

## **Amendment #1 to H3944**

### **Boards of Licensure**

Representatives Farley-Bouvier of Pittsfield and Benson of Lunenburg move to amend the bill in line 8 of Section 16 by inserting after the word “department” the following text

“The department shall work in conjunction with the respective boards of licensure to annually determine each practitioner’s schedule II and schedule III opiate prescribing quantity and volume and the practitioner’s standing with regard to the mean and median quantity and volume for the practitioner’s category of specialty or practice type; provided, however, that the practitioner’s standing shall be expressed as a percentile ranking for the practitioner within the practitioner’s category. Each practitioner whose prescribing exceeds the mean or median within the practitioner’s category shall be sent notice of the practitioner’s percentile ranking in a manner determined by the department. The ranking determined for each practitioner shall be distributed by the department or by the relevant board of licensure only to the practitioner to which the information pertains and this information shall be confidential, not considered a public record as defined in clause Twenty-sixth of section 7 of chapter 4, not subject to disclosure pursuant to chapter 66, not admissible as evidence in a civil or criminal proceeding and shall not be the sole basis for investigation by a licensure board.

The department shall also coordinate with the respective boards of licensure to make resources available to prescribers regarding ways to change prescribing practices and incorporate alternative pain management options into a prescriber’s practice.”

## **Amendment #2 to H3944**

### **Medications for treatment of substance abuse**

Mr. Cusack of Braintree moves to amend the bill in SECTION 14, in proposed Section 19D, by inserting the following new subsection:

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

## **Amendment #3 to H3944**

### **72 Hour Medical Hold**

Representatives Lyons of Andover and O'Connell of Taunton move to amend the bill by inserting the following new section:-

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

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

If an examination is not possible because of the emergency nature of the case or because of the refusal of the person to consent to such examination, the physician, qualified psychologist,

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

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

(b) Only if the application for treatment under this section is made by a physician specifically designated to have the authority to admit to a facility in accordance with the regulations of the department of mental health or department of public health shall the person be admitted to the facility immediately after the person's reception. If the application is made by someone other than a designated physician, the person shall be given an examination by a designated physician within a reasonable amount of time after the person's reception at such facility. If the physician

determines that failure to treat the person would create a likelihood of serious harm by reason of an alcohol or substance use disorder the physician may admit the person to the facility for care and treatment.

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

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

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

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

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

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

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

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

(i) Upon making the finding required under subsection (g), the court may order such person to be committed for a period not to exceed 90 days, followed by the availability of case management services provided by the department of public health for up to 1 year; provided, however, that a review of the necessity of the commitment shall take place by the superintendent

on days 30, 45, 60 and 75 as long as the commitment continues; and provided further, that combined periods of treatment under this section shall not exceed 90 days. A person so committed may be released prior to the expiration of the period of commitment upon written determination by the superintendent of the facility that release of that person will not result in a likelihood of serious harm. Such commitment shall be for the purpose of inpatient care for the treatment of an alcohol or substance use disorder in a facility licensed or approved by the department of public health or the department of mental health; provided further, that subsequent to the issuance of a commitment order, the department of public health and the department of mental health may transfer a patient to a different facility for continuing treatment.

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

The court, in its order, shall specify whether such commitment is based upon a finding that the person is a person with an alcohol use disorder, substance use disorder, or both. The



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

Section 35B. (a) (1) Pursuant to regulations on admission procedures, the superintendent of a facility may receive and treat on a voluntary basis any person who has been temporarily restrained under subsection (a) of section 35A; provided, that the person is in need of care and treatment for an alcohol or substance use disorder; and provided further, that the admitting facility is suitable for such care and treatment and approved or licensed by the department of public health or the department of mental health. The application for treatment may be made by a person who has attained the age of 16 or by a parent of a person under the age of 18 years. Prior to accepting an application for a voluntary admission, the superintendent shall afford the person making the application the opportunity for consultation with an attorney, or with a person who is working under the supervision of an attorney, concerning the legal effect of a voluntary admission. The superintendent may discharge any person admitted under this subsection at any time the superintendent deems the discharge in the best interest of the person; provided, however, that if a parent made the application for admission, 14 days' notice shall be given to the parent prior to discharge.

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

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

Before accepting an application for voluntary admission where the superintendent may require 3 days written notice of intention to leave or withdraw, the admitting or treating physician shall assess the person's capacity to understand that: (i) the person is agreeing to stay

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

## **Amendment #4 to H3944**

### **Special Commission to investigate state licensed addiction treatment centers**

Mr. Mariano of Quincy moves to amend the bill by inserting, after section 41, the following section:-

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

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

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

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

## **Amendment #5 to H3944**

### **Penalty Forbearance**

Representatives Lyons of Andover and O'Connell of Taunton move to amend the bill by inserting the following new section:-

SECTION XX. (a) Section 22 of said chapter 90, as so appearing, is hereby amended by inserting after the first paragraph the following paragraph:-

The registrar of motor vehicles may restore the license or right to operate a motor vehicle to anyone who has had it revoked as a result of non-payments of fines incurred under the provisions of chapter ninety-four C, excluding section 32E, paragraphs (b), (c), and (d), provided that they are in compliance with a payment plan proscribed by the courts. Failure to adhere with said payment plan will result in immediate revocation of license.

(b) Chapter 94C of the General Laws is hereby amended by inserting after section 49 the following section:-

SECTION 49. Anyone having received a fine under this chapter, excepting fines levied under paragraphs (b) (c) or (d) of section 32E, shall be eligible to perform community service in lieu of payment of the fine. Any person seeking to work off said fines in community service shall perform 10 hours of community service, in a community service program relating to the rehabilitation of drug users, for each \$100 owed in fines, which may be prorated. A plan community service plan shall constitute a payment plan for the purpose of reinstatement of a drivers license.

Community service shall be verified by the chief probation officer or the officer's designee through a report to the court which shall include the nature of the community service, the recipient organization of the community service, the number of hours and identification of the source of verification. The chief probation officer or the officer's designee shall file a copy of the verification report with the clerk of the court and the registrar of motor vehicles.

## **Amendment #6 to H3944**

### **Secure and Suitable Facilities Clarification**

Mr. Fernandes of Milford moves to amend the bill in section 34 by striking out lines 320-348 and inserting in place thereof the following 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 secure 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 or transferred to a nonsecure facility 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. Subsequent to the issuance of a commitment order, the superintendent of the facility may authorize transfer of that person to a different secure facility for continuing treatment upon notifying the committing court of the transfer.

If the court determines that the department of public health has not identified any available facilities that are suitable for the person, or if the court makes a specific finding that no lesser



level of security would be suitable for the person, then the person may be committed to a secure facility for women approved by the department of public health or the department of mental health, if a female; or to the Massachusetts correctional institution at Bridgewater, if a male; provided, however, that any person so committed shall be housed and treated separately from persons currently serving a criminal sentence. Such person shall, upon release, be encouraged to consent to further treatment and shall be allowed voluntarily to remain in the facility for such purpose.

**Amendment #7 to H3944**  
**Hallucinogenic Substances**

Representatives Muradian of Grafton and Whelan of Brewster move to amend the bill by inserting at the end thereof the following new section:-

“SECTION XX. Section 31 of chapter 94C of the General Laws, as appearing in the 2014 Official Edition, is hereby amended in class C by inserting after subsection (f) the following:

(g) Unless specifically excepted or listed in another schedule, any material, compound, mixture, or preparation, which contains any quantity of the following hallucinogenic substances, or which contains any of their salts, isomers, and salt of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

- (1) 4-methyl-N-ethylcathinone ("4-MEC")
- (2) 4-methyl- $\alpha$ -pyrrolidinopropiophenone ("4-MePPP")
- (3) 2-(methylamino)-1-phenylpentan-1-one ("pentedrone")
- (4) 3,4-methylenedioxy-N,N-dimethylcathinone ("dimethylone")
- (5) 1-(1,3-benzodioxol-5-yl)-2-(methylamino)pentan-1-one ("pentylone")
- (6) 4-fluoro-N-methylcathinone ("4-FMC")
- (7) 3-fluoro-N-methylcathinone ("3-FMC")
- (8) 1-(naphthalen-2-yl)-2-(pyrrolidin-1-yl)pentan-1-one ("naphyrone")
- (9)  $\alpha$ -pyrrolidinobutiophenone (" $\alpha$ -PBP")

- (10) N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(fluorobenzyl)-1H-indazole-3-carboxamide (“AB-Fubinaca”)
- (11) N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide (“AB-Pinaca”)
- (12) N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide (“AB-Chminaca”)
- (13) [1-(fluoropentyl)-1H-indazol-3-yl](naphthalen-1-yl)methanone (“THJ-2201”)
- (14) (1-pentyl-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone (“UR-144”)
- (15) [1-(fluoropentyl)-1H-indol-3-yl](2,2,3,3-tetramethylcyclopropyl)methanone (“XLR-11”)
- (16) quinolin-8-yl 1-pentyl-1H-indole-3-carboxylate (“PB-22”)
- (17) quinolin-8-yl 1-(fluoropentyl)-1H-indole-3-carboxylate (“Fluoro-PB-22”)
- (18) N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide (“ADB-Pinaca”)
- (19) N-(1-Adamantyl)-1-pentyl-1H-indazole-3-carboxamide (“APINACA”).

## **Amendment #8 to H3944**

### **Consumer dashboard for treatment options**

Mr. Bradley of Hingham moves to amend the bill by inserting the following section:-

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

## **Amendment #9 to H3944**

### **Section 35 warrant procedures**

Mr. Bradley of Hingham moves to amend the bill by inserting the following section:-

SECTION XX. Section 35 of chapter 123 of the General Laws, as appearing in the 2014 Official Edition, is hereby amended by striking out the fifth sentence in the third paragraph and inserting in place thereof the following sentence:- If such person is not immediately presented before a judge of the district court, the warrant shall continue day after day for 10 consecutive days, excluding Saturdays, Sundays and legal holidays, or until such time the person is presented to the court, whichever is sooner; provided, however that an arrest on such warrant shall not be made prior to 8:30 o'clock in the forenoon or after 4:30 o'clock in the afternoon.

## **Amendment #10 to H3944**

### **Cutler amendment - Expand access to mental health services for LMHCs**

Representatives Cutler of Duxbury, Calter of Kingston, Cantwell of Marshfield, Ashe of Longmeadow, DeCoste of Norwell, Garry of Dracut, Pignatelli of Lenox, Walsh of Framingham and Vieira of Falmouth move to amend the bill by adding the following 6 sections:

“SECTION 1. Section 1 of chapter 123 of the General Laws, as appearing in the 2012 Official Edition, is hereby amended by inserting after the definition of “Likelihood of serious harm” the following definition:-

“Mental health counselor”, a person licensed or eligible for licensure under section 165 of chapter 112.

SECTION 2. Section 12 of said chapter 123, as so appearing, is hereby amended by inserting after the figure “112”, in line 7, the following words:- , or a mental health counselor licensed pursuant to section 165 of chapter 112.

SECTION 3. Said section 12 of said chapter 123, as so appearing, is hereby further amended by inserting after the word “specialist”, in line 16 and in line 21, in each instance, the following words:- , or licensed mental health counselor.

SECTION 4. Section 22 of said chapter 123, as so appearing, is hereby amended by inserting after the word “specialists”, in line 2, the following words:- , licensed mental health counselors.

SECTION 5. Said section 22 of said chapter 123, as so appearing, is hereby further amended by inserting after the word “specialist”, in line 7, the following words:- , licensed mental health counselor.

SECTION 6. Section 35 of said chapter 123, as so appearing, is hereby amended by inserting after the words “physician”, in line 10, the following words:- , licensed independent clinical social worker or licensed mental health counselor.

## **Amendment #11 to H3944**

### **Behavioral Health Promotion Prevention Plan**

Mr. Cantwell of Marshfield moves to amend the bill by inserting the following section:

Section XX: Resolved, there is hereby established, pursuant to section 2A of chapter 4 of the General Laws, a special legislative commission on behavioral health promotion and upstream prevention, to investigate evidence-based practices, programs and systems to prevent behavioral health disorders and promote behavioral health across the commonwealth.

For the purposes of creating the plan, the commission shall:

(1) consider recommendations from state and federal reports, guides and action plans to promote behavioral health, including, but not limited to: Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities, published by the Institute of Medicine; the National Registry of Evidence-Based Programs and Practices, published by the Substance Abuse and Mental Health Services Administration; and the National Strategy for Suicide Prevention, published by the Surgeon General.

(2) identify sustainable, cost-beneficial, and evidence-based privately or publicly funded programs, implemented inside or outside of the commonwealth, which are designed to promote behavioral health, prevent disorders, and support early detection and intervention of behavioral health disorders;

(3) assess approaches to improve the commonwealth's system of behavioral health promotion and prevention, including the creation of a single state behavioral health agency, and to increase



collaboration at the state and local levels between community coalitions, and public health, mental health, healthcare, education, social services and public safety organizations;

(4) assess innovative approaches for funding promotion and prevention programs, including through health insurance plans, alternative payment methodologies, and medicaid;

(5) assess the difference in healthcare spending on behavioral health compared to physical health, and the impact such difference has on major public health problems such as violence, criminality, substance use and chronic illness;

(6) recommend strategies, including legislative action, to shift healthcare spending over the long term from acute and inpatient behavioral health care to promotion and upstream prevention, without diminishing treatment or recovery services for those in need;

(7) recommend evidence-based, primary and secondary-level programs that are community, family or school-based, including whole school approaches, that reduce risk factors and increase protective factors for behavioral health disorders and foster social and emotional health;

(8) recommend programs and practices to improve the commonwealth's system of behavioral health by 2020, 2022 and 2025;

(9) recommend measurable statewide behavioral health goals consistent with the goals identified in paragraphs (1) to (8), inclusive, for preventing behavioral health disorders by 2020, 2022 and 2025; and

(10) describe the costs and benefits of achieving the plan goals for 2020, 2022 and 2025, including potential lives saved, improvements in school climate, community health, academic

and economic outcomes, and estimated reductions in the rates of mental illness, substance abuse, suicide, homelessness, violence and criminality.

The commission shall consist of 20 members: 2 members of the house of representatives, 1 of whom shall be the house chair of the joint committee on mental health and substance abuse, or a designee, and 1 of whom shall be appointed by the minority leader of the house of representatives; 2 members of the senate, 1 of whom shall be the senate chair of the joint committee on mental health and substance abuse, or a designee, and 1 of whom shall be appointed by the minority leader of the senate; the commissioner of mental health, or a designee; the commissioner of public health, or a designee; the commissioner of elementary and secondary education, or a designee; the commissioner of the division of insurance, or a designee; the secretary of the executive office of public safety and security, or a designee; the executive director of the health policy commission, or a designee; the executive director of the center for health information and analysis, or a designee; the director of suicide prevention for the department of public health, or a designee; the director of prevention services for the bureau of substance abuse services, or a designee; the executive director of the Massachusetts community health information profile, or a designee; the executive director of the mental health legal advisors committee, or a designee; and the executive director of the Massachusetts public health association, or a designee; and 4 members who shall be appointed by the governor, 1 of whom shall be a representative from the health insurance industry, 1 of whom shall be an expert in mental and behavioral health promotion, 1 of whom shall be an expert in school and community based public health and 1 of whom shall be a representative from the national alliance on mental illness. The house and senate chairs of the joint committee on mental health and substance abuse, or their designees, shall serve as the chairs of the commission.

All commission appointments shall be made not later than 60 days after the effective date of this resolve. The first meeting of the commission shall take place within 90 days of the effective date of this resolve.

The department of public health shall appoint a public or private technical assistance organization competent in behavioral health promotion and prevention to facilitate the work of the commission.

The commission shall report the results of its investigation and study in the form of a plan, hereby known as the promote prevent plan, which shall include all findings and recommendations for achieving measurable outcomes in promoting behavioral health and preventing mental, emotional, and behavioral health disorders. The commission shall submit its final plan to the clerks for the house of representatives and the senate, no later than 24 months after the date of the first meeting of the commission.

The commission may hold public meetings and fact-finding hearings as it considers necessary; provided, however, that the commission shall conduct at least 3 public hearings to receive testimony from members of the public. The commission shall make a draft plan available to the public and accept comments on the draft plan before submitting its final plan to the clerks of the house of representatives and the senate.

## **Amendment #12 to H3944**

### **Fentanyl Misuse Screening and Overdose Deaths Investigation**

Mr. Cantwell of Marshfield moves to amend the bill by inserting the following section:

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

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

## **Amendment #13 to H3944**

### **Partial Fill Prescribing Method Advisory Commission**

Representatives Dooley of Norfolk and Jones of North Reading move to amend the bill by inserting at the end thereof the following new section:-

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

The commission shall consist of the secretary of the executive office of Health and Human Services, or his designee; the commissioner of the Department of Public Health, or his designee; the president of the Massachusetts Association of Health Plans, or his designee; 1 representative of a health consumer organization appointed by the attorney general; Director of Medicaid or his designee; Director of the Board of Registration in Medicine, or his designee; Director of the Board of Registration in Dentistry, or his designee; Director of the Board of Registration in Pharmacy, or his designee; 1 member of the senate to be appointed by the senate president, 1 member of the senate to be appointed by the senate minority leader; 1 member of the house of representatives to be appointed by the speaker of the house; 1 member of the house of representatives appointed by the house minority leader.

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

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

## **Amendment #14, as changed to H3944**

### **Substance Abuse Evaluations**

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

## **Amendment #15, as changed to H3944**

### **Prescription Monitoring Program**

Mr. Fernandes of Milford moves to amend the bill in section 15 by adding the following paragraph:-

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



## **Amendment #16 to H3944**

### **An act relative to immunity for persons seeking drug addiction treatment**

Ms. Ferrante of Gloucester moves to amend the bill by inserting after Section 19 the following section:

SECTION XX: Section 34A of chapter 94C of the General Laws, as appearing in the 2014 Official Edition, is hereby amended by inserting after paragraph (b) the following paragraph:-

(b½) A person who, in good faith, enters a police station and seeks assistance or treatment for a person present at such police station suffering from a drug-related addiction, or a person who, in good faith, enters a police station and seeks assistance or treatment for a drug-related addiction, or is the subject of a good faith request for such assistance or treatment, shall not be charged or prosecuted for possession of a controlled substance under sections 34 or 35, or possession of drug paraphernalia under section 32I, if the evidence for such charge of possession was gained as a result of the seeking of assistance or treatment.

**Amendment #17 to H3944**

**An act relative to police training in the administration of life-saving medication**

Ms. Ferrante of Gloucester moves to amend the bill in section 2, in lines 6 and 10, by striking out the word “may” and inserting in place thereof “shall”.

## **Amendment #18 to H3944**

### **An act relative to substance abuse evaluation**

Ms. Ferrante of Gloucester moves to amend the bill in section 16, in line 201, by striking out the word “admission” and inserting in place thereof “presentation”.

**Amendment #19 to H3944**  
**DPH Technical Amendment**

Mr. Fernandes of Milford moves to amend the bill by adding at the end thereof the following new section:

**SECTION XX**

Chapter 94C, Section 24A is hereby amended by striking (h) and inserting in place thereof the following: (h) The department may provide de-identified information to a public or private entity for statistical research or educational purposes.

## **Amendment #20 to H3944**

### **Prescription Supply**

Ms. Cronin of Easton moves to amend the bill in SECTION 14 by inserting the following new paragraph after paragraph/subsection (b):

“(c) Section 19D of this chapter 94C shall be effective until July 31, 2019.”

## **Amendment #21 to H3944**

### **advanced analytics prescription drug monitoring**

Mr. Kulik of Worthington moves to amend the bill by adding the following section:-

SECTION XX. Said section 24A of said chapter 94C, as so appearing, is hereby further amended by inserting in the following subsection (e) after “dispensing monitoring information...”:-

;and shall include the use of advanced analytics and business intelligence tools to focus on, anomaly detection, predictive modeling to examine the flow of the drugs and how future decisions may have an impact on population and trends.”

## **Amendment #22 to H3944**

### **Massachusetts Biotechnology Council**

Mr. Lawn of Watertown moves to amend the bill in section 36(b) by adding the following language after the word pharmacists; "with respect only to clause (iv) of subsection (a), the President of the Massachusetts Biotechnology Council";

## **Amendment #23 to H3944**

### **Overdose Reporting**

Mrs. Campbell of Methuen moves to amend the bill in section 16 by adding the following 2 subsections:-

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

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



**Amendment #24 to H3944**  
**Medical Examiner Priority**

Mrs. Campbell of Methuen moves to amend the bill by adding the following 2 sections:

“SECTION XX. Section 4 of chapter 38 of the General Laws, as appearing in the 2014 Official Edition, is hereby amended by inserting after the word “violence”, in line 5, the following words:- , acute or chronic use or misuse of a controlled substance or derivative thereof.

SECTION XY. Said chapter 38, as so appearing, is hereby amended by inserting after section 4A the following section:-

Section 4B. If after making inquiry pursuant to section 4, the medical examiner is of the opinion that death may have resulted from acute or chronic use or misuse of a controlled substance or a derivative thereof, the medical examiner shall conduct an autopsy on the body of such deceased person within 1 month of the date of death. Within 1 month after completion of such autopsy, the office of the chief medical examiner shall provide an autopsy report to anyone legally entitled to receive it.

Nothing in this section shall be construed to prohibit the office of chief medical examiner from providing a copy of the autopsy report of a decedent to the decedent's surviving spouse, person in

the first degree of consanguinity or, in the event there is no surviving spouse or person in the first degree of consanguinity, to the person entitled to receive the body.”

## **Amendment #25 to H3944**

### **Aggregate Reporting to the Department of Public Health**

Ms. Farley-Bouvier of Pittsfield moves to amend the bill by adding the following section:

Section XXXXXX:

Subsection (e) of section 24A of chapter 94C, as so appearing, is hereby amended by adding the following 5 sentences:- A professional licensing agency in the commonwealth that receives such a referral from the department shall provide to the department an annual report of the outcome of its investigations. The licensing agency shall include, in aggregate form, information on the number of cases that have not been completed within a year of the date of the referral and the status of those referrals. The agency shall report, in aggregate form, on the outcome or status of its investigations and shall not provide the names of the subject of the investigation, complainant or patient, medical record information or any other identifying information. These reports shall also be confidential and exempt from disclosure under clause Twenty-sixth of section 7 of chapter 4 and chapter 66. The department shall report this information only in aggregate form.

**Amendment #26, as changed to H3944**

**Parent and Guardian Education**

Mr. Zlotnik of Gardner moves to amend the bill in section 9 by inserting, after the word “website”, in line 56, the following sentence:-

Guidance and recommendations may include educating parents or guardians on recognizing warning signs of substance abuse and providing available resources.

## **Amendment #27, as changed to H3944**

### **Prescription Monitoring Program**

Representatives Jones of North Reading, Hill of Ipswich, Poirier of North Attleborough, Gifford of Wareham, Frost of Auburn and Smola of Warren move to amend the bill Representative Jones and Representative Moran of Boston move to further amend the bill by striking out section 12 and inserting in place thereof the following section:

“SECTION 12. The second paragraph of subsection (c) of section 24A of chapter 94C, as appearing in the 2014 Official Edition, is hereby amended by striking out the first sentence and inserting in place thereof 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 prior to issuance, participants utilize the prescription monitoring program each time a prescription for a narcotic drug that is contained in schedule II or III is issued.

And moves to further amend the bill by inserting after section 41 the following section:

SECTION 41A. Section 12 shall take effect October 15, 2016.”

## **Amendment #28 to H3944**

### **Continuing Education for Practitioners**

Representatives Jones of North Reading, Hill of Ipswich, Poirier of North Attleborough, Gifford of Wareham, Frost of Auburn and Smola of Warren move to amend the bill in subsection (f) in SECTION 11, by striking out, in line 84, the word “programs.” and inserting in place thereof the following words:- “ programs; provided, that each board shall, at a minimum, require 5 hours of training every 2 years in one or more of the aforementioned topic areas.”

## **Amendment #29 to H3944**

### **Limiting dentists' opiate prescriptions**

Representatives Fiola of Fall River, Farley-Bouvier of Pittsfield, McKenna of Webster, Calter of Kingston, O'Connell of Taunton and Kane of Shrewsbury move to amend the bill in SECTION 14, by inserting in line 144, after the word “supply,” the following: “A practitioner who is defined as a licensed dentist shall not issue a prescription for more than a 72-hour supply.”

**Amendment #30 to H3944**  
**State Auditor data collection**

Representatives Fiola of Fall River, Ultrino of Malden, Provost of Somerville, McKenna of Webster and Calter of Kingston move to amend the bill by adding the following section:-

SECTION \_\_. The office of the state auditor shall, to the extent possible, obtain and use data from the center for health information and analysis, the health policy commission, and the department of public health regarding the prescribing and dispensing of all schedule II to V, inclusive, controlled substances, and certain additional drugs determined by the department to carry a bona fide potential for abuse, by all professionals licensed to prescribe or dispense such substances, in order to identify patterns of abuse and monitor providers and programs involved in the treatment of substance abuse; provided, however, that such data shall be confidential and shall not be a public record under clause twenty-sixth of section 7 of chapter 4 of the General Laws.



## **Amendment #31, as changed to H3944**

### **Section 35 warrant procedures**

Mr. Bradley of Hingham moves to amend the bill Mr. Bradley of Hingham, Lyons of Andover and Cantwell of Marshfield move to amend the bill by inserting the following section:-

SECTION XX. Section 35 of chapter 123 of the General Laws, as appearing in the 2014 Official Edition, is hereby amended by striking out the fifth sentence in the third paragraph and inserting in place thereof the following sentence:- If such person is not immediately presented before a judge of the district court, the warrant shall continue day after day for up to 5 consecutive days, excluding Saturdays, Sundays and legal holidays, or until such time the person is presented to the court, whichever is sooner; provided, however that an arrest on such warrant shall not be made unless the person may be presented immediately before a judge of the district court.

## **Amendment #32 to H3944**

### **Controlled Substance Analogue**

Representatives Jones of North Reading, Hill of Ipswich, Poirier of North Attleborough, Gifford of Wareham, Frost of Auburn and Smola of Warren move to amend the bill by adding the following new sections:—

“SECTION XX. Section 1 of chapter 94C of the General Laws, as appearing in the 2014 Official Edition, is hereby amended by inserting after the definition of “controlled substance”, the following new definition:— “Controlled substance analogue”, a substance (i) the chemical structure of which is substantially similar to the chemical structure of a controlled substance; (ii) which has a stimulant, depressant, or hallucinogenic effect on the central nervous system that is substantially similar to or greater than the stimulant, depressant, or hallucinogenic effect on the central nervous system of a controlled substance; (iii) or with respect to a particular person, which such person represents or intends to have a stimulant, depressant, or hallucinogenic effect on the central nervous system that is substantially similar to or greater than the stimulant, depressant, or hallucinogenic effect on the central nervous system of a controlled substance. A controlled substance analogue shall not mean (i) a controlled substance; (ii) any substance for which there is an approved new drug application; (iii) any substance to which an investigational exemption applies or under section 505 of the federal Food, Drug, and Cosmetic Act, 21 U.S.C. 355, but only to the extent the conduct with respect to the substance is pursuant to the exemption; (iv) an exemption applies under section 4 of this chapter; or (v) any substance to the extent not intended for human consumption before such an exemption takes effect with respect to that substance.

SECTION XX. Section 32 of chapter 94C of the General Laws, as appearing in the 2014 Official Edition, is hereby, further amended, in paragraph (a), by inserting in the first sentence, in line 4, after the word “thirty-one” the following:— or the controlled substance analogue of a Class A.

SECTION XX. Section 32A of chapter 94C of the General Laws, as appearing in the 2014 Official Edition, is hereby further amended, in paragraph (a), by inserting in the first sentence, in line 4, after the word “thirty-one” the following:— or the controlled substance analogue of a Class B.

SECTION XX. Section 32B of chapter 94C of the General Laws, as appearing in the 2014 Official Edition, is hereby further amended, in paragraph (a), by inserting in the first sentence, in line 4, after the word “thirty-one” the following:— or the controlled substance analogue of a Class C.

SECTION XX. Section 32C of chapter 94C of the General Laws, as appearing in the 2014 Official Edition, is hereby amended, in paragraph (a), by inserting in the first sentence, in line 4, after the word “thirty-one” the following:— or the controlled substance analogue of a Class D.

SECTION XX. Section 32D of chapter 94C of the General Laws, as appearing in the 2014 Official Edition, is hereby amended, in paragraph (a), by inserting in the first sentence, in line 4, after the word “thirty-one” the following:— or the controlled substance analogue of a Class E.

SECTION XX. SECTION 32F of chapter 94C of the General Laws, as appearing in the 2014 Official Edition, is hereby amended, in paragraph (a), by inserting in the first sentence, in line 4, after the word “thirty-one” the following:— or the controlled substance analogue of a Class A

; and further, in line 15, after the word “thirty-one” the following:— or the controlled substance analogue of a Class B

; and further, in line 26, after the word “thirty-one” the following:— or the controlled substance analogue of a Class C

;and further, in line 38, after the word “thirty-one” the following:— or the controlled substance analogue of such a controlled substance

SECTION XX. Notwithstanding any general or special law to the contrary, a controlled substance analogue, as defined by section 1 of chapter 94C of the General Laws, shall, to the extent intended for human consumption, be treated for the purposes of any state law as the controlled substance to which it is the analogue.”.

## **Amendment #33 to H3944**

### **Prescription Limit**

Representatives Jones of North Reading, Hill of Ipswich, Poirier of North Attleborough, Gifford of Wareham, Frost of Auburn and Smola of Warren move to amend the bill in SECTION 14 by striking out the text in its entirety and inserting in place thereof:

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

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

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

## **Amendment #34 to H3944**

### **Naloxone Availability Special Commission**

Representatives Kuros of Uxbridge, Jones of North Reading, Ferguson of Holden, Kane of Shrewsbury, Lyons of Andover, Poirier of North Attleborough, Muratore of Plymouth, O'Connell of Taunton, McKenna of Webster, Garry of Dracut, Howitt of Seekonk, Campanale of Leicester and Gentile of Sudbury move to amend the bill by inserting at the end thereof the following new section:-

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

The special commission shall consist of: the secretary of health and human services or their designee, who shall serve as chair; the commissioner of the division of insurance or their designee; three members to be appointed by the governor, which shall include: one person who is a prescribing physician, one person who is a stakeholder within a retail pharmacy company, and one member of the general citizenry impacted by the opiate epidemic; two members of the house of representatives, one of whom to be appointed by the minority leader; two members of the senate, one of whom to be appointed by the minority leader; the director of the board of pharmacy or their designee; the director of the bureau of substance abuse services or their

designee; provided, however, that the first meeting of the commission shall take place not later than March 1, 2016.

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

**Amendment #35 to H3944**  
**Academic Detailing Program**

Representatives Benson of Lunenburg, Farley-Bouvier of Pittsfield, Cutler of Duxbury, Gentile of Sudbury and Garry of Dracut move to amend the bill by adding the following 4 sections:-

“SECTION WW. Chapter 29 of the General Laws is hereby amended by inserting after section 2RRRR, inserted by section 48 of chapter 46 of the acts of 2015, the following section:-

2SSSS. There shall be established and set upon the books of the commonwealth a separate fund, to be known as the Academic Detailing Program Trust Fund, to be expended, without prior appropriation. The fund shall be administered by the commissioner of public health. Unless a greater amount is authorized by law, the fund shall be credited with \$30 of a fee collected from a person who manufactures, distributes or dispenses, or possesses with intent to manufacture, distribute or dispense any controlled substance within the commonwealth except a pharmacy or wholesale druggist pursuant to paragraph (a) of section 7 of chapter 94C. The commissioner of the department of public health shall make necessary expenditures from this account for the cost of the prescription drug academic detailing program established pursuant to section 24O of chapter 111. The department of public health may establish and collect fees for subscriptions and contracts with private payers, and may seek funding from the federal government and nongovernmental health access foundations, as well as other sources to ensure the ongoing support for this program. Moneys deposited in the fund that are unexpended at the end of the fiscal year shall not revert to the General Fund.



SECTION XX. Section 7 of chapter 94C of the General Laws, as appearing in the 2014 Official Edition, is hereby amended by inserting after the word “seven” in line 7, the following words:- but shall not be less than \$180, of which at least \$30 shall be directed to the trust fund established by section 2SSSS of chapter 29.

SECTION YY. Chapter 111 of the General Laws is hereby amended by inserting after section 24N the following section:—

Section 24O. (a) The department shall develop, implement, and promote an evidence based outreach and education program which shall provide information and education to physicians, pharmacists and other health care professionals authorized to prescribe and dispense prescription drugs regarding the therapeutic and cost-effective utilization of prescription drugs. During the development of the program, the department shall consult with physicians, insurance plans or managed care organizations doing business in the commonwealth, hospitals, pharmacy benefit managers, and the MassHealth drug utilization review board.

The program shall include information regarding: (1) clinical trials; (2) pharmaceutical efficacy; (3) adverse effects of drugs; (4) evidence-based treatment options; and (5) drug marketing approaches that are intended to circumvent competition from generic and therapeutically equivalent drugs. The program shall also provide written information and in-person instruction to prescribers regarding best prescribing practices, methods of altering prescribing practices, and alternative pain management practices

(b) The department, in collaboration with the office of Medicaid, shall access aggregated prescription data on an ongoing basis for the use of the evidence based outreach and education program.

(c) The department may adopt regulations to implement this section.

(d) The department shall file an annual report on or before October 1, with the chairs of the house and senate committees on ways and means, the chairs of the joint committee on mental health and substance abuse, and the chairs of the joint committee on public health detailing the operation of the prescription drug academic detailing program.”

## **Amendment #36 to H3944**

### **Definition of “Licensed Mental Health Professionals”**

Ms. Khan of Newton moves to amend the bill moves to amend the bill in section 17, in lines 168-169, by striking out the words “a licensed nurse mental health clinical specialist” and inserting in place thereof the words “a licensed psychiatric clinical nurse specialist, a licensed certified nurse practitioner who specializes in the practice of psychiatric or addiction nursing”.

**Amendment #37 to H3944**  
**Opioid prescriptions for children**

Ms. DiZoglio of Methuen moves to amend the bill by striking out section 15 and inserting in place thereof the following section:-

SECTION 15. Said chapter 94C is hereby amended by inserting after section 19C the following section:-

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

(b) Notwithstanding subsection (a), if in the professional medical judgment of a practitioner more than a 5-day supply of an opiate is required to stabilize the patient's emergency medical condition, or the opiate is prescribed for 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 stabilize the patient's condition. The condition triggering prescription of an opiate for more than a 5-day supply shall be documented in the patient's medical record and the practitioner shall indicate that a non-opiate alternative was not appropriate to address the emergency medical condition.

## **Amendment #38 to H3944**

### **Supporting Substance Abuse Prevention Education in Public Schools**

Ms. Dykema of Holliston moves to amend the bill in Section 9 in line 57 by inserting after “practices”, the following:

“The department of elementary and secondary education, in consultation with the department of public health, shall create a grant program in order to assist schools with development and implementation of said policies.”

## **Amendment #39 to H3944**

### **Opioid prescriptions for children**

Ms. DiZoglio of Methuen moves to amend the bill by adding to Section 19D of SECTION 15 the following subsection:-

(d) A practitioner shall not issue an opiate or narcotic prescription to a minor for treatment of a pain-related condition unless: (i) the practitioner has first offered an alternative non-opiate, non-narcotic prescription to said minor for the treatment of the same condition; and (ii) the practitioner determines that the non-opiate prescription is insufficient to address said condition."

## **Amendment #40 to H3944**

### **SSYI Funding for Substance Abuse**

Ms. DiZoglio of Methuen moves to amend the bill by inserting after section 36 the following section:-

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

**Amendment #41 to H3944**  
**Higher Education Training**

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

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

Section 45. The board of higher education shall ensure that each public institution of higher education has a policy regarding substance use prevention and the education of its students about the dangers of substance abuse. Student orientation shall include the topics of: misuse of drugs in combination with alcohol and possible drug interactions; misuse of opioids, other prescription drugs and street drugs. Each public institution of higher education shall provide for training of designated employees in recognizing signs of substance abuse and appropriate actions to take.

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

The board of higher education shall provide to each public institution of higher education a standardized, annual and anonymous survey of students to measure the scope and trends in alcohol and substance abuse. Such survey shall be conducted by each such public institution in the commonwealth and shall include methods of misuse of consumption of alcohol and



substance abuse by injection, inhalation and ingestion. The results of the survey shall be publicly available on the board's website.”

**Amendment #42, as changed to H3944**

**Cautionary Statements on Opioid Prescriptions**

Ms. DiZoglio of Methuen moves to amend the bill by adding the following section:-

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

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

## **Amendment #43 to H3944**

### **Recommendations to Utilize Out-of-State Treatment Beds**

Ms. Dykema of Holliston moves to amend the bill in Section 36 in line 360 by inserting after “medications”, the following:

“and the utilization of out-of-state treatment beds;”

## **Amendment #44 to H3944**

### **Protective Custody of Incapacitated Persons**

Ms. DiZoglio of Methuen moves to amend the bill by inserting after section 18 the following section:-

“SECTION 18A. Section 8 of chapter 111B of the General Laws, as so appearing, is hereby amended by adding the following paragraph:-

For the purposes of this section, “incapacitated” shall mean the condition of an intoxicated person who, by reason of the consumption of intoxicating liquor, a controlled substance, as defined by section 1 of chapter 94C, or a controlled substance analogue, as defined by said section 1 of said chapter 94C, is (1) unconscious, (2) in need of medical attention, (3) likely to suffer or cause physical harm or damage property, or (4) disorderly.”

**Amendment #45 to H3944**  
**Prescription Monitoring Program Checks**

Mr. Nangle of Lowell moves to amend the bill be amended by striking section 12;

And by inserting by the following new section:-

“SECTION XX. Section 24A of said chapter 94C, as appearing in the 2014 Official Edition, is hereby amended by inserting after the word “program”, in line 49, the following words:- ; provided, however, that said regulations shall require every practitioner to use the prescription monitoring program prior to prescribing an opiate.”

## **Amendment #46 to H3944**

### **Electronic Prescribing for Controlled Substances**

Ms. Dykema of Holliston moves to amend the bill by adding the following Sections:

SECTION XX. Section 1 of chapter 94C of the General Laws, as so appearing, is hereby amended by striking the definition for “written prescription” in its entirety and replacing it with the following definition:-

“Written prescription”, a lawful order from a practitioner for a drug or device for a specific patient that is transmitted electronically, consistent with federal requirements for electronic prescriptions for controlled substances, with the electronic signature and electronic instructions of the prescriber, and transmitted directly to a pharmacy designated by the patient without alteration of the prescription information, except that third-party intermediaries may act as conduits to route the prescription from the prescriber to the pharmacist; provided, however, that “written prescription” shall not include an order for medication which is dispensed for immediate administration to the ultimate user by a practitioner, registered nurse or licensed practical nurse. A prescription generated on an electronic system that is printed out or transmitted via facsimile is not considered an electronic prescription.

SECTION XX. Section 8 of chapter 94C, as so appearing, is hereby amended, in subsection (f), by striking, in line 57, the words “oral or”.

SECTION XX. Section 17 of chapter 94C, as so appearing, is hereby amended, in subsection (c), by striking in line 9, the words “or oral”.

SECTION XX. Section 18 of chapter 94C, as so appearing, is hereby amended in subsection (c), by striking, in lines 28-29, the words “deliver or mail” and inserting in place thereof the words “transmit electronically”

SECTION XX. Section 20 of chapter 94C, as so appearing, is hereby amended in subsection (c) by striking the second and third sentences and inserting in place thereof the following:-

The written prescription shall be transmitted electronically to the pharmacy. Upon receipt, the dispensing pharmacy shall attach said written prescription to the oral prescription, which the pharmacy has reduced to writing.

SECTION XX. Section 23 of chapter 94C, as so appearing, is hereby amended by striking subsections (g) and (h) in their entirety and inserting in place thereof the following:-

(g) Unless otherwise prohibited by law, a written prescription for a controlled substance or a medical device with a controlled substance component, provided that the medical device is regulated by the department, shall be: (1) transmitted electronically; and (2) signed by the prescriber using authentication and auditing systems compliant with DEA regulations and (3) prescribed and dispensed using software applications compliant with DEA regulations. The department of public health shall promulgate regulations setting forth standards for electronic prescriptions.

(h) No practitioner shall issue any written prescription for a controlled substance or a medical device with a controlled substance component, unless it is transmitted electronically, except for prescriptions that are:

(1) issued by veterinarians;

(2) issued or dispensed in circumstances where electronic prescribing is not available due to temporary technological or electrical failure, as set forth in regulation;

(3) issued by practitioners who have received a waiver or a renewal thereof for a specified period determined by the department, not to exceed two years, from the requirement to use electronic prescribing, due to economic hardship, technological limitations that are not reasonably within the control of the practitioner, or other exceptional circumstance demonstrated by the practitioner; provided that the department shall establish in regulation appropriate due process for approvals and denials, including due process on appeal;



(4) issued by a practitioner under circumstances outlined in department regulations where, notwithstanding the practitioner's present ability to make an electronic prescription as required by this subdivision, such practitioner reasonably determines that it would be impractical for the patient to obtain substances prescribed by electronic prescription in a timely manner, and such delay would adversely impact the patient's medical condition, provided that if such prescription is for a Schedule II through V controlled substance, the quantity does not exceed a three day supply if it was used in accordance with the directions for use.

(i) In the case of a written prescription for schedule II through V controlled substances, issued by a practitioner under paragraphs (2) and (4) of subdivision (h) of this section, the practitioner shall be required to note the manner of the issuance of such prescription in the patient record as soon as practicable, as set forth in regulation.

(j) Clinic pharmacies operated by a health maintenance organization licensed under chapter 176G and licensed pursuant to section 51 of chapter 111 may refill prescriptions which have been previously dispensed by another health maintenance organization clinic pharmacy, provided that prior to dispensing a refill, the pharmacy refilling the prescription verifies the appropriateness of the refill through a centralized database.

SECTION XX. This act shall take effect 2 years after the enactment date.

## **Amendment #47 to H3944**

### **Release of Persons Treated for Opiate Overdose**

Ms. DiZoglio of Methuen moves to amend the bill by adding the following section:-

“SECTION XX. Chapter 123 of the General Laws, as so appearing, is hereby amended by inserting after section 35 the following section:-

Section 35A. A person seeking treatment for an opiate overdose, including a heroin overdose, at a hospital or clinic, as defined in section 52 of chapter 111, shall not be discharged sooner than 3 hours after being examined or treated by a physician licensed under section 2 of chapter 112 and/or being administered Narcan.”

## **Amendment #48 to H3944**

### **Utilization of PMP Data for Academic Research**

Ms. Dykema of Holliston moves to amend the bill by adding the following Section:

SECTION XX: Section 24A of said chapter 94C, as appearing in the 2012 Official Edition, is hereby further amended by inserting after the words “educational purposes” in lines 87 through 88 the following: -

“; provided further, that the department may provide de-identified, individual information to a public or private entity for specifically identified statistical and clinical research projects, if said project has been reviewed and approved by the institutional review board of the research entity, and further reviewed and approved by an institutional review board or equivalent process conducted within the department”.

## **Amendment #49 to H3944**

### **Advertising of Opiates**

Ms. DiZoglio of Methuen moves to amend the bill by adding the following section:-

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

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

**Amendment #50 to H3944**  
**Best Practices for Sober Homes**

Ms. DiZoglio of Methuen moves to amend the bill by adding the following 2 sections:-

“SECTION 3A. Section 18A of chapter 17 of the General Laws is hereby amended by inserting after the word “practices”, in line 28, the following words:- ,comply with standards of best practice as established by rules and regulations promulgated pursuant to this section.

SECTION 3B. Section 18A of said chapter 17 of the General Laws is hereby further amended by adding the following subsection:

(i) The department of public health shall establish a special task force on alcohol and drug free housing to investigate best practices for alcohol and drug free housing in the commonwealth, including but not limited to; (i) the presence of on-site supervisors; (ii) access to treatment; (iii) proper medication dispensing practices; and (iv) persons released on probation for drug-related offenses and ordered to reside in such housing, including the recidivism rate of such persons and the role of the probation officers and the sheriff’s department in the process of monitoring such persons after their release to such housing. The department shall promulgate rules and regulations establishing standards of best practice for alcohol and drug free housing based on the results of the investigation conducted by the task force.”.

## **Amendment #51 to H3944**

### **Protective Custody**

Representatives O'Connell of Taunton, Lyons of Andover, DeCoste of Norwell, Diehl of Whitman and Kuros of Uxbridge move to amend the bill by adding the following section:-

"SECTION XX. Chapter 94C of the General Laws, as so appearing, is hereby further amended by inserting after section 36 the following section:--

Section 36A. (a) Any person who is incapacitated by drugs in a public place may be assisted by a police officer with or without his consent to his residence, to a facility for substance abuse treatment or to a hospital. To determine for purposes of this section only, whether or not such person is incapacitated by drugs, the police officer, following a standard, uniform procedure developed by the state police, may request the person to submit to a test, as approved by the department of public health, the bureau of substance abuse services and the state police, to determine whether the person is incapacitated due to drug use.

(b) If evidence from said test indicates that the person is not incapacitated by drugs, the person shall be released forthwith.

(c) Any person presumed incapacitated by drugs and assisted by a police officer to a hospital shall have the right to make one phone call at his own expense on his own behalf and shall be informed forthwith upon arriving at the facility of said right. The parent or guardian of any person, under the age of 18, to be held in protective custody shall be notified forthwith upon his arrival at said hospital, or as soon as possible thereafter.

(d) If any incapacitated person is assisted to a hospital, the hospital may notify forthwith the nearest facility for substance abuse that the person is being held in protective custody. If suitable treatment services are available at a facility, the department of public health shall thereupon arrange for the transportation of the person to the facility.

(e) No person assisted to a hospital pursuant to this section shall be held in protective custody against his will; provided, however, that an incapacitated person may be held in protective custody until he is no longer incapacitated or for a period of not longer than twelve hours, whichever is shorter.

(f) A police officer acting in accordance with the provisions of this section may use such force as is reasonably necessary to carry out his authorized responsibilities. If the police officer reasonably believes that his safety or the safety of other persons present so requires, he may search such person and his immediate surroundings, but only to the extent necessary to discover

and seize any dangerous weapons which may on that occasion be used against the officer or other person present.

(g) A person assisted to a hospital pursuant to the provisions of this section shall not be considered to have been arrested or to have been charged with any crime. An entry of custody shall be made indicating the date, time, place of custody, the name of the assisting officer, the name of the officer in charge, whether the person held in custody exercised his right to make a phone call, whether the person held in custody exercised his right to take a test to determine incapacity, and the results of the test to determine incapacity if taken, which entry shall not be treated for any purposes, as an arrest or criminal record.

(h) This section shall not apply to any person whom the police have reasonable cause to believe has committed a misdemeanor, in addition to being incapacitated by drugs in a public place; nor to any person whom the police have reasonable cause to believe has committed any felony."



## **Amendment #52 to H3944**

### **Modification to the definitions of alcohol and substance abuse**

Mr. Nangle of Lowell moves to amend the bill by inserting after the word “overdose”, in line 190, the following words:- “, or substance abuse by means of an injection”.

## **Amendment #53, as changed to H3944**

### **Protection for Incapacitated Persons**

Mr. Fernandes of Milford moves to amend the bill by inserting the following sections after section 17:-

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

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

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

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

SECTION 17E. Section 8 of said chapter 111B, as so appearing, is hereby amended by striking out, in lines 13 through 23, the words “Any person who is administered a breathalyzer test, under this section, shall be presumed not to be intoxicated if evidence from said test indicated that the percentage of alcohol in his blood is five one hundredths or less and shall be released from custody forthwith. If any person who is administered a breathalyzer test, under this section, and evidence from said test indicates that the percentage of alcohol in his blood is more than five one hundredths and is less than ten one hundredths there shall be no presumption made based solely on the breathalyzer test. In such instance a reasonable test of coordination or speech coherency must be administered to determine if said person is intoxicated” and inserting in place thereof the following words:- If evidence from said breathalyzer test indicates that the percentage of alcohol in the person’s blood is less than ten one hundredths, a reasonable test of coordination or speech coherency must be administered to determine if said person is incapacitated.

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

**Amendment #54 to H3944**  
**Five-Day Prescription Limit**

Ms. DiZoglio of Methuen moves to amend the bill by striking out section 15 and inserting in place thereof the following section:-

SECTION 15. Said chapter 94C is hereby amended by inserting after section 19C the following section:-

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

(b) Notwithstanding subsection (a), if in the professional medical judgment of a practitioner more than a 5-day supply of an opiate is required to stabilize the patient's emergency medical condition, or the opiate is prescribed for 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 stabilize the patient's condition. The condition triggering prescription of an opiate for more than a 5-day supply shall be documented in the patient's medical record and the practitioner shall indicate that a non-opiate alternative was not appropriate to address the emergency medical condition.

## **Amendment #55 to H3944**

### **Allowing for pretrial offenders to be eligible for services at Offices of Community Corrections**

Mrs. Campbell of Methuen moves to amend the bill by adding the following sections:

SECTION XX. Section 1 of chapter 211F of the General Laws, as so appearing, is hereby amended by adding the following 2 definitions:- "Pretrial services plan", a written proposal submitted to the executive director of the office of community corrections for approval and funding as a pretrial services program.

“Pretrial services program”, any program that is operated by a state, local or private service agency, that the office of community corrections has deemed appropriate for an individual awaiting trial.

SECTION XX. Section 2 of said chapter 211F, as so appearing, is hereby amended by inserting after the word “of”, in line 3, the following words:- pretrial services programs and.

SECTION XX. Said section 2 of said chapter 211F, as so appearing, is hereby further amended by inserting after the word “developing”, in line 5, the following words:- pretrial services programs and.

SECTION XX. Said section 2 of said chapter 211F, as so appearing, is hereby further amended by inserting after the word “corrections”, in line 9, the following words:- “and pretrial services.”.

SECTION XX. Said chapter 211F is hereby amended by inserting after section 3 the following section:- Section 3A. (a) Participation in a pretrial services program may be ordered by the court, in lieu of bail, or as a condition of release consistent with sections 57, 58 and 58A of chapter 276. The court may dictate the duration and conditions of the pretrial services program.

(b) The probation department may utilize pretrial services programs for pretrial supervision consistent with sections 87 and 87A of said chapter 276.

(c) An individual held in jail may be released to probation to enter a pretrial services program upon the agreement of the sheriff who has the custody of the individual and the commissioner of probation.

SECTION XX. Section 4 of said chapter 211F, as appearing in the 2014 Official Edition, is hereby amended by inserting after the word “plans” , in line 3, the following:- “and pretrial services plans.

SECTION XX. Section 5 of said chapter 211F, as so appearing, is hereby amended by inserting after the word “commitments”, in line 10, the following words:- , reducing pretrial detention, and increasing the court appearance rate.

## **Amendment #56 to H3944**

### **Prescription Drop Boxes**

Representatives Kane of Shrewsbury, Whipps Lee of Athol, Cutler of Duxbury, Zlotnik of Gardner, O'Connell of Taunton, Muratore of Plymouth, Poirier of North Attleborough, Ferguson of Holden, Dooley of Norfolk, Jones of North Reading, Muradian of Grafton, Whelan of Brewster, Kuros of Uxbridge, Calter of Kingston, Fiola of Fall River, McKenna of Webster, Benson of Lunenburg, Campanale of Leicester, Barrows of Mansfield, Gentile of Sudbury, Howitt of Seekonk and Dykema of Holliston move to amend the bill by inserting the following new section:-

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



## **Amendment #57 to H3944**

### **Authorized Recipient**

Mr. Mahoney of Worcester moves to amend the bill by inserting at the end thereof the following new section:-

Section 24A of Chapter 94C of the General Laws is hereby amended by inserting at the end of subsection (f) the following :

(7) insurers who are providing coverage for prescription medications; and (8) a designated non-prescriber clinician in the practice of a person authorized to prescribe or dispense controlled substances. (9) Designated representatives of drug and alcohol addiction treatment programs; (10) Individuals licensed or certified to provide substance abuse treatment services; and (11) Drug court judges and their designees (12) The Veterans Administration, Indian Health Services and Department of Defense shall be provided data in the prescription monitoring program regarding individuals enrolled in their healthcare programs.

## **Amendment #58 to H3944**

### **Preventing Adolescent Substance Abuse by Expanding SBIRT**

Representatives Khan of Newton, Rushing of Boston, Barber of Somerville, Cantwell of Marshfield, DiZoglio of Methuen, Scibak of South Hadley, Farley-Bouvier of Pittsfield, Livingstone of Boston, Gentile of Sudbury, Calter of Kingston, Smizik of Brookline and Fiola of Fall River move to amend the bill by adding the following sections:-

"SECTION XXXX. Section 57 of said chapter 71, as so appearing, is hereby amended by inserting after the word “results,” in line 15, the following words:- to screen pupils for substance use disorders, which may also include a screening for tobacco and nicotine use, through a verbal screening with tools approved by the department of public health, subject to appropriation.

SECTION XXXX. The first paragraph of said section 57 of said chapter 71, as so appearing, is hereby amended by adding the following sentence:- A child or the child’s parent or guardian may opt out of the verbal substance use disorder screening at any point prior to or during the screening.

SECTION XXXX. Said section 57 of said chapter 71, as so appearing, is hereby further amended by adding the following paragraph:-

Results of verbal substance use disorder screenings shall be reported to the department of public health without identifying information not later than 30 days after completion of the screening.

SECTION XXXX. Said chapter 71 is hereby further amended by inserting after section 57 the following section:-

Section 57A. Any statement, response or disclosure provided by a pupil during a verbal substance use disorder screening shall be considered confidential information and shall not be disclosed by a person receiving the statement, response or disclosure to any other person without the prior written consent of the pupil on a form to be approved by the department of public health or in cases of immediate medical emergency and shall not be subject to discovery or subpoena in any civil, criminal, legislative or administrative proceeding. No record of any such statement, response or disclosure shall be made in any form, written, electronic or otherwise, which includes information identifying the pupil.

SECTION XXXX. The department of public health shall promulgate rules and regulations to implement sections 7 to 10, inclusive, to ensure the verbal substance use disorder screening occurs annually and to ensure the screening of students in 2 grades.

SECTION XXXX. Notwithstanding any general or special law to the contrary, each school district shall implement the verbal substance use disorder screening not later than the 2016-2017 school year.”

**Amendment #59 to H3944**

**Naloxone co-prescription**

Mr. Collins of Boston moves to amend the bill by adding the following section

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

## **Amendment #60 to H3944**

### **Overdose Reporting**

Representatives Campbell of Methuen, Vega of Holyoke, Vieira of Falmouth, Kane of Shrewsbury, Rogers of Cambridge, Pignatelli of Lenox, Moran of Lawrence, Garry of Dracut, Benson of Lunenburg, McKenna of Webster, Campanale of Leicester, Gentile of Sudbury, Fiola of Fall River, Ferguson of Holden, Livingstone of Boston and Smizik of Brookline move to amend the bill in section 16 by adding the following 2 subsections:-

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

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

**Amendment #61 to H3944**  
**Prescription Monitoring Program**

Mr. Moran of Boston moves to amend the bill moves to amend the bill by striking out section 12 and inserting in place thereof the following section:-

SECTION 12. The second paragraph of subsection (c) of section 24A of chapter 94C, as appearing in the 2014 Official Edition, is hereby amended by striking out the first sentence and inserting in place thereof 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 prior to issuance, participants utilize the prescription monitoring program each time a prescription for a narcotic drug that is contained in schedule II or III is issued.

And moves to further amend the bill by inserting after section 41 the following section:

SECTION 41A. Section 12 shall take effect January 1, 2017.

**Amendment #62 to H3944**  
**Improved Medical Adherence**

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

SECTION XX. Section 1 of Chapter 94C of the Massachusetts General Laws is hereby amended by striking the definition of “administer” and inserting in place thereof the following definition: -

"Administer", the direct application of a controlled substance whether by injection, inhalation, ingestion, or any other means to the body of a patient or research subject by--

(a) a practitioner, or

(b) a nurse at the direction of a practitioner in the course of his professional practice, or

(c) an ultimate user or research subject at the direction of a practitioner in the course of his professional practice or

(d) A registered pharmacist at the direction of a practitioner in the course of his professional practice may administer injection medications to treat mental illness and substance abuse



provided that the registered pharmacist has completed training approved by the Board of Registration in Pharmacy to administer injections.

## **Amendment #63 to H3944**

### **Substance Abuse Evaluation**

Representatives Jones of North Reading, Hill of Ipswich, Poirier of North Attleborough, Gifford of Wareham, Frost of Auburn and Smola of Warren move to amend the bill by striking subsection (d) of SECTION 16, in its entirety and inserting in place thereof the following:-

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

**Amendment #64, as changed to H3944**

**Striking he term extended-release**

Mr. Heroux of Attleboro moves to amend the bill by inserting in section 11, after the word “form”, in line 74, the following words:- , or any immediate release opioid,

**Amendment #65 to H3944**

**Prescription Medication Drop Box Sites at Locations Other than Police  
Departments**

Mr. Naughton of Clinton moves to amend the bill by inserting in section 36 in subsection (iv) in line 360 after the word “medications” the following :-

“not limited to expanding the use of prescription medication drop box sites at locations other than police departments”

## **Amendment #66 to H3944**

### **Ensuring adequate number of treatment beds for Drug Court programs**

Mr. Velis of Westfield moves to amend the bill by adding at the end thereof the following section:-

"Section XX. Before any new Drug Courts are established in the Commonwealth of Massachusetts, the Chief Administrative Judge of the Trial Court shall review the previous year's drug cases in that county that would have been brought before the Drug Court had it been in existence, to evaluate and determine the adequate number of treatment/aftercare beds that will be required to service the newly diverted population into treatment programs.

The Chief Administrative Judge of the Trial Court shall show forward said recommendation to: the Speaker of the House, the President of the Senate, the Chairs of the House and Senate Ways & Means Committee, and the Chairs of the Committee on Mental Health & Substance Abuse."

**Amendment #67 to H3944**  
**First Time Prescription Limit**

Representatives Galvin of Canton, Roy of Franklin, Fiola of Fall River and O'Connell of Taunton move to amend the bill by striking out section 14 and inserting in place thereof the following section:-

SECTION 14. Said chapter 94C is hereby amended by inserting after section 19C the following section:

Section 19D. (a) When issuing a prescription for an opiate for the first time to an adult over the age of 18, a practitioner shall not issue a prescription for more than a 5-day supply with a quantity not to exceed 20 tablets. A practitioner shall not issue an opiate prescription to a minor for more than a 3-day supply with a quantity not to exceed 15 tablets. In all cases of a first time narcotic prescription, the practitioner or office designee shall review and provide in writing the educational information on narcotics and pain management that covers at a minimum the following topics:

1. Non-medicinal methods of pain control;
2. Non-narcotic pain medications;
3. Side effects of narcotic use that specifically address but are not limited to:
  - a. The potential for overdosing and possible death when taken with other medications that depress the person's respirations in excessive doses.
  - b. The high risk of early emotional attachment to the euphoria caused by the narcotic.

- c. The potential for early physical addiction to the narcotic.
- d. Signs of addiction including but not limited to: craving, nausea, vomiting, abdominal cramping, diarrhea and irritability.
- e. Secondary effects such as nausea, vomiting and constipation from ingesting the pills.
- f. Emphasis should be placed that the narcotics are a secondary adjunct to pain control that should be used only after the other modalities have been instituted.

(b) Notwithstanding subsection (a), if in the professional medical judgment of a practitioner that more than a 5-day supply of an opiate is required to stabilize the adult patient's emergency medical condition, then the practitioner may issue a prescription for the quantity needed to stabilize the patient's condition. The condition triggering prescription of an opiate for more than a 5-day supply shall be documented in the patient's medical record and the practitioner shall indicate that a non-opiate alternative was not appropriate to address the emergency medical condition.

(c) In all cases when more than one prescription for an opiate is written for any patient or when an excess of 5 days of opiates are written for, the practitioner or office designee shall be obliged to screen the patient for possible signs of addiction and withdrawal at the time of discharge from the practice or at the time opiates are longer written for. Information on signs of addiction shall be explained and given in written form to the patient and family when appropriate. In the event

that the patient is demonstrating potential signs of addiction and withdrawal, the practitioner shall refer the patient to a substance abuse specialist.

(d) Opiates prescribed for chronic pain management, pain associated with a cancer diagnoses or for palliative care shall not be restricted by this section; provided, however, that said prescriptions 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



## **Amendment #68 to H3944**

### **Insurance Coverage for Acupuncture**

Representatives Pignatelli of Lenox, Ashe of Longmeadow, Campbell of Methuen, Cariddi of North Adams, Calter of Kingston, Cutler of Duxbury, DiZoglio of Methuen, Dykema of Holliston, Farley-Bouvier of Pittsfield, Garry of Dracut, Gentile of Sudbury, Hecht of Watertown, Heroux of Attleboro, Khan of Newton, Kulik of Worthington, Lawn of Watertown, Livingstone of Boston, Madden of Nantucket, Mark of Peru, McMurtry of Dedham, Moran of Lawrence, Muradian of Grafton, Petrolati of Ludlow, Poirier of North Attleborough, Provost of Somerville, Puppolo of Springfield, Rogers of Cambridge, Rushing of Boston, Scibak of South Hadley, Smizik of Brookline, Stanley of Waltham, Ultrino of Malden, Vega of Holyoke, Vincent of Revere and Wong of Saugus move to amend the bill by adding the following 7 sections:

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

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

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

Section 47HH. All individual or group accident and health insurance policies and health service contracts delivered, issued or renewed by an insurer or nonprofit health service corporation which provide benefits to individual subscribers and members within the commonwealth or to all

group members having a principal place of employment within the commonwealth shall provide benefits for acupuncture and oriental medicine based diagnosis and treatment in the areas of pain management, post-traumatic stress disorder and substance abuse treatment.

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

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

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

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

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

Section 4JJ. Any subscription certificate under an individual or group medical service agreement delivered, issued or renewed in the commonwealth shall provide benefits to all individual subscribers and members within the commonwealth and to all group members having a principal

place of employment within the commonwealth for acupuncture and oriental medicine based diagnosis and treatment in the areas of pain management, post-traumatic stress disorder and substance abuse treatment.

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

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

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

**Amendment #69 to H3944**  
**Preventing Death by Drug Overdose**

Representatives Galvin of Canton, Kafka of Stoughton, Cutler of Duxbury, Benson of Lunenburg, Fiola of Fall River, Whelan of Brewster, Garry of Dracut, Campanale of Leicester, O'Connell of Taunton and Gentile of Sudbury move to amend the bill by adding the following sections:

SECTION X. Chapter 111C of the General Laws is hereby amended by striking out section 18, as appearing in the 2012 Official Edition, and inserting in place thereof the following 2 sections:

Section 18. Subject to regulations and guidelines promulgated by the department, an emergency medical technician may restrain a patient who presents an immediate or serious threat of bodily harm to himself or others. Upon request by an EMT, a law enforcement official shall assist in the restraint of a patient. The minimum necessary restraint shall be used. Any such restraint shall be noted in the written report of said emergency medical technician.

Section 18A. If a law enforcement official, firefighter or EMS personnel administers an opioid antagonist, as defined in section 19B of chapter 94B, to a person suffering from an apparent drug overdose, such person shall be transported, with or without the person's consent, by ambulance to a hospital for monitoring, observation and possible treatment until such time as the treating physician determines that the overdose has been reversed and the person is not in imminent danger. Law enforcement officials or EMS personnel may restrain a person transported pursuant to this section in accordance with the provisions of section 18. If a law enforcement official reasonably believes that his or her safety or the safety of other persons present so requires, the officer may search the person and the immediate surroundings, but only to the

extent necessary to discover and seize any dangerous weapons which may on that occasion be used against the officer or other person present.

SECTION XX. Said chapter 111C is hereby further amended by striking out section 21, as so appearing, and inserting in place thereof the following section:-

Section 21. No EMS personnel certified, accredited or otherwise approved under this chapter, and no additional personnel certified or authorized under section 9, who in the performance of their duties and in good faith render emergency first aid, cardiopulmonary resuscitation, transportation, including the transportation of a person suffering from an apparent drug overdose pursuant to section 18A, or other EMS, to an injured person or to a person incapacitated by illness shall be personally liable as a result of rendering such aid or services or, in the case of an emergency medical technician or additional personnel, as a result of transporting such person to a hospital or other health care facility, nor shall they be liable to a hospital for its expenses if, under emergency conditions, including expenses incurred in monitoring, observing or treating a person pursuant to section 18A, they cause the admission of such person to said hospital.

## **Amendment #70 to H3944**

### **Prescription monitoring program enforcement regulations**

Mr. Roy of Franklin moves to amend the bill by adding the following sentence at the end of section 12:

The Board of Registration in Medicine shall promulgate regulations relative to participation in the prescription monitoring program and enforcement through its disciplinary unit. Such regulations shall make provisions to reprimand, censure, impose fines, require the performance of public service in a manner and at a time and place to be determined by the board, require a course of education or training, or otherwise discipline a physician who fails to comply with the requirements of this section.

## **Amendment #71 to H3944**

### **Prescription Drug Drop-off Box Grant Program**

Mr. Cantwell of Marshfield moves to amend the bill by inserting the following section:

SECTION XX: Chapter 22 of the General Laws is hereby amended by adding the following section:-

#### **Section 23. Prescription Drug Drop-off Box Grant Program**

The department of public safety shall establish a grant program, subject to appropriation, to be known as the prescription drug drop-off box grant program, for the purpose of providing grants to assist police departments with the purchase, placement, operation, or maintenance of prescription drug drop-off boxes at police stations.

The department of public safety shall establish guidelines governing the prescription drug drop-off box grant program.

## **Amendment #72, as changed to H3944**

### **DPH Narcan Study**

Mr. Gordon of Bedford moves to amend the bill by inserting the following new sections:-

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

SECTION X. The department of public health shall investigate and study the occurrence of opiate prescribing to patients who have experienced nonfatal opiate overdoses. The study shall include, but not be limited to: (i) an analysis of the number of patients who have been administered a schedule II controlled substance utilized in order to prevent an opiate-related adverse event and subsequently prescribed an opiate medication; (ii) an examination of the feasibility of including a schedule II controlled substance utilized in order to prevent an opiate-related adverse event and any other opiate antagonist medications in the prescription monitoring database established under section 24A of chapter 94C; (iii) an examination of strategies to enhance awareness of and access to substance use disorder treatment and services for persons that have experienced an overdose, including the disclosure of a directory of available treatment options by emergency medical service professionals upon the administration of a schedule II controlled substance utilized in order to prevent an opiate-related adverse event. The department shall file a report on its finding and recommendations with the clerks of the house of representatives and the senate, the chairs of the joint committee on mental health and substance abuse, the chairs of the joint committee on public health, the chairs of the joint committee on



health care financing, and the chairs of the house and senate committee on ways and means, not later than October 1, 2016. Within 180 days of the completion of said study, the department of public health shall take all operational steps necessary to ensure all professionals licensed to prescribe or dispense controlled substances, schedule II to V, inclusive, and certain additional drugs pursuant to Chapter 94C, shall maintain the ability to document a nonfatal opiate-related adverse event within the prescription monitoring program. Implementation of said provision by the department shall take into account all applicable state and federal patient privacy laws.

**Amendment #73 to H3944**

**DPH To Monitor All Cash Purchases of Opioid Prescription Drugs Through  
The PMP**

Mr. Golden of Lowell moves to amend the bill by adding after Section 42 the following section:

“SECTION 43: The department shall promulgate rules and regulations to monitor all cash purchases of opioid prescription drugs.”

## **Amendment #74 to H3944**

### **Location for Substance Abuse Evaluations**

Representatives Jones of North Reading, Hill of Ipswich, Poirier of North Attleborough, Gifford of Wareham, Frost of Auburn and Smola of Warren move to amend the bill in SECTION 16 by striking the text in its entirety and inserting in place thereof the following text:

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

Section 51 1/2. (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.

“Treatment facility”, public or private facility for the care and treatment of alcohol and substance abuse

(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 satellite emergency facility, shall first receive necessary medical treatment and then be transported, when medically stable, to a treatment facility to receive a substance abuse evaluation. 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 treatment 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.

(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 treatment facility which administered the substance abuse evaluation, if appropriate services are available; provided, however, that if the treatment facility is unable to provide such services, the treatment facility shall refer the patient to an appropriate treatment center. Medical necessity for such treatment shall be determined by the treating clinician in consultation with the patient and noted in the medical record.

(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.”.

## **Amendment #75 to H3944**

### **Adding Nurse Practitioners and Pharmacists to the PMP**

Mr. Golden of Lowell moves to amend the bill in section 12 by adding after the words

“outpatient use” the following words:

“Line 4 of subsection (a)1 of Section 24A of said Chapter 94C of the General Laws is hereby amended by inserting after the word “professionals” the following language:-

“including but not limited to physicians, nurse practitioners, and pharmacists”

## **Amendment #76 to H3944**

### **Vieira Amendment**

Representatives Vieira of Falmouth, Kane of Shrewsbury, Jones of North Reading, Hill of Ipswich, Smola of Warren, Peake of Provincetown, Muratore of Plymouth, Mannal of Barnstable, Gifford of Wareham, O'Connell of Taunton, Whelan of Brewster, Madden of Nantucket, Poirier of North Attleborough, Kuros of Uxbridge, Garry of Dracut, Dooley of Norfolk, Hunt of Sandwich, Schmid of Westport, Frost of Auburn, McKenna of Webster, Benson of Lunenburg, Howitt of Seekonk, Campanale of Leicester, Gentile of Sudbury, Calter of Kingston, Kulik of Worthington, McMurtry of Dedham, Rogers of Norwood and Peisch of Wellesley move to amend the bill by adding the following section:

SECTION XX. Chapter 111 E of the General Laws, as appearing in the 2012 Official edition, is hereby amended by inserting after section 9 the following new section:-

Section 9A Overdosed persons; assistance to facility or protective custody

Section 9A. Any person who is incapacitated by a drug overdose may be assisted by a police officer or emergency technician with or without their consent and shall be placed in protective custody at a police station or transferred to a facility. To determine for purposes of this chapter only, whether or not such person has had a drug overdose, the police officer or emergency

technician would have to have used a naloxone or similar chemical derivative to resuscitate the person from the overdose.

Any person presumed to have overdosed, and to be held in protective custody at a police station shall, immediately after such presumption, have the right and be informed of said right to make one phone call at his own expense and on his own behalf. Any person assisted by a police officer to a facility under this section shall have the right to make one phone call at his own expense on his own behalf and shall be informed forthwith upon arriving at the facility of said right. The parent or guardian of any person, under the age of eighteen, to be held in protective custody at a police station shall be notified forthwith upon his arrival at said station or as soon as possible thereafter.

If any incapacitated person is assisted to a police station, the officer in charge or his designee shall notify forthwith the nearest facility that the person is being held in protective custody. If suitable treatment services are available at a facility, the department shall thereupon arrange for the transportation of the person to the facility in accordance with the provisions of section nine.

No person assisted to a police station pursuant to this section shall be held in protective custody against his will; provided, however, that if suitable treatment at a facility is not available, an incapacitated person may be held in protective custody at a police station until he is evaluated by



a psychiatrist or physician and are offered the resources that are available for their possible addiction, or for a period not longer than twelve hours, whichever is shorter.

A police officer acting in accordance with the provisions of this section may use such force as is reasonably necessary to carry out his authorized responsibilities. If the police officer reasonably believes that his safety or the safety of other persons present so requires, he may search such person and his immediate surroundings, but only to the extent necessary to discover and seize any dangerous weapons which may on that occasion be used against the officer or other person present; provided, however, that if such person is held in protective custody at a police station all valuables and all articles which may pose a danger to such person or to others may be taken from him for safekeeping and if so taken shall be inventoried.

A person assisted to a facility or held in protective custody by the police pursuant to the provisions of this section, shall not be considered to have been arrested or to have been charged with any crime. An entry of custody shall be made indicating the date, time, place of custody, the name of the assisting officer, the name of the officer in charge, whether the person held in custody exercised his right to make a phone call, such entry shall not be treated for any purposes, as an arrest or criminal record.

## **Amendment #77 to H3944**

### **Mannal Amendment**

Mr. Mannal of Barnstable moves to amend the bill by inserting at the end thereof the following new sections:-

SECTION XX. Section 27 of chapter 94C of the General Laws, as appearing in the 2014 Official Edition, is hereby amended by adding the following paragraph:-

In accordance with section 215 of chapter 111, the distribution of hypodermic needles or syringes is otherwise prohibited except as part of a program authorized by the Department of Public Health and approved by the local board of health of the community in which the hypodermic needle and syringe access program is located.

SECTION XX. Section 32I of said chapter 94C, as so appearing, is hereby amended by striking out, in line 2, the words “sell, or manufacture with intent to” and inserting in place thereof the following words:-

distribute or sell, or manufacture with intent to distribute.

SECTION XX. Said section 32I of said chapter 94C, as so appearing, is hereby further amended by inserting after the figure “27”, in line 28, the following words:-

or the distribution of hypodermic needles and syringes pursuant to section 215 of chapter 111.

SECTION XX: Section 215 of chapter 111 of the General Laws as appearing in the 2014 Official Edition, is hereby amended by adding the following paragraph:-

The Department of Public Health is authorized to implement harm reduction health programs, which may provide services including but not limited to: testing and counseling for HIV and Hepatitis C, mental health counseling, community outreach and education, overdose prevention training, hypodermic needles or syringe distribution and disposal programs, and referrals and case management for treatment access, housing, food stamps, and legal services. The Department of Public Health may allocate and expend funds in relation to said harm reduction health programs, provided that hypodermic needle access and disposal programs are authorized by the Department of Public Health and approved by the local board of health of the community in which the program is located. The Department of Public Health shall establish standards for the

operation of hypodermic needle and syringe access and disposal programs, including protocols and procedures for safely storing, distributing, collecting, and disposing of used syringes.

Nothing in this section shall be construed so as to permit the operation of a hypodermic needle and syringe access and disposal program without the expressed authorization of the Department of Public Health and prior approval of the local board of health in which the hypodermic needle access and disposal program is to be located. Local approval of such a harm reduction program shall not be unreasonably withheld or arbitrarily denied by a board of health without a public hearing on the matter, nor in the absence of reliable and credible evidence that the proposed harm reduction program poses a greater risk to the public health of the community in which it will be located than the foreseeable benefits to the public health of said community.

## **Amendment #78, as changed to H3944**

### **Ways & Means Corrective Amendment**

Mr. Dempsey of Haverhill moves to amend the bill by inserting after section 2 the following 2 sections:-

SECTION 2A Section 4 of chapter 17 of the General Laws, as appearing in the 2014 Official Edition, is hereby amended by striking out, in line 11, the words “with the advice of the advisory council on alcoholism and”.

SECTION 2B. Said section 4 of said chapter 17 is hereby further amended by striking out, in lines 14 and 15, the words “with the advice of the drug rehabilitation advisory board and”;

And moves to further amend the bill by striking out section 7 and inserting in place thereof the following section:-

SECTION 7. Section 17N of said chapter 32A, as so appearing, is hereby amended by inserting after the words figure ‘7’, in line 28, the following words:- ; provided further, the commission shall provide to any active or retired employee of the commonwealth who is insured under the group insurance commission coverage for, without preauthorization, substance abuse evaluations ordered pursuant to section 51½ of chapter 111.;

And moves to further amend the bill by inserting after section 8, the following 3 sections:-

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

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

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

And moves to further amend the bill in section 16, by striking out in lines 174 and 175, the following words “licensed nurse mental health clinical specialist” and inserting in place thereof, the following:- licensed psychiatric clinical nurse specialist.

And by inserting after section 17F the following section:-

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

And by inserting after section 18 the following section:-

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

And by inserting after section 21 the following section:-

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

And by striking out section 24 and inserting in place thereof the following section:-

SECTION 24. Section 8II of said chapter 176A, as so appearing, is hereby amended by inserting after the figure '7', in line 28, the following words:- ; provided further, any contract between a subscriber and the corporation under an individual or group hospital service plan which is delivered, issued or renewed within the commonwealth, shall cover, without preauthorization, a substance abuse evaluation ordered pursuant to section 51½ of chapter 111.;

And by striking out section 26 and inserting in place thereof the following section:-

SECTION 26. Section 4II of said chapter 176B, as so appearing, is hereby amended by inserting after the words figure '7', in line 28, the following words:- ; provided further, any subscription certificate under an individual or group medical service agreement delivered, issued or renewed within the commonwealth shall provide coverage for, without preauthorization, a substance abuse evaluation ordered pursuant to section 51½ of chapter 111.;

And by striking out section 28 and inserting in place thereof the following section:-

SECTION 28. Section 4AA of said chapter 176G, as so appearing, is hereby amended by inserting after the figure '7', in line 27, the following words:- ; provided further, an individual or group health maintenance contract that is issued or renewed shall provide coverage for, without preauthorization, a substance abuse evaluation ordered pursuant to section 51½ of chapter 111.;

And, in section 36, by inserting after the word pharmacists, in line 382, the following words:- , 1  
of whom shall be a member from the Association of Behavioral Healthcare, 1 of whom shall be a  
representative from the Massachusetts Biotechnology Council;

And further moves to amend said section 36 by striking out, in lines 383 and 384, the words “and  
at the pleasure of the governor”

And by striking out section 39.