 information in its possession, that a facility, department or unit licensed by the department is not  
280 in compliance with a requirement established under this section, the department may order the  
281 facility, department or unit to correct such deficiency by providing the facility, department or  
282 unit a deficiency notice in writing of each deficiency. In such notice, the department shall specify  
283 a reasonable time, not to exceed 60 days after receipt thereof, by which time the facility,  
284 department or unit shall remedy or correct each deficiency cited therein; provided, that, in the  
285 case of any deficiency which, in the opinion of the department, is not capable of correction  
286 within 60 days, the department shall require only that the facility, department or unit submit a  
287 written plan for correction of the deficiency in a reasonable manner. The department may modify  
288 any nonconforming plan, upon notice in writing to the facility, department or unit. Within 7 days

289 of receipt, the affected facility, department or unit may file a written request with the department  
290 for administrative reconsideration of the order or any portion thereof.

291 Nothing in this section shall be construed to prohibit the department from enforcing a  
292 rule, regulation, or deficiency notice, administratively or in court, without first affording formal  
293 opportunity to make correction or to seek administrative reconsideration under this section,  
294 where, in the opinion of the department, the violation of such rule, regulation or deficiency  
295 notice jeopardizes the health or safety of patients or the public or seriously limits the capacity of  
296 the facility, department or unit to provide adequate care or where the violation of such rule,  
297 regulation or deficiency notice is the second or subsequent such violation occurring during a  
298 period of twelve full months.

299 Upon a failure to remedy or correct a cited deficiency by the date specified in the  
300 deficiency notice or failure to remedy or correct a cited deficiency by the date specified in a plan  
301 for correction, as accepted or modified by the department, the department may: (i) suspend, limit,  
302 restrict or (ii) impose a civil fine upon the facility, department or unit; (iii) pursue any other  
303 sanction as the department may impose administratively upon the facility, department or unit; or  
304 (iv) impose any combination of the penalties set forth in clauses (i), (ii) or (iii). A civil fine  
305 imposed pursuant to this paragraph shall not exceed \$1,000 per deficiency for each day the  
306 deficiency continues to exist beyond the date prescribed for correction.

307 (f) No facility, department or unit, for which a license is required under subsection (a),  
308 shall provide inpatient, residential or day care services for the treatment or care of persons who  
309 are mentally ill, unless it has obtained a license under this section. The superior court sitting in  
310 equity shall have jurisdiction, upon petition of the department, to restrain any violation of this

311 section or to take such other action as equity and justice may require. Whoever violates this  
312 section shall be punished for the first offense by a fine of not more than \$500 and for subsequent  
313 offenses by a fine of not more than \$1,000 or by imprisonment for not more than 2 years.

314 (g) No patient shall be commercially exploited. No patient shall be photographed,  
315 interviewed or exposed to public view without the express written consent of the patient or of the  
316 patient's legal guardian.

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

320 (i) As used in this section, "original license" shall mean a license, including a provisional  
321 license, issued to any facility, department or unit not previously licensed; or a license issued to  
322 an existing facility, department or unit, in which there has been a change in ownership or  
323 location or a change in class of license or specialized service as provided in regulations of the  
324 department.

325 SECTION 19. Chapter 32A of the General Laws, as appearing in the 2016 Official  
326 Edition, is hereby amended by inserting after section 17O the following section:-

327 Section 17P. The commission shall provide, to any active or retired employee of the  
328 commonwealth who is insured under the group insurance commission, for any covered drug that  
329 is a narcotic substance contained in schedule II of section 3 of chapter 94C and that is subject to  
330 cost sharing, that if a person receives a prescription filled in a lesser quantity pursuant to section  
331 18 of said chapter 94C, they shall not be subject to an additional payment obligation, including  
332 but not limited to co-payments, if they fill the remaining portion of the prescription.

333 SECTION 20. Section 1 of chapter 94C of the General Laws, as appearing in the 2016  
334 Official Edition, is hereby amended by inserting after the definition of "Drug paraphernalia" the  
335 following definition:-

336 "Electronic prescription", a lawful order from a prescriber for a drug or device for a  
337 specific patient that is generated on an electronic prescribing system that meets federal  
338 requirements for electronic prescriptions for controlled substances, and is transmitted  
339 electronically to a pharmacy designated by the patient without alteration of the prescription  
340 information, except that third-party intermediaries may act as conduits to route the prescription  
341 from the prescriber to the pharmacist; provided, however, that "electronic prescription" shall not  
342 include an order for medication which is dispensed for immediate administration to the ultimate  
343 user. The electronic prescription must be received by the pharmacy on an electronic system that  
344 meets federal requirements for electronic prescriptions. A prescription generated on an electronic  
345 system that is printed out or transmitted via facsimile is not considered an electronic prescription.

346 SECTION 21. Section 8 of said chapter 94C, as so appearing, is hereby amended by  
347 inserting after the word "oral", in line 60, the following word:- , electronic.

348 SECTION 22. Section 17 of said chapter 94C, as so appearing, is hereby amended by  
349 striking out, in line 2, the words "the written prescription of" and inserting in place thereof the  
350 following words:- an electronic prescription from.

351 SECTION 23. Said section 17 of said chapter 94C, as so appearing, is hereby further  
352 amended, by striking out subsection (b) and inserting in place thereof the following subsection:-

353 (b) In emergency situations, as defined by the commissioner, a schedule II substance may  
354 be dispensed upon written prescription or oral prescription in accordance with section 20 and  
355 department regulations.

356 SECTION 24. Said section 17 of said chapter 94C, as so appearing, is hereby further  
357 amended, by striking out, in line 11, the words “a written or oral prescription of” and inserting in  
358 place thereof the following words:- an electronic prescription from.

359 SECTION 25. Section 18 of said chapter 94C, as so appearing, is hereby amended by  
360 striking out subsection (d<sup>3/4</sup>), as inserted by section 21 of chapter 52 of the acts of 2016, and  
361 inserting in place thereof the following subsection:-

362 (d<sup>3/4</sup>) A pharmacist filling a prescription for a schedule II substance shall, if requested by  
363 the patient, dispense the prescribed substance in a lesser quantity than indicated on the  
364 prescription. The remaining portion may be filled upon patient request in accordance with federal  
365 law; provided, however, that only the same pharmacy that originally dispensed the lesser  
366 quantity may dispense the remaining portion. Upon an initial partial dispensing of a prescription  
367 or a subsequent dispensing of a remaining portion, the pharmacist or the pharmacist’s designee  
368 shall make a notation in the patient's record maintained by the pharmacy, which shall be  
369 accessible to the prescribing practitioner by request, indicating that the prescription was partially  
370 filled and the quantity dispensed.

371 SECTION 26. Said chapter 94C, as so appearing, is hereby amended by striking out  
372 section 19B and inserting in place thereof the following section:-

373 Section 19B. (a) As used in this section and unless the context clearly requires otherwise,  
374 "opioid antagonist" shall mean naloxone or any other drug approved by the United States Food

375 and Drug Administration as a competitive narcotic antagonist used in the reversal of overdoses  
376 caused by opioids.

377 (b) The department shall ensure that a statewide standing order is issued to authorize the  
378 dispensing of an opioid antagonist in the commonwealth by any licensed pharmacist. The  
379 statewide standing order shall include, but shall not be limited to, written, standardized  
380 procedures or protocols for the dispensing of an opioid antagonist by a licensed pharmacist.  
381 Notwithstanding any general or special law to the contrary, the commissioner, or a physician  
382 designated by the commissioner who is registered to distribute or dispense a controlled substance  
383 in the course of professional practice pursuant to section 7, may issue a statewide standing order  
384 that may be used for a licensed pharmacist to dispense an opioid antagonist under this section.

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

391 (d) A pharmacist dispensing an opioid antagonist shall annually report to the department  
392 the number of times the pharmacist dispenses an opioid antagonist. Reports shall not identify an  
393 individual patient, shall be confidential and shall not constitute a public record as defined in  
394 clause twenty-sixth of section 7 of chapter 4. The department shall publish an annual report that  
395 includes aggregate information about the dispensing of opioid antagonists in the commonwealth.

396 (e) A pharmacist or designee dispensing an opioid antagonist pursuant to this section  
397 shall, for the purposes of health insurance billing and cost-sharing, treat the transaction as the  
398 dispensing of a prescription to the person purchasing the drug regardless of the stated or potential  
399 end user. Prior to dispensing the opioid antagonist, the pharmacist or designee shall make a  
400 reasonable effort to identify the purchaser's insurance coverage and to submit a claim for the  
401 opioid antagonist to the insurance carrier at the time of purchase.

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

407 (g) A person acting in good faith may receive a prescription for an opioid antagonist,  
408 possess an opioid antagonist and administer an opioid antagonist to an individual appearing to  
409 experience an opioid-related overdose. A person who, acting in good faith, administers an opioid  
410 antagonist to an individual appearing to experience an opioid-related overdose shall not, as a  
411 result of the person's acts or omissions, be subject to any criminal or civil liability or any  
412 professional disciplinary action. The immunity in section 34A of this chapter also shall apply to a  
413 person administering an opioid antagonist pursuant to this section.

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

416 SECTION 27. Subsection (c) of section 20 of said chapter 94C, as so appearing, is hereby  
417 amended by striking out the first and second sentences and inserting in place thereof the  
418 following 2 sentences:-

419 (c) Whenever a practitioner, certified nurse practitioner, certified registered nurse  
420 anesthetist, nurse midwife, psychiatric clinical nurse specialist or physician assistant dispenses a  
421 controlled substance by oral prescription, such individual shall cause an electronic prescription  
422 for the prescribed controlled substance to be delivered to the dispensing pharmacy within 2 days;  
423 provided that if such individual has received an exception from using an electronic prescription  
424 from the commissioner pursuant to subsection (h) of section 23, they shall within a period of not  
425 more than 7 days or such shorter period that is required by federal law cause a written  
426 prescription for the prescribed controlled substance to be delivered to the dispensing pharmacy.  
427 The written prescription may be delivered to the pharmacy in person or by mail, but shall be  
428 postmarked within 7 days or such shorter period that is required by federal law.

429 SECTION 28. Section 22 of said chapter 94C, as so appearing, is hereby amended by  
430 inserting after the word “written”, in line 2, the following words:- or electronic.

431 SECTION 29. Section 22 of chapter 94C of the General Laws, as appearing in the 2016  
432 Official Edition, is hereby amended by striking, in subsection (c), the words “recommended full  
433 quantity indicated” and inserting in place thereof the words:- full prescribed quantity.

434 SECTION 30. Section 23 of said chapter 94C, as so appearing, is hereby amended by  
435 inserting after the word “written”, in lines 1 and 6, in each instance, the following words:-  
436 or electronic.

437 SECTION 31. Said section 23 of said chapter 94C, as so appearing, is hereby further  
438 amended by striking out subsection (b) and inserting in place thereof the following subsection:-

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

442 SECTION 32. Said section 23 of said chapter 94C, as so appearing, is hereby further  
443 amended by striking out subsections (g) and (h) and inserting in place thereof the following 3  
444 subsections:-

445 (g) Prescribers shall issue an electronic prescription for all controlled substances and  
446 medical devices. The department of public health shall promulgate regulations setting forth  
447 standards for electronic prescriptions.

448 (h) The commissioner, through regulation, shall establish exceptions to section 17 and  
449 subsection (g) authorizing the limited use of a written and oral prescription where appropriate.  
450 Said exceptions shall be limited to:

451 (1) prescriptions that are issued or dispensed in circumstances where electronic  
452 prescribing is not available due to temporary technological or electrical failure; and

453 (2) a time limited waiver process for practitioners who demonstrate technological  
454 limitations that are not reasonably within the control of the practitioner or other exceptional  
455 circumstance;

456 (i) All written prescriptions shall be written in ink, indelible pencil or by other means on  
457 a tamper resistant form consistent with federal requirements for Medicaid and signed by the  
458 prescriber.

459 SECTION 33. Subsection (c) of section 24A of said chapter 94C, as so appearing, is  
460 hereby amended by striking out the second paragraph and inserting in place thereof the following  
461 paragraph:-

462 The department shall promulgate rules and regulations relative to the use of the  
463 prescription monitoring program by registered participants which shall include the requirement  
464 that prior to issuance, participants shall utilize the prescription monitoring program each time a  
465 prescription for a narcotic drug that is contained in Schedule II or III, or a prescription for a  
466 benzodiazepine, is issued. The department may require participants to utilize the prescription  
467 monitoring program prior to the issuance of any schedule IV or V prescription drug, which is  
468 commonly misused and may lead to physical or psychological dependence or which causes  
469 patients with a history of substance dependence to experience significant addictive symptoms.  
470 The regulations shall specify the circumstances under which such narcotics or benzodiazepines  
471 may be prescribed without first utilizing the prescription monitoring program. The regulations  
472 may also specify the circumstances under which support staff may use the prescription  
473 monitoring program on behalf of a registered participant. When promulgating the rules and  
474 regulations, the department shall also require that pharmacists be trained in the use of the  
475 prescription monitoring program as part of the continuing education requirements mandated for  
476 licensure by the board of registration in pharmacy, under section 24A of chapter 112. The  
477 department shall also study the feasibility and value of expanding the prescription monitoring  
478 program to include schedule VI prescription drugs.

479 SECTION 34. Said section 24A of said chapter 94C, as so appearing, is hereby amended  
480 by striking out subsection (g) and inserting in place thereof the following subsection:-

481 (g) The department may provide data from the prescription monitoring program to  
482 practitioners in accordance with this section; provided, however, that practitioners shall be able  
483 to access the data directly through a secure electronic medical record or other similar secure  
484 software or information systems. This data may be used for the purpose of providing medical or  
485 pharmaceutical care to the practitioners' patients only, unless otherwise permitted by this section.  
486 Any such secure software or information system must identify the registered participant on  
487 whose behalf the prescription monitoring program was accessed.

488 SECTION 35. Said section 24A of said chapter 94C, as so appearing, is hereby further  
489 amended by adding the following subsection:-

490 (m) The department may enter into agreements to permit health care facilities to integrate  
491 secure software or information systems into their electronic medical records for the purpose of  
492 using prescription monitoring program data to perform data analysis, compilation, or  
493 visualization, in order to provide medical or pharmaceutical care to individual patients. Any such  
494 secure software or information system shall be bound to comply with requirements established  
495 by the department to ensure the security and confidentiality of any data transferred.

496 SECTION 36. Chapter 111 of the General Laws, as appearing in the 2016 Official  
497 Edition, is hereby amended by inserting after section 25J the following new section:-

498 Section 25J ½. Every acute care hospital, as defined in section 25B, that provides  
499 emergency services in an emergency department, and every satellite emergency facility as  
500 defined and licensed by the department, shall maintain, as part of their emergency services,

501 protocols and capacity to provide appropriate, evidence-based interventions prior to discharge  
502 that reduce the risk of subsequent harm and fatality following an opioid-related overdose.

503           Such regulations shall require all hospital emergency departments and satellite  
504 emergency facilities to maintain hospital institutional protocols and capacity to possess,  
505 dispense, administer and prescribe opioid agonist treatment and offer such treatment to patients  
506 who present in an acute care hospital emergency department or a satellite emergency facility for  
507 care and treatment of an opioid-related overdose; provided, that such treatment shall occur  
508 whenever it is recommended by the treating healthcare provider and agreed to by the patient.  
509 Said regulations shall include a requirement that every hospital emergency department and  
510 satellite emergency facility shall demonstrate compliance with training and waiver requirements  
511 established by the federal drug enforcement agency and the substance abuse and mental health  
512 services administration. Prior to discharge, any patient who is administered or receives initiation  
513 of opioid agonist treatment in an emergency department or satellite emergency facility shall  
514 receive linkage to appropriate services to continue said treatment. Said regulations shall also  
515 include requirements on determining the safe and appropriate length for prescriptions issued in  
516 an emergency setting and minimum standards of care coordination for patients following the  
517 receipt of opioid agonist treatment initiated in an emergency department or satellite emergency  
518 facility.

519           SECTION 37. Said chapter 111, as so appearing, is hereby further amended by inserting  
520 after section 25N<sup>3</sup>/<sub>4</sub> the following new section:-

521           Section 25N<sup>7</sup>/<sub>8</sub>. (a) As used in this section, the following words shall, unless the context  
522 clearly requires otherwise, have the following meanings:-

523 “Human services worker”, an individual who provides services that support individuals’  
524 and families’ efforts to function in daily living situations, including in settings such as group  
525 homes; institutional or residential settings; correctional or community health centers; family,  
526 child and youth service agencies; and at programs that help individuals affected by alcohol or  
527 substance misuse, family violence or aging.

528 “Qualified education loan indebtedness”, any indebtedness, including interest on such  
529 indebtedness, incurred to pay tuition or other direct expenses incurred in connection with the  
530 pursuit of a certificate, undergraduate or graduate degree related to the work of a human services  
531 worker by an applicant. It shall not include loans made by any individual related to the applicant.

532 (b) Subject to appropriation, there shall be a student loan repayment program for human  
533 services workers for the purpose of encouraging individuals to enter and continue in such work.  
534 The department shall administer the program in consultation with the department of higher  
535 education.

536 (c) To be eligible for an award under this program, an applicant shall: (i) be employed as  
537 a human services worker at a minimum of 35 hours per week; (ii) have an individual income of  
538 no more than \$45,000 per year; and (iii) have been employed for 12 consecutive months as a  
539 human services worker at a minimum of 35 hours per week prior to making their application.

540 (d) Subject to appropriation, the department shall partially reimburse eligible individuals  
541 for payments made by the individual toward their qualified education loan indebtedness. The  
542 amount of reimbursement made by the department under the program shall be based on the total  
543 amount of qualified education loan indebtedness held by the individual. Reimbursement shall not  
544 exceed \$1,800 per individual per year. Reimbursement shall be paid monthly by the department

545 at a rate not to exceed \$150 per month. The individual shall no longer be eligible for  
546 reimbursement after 4 years from the date the individual receives his or her first reimbursement  
547 payment. An individual shall only be eligible for reimbursement payments by the department for  
548 months in which the individual acts as a human services worker in the commonwealth.

549 SECTION 38: Section 51½ of said chapter 111, inserted by section 32 of chapter 52 of  
550 the acts of 2016, is hereby amended by striking out, in lines 18, 35, 36, 50, 56, 73, 78, and 94,  
551 the word “abuse” and inserting in place thereof, in each instance, the following words:- use  
552 disorder.

553 SECTION 39: Subsection (a) of said section 51½ of said chapter 111, as so appearing, is  
554 hereby amended by striking out the definition of “Licensed mental health professional” and  
555 inserting in place thereof the following definition:-

556 “Licensed mental health professional”, a licensed physician who specializes in the  
557 practice of psychiatry or addiction medicine, a licensed psychologist, a licensed social worker, a  
558 licensed mental health counselor, a licensed psychiatric clinical nurse specialist, an advanced  
559 practice psychiatric nurse, a certified addictions registered nurse, a licensed alcohol and drug  
560 counselor I as defined in section 1 of chapter 111J or a healthcare provider defined in section 1  
561 of chapter 111 whose scope of practice allows such evaluations pursuant to medical staff policies  
562 and practice as authorized by the department through regulation.

563 SECTION 40: Said section 51½ of said chapter 111, as so appearing, is hereby further  
564 amended by inserting after the word “program”, in line 20, the following words:- whose staff  
565 meet the criteria of a licensed mental health professional.

566 SECTION 41: Said section 51½ of said chapter 111, as so appearing, is hereby further  
567 amended by striking out subsection (c) and inserting in place thereof the following subsection:-

568 (c) After a substance use disorder evaluation has been completed pursuant to subsection  
569 (b) treatment may occur within the acute-care hospital or satellite emergency facility, if  
570 appropriate services are available, which may include induction to medication-assisted treatment.  
571 If the hospital or satellite emergency facility is unable to provide such services, the hospital or  
572 satellite emergency facility shall refer the patient to an appropriate and available hospital or  
573 treatment provider. Medical necessity for further treatment shall be determined by the treating  
574 clinician and noted in the patient's medical record.

575 If a patient refuses further treatment after the evaluation is complete, and is otherwise  
576 medically stable, the hospital or satellite emergency facility may initiate discharge proceedings;  
577 provided, however, if the patient is in need of and agrees to further treatment following discharge  
578 pursuant to the substance use disorder evaluation, then the hospital shall directly connect the  
579 patient with a community based program prior to discharge or within a reasonable time following  
580 discharge when the community based program is available. All patients receiving an evaluation  
581 under subsection (b) shall receive, upon discharge, information on local and statewide treatment  
582 options, providers and other relevant information as deemed appropriate by the treating clinician.

583 SECTION 42: Subsection (g) of said section 51½ of said chapter 111, as so appearing, is  
584 hereby amended by striking out subsection (g) and inserting in place thereof the following  
585 subsection:-

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

588 related overdose and substance use disorder evaluation in the patient’s electronic medical record  
589 which shall be directly accessible by other healthcare providers and facilities consistent with  
590 federal and state privacy requirements through a secure electronic medical record, health  
591 information exchange, or other similar software or information systems for the purposes of (i)  
592 improving ease of access and utilization of such data for treatment or diagnosis; (ii) supporting  
593 integration of such data within the electronic health records of a healthcare provider for purposes  
594 of treatment or diagnosis; or (iii) allowing healthcare providers and their vendors to maintain  
595 such data for the purposes of compiling and visualizing such data within the electronic health  
596 records of a healthcare provider that supports treatment or diagnosis.

597 SECTION 43. Subsection (i) of said section 51½ of chapter 111, as so appearing, is  
598 hereby amended by striking out, in line 97, the word “abuse” and inserting in place thereof the  
599 following words:- use and recovery.

600 SECTION 44. Section 237 of said chapter 111, as inserted by chapter 47 of the acts of  
601 2017, is hereby amended by striking out the first paragraph and inserting in place thereof the  
602 following paragraph:-

603 The commissioner shall collect, record and analyze data, and shall assemble and maintain  
604 data systems, necessary to analyze population health trends and to prepare the annual report  
605 required pursuant to section 12C of chapter 123. The commissioner shall give priority to  
606 analyzing fatal and nonfatal opiate overdoses. The commissioner may identify and determine  
607 additional priorities for the reduction of morbidity and mortality.

608 SECTION 45. Section 1 of chapter 111E of the General Laws, as appearing in the 2016  
609 Official Edition, is hereby amended by inserting after the definition of “Assignment” the  
610 following definition:-

611 “Commissioner”, the commissioner of public health.

612 SECTION 46. Said section 1 of said chapter 111E, as so appearing, is hereby further  
613 amended by inserting after the definition of “Independent physician” the following definition:-

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

617 SECTION 47. Section 7 of said chapter 111E, as so appearing, is hereby amended by  
618 striking out, in lines 1, 10, 13, 26, 27, 33, 39, 44, 50, 75, 77 and 80, each time it appears, the  
619 word “division” and inserting in place thereof, in each instance, the following word:- department.

620 SECTION 48. Said section 7 of said chapter 111E, as so appearing, is hereby further  
621 amended by inserting after the word “requirements”, in line 8, the following words:- , set forth in  
622 regulations of the department.

623 SECTION 49. Said section 7 of said chapter 111E, as so appearing, is hereby further  
624 amended by striking out, in lines 17 and 18, the words “but such standards and requirements  
625 shall concern only” and inserting in place thereof the following words:- which shall include, but  
626 shall not be limited to.

627 SECTION 50. Said section 7 of said chapter 111E, as so appearing, is hereby further  
628 amended by striking out clauses (1) through (6), inclusive, and inserting in place thereof the  
629 following 8 clauses:-

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

631 (2) misrepresentations as to the treatment to be afforded patients at a facility;

632 (3) licensing fees;

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

634 (5) the services and treatment provided by programs;

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

636 (7) a requirement that the facility provide services to commonwealth residents with  
637 public health insurance on a non-discriminatory basis; and

638 (8) the standards or criteria a facility shall meet to demonstrate the need for an original  
639 license; provided, however, that such standards or criteria shall be reviewed by the department  
640 every 2 years and shall be limited to the health needs of drug dependent persons and persons  
641 with alcoholism, as defined in section 3 of chapter 111B, in the commonwealth, including  
642 underserved populations, and the demonstrated ability and history of a prospective licensee to  
643 meet the needs of such persons.

644 SECTION 51. Said section 7 of said chapter 111E, as so appearing, is hereby further  
645 amended by striking out, in lines 26 and 27, the words “from time to time, on request,”.

646 SECTION 52. Said section 7 of said chapter 111E, as so appearing, is hereby further  
647 amended by striking out, in lines 28 to 32, inclusive, the words “reasonably require for the  
648 purposes of this section, and any licensee or other person operating a private facility who fails to  
649 furnish any such data, statistics, schedules or information as requested, or who files fraudulent  
650 returns thereof, shall be punished by a fine of not more than five hundred dollars” and inserting  
651 in place thereof the following word:- require.

652 SECTION 53. Said section 7 of said chapter 111E, as so appearing, is hereby further  
653 amended by striking out, in line 42, the second time it appears, the word “or”.

654 SECTION 54. Said section 7 of said chapter 111E, as so appearing, is hereby further  
655 amended by striking out, in line 43, the figure “10” and inserting in place thereof the following  
656 words:- 10; or

657 (4) the denial or conditional issuance of an original license if an application does not  
658 meet the department’s standards or criteria for demonstrating need.

659 SECTION 55. Said section 7 of said chapter 111E, as so appearing, is hereby amended by  
660 striking out, in line 49, the word “director” and inserting in place thereof the following word:-  
661 commissioner.

662 SECTION 56. Said section 7 of said chapter 111E, as so appearing, is hereby further  
663 amended by striking out paragraphs 5 to 7, inclusive, and inserting in place thereof the following  
664 5 paragraphs:-

665 The department may conduct surveys and investigations to enforce compliance with this  
666 section and any rule or regulation promulgated pursuant to this chapter. If the department finds

667 upon inspection, or through information in its possession, that a facility is not in compliance with  
668 a requirement established under this chapter, the department may order the facility to correct  
669 such violation by issuing a corrective action order, which provides the facility notice in writing  
670 of each violation. In such notice, the department shall specify a reasonable time, not to exceed 60  
671 days after receipt thereof, by which time the facility shall remedy or correct each violation cited  
672 therein; provided, that, in the case of any violation which, in the opinion of the department, is not  
673 capable of correction within 60 days, the department shall require only that the facility submit a  
674 written plan for correction of the violation in a reasonable manner. The department may modify  
675 any nonconforming plan upon notice in writing to the facility. Within 7 days of receipt, the  
676 affected facility may file a written request with the department for administrative reconsideration  
677 of the order or any portion thereof.

678         Nothing in this section shall be construed to prohibit the department from enforcing a  
679 rule, regulation or corrective action order, administratively or in court, without first affording  
680 formal opportunity to make correction, or to seek administrative reconsideration under this  
681 section, where, in the opinion of the department, the violation of such rule, regulation or  
682 corrective action order jeopardizes the health or safety of patients or the public or seriously limits  
683 the capacity of the facility to provide adequate care, or where the violation of such rule,  
684 regulation or corrective action order is the second or subsequent such violation occurring during  
685 a period of twelve full months.

686         Upon a failure to remedy or correct a cited violation by the date specified in the  
687 corrective action order, or failure to remedy or correct a cited violation by the date specified in a  
688 plan for correction as accepted or modified by the department, the department may (i) suspend,  
689 limit, restrict or revoke the license; (ii) impose a civil fine upon the facility; (iii) pursue any other

690 sanction as the department may impose administratively upon the facility; or (iv) impose any  
691 combination of the penalties set forth in clauses (i), (ii) or (iii). A civil fine imposed pursuant to  
692 this paragraph shall not exceed \$1,000 per violation for each day the violation continues to exist  
693 beyond the date prescribed for correction.

694 No person, partnership, corporation, society, association or other agency, or entity of any  
695 kind, other than a licensed general hospital, a department, agency or institution of the federal  
696 government, the commonwealth or any political subdivision thereof, shall operate a facility  
697 without a license and no department, agency or institution of the commonwealth or any political  
698 subdivision thereof shall operate a facility without approval from the department pursuant to this  
699 section. Upon petition of the department, the superior court shall have jurisdiction in equity to  
700 restrain any violation of this section and to take such other action as equity and justice may  
701 require to enforce its provisions. Whoever knowingly establishes or maintains a private facility  
702 other than a licensed general hospital without a license granted pursuant to this section shall, for  
703 a first offense, be punished by a fine of not more than \$500 and for each subsequent offense by a  
704 fine of not more than \$1,000 or imprisonment for not more than 2 years, or both.

705 Each facility shall be subject to visitation and inspection by the department to enforce  
706 compliance with this chapter and any rule or regulation issued thereunder. The department shall  
707 inspect each facility prior to granting or renewing a license or approval. The department may  
708 examine the books and accounts of any facility if it deems such examination necessary for the  
709 purposes of this section.

710 SECTION 57. Chapter 118E of the General Laws, as appearing in the 2016 Official  
711 Edition, is hereby amended by inserting after section 10J the following section:-

712 Section 10K. The division and its contracted health insurers, health plans, health  
713 maintenance organizations, behavioral health management firms and third party administrators  
714 under contract to a Medicaid managed care organization or primary care clinician plan shall  
715 provide, for any covered drug that is a narcotic substance contained in schedule II of section 3 of  
716 chapter 94C and that is subject to cost sharing, that if a person receives a prescription filled in a  
717 lesser quantity pursuant to section 18 of said chapter 94C, they shall not be subject to an  
718 additional payment obligation, including but not limited to co-payments, if they fill the  
719 remaining portion of the prescription.

720 SECTION 58: Chapter 123 of the General Laws, as appearing in the 2016 Official  
721 Edition, is hereby amended by inserting the following three sections after section 12:-

722 Section 12A. (a) Any physician who is licensed pursuant to section 2 of chapter 112 or  
723 qualified psychiatric nurse mental health clinical specialist authorized to practice as such under  
724 regulations promulgated pursuant to the provisions of section 80B of said chapter 112 or a  
725 qualified psychologist licensed pursuant to sections 118 to 129, inclusive, of said chapter 112, or  
726 a licensed independent clinical social worker licensed pursuant to sections 130 to 137, inclusive,  
727 of chapter 112 who, after examining a person, has reason to believe that failure to hospitalize  
728 such person would create a likelihood of serious harm by reason of an alcohol or substance use  
729 disorder may restrain or authorize the restraint of such person and apply for the hospitalization of  
730 such person for a 72-hour period at a facility. Such person shall only be hospitalized for a 72-  
731 hour period after receiving medical clearance by the treating clinician. A person shall not be  
732 hospitalized pursuant to this section at a facility operated by the department of correction or a  
733 house of correction.

734           If an examination is not possible because of the emergency nature of the case and  
735 because of the refusal of the person to consent to such examination, the physician, qualified  
736 psychologist, qualified psychiatric nurse mental health clinical specialist or licensed independent  
737 clinical social worker on the basis of the facts and circumstances may determine that  
738 hospitalization is necessary and may apply therefore.

739           An application for hospitalization shall state the reasons for the restraint of such person  
740 and any other relevant information which may assist the admitting physician or physicians.  
741 Whenever practicable, prior to transporting such person by ambulance, the applicant shall  
742 telephone or otherwise communicate with a facility to describe the circumstances and known  
743 clinical history and to determine whether the facility is the proper facility to receive such person  
744 and also to give notice of any restraint to be used and to determine whether such restraint is  
745 necessary.

746           (b) Only if the application for hospitalization under the provisions of this section is made  
747 by a physician specifically designated to have the authority to admit to a facility in accordance  
748 with the regulations of the department of mental health or the department of public health shall  
749 such person be admitted to the facility immediately after the person's reception. If the  
750 application is made by someone other than a designated physician, such person shall be given an  
751 examination by a designated physician immediately after the person's reception at such facility.  
752 If the physician determines that failure to hospitalize such person would create a likelihood of  
753 serious harm by reason of an alcohol or substance use disorder the physician may admit such  
754 person to the facility for care and treatment for up to 72 hours, during which time staff of the  
755 substance use treatment facility shall attempt to engage the individual in voluntary treatment,  
756 which may include medication-assisted treatment.

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

765           Any person admitted under the provisions of this subsection, who has reason to believe  
766 that such admission is the result of an abuse or misuse of the provisions of this subsection, may  
767 request, or request through counsel, an emergency hearing in the juvenile court or district court  
768 in whose jurisdiction the facility is located, and unless a delay is requested by the person or  
769 through counsel, the juvenile court or district court shall hold such hearing on the day the request  
770 is filed with the court or not later than the next business day.

771           (c) No person shall be admitted to a facility under the provisions of this section unless the  
772 person, or the person's parent or legal guardian on the person's behalf, is given an opportunity to  
773 apply for voluntary admission under section 12B and unless the person, or such parent or legal  
774 guardian, has been informed (1) that the person has a right to such voluntary admission, and (2)  
775 that the period of hospitalization under the provisions of this section cannot exceed 72 hours. At  
776 any time during such period of hospitalization, the superintendent may discharge such person if  
777 the superintendent determines that such person is not in need of care and treatment.

778 (d) A person shall be discharged 72 hours after their reception at the treatment facility  
779 unless the person has consented to treatment under section 12B. If the person does not consent to  
780 further treatment, prior to discharge, the facility shall: (i) provide training and education  
781 regarding overdose prevention to the person; (ii) directly connect the person with a community  
782 based program that provides harm reduction services; and (iii) provide information on local and  
783 statewide treatment options, providers and other relevant information as deemed appropriate by a  
784 treating clinician.

785 (e) The department, in coordination with the department of public health, shall  
786 promulgate regulations to implement this section.

787 (f) For purposes of this section, the word “facility” shall mean a facility licensed or  
788 approved for the treatment of an alcohol or substance use disorder under this section by the  
789 department of mental health or the department of public health.

790 Section 12B. (a) Pursuant to departmental regulations on admission procedures, the  
791 superintendent of a facility may receive and treat on a voluntary basis any person who has been  
792 committed under section 12A; provided, that the person is in need of care and treatment for an  
793 alcohol or substance use disorder; and provided further that the admitting facility is suitable for  
794 such care and treatment. A person shall not be hospitalized at a facility operated by the  
795 department of correction or a house of correction under this section. The application for  
796 voluntary treatment may be made (1) by a person who has attained the age of sixteen, (2) by a  
797 parent or guardian of a person on behalf of a person under the age of eighteen years, and (3) by  
798 the guardian of a person on behalf of a person under his guardianship. Prior to accepting an  
799 application for a voluntary admission, the superintendent shall afford the person making the

800 application the opportunity for consultation with an attorney, or with a person who is working  
801 under the supervision of an attorney, concerning the legal effect of a voluntary admission. The  
802 superintendent may discharge any person admitted under this subsection at any time the  
803 superintendent deems such discharge in the best interest of such person; provided, however, that  
804 if a parent or guardian made the application for admission, 14 days' notice shall be given to such  
805 parent or guardian prior to such discharge.

806 (b) Pursuant to departmental regulations, the superintendent of a facility may treat  
807 persons as outpatients providing application for outpatient treatment is made in accordance with  
808 the application provisions of paragraph (a). The superintendent may, in the best interest of the  
809 person, discontinue the outpatient treatment of a person at any time.

810 (c) A person admitted to a facility under subsection (a) shall be free to leave such facility  
811 at any time, except that in the case of a person under the age of 18 admitted by a parent or  
812 guardian or in the case of a person under guardianship admitted by a guardian, only the parent or  
813 guardian who requested the admission of such person may withdraw such person. The parent or  
814 guardian may withdraw the person at any time, after providing written notice to the  
815 superintendent. The superintendent may restrict the right to leave or withdraw to normal working  
816 hours.

817 (d) The department, in coordination with the department of public health, shall  
818 promulgate regulations to implement this section.

819 (e) For purposes of this section, the word "facility" shall mean a facility licensed or  
820 approved for the treatment of an alcohol or substance use disorder under this section by the  
821 department of mental health or the department of public health.

822 Section 12C. The commissioner of public health shall prepare an annual report, pursuant  
823 to section 237 of chapter 111, in order to understand the outcomes and effectiveness of the  
824 involuntary commitment process established in section 12A of this chapter. Each report shall  
825 include a comparison of findings from the year preceding enactment of this act and all  
826 succeeding years.

827 The report shall examine the impact of section 12A on the behavioral health treatment  
828 system in the commonwealth, which shall include but not be limited to: (i) the number of people  
829 involuntarily committed and the number of people who voluntarily agree to further treatment  
830 after the completion of commitment under section 12A; (ii) the number of petitions filed and  
831 orders of commitment granted under section 35 of this chapter; (iii) the number of emergency  
832 hearings requested under section 12A and the disposition of such emergency hearings; and (iv)  
833 the number of individuals boarding in emergency departments with a behavioral health  
834 condition, including patients with a primary mental health, alcohol or substance use disorder  
835 diagnosis, as such individuals await admission to a 24-hour level of care.

836 The report shall further examine the impact of involuntary commitment on patients with  
837 alcohol and substance use disorders in the commonwealth, which shall include, but not be  
838 limited to, a comparison of individuals committed under section 12A, individuals committed  
839 under section 35 and individuals who have undergone voluntary treatment. Such examination  
840 shall, to the extent possible, control for external factors that may also impact patient outcomes in  
841 order to determine the impact of each process and treatment type on the following factors: (i)  
842 fatal and non-fatal overdoses; (ii) prevalence of opioid use disorder; (iii) any impact on care-  
843 seeking, including, but not limited to, calls to emergency services regarding a drug overdose,  
844 emergency room visits and visits for substance use treatment; (iv) other outcome measures

845 identified by the commissioner of public health. To the extent possible, the report shall examine  
846 the differential impact on sub-populations affected by alcohol and substance use disorder,  
847 including but not limited to: (i) individuals classified by demographic group, including race,  
848 ethnicity and gender; (ii) individuals on public or private insurance; (iii) individuals experiencing  
849 homelessness; and (iv) individuals who use opiates, alcohol, another substance or multiple  
850 substances.

851 The commissioner of public health shall make the report available to the public and file a  
852 copy of the report with the clerks of the house of representatives and the senate, the joint  
853 committee on mental health, substance use and recovery and the joint committee on health care  
854 financing no later than January 1, annually.

855 SECTION 59. Chapter 175 of the General Laws, as appearing in the 2016 Official  
856 Edition, is hereby amended by inserting after section 47II the following section:-

857 Section 47JJ. Any policy, contract, agreement, plan or certificate of insurance issued,  
858 delivered or renewed within the commonwealth, which is considered creditable coverage under  
859 section 1 of chapter 111M, shall provide, for any covered drug that is a narcotic substance  
860 contained in schedule II of section 3 of chapter 94C and that is subject to cost sharing, that if a  
861 person receives a prescription filled in a lesser quantity pursuant to section 18 of said chapter  
862 94C, they shall not be subject to an additional payment obligation, including but not limited to  
863 co-payments, if they fill the remaining portion of the prescription.

864 SECTION 60. Chapter 176A of the General Laws, as appearing in the 2016 Official  
865 Edition, is hereby amended by inserting after section 8KK the following section:-

866 Section 8LL. Any contract between a subscriber and the corporation under an individual  
867 or group hospital service plan which is delivered, issued or renewed within the commonwealth  
868 shall provide, for any covered drug that is a narcotic substance contained in schedule II of  
869 section 3 of chapter 94C and that is subject to cost sharing, that if a person receives a  
870 prescription filled in a lesser quantity pursuant to section 18 of said chapter 94C, they shall not  
871 be subject to an additional payment obligation, including but not limited to co-payments, if they  
872 fill the remaining portion of the prescription.

873 SECTION 61. Chapter 176B of the General Laws, as appearing in the 2016 Official  
874 Edition, is hereby amended by inserting after section 4KK the following section:-

875 Section 4LL. Any subscription certificate under an individual or group medical service  
876 agreement delivered, issued or renewed within the commonwealth shall provide, for any covered  
877 drug that is a narcotic substance contained in schedule II of section 3 of chapter 94C and that is  
878 subject to cost sharing, that if a person receives a prescription filled in a lesser quantity pursuant  
879 to section 18 of said chapter 94C, they shall not be subject to an additional payment obligation,  
880 including but not limited to co-payments, if they fill the remaining portion of the prescription.

881 SECTION 62. Chapter 176G of the General Laws of the General Laws, as appearing in  
882 the 2016 Official Edition, is hereby amended by inserting after section 4CC the following  
883 section:-

884 Section 4DD. An individual or group health maintenance contract that is issued or  
885 renewed shall provide, for any covered drug that is a narcotic substance contained in schedule II  
886 of section 3 of chapter 94C and that is subject to cost sharing, that if a person receives a  
887 prescription filled in a lesser quantity pursuant to section 18 of said chapter 94C, they shall not

888 be subject to an additional payment obligation, including but not limited to co-payments, if they  
889 fill the remaining portion of the prescription.

890 SECTION 63: Chapter 52 of the acts of 2016 is hereby amended by striking out, in lines  
891 627, 635, 639, 644, 647, 652, 655 and 659, the words “substance abuse evaluation” and inserting  
892 in place thereof, in each instance, the following words:- substance use disorder evaluation.

893 SECTION 64. Notwithstanding any other general or special law to the contrary, for the  
894 initial implementation of section 25J½ of Chapter 111, the commissioner of public health shall  
895 consult with a stakeholder group of provider representatives in the development of licensure  
896 regulations.

897 SECTION 65. (a) There shall be a commission to review and make recommendations  
898 regarding recovery coaching in the commonwealth. The commission shall review training  
899 opportunities for recovery coaches, recommend standards that should apply when credentialing a  
900 recovery coach, including whether recovery coaches should be required to register with a board,  
901 and gather all relevant data related to recovery coaches, including but not limited to: (i) the total  
902 number of recovery coaches in the commonwealth; (ii) the number of people receiving  
903 compensation as recovery coaches in the commonwealth; (iii) the average and median  
904 compensation for a recovery coach; (iv) the average and median caseload for a recovery coach;  
905 and (v) the projected need for certified recovery coach services. The commission shall develop  
906 recommendations for a streamlined process to certify recovery coaches and adequate protections  
907 to ensure unauthorized individuals are not engaging in the practice of recovery coaching.

908 (b) The commission shall consist of 12 members: the secretary of health and human  
909 services or the secretary’s designee, who shall serve as chair; the commissioner of the

910 department of public health or the commissioner's designee; the house chair of the joint  
911 committee on mental health, substance use and recovery; the senate chair of the joint committee  
912 on mental health, substance use and recovery; 1 representative from the Massachusetts  
913 Association of Health Plans; 1 representative from the Massachusetts Psychiatric Society; 1  
914 representative from the Massachusetts Organization for Addiction Recovery; and 5 persons who  
915 shall be appointed by the secretary of health and human services: 1 of whom shall represent a  
916 community provider who employs recovery coaches, 1 of whom shall represent a hospital that  
917 employs recovery coaches, 1 of whom shall have expertise in training recovery coaches, 1 of  
918 whom shall currently be employed as a recovery coach and 1 of whom shall be a consumer of  
919 recovery coach services.

920 (c) The commission may hold public meetings and fact-finding hearings as it considers  
921 necessary. The commission shall file the report of its study, including recommendations for  
922 legislation, with the clerks of the house of representatives and the senate no later than 1 year after  
923 the date of the first meeting of the commission; provided, however, that the commission may, at  
924 the discretion of the chair, make a draft report available to the public for comment before filing  
925 the final version.

926 SECTION 66. (a) There shall be a commission to review, make recommendations and  
927 report on non-opioid and non-pharmacological pain management strategies. The commission  
928 shall: (i) develop a plan for insurers to provide adequate coverage and access to non-  
929 pharmacological pain management treatment administered by health care providers licensed by  
930 the commonwealth; and (ii) develop reasonable standards by which to assess provider networks  
931 and patient utilization of evidence-based treatment for pain management.

932 (b) The commission shall be comprised of 11 members: the commissioner of public  
933 health or a designee, who shall serve as chair; a representative from the Center for Health  
934 Information and Analysis; the director of Medicaid or their designee; and 1 representative from  
935 each of the following 8 organizations: the Massachusetts Association for Health Plans; Blue  
936 Cross Blue Shield Massachusetts; the Massachusetts Pain Initiative; the Acupuncture Society of  
937 Massachusetts; the American Physical Therapy Association of Massachusetts; the Massachusetts  
938 Chiropractic Society, Inc.; the Massachusetts Medical Society; and Alosa Health. The  
939 commission may hold public meetings and fact-finding hearings as it considers necessary.

940 (c) The commission may establish advisory committees to assist its work. The  
941 commission shall file the report of its study, including recommendations for legislation, with the  
942 clerks of the house of representatives and the senate no later than 1 year after the effective date  
943 of this act; provided, however, that the commission may, at the discretion of the chair, make a  
944 draft report available to the public for comment before filing the final version.

945 SECTION 67. (a) There shall be a commission to review and make recommendations  
946 about appropriate prescribing practices related to the most common oral and maxillofacial  
947 surgical procedures, which shall include the removal of wisdom teeth. The commission shall  
948 engage with drug manufacturers to create a pre-packaged product such as a blister pack or z-pack  
949 to be used in connection with common oral and maxillofacial surgical procedures that will  
950 provide patients with an appropriate, standard post-procedure dosage and quantity of commonly  
951 prescribed drugs.

952 (b) The commission shall be comprised of: the commissioner of public health or a  
953 designee, who shall serve as chair, a representative from the Massachusetts Dental Society, and 5

954 persons who shall be appointed by the commissioner of public health: 1 of whom shall be an oral  
955 surgeon; 1 of whom shall be a nurse with expertise in maxillofacial surgical procedures; 1 of  
956 whom shall represent a dental school; and 2 of whom shall have expertise in pain management.

957 (c) The commission shall file its recommendations, including any recommendations for  
958 legislation, with the clerks of the senate and the house of representatives 18 months from the  
959 effective date of this act.

960 SECTION 68. (a) There shall be an implementation committee to advise and inform the  
961 department of mental health and the department of public health on the implementation of  
962 section 12A of chapter 123 of the General Laws. The implementation committee shall address  
963 workforce capacity and facility capacity. When addressing facility capacity, the implementation  
964 committee shall establish a new level of inpatient treatment with competence to treat co-  
965 occurring mental health and substance use disorders.

966 (b) The implementation committee shall be comprised of 14 members: the secretary of  
967 health and human services or their designee, who shall serve as chair; the commissioner of  
968 mental health or their designee; the commissioner of public health or their designee; the director  
969 of Medicaid or their designee; the chief justice of the trial court or their designee; and 1  
970 representative from the following 9 organizations: the committee for public counsel services; the  
971 Association for Behavioral Healthcare; the Massachusetts Health and Hospital Association; the  
972 Massachusetts Association of Behavioral Health Systems; the Massachusetts Association of  
973 Health Plans; Blue Cross Blue Shield of Massachusetts; the Massachusetts Organization for  
974 Addiction Recovery; the Massachusetts College of Emergency Physicians; and the  
975 Massachusetts chapter of the National Association of Social Workers.

976 (c) The implementation committee shall make its report available to the public and file a  
977 copy of its report with the clerks of the house of representatives and the senate within 180 days  
978 of the effective date of this act.

979 SECTION 69. (a) There shall be a commission to study and make recommendations  
980 regarding the use of medication-assisted treatment for opioid use disorder in the commonwealth,  
981 including methadone, buprenorphine and injectable long-acting naltrexone.

982 (b) The commission shall: (i) create aggregate demographic and geographic  
983 profiles of individuals who use medication-assisted treatment; (ii) examine the availability of and  
984 barriers to accessing medication-assisted treatment, including federal, state and local laws and  
985 regulations; (iii) determine the current utilization of, and projected need for, medication-assisted  
986 treatment in inpatient and outpatient settings, including, but limited to, inpatient and residential  
987 substance use treatment facilities, inpatient psychiatric settings, pharmacy settings, mobile  
988 settings and primary care settings; (iv) identify ways to expand access to medication-assisted  
989 treatment in both inpatient and outpatient settings; (v) identify ways to encourage practitioners to  
990 seek waivers to administer buprenorphine to treat patients with opioid use disorder; (vi) study the  
991 availability of and concurrent use of behavioral health therapy for individuals receiving  
992 medication-assisted treatment; and (vii) study other related matters.

993 (c) The commission shall consist of 13 members: the commissioner of public health or a  
994 designee, who shall serve as chair; the executive director of the health policy commission or a  
995 designee; the director of Medicaid or a designee; the house chair of the joint committee on  
996 mental health, substance use, and recovery; the senate chair on mental health, substance use, and  
997 recovery; and 1 representative of each of the following 7 organizations: the Massachusetts

998 Medical Society; the Massachusetts Health & Hospital Association; the Association for  
999 Behavioral Healthcare; the Massachusetts Association of Behavioral Health Systems, the  
1000 Massachusetts Association of Health Plans; Blue Cross Blue Shield of Massachusetts; the  
1001 Massachusetts Pharmacists Association; and the Massachusetts Organization for Addiction  
1002 Recovery.

1003 (d) The commission shall file a report on its findings and recommendations, together with  
1004 any recommendations for legislation, with the clerks of the house of representatives and the  
1005 senate no later than 1 year from the effective date of this act.

1006 SECTION 70. (a) There shall be a commission to study best practices for programs to  
1007 administer medication-assisted treatment for opioid use disorder, including methadone,  
1008 buprenorphine and injectable long-acting naltrexone, to incarcerated individuals in state and  
1009 county correctional facilities. The commission shall be charged with: (i) developing a definition  
1010 for “informed consent” and a process for obtaining it from individuals eligible to receive  
1011 medication-assisted treatment while incarcerated; (ii) creating uniform guidelines for facilities to  
1012 administer medication-assisted treatment; (iii) projecting the cost of initiating and maintaining  
1013 medication-assisted treatment programs in correctional facilities; (iv) establishing protocols for  
1014 technical assistance that may be required by the department of public health; (v) assessing  
1015 continuing access to medication-assisted treatment for individuals upon their release from  
1016 incarceration; (vi) developing evaluation and reporting metrics for medication-assisted treatment  
1017 programs in correctional settings, including, but not limited to: (1) relapse after release; (2)  
1018 recidivism after release; (3) fatal and nonfatal overdoses; (4) rates and length of treatment  
1019 retention after release; (5) diversion and disciplinary infractions within correctional facilities; (6)  
1020 the number of individuals who began medication-assisted treatment while incarcerated; (7) the

1021 number of individuals who ceased medication-assisted treatment while incarcerated; (8) the  
1022 number of individuals receiving medication-assisted treatment for opioid use disorder prior to  
1023 being incarcerated and who: (A) continued medication-assisted treatment upon being  
1024 incarcerated; or (B) decline or voluntarily discontinue medication-assisted treatment while  
1025 incarcerated; (C) a summary of changes to facility practices related to medication-assisted  
1026 treatment administration; and (vii) develop standards to ensure individuals receiving medication-  
1027 assisted treatment also receive behavioral health counseling.

1028 (b) The commission shall consist of 15 members: the secretary of public safety or a  
1029 designee, and the commissioner of public health or a designee, who shall serve as co-chairs; the  
1030 commissioner of the department of corrections or a designee; 4 county sheriffs from  
1031 geographically diverse regions of the commonwealth, appointed by the Massachusetts Sheriffs'  
1032 Association; and 1 representative of each of the following 8 organizations: the Massachusetts  
1033 Medical Society; the Massachusetts Health & Hospital Association; the Association for  
1034 Behavioral Healthcare; the Massachusetts Association of Behavioral Health Systems; the  
1035 Disability Law Center; Prisoner's Legal Services of Massachusetts; the Massachusetts Society of  
1036 Addiction Medicine; and the Massachusetts Organization for Addiction Recovery.

1037 (c) The commission shall file a report on its findings and recommendations, together with  
1038 any recommendations for legislation, with the clerks of the house of representatives and the  
1039 senate and the chairs of the joint committee on mental health, substance use and recovery no  
1040 later than 1 year from the effective date of this act.

1041 SECTION 71. The health policy commission, in coordination with the department of  
1042 mental health, the department of public health and the center for health information and analysis,

1043 shall prepare an annual report regarding the boarding of psychiatric patients in emergency  
1044 departments as patients await admission to a 24-hour level of psychiatric care. The report shall  
1045 include but not be limited to: (i) the prevalence of psychiatric emergency department boarding  
1046 during the past year and compared to prior years, and (ii) an analysis of the relationship between  
1047 the length of stay in the emergency department and the following factors during the past year: (1)  
1048 primary and secondary diagnoses, including behavioral health and medical conditions; (2) patient  
1049 characteristics, including age, race, gender, aggressive or violent behavior and involvement with  
1050 state agencies; (3) when the patient arrives in the emergency department, including month, day,  
1051 and time of day; (4) location; and (5) case outcome at discharge.

1052 Notwithstanding any general or special law to the contrary, the department of mental  
1053 health, the department of public health and the center for health information and analysis shall  
1054 provide information to the health policy commission, upon request, to complete this report.

1055 The health policy commission shall submit its report on psychiatric boarding to the joint  
1056 committee on mental health, substance use and recovery and the joint committee on health care  
1057 financing no later than January 1, annually.

1058 SECTION 72. The department of mental health shall prepare an annual report regarding  
1059 the boarding of psychiatric patients in emergency departments as patients await admission to a  
1060 24-hour level of psychiatric care. The report shall include the following: (i) efforts taken by the  
1061 department and other agencies during the past year to address psychiatric emergency department  
1062 boarding; (ii) an analysis of patient and unit characteristics identified by inpatient psychiatric  
1063 units as factors justifying denial of admission, pursuant to 104 CMR 27.05(3); (iii)  
1064 characteristics of patients referred to the department under the expedited psychiatric inpatient

1065 admission policy that became effective February 1, 2018, including an analysis of patient  
1066 characteristics and length of stay in the emergency department; (iv) steps taken to admit patients  
1067 awaiting admission for over 48 hours, including but not limited to out-of-state placements,  
1068 admission on specialized units and inpatient unit accommodations including higher staff to  
1069 patient ratios or single rooms; (v) outcome measures for current efforts to address psychiatric  
1070 emergency department boarding, including relevant information and analysis from the health  
1071 policy commission report required pursuant to section 71 of this act; and (vi) legislative  
1072 recommendations, if any, to address psychiatric emergency department boarding.

1073           The department shall submit its report on psychiatric boarding to the joint committee on  
1074 mental health, substance use and recovery and the joint committee on health care financing not  
1075 later than March 1, annually.

1076           SECTION 73. The department of public health, in coordination with the department of  
1077 correction, shall issue a report regarding the approval of substance use treatment services at  
1078 department of correction and house of correction facilities, including initial approvals and  
1079 renewals, pursuant to section 7 of chapter 111E of the General Laws. The report shall include  
1080 information from at least each of the past 4 years.

1081           The report shall include, but not be limited to: (i) a description of the approval process for  
1082 department of correction and house of correction facilities that provide substance use treatment  
1083 services; (ii) standards and criteria for approval of department of correction and house of  
1084 correction facilities that provide substance use treatment services, as well as how such standards  
1085 and criteria may differ from licensing standards and criteria; (iii) standards and criteria for  
1086 approval of the Massachusetts alcohol and substance abuse center at Plymouth, as well as how

1087 such standards and criteria may differ from approval standards and criteria for facilities operated  
1088 by the department of mental health or from licensing standards and criteria; (iv) the dates of  
1089 approval for each department of correction or house of correction facility that provides substance  
1090 use treatment services, including the Massachusetts alcohol and substance abuse center at the  
1091 Massachusetts correctional institution at Bridgewater and the Massachusetts alcohol and  
1092 substance abuse center at the Massachusetts correctional institution at Plymouth; (v) the number,  
1093 locations and results of any on-site inspections conducted by the department of public health at  
1094 department of correction or house of correction facilities; (vi) any complaints or investigations at  
1095 department of correction and house of correction facilities, including investigation findings and  
1096 any actions taken in response to such findings; and (vii) any revocations of approval at  
1097 department of correction or house of correction facilities, including the rationale behind such  
1098 revocations.

1099           The department of public health shall file the report with the clerks of the house of  
1100 representatives and the senate, the chairs of the joint committee on mental health, substance use  
1101 and recovery, and the chairs of the joint committee on public safety and homeland security not  
1102 later than 180 days from the effective date of this act.

1103           SECTION 74. When developing the program pursuant to section 16AA of chapter 6A of  
1104 the General Laws, the executive office of health and human services shall consider the  
1105 following: (i) how to most effectively adapt the program model of the Massachusetts Child  
1106 Psychiatry Access Program, established pursuant to section 16A of chapter 19 of the General  
1107 Laws, for substance use disorder consultation services; (ii) program structure, including whether  
1108 to use regionally based teams; (iii) the necessity of a needs assessment; (iv) outreach methods to  
1109 educate and engage providers and health insurance carriers; (v) program metrics to gauge

1110 program usage and efficacy in expanding access to appropriate substance use disorder services;  
1111 and (vi) program costs.

1112 SECTION 75. When developing the program pursuant to section 16BB of chapter 111 of  
1113 the General Laws, the executive office of health and human services shall consider the  
1114 following: (i) how to most effectively adapt the program model of the Massachusetts Child  
1115 Psychiatry Access Program, established pursuant to section 16A of chapter 19 of the General  
1116 Laws, for chronic pain consultation services; (ii) program structure, including whether to use  
1117 regionally based teams; (iii) the necessity of a needs assessment; (iv) outreach methods to  
1118 educate and engage providers and health insurance carriers; (v) program metrics to gauge  
1119 program usage and efficacy in expanding access to appropriate pain management; and (vi)  
1120 program costs.

1121 SECTION 76. Sections 21 through 24, inclusive, and 27 through 32, inclusive, shall take  
1122 effect on January 1, 2020.

1123 SECTION 77. Sections 44 and 58 shall take effect no later than December 31, 2020.

1124 SECTION 78. Sections 65 to 67, inclusive, 69 and 70 are hereby repealed.

1125 SECTION 79. Sections 71 and 72 are hereby repealed.

1126 SECTION 80. Section 78 shall take effect on January 1, 2021.

1127 SECTION 81. Section 79 shall take effect on March 2, 2021.