HOUSE DOCKET, NO. 2155 FILED ON: 1/15/2015

HOUSE . . . . . No. 970

The Commonwealth of Massachusetts

PRESENTED BY:

Garrett J. Bradley

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act to promote accessible substance abuse treatment for all.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
Garrett J. Bradley	*3rd Plymouth*	*1/15/2015*
James M. Cantwell	*4th Plymouth*	*1/20/2015*
Robert M. Koczera	*11th Bristol*	*1/20/2015*
Tackey Chan	*2nd Norfolk*	*1/21/2015*
Timothy R. Madden	*Barnstable, Dukes and Nantucket*	*2/2/2015*
John V. Fernandes	*10th Worcester*	*1/16/2015*
RoseLee Vincent	*16th Suffolk*	*1/26/2015*
Joseph W. McGonagle, Jr.	*28th Middlesex*	*1/28/2015*
Claire D. Cronin	*11th Plymouth*	*1/20/2015*
Joseph D. McKenna	*18th Worcester*	*1/15/2015*
Thomas M. Stanley	*9th Middlesex*	*2/4/2015*
Jose F. Tosado	*9th Hampden*	*1/21/2015*
James R. Miceli	*19th Middlesex*	*2/3/2015*
Paul J. Donato	*35th Middlesex*	*1/16/2015*
James J. Dwyer	*30th Middlesex*	*1/20/2015*
Angelo J. Puppolo, Jr.	*12th Hampden*	*1/16/2015*
Frank A. Moran	*17th Essex*	*9/9/2019*
Michael O. Moore	*Second Worcester*	*9/9/2019*

Louis L. Kafka	*8th Norfolk*	*9/9/2019*
Walter F. Timilty	*7th Norfolk*	*1/23/2015*
Tricia Farley-Bouvier	*3rd Berkshire*	*9/9/2019*
Chris Walsh	*6th Middlesex*	*9/9/2019*
Ruth B. Balser	*12th Middlesex*	*9/9/2019*
Jason M. Lewis	*Fifth Middlesex*	*9/9/2019*
Brendan P. Crighton	*11th Essex*	*9/9/2019*
Bruce E. Tarr	*First Essex and Middlesex*	*9/9/2019*
James M. Murphy	*4th Norfolk*	*9/9/2019*
Jennifer L. Flanagan	*Worcester and Middlesex*	*9/9/2019*
Marjorie C. Decker	*25th Middlesex*	*2/3/2015*
Jeffrey N. Roy	*10th Norfolk*	*2/3/2015*
David M. Rogers	*24th Middlesex*	*9/9/2019*
Paul R. Heroux	*2nd Bristol*	*9/9/2019*

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HOUSE . . . . . No. 970

By Mr. Bradley of Hingham, a petition (accompanied by bill, House, No. 970) of Garrett J. Bradley and others relative to public health, substance abuse, treatment and opioids and accessible substance abuse treatment for all. Health Care Financing.

The Commonwealth of Massachusetts

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

An Act to promote accessible substance abuse treatment for all.

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

SECTION 1. Chapter 15 of the General Laws is hereby amended by adding the following sections:-

Section 67. There shall be a Behavioral Health Education and Prevention Task Force charged with reviewing national best practices in regards to behavioral health prevention plans and educational curricula appropriate for schools and school-based settings. The task force shall be composed of the commissioner of elementary and secondary education, or a designee, who shall serve as chair; the commissioner of public health, or a designee; the commissioner of mental health, or a designee, and nine members to be appointed by the governor, including one representative each of the following organizations; the Massachusetts School Nurse Association, the Massachusetts Association for School-Based Health Care, the Massachusetts chapter of the National Association of Social Workers, the Massachusetts Association of School Committees, and the Massachusetts Association of School Superintendents; and, one expert in substance

abuse treatment for adolescents and young adults, one expert in mental health treatment for adolescents and young adults, and two persons with lived behavioral health experience as students. At least one-half of the total appointed members of the task force shall constitute a quorum for the transaction of business. Appointees shall serve without compensation.

The task force shall meet, at a minimum, quarterly, and shall develop and publish recommended best practices, model school prevention plans, and educational curricula related to behavioral health, appropriate for schools and school-based settings. The task force shall provide new or revised materials, recommendations, and model plans at least every five years, or as nationally recognized best practices evolve. The task force shall also, upon request, provide school districts that choose to implement such plans with information and technical assistance.

Section 68. There is hereby established, subject to appropriation, a Behavioral Health School Education and Prevention Incentive Grant program for the purpose of providing grants to public schools and school districts, through a competitive process, that choose to implement a locally-appropriate behavioral health school education and prevention plan based on recommendations as established by the Behavioral Health Education and Prevention Task Force pursuant to section 67 of this chapter. Program funds may be used by the department for the purpose of administering the grant program, provided, however, that administration costs shall not exceed 10 percent of the total fund, or, the cost of one full-time equivalent employee, whichever is greater. The department, in consultation with said task force, shall promulgate regulations governing the administration of the grant program.

SECTION 2. Chapter 32A of the General Laws, as amended by chapter 258 of the acts of 2014, is hereby amended by inserting after section 17N the following section:-

Section 17O. For the purposes of this section the following terms shall have the following meanings:-

"Methadone treatment program", an opioid treatment program as defined in 105 CMR 164.006, a SAMHSA-certified program, licensed by the department of public health, usually comprised of a facility, staff, administration, patients, and services, that engages in supervised assessment and treatment using approved medications, of individuals who are addicted to opioids.

"SAMHSA", the Substance Abuse and Mental Health Services Administration.

Any coverage offered by the commission to an active or retired employee of the commonwealth insured under the group insurance commission shall provide coverage for buprenorphine, injectable naltrexone, and methadone treatment programs, provided that the total out-of-pocket cost charged to enrollees in the form of co-payments for methadone treatment programs shall not exceed 20 per cent of the total reimbursement paid to the methadone treatment program provider for such services.

Any coverage offered by the commission to an active or retired employee of the commonwealth insured under the group insurance commission shall provide reimbursement to methadone treatment programs for buprenorphine and injectable naltrexone provided to an enrollee.

SECTION 3. Section 1 of chapter 111E of the General Laws is hereby amended by adding after the definition of "Independent Physician" the following definition:-

"Opioid Treatment Center", an opioid treatment program as defined in 105 CMR 164.006, a SAMHSA-certified program, licensed by the department of public health, usually comprised of a facility, staff, administration, patients, and services, that engages in supervised assessment and treatment using approved medications, and which also include the provision of buprenorphine and injectable naltrexone, for the treatment of individuals who are addicted to opioids.

SECTION 4. Chapter 118E of the General Laws, as amended by chapter 258 of the acts of 2014, is hereby amended by inserting after section 10H the following section:-

Section 10I. For the purposes of this section the following terms shall have the following meanings:-

"Methadone treatment program", an opioid treatment program as defined in 105 CMR 164.006, a SAMHSA-certified program, licensed by the department of public health, usually comprised of a facility, staff, administration, patients, and services, that engages in supervised assessment and treatment using approved medications, of individuals who are addicted to opioids.

"SAMHSA", the Substance Abuse and Mental Health Services Administration.

The division and its contracted health insurers, health plans, health maintenance organizations, behavioral health management firms and third party administrators under contract to a Medicaid managed care organization or primary care clinician plan shall cover the cost of buprenorphine, injectable naltrexone, and methadone treatment programs, provided that the total out-of-pocket cost charged to enrollees in the form of co-payments for methadone treatment

programs shall not exceed 20 per cent of the total reimbursement paid to the methadone treatment program provider for such services.

The division and its contracted health insurers, health plans, health maintenance organizations, behavioral health management firms and third party administrators under contract to a Medicaid managed care organization or primary care clinician plan shall provide reimbursement to methadone treatment programs for buprenorphine and injectable naltrexone provided to an enrollee."

SECTION 5. Chapter 125 of the General Laws is hereby amended by adding the following section:-

Section 22. Notwithstanding any general and special law to the contrary, any substance abuse treatment program operating within a state correctional facility must be licensed by the department of public health.

Notwithstanding any general or special law to the contrary, all state correctional facilities must utilize substance abuse detoxification protocols and procedures submitted to and approved by the department of public health. The department of public health may issue regulations or guidance governing the process for submission and approval of such protocols and procedures, and may grant exemptions or waivers to this requirement at the discretion of the commissioner of public health.

SECTION 6. Chapter 126 of the General Laws is hereby amended by adding the following section:-

Section 40. Notwithstanding any general or special law to the contrary, any substance abuse treatment program operating within a jail, house of correction and reformation, or county industrial farm established under this chapter must be licensed by the department of public health.

Notwithstanding any general or special law to the contrary, all jails, houses of correction and reformation, or county industrial farms established that perform substance abuse detoxification under this chapter must utilize substance abuse detoxification protocols and procedures submitted to and approved by the department of public health. The department of public health may issue regulations or guidance governing the process for submission and approval of such protocols and procedures, and may grant exemptions or waivers to this requirement at the discretion of the commissioner of public health.

SECTION 7. Chapter 175 of the General Laws, as amended by chapter 258 of the acts of 2014, is hereby amended by inserting after section 47GG the following section:-

Section 47HH. For the purposes of this section the following terms shall have the following meanings:-

"Methadone treatment program", an opioid treatment program as defined in 105 CMR 164.006, a SAMHSA-certified program, licensed by the department of public health, usually comprised of a facility, staff, administration, patients, and services, that engages in supervised assessment and treatment using approved medications, of individuals who are addicted to opioids.

"SAMHSA", the Substance Abuse and Mental Health Services Administration.

Any policy, contract, agreement, plan or certificate of insurance issued, delivered or renewed within the commonwealth, which is considered creditable coverage under section 1 of chapter 118M, shall provide coverage for buprenorphine, injectable naltrexone, and methadone treatment programs, provided that the total out-of-pocket cost charged to enrollees in the form of co-payments for methadone treatment programs shall not exceed 20 per cent of the total reimbursement paid to the methadone treatment program provider for such services.

Any policy, contract, agreement, plan or certificate of insurance issued, delivered or renewed within the commonwealth, which is considered creditable coverage under section 1 of chapter 118M, shall provide reimbursement to methadone treatment programs for buprenorphine and injectable naltrexone provided to an enrollee.

SECTION 8. The division of medical assistance, in consultation with the health policy commission and the department of public health, shall create a Substance Abuse and Primary Care Integration pilot program within the MassHealth Primary Care Clinician Plan for patients with opioid addiction seeking treatment at an opioid treatment center licensed by the department of public health as defined in section 1 of chapter 111E.

This program shall consist of two pilot programs: one co-located patient-centered medical home model pilot, and one affiliated health home pilot, leveraging bundled payments or other alternative payment methodologies to integrate primary care within opioid treatment centers. Each pilot program shall operate for three years, provide intensive case management services, and collect outcomes data on an ongoing basis, as determined by the division of medical assistance, in consultation with the health policy commission and the department of public health.

The division of medical assistance shall issue a report annually, on or before June 30, to the house and senate clerks, the house and senate committees on ways and means, the joint committee on health care financing, the joint committee on mental health and substance abuse, and the joint committee on public health. The report shall include a pilot program progress update comparing the results of each pilot program and providing outcomes data.

At the conclusion of said pilots, the health policy commission shall perform an audit and analysis of the pilot programs established under this section, following which, the commission shall issue a report on the efficacy of the pilot programs and provide recommendations on potential future payment methodologies and other incentive policies related to behavioral health integration and parity.

SECTION 9. The department of public health shall create a public facing quality outcomes dashboard. This dashboard shall report on, but not be limited to, (i) consumer satisfaction responses including treatment with dignity and respect, appropriateness of services, expertise of treatment staff, consumer education, and other measures with respect to the provision of substance abuse services; and (ii) nationally recognized Washington Circle and federal SAMHSA outcome-based measures, including, but not limited to, step-down to next level of care, abstinence measures, and recidivism to higher levels of care within 14-day and 30-day time periods.

All outcomes reporting and any qualitative assessments of said outcomes shall be adjusted for and reflect the acuity of patients admitted to a particular service, including, but not limited to, homelessness status, prior mental health treatment or diagnosis, substance abuse treatment, and other co-occurring disorders; provided further that quality outcomes reported on

the public facing dashboard shall not be used by any insurance carrier, as defined in section 1 of chapter 176O, the group insurance commission, or the division of medical assistance, to deny admission, reimbursement or payment for substance abuse services.

Said dashboard shall also include aggregate, de-identified demographic information such as age, race, ethnicity, and gender.

Said dashboard shall be operational on or before June 30, 2015.

SECTION 10. The department of public health shall, subject to appropriation, establish a community-based substance abuse walk-in center program. Location of such centers shall take into account need, equitable regional access, health disparities, and other such factors as determined by the department. The mission of these centers shall be to provide consumers with streamlined access to substance abuse treatment services, in-person emergency and urgent counseling, and coordinated transfers to treatment, when appropriate. Centers shall follow a central navigation model, utilizing real-time information on treatment bed and services availability across the system to efficiently refer consumers to appropriate care settings, and improve access to and understanding of the substance abuse treatment system. The department shall be allowed to amend contracts as needed to ensure access to real-time treatment bed and services availability.

SECTION 11. Sections 5 and 6 shall take effect one year from the effective date of this act.

SECTION 12. Sections 2, 4, and 7 shall take effect 60 days from the effective date of this act.

SECTION 13. Section 8 shall take effect one year from the effective date of this act.