

# **HOUSE . . . . . No. 4725**

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## The Commonwealth of Massachusetts

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HOUSE OF REPRESENTATIVES, July 10, 2018.

The committee on Ways and Means, to whom was referred the Bill for prevention and access to appropriate care and treatment of addiction (House, No. 4470), reports recommending that the same ought to pass with an amendment substituting therefor the accompanying bill (House, No. 4725).

For the committee,

JEFFREY SÁNCHEZ.

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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 bolster forthwith 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 is hereby amended by adding the following  
2 section:-

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

8           (b) (1) The commission shall consist of 17 members, as follows: the secretary of health  
9 and human services or a designee, who shall serve as the chair; the commissioner of mental  
10 health or a designee; the commissioner of public health or a designee; the chief justice of the trial

11 court or a designee; the house chair of the joint committee on mental health, substance use and  
12 recovery; the senate chair of the joint committee on mental health, substance use and recovery; 1  
13 person appointed by the speaker of the house; 1 person appointed by the senate president; and 1  
14 representative from each of the following 9 organizations: the Association for Behavioral  
15 Healthcare, Inc.; the Massachusetts Association of Community Health Workers, Inc.; the  
16 Massachusetts Association for Mental Health, Inc.; the Massachusetts Organization for  
17 Addiction Recovery, Inc.; the Massachusetts Public Health Association; the Massachusetts  
18 Society for the Prevention of Cruelty to Children; the National Alliance on Mental Illness of  
19 Massachusetts, Inc.; the Social-Emotional Learning Alliance for Massachusetts, Inc.; and the  
20 Freedman Center at William James College.

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

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

26 (d) The commission shall:

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

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

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

39 (4) make recommendations to the legislature that: (i) promote behavioral health and  
40 prevention issues at the universal, selective and indicated levels; (ii) strengthen community or  
41 state-level promotion and prevention systems; and (iii) reduce healthcare and other public costs  
42 through evidence-based promotion and prevention; provided that the commission may use state  
43 and local prevalence and cost data to ensure commission recommendations are data-informed  
44 and address risks at the universal, selective and indicated levels of prevention;

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

48 (6) submit an annual report to the legislature as provided in subsection (e) on the state of  
49 preventing behavioral health disorders and promoting behavioral health in the commonwealth.

50 (e) The commission shall file an annual report, on or before March 1, with the joint  
51 committee on health care financing and the joint committee on mental health, substance use and  
52 recovery on its activities and any recommendations. The commission shall monitor the  
53 implementation of its recommendations and update recommendations to reflect current science  
54 and evidence-based practice.

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

58 If, after 14 days of the team determining which services a child is eligible for, the team is  
59 unable to reach a consensus on the responsibility of payment, and the child is unable to access  
60 said services because of disagreement about responsibility for payment among state agencies and  
61 local education agencies, the child advocate shall be notified and shall have the authority to  
62 impose a binding temporary cost share agreement on said state agencies and local education  
63 agencies. The cost share agreement shall remain in effect until the child advocate is informed in  
64 writing of a permanent cost share or payment agreement having been implemented or until the  
65 child no longer qualifies for said services.

66 SECTION 3. Said chapter 6A is hereby further amended by inserting after section 16Z  
67 the following two sections:-

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

74 (b) Expenditures on the program by the executive office of health and human services  
75 that are related to services provided on behalf of commercially-insured clients shall be assessed  
76 by the commissioner on surcharge payors as defined in section 64 of chapter 118E.

77 SECTION 4. Chapter 10 of the General Laws is hereby amended by inserting after  
78 section 35DDD the following section:-

79 Section 35EEE. (a) There shall be established and set up on the books of the  
80 commonwealth a community-based behavioral health promotion and prevention trust fund. The  
81 purpose of the fund shall be to promote positive mental, emotional and behavioral health among  
82 children and young adults and to prevent mental health and substance use disorders among  
83 children and young adults.

84 (b) The fund shall be administered by the secretary of health and human services who, in  
85 consultation with the community-based behavioral health promotion and prevention commission  
86 established in section 219 of chapter 6, shall issue grants from the fund to:

87 (1) community organizations to establish or support evidence-based and evidence-  
88 informed programs for children and young adults. The community organizations may include,  
89 but not be limited to, public and private agencies, community coalitions and other entities that  
90 offer resources or support to children or young adults. A community organization or coalition  
91 may include more than one community; and

92 (2) the department of public health to provide technical assistance, training and guidance  
93 to support applicants in completing grant applications and to grantees to develop and evaluate  
94 programs.

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

99 (1) programs that educate children and young adults on addiction, substance misuse and  
100 other risky behaviors and that identify and support children and young adults at risk for alcohol  
101 or substance misuse;

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

104 (3) support for underserved populations of children and young adults including, but not  
105 limited to, children with multiple adverse childhood experiences;

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

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

111 (d) The secretary may use the fund for necessary and reasonable administrative and  
112 personnel costs related to administering the grants. Expenditures made pursuant to this  
113 subsection may not exceed, in 1 fiscal year, 5 per cent of the total amount deposited into the fund  
114 during that fiscal year. The fund shall consist of revenue from appropriations or other money  
115 authorized by the general court and specifically designated to be credited to the fund and revenue  
116 from private sources including, but not limited to, grants, gifts and donations received by the  
117 commonwealth that are specifically designated to be credited to the fund. Amounts credited to  
118 the fund shall not be subject to further appropriation and any money remaining in the fund at the  
119 end of a fiscal year shall not revert to the General Fund and shall be available for expenditure in  
120 subsequent fiscal years.

121 (e) The secretary shall file an annual report on its activities, on or before March 1, with  
122 the joint committee on health care financing and the joint committee on mental health, substance  
123 use and recovery.

124 SECTION 5. Subsection (a) of section 13 of chapter 13 of the General Laws, as  
125 appearing in the 2016 Official Edition, is hereby amended by striking out the last sentence and  
126 inserting in place thereof the following sentence:- The composition of the board shall be as  
127 follows: 11 registered nurses; 2 licensed practical nurses; 1 physician registered pursuant to  
128 chapter 112; 1 pharmacist registered under section 24 of chapter 112; and 2 consumers.

129 SECTION 6. Subsection (c) of said section 13 of said chapter 13, as so appearing, is  
130 hereby amended by striking out clause (1) and inserting in place thereof the following  
131 paragraph:-

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

136 SECTION 7. Said subsection (c) of said section 13 of said chapter 13, as so appearing, is  
137 hereby further amended by adding the following 2 clauses:-

138 (5) one registered nurse currently providing direct care to patients with substance use  
139 disorders; and

140 (6) one registered nurse currently providing direct care to patients in an outpatient,  
141 community-based, behavioral health setting.

142 SECTION 8. Said section 13 of said chapter 13, as so appearing, is hereby amended by  
143 striking out subsection (d) and inserting in place thereof the following subsection:-

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

146 SECTION 9. Section 13 of chapter 17 of the General Laws, as so appearing, is hereby  
147 amended by striking out, in line 2, the figure “16” and inserting in place thereof the following  
148 figure:- 18.

149 SECTION 10. Said section 13 of said chapter 17, as so appearing, is hereby further  
150 amended by striking out, in line 5, the figure “13” and inserting in place thereof the following  
151 figure:- 14.

152 SECTION 11. Said section 13 of said chapter 17, as so appearing, is hereby further  
153 amended by inserting after the word “designee”, in line 5, the second time it appears, the  
154 following words:- ; the director of the department of industrial accidents or a designee.

155 SECTION 12. Said section 13 of said chapter 17, as so appearing, is hereby further  
156 amended by inserting after the word “pain”, in line 12, the following words:- ; 1 representative of  
157 a Massachusetts labor organization.

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

160 The commission shall prepare a drug formulary of clinically appropriate opioids for use  
161 in the treatment of patients with workers’ compensation claims. In establishing the formulary the  
162 commission shall consult with the department of industrial accidents established in chapter 152.

163 The formulary shall be based on well-documented, evidence-based methodology. The  
164 commission shall include as part of the formulary a complete list of opioids that are approved for  
165 payment under chapter 152 and any specific payment, prescribing or dispensing controls  
166 associated with drugs on the list. The formulary shall include all drugs approved by the United  
167 States Food and Drug Administration for the treatment of opioid use disorder.

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

170 SECTION 15. Said section 2 of said chapter 18C, as so appearing, is hereby further  
171 amended by inserting after the word “families”, in line 17, the following words:-

172 ; and

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

175 SECTION 16. Section 19 of chapter 19 of the General Laws, as so appearing, is hereby  
176 amended by striking out subsection (a) and inserting in place thereof the following subsection:-

177 (a) The department shall issue for a term of 2 years, and may renew for like terms, a  
178 license, subject to revocation by it for cause, to any private, county or municipal facility or  
179 department or unit of any such facility which offers to the public inpatient psychiatric, residential  
180 or day care services and is represented as providing treatment of persons who are mentally ill and  
181 which is deemed by it to be responsible and suitable to meet applicable licensure standards and  
182 requirements, set forth in regulations of the department, except that: (1) the department may  
183 issue a license to those facilities providing care but not treatment of persons who are mentally ill,

184 and (2) licensing by the department is not required where such residential or day care treatment  
185 is provided within an institution or facility licensed by the department of public health pursuant  
186 to chapter 111 unless such services are provided on an involuntary basis. Whether or not a  
187 license is issued under clause (1), the department shall make regulations for the operation of such  
188 facilities. The department may issue a provisional license where a facility, department or unit has  
189 not previously operated, or is operating but is temporarily unable to meet applicable standards  
190 and requirements. No original license, as defined in subsection (i), shall be issued to establish or  
191 maintain a facility, department or unit subject to licensure under this section, unless there is  
192 determination by the department, in accordance with its regulations, that there is need for such a  
193 facility, department or unit. The department may grant the type of license that it deems suitable  
194 for the facility, department or unit. The department shall fix reasonable fees for licenses and  
195 renewal thereof. In order to be licensed by the department under this section, a facility,  
196 department or unit shall provide services to commonwealth residents with public health  
197 insurance on a non-discriminatory basis.

198 SECTION 17. Said section 19 of said chapter 19, as so appearing, is hereby further  
199 amended by striking out, in line 20, the word "ward" and inserting in place thereof the following  
200 word:- unit.

201 SECTION 18. Said section 19 of said chapter 19, as so appearing, is hereby further  
202 amended by striking out subsection (c) and inserting in place thereof the following subsection:-

203 (c) Each facility, department and unit licensed by the department shall be subject to the  
204 supervision, visitation and inspection of the department. The department shall inspect each  
205 facility, department or unit prior to granting or renewing a license pursuant to this section. The

206 department shall establish regulations to administer licensing standards and to provide  
207 operational standards for such facilities, departments or units, including, but not limited to, the  
208 standards or criteria an applicant shall meet to demonstrate the need for an original license;  
209 provided, however, that such standards or criteria shall be reviewed by the department every 2  
210 years and shall be limited to the health needs of persons who are mentally ill in the  
211 commonwealth, including underserved populations, and the demonstrated ability and history of a  
212 prospective licensee to meet the needs of such persons.

213           The regulations promulgated by the department pursuant to this section shall provide that  
214 no facility, department or unit shall discriminate against an individual, qualified within the scope  
215 of the individual's license, when considering or acting on an application of a licensed  
216 independent clinical social worker for staff membership or clinical privileges. The regulations  
217 shall further provide that each application shall be considered solely on the basis of the  
218 applicant's education, training, current competence and experience. Each facility, department or  
219 unit shall establish, in consultation with the director of social work or, if none, a consulting  
220 licensed independent clinical social worker, the specific standards, criteria and procedures to  
221 admit an applicant for staff membership and clinical privileges. Such standards shall be available  
222 to the department upon request.

223           SECTION 19. Said section 19 of said chapter 19, as so appearing, is hereby further  
224 amended by striking out, in line 44, the word "ward" and inserting in place thereof the following  
225 words:-

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

228 SECTION 20. Said section 19 of said chapter 19, as so appearing, is hereby further  
229 amended by striking out subsections (e) to (g), inclusive, and inserting in place there of the  
230 following 5 subsections:-

231 (e) The department may conduct surveys and investigations to enforce compliance with  
232 this section and any rule or regulation promulgated pursuant to this section. The department may  
233 examine the books and accounts of any facility, department or unit if it deems such examination  
234 necessary for the purposes of this section. If the department finds upon inspection, or through  
235 information in its possession, that a facility, department or unit licensed by the department is not  
236 in compliance with a requirement established under this section, the department may order the  
237 facility, department or unit to correct such deficiency by providing the facility, department or  
238 unit a deficiency notice in writing of each deficiency. In such notice, the department shall specify  
239 a reasonable time, not to exceed 60 days after receipt thereof, by which time the facility,  
240 department or unit shall remedy or correct each deficiency cited therein; provided, that, in the  
241 case of any deficiency which, in the opinion of the department, is not capable of correction  
242 within 60 days, the department shall require only that the facility, department or unit submit a  
243 written plan for correction of the deficiency in a reasonable manner. The department may modify  
244 any nonconforming plan, upon notice in writing to the facility, department or unit. Within 7 days  
245 of receipt, the affected facility, department or unit may file a written request with the department  
246 for administrative reconsideration of the order or any portion thereof.

247 Nothing in this section shall be construed to prohibit the department from enforcing a  
248 rule, regulation or deficiency notice, administratively or in court, without first affording a formal  
249 opportunity to make correction or to seek administrative reconsideration under this section,  
250 where, in the opinion of the department, the violation of such rule, regulation or deficiency

251 notice jeopardizes the health or safety of patients or the public or seriously limits the capacity of  
252 the facility, department or unit to provide adequate care or where the violation of such rule,  
253 regulation or deficiency notice is the second or subsequent such violation occurring during a  
254 period of 12 full months.

255           Upon a failure to remedy or correct a cited deficiency by the date specified in the  
256 deficiency notice or failure to remedy or correct a cited deficiency by the date specified in a plan  
257 for correction, as accepted or modified by the department, the department may: (i) suspend, limit,  
258 restrict the facility, department or unit; (ii) impose a civil fine upon the facility, department or  
259 unit; (iii) pursue any other sanction as the department may impose administratively upon the  
260 facility, department or unit; or (iv) impose any combination of the penalties set forth in clause (i),  
261 (ii) or (iii). A civil fine imposed pursuant to this paragraph shall not exceed \$1,000 per  
262 deficiency for each day the deficiency continues to exist beyond the date prescribed for  
263 correction.

264           (f) No facility, department or unit, for which a license is required under subsection (a),  
265 shall provide inpatient, residential or day care services for the treatment or care of persons who  
266 are mentally ill, unless it has obtained a license under this section. The superior court sitting in  
267 equity shall have jurisdiction, upon petition of the department, to restrain any violation of this  
268 section or to take such other action as equity and justice may require. Whoever violates this  
269 section shall be punished for the first offense by a fine of not more than \$500 and for subsequent  
270 offenses by a fine of not more than \$1,000 or by imprisonment for not more than 2 years.

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

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

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

282 SECTION 21. Section 17M of chapter 32A of the General Laws, as so appearing, is  
283 hereby amended by striking out, in line 3, the word "abuse" and inserting in place thereof the  
284 following words:- use disorder.

285 SECTION 22. Section 17N of said chapter 32A, as so appearing, is hereby amended by  
286 striking out, in line 31, the word "abuse" and inserting in place thereof the following words:- use  
287 disorder.

288 SECTION 23. Said chapter 32A is hereby further amended by inserting after section  
289 17O the following section:-

290 Section 17P. The commission shall provide, to any active or retired employee of the  
291 commonwealth who is insured under the group insurance commission, for any covered drug that

292 is a narcotic substance contained in schedule II pursuant to chapter 94C and subject to cost  
293 sharing, that if a person receives a prescription filled in a lesser quantity pursuant to section 18 of  
294 said chapter 94C, said person shall not be subject to an additional payment obligation, including  
295 but not limited to co-payments, if said person fills the remaining portion of the prescription.

296 SECTION 24. Section 1 of chapter 94C of the General Laws is hereby amended by  
297 inserting after the definition of "Drug paraphernalia", as so appearing, the following definition:-

298 "Electronic prescription", a lawful order from a practitioner for a drug or device for a  
299 specific patient that is generated on an electronic prescribing system that meets federal  
300 requirements for electronic prescriptions for controlled substances, and is transmitted  
301 electronically to a pharmacy designated by the patient without alteration of the prescription  
302 information, except that third-party intermediaries may act as conduits to route the prescription  
303 from the prescriber to the pharmacist; provided however, that electronic prescription shall not  
304 include an order for medication, which is dispensed for immediate administration to the ultimate  
305 user; provided further, the electronic prescription shall be received by the pharmacy on an  
306 electronic system that meets federal requirements for electronic prescriptions. For the purposes  
307 of this chapter, a prescription generated on an electronic system that is printed out or transmitted  
308 via facsimile is not considered an electronic prescription.

309 SECTION 25. Section 8 of said chapter 94C, as so appearing, is hereby amended by  
310 inserting after the word "oral", in line 60, the following word:- , electronic.

311 SECTION 26. Section 17 of said chapter 94C, as so appearing, is hereby amended by  
312 striking out, in line 2, the words "the written prescription of" and inserting in place thereof the  
313 following words:- an electronic prescription from.

314 SECTION 27. Said section 17 of said chapter 94C, as so appearing, is hereby further  
315 amended, by striking out subsection (b) and inserting in place thereof the following subsection:-

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

319 SECTION 28. Said section 17 of said chapter 94C, as so appearing, is hereby further  
320 amended, by striking out, in line 11, the words “a written or oral prescription of” and inserting in  
321 place thereof the following words:- an electronic prescription from.

322 SECTION 29. Said section 17 of chapter 94C, as so appearing, is hereby further amended  
323 by striking subsection (d).

324 SECTION 30. Section 18 of said chapter 94C, as so appearing, is hereby amended by  
325 striking out subsection (d<sup>3</sup>/<sub>4</sub>) and inserting in place thereof the following subsection:-

326 (d<sup>3</sup>/<sub>4</sub>) A pharmacist filling a prescription for a schedule II substance shall, if requested by  
327 the patient, dispense the prescribed substance in a lesser quantity than indicated on the  
328 prescription. The remaining portion may be filled upon patient request in accordance with federal  
329 law; provided however, that only the same pharmacy that originally dispensed the lesser quantity  
330 may dispense the remaining portion. Upon an initial partial dispensing of a prescription or a  
331 subsequent dispensing of a remaining portion, the pharmacist or the pharmacist’s designee shall  
332 make a notation in the patient's record maintained by the pharmacy, which shall be accessible to  
333 the prescribing practitioner by request, indicating that the prescription was partially filled and the  
334 quantity dispensed. The initial partial dispensing of a prescription filled pursuant to subsection

335 (d) or (d1/2) shall be filled within 5 days of the prescription issue date. The remaining portion  
336 pursuant to this subsection must be filled within 30 days of the prescription issue date.

337 SECTION 31. Said chapter 94C is hereby amended by striking out section 19B, as so  
338 appearing, and inserting in place thereof the following section:-

339 Section 19B. (a) As used in this section and unless the context clearly requires otherwise,  
340 "opioid antagonist" shall mean naloxone or any other drug approved by the United States Food  
341 and Drug Administration as a competitive narcotic antagonist used in the reversal of overdoses  
342 caused by opioids.

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

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

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

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

367 (f) A person acting in good faith may receive a prescription for an opioid antagonist,  
368 possess an opioid antagonist and administer an opioid antagonist to an individual appearing to  
369 experience an opioid-related overdose. A person who, acting in good faith, administers an opioid  
370 antagonist to an individual appearing to experience an opioid-related overdose shall not, as a  
371 result of the person's acts or omissions, be subject to any criminal or civil liability or any  
372 professional disciplinary action. The immunity established under section 34A shall also apply to  
373 a person administering an opioid antagonist pursuant to this section.

374 (g) The department, the board of registration in medicine and the board of registration in  
375 pharmacy shall adopt regulations to implement this section.

376 SECTION 32. Subsection (c) of section 20 of said chapter 94C, as so appearing, is hereby  
377 amended by striking out the first and second sentences and inserting in place thereof the  
378 following 2 sentences:- Whenever a practitioner dispenses a controlled substance by oral

379 prescription, such individual shall cause an electronic prescription for the prescribed controlled  
380 substance to be delivered to the dispensing pharmacy within 2 days; provided that if such  
381 individual has received an exception from using an electronic prescription from the  
382 commissioner pursuant to subsection (h) of section 23, they shall within a period of not more  
383 than 7 days or such shorter period that is required by federal law cause a written prescription for  
384 the prescribed controlled substance to be delivered to the dispensing pharmacy. The written  
385 prescription may be delivered to the pharmacy in person or by mail, but shall be postmarked  
386 within 7 days or such shorter period that is required by federal law.

387 SECTION 33. Section 22 of said chapter 94C, as so appearing, is hereby amended by  
388 inserting after the word “written”, in line 2, the following words:- or electronic.

389 SECTION 34. Said section 22 of chapter 94C of the General Laws, as so appearing , is  
390 hereby further amended by striking out, in line 21, the words “recommended full quantity  
391 indicated” and inserting in place thereof the words:- full prescribed quantity.

392 SECTION 35. Section 23 of said chapter 94C, as so appearing, is hereby amended by  
393 inserting after the word “written”, in lines 1 and 6, in each instance, the following words:- or  
394 electronic.

395 SECTION 36. Said section 23 of said chapter 94C, as so appearing, is hereby further  
396 amended by striking out subsection (b) and inserting in place thereof the following subsection:-

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

400 SECTION 37. Said section 23 of said chapter 94C, as so appearing, is hereby further  
401 amended by striking out subsections (g) and (h) and inserting in place thereof the following 3  
402 subsections:-

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

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

409 (1) prescriptions that are issued by veterinarians;

410 (2) prescriptions that are issued or dispensed in circumstances where electronic  
411 prescribing is not available due to temporary technological or electrical failure;

412 (3) a time limited waiver process for practitioners who demonstrate economic  
413 hardship, technological limitations that are not reasonably within the control of the practitioner,  
414 or other exceptional circumstances;

415 (4) prescriptions that are issued or dispensed in emergency situations;

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

419 SECTION 38. Subsection (c) of section 24A of said chapter 94C, as so appearing, is  
420 hereby amended by striking out the second paragraph and inserting in place thereof the following  
421 paragraph:-

422 The department shall promulgate rules and regulations relative to the use of the  
423 prescription monitoring program by registered participants, which shall include the requirement  
424 that prior to issuance, participants shall utilize the prescription monitoring program each time a  
425 prescription for a narcotic drug that is contained in schedule II or III, or a prescription for a  
426 benzodiazepine, is issued. The department may require participants to utilize the prescription  
427 monitoring program prior to the issuance of any schedule IV or V prescription drug, which is  
428 commonly misused and may lead to physical or psychological dependence or which causes  
429 patients with a history of substance dependence to experience significant addictive symptoms.  
430 The regulations shall specify the circumstances under which such narcotics or benzodiazepines  
431 may be prescribed without first utilizing the prescription monitoring program. The regulations  
432 may also specify the circumstances under which support staff may use the prescription  
433 monitoring program on behalf of a registered participant. When promulgating the rules and  
434 regulations, the department shall also require that pharmacists be trained in the use of the  
435 prescription monitoring program as part of the continuing education requirements mandated for  
436 licensure by the board of registration in pharmacy, under section 24A of chapter 112. The  
437 department shall also study the feasibility and value of expanding the prescription monitoring  
438 program to include schedule VI prescription drugs.

439 SECTION 39. Said section 24A of said chapter 94C, as so appearing, is hereby further  
440 amended by striking out subsection (g) and inserting in place thereof the following subsection:-

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

448 SECTION 40. Said section 24A of said chapter 94C, as so appearing, is hereby further  
449 amended by adding the following subsection:-

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

456 SECTION 41. Chapter 111 of the General Laws is hereby amended by inserting after  
457 section 25J the following section:-

458 Section 25J ½. Every acute care hospital, as defined in section 25B, that provides  
459 emergency services in an emergency department, and every satellite emergency facility as  
460 defined in section 51½, shall maintain, as part of their emergency services, protocols and  
461 capacity to provide appropriate, evidence-based interventions prior to discharge that reduce the  
462 risk of subsequent harm and fatality following an opioid-related overdose.

463 Every acute care hospital that provides emergency services in an emergency department  
464 or satellite emergency facility shall maintain hospital institutional protocols and the capacity to  
465 possess, dispense, administer and prescribe opioid agonist treatment and offer such treatment to  
466 patients who present in an acute care hospital emergency department or a satellite emergency  
467 facility for care and treatment of an opioid-related overdose; provided, that such treatment shall  
468 occur whenever it is recommended by the treating healthcare provider and agreed to by the  
469 patient. Every hospital emergency department and satellite emergency facility shall demonstrate  
470 compliance with applicable training and waiver requirements established by the federal drug  
471 enforcement agency and the substance abuse and mental health services administration relative  
472 to prescribing opioid agonist treatment, and compliance with federal enforcement agency  
473 regulations relative to administering or dispensing of narcotic drugs.

474 Prior to discharge, any patient who is administered or prescribed opioid agonist treatment  
475 in an emergency department or satellite emergency facility shall be directly connected to an  
476 appropriate treatment site to continue said treatment.

477 SECTION 42: Section 51½ of said chapter 111, as appearing in the 2016 Official Edition,  
478 is hereby amended by striking out, in lines 18, 35, 36, 50, 56, 73, 78, and 94, the word “abuse”  
479 and inserting in place thereof, in each instance, the following words:- use disorder.

480 SECTION 43: Subsection (a) of said section 51½ of said chapter 111, as so appearing, is  
481 hereby amended by striking out the definition of “Licensed mental health professional” and  
482 inserting in place thereof the following definition:-

483 “Licensed mental health professional”, a licensed physician who specializes in the  
484 practice of psychiatry or addiction medicine, a licensed psychologist, a licensed independent

485 clinical social worker, a licensed mental health counselor, a licensed psychiatric clinical nurse  
486 specialist, a licensed alcohol and drug counselor I as defined in section 1 of chapter 111J or any  
487 other professional with appropriate privileges at the facility to diagnose a substance use disorder.

488 SECTION 44: Said section 51½ of said chapter 111, as so appearing, is hereby further  
489 amended by inserting after the word “program”, in line 20, the following words:- , by a licensed  
490 mental health professional.

491 SECTION 45: Said section 51½ of said chapter 111, as so appearing, is hereby further  
492 amended by striking out subsection (c) and inserting in place thereof the following subsection:-

493 (c) After a substance use disorder evaluation has been completed pursuant to subsection  
494 (b), a patient may consent to treatment, which may occur within the acute-care hospital or  
495 satellite emergency facility, if appropriate services are available, and may include induction to  
496 medication-assisted treatment. If the hospital or satellite emergency facility is unable to provide  
497 such services, the hospital or satellite emergency facility shall refer the patient to an appropriate  
498 and available hospital or treatment provider. Medical necessity for further treatment shall be  
499 determined by the treating clinician and noted in the patient’s medical record.

500 If a patient refuses further treatment after the evaluation is complete, and is otherwise  
501 medically stable, the hospital or satellite emergency facility may initiate discharge proceedings;  
502 provided, however, if the patient is in need of and agrees to further treatment following discharge  
503 pursuant to the substance use disorder evaluation, the hospital shall directly connect the patient  
504 with a community based program prior to discharge or within a reasonable time following  
505 discharge when the community based program is available. All patients receiving an evaluation

506 under subsection (b) shall receive, upon discharge, information on local and statewide treatment  
507 options, providers and other relevant information as deemed appropriate by the treating clinician.

508 SECTION 46: Said section 51½ of said chapter 111, as so appearing, is hereby further  
509 amended by striking out subsection (g) and inserting in place thereof the following subsection:-

510 (g) Upon discharge of a patient who experienced an opiate-related overdose, the acute-  
511 care hospital, satellite emergency facility or emergency service program shall record the opiate-  
512 related overdose and substance use disorder evaluation in the patient’s electronic medical record  
513 which shall be directly accessible by other healthcare providers and facilities consistent with  
514 federal and state privacy requirements through a secure electronic medical record, health  
515 information exchange, or other similar software or information systems for the purposes of (i)  
516 improving ease of access and utilization of such data for treatment or diagnosis; (ii) supporting  
517 integration of such data within the electronic health records of a healthcare provider for purposes  
518 of treatment or diagnosis; or (iii) allowing healthcare providers and their vendors to maintain  
519 such data for the purposes of compiling and visualizing such data within the electronic health  
520 records of a healthcare provider that supports treatment or diagnosis.

521 SECTION 47. Said section 51½ of chapter 111, as so appearing, is hereby amended by  
522 striking out, in line 97, the words “and substance abuse” and inserting in place thereof the  
523 following words:- , substance use and recovery.

524 SECTION 48. Section 1 of chapter 111E of the General Laws is hereby amended by  
525 inserting after the definition of “Assignment”, as so appearing, the following definition:-

526 “Commissioner”, the commissioner of public health.

527 SECTION 49. Said section 1 of said chapter 111E is hereby further amended by inserting  
528 after the definition of “Independent addiction specialist”, as appearing in section 63 of chapter 69  
529 of the acts of 2018, the following definition:-

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

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

537 SECTION 51. Said section 7 of said chapter 111E, as so appearing, is hereby further  
538 amended by inserting after the word “requirements”, in line 8, the following words:- , set forth in  
539 regulations of the department.

540 SECTION 52. Said section 7 of said chapter 111E, as so appearing, is hereby further  
541 amended by striking out, in lines 17 and 18, the words “but such standards and requirements  
542 shall concern only” and inserting in place thereof the following words:- which shall include, but  
543 shall not be limited to.

544 SECTION 53. The fourth sentence of the first paragraph of said section 7 of said chapter  
545 111E, as so appearing, is hereby amended by striking out clauses (1) to (6), inclusive, and  
546 inserting in place thereof the following 8 clauses:-

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

- 548 (2) misrepresentations as to the treatment to be afforded patients at a facility;
- 549 (3) licensing fees;
- 550 (4) procedures for making and approving license applications;
- 551 (5) the services and treatment provided by programs;
- 552 (6) certification of capability of self-preservation;
- 553 (7) a requirement that the facility provide services to commonwealth residents with  
554 public health insurance on a non-discriminatory basis; and
- 555 (8) the standards or criteria a facility shall meet to demonstrate the need for an original  
556 license; provided, however, that such standards or criteria shall be reviewed by the department  
557 every 2 years and shall be limited to the health needs of drug dependent persons and persons  
558 with alcoholism, as defined in section 3 of chapter 111B, in the commonwealth, including  
559 underserved populations, and the demonstrated ability and history of a prospective licensee to  
560 meet the needs of such persons.

561 SECTION 54. Said section 7 of said chapter 111E, as so appearing, is hereby further  
562 amended by striking out, in lines 26 and 27, the words “from time to time, on request,”.

563 SECTION 55. Said section 7 of said chapter 111E, as so appearing, is hereby further  
564 amended by striking out, in lines 28 to 32, inclusive, the words “reasonably require for the  
565 purposes of this section, and any licensee or other person operating a private facility who fails to  
566 furnish any such data, statistics, schedules or information as requested, or who files fraudulent  
567 returns thereof, shall be punished by a fine of not more than five hundred dollars” and inserting  
568 in place thereof the following word:- require.

569 SECTION 56 Said section 7 of said chapter 111E, as so appearing, is hereby further  
570 amended by striking out, in line 42, the second time it appears, the word “or”.

571 SECTION 57. Said section 7 of said chapter 111E, as so appearing, is hereby further  
572 amended by striking out, in line 43, the figure “10” and inserting in place thereof the following  
573 words:- 10; or

574 (4) an application for an original license fails to meet the department’s standards or  
575 criteria for demonstrating need.

576 SECTION 58. Said section 7 of said chapter 111E, as so appearing, is hereby further  
577 amended by striking out, in line 49, the word “director” and inserting in place thereof the  
578 following word:- commissioner.

579 SECTION 59. Said section 7 of said chapter 111E, as so appearing, is hereby further  
580 amended by striking out the fifth, sixth and seventh paragraphs and inserting in place thereof the  
581 following 5 paragraphs:-

582 The department may conduct surveys and investigations to enforce compliance with this  
583 section and any rule or regulation promulgated pursuant to this chapter. If the department finds  
584 upon inspection, or through information in its possession, that a facility is not in compliance with  
585 a requirement established under this chapter, the department may order the facility to correct  
586 such violation by issuing a corrective action order, which shall provide the facility notice in  
587 writing of each violation. In such notice, the department shall specify a reasonable time, not to  
588 exceed 60 days after receipt thereof, by which time the facility shall remedy or correct each  
589 violation cited therein; provided, that, in the case of any violation which, in the opinion of the  
590 department, is not capable of correction within 60 days, the department shall require only that the

591 facility submit a written plan for correction of the violation in a reasonable manner. The  
592 department may modify any nonconforming plan upon notice in writing to the facility. Within 7  
593 days of receipt, the affected facility may file a written request with the department for  
594 administrative reconsideration of the order or any portion thereof.

595 Nothing in this section shall be construed to prohibit the department from enforcing a  
596 rule, regulation or corrective action order, administratively or in court, without first affording  
597 formal opportunity to make correction, or to seek administrative reconsideration under this  
598 section, where, in the opinion of the department, the violation of such rule, regulation or  
599 corrective action order jeopardizes the health or safety of patients or the public or seriously limits  
600 the capacity of the facility to provide adequate care, or where the violation of such rule,  
601 regulation or corrective action order is the second or subsequent such violation occurring during  
602 a period of 12 months.

603 Upon a failure to remedy or correct a cited violation by the date specified in the  
604 corrective action order, or failure to remedy or correct a cited violation by the date specified in a  
605 plan for correction as accepted or modified by the department, the department may: (i) suspend,  
606 limit, restrict or revoke the license; (ii) impose a civil fine upon the facility; (iii) pursue any other  
607 sanction as the department may impose administratively upon the facility; or (iv) impose any  
608 combination of the penalties set forth in clauses (i), (ii) or (iii). A civil fine imposed pursuant to  
609 this paragraph shall not exceed \$1,000 per violation for each day the violation continues to exist  
610 beyond the date prescribed for correction.

611 No person, partnership, corporation, society, association or other agency, or entity of any  
612 kind, except a licensed general hospital, a department, agency or institution of the federal

613 government, the commonwealth or any political subdivision thereof, shall operate a facility  
614 without a license and no department, agency or institution of the commonwealth or any political  
615 subdivision thereof shall operate a facility without approval from the department pursuant to this  
616 section. Upon petition of the department, the superior court shall have jurisdiction in equity to  
617 restrain any violation of this section and to take such other action as equity and justice may  
618 require to enforce its provisions. Whoever knowingly establishes or maintains a private facility,  
619 except a licensed general hospital, without a license granted pursuant to this section shall, for a  
620 first offense, be punished by a fine of not more than \$500 and for each subsequent offense by a  
621 fine of not more than \$1,000 or imprisonment for not more than 2 years, or both.

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

627         SECTION 60. Section 10H of chapter 118E of the General Laws, as added by section 19  
628 of chapter 258 of the acts of 2014, is hereby amended by striking out, in line 55, the word  
629 “abuse” and inserting in place thereof the following words:- use disorder.

630         SECTION 61. Said chapter 118E is hereby further amended by inserting after section  
631 10K, inserted by section 2 of chapter 120 of the acts of 2017, the following section:-

632         Section 10L. The division and its contracted health insurers, health plans, health  
633 maintenance organizations, behavioral health management firms and third party administrators  
634 under contract to a Medicaid managed care organization or primary care clinician plan shall

635 provide, for any covered drug that is a narcotic substance contained in schedule II pursuant to  
636 chapter 94C and subject to cost sharing, that if a person receives a prescription filled in a lesser  
637 quantity pursuant to section 18 of said chapter 94C, said person shall not be subject to an  
638 additional payment obligation, including, but not limited, to co-payments, if said person fills the  
639 remaining portion of the prescription.

640 SECTION 62. Section 47FF of chapter 175 of the General Laws, as appearing in the  
641 2016 Official Edition, is hereby amended by striking out, in line 3, the word “abuse” and  
642 inserting in place thereof the following words:- use disorder.

643 SECTION 63. Section 47GG of said chapter 175, as so appearing, is hereby amended by  
644 striking out, in line 33, the word “abuse” and inserting in place thereof the following words:- use  
645 disorder.

646 SECTION 64. Said chapter 175 is hereby further amended by inserting after section 47II  
647 the following section:-

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

655 SECTION 65. Section 8HH of chapter 176A of the General Laws, as appearing in the  
656 2016 Official Edition, is hereby amended by striking out, in line 3, the word “abuse” and  
657 inserting in place thereof the following words:- use disorder.

658 SECTION 66. Section 8II of said chapter 176A, as so appearing, is hereby amended by  
659 striking out, in line 32, the word “abuse” and inserting in place thereof the following words:- use  
660 disorder.

661 SECTION 67. Said chapter 176A of the General Laws is hereby further amended by  
662 inserting after section 8KK the following section:-

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

670 SECTION 68. Section 4HH of chapter 176B of the General Laws, as appearing in the  
671 2016 Official Edition, is hereby amended by striking out, in line 3, the word “abuse” and  
672 inserting in place thereof the following words:- use disorder.

673 SECTION 69. Section 4II of said chapter 176B, as so appearing, is hereby amended by  
674 striking out, in line 31, the word “abuse” and inserting in place thereof the following words:- use  
675 disorder.

676 SECTION 70. Said chapter 176B is hereby further amended by inserting after section  
677 4KK the following section:-

678 Section 4LL. Any subscription certificate under an individual or group medical service  
679 agreement delivered, issued or renewed within the commonwealth shall provide, for any covered  
680 drug that is a narcotic substance contained in schedule II pursuant to chapter 94C and subject to  
681 cost sharing, that if a person receives a prescription filled in a lesser quantity pursuant to section  
682 18 of said chapter 94C, said person shall not be subject to an additional payment obligation,  
683 including but not limited to co-payments, if said person fills the remaining portion of the  
684 prescription.

685 SECTION 71. Section 4Z of chapter 176G of the General Laws, as appearing in the 2016  
686 Official Edition, is hereby amended by striking out, in line 3, the word “abuse” and inserting in  
687 place thereof the following words:- use disorder.

688 SECTION 72. Section 4AA of said chapter 176G, as so appearing, is hereby amended by  
689 striking out, in line 30, the word “abuse” and inserting in place thereof the following words:- use  
690 disorder.

691 SECTION 73. Said chapter 176G is hereby further amended by inserting after section  
692 4CC the following section:-

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

697 an additional payment obligation, including but not limited to co-payments, if said person fills  
698 the remaining portion of the prescription.

699 SECTION 74. Notwithstanding any other general or special law to the contrary, for the  
700 initial implementation of section 25J½ of chapter 111 of the General Laws, the commissioner of  
701 public health shall consult with a stakeholder group of provider representatives in the  
702 development of licensure regulations.

703 SECTION 75. (a) There shall be a special commission established pursuant to section 2A  
704 of chapter 4 of the General Laws to review and make recommendations regarding recovery  
705 coaching in the commonwealth. The commission shall review training opportunities for recovery  
706 coaches, recommend standards that should apply when credentialing a recovery coach, including  
707 whether recovery coaches should be required to register with a board, and gather all relevant data  
708 related to recovery coaches, including but not limited to: (i) the total number of recovery coaches  
709 in the commonwealth; (ii) the number of people receiving compensation as recovery coaches in  
710 the commonwealth; (iii) the average and median compensation for a recovery coach; (iv) the  
711 average and median caseload for a recovery coach; and (v) the projected need for certified  
712 recovery coach services. The commission shall develop recommendations for a streamlined  
713 process to certify recovery coaches and adequate protections to ensure unauthorized individuals  
714 are not engaging in the practice of recovery coaching.

715 (b) The commission shall consist of 11 members: the secretary of health and human  
716 services or the secretary's designee, who shall serve as chair; the commissioner of the  
717 department of public health or the commissioner's designee; the house chair of the joint  
718 committee on mental health, substance use and recovery; the senate chair of the joint committee

719 on mental health, substance use and recovery; 1 representative from the Massachusetts  
720 Association of Health Plans; 1 representative from the Massachusetts Organization for Addiction  
721 Recovery; and 5 persons who shall be appointed by the secretary of health and human services: 1  
722 of whom shall represent a community provider who employs recovery coaches, 1 of whom shall  
723 represent a hospital that employs recovery coaches, 1 of whom shall have expertise in training  
724 recovery coaches, 1 of whom shall currently be employed as a recovery coach and 1 of whom  
725 shall be a consumer of recovery coach services.

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

732 SECTION 76. (a) There shall be a commission to review, make recommendations and  
733 report on non-opioid and non-pharmacological pain management strategies. The commission  
734 shall: (i) develop a plan for insurers to provide adequate coverage and access to non-  
735 pharmacological pain management treatment administered by health care providers licensed by  
736 the commonwealth; and (ii) develop reasonable standards by which to assess provider networks  
737 and patient utilization of evidence-based treatment for pain management.

738 (b) The commission shall be comprised of 11 members: the commissioner of public  
739 health or a designee, who shall serve as chair; a representative from the Center for Health  
740 Information and Analysis; the director of Medicaid or their designee; and 1 representative from

741 each of the following 8 organizations: the Massachusetts Association for Health Plans; Blue  
742 Cross Blue Shield Massachusetts; the Massachusetts Pain Initiative; the Acupuncture Society of  
743 Massachusetts; the American Physical Therapy Association of Massachusetts; the Massachusetts  
744 Chiropractic Society, Inc.; the Massachusetts Medical Society; and Alosa Health. The  
745 commission may hold public meetings and fact-finding hearings as it considers necessary.

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

751 SECTION 77. (a) There shall be a special commission established pursuant to section 2A  
752 of chapter 4 of the General Laws to study and make recommendations regarding the use of  
753 medication-assisted treatment for opioid use disorder in the commonwealth, including  
754 methadone, buprenorphine and injectable long-acting naltrexone.

755 (b) The commission shall: (i) create aggregate demographic and geographic profiles of  
756 individuals who use medication-assisted treatment; (ii) examine the availability of and barriers to  
757 accessing medication-assisted treatment, including federal, state and local laws and regulations;  
758 (iii) determine the current utilization of, and projected need for, medication-assisted treatment in  
759 inpatient and outpatient settings, including, but limited to, inpatient and residential substance use  
760 treatment facilities, inpatient psychiatric settings, pharmacy settings, mobile settings and primary  
761 care settings; (iv) identify ways to expand access to medication-assisted treatment in both  
762 inpatient and outpatient settings; (v) identify ways to encourage practitioners to seek waivers to

763 administer buprenorphine to treat patients with opioid use disorder; (vi) study the availability of  
764 and concurrent use of behavioral health therapy for individuals receiving medication-assisted  
765 treatment; and (vii) study other related matters.

766 (c) The commission shall consist of 13 members: the commissioner of public health or a  
767 designee, who shall serve as chair; the executive director of the health policy commission or a  
768 designee; the director of Medicaid or a designee; the house chair of the joint committee on  
769 mental health, substance use, and recovery; the senate chair on mental health, substance use, and  
770 recovery; and 1 representative of each of the following 8 organizations: the Massachusetts  
771 Medical Society; the Massachusetts Health & Hospital Association; the Association for  
772 Behavioral Healthcare; the Massachusetts Association of Behavioral Health Systems; the  
773 Massachusetts Association of Health Plans; Blue Cross Blue Shield of Massachusetts; the  
774 Massachusetts Pharmacists Association; and the Massachusetts Organization for Addiction  
775 Recovery.

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

779 SECTION 78. (a) For the purposes of this section, the following words shall have the  
780 following meanings:-

781 “Informed consent,” consent to treatment that is: (a) voluntarily given by the patient; (b)  
782 recorded on a consent form signed by the patient; and (c) given after a written and verbal  
783 explanation of the following information: (i) the nature of federal Food and Drug  
784 Administration-approved medication used in substance use disorder treatment, including benefits

785 and risks, and the benefits and risks of not receiving treatment; (ii) the distinction between  
786 detoxification and maintenance, and the availability of short-term detoxification treatment; (iii)  
787 the approximate length of each type of treatment; (iv) a clear statement of the goals of each type  
788 of treatment, and the tasks necessary to reach those goals; (v) the need for the patient to inform  
789 the prescribing physician or advanced practice nurse of medical conditions and medications that  
790 the patient is currently taking; (vi) acknowledgement that the patient may withdraw voluntarily  
791 from treatment and discontinue use of medications; (vii) the options available to both the patient  
792 and the program as a result of either a voluntary or involuntary termination, including medically  
793 supervised withdrawal; and (viii) for women of child-bearing age, acknowledgement of the  
794 benefits and risks of treatment during pregnancy, and the importance of informing the  
795 prescribing physician or advanced practice nurse if she is or becomes pregnant. No incentives,  
796 rewards, or punishments shall be used to encourage, or discourage, a patient's decision to receive  
797 treatment, other than the information provided in this definition.

798 "Medication-assisted treatment," treatment for substance use disorder provided to a  
799 prisoner that (a) is provided with informed consent; (b) is determined to be medically necessary  
800 by a physician or advanced practice nurse; (c) involves the use of medication that is approved by  
801 the federal Food and Drug Administration for treatment of substance use disorder and is included  
802 in the MassHealth drug list; (d) includes counseling and behavioral therapy; and (e) is offered in  
803 accordance with a treatment plan that is reviewed every 90 days by a physician or advanced  
804 practice nurse.

805 (b) The commissioner of the department of correction, in consultation with the  
806 commissioner of the department of public health, shall establish a 2 year pilot program to  
807 provide medication-assisted treatment for the treatment of substance use disorder in correctional

808 facilities. The commissioner, in consultation with the commissioner of the department of public  
809 health, shall develop criteria for the selection of state prisons to participate in a pilot program and  
810 shall select two state prisons for participation in the pilot program.

811 Selected facilities shall maintain or provide for the capacity to possess, dispense and  
812 administer all drugs approved by the federal Food and Drug Administration for use in  
813 medication-assisted treatment for substance use disorder, and shall make such treatment  
814 available to any inmate who was receiving medication for opioid addiction immediately  
815 preceding incarceration; provided however, that facilities selected shall not be required to  
816 maintain or provide an opioid substitution therapy that is not included in the MassHealth drug  
817 list and is not a MassHealth covered benefit.

818 Selected facilities shall ensure that each inmate who is receiving medication-assisted  
819 treatment for opioid addiction continues the treatment unless the inmate voluntarily discontinues  
820 the treatment or unless the inmate's treating provider determines that treatment is no longer  
821 medically necessary.

822 Selected facilities shall ensure access to a qualified addiction specialist who is a licensed  
823 DATA-waiver practitioner under the federal Comprehensive Addiction and Recovery Act of  
824 2016, Public Law 114-198.

825 Treatment established under this section shall include behavioral health counseling for  
826 individuals diagnosed with substance use disorder, and said counseling services shall be  
827 consistent with current therapeutic standards for these therapies in a community setting.

828 Not later than March 1, 2019, and by March 1 of each subsequent year that the pilot  
829 program is in place, selected facilities shall report to the commissioner of correction the

830 following information: (i) the cost of the pilot program to the facility; (ii) the type and prevalence  
831 of medication-assisted treatments provided through the pilot program; (iii) the number of inmates  
832 who continued to receive the same medication as they received prior to incarceration; (iv) the  
833 number of inmates who voluntarily discontinued medication that they received prior to  
834 incarceration; (v) the number of inmates who discontinued the medication that they received  
835 prior to incarceration due to a determination by an addiction specialist; (vi) a review of the  
836 facility's practices related to medication-assisted treatment prior to inclusion in the pilot  
837 program; and (vii) any other information determined necessary by the department of correction,  
838 in consultation with the department of public health, related to the administration of the pilot  
839 program.

840           The department of correction, in consultation with the department of public health, shall  
841 provide a report of the findings collected from selected facilities to the chairs of the joint  
842 committee on mental health, substance use and recovery and the house and senate committees on  
843 ways and means not later than December 31 of each year that the pilot program is in place  
844 detailing: (i) the cost of the pilot program in the prior year; (ii) the type and prevalence of  
845 medication assisted-treatments provided through the pilot program; (iii) a summary of changes to  
846 facility practices concerning medication-assisted treatment related to the pilot program; and (iv)  
847 the aggregated results of: (A) the number of inmates who continued to receive the same  
848 medication as they received prior to incarceration; (B) the number of inmates who voluntarily  
849 discontinued the medication that they received prior to incarceration; and (C) the number of  
850 inmates who discontinued medication that they received prior to incarceration based on a  
851 determination that it was no longer medically necessary.

852 At the completion of the pilot program, the department of correction and the department  
853 of public health shall provide a final report that includes a plan for the initiation and maintenance  
854 of medication-assisted treatment programs in all state and county correctional facilities, the types  
855 of protocols for technical assistance that may be required by the department of public health the  
856 estimated costs to the chairs of the joint committee on mental health, substance use and recovery  
857 and the house and senate committees on ways and means not later than April 30 of the following  
858 year. The report shall also include (a) rates of relapse after release for individuals who received  
859 medication-assisted treatment through the pilot program; (b) rates of recidivism for individuals  
860 who received medication-assisted treatment through the pilot program; (c) rates of overdose  
861 death for individuals who received medication-assisted treatment through the pilot program; (g)  
862 the cost of the pilot program; and (h) the projected cost associated with expanding the pilot  
863 program to additional state and county correctional institutions.

864 SECTION 79. When developing the program pursuant to section 16AA of chapter 6A of  
865 the General Laws, the executive office of health and human services shall consider the  
866 following: (i) how to most effectively adapt the program model of the Massachusetts Child  
867 Psychiatry Access Program, established pursuant to section 16A of chapter 19 of the General  
868 Laws, for substance use disorder consultation services; (ii) program structure, including whether  
869 to use regionally based teams; (iii) the necessity of a needs assessment; (iv) outreach methods to  
870 educate and engage providers and health insurance carriers; (v) program metrics to gauge  
871 program usage and efficacy in expanding access to appropriate substance use disorder services;  
872 and (vi) program costs.

873 SECTION 80. Sections 24 through 29, inclusive, 32, 33, and 35 through 37, inclusive,  
874 shall take effect on January 1, 2020.

875 SECTION 81. Sections 75 to 77, inclusive, are hereby repealed.

876 SECTION 82. Section 81 shall take effect on January 1, 2021.