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:

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<tr>
<th>NAME</th>
<th>DISTRICT/ADDRESS</th>
<th>DATE ADDED</th>
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<tbody>
<tr>
<td>Jon Santiago</td>
<td>9th Suffolk</td>
<td>2/11/2021</td>
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<tr>
<td>David M. Rogers</td>
<td>24th Middlesex</td>
<td>2/25/2021</td>
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<tr>
<td>Michael J. Barrett</td>
<td>Third Middlesex</td>
<td>2/25/2021</td>
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<tr>
<td>Christopher Hendricks</td>
<td>11th Bristol</td>
<td>2/26/2021</td>
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<td>Tami L. Gouveia</td>
<td>14th Middlesex</td>
<td>2/26/2021</td>
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<td>Diana DiZoglio</td>
<td>First Essex</td>
<td>2/26/2021</td>
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<td>Steven G. Xiarhos</td>
<td>5th Barnstable</td>
<td>2/26/2021</td>
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<td>Paul McMurry</td>
<td>11th Norfolk</td>
<td>2/26/2021</td>
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<td>Tram T. Nguyen</td>
<td>18th Essex</td>
<td>2/26/2021</td>
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<td>Jeffrey N. Roy</td>
<td>10th Norfolk</td>
<td>2/26/2021</td>
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<td>Daniel R. Carey</td>
<td>2nd Hampshire</td>
<td>2/26/2021</td>
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<td>James J. O'Day</td>
<td>14th Worcester</td>
<td>2/26/2021</td>
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<td>John Barrett, III</td>
<td>1st Berkshire</td>
<td>2/26/2021</td>
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<td>Brian W. Murray</td>
<td>10th Worcester</td>
<td>2/26/2021</td>
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<td>Lindsay N. Sabadosa</td>
<td>1st Hampshire</td>
<td>2/26/2021</td>
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<tr>
<td>Bradley H. Jones, Jr.</td>
<td>20th Middlesex</td>
<td>3/9/2021</td>
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<tr>
<td>Hannah Kane</td>
<td>11th Worcester</td>
<td>3/15/2021</td>
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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 commission established pursuant to section 2A of chapter 4 of the General Laws to study the availability of a continuum of care for persons with substance use disorder. The commission shall review: (i) the availability of detoxification services, clinical stabilization services, 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.

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,

The law, also known as the Baker-Polito Act, was enacted to investigate the impact of COVID-19 on various aspects of society, including public health, economic stability, and social equity. The commission's activities and recommendations would be reported annually to the legislature, providing insights and recommendations for future actions. The investigation covered a wide range of topics, from the effectiveness of public health measures to the economic and social impacts on different communities.
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
representatives and senate. The commission shall convene its first meeting not later than 45 days following the effective date of this act. The commission shall submit its final report and its recommendations not later than six months following the effective date of this act. The final report must be made publicly available in both electronic and paper format.