HOUSE No. 2127

The Commonwealth of Massachusetts

PRESENTED BY:

Jon Santiago and David M. Rogers

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 establishing a commission to study the availability of a continuum of care for persons with substance use disorder.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
Jon Santiago	9th Suffolk	2/11/2021
David M. Rogers	24th Middlesex	2/25/2021
Michael J. Barrett	Third Middlesex	2/25/2021
Christopher Hendricks	11th Bristol	2/26/2021
Tami L. Gouveia	14th Middlesex	2/26/2021
Diana DiZoglio	First Essex	2/26/2021
Steven G. Xiarhos	5th Barnstable	2/26/2021
Paul McMurtry	11th Norfolk	2/26/2021
Tram T. Nguyen	18th Essex	2/26/2021
Jeffrey N. Roy	10th Norfolk	2/26/2021
Daniel R. Carey	2nd Hampshire	2/26/2021
James J. O'Day	14th Worcester	2/26/2021
John Barrett, III	1st Berkshire	2/26/2021
Brian W. Murray	10th Worcester	2/26/2021
Lindsay N. Sabadosa	1st Hampshire	2/26/2021
Bradley H. Jones, Jr.	20th Middlesex	3/9/2021
Hannah Kane	11th Worcester	3/15/2021

HOUSE No. 2127

By Messrs. Santiago of Boston and Rogers of Cambridge, a petition (accompanied by bill, House, No. 2127) of Jon Santiago, David M. Rogers and others for legislation to establish a special commission (including members of the General Court) to study the availability of continuum of care for persons with substance use disorder. Mental Health, Substance Use and Recovery.

The Commonwealth of Massachusetts

In the One Hundred and Ninety-Second General Court (2021-2022)

An Act establishing a commission to study the availability of a continuum of care for persons with substance use disorder.

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. Notwithstanding any general or special law to the contrary, there shall be a

2 commission established pursuant to section 2A of chapter 4 of the General Laws to study the

3 availability of a continuum of care for persons with substance use disorder. The commission

4 shall review: (i) the availability of detoxification services, clinical stabilization services,

5 transitional support services, residential recovery home services and outpatient treatment

including medication assisted treatment and (ii) make an assessment of what the appropriate

capacity should be for each level of care to allow individuals to efficiently access each level of

care as clinically necessary.

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The commission shall consist of: the house and senate chairs of the committee on mental health, substance use and recovery, who shall serve as co-chairs; a member appointed by

the speaker of the house of representatives; a member appointed by the senate president; the

minority leader of the house, or a designee; the minority leader of the senate, or a designee; the secretary of the office of health and human services, or a designee; the assistant secretary for masshealth; the commissioner of the department of public health, or a designee; the commissioner of the department of mental health, or a designee; the commissioner of the division of insurance, or a designee; and one from each of the following: Association for Behavioral Healthcare, Inc.; Massachusetts Organization for Addiction Recovery; the Massachusetts Health & Hospital Association; the Massachusetts Medical Society; Recovery Homes Collaborative; Learn to Cope; the Grayken Center; the Massachusetts Association of Health Plans; and Blue Cross and Blue Shield of Massachusetts.

Annually, not later than March 1, the commission shall file a report with the house and senate clerks on its activities and any recommendations. The commission shall monitor the implementation of its recommendations.

COVID-19, including through federal agencies, state and local government entities, financial institutions and other private businesses, grants, loans, investments or other means; (iii) investigate the preparedness for and response to COVID-19, including the planning for and implementation of testing, containment, mitigation, contact tracing activities, and the acquisition and distribution of protective equipment and medical supplies; (iv) investigate the economic and social impact of COVID-19 on individuals, communities, small businesses, health care providers, the state, and local government entities; (v) investigate any disparate impacts of COVID-19 on different communities and populations, including racial and ethnic minorities, senior citizens, and other vulnerable or historically disadvantaged populations; (vi) investigate the use and public health impact, effectiveness, and social and economic cost of social distancing practices, stay-at-home directives, school and business closures, disruptions to childcare, and

other measures adopted to contain the virus; (vii) review the efficacy of public outreach to inform and protect Massachusetts residents; (viii) investigate any disparate impacts in nursing homes and long-term care facilities in the state; and (ix) identify lessons learned from the outbreak and from the response by the state, including the coordination, management, policies, procedures, public outreach, and actions of federal, state and local governments and non-governmental entities in preparing for, detecting, preventing, and responding to COVID-19. The commission shall make publicly available a report containing its findings, conclusions, and recommendations.

(d) The commission shall consist of 7 members: 1 person who shall be appointed by the governor; 1 person who shall be appointed by the Massachusetts attorney general; 1 person who shall be appointed by the state treasurer; 1 person who shall be appointed by the secretary of the commonwealth; 1 person who shall be appointed by the state auditor; 1 person who shall be appointed by the senate president; and 1 person who shall be appointed by the speaker of the house. The chair of the commission shall be appointed by a majority vote of the members. Individuals appointed to the commission shall be Massachusetts residents with extensive experience and significant expertise in professions such as: economics; labor and workforce development; business and finance; public health; medicine, including epidemiology; healthcare; civil rights; law and governmental service; and emergency preparedness, response, and management. The composition of the committee shall, to the fullest extent possible, consist of a mixture of experts from all the professions listed above.

The nonpartisan commission shall be comprised of individuals who can look at the totality of the state's response impartially, without fear or favor, regardless of party or interests involved. An individual appointed to the commission may not be a current elected official, an

employee of state or local government, a registered lobbyist, or an employee of a trade association or special interest group whose purpose is to lobby at the state level or otherwise influence governmental policymaking. Appointments to the commission shall be made not later than 30 days after the effective date of this act.

- (e) The commission shall furnish reasonable staff and other support for the work of the commission. Members shall not receive compensation for their service but may receive reimbursement for reasonable expenses incurred in carrying out their responsibilities as members of the commission.
- (f) The commission may meet as appropriate, but not less than 4 times in different geographic regions of the commonwealth and shall accept input from the public via not less than two public hearings, as well as solicit expert testimony from individuals identified by the commission. The public hearings shall be conducted in person unless such in-person meetings would pose a health risk or significant practical challenges.
- (g) The commission shall have the power to issue subpoenas to compel the attendance of witnesses and the production of documents, papers, books, records and other evidence relating to any matter under investigation. The commission shall have the power to administer oaths and affirmations to persons whose testimony is required. The commission may select and contract with independent consultants to assist with leading and managing public hearings, collecting and analyzing data and information, completing a final report and any other activity to achieve the goals of the commission.
- (h) The commission shall, following the completion of the required meetings and hearings, file a report of its findings, analysis, and recommendations to the clerks of the house of

- 80 representatives and senate. The commission shall convene its first meeting not later than 45 days
- 81 following the effective date of this act. The commission shall submit its final report and its
- 82 recommendations not later than six months following the effective date of this act. The final
- 83 report must be made publicly available in both electronic and paper format.