

HOUSE No. 3944

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, January 13, 2016.

The committee on Ways and Means to whom was referred the Bill relative to substance use, treatment, education and prevention (House, No. 3926), reports recommending that the same ought to pass with an amendment substituting therefor the accompanying bill (House, No. 3944).

For the committee,

BRIAN S. DEMPSEY.

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The Commonwealth of Massachusetts

In the One Hundred and Eighty-Ninth General Court
(2015-2016)

An Act relative to substance use, treatment, education and prevention.

Whereas, The deferred operation of this act would tend to defeat its purpose, which is to increase forthwith the availability of substance use treatment, education and prevention, therefore, it is hereby declared to be an emergency law, necessary for the immediate preservation of the public health.

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. Section 118 of chapter 6 of the General Laws, as appearing in the 2014
2 Official Edition, is hereby amended by inserting before the first sentence the following word:-
3 (a)

4 SECTION 2. Said section 118 of said chapter 6, as so appearing, is hereby further
5 amended by adding the following subsection:-

6 (b) The municipal police training committee may establish a course within the recruit
7 basic training curriculum for regional and municipal police training schools to train law
8 enforcement officers on the application of section 34A of chapter 94C and section 12FF of
9 chapter 112 and on responding to calls for assistance for drug-related overdoses. The committee
10 may periodically include within its in-service training curriculum a course of instruction on the
11 application of said section 34A of said chapter 94C and on responding to calls for assistance for

12 drug-related overdoses. Upon request, the department of public health shall provide information
13 or training assistance to the municipal police training committee regarding the application of said
14 section 34A of said chapter 94C.

15 SECTION 3. Section 14 of chapter 17 of the General Laws is hereby repealed.

16 SECTION 4. Section 19 of said chapter 17 of the General Laws, as appearing in the 2014
17 Official Edition, is hereby amended by inserting after the word “treatment”, in line 16, the
18 following words:- , including information on United States Food and Drug Administration
19 approved medication assisted therapies and the availability of such therapies in each geographic
20 region of the commonwealth.

21 SECTION 5. Said section 19 of said chapter 17 is hereby further amended by striking
22 out, in lines 27 and 28, as so appearing, the words “and (6)” and inserting in place thereof the
23 following words:-

24 (6) provide information to the patient prior to discharge about the patient’s option to file a
25 voluntary non-opiate directive form under section 18B of chapter 94C; and (7).

26 SECTION 6. Section 17M of chapter 32A of the General Laws, as so appearing, is
27 hereby amended by inserting after the word “treatment” in line 3, the following words:- ; a
28 substance abuse evaluation as defined in subsection section 51½ of chapter 111;

29 SECTION 7. Section 17N of said chapter 32A, as so appearing, is hereby amended by
30 inserting after the words “day 7”, in line 28, the following words:- ; provided further, that the
31 division and its contracted health insurers, health plans, health maintenance organizations,
32 behavioral health management firms and third party administrators under contract to a Medicaid

managed care organization or primary care clinician plan shall cover, without preauthorization, substance abuse evaluations ordered pursuant to section 51½ of chapter 111.

SECTION 8. Section 16 of chapter 38 of the General Laws is hereby amended by striking out subsection (b), as so appearing, and inserting in place thereof the following subsection:-

(b) Acute hospitals, as defined in section 64 of chapter 118E, shall file a monthly report regarding exposure of children to controlled substances with the commissioner of public health in a manner determined by the commissioner of public health. The report shall include, but not be limited to: (i) the number of infants born in the previous month identified by the hospital as having been exposed to a schedule I, II or III controlled substance under chapter 94C; and (ii) the number and specific causes of hospitalizations of children under the age of 11 caused by ingestion of a schedule I, II or III controlled substance under said chapter 94C.

SECTION 9: Chapter 71 of the General Laws is hereby amended by striking out section 96, as so appearing, and inserting in place thereof the following section:-

Section 96. Each public school shall have a policy regarding substance use prevention and the education of its students about the dangers of substance abuse. The school shall notify the parents or guardians of all students attending the school of the policy and shall post the policy on the school's website. The policy, and any standards and rules enforcing the policy, shall be prescribed by the school committee in conjunction with the superintendent or the board of trustees of a charter school.

The department of elementary and secondary education, in consultation with the department of public health, shall provide guidance and recommendations in order to assist schools with developing and implementing effective substance use prevention and abuse

education policies and shall make such guidance and recommendations publicly available on the department's website. Guidance and recommendations shall be reviewed and regularly updated to reflect applicable research and best practices.

Each school district and charter school shall file its substance use prevention and abuse education policies with the department of elementary and secondary education in a manner and form prescribed by the department.

SECTION 10. Section 1 of chapter 94C of the General Laws, as amended by section 80 of chapter 46 of the acts of 2015, is hereby amended by inserting after the definition of "drug paraphernalia" the following definition:-

"Extended-release long-acting opioid in a non-abuse deterrent form", a drug that is: (i) subject to the United States Food and Drug Administration's Extended Release and Long-Acting Opioid Analgesics Risk Evaluation and Mitigation Strategy; (ii) an opioid approved for medical use but does not meet the requirements for listing as a drug with abuse-deterrent properties pursuant to section 13 of chapter 17; and (iii) identified pursuant to said section 13 of said chapter 17 as posing a heightened level of public health risk.

SECTION 11. Said section 18 of said chapter 94C, as so appearing, is hereby further amended by striking out subsection (e) and inserting in place thereof the following 2 subsections:-

(e) Practitioners who prescribe an extended-release long-acting opioid in a non-abuse deterrent form shall note in the patient's medical record the reasons for prescribing such an opioid over other forms of pain management.

(f) Practitioners who prescribe controlled substances, except veterinarians, shall be required, as a prerequisite to obtaining or renewing their professional licenses, to complete appropriate training relative to: (i) effective pain management; (ii) identification of patients at risk for substance use disorders; (iii) counseling patients about the side effects, addictive nature and proper storage and disposal of prescription medications and; (iv) opioid antagonists, overdose prevention treatments and instances in which a patient may be advised on both the use of and ways to access opioid antagonists and overdose prevention treatments. The boards of registration for each professional license that requires this training shall develop the standards for appropriate training programs.

SECTION 12. The second paragraph of subsection (c) of section 24A of said chapter 94C of the General Laws is hereby amended by striking out the first sentence, as so appearing, and inserting in place there of the following sentence-

The department shall promulgate rules and regulations relative to the use of the prescription monitoring program by registered participants which shall include the requirement that participants utilize the prescription monitoring program in the following instances: (i) prior to the issuance to a patient for the first time of a prescription for a narcotic drug that is contained in schedule II or III; and (ii) prior to issuance to a patient every time for a prescription for an extended-release long-acting opioid in a non-abuse deterrent form for outpatient use.

SECTION 13. Chapter 94C of the General Laws is hereby amended by inserting after section 18 the following section:-

Section 18A. (a) The department of public health shall establish a voluntary non-opiate directive form. The form shall indicate to all prescribers, health care providers and facilities that

an individual shall not be administered or offered a prescription or medication order for an opiate. The form shall be posted on the department's searchable website. A patient may bring a copy of the voluntary non-opiate directive form to a practitioner registered under section 7 or other authority authorized by the department for signature. Before any such practitioner signs a voluntary non-opiate directive form they shall assess the patient's personal and family history of alcohol or drug abuse and evaluate the patient's risk for medication misuse or abuse. If a practitioner reasonably believes that a patient is at risk for substance misuse or a practitioner believes in the practitioner's expert medical opinion that for any other reason the non-opiate directive is appropriate, the practitioner may sign the form. The practitioner signing the non-opiate directive form shall note doing so in the patient's medical record. A patient may revoke the voluntary non-opiate directive form for any reason and may do so by written or oral means.

(b) The secretary shall promulgate regulations for the implementation of the voluntary non-opiate directive form which shall include, but need not be limited to:

(i) procedures to record the voluntary non-opiate directive form in the person's interoperable electronic health record and in the prescription drug monitoring program established in section 24A;

(ii) a standard form for the recording and transmission of the voluntary non-opiate directive form, which shall include verification by a practitioner registered under section 7 and which shall comply with the written consent requirements of the Public Health Service Act, 42 U.S.C. § 290dd-2(b), and 42 CFR Part 2; provided, however, that the voluntary non-opiate directive form shall also provide in plain language information on the process to revoke the voluntary non-opiate directive form;

(iii) requirements for an individual to appoint a duly authorized guardian or health care proxy to override a previously recorded voluntary non-opiate directive form and circumstances under which a treating practitioner registered under said section 7 may override a previously recorded voluntary non-opiate directive form based on documented medical judgment which shall be recorded in the patient's interoperable electronic health record;

(iv) procedures to ensure that any recording, sharing or distribution of data relative to the voluntary non-opiate directive form complies with all state and federal confidentiality laws; and

(v) appropriate exemptions for health care providers to prescribe an opiate medication when, in their professional medical judgement, such medication is necessary.

(c) A written prescription that is presented at an outpatient pharmacy or a prescription that is electronically transmitted to an outpatient pharmacy shall be presumed to be valid for the purposes of this section and a pharmacist in an outpatient setting shall not be held in violation of this section for dispensing a controlled substance in contradiction of a voluntary non-opiate directive form.

(d) No health care provider or employee of a health care provider acting in good faith shall be subject to criminal or civil liability or be considered to have engaged in unprofessional conduct for failing to offer or administer a prescription or medication order for an opiate under the voluntary non-opiate directive form.

(e) No person acting as an agent pursuant to a health care proxy shall be subject to criminal or civil liability for making a decision under clause (iii) of subsection (b) in good faith.

SECTION 14. Said chapter 94C of the General Laws is hereby further amended by inserting after section 19C the following section:-

Section 19D. (a) When issuing a prescription for an opiate to an adult patient for outpatient use for the first time, a practitioner shall not issue a prescription for more than a 7-day supply. A practitioner shall not issue an opiate prescription to a minor for more than a 7-day supply at any time and shall discuss with the parent or guardian of the minor the risks associated with opiate use and the reasons why the prescription is necessary.

(b) Notwithstanding subsection (a), if in the professional medical judgment of a practitioner more than a 7-day supply of an opiate is required to treat the adult or minor patient's acute medical condition, or is necessary for the treatment of chronic pain management, pain associated with a cancer diagnoses or for palliative care, then the practitioner may issue a prescription for the quantity needed to treat said acute medical condition, chronic pain, pain associated with a cancer diagnosis or pain experienced while the patient is in palliative care. The condition triggering prescription of an opiate for more than a 7-day supply shall be documented in the patient's medical record and the practitioner shall indicate that a non-opiate alternative was not appropriate to address the medical condition.

SECTION 15. Said chapter 94C of the General Laws is hereby further amended by inserting after section 24A the following section:-

Section 24B. The department shall annually determine, through the prescription drug monitoring system established under section 24A, the mean and median quantity and volume of prescriptions for opiates contained in schedule II and schedule III of section 3 issued by practitioners registered under section 7; provided, however, that mean and median prescription

quantities and volumes shall be determined within categories of practitioners of a similar specialty or practice type as determined by the department.

SECTION 16. Chapter 111 of the General Laws is hereby amended by inserting after section 51 the following section:-

Section 51½: Substance Abuse Evaluations in Acute-Care Hospitals

(a) For the purposes of this section, the following words shall have the following meanings:-

“Acute-care hospital”, any hospital licensed under section 51 of chapter 111, and the teaching hospital of the University of Massachusetts Medical School, which contains a majority of medical-surgical, pediatric, obstetric, and maternity beds, as defined by the department.

“Licensed mental health professional” , a licensed physician who specializes in the practice of psychiatry or addiction medicine, a licensed psychologist, a licensed independent social worker, a licensed mental health counselor, a licensed nurse mental health clinical specialist or a licensed alcohol and drug counselor I, as defined in section 1 of chapter 111J.

“Satellite emergency facility”, a health care facility that operates on a 7 day per week, 24 hour per day basis, that is located off the premises of a hospital, but is listed on the license of the hospital, which is authorized to accept patients transported to the facility by ambulance.

“Substance abuse evaluation”, an evaluation ordered pursuant to subsection (b) that is conducted by a licensed mental health professional, or through an emergency services program, which shall include, but not be limited to, collecting the following information: history of the use of alcohol, tobacco and other drugs, including age of onset, duration, patterns and consequences

of use; the use of alcohol, tobacco and other drugs by family members; types of and responses to previous treatment for substance use disorders or other psychological disorders; an assessment of the patient's psychological status including co-occurring disorders, trauma history and history of compulsive behaviors; and an assessment of the patient's Human Immunodeficiency Virus, Hepatitis C, and Tuberculosis risk status.

(b) Each person presenting in an acute-care hospital or a satellite emergency facility who is reasonably believed by the attending physician to be experiencing an opiate-related overdose, or who has been administered naloxone prior to arriving at the hospital or facility, shall receive a substance abuse evaluation within 24 hours of receiving emergency room services. A substance abuse evaluation shall conclude with a diagnosis of the status and nature of the client's substance use disorder, using standardized definitions as set forth in the Diagnostic and Statistical Manual of Mental Disorders as published by the American Psychiatric Association, or a mental or behavioral disorder due to the use of psychoactive substances, as defined and coded by the World Health Organization. Each patient shall be presented with the findings of the evaluation in person and in writing, and such findings shall include recommendations for further treatment, if necessary, with an assessment of the appropriate level of care needed. Findings from the evaluation shall be entered into the patient's medical record. No acute-care hospital or satellite emergency facility shall permit early discharge, defined as less than 24 hours after admission or before the conclusion of a substance abuse evaluation, whichever comes sooner. If a patient does not receive an evaluation within 24 hours, the attending physician must note in the medical record the reason the evaluation did not take place and authorize the discharge of the patient.

(c) After a substance abuse evaluation has been completed pursuant to subsection (b) a patient may consent to further treatment. Such treatment may occur within the acute-care hospital or satellite emergency facility, if appropriate services are available; provided, however, that if the hospital or facility is unable to provide such services the hospital or facility shall refer the patient to treatment center outside of the hospital or facility. Medical necessity for such treatment shall be determined by the treating clinician in consultation with the patient and noted in the medical record. If a patient refuses further treatment after the evaluation is complete, and is otherwise medically stable, the hospital or facility may initiate discharge proceedings. All persons receiving an evaluation under subsection (b) shall receive, upon discharge, information on local and statewide treatment options, providers and other relevant information as deemed appropriate by the attending physician.

(d) If a person has received a substance abuse evaluation within the past 3 months, further treatment and evaluation determinations shall be made by the attending physician according to best practices and procedures.

(e) If a person under 18 years of age is ordered to undergo a substance abuse evaluation, the parent or guardian shall be notified that the minor has suffered from an opiate-related overdose and that an evaluation has been ordered. The parent or guardian may be present when the findings of the evaluation are presented to the minor.

SECTION 17. Subsection (a) of section 222 of chapter 111 of General Laws, as appearing in 2014 Official Edition, is hereby amended by adding the following paragraph:-

The bureau of substance abuse services shall provide education materials on the dangers of opiate use and misuse to those persons participating in the annual head injury safety program

227 required by this section. The same information shall be distributed in written form to all student
228 athletes prior to the commencement of their athletic seasons.

229 SECTION 18. Section 3 of chapter 111E of the General Laws is hereby repealed.

230 SECTION 19. Chapter 112 of the General Laws, as so appearing, is hereby amended by
231 inserting after section 12EE the following section:-

232 Section 12FF. Any person who, in good faith, attempts to render emergency care by
233 administering naloxone or any other opioid antagonist as defined in section 19B of chapter 94C
234 to a person reasonably believed to be experiencing an opiate-related overdose shall not be liable
235 for acts or omissions, other than gross negligence or willful or wanton misconduct, resulting
236 from the attempt to render this emergency care.

237 SECTION 20. Section 10H of chapter 118E of the General Laws, as so appearing, is
238 hereby amended by inserting after the words “day 7”, in line 45, the following words:- ;
239 provided further, the division and its contracted health insurers, health plans, health maintenance
240 organizations, behavioral health management firms and third party administrators under contract
241 to a Medicaid managed care organization or primary care clinician plan shall cover, without
242 preauthorization, substance abuse evaluations ordered pursuant to section 51½ of chapter 111.

243 SECTION 21. Section 47FF of chapter 175 of the General Laws, as so appearing, is
244 hereby amended by inserting after the word “treatment;”, in line 3, the following words:- a
245 substance abuse evaluation as defined in section 51½ of chapter 111;

246 SECTION 22. Section 47GG of said chapter 175, as so appearing, is hereby amended by
247 inserting after words “day 7”, in line 29, the following words:- ; provided further, any policy,

248 contract, agreement, plan or certificate of insurance issued, delivered or renewed within the
249 commonwealth, which is considered creditable coverage under section 1 of chapter 118M, shall
250 cover, without preauthorization, a substance abuse evaluation ordered pursuant to section 51½ of
251 chapter 111.

252 SECTION 23. Section 8HH of chapter 176A, as so appearing, is hereby amended by
253 inserting after the word “treatment;”, in line 3, the following words:- a substance abuse
254 evaluation as defined in section 51½ of chapter 111;

255 SECTION 24. Section 8II of chapter 176A, as so appearing, is hereby amended by
256 inserting after the words “day 7”, in line 28, the following words:- ; provided further, any
257 policy, contract, agreement, plan or certificate of insurance issued, delivered or renewed within
258 the commonwealth, which is considered creditable coverage under section 1 of chapter 118M,
259 shall cover, without preauthorization, a substance abuse evaluation ordered pursuant to section
260 51½ of chapter 111.

261 SECTION 25. Section 4HH of chapter 176B, as so appearing, is hereby amended by
262 inserting after the word “treatment;”, in line 3, the following words:- a substance abuse
263 evaluation as defined in section 51½ of chapter 111;

264 SECTION 26. Section 4II of chapter 176B, as so appearing, is hereby amended by
265 inserting after the words “day 7”, in line 28, the following words:- ; provided further, any
266 policy, contract, agreement, plan or certificate of insurance issued, delivered or renewed within
267 the commonwealth, which is considered creditable coverage under section 1 of chapter 118M,
268 shall cover, without preauthorization, a substance abuse evaluation ordered pursuant to section
269 51½ of chapter 111.

SECTION 27. Section 4Z of chapter 176G, as so appearing, is hereby amended by inserting after the word “treatment;” ,in line 3, the following words:- a substance abuse evaluation as defined in section 51½ of chapter 111;

SECTION 28. Section 4AA of chapter 176G, as so appearing, is hereby amended by inserting after the words “day 7”, in line 27, the following words:- ; provided further, any policy, contract, agreement, plan or certificate of insurance issued, delivered or renewed within the commonwealth, which is considered creditable coverage under section 1 of chapter 118M, shall cover, without preauthorization, a substance abuse evaluation ordered pursuant to section 51½ of chapter 111.

SECTION 29. Section 7 of chapter 176O of the General Laws, as so appearing, is hereby amended by striking out, in line 59, the word “and”.

SECTION 30. Said section 7 of said chapter 176O, as so appearing, is hereby further amended by inserting after the word “age”, in line 68, the following words:- ; and

(5) a report detailing for the previous calendar year the total number of: (i) medical or surgical claims submitted to the carrier; (ii) medical or surgical claims denied by the carrier; (iii) mental health or substance use disorder claims submitted to the carrier; (iv) mental health or substance use disorder claims denied by the carrier; and (v) medical or surgical claims and mental health or substance use disorder claims denied by the carrier because: (A) the insured failed to obtain pre-treatment authorization or referral for services; (B) the service was not medically necessary; (C) the service was experimental or investigational; (D) the insured was not covered or eligible for benefits at the time services occurred; (E) the carrier does not cover the service or the provider under the insured’s plan; (F) duplicate claims had been submitted; (G)

incomplete claims had been submitted; (H) coding errors had occurred; or (I) of any other specified reason.

SECTION 31. Section 35 of chapter 123 of the General Laws, as so appearing, is hereby amended by striking out the first two paragraphs and inserting in place thereof the following paragraph:-

For the purposes of this section the following terms shall, unless the context clearly requires otherwise, have the following meanings:

“Alcohol use disorder,” where a person chronically or habitually consumes alcoholic beverages to the extent that (1) such use substantially injures the person’s health or substantially interferes with the person’s social or economic functioning, or (2) the person has lost the power of self-control over the use of such beverages.

“Facility,” a public or private facility that provides care and treatment for a person with an alcohol or substance use disorder.

“Substance use disorder,” where a person chronically or habitually consumes or ingests controlled substances or intentionally inhales toxic vapors to the extent that: (i) such use substantially injures the person’s health or substantially interferes with the person’s social or economic functioning; or (ii) the person has lost the power of self-control over the use of such controlled substances or toxic vapors.

SECTION 32. Said section 35 of said chapter 123, as so appearing, is hereby further amended by striking out the words “an alcoholic or substance abuser”, in lines 17 and 18, and

inserting in place thereof, in each instance, the words:- a person with an alcohol or substance use disorder.

SECTION 33. Said section 35 of said chapter 123, as so appearing, is hereby further amended by striking out the words “or a”, in line 36, and inserting in place thereof the following words:- or a qualified.

SECTION 34. Said section 35 of said chapter 123, as so appearing, is hereby further amended by striking out the fourth and fifth paragraphs and inserting in place thereof the following 3 paragraphs:-

If, after a hearing which shall include expert testimony and may include other evidence, the court finds that such person is an individual with an alcohol or substance use disorder and there is a likelihood of serious harm as a result of the person’s alcohol or substance use disorder, the court may order such person to be committed for a period not to exceed 90 days to a facility designated by the department of public health, followed by the availability of case management services provided by the department of public health for up to 1 year; provided, however, that a review of the necessity of the commitment shall take place by the superintendent on days 30, 45, 60 and 75 as long as the commitment continues. A person so committed may be released prior to the expiration of the period of commitment upon written determination by the superintendent of the facility that release of that person will not result in a likelihood of serious harm. Such commitment shall be for the purpose of inpatient care for the treatment of an alcohol or substance use disorder in a facility licensed or approved by the department of public health or the department of mental health; provided further, that subsequent to the issuance of a commitment order, the superintendent of the facility may authorize the transfer of a patient to a different

334 facility for continuing treatment and shall provide notification of the transfer to the committing
335 court.

336 If the department of public health informs the court that there are no suitable facilities
337 available for treatment licensed or approved by the department of public health or the department
338 of mental health, or if the court makes a specific finding that the only appropriate setting for
339 treatment for the person is a secure facility, then the person may be committed to a secure facility
340 for women approved by the department of public health or the department of mental health, if a
341 female; or to the Massachusetts correctional institution at Bridgewater, if a male; provided,
342 however, that any person so committed shall be housed and treated separately from persons
343 currently serving a criminal sentence. Such person shall, upon release, be encouraged to consent
344 to further treatment and shall be allowed voluntarily to remain in the facility for such purpose.
345 The department of public health shall maintain a roster of public and private facilities available,
346 together with the number of beds currently available and the level of security at each facility, for
347 the care and treatment of alcohol use disorder and substance use disorder and shall make the
348 roster available to the trial court.

349 Nothing in this section shall preclude a facility, including the Massachusetts correctional
350 institution at Bridgewater, from treating persons on a voluntary basis.

351 SECTION 35: Section 43 of chapter 258 of the acts of 2014 is hereby repealed.

352 SECTION 36: (a) There shall be a Massachusetts Council on Substance Use Disorder
353 Prevention and Treatment. The council shall: (i) support the efforts of the department of public
354 health and the department of mental health to supervise, coordinate and establish standards for
355 the operation of substance use prevention and treatment services; (ii) oversee implementation of

initiatives and programs that effectively direct the existing resources and minimize the impact of substance use and misuse; (iii) develop and recommend formal policies and procedures for the coordination and efficient utilization of programs and resources across state agencies and secretariats; (iv) provide recommendations on methods and programs to increase the collection and safe disposal of federally scheduled prescription medications; and (v) develop an annual report and submit said report to the governor, on or before November 30 of each year, detailing all activities of the council and recommending further efforts and resource needs.

(b) The council shall consist of the following members or their designees: the secretary of health and human services, who shall serve as chair; the secretary of public safety, or a designee; the secretary of education, or a designee; the commissioner of public health, or a designee; the commissioner of mental health, or a designee; the secretary of elder affairs, or a designee; the chief justice of the trial court; 1 member appointed by the president of the senate; 1 member appointed by the speaker of the house; 1 member appointed by the senate minority leader; 1 member appointed by the house minority leader; 15 members appointed by the governor, 2 of whom shall be medical professionals specializing in the treatment of substance use disorders, 1 of whom shall be a medical professional with expertise in the assessment and management of neonatal abstinence syndrome, 1 of whom shall be an individual recovering from a substance use disorder, 1 of whom shall be a family member of an individual with a substance use disorder, 1 of whom shall represent the interests of individuals with chronic pain, 1 of whom shall be a member of the Massachusetts Hospital Association, 1 of whom shall be a mayor or selectman in a city or town in the commonwealth, 1 of whom shall be a representative of the Massachusetts Sheriffs' Association, 1 of whom shall be a representative from the Massachusetts Chiefs of Police Association, 1 of whom shall be a representative of District Attorney's

Association, 1 of whom shall be a representative of the Committee for Public Counsel Services, 1 of whom shall be a representative from the Service Employees International Union; 1 of whom shall be a member of the Police Assisted Addiction Recovery Initiative, 1 of whom shall represent pharmacists; and other appropriate representatives as determined by the governor. All members shall serve without compensation in an advisory capacity and at the pleasure of the governor.

(c) The council shall meet at least 4 times annually and shall establish task groups, meetings, forums and any other activity deemed necessary to carry out its mandate.

(d) All affected agencies, departments and boards of the commonwealth shall fully cooperate with the council. The council may call and rely upon the expertise and services of individuals and entities outside of its membership for research, advice, support or other functions necessary and appropriate to further accomplish its mission.

SECTION 37. Not later than July 1, 2016, the Massachusetts Association of School Committees, the Massachusetts Association of School Superintendents, and the Massachusetts Charter Public School Association shall provide an update to the department of elementary and secondary education, the joint committee on education, and the joint committee on mental health and substance abuse on its ongoing efforts to ensure compliance with the requirements set forth in section 96 of chapter 71 of the General Laws.

SECTION 38. The department of public health and the department of elementary and secondary education shall develop a transportation plan for recovery high schools. Said plan shall ensure that each student attending a recovery high school has access to transportation between home and school.

SECTION 39. The department of public health shall promulgate regulations to classify gabapentin and its chemical equivalents as “additional drugs” for the purposes of section 24A of chapter 94C of the General Laws.

SECTION 40: The health policy commission, in consultation with the department of public health and the department of mental health, shall conduct a study on the availability of health care providers that serve patients with dual diagnoses of substance use disorder and mental illness in inpatient and outpatient settings. This study shall include: (a) an inventory of health care providers with capability of caring for patients with dual diagnoses, including the location and nature of services offered at each such provider; (b) an inventory of health care providers specializing in caring for child and adolescent patients with dual diagnoses, including the location and nature of services offered at each such provider and (c) an assessment of the sufficiency of such resources in the commonwealth considering multiple factors, including but not limited to population density, geographic barriers to access, insurance coverage and network design, and incidence of mental illness and substance use disorders and needs of individuals with dual diagnosis. The study shall also consider barriers to access to comprehensive mental health and substance use disorder treatment for adults, seniors, children and adolescents and include recommendations to reduce barriers to treatment for patients with dual diagnoses, including the appropriate supply and distribution of health care providers with such capability. The commission shall report to the joint committee on mental health and substance abuse and the house and senate committees on ways and means no later than 12 months following the completion of the study.

SECTION 41. Notwithstanding any general or special law to the contrary, the Massachusetts Behavioral Health Access (MABHA) website, operated by the office of

424 medicaid’s behavioral health vendor, shall post contact information for all insurance payers for
425 the purpose of enhancing communication between payers and providers. Contact information
426 posted on the website shall include a phone number which is accessible 24 hours per day.

427 SECTION 42. Sections 5, 6, 7, 13, 16, 20, 21, 22, 23, 24, 25, 26, 27, and 28 shall take
428 effect on July 1, 2016.