

HOUSE No. 3926

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, December 30, 2015.

The committee on the Mental Health and Substance Abuse to whom was referred the message from His Excellency the Governor relative to substance use treatment, education, and prevention (House, No. 3817), reports recommending that the accompanying bill (House, No. 3926) ought to pass.

For the committee,

ELIZABETH A. MALIA.

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

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

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

1 SECTION 1. Section 118 of chapter 6 of the General Laws, as appearing in the 2014
2 Official Edition, is hereby amended by inserting before the first sentence the following word:-

3 (a)

4 SECTION 2. Said section 118 of said chapter 6 is hereby further amended by adding the
5 following paragraph:-

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

13 or training assistance to the municipal police training committee regarding the application of said
14 section 34A of said chapter 94C.

15 SECTION 3. Section 14 of chapter 17 of the General Laws, as so appearing is hereby
16 repealed.

17 SECTION 4. Section 19 of said chapter 17 is hereby amended by inserting after the word
18 “treatment”, in line 16, the following words:- including written notice of all United States Food
19 and Drug Administration approved medication assisted therapies,

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

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

25 (7).

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

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

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

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

37 (b) Acute hospitals, as defined in section 64 of chapter 118E, shall file a monthly report
38 regarding exposure of children to controlled substances with the commissioner of public health
39 in a manner determined by the commissioner of public health. The report shall include: (i) the
40 number of infants born in the previous month identified by the hospital as having been exposed
41 to a schedule I, II or III controlled substance under chapter 94C; and (ii) the number and specific
42 causes of hospitalizations of children under the age of 11 caused by ingestion of a schedule I, II
43 or III controlled substance under said chapter 94C.

44 SECTION 9: Chapter 71 of the General Laws is hereby amended by striking out Section
45 96 and inserting in place thereof the following:-

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

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

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

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

61 SECTION 10. Section 1 of chapter 94C of the General Laws, as so appearing, is hereby
62 amended by inserting after the definition of “drug paraphernalia” the following definition:-

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

69 SECTION 11. Section 18 of said chapter 94C, as so appearing, is hereby amended by
70 striking out, in line 70, the words “A prescription” and inserting in place thereof the following
71 words:- Except as provided in subsection d³/₄ of said section, a prescription.

72 SECTION 12. Said section 18 of said chapter 94C, as so appearing, is hereby further
73 amended by striking out subsection (e) and inserting in place thereof the following subsection:-

74 (e) Practitioners who prescribe controlled substances, except veterinarians, shall be
75 required, as a prerequisite to obtaining or renewing their professional licenses, to complete

76 appropriate training relative to: (i) effective pain management; (ii) identification of patients at
77 risk for substance use disorders; (iii) counseling patients about the side effects, addictive nature
78 and proper storage and disposal of prescription medications and; (iv) opioid antagonists,
79 overdose prevention treatments and instances in which a patient may be advised on both the use
80 of and ways to access opioid antagonists and overdose prevention treatments. The boards of
81 registration for each professional license that requires this training shall develop the standards for
82 appropriate training programs.

83 SECTION 13. Said section 18 of chapter 94C of the General Laws is hereby further
84 amended by inserting after subsection d $\frac{1}{2}$ the following new subsection:-

85 (d $\frac{3}{4}$): Prior to issuing an extended-release long-acting opioid in a non-abuse deterrent
86 form for outpatient use for the first time, a practitioner registered under section 7 shall (i) utilize
87 the prescription drug monitoring program established under section 24A prior to issuing the
88 prescription and; (ii) note in the patient's medical record the reasons for prescribing an extended-
89 release long-acting opioid in a non-abuse deterrent form over other forms of pain management.

90 SECTION 14. Chapter 94C, as so appearing, is hereby amended by inserting after section
91 18 the following section:-

92 Section 18A. (a) The department of public health shall establish a voluntary non-opiate
93 directive form. The form shall indicate to all prescribers, health care providers and facilities that
94 an individual shall not be administered or offered a prescription or medication order for an
95 opiate. The form shall be posted on the department's searchable website. A patient may bring a
96 copy of the voluntary non-opiate directive form to a practitioner registered under section 7 or
97 other authority authorized by the department for signature. Before any such practitioner signs a

98 voluntary non-opiate directive form they shall assess the patient's personal and family history of
99 alcohol or drug abuse and evaluate the patient's risk for medication misuse or abuse. If a
100 practitioner reasonably believes that a patient is at risk for substance misuse or a practitioner
101 believes in the practitioner's expert medical opinion that for any other reason the non-opiate
102 directive is appropriate, the practitioner may sign the form. The practitioner signing the non-
103 opiate directive form shall note doing so in the patient's medical record. A patient may revoke
104 the voluntary non-opiate directive form for any reason and may do so by written or oral means.

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

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

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

116 (iii) requirements for an individual to appoint a duly authorized guardian or health care
117 proxy to override a previously recorded voluntary non-opiate directive form and circumstances
118 under which a treating practitioner registered under said section 7 may override a previously

119 recorded voluntary non-opiate directive form based on documented medical judgment which
120 shall be recorded in the patient's interoperable electronic health record;

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

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

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

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

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

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

138 Section 19D. (a) When issuing a prescription for an opiate to an adult patient for the first
139 time, a practitioner shall not issue a prescription for more than a 7-day supply. A practitioner

140 shall not issue an opiate prescription to a minor for more than a 7-day supply at any time and
141 shall discuss with the parent or guardian the risks associated with opiate use.

142 (b) Notwithstanding subsection (a), if in the professional medical judgment of a
143 practitioner more than a 7-day supply of an opiate is required to stabilize the patient's emergency
144 medical condition, or the opiate is prescribed for chronic pain management, pain associated with
145 a cancer diagnoses or for palliative care, then the practitioner may issue a prescription for the
146 quantity needed to stabilize the patient's condition. The condition triggering prescription of an
147 opiate for more than a 7-day supply shall be documented in the patient's medical record and the
148 practitioner shall indicate that a non-opiate alternative was not appropriate to address the
149 emergency medical condition.

150 SECTION 16. Said chapter 94C is hereby further amended by inserting after section 24A
151 the following section:-

152 Section 24B. The department shall annually determine, through the prescription drug
153 monitoring system established under section 24A, the volume and average number of
154 prescriptions for opiates contained in schedule II and schedule III of section 3 issued by
155 practitioners registered under section 7; provided, however, that averages of prescription
156 quantities and volumes shall be determined within categories of practitioners of a similar
157 specialty or practice type as determined by the department.

158 SECTION 17. Chapter 111 of the General Laws, as so appearing, is hereby amended by
159 inserting after section 51 the following new section:-

160 Section 51½: Substance Abuse Evaluations in Acute-Care Hospitals

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

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

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

170 “Substance abuse evaluation”, an evaluation ordered pursuant to subsection (b) that is
171 conducted by a licensed mental health professional which shall include, but not be limited to,
172 collecting the following information: history of the use of alcohol, tobacco and other drugs,
173 including age of onset, duration, patterns and consequences of use; the use of alcohol, tobacco
174 and other drugs by family members; types of and responses to previous treatment for substance
175 use disorders or other psychological disorders; an assessment of the patient’s psychological
176 status including co-occurring disorders, trauma history and history of compulsive behaviors; and
177 an assessment of the patient’s Human Immunodeficiency Virus, Hepatitis C, and Tuberculosis
178 risk status.

179 (b) Each person presenting in an acute-care hospital who is reasonably believed by
180 the attending physician to be experiencing an opiate-related overdose shall receive within 24
181 hours of admission a substance abuse evaluation. A substance abuse evaluation shall conclude
182 with a diagnosis of the status and nature of the client’s substance use disorder, using standardized

183 definitions established by the American Psychiatric Association, or a mental or behavioral
184 disorder due to the use of psychoactive substances, as defined by the World Health Organization.
185 Each patient shall be presented with the findings of the evaluation in person and in writing, and
186 such findings shall include recommendations for further treatment, if necessary, with an
187 assessment of the appropriate level of care needed. Findings from the evaluation shall be entered
188 into the patient's medical record. No acute-care hospital licensed pursuant to section 51 of this
189 chapter shall permit early discharge, defined as less than 24-hours after admission or before the
190 conclusion of a substance abuse evaluation, whichever comes sooner. If a patient does not
191 receive an evaluation within 24 hours, the attending physician must note in the medical record
192 the reason the evaluation did not take place and authorize the discharge of the patient.

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

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

206 (e) If a person under 18 years of age is ordered to undergo a substance abuse
207 evaluation, the parent or guardian shall be notified that such an evaluation has been ordered. The
208 parent or guardian shall consent to the evaluation and may be present when the findings of the
209 evaluation are presented and may authorize further treatment for the minor if such treatment is
210 recommended by the evaluator.

211 SECTION 18. Subsection (a) of section 222 of chapter 111 of General Laws, as so
212 appearing, is hereby amended by adding the following paragraph:- The bureau of substance
213 abuse services shall provide education materials on the dangers of opiate use and misuse to
214 those persons participating in the annual head injury safety program required by this section.
215 Such information shall be distributed in written form to all student athletes prior to the
216 commencement of their athletic seasons.

217 SECTION 19. Section 3 of chapter 111E of the General Laws is hereby repealed.

218 SECTION 20. Chapter 112 of the General Laws, as so appearing, is hereby amended by
219 inserting after section 12EE the following section:-

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

225 SECTION 21. Section 10H of chapter 118E of the General Laws, as so appearing, is
226 hereby amended by inserting after the words “day 7”, in line 45, the following words:- ;
227 provided further, the division and its contracted health insurers, health plans, health maintenance

228 organizations, behavioral health management firms and third party administrators under contract
229 to a Medicaid managed care organization or primary care clinician plan shall cover, without
230 preauthorization, substance abuse evaluations ordered pursuant to section 51½ of chapter 111.

231 SECTION 22. Section 47FF of chapter 175, as so appearing, is hereby amended by
232 inserting after the word “treatment;”, in line 3, the following words:- substance abuse evaluations
233 as defined in subsections (a) and (b) of section 51½ of chapter 111;

234 SECTION 23. Section 47GG of chapter 175, as so appearing, is hereby amended by
235 inserting after words “day 7”, in line 29, the following words:- ; provided further, any policy,
236 contract, agreement, plan or certificate of insurance issued, delivered or renewed within the
237 commonwealth, which is considered creditable coverage under section 1 of chapter 118M, shall
238 cover, without preauthorization, substance abuse evaluations ordered pursuant to section 51½ of
239 chapter 111.

240 SECTION 24. Section 8HH of chapter 176A, as so appearing, is hereby amended by
241 inserting after the word “treatment;”, in line 3, the following words:- substance abuse evaluations
242 as defined in subsections (a) and (b) of section 51½ of chapter 111;

243 SECTION 25. Section 8II of chapter 176A, as so appearing, is hereby amended by
244 inserting after the words “day 7”, in line 28, the following words:- ; provided further, any
245 policy, contract, agreement, plan or certificate of insurance issued, delivered or renewed within
246 the commonwealth, which is considered creditable coverage under section 1 of chapter 118M,
247 shall cover, without preauthorization, substance abuse evaluations ordered pursuant to section
248 51½ of chapter 111.

249 SECTION 26. Section 4HH of chapter 176B, as so appearing, is hereby amended by
250 inserting after the word “treatment;”, in line 3, the following words:- substance abuse evaluations
251 as defined in subsections (a) and (b) of section 51½ of chapter 111;

252 SECTION 27. Section 4II of chapter 176B, as so appearing, is hereby amended by
253 inserting after the words “day 7”, in line 28, the following words:- ; provided further, any
254 policy, contract, agreement, plan or certificate of insurance issued, delivered or renewed within
255 the commonwealth, which is considered creditable coverage under section 1 of chapter 118M,
256 shall cover, without preauthorization, substance abuse evaluations ordered pursuant to section
257 51½ of chapter 111.

258 SECTION 28. Section 4Z of chapter 176G, as so appearing, is hereby amended by
259 inserting after the word “treatment;”, in line 3, the following words:- substance abuse evaluations
260 as defined in subsections (a) and (b) of section 51½ of chapter 111;

261 SECTION 29. Section 4AA of chapter 176G, as so appearing, is hereby amended by
262 inserting after the words “day 7”, in line 27, the following words:- ; provided further, any
263 policy, contract, agreement, plan or certificate of insurance issued, delivered or renewed within
264 the commonwealth, which is considered creditable coverage under section 1 of chapter 118M,
265 shall cover, without preauthorization, substance abuse evaluations ordered pursuant to section
266 51½ of chapter 111.

267 SECTION 30. Section 7 of chapter 176O of the General Laws, as so appearing, is hereby
268 amended by striking out, in line 59, the word “and”.

269 SECTION 31. Said section 7 of said chapter 176O, as so appearing, is hereby further
270 amended by inserting after the word “age”, in line 68, the following words:- ; and

271 (5) a report detailing for the previous calendar year the total number of: (i) medical or
272 surgical claims submitted to the carrier; (ii) medical or surgical claims denied by the carrier; (iii)
273 mental health or substance use disorder claims submitted to the carrier; (iv) mental health or
274 substance use disorder claims denied by the carrier; and (v) medical or surgical claims and
275 mental health or substance use disorder claims denied by the carrier because: (A) the insured
276 failed to obtain pre-treatment authorization or referral for services; (B) the service was not
277 medically necessary; (C) the service was experimental or investigational; (D) the insured was not
278 covered or eligible for benefits at the time services occurred; (E) the carrier does not cover the
279 service or the provider under the insured’s plan; (F) duplicate claims had been submitted; (G)
280 incomplete claims had been submitted; (H) coding errors had occurred; or (I) of any other
281 specified reason.

282 SECTION 32. Section 35 of chapter 123 of the General Laws, as so appearing, is hereby
283 amended by striking out the first two paragraphs and inserting in place thereof the following
284 paragraph:-

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

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

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

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

298 SECTION 33. Said section 35 of said chapter 123, as so appearing, is hereby further
299 amended by striking out the words “an alcoholic or substance abuser”, in lines 17 and 18 and in
300 line 39, and inserting in place thereof, in each instance, the words:- a person with an alcohol or
301 substance use disorder.

302 SECTION 34. Said section 35 of said chapter 123, as so appearing, is hereby further
303 amended by striking out the words “or a”, in line 36, and inserting in place thereof the following
304 words:- or a qualified.

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

308 If, after a hearing which shall include expert testimony and may include other evidence,
309 the court finds that such person is an individual with an alcohol or substance use disorder and
310 there is a likelihood of serious harm as a result of the person’s alcohol or substance use disorder,
311 the court may order such person to be committed for a period not to exceed 90 days to a facility
312 designated by the department of public health, followed by the availability of case management
313 services provided by the department of public health for up to 1 year; provided, however, that a
314 review of the necessity of the commitment shall take place by the superintendent on days 30, 45,

315 60 and 75 as long as the commitment continues. A person so committed may be released prior to
316 the expiration of the period of commitment upon written determination by the superintendent of
317 the facility that release of that person will not result in a likelihood of serious harm. Such
318 commitment shall be for the purpose of inpatient care for the treatment of an alcohol or
319 substance use disorder in a facility licensed or approved by the department of public health or the
320 department of mental health; provided further, that subsequent to the issuance of a commitment
321 order, the department of public health and the department of mental health may transfer a patient
322 to a different facility for continuing treatment.

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

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

334 SECTION 36: Section 43 of chapter 258 of the acts of 2014 is hereby repealed.

335 SECTION 37: (a) There shall be a Massachusetts Council on Substance Use Disorder
336 Prevention and Treatment. The council shall: (i) support the efforts of the department of public

337 health and the department of mental health to supervise, coordinate and establish standards for
338 the operation of substance use prevention and treatment services; (ii) oversee implementation of
339 initiatives and programs that effectively direct the existing resources and minimize the impact of
340 substance use and misuse; (iii) develop and recommend formal policies and procedures for the
341 coordination and efficient utilization of programs and resources across state agencies and
342 secretariats; (iv) provide recommendations on methods and programs to increase the collection
343 and safe disposal of federally scheduled prescription medications; and (v) develop an annual
344 report and submit said report to the governor, on or before November 30 of each year, detailing
345 all activities of the council and recommending further efforts and resource needs.

346 (b) The council shall consist of the following members or their designees: the
347 secretary of health and human services, who shall serve as chair; the secretary of public safety;
348 the secretary of education; the commissioner of public health; the commissioner of mental
349 health; the chief justice of the trial court; 1 member appointed by the president of the senate; 1
350 member appointed by the speaker of the house; 1 member appointed by the senate minority
351 leader; 1 member appointed by the house minority leader; 11 members appointed by the
352 governor, 2 of whom shall be medical professionals specializing in the treatment of substance
353 use disorders, 1 of whom shall be a medical professional with expertise in the assessment and
354 management of neonatal abstinence syndrome, 1 of whom shall be an individual recovering from
355 a substance use disorder, 1 of whom shall be a family member of an individual with a substance
356 use disorder, 1 of whom shall represent the interests of individuals with chronic pain, 1 of whom
357 shall be a mayor or selectman in a city or town in the commonwealth, 1 of whom shall be a
358 representative of the Massachusetts Sheriffs' Association, 1 of whom shall be a representative
359 from the Massachusetts Chiefs of Police Association, 1 of whom shall be a representative of

360 District Attorney’s Association, 1 of whom shall represent pharmacists; and other appropriate
361 representatives as determined by the governor. All members shall serve without compensation in
362 an advisory capacity and at the pleasure of the governor.

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

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

369 SECTION 38. Not later than July 1, 2016, the Massachusetts Association of School
370 Committees, the Massachusetts Association of School Superintendents, and the Massachusetts
371 Charter Public School Association shall provide an update to the department of elementary and
372 secondary education, the joint committee on education, and the joint committee on mental health
373 and substance abuse on its ongoing efforts to ensure compliance with the requirements set forth
374 in section 96 of chapter 71 of the General Laws.

375 SECTION 39. The department of public health and the department of elementary and
376 secondary education shall develop a transportation plan for recovery high schools. Said plan
377 shall ensure that each student attending a recovery high school has access to transportation
378 between home and school.

379 SECTION 40. The department of public health shall promulgate regulations to classify
380 gabapentin and its chemical equivalents as “additional drugs” for the purposes of section 24A of
381 chapter 94C of the General Laws.

382 SECTION 41: The health policy commission, in consultation with the department of
383 public health and the department of mental health, shall conduct a study on the availability of
384 health care providers that serve patients with dual diagnoses of substance use disorder and
385 mental illness in inpatient and outpatient settings. This study shall include: (a) an inventory of
386 health care providers with capability of caring for patients with dual diagnoses, including the
387 location and nature of services offered at each such provider; (b) an inventory of health care
388 providers specializing in caring for child and adolescent patients with dual diagnoses, including
389 the location and nature of services offered at each such provider and (c) an assessment of the
390 sufficiency of such resources in the commonwealth considering multiple factors, including but
391 not limited to population density, geographic barriers to access, insurance coverage and network
392 design, and incidence of mental illness and substance use disorders and needs of individuals with
393 dual diagnosis. The study shall also consider barriers to access to comprehensive mental health
394 and substance use disorder treatment for adults, children and adolescents and include
395 recommendations to reduce barriers to treatment for patients with dual diagnoses, including the
396 appropriate supply and distribution of health care providers with such capability. The
397 commission shall report to the joint committee on mental health and substance abuse and the
398 house and senate committees on ways and means no later than 12 months following the
399 completion of the study.

400 SECTION 42. Notwithstanding any general or special law to the contrary, the
401 Massachusetts Behavioral Health Access (MABHA) website, operated by the office of
402 medicaid's behavioral health vendor, shall post contact information for all insurance payers for
403 the purpose of enhancing communication between payers and providers. Contact information
404 posted on the website shall include a phone number which is accessible 24 hours per day.

405 SECTION 43. Sections 6, 7, 17, 22, 23, 24, 25, 26, 27, 28, 29, 30 and 31 of the act shall
406 take effect on July 1, 2016.