

# **HOUSE . . . . . No. 3926**

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## The Commonwealth of Massachusetts

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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.

**HOUSE . . . . . No. 3926**

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**The Commonwealth of Massachusetts**

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**In the One Hundred and Eighty-Ninth General Court  
(2015-2016)**  
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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16 repealed.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 d<sup>3</sup>/<sub>4</sub> 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 educational 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.