

Wednesday, July 11, 2018 (at 11:00 A.M.).

Prayer was offered by Father Rick Walsh of the Paulist Fathers, Chaplain of the House, as follows:

God of Freedom and Justice, we pray for our elected officials and their staff as they continue the work of crafting fair and just legislation for all who make Massachusetts their home. We pray for the welfare of those who are moving to our Commonwealth this summer as we recall that it was on this day in 1761 that a young girl from West Africa was purchased as a slave upon her arrival in Boston Harbor by merchant John Wheatley.

Prayer.

Given the name Phyllis, the child quickly learned the English language as was tutored in reading the Bible and also the classics of English, Latin, and Greek literature. After a trip to London where she had a book of poetry published, the Wheatley family gave Phyllis her freedom at about age 20.

Married to a freed man named John Peters, she lived the rest of her life in poverty, dying at age 30 from complications during childbirth. Her poetry was published in this country posthumously during the time of debates about slavery.

She once wrote in a letter, "In every human breast God has implanted a principle, which we call love of freedom..."

Phyllis Wheatley's statue is part of the Boston Womens' Memorial on the Commonwealth Avenue Mall in Boston.

May God continue to bless our Commonwealth.

At the request of the Chair (Mr. Donato), the members, guests and employees joined with him in reciting the pledge of allegiance to the flag.

Pledge of allegiance.

Guests of the House.

During the session, the Chair (Mr. Donato of Medford) declared a brief recess and introduced, seated in the Chamber, students from North Attleborough High School, representing the 2018 Division II Baseball, Division II Wrestling, Division II Indoor Track, and Cheerleading Game Day state championship teams. They were the guests of Mrs. Poirier of North Attleborough.

North Attleborough High School,—championship teams.

Order.

The following order (filed by Ms. Hogan of Stow) was referred, under Joint Rule 30, to the committees on Rules of the two branches, acting concurrently:

Ordered, That, notwithstanding the provisions of Joint Rule 10, the committee on Public Health be granted until Tuesday July 31, 2018 within which time to make its final report on current House documents numbered 1151 and 3240.

Mr. Galvin of Canton, for the committees on Rules, reported that the order (House, No. 4731), ought to be adopted. Under suspension of the rules, on motion of Ms. Hogan of Stow, the order was considered forthwith; and it was adopted. Sent to the Senate for concurrence.

Public Health committee,—extension of time for reporting.

Petitions.

Petitions severally were presented and referred as follows:

By Mr. Kulik of Worthington, a petition (subject to Joint Rule 12) of Stephen Kulik and others for legislation to further regulate the exchange of certain parcels of land between the city of Northampton and the Division of Capital Asset Management and Maintenance.

Northampton,—
land.

By Mr. Moran of Boston, a petition (subject to Joint Rule 12) of Michael J. Moran and Kevin G. Honan for legislation to authorize the commissioner of Capital Asset Management and Maintenance to grant an easement at the Chestnut Hill Reservation located in the Brighton section of the city of Boston.

Boston,—
easement.

By Ms. Whipps of Athol, a petition (subject to Joint Rule 12) of Susannah M. Whipps that the Department of Conservation and Recreation be authorized to release a watershed preservation restriction over a portion of certain land in the town of Petersham.

Petersham,—
land.

Severally, under Rule 24, to the committee on Rules.

Reports of Committees.

Mr. Galvin of Canton, for the committee on Rules, reported (under the provisions of House Rules 7B and 7C) that the Order relative to special procedures for consideration of the House Bill to increase renewable energy and reduce high-cost peak hours [House, No. 4575], the House Bill to improve grid resiliency through energy storage [House, No. 4576], and the House Bill relative to expanding resource efficiency in the Commonwealth [House, No. 3404] (for order, see House, No. 4733), ought to be adopted. The order was considered forthwith and it was adopted.

Energy.

By Mr. Parisella of Beverly, for the committee on Public Service, on a petition, a Bill directing the city of Boston Police Department to waive the maximum age requirement for police officers for Hugh Trong Ngo (House, No. 4608) [Local Approval Received]. Read; and referred, under Rule 7A, to the committee on Steering Policy and Scheduling.

Boston,—
Hugh Trong
Ngo.

Mr. Murphy of Weymouth, for said committee, then reported that the matter be scheduled for consideration by the House.

Under suspension of the rules, on motion of Mrs. Poirier of North Attleborough, the bill was read a second time forthwith; and it was ordered to a third reading.

By Mr. Parisella of Beverly, for the committee on Public Service, on a petition, a Bill relative to the appointment of retired police officers in the town of Stoneham (House, No. 4581) [Local Approval Received].

Stoneham,—
police officers.

By the same member, for the same committee, on a petition, a Bill authorizing the certification and appointment of Adam J. Silva as a firefighter in the town of Wilmington (House, No. 4631) [Local Approval Received].

Wilmington,—
Adam J. Silva.

By the same member, for the same committee, on a petition, a Bill concerning the appointment of retired Salem police officers as special police officers within the city of Salem (House, No. 4705) [Local Approval Received].

Salem,—
special police
officers.

Severally read; and referred, under Rule 7A, to the committee on Steering Policy and Scheduling.

Emergency Measure.

The engrossed Bill establishing a sick leave bank for Norma Jean Silva, an employee of the Trial Court of the Commonwealth (see Senate, No. 2572), having been certified by the Clerk to be rightly and truly prepared for final passage, was considered, the question being on adopting the emergency preamble.

Norma Jean Silva,—
sick leave.

A separate vote was taken, as required by the provisions of Article XLVIII (as amended by Article LXVII) of the Amendments to the Constitution; and the preamble was adopted, by a vote of 4 to 0. Sent to the Senate for concurrence.

Subsequently, the Senate having concurred in adoption of the emergency preamble, the bill (which originated in the Senate) was passed to be enacted; and it was signed by the acting Speaker and sent to the Senate.

Bill enacted.

Recess.

At ten minutes after eleven o'clock A.M. (Wednesday, July 11), on motion of Mrs. Orrall of Lakeville (Mr. Donato of Medford being in the Chair), the House recessed until one o'clock P.M.; and at seven minutes after one o'clock, the House was called to order with Mr. Donato in the Chair.

Recess.

Reports of Committees.

By Mr. Parisella of Beverly, for the committee on Public Service, on a petition, a Bill establishing a sick leave bank for Joseph Mele, an employee of the Department of Mental Health (House, No. 4715). Read; and referred, under Rule 7A, to the committee on Steering Policy and Scheduling.

Joseph Mele,—
sick leave.

Mr. Murphy of Weymouth, for said committee, then reported that the matter be scheduled for consideration by the House.

Under suspension of the rules, on motion of Mr. Tucker of Salem, the bill was read a second time forthwith; and it was ordered to a third reading.

Mrs. Haddad of Somerset being in the Chair,—

Mr. Sánchez of Boston, for the committee on Ways and Means, reported that the Bill relative to expanding resource efficiency in the Commonwealth (House, No. 3404), ought to pass with an amendment substituting therefor a bill with the same title (House, No. 4737). Referred, under Rule 7A, to the committee on Steering, Policy and Scheduling.

Natural resources.

Mr. Murphy of Weymouth, for said committee, then reported that the matter be scheduled for consideration by the House.

Under suspension of Rule 7A, on motion of Mr. Sánchez of Boston, the bill was read a second time forthwith. The amendment recommended by the committee on Ways and Means then was adopted; and the substituted bill was ordered to a third reading.

Mr. Sánchez of Boston, for the committee on Ways and Means, reported that the Bill to increase renewable energy and reduce high-cost peak hours (House, No. 4575), ought to pass with an amendment substituting therefor a bill with the same title (House, No. 4738). Referred, under Rule 7A, to the committee on Steering, Policy and Scheduling.

Renewable energy.

Mr. Murphy of Weymouth, for said committee, then reported that the matter be scheduled for consideration by the House.

Under suspension of Rule 7A, on motion of Mr. Sánchez of Boston, the bill

was read a second time forthwith. The amendment recommended by the committee on Ways and Means then was adopted; and the substituted bill was ordered to a third reading.

Mr. Sánchez of Boston, for the committee on Ways and Means, reported that the Bill to improve grid resiliency through energy storage (House, No. 4576), ought to pass with an amendment substituting therefor a bill with the same title (House, No. 4739). Referred, under Rule 7A, to the committee on Steering, Policy and Scheduling.

Grid
resiliency.

Mr. Murphy of Weymouth, for said committee, then reported that the matter be scheduled for consideration by the House.

Under suspension of Rule 7A, on motion of Mr. Sánchez of Boston, the bill was read a second time forthwith. The amendment recommended by the committee on Ways and Means then was adopted; and the substituted bill was ordered to a third reading.

Mr. Sánchez of Boston, for the committee on Ways and Means, reported that the following bills ought to pass:

Providing for the terms of certain bonds to be issued by the Commonwealth (printed in House, No. 4573);

Bonding
terms.

Providing for the terms of certain bonds to be issued by the Commonwealth (printed in House, No. 4668); and

Id.

Providing for the terms of certain bonds to be issued by the Commonwealth (printed in House, No. 4669).

Id.

Severally referred, under Rule 7A, to the committee on Steering, Policy and Scheduling.

Mr. Murphy of Weymouth, for said committee, then reported that the matters be scheduled for consideration by the House.

Under suspension of Rule 7A, in each instance, on motion of Mr. Sánchez of Boston, the bills severally were read a second time forthwith; and they were ordered to a third reading

Engrossed Bills.

Engrossed bills

Authorizing the town of Holliston to convert a license for the sale of wine and malt beverages not to be drunk on the premises to a license for the sale of all alcoholic beverages not to be drunk on the premises (see House, No. 4431);

Bills
enacted.

Authorizing the town of Norwood to grant an additional license for the sale of alcoholic beverages not to be drunk on the premises (see House, No. 4614); and

Providing for the designation of polling places in the city of Attleboro (see House, No. 4618);

(Which severally originated in the House);

Severally having been certified by the Clerk to be rightly and truly prepared for final passage, were passed to be enacted; and they were signed by the acting Speaker and sent to the Senate.

Motions to Discharge Certain Matters in the Orders of the Day.

The House Bill authorizing the commissioner of Capital Asset Management

Salem

and Maintenance to convey a certain parcel of land to the Salem Redevelopment Authority (House, No. 4635), having been reported by the committee on Bills in the Third Reading to be correctly drawn, was read a third time, under suspension of the rules, on motion of Mr. Tucker of Salem.

Redevelopment Authority.

Pending the question on passing the bill to be engrossed, the same member moved to amend it in section 1, in line 3, by striking out the following: “Chapter 462 of the Acts of 2016”; by adding the following section:

“SECTION 6. Chapter 462 of the Acts of 2016 is hereby repealed.”; and by inserting before the enacting clause the following emergency preamble:

“Whereas, The deferred operation of this act would tend to defeat its purpose, which is to convey a certain parcel of state owned land, therefore it is hereby declared to be an emergency law, necessary for the immediate preservation of the public convenience.”.

The amendments were adopted; and the bill (House, No. 4635, amended) was passed to be engrossed. Sent to the Senate for concurrence.

The House Bill relative to findings of the foundation budget review commission (House, No. 4730), having been reported by the committee on Bills in the Third Reading to be correctly drawn, was read a third time, under suspension of the rules, on motion of Ms. Peisch of Wellesley.

Foundation budget.

After debate on the question on passing the bill to be engrossed, Mr. Sánchez of Boston moved to amend it in section 6, in line 41, by striking out the following: “11, 22, 50 and 58” and inserting in place thereof the following: “4, 17, 43, 85, and 117”, in line 60, by inserting after the word “levels” the words “, including a review of national practice models that ensure greater financial transparency”, in line 74, by inserting after the word “teacher” the following: “in a district of 15,000 or more students”; and by striking out section 7 and inserting in place thereof the following section:

“SECTION 7. Not later than December 31, 2018, the commissioner of the department of education shall develop an implementation plan for purposes of informing the FY 2020 budget on recommendations made by the 2015 foundation budget review commission report relative to converting the English learner increase from a base rate to an increment on the base rate, and increasing the low-income increment component of the foundation budget calculation in order to best serve low-income students and English learner populations.

The commissioner shall work with an independent research consultant with proven experience in education data and public policy research to assist in the development of implementation models, which shall include:

(i) defining the foundation budget category for ‘low-income’ and amount of increment attributable to low-income students for the purpose of calculating chapter 70 aid;

(ii) options for how districts may be grouped based on low-income enrollment for the purpose of calculating chapter 70 aid;

(iii) improvements to better align data with the executive office of health and human services for the purpose of counting low-income students, including options for improved identification methods, and efforts to encourage families to enroll in state assistance programs and ensure districts have appropriate information and outreach tools;

(iv) options for a distribution formula for holding harmless those districts the department recognizes were negatively impacted by changes made to the calculation of low-income students, including districts where the increased rate did not fully

compensate for a lower number of students identified under the economically disadvantaged metric implemented in 2016;

(v) options for changing the English learner base rate to an increment in the chapter 70 formula beginning with the FY2020 budget, including recommendations on: (a) applying the middle school increment to all grade levels in the calculation of the English learner increment; (b) the degree to which the English learner increment should be differentiated based on the various levels of support required of English learners and (c) applying the increment to vocational school students;

(vi) types of interventions, supports and practices that have proven to be effective in improving performance for low-income students and English learners and have proven successful in closing the student achievement gap in districts with large populations of low-income students, including, but not limited to: instructional improvement; a study of staffing patterns and program offerings, and the costs incurred in providing such supports; and, models for offering sufficient guidance for supporting district and school decision-making relative to effective and efficient resource allocation.

Prior to issuing a final study, the commissioner shall hold not fewer than 2 public meetings and provide ample opportunity for public and stakeholder input relative to any initial findings.

The implementation plan, together with any recommendations and findings, shall be filed with the house and senate committees on ways and means and the joint committee on education not later than December 31, 2018; provided a copy shall be made publicly available on the website of the department of elementary and secondary education.”.

The amendments were adopted.

On the question on passing the bill, as amended, to be engrossed, the sense of the House was taken by yeas and nays, at the request of Ms. Peisch of Wellesley; and on the roll call 148 members voted in the affirmative and 0 in the negative.

[See Yea and Nay No. 396 in Supplement.]

Therefore the bill (House, No. 4741, published as amended) was passed to be engrossed. Sent to the Senate for concurrence.

The House Bill for prevention and access to appropriate care and treatment of addiction (House, No. 4725), having been reported by the committee on Bills in the Third Reading to be correctly drawn, was read a third time, under suspension of the rules, on motion of Ms. Garlick of Needham.

After remarks on the question on passing the bill to be engrossed, Mr. Jones of North Reading moved to amend it by [A]adding the following section:

“SECTION 83. Chapter 123 of the General Laws is hereby amended by inserting after section 35 the following 2 sections:—

Section 35A. (a) A clinical professional, who, after examining a person, has reason to believe that failure to commit such person for treatment would create a likelihood of serious harm by reason of an alcohol or substance use disorder may restrain or authorize the restraint of such person for transportation to an appropriate treatment facility authorized for such purposes by the department of public health or the department of mental health. For the purposes of this section, the term ‘clinical professional’ shall include a physician who is licensed pursuant to section 2 of chapter 112 or qualified psychiatric nurse mental health clinical specialist authorized to practice as such under regulations promulgated pursuant to section 80B of said chapter 112 or a qualified psychologist licensed pursuant to sections 118 to 129, inclusive, of said chapter 112, or a licensed independent clinical social

Bill passed to be engrossed,—
yea and nay
No. 396.

Addiction,—
treatment.

worker licensed pursuant to sections 130 to 137, inclusive, of chapter 112; provided, however, that the department may through regulation identify other persons who because of training and credentials shall be included within the definition of 'clinical professional.'

If an examination is not possible because of the emergency nature of the case or because of the refusal of the person to consent to such examination, the clinical professional on the basis of the facts and circumstances may determine that treatment is necessary and may restrain or authorize the restraint of such person for transportation to an appropriate treatment facility authorized for such purposes by the department of public health or the department of mental health through regulation.

If a clinical professional is not available, a police officer who believes that failure to treat a person would create a likelihood of serious harm by reason of an alcohol or substance use disorder may restrain or authorize the restraint of such person for transportation to an appropriate treatment facility authorized for such purposes by the department of public health or the department of mental health through regulation.

The clinical professional or police officer shall communicate to the facility receiving a person transported under this section the reasons for the restraint of such person and any other relevant information which may assist the admitting clinician. Whenever practicable, prior to transporting such person, the clinical professional or police officer shall telephone or otherwise communicate with a facility to describe the circumstances and known clinical history and to determine whether the facility is the proper facility to receive such person and also to give notice of any restraint to be used and to determine whether such restraint is necessary.

(b) Only if the transportation for treatment under this section is authorized by a physician specifically designated to have the authority to admit to a facility in accordance with the regulations of the department of mental health or department of public health shall the person be admitted to the facility immediately after the person's reception. If the application is made by someone other than a designated physician, the person shall be given an examination by a physician within a reasonable amount of time after the person's reception at such facility. If the physician determines that failure to treat the person would create a likelihood of serious harm by reason of an alcohol or substance use disorder the physician may admit the person to the facility for care and treatment for up to 72 hours, during which time, staff of the substance use treatment facility shall attempt to engage the individual in voluntary treatment.

Upon admission of a person under this subsection, the facility shall inform the person that, upon the person's request, the facility will notify the committee for public counsel services of the name and location of the person admitted. The committee for public counsel services shall forthwith appoint an attorney who shall meet with the person. If the appointed attorney determines that the person voluntarily and knowingly waives the right to be represented or is presently represented or will be represented by another attorney, the appointed attorney shall so notify the committee for public counsel services, which shall withdraw the appointment.

Any person admitted under this subsection who has reason to believe that such admission is the result of an abuse or misuse of this subsection, may request, or request through counsel an emergency hearing in the juvenile court or district court in whose jurisdiction the facility is located, and unless a delay is requested by the person or through counsel, the juvenile court or district court shall hold such hearing

on the day the request is filed with the court or not later than the next business day. The superintendent of the facility, if he or she seeks to retain the person for treatment, shall at the time of the hearing file a petition for commitment under section 35.

(c) No person shall be admitted to a facility under this section unless the person, or if the person is a minor, the person's parent or guardian, is first given an opportunity to apply for voluntary admission under section 35B.

(d) A person shall be discharged at the end of the 72-hour period unless the person has consented to treatment under section 35B. If the superintendent determines that the failure to provide continued treatment to the person would create a likelihood of serious harm by reason of an alcohol or substance use disorder, the superintendent shall file a petition under section 35 prior to discharge.

(e) Except for an act of gross negligence or willful misconduct, a police officer or a clinical professional who, acting in good faith does not transport or authorize the transport of an individual to receive treatment under subsection (a) shall not be subject to any criminal or civil liability for failure to transport an individual under this section.

(f) The department, in coordination with the department of public health, shall promulgate regulations to implement this section and section 35B.

Section 35B. (a) Pursuant to regulations on admission procedures, the superintendent of a facility may receive and treat on a voluntary basis any person who has been transported under subsection (a) of section 35A; provided, that the person is in need of care and treatment for an alcohol or substance use disorder; and provided further, that the admitting facility is suitable for such care and treatment and approved or licensed by the department of public health or the department of mental health. An application for voluntary treatment may be made by a person who has attained the age of 16 or by a parent or guardian of a person under the age of 18 years. Prior to accepting an application for a voluntary admission, the superintendent shall afford the person making the application the opportunity for consultation with an attorney, or with a person who is working under the supervision of an attorney, concerning the legal effect of a voluntary admission. The superintendent may discharge any person admitted under this subsection at any time the superintendent deems the discharge in the best interest of the person; provided, however, that if a parent made the application for admission, 14 days' notice shall be given to the parent prior to discharge.

(b) A person admitted to a facility under subsection (a) shall be free to leave such facility at any time, and any parent who requested the admission of such person may withdraw such person at any time, upon giving written notice to the superintendent; provided, however, that the superintendent may restrict the right to leave or withdraw to normal working hours and weekdays and, in the superintendent's discretion, may require the person or the person's parent to give 3 days' written notice of his or her intention to leave or withdraw. If a person or the person's parent provides a notice of intention to leave or withdraw, the superintendent may require an examination of the person to determine the person's clinical progress, the person's suitability for discharge and to investigate other aspects of the person's case including the person's legal competency and family, home or community situation. If the superintendent determines that the failure to provide continued treatment would create a likelihood of serious harm by reason of an alcohol or substance use disorder the superintendent shall file a petition under section 35.

Before accepting an application for voluntary admission where the

superintendent may require 3 days written notice of intention to leave or withdraw, the admitting or treating physician shall assess the person's capacity to understand that: (i) the person is agreeing to stay or remain at the facility; (ii) the person is agreeing to accept treatment; (iii) the person may be required to provide the facility with 3 days written advance notice of the person's intention to leave the facility; and (iv) the facility may petition a court for an extended commitment under section 35. If the physician determines that the person lacks the capacity to understand these facts and consequences, the application for voluntary admission shall not be accepted except where a parent or guardian who has applied for voluntary admission on behalf of a minor.”.

Pending the question on adoption of the amendment, Ms. Garlick of Needham moved to amend it by striking out text of said amendment [at “A”] and inserting in place thereof the following: “inserting after section 77 (as printed) the following section:—

SECTION 76A. There shall be a commission established pursuant to section 2A of chapter 4 of the General Laws to study the efficacy of involuntary inpatient treatment for non-court involved individuals diagnosed with substance use disorder. The commission shall review: (i) medical literature and expert opinions on the long-term relapse rates of individuals diagnosed with substance use disorder following involuntary inpatient treatment including (a) the differences in outcomes for coerced and non-coerced patients and (b) any potential increased risk of an individual suffering a fatal overdose following a period of involuntary treatment; (ii) medical literature on length of time necessary for detoxification of opioids and recommended time following detoxification to begin medication-assisted treatment; (iii) the legal implications of holding a non-court involved individual who is diagnosed with substance use disorder but is no longer under the influence of substances; (iv) whether the current capacity, including acute treatment services, clinical stabilization services, transitional support services and recovery homes, is sufficient to treat individuals seeking voluntary treatment for substance use disorder; (v) the availability of other treatments for substance use disorder, including those treatments used in less restrictive settings; and (vi) the effectiveness of the existing involuntary commitment procedures pursuant to section 35 of chapter 123 of the General Laws at reducing long-term relapse rates.

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; the house and senate chairs of the committee on judiciary; 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 chief justice of the trial court, or a designee; the commissioner of the department of public health, or a designee; the commissioner of the department of mental health, or a designee; an addiction expert with experience in federal and state policy on substance use disorder; and one from each of the following: Massachusetts Organization for Addiction Recovery; the Massachusetts Health & Hospital Association; the Massachusetts Medical Society; Massachusetts Psychiatric Society; Massachusetts College of Emergency Physicians; the Association for Behavioral Healthcare; the Massachusetts Association of Behavioral Health Systems; the American Civil Liberties Union of Massachusetts; the Committee for Public Counsel Services; the Massachusetts Association of Advanced Practice Psychiatric Nurses; the Massachusetts Society of Addiction Medicine; and Boston Health Care for the Homeless Program. The commission shall file recommendations, including any proposed legislation, with the clerks of the house of representatives and the senate

not later July 1, 2019.”.

Pending the question on adoption of the further amendment, Mr. Jones of North Reading asked for a count of the House to ascertain if a quorum was present. The Chair (Mr. Donato of Medford), having determined that a quorum was not in attendance, then directed the Sergeant-at-Arms to secure the presence of a quorum.

Subsequently a roll call was taken for the purpose of ascertaining the presence of a quorum; and on the roll call 137 members were recorded as being in attendance.

Quorum,—
yea and nay
No. 397.

[See Yea and Nay No. 397 in Supplement.]

Therefore a quorum was present.

Subsequently a statement of Mr. Cutler of Duxbury was spread upon the records of the House, as follows:

MR. SPEAKER: I would like to call to the attention of the House the fact that during the previous quorum roll call I was absent from the House Chamber, on official business in another part of the State House, and was not aware that a quorum roll call was taking place.

Statement of
Mr. Cutler
of Duxbury.

Subsequently a statement of Ms. Decker of Cambridge was spread upon the records of the House, as follows:

MR. SPEAKER: I would like to call to the attention of the House the fact that during the previous quorum roll call I was absent from the House Chamber, on official business in another part of the State House, and was not aware that a quorum roll call was taking place.

Statement of
Ms. Decker
of Cambridge.

Subsequently a statement of Mr. Golden of Lowell was spread upon the records of the House, as follows:

MR. SPEAKER: I would like to call to the attention of the House the fact that during the previous quorum roll call I was absent from the House Chamber, on official business in another part of the State House, and was not aware that a quorum roll call was taking place.

Statement of
Mr. Golden
of Lowell.

After debate on the question on adoption of the further amendment, the sense of the House taken by yea and nays, at the request of Mr. Jones of North Reading; and on the roll call 111 members voted in the affirmative and 36 in the negative.

Further
amendment
adopted,—
yea and nay
No. 398.

[See Yea and Nay No. 398 in Supplement.]

Therefore the further amendment was adopted, thus precluding a vote on the pending amendment.

Pending the question on passing the bill, as amended, to be engrossed, Mr. Lyons of Andover and other members of the House moved to amend it by adding the following section:

“SECTION 83. Chapter 123 of the General Laws is hereby amended by inserting after section 35 the following 2 sections:—

Section 35A. (a) Any physician who is licensed pursuant to section 2 of chapter 112 or qualified psychiatric nurse mental health clinical specialist authorized to practice as such under regulations promulgated pursuant to section 80B of said chapter 112 or a qualified psychologist licensed pursuant to sections 118 to 129, inclusive, of said chapter 112, or a licensed independent clinical social worker licensed pursuant to sections 130 to 137, inclusive, of chapter 112 who, after examining a person, has reason to believe that failure to commit such person for treatment would create a likelihood of serious harm by reason of an alcohol or substance use disorder may restrain or authorize the restraint of such person and apply for the treatment of such person for a 3-day period at a facility authorized for such purposes by the department of public health or the department of mental health.

If an examination is not possible because of the emergency nature of the case or because of the refusal of the person to consent to such examination, the physician, qualified psychologist, qualified psychiatric nurse mental health clinical specialist or licensed independent clinical social worker on the basis of the facts and circumstances may determine that treatment is necessary and may apply therefore. In an emergency situation, if a physician, qualified psychologist, qualified psychiatric nurse mental health clinical specialist or licensed independent clinical social worker is not available, a police officer, who believes that failure to treat a person would create a likelihood of serious harm by reason of an alcohol or substance use disorder may restrain such person and apply for the treatment of such person for a 3-day period at a facility authorized for such purpose by the department of public health or the department of mental health.

An application for treatment shall state the reasons for the restraint of such person and any other relevant information which may assist the admitting clinician. Whenever practicable, prior to transporting such person, the applicant shall telephone or otherwise communicate with a facility to describe the circumstances and known clinical history and to determine whether the facility is the proper facility to receive such person and also to give notice of any restraint to be used and to determine whether such restraint is necessary.

(b) Only if the application for treatment under this section is made by a physician specifically designated to have the authority to admit to a facility in accordance with the regulations of the department of mental health or department of public health shall the person be admitted to the facility immediately after the person's reception. If the application is made by someone other than a designated physician, the person shall be given an examination by a designated physician within a reasonable amount of time after the person's reception at such facility. If the physician determines that failure to treat the person would create a likelihood of serious harm by reason of an alcohol or substance use disorder the physician may admit the person to the facility for care and treatment.

Upon admission of a person under this subsection, the facility shall inform the person that, upon the person's request, the facility will notify the committee for public counsel services of the name and location of the person admitted. The committee for public counsel services shall forthwith appoint an attorney who shall meet with the person. If the appointed attorney determines that the person voluntarily and knowingly waives the right to be represented, or is presently represented or will be represented by another attorney, the appointed attorney shall so notify the committee for public counsel services, which shall withdraw the appointment.

Any person admitted under this subsection, who has reason to believe that such admission is the result of an abuse or misuse of this subsection, may request, or request through counsel an emergency hearing in the juvenile court or district court in whose jurisdiction the facility is located, and unless a delay is requested by the person or through counsel, the district court shall hold such hearing on the day the request is filed with the court or not later than the next business day. The superintendent of the facility, if he or she seeks to retain the person for treatment, shall at the time of the hearing file a petition for commitment pursuant to subsection (e).

(c) No person shall be admitted to a facility under this section unless the person, or if the person is a minor, the person's parent, is given an opportunity to apply for voluntary admission under section 35B.

(d) A person shall be discharged at the end of the 3-day period unless the

superintendent applies for a commitment order under subsection (e) or the person remains on a voluntary status.

(e) The superintendent of a facility may petition the district court or the division of the juvenile court department in whose jurisdiction the facility is located for the commitment of a person to the facility if the superintendent determines that the failure to provide continued treatment would create a likelihood of serious harm by reason of an alcohol or substance use disorder.

(f) Whenever a court receives a petition filed under subsection (e) for an order of commitment of a person to a facility, the court shall notify the person and, if under 18, the person's parent or guardian of the receipt of the petition and of the date a hearing on the petition is to be held. Except where a person has requested an emergency hearing under subsection (b), the hearing shall be commenced within 5 days of the filing of the petition, unless a delay is requested by the person or the person's counsel. The periods of time prescribed or allowed under this section shall be computed pursuant to Rule 6 of the Massachusetts Rules of Civil Procedure.

(g) After a hearing which shall include expert testimony and may include other evidence, the district court or the division of the juvenile court department shall order the commitment of the person to a facility for continued treatment if the court finds that (1) the person has an alcohol or substance use disorder, and (2) the discharge of the person from the facility would create a likelihood of serious harm as a result of the person's alcohol or substance use disorder. A person who is the subject of a petition under subsection (e) may waive the right to a hearing, in which case the court may make its finding based on the credible evidence offered in support of the petition filed pursuant to subsection (e). A waiver of the right to a hearing must be made in writing.

(h) The court shall render its decision on the petition filed under subsection (e) within 10 days of the completion of the hearing or within 10 days of the court's receipt of a written waiver of the right to a hearing by the person who is the subject of the petition; provided, that for reasons stated in writing by the court, the administrative justice for the district court department may extend the 10 day period.

(i) Upon making the finding required under subsection (g), the court may order such person to be committed for a period not to exceed 90 days, followed by the availability of case management services provided by the department of public health for up to 1 year; provided, however, that a review of the necessity of the commitment shall take place by the superintendent on days 30, 45, 60 and 75 as long as the commitment continues; and provided further, that combined periods of treatment under this section shall not exceed 90 days. A person so committed may be released prior to the expiration of the period of commitment upon written determination by the superintendent of the facility that release of that person will not result in a likelihood of serious harm. Such commitment shall be for the purpose of inpatient care for the treatment of an alcohol or substance use disorder in a facility licensed or approved by the department of public health or the department of mental health; provided further, that subsequent to the issuance of a commitment order, the department of public health and the department of mental health may transfer a patient to a different facility for continuing treatment.

If the department of public health informs the court that there are no other suitable facilities available for treatment, or if the court makes a specific finding that the only appropriate setting for treatment for the person is a secure facility, then the person may be committed to a secure facility for women approved by the department of public health or the department of mental health, if a female; or to the

Massachusetts correctional institution at Bridgewater, if a male; provided, however, that any person so committed shall be housed and treated separately from persons currently serving a criminal sentence. Such person shall, upon release, be encouraged to consent to further treatment and shall be allowed voluntarily to remain in the facility for such purpose.

The court, in its order, shall specify whether such commitment is based upon a finding that the person is a person with an alcohol use disorder, substance use disorder, or both. The court, upon ordering the commitment of a person found to be a person with an alcohol use disorder or substance use disorder pursuant to this section, shall transmit the person's name and nonclinical identifying information, including the person's social security number and date of birth, to the department of criminal justice information services. The court shall notify the person that such person is prohibited from being issued a firearm identification card pursuant to section 129B of chapter 140 or a license to carry pursuant to sections 131 and 131F of said chapter 140 unless a petition for relief pursuant to section 35 is subsequently granted.

Section 35B. (a) (1) Pursuant to regulations on admission procedures, the superintendent of a facility may receive and treat on a voluntary basis any person who has been temporarily restrained under subsection (a) of section 35A; provided, that the person is in need of care and treatment for an alcohol or substance use disorder; and provided further, that the admitting facility is suitable for such care and treatment and approved or licensed by the department of public health or the department of mental health. The application for treatment may be made by a person who has attained the age of 16 or by a parent of a person under the age of 18 years. Prior to accepting an application for a voluntary admission, the superintendent shall afford the person making the application the opportunity for consultation with an attorney, or with a person who is working under the supervision of an attorney, concerning the legal effect of a voluntary admission. The superintendent may discharge any person admitted under this subsection at any time the superintendent deems the discharge in the best interest of the person; provided, however, that if a parent made the application for admission, 14 days' notice shall be given to the parent prior to discharge.

(2) Pursuant to regulations, the superintendent of a facility may treat a person as an outpatient; provided that the application for outpatient treatment is made in accordance with paragraph (1). The superintendent may, in the best interest of the person, discontinue the outpatient treatment of a person at any time.

(b) A person admitted to a facility under subsection (a) shall be free to leave such facility at any time, and any parent who requested the admission of such person may withdraw such person at any time, upon giving written notice to the superintendent; provided, however, that the superintendent may restrict the right to leave or withdraw to normal working hours and weekdays and, in the superintendent's discretion, may require the person or the person's parent to give 3 days' written notice of his or her intention to leave or withdraw. If a person or the person's parent provides a notice of intention to leave or withdraw, the superintendent may require an examination of the person to determine the person's clinical progress, the person's suitability for discharge and to investigate other aspects of the person's case including the person's legal competency and family, home or community situation. Such person may be retained at the facility beyond the expiration of the 3 day notice period if, prior to the expiration of the 3 day notice period, the superintendent files a petition for commitment under subsection (e) of section 35A.

Before accepting an application for voluntary admission where the superintendent may require 3 days written notice of intention to leave or withdraw, the admitting or treating physician shall assess the person's capacity to understand that: (i) the person is agreeing to stay or remain at the facility; (ii) the person is agreeing to accept treatment; (iii) the person may be required to provide the facility with 3 days written advance notice of the person's intention to leave the facility; and (iv) the facility may petition a court for an extended commitment of the person under section 35A and that the person may be held at the facility until the petition is heard by the court. If the physician determines that the person lacks the capacity to understand these facts and consequences, the application for voluntary admission shall not be accepted."

Ms. Peake of Provincetown thereupon raised a point of order that the amendment offered by the gentleman from Andover was improperly before the House for the reason that the House had already voted to study the subject matter.

Point of order.

The Chair (Mr. Donato of Medford) stated that when the House adopted the further amendment to the amendment offered by Mr. Jones of North Reading, it voted to study the subject of restraint of certain persons with substance use disorders for a period of up to 72 hours.

Since the House has voted to study the subject-matter contained within the amendment offered by the gentleman from Andover, the Chair ruled that the point of order was well taken; and the amendment was laid aside accordingly.

Mr. Dooley of Norfolk then moved to amend the bill by adding the following section:

"SECTION 83. Section 51 1/2 of chapter 111 of the General Laws, as inserted by section 32 of chapter 52 of the acts of 2016, is hereby amended by inserting after subsection (d) the following subsection:—

(d 1/2) A person presenting in an acute-care hospital or a satellite emergency facility who is reasonably believed by the treating clinician to be experiencing an opiate-related overdose, and who has experienced at least 1 other opiate-related overdose or potential overdose within a 30 day period, may be held, at the treating clinician's discretion, for a period up to 72 hours for treatment, evaluation, and counseling."

Ms. Peake of Provincetown thereupon raised a point of order that the amendment offered by the gentleman from Norfolk was improperly before the House for the reason that the House had already voted to study the subject matter.

Point of order.

The Chair (Mr. Donato of Medford) stated that when the House adopted the further amendment to the amendment offered by Mr. Jones of North Reading, it voted to study the subject of restraint of certain persons with substance use disorders for a period of up to 72 hours.

Since the House has voted to study the subject-matter contained within the amendment offered by the gentleman from Norfolk, the Chair ruled that the point of order was well taken; and the amendment was laid aside accordingly.

Mrs. Haddad of Somerset being in the Chair,—

Mr. Rushing of Boston and other members of the House then moved to amend the bill by adding the following section:

"SECTION 82. Said section 24A of said chapter 94C, as so appearing, is hereby further amended by striking out clause (4) of subsection (f) and inserting in place thereof the following clause:—

(4) local, state and federal law enforcement or prosecutorial officials working with the executive office of public safety engaged in the administration, investigation or enforcement of the laws governing prescription drugs; provided,

however, that the data request is in connection with a bona fide specific controlled substance or additional drug-related investigation and accompanied by a probable cause warrant issued pursuant to chapter 276;

And striking out clause (6) of subsection (f) and inserting in place thereof the following clause:

(6) personnel of the United States attorney, office of the attorney general or a district attorney; provided, however, that the data request is in connection with a bona fide specific controlled substance or additional drug related investigation and accompanied by a probable cause warrant issued pursuant to chapter 276.”.

The amendment was adopted.

After remarks on the question on passing the bill, as amended, to be engrossed, Ms. Malia of Boston moved to amend it by striking out sections 39 and 40 (as published) and inserting in place thereof the following two sections:

“SECTION 38. Said section 24A of said chapter 94C, as so appearing, is hereby amended by striking out subsection (g) and inserting in place thereof the following subsection:— (g) The department may provide data from the prescription monitoring program to practitioners in accordance with this section; provided, however, that practitioners shall be able to access the data directly through a secure electronic medical record or other similar secure software or information systems that enables automated query and retrieval of prescription monitoring program data to a practitioner. This data may be used for the purpose of diagnosis, treatment and coordinating care to the practitioners’ patients only, unless otherwise permitted by this section. Any such secure software or information system must identify the registered participant on whose behalf the prescription monitoring program was accessed. The department may enter into data use agreements to allow summary prescription monitoring program data to be securely retained in the patient’s medical record as a clinical note associated with a clinical encounter; provided, however, that prescription monitoring program data shall not be retained separately from said clinical note; and provided further, that no such agreement shall allow for prescription monitoring program data to be used for purposes inconsistent with this section.

SECTION 39. Said section 24A of said chapter 94C, as so appearing, is hereby further amended by adding the following subsection:— (m) The department may enter into agreements to permit health care facilities to integrate secure software or information systems into their electronic medical records for the purpose of using prescription monitoring program data to perform data analysis, compilation, or visualization, for purposes of diagnosis, treatment and coordinating care of the practitioner’s patient. Any such secure software or information system shall be bound to comply with requirements established by the department to ensure the security and confidentiality of any data transferred.”.

The amendment was adopted.

The same member then moved to amend the bill by adding the following section:

“SECTION 83. Section 27 of chapter 94C of the General Laws, as appearing in the 2016 Official Edition, is hereby amended by striking out after the word ‘commonwealth’ the words: ‘, but only to persons who have attained the age of 18 years and’; and further moves to amend said section by striking out the second sentence in its entirety; and further moves to amend section 32I of said chapter by striking out in (d) the words:— to persons over the age of 18 pursuant to section 27.”.

The amendment was adopted.

Mr. Kuros of Uxbridge and other members of the House then moved to amend the bill by adding the following section:

“SECTION 84. Notwithstanding any special or general law there shall be a special commission to study the alternatives and develop recommendations to broaden the availability of naloxone without prescription, including but not limited to recommendations on the standing order process, the collaborative practice agreement process, and/or legislative recommendations.

The special commission shall consist of: the secretary of health and human services or their designee, who shall serve as chair; the commissioner of the division of insurance or their designee; three members to be appointed by the governor, which shall include: one person who is a prescribing physician, one person who is a stakeholder within a retail pharmacy company, and one member of the general citizenry impacted by the opiate epidemic; two members of the house of representatives, one of whom to be appointed by the minority leader; two members of the senate, one of whom to be appointed by the minority leader; the director of the board of pharmacy or their designee; the director of the bureau of substance abuse services or their designee; provided, however, that the first meeting of the commission shall take place not later than January 1, 2019.

The special commission shall submit its recommendations, together with drafts of any legislation, to the clerks of the house of representative and the senate, the chairs of the joint committee on mental health and substance abuse not later than May 1, 2019.”

The amendment was adopted.

Mr. Cullinane of Boston then moved to amend the bill by adding the following section:

“SECTION 85. Paragraph (2) of subsection (b) of section 3 of chapter 175H is hereby amended by inserting at the end thereof the following:— or for any prescription drug that is an opiate, as defined in section 1 of chapter 94C, placed by the commissioner of public health on Schedule II, pursuant to subsection (a) of section 2 of said chapter 94C.”

The amendment was adopted.

After remarks on the question on passing the bill, as amended, to be engrossed, Mr. Jones of North Reading asked for a count of the House to ascertain if a quorum was present. The Chair (Mrs. Haddad), having determined that a quorum was not in attendance, then directed the Sergeant-at-Arms to secure the presence of a quorum.

Subsequently a roll call was taken for the purpose of ascertaining the presence of a quorum; and on the roll call 129 members were recorded as being in attendance.

[See Yea and Nay No. 399 in Supplement.]

Therefore a quorum was present.

Subsequently a statement of Mr. McMurtry of Dedham was spread upon the records of the House, as follows:

MR. SPEAKER: I would like to call to the attention of the House the fact that during the previous quorum roll call I was absent from the House Chamber, on official business in another part of the State House, and was not aware that a quorum roll call was taking place.

After remarks on passing the bill, as amended, to be engrossed, Mr. Kuros of Uxbridge and other members of the House moved to amend it by adding the following section:

“SECTION 86: Section 35 of Chapter 123 of the General Laws, as appearing in the 2014 Official Edition, is hereby amended by inserting at the end thereof the

Quorum.

Quorum,—
yea and nay
No. 399.

Statement of
Mr. McMurtry
of Dedham.

following new section:—

When the court is closed for business any justice of the superior, probate, district or Boston municipal court departments may grant an order of commitment provided under this section if there is a likelihood of serious harm as a result of the person's alcoholism or substance abuse. In the discretion of the justice, a warrant of apprehension may be issued for such person and an arrest may be made on said warrant, and the person may be placed in protective custody until the person may be presented before a justice of the superior, probate, district or Boston municipal court. Such warrant may be granted and communicated by telephone to an officer or employee of an appropriate law enforcement agency, who shall record such order on a form of order promulgated for such use by the chief justice of the trial court and shall deliver a copy of such order on the next court day to the clerk-magistrate of the court having venue and jurisdiction over the matter.

Any order issued under this section and any documentation in support thereof shall be certified on the next court day by the clerk-magistrate or register of the court issuing such order to the court having venue and jurisdiction over the matter. Such certification to the court shall have the effect of commencing proceedings under this chapter and invoking the other provisions of this chapter but shall not be deemed necessary for an emergency order issued under this section to take effect.”.

The amendment was rejected.

Mr. Dooley of Norfolk then moved to amend the bill by adding the following section:

“SECTION 86. Chapter 19 of the General Laws, as appearing in the 2016 Official Edition, is hereby amended by inserting the following new section:—

Section 25. a) By July 1, 2019 the department shall make available an additional 100 beds to be used by those seeking treatment for opiate related addiction.”.

The amendment was rejected.

After remarks, Mr. Vargas of Haverhill moved to amend it in section 16, in line 197, by inserting after the word “basis” the words “and shall report their payer mix to the department on a quarterly basis.”; and in section 53 (as published), in line 554, by inserting after the word “basis” the words “and report their payer mix to the department on a quarterly basis.”. The amendments were adopted.

Mr. Brodeur of Melrose then moved to amend the bill in section 43 (as published), in line 485, by inserting after the word “worker,” the words “a licensed certified social worker,”; and the amendment was adopted.

Mrs. Campbell of Methuen and other members of the House then moved to amend the bill by inserting after section 20 the following section:

“SECTION 20A. Said chapter 19 of the General Laws, as so appearing, is hereby amended by inserting after section 24 the following section:—

Section 25. (a) Subject to appropriation, within the department of mental health, there shall be a Center for Police Training in Crisis Intervention, in this section hereinafter referred to as the center. The center shall serve as a source for cost-effective, evidence-based mental health and substance use crisis response training programs for municipal police and other public safety personnel throughout the commonwealth. The center shall conduct activities as the advisory council, pursuant to subsection (e), directs, which shall include: (i) supporting the establishment and availability of community policing and behavioral health training curricula for law enforcement personnel, particularly in interventions that provide alternatives to arrest and incarceration; (ii) serving as a clearinghouse for best practices in police interactions with individuals suffering from mental illness and

substance use disorders; (iii) developing and implementing crisis intervention training curricula for all veteran and new recruit officers; (iv) providing technical assistance to cities and towns by establishing collaborative partnerships between law enforcement and human services providers that maximize referrals to treatment services; and (v) establishing metrics for success and evaluation of outcomes of these programs.

(b) The center shall be funded with revenue from appropriations or other money authorized by the general court and specifically credited to the center, and revenue from private sources including, but not limited to, grants, both state and federal, gifts and donations received by the commonwealth that are specifically credited to the center.

(c)(1) The center shall: (i) establish regional training opportunities for municipal police as needed throughout the commonwealth; (ii) develop and maintain curricula that is updated with the latest research on best practices in community policing and behavioral health; (iii) recruit, reimburse and support trainers with experience in community policing and behavioral health crisis intervention; (iv) ensure the training is targeted to meet specific local needs of participating cities and towns and the commonwealth; (v) support police departments in implementing improved behavioral health responses through responsive policies and procedures and partnerships with community behavioral health providers; (vi) assist municipal police departments to cover backfill costs incurred in sending staff to training, provided that said reimbursement shall not exceed the actual cost of the sending department's backfill; and (vii) stipulate that each municipal police department receiving reimbursement provide information necessary for the center to evaluate the goals described in subsection (c)(3), including the percentage of the municipality's police sergeants, lieutenants and other officers who directly oversee patrol officers who have received the center's recommended training and the percentage of the municipality's patrol officers who have received the center's recommended training.

(2) Training shall include, but not be limited to information on: (i) the signs and symptoms of mental illnesses and substance misuse; (ii) mental health treatment; (iii) co-occurring disorders; (iv) responding to a mental health or substance use crisis; (v) best practices and (vi) community policing principles.

(3) The center shall develop and ensure sufficient training resources and opportunities to enable each municipality in the commonwealth to obtain the center's recommended training for not less than 25 per cent of their police sergeants, lieutenants and other officers who directly oversee patrol officers, and not less than 50 per cent of their patrol officers within a time determined by the community policing and behavioral health advisory council as described in subsection (e).

(d) The center shall publish an annual report including: (i) narrative and statistical information about training demand, delivery, cost and identified service gaps during the prior year; (ii) the effectiveness of the services delivered during the prior year; (iii) the communities that participated in the training; (iv) the number of officers, and their ranks, that participated in the training; (v) the progress each municipality has made in reaching the goals described in subsection (c)(3), including the percentage of each municipality's police sergeants, lieutenants and other officers who directly oversee patrol officers who have received the center's recommended training, and the percentage of each municipality's patrol officers who have received the center's recommended training; and (vi) a review of research analyzed or conducted during the prior year. The center shall submit the annual

report by February 1st to the governor, the secretary of health and human services, the commissioner of mental health, the secretary of public safety and security, the clerks of the senate and the house of representatives, the joint committee on mental health, substance use and recovery, the joint committee on public safety and homeland security and the senate and the house committees on ways and means.

(e) There shall be a community policing and behavioral health advisory council, in this section called the council, consisting of 13 members: the secretary of health and human services or the secretary's designee, and the secretary of public safety and security or the secretary's designee who shall serve as co-chairs of the council; the commissioner of the department of mental health or the commissioner's designee; the commissioner of the department of public health or the commissioner's designee; the house chair of the joint committee on mental health, substance use and recovery; the senate chair of the joint committee on mental health, substance use and recovery; the executive director of the municipal police training committee or the director's designee; a representative of a mental health consumer advocacy group, as appointed by the secretary of health and human services; two community members who are consumers of behavioral health services, appointed by the secretary of health and human services; and three municipal police chiefs to be selected by the executive director of the Massachusetts Chiefs of Police Association, which shall include one police chief or commanding officer employed by a community with fewer than 10,000 residents; one police chief or commanding officer employed by a community with 10,000 or more residents and fewer than 60,000 residents; and one police chief or commanding officer employed by a community with 60,000 or more residents. Members of the council shall be appointed for a term of three years, and may be reappointed for consecutive three-year terms. Non-governmental council members shall serve without compensation, but each member shall be reimbursed by the commonwealth for all expenses incurred in the performance of their official duties.

The council shall advise the chairs in directing the activities of the center consistent with subsection (c), and shall receive ongoing reports from the center concerning its activities. The council shall solicit public comment in the area of community policing and behavioral health, and in so doing may convene public hearings throughout the commonwealth. The council shall hold not less than 2 meetings per year and may convene special meetings at the call of the chair or a majority of the council.”

After remarks the amendment was adopted.

Mr. Muratore of Plymouth and other members of the House then moved to amend the bill by adding the following section:

“SECTION 86. Subject to appropriation, the health policy commission, in consultation with the department of public health, shall create and administer an early childhood investment opportunity grant program for programs to support and care for families with substance exposed newborns, including the study of long-term effects of neonatal abstinence syndrome on children up to the age of 18. The program shall support a model that includes both medical services and traditionally non-reimbursed services and may support services provided in clinic settings or in-home visits. The commission shall report to the joint committee on mental health, substance use and recovery and the house and senate committees on ways and means not later than 12 months following completion of the grant program on the results of the programs and the findings of the study on the long-term effects of neonatal abstinence syndrome, including their effectiveness, efficiency, and sustainability.”

The amendment was adopted.

The Chair (Mrs. Haddad of Somerset) then placed before the House the question on suspension of Rule 1A in order that the House might continue to meet beyond the hour of nine o'clock P.M.

On the question on suspension of Rule 1A, the sense of the House was taken by yeas and nays, as required under the provisions of said rule; and on the roll call 116 members voted in the affirmative and 30 in the negative.

[See Ye and Nay No. 400 in Supplement.]

Therefore Rule 1A was suspended.

The Speaker being in the Chair,—

After debate on passing the bill, as amended, to be engrossed, Mr. O'Day of West Boylston and other members of the House moved to amend it in section 78 (as published), after line 804, by inserting after the word "nurse." the following paragraph:—

“‘Qualified addiction specialist,’ a treatment provider who is a physician licensed by the board of registration of medicine, a licensed advanced practice registered nurse or a licensed physician assistant, and who has a minimum of 6 months experience treating individuals with substance use disorder or is a licensed DATA-waiver practitioner under the federal Comprehensive Addiction and Recovery Act of 2016, Public Law 114-198.”,

In line 810 by striking out the words “two state prisons for participation in the pilot program” and inserting in place thereof the words “six state prisons for participation in the pilot program; provided however, that all selected facilities shall make such treatment available to inmates who were receiving medication for opioid addiction immediately preceding incarceration; provided further, that three of the facilities selected shall be required to make such treatment available to eligible inmates who were not receiving medication for opioid addiction immediately preceding incarceration; provided further, that the Massachusetts Alcohol and Substance Abuse Center shall be selected as one of the three facilities required to make treatment available to eligible inmates who were not receiving medication for opioid addiction immediately preceding incarceration”,

In line 820 by inserting after the word “provider” the words “who shall be a qualified addiction specialist,”; and

In line 821 by inserting after the word “necessary.” the following sentence: “Facilities selected to make medication-assisted treatment available to eligible inmates who were not receiving medication for opioid addiction immediately preceding incarceration shall make such treatment available to any person for whom such treatment is determined to be medically appropriate by a qualified addiction specialist.”.

The amendments were adopted.

Mr. Sánchez of Boston then moved to amend the bill in section 4, in lines 92, 93 and 94, by striking out the paragraph contained in those lines, and in line 112 by inserting after the word “grants” the words “, including providing funds to the department of public health to provide technical assistance, training and guidance to support applicants in completing grant applications and to grantees to develop and evaluate programs”;

In section 31 (as published), in line 358, by striking out the words “times the pharmacist dispenses an opioid antagonist” and inserting in place thereof the words “opioid antagonist doses dispensed”;

In section 32 (as published), in line 378, by striking out the word “dispenses” and inserting in place thereof the word “prescribes”,

Suspension
of Rule 1A.

Rule 1A
suspended,—
yea and nay
No. 400.

In line 386 by inserting after the word “law.” the following sentence: “When an electronic or written prescription is issued pursuant to this subsection, the practitioner shall indicate on the electronic or written prescription that such prescription is being issued to document an oral prescription.”;

By inserting after section 32 (as published) the following two sections:

“SECTION 31A. Section 21 of said chapter 94C, as so appearing, is hereby amended by inserting after the word ‘written’, in line 1, the following words:—, electronic.

SECTION 31B. Said section 21 of said chapter 94C, as so appearing, is hereby further amended by inserting after the word ‘oral’, in line 28, the following words:—, electronic.”;

In section 37 (as published), in line 415, by inserting after the word “situations” the following: “defined by the commissioner pursuant to section 17”;

In section 75 (as published), in line 715, by striking out the figures: “11” and inserting in place thereof the figures: “13”, and

In line 720 by inserting after the word “Plans” the following: “; 1 representative from the Massachusetts Psychiatric Society; 1 representative from Blue Cross Blue Shield of Massachusetts”;

In section 77 (as published), in line 759, by inserting after the word “but” the word “not”; and

By inserting after section 76A (inserted by amendment) the following section:

“SECTION 76B. (a) There shall be a commission to review and make recommendations about appropriate prescribing practices related to the most common oral and maxillofacial surgical procedures, which shall include the removal of wisdom teeth. The commission shall engage with drug manufacturers to create a pre-packaged product such as a blister pack or z-pack to be used in connection with common oral and maxillofacial surgical procedures that will provide patients with an appropriate, standard post-procedure dosage and quantity of commonly prescribed drugs.

(b) The commission shall be comprised of: the commissioner of public health or a designee, who shall serve as chair, a representative from the Massachusetts Dental Society, and 5 persons who shall be appointed by the commissioner of public health: 1 of whom shall be an oral surgeon; 1 of whom shall be a nurse with expertise in maxillofacial surgical procedures; 1 of whom shall represent a dental school; and 2 of whom shall have expertise in pain management.

(c) The commission shall file its recommendations, including any recommendations for legislation, with the clerks of the senate and the house of representatives 18 months from the effective date of this act.”.

The amendments were adopted.

On the question on passing the bill, as amended, to be engrossed, the sense of the House was taken by yeas and nays, at the request of Ms. Garlick of Needham; and on the roll call (Mrs. Haddad of Somerset being in the Chair) 147 members voted in the affirmative and 0 in the negative.

[See Yea and Nay No. 401 in Supplement.]

Therefore the bill (House, No. 4742, published as amended) was passed to be engrossed. Sent to the Senate for concurrence.

Bill passed to
be engrossed,—
yea and nay
No. 401.

Recess.

At twenty-five minutes after nine o’clock P.M. (Wednesday, July 11, 2018), on

Recess.

motion of Mrs. Orrall of Lakeville (Mrs. Haddad of Somerset being in the Chair), the House recessed until the following day at eleven o'clock A.M.; and at that time, the House was called to order with Mr. Donato of Medford in the Chair.