

**Thursday, June 13, 2024 (at 11:00 o'clock A.M.).**

At the request of the Chair (Mr. Donato of Medford), 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, Mr. González of Springfield took the Chair, declared a brief recess and introduced Springfield charter school students, who were seated in the Chamber. The students were the guests of Mr. González.

Springfield charter  
school students.

*Resolutions.*

The following resolutions (filed with the Clerk) were referred, under Rule 85, to the committee on Rules:

Resolutions (filed by Representative Gentile of Sudbury) commending Charlie Jacobs for his exceptional philanthropic contributions to the Commonwealth; and

Charlie  
Jacobs.

Resolutions (filed by Representatives Soter of Bellingham and McKenna of Sutton) congratulating and recognizing Viola Capistrone on the occasion of her one hundredth birthday;

Viola  
Capistrone.

Mr. Galvin of Canton, for the committee on Rules, reported, in each instance, that the resolutions ought to be adopted. Under suspension of the rules, in each instance, on motion of Mr. Gentile of Sudbury, the resolutions (reported by the committee on Bills in the Third Reading to be correctly drawn) were considered forthwith; and they were adopted.

Resolutions (filed with the Clerk by Representative Parisella of Beverly) designating August 10th and 11th, 2024 as the sales tax holiday (House, No. 4751), were referred, under Rule 85, to the committee on Rules.

Sales tax  
holiday.

Mr. Galvin of Canton, for said committee, reported that the resolutions ought to be adopted. Under suspension of the rules, on motion of Mr. Parisella, the resolutions (reported by the committee on Bills in the Third Reading to be correctly drawn) were considered forthwith; and they were adopted.

*Communications.*

From the Barnstable County Registry of Deeds (see Section 2KKK of Chapter 29 of the General Laws) submitting the County Registers Technology Fund plan for expenditure of funds [copies of the communication were forwarded to the committee on Ways and Means and the committee on Post Audit and Oversight, as required by said law];

Barnstable  
County  
Technology  
Fund.

From the Department of Revenue (see Section 44 of Chapter 50 of the Acts of 2023) submitting its report on the feasibility of additional 4% elective pass-through entity-level excise;

Excise  
tax.

From the Department of Correction (see item 8900-0001 of Section 2 of Chapter 126 of the Acts of 2022) submitting its 1<sup>st</sup> Biannual Department Disciplinary Unit Housing Report for the calendar year 2023; and

Disciplinary  
unit housing.

From the Department of Elementary and Secondary Education (see Section 74 of Chapter 179 of the Acts of 2022) submitting its annual report on the progress of a pilot

Students,—  
offshore

program to help students acquire academic and technical skills to prepare them for jobs in the Commonwealth's offshore wind industry;  
Severally were placed on file.

wind.

*Petition.*

Representative Vieira of Falmouth presented a petition (subject to Joint Rule 12) of David T. Vieira, Susan L. Moran and Steven George Xiarhos that the commissioner of Capital Asset Management and Maintenance be authorized to convey certain easements to the town of Bourne for the purposes of a subsurface waterline; and the same was referred, under Rule 24, to the committee on Rules.

Bourne,—  
subsurface  
waterline.

*Paper from the Senate.*

A communication from the Massachusetts Gaming Commission (pursuant to Section 9B of Chapter 128A of the General Laws) submitting proposed regulations for 205 CMR 3.00 relative to harness horse racing and 205 CMR 6.00 relative to pari-mutuel rules for thoroughbred racing, harness racing, and greyhound racing (Senate, No. 2824), was referred, in concurrence, to the committee on Consumer Protection and Professional Licensure.

Racing,—  
pari-mutuel  
rules.

*Reports of Committees.*

By Mr. Honan of Boston, for the committee on Steering, Policy and Scheduling, that the following House bills be scheduled for consideration by the House:

Relative to swimming pool alarms (House, No. 2389);

Relative to kayak safety (House, No. 2405); and

Providing for the retirement of William R. Cushing Jr., a police officer in the city known as the town of Braintree (House, No. 4214) [Local Approval Received];

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

Pool alarms.  
Kayaks.  
Braintree,—  
William  
Cushing.

By Mr. Honan of Boston, for the committee on Steering, Policy and Scheduling, that the House Bill establishing a sick leave bank for Alicia Orlow (House, No. 4749), be scheduled for consideration by the House.

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

Alicia Orlow,—  
sick leave.

By Mr. Cusack of Braintree, for the committee on Revenue, on Senate, Nos. 1775, 1784, 1796, 1802, 1816, 1817, 1820, 1826, 1845, 1857, 1865, 1867, 1926, 1939, 1946 and 1959 and House, Nos. 42, 2719, 2726, 2734, 2745, 2748, 2757, 2766, 2785, 2803, 2805, 2834, 2843, 2850, 2851, 2862, 2875, 2877, 2887, 2888, 2908, 2909, 2918, 2922, 2936, 2939, 2952, 2960, 2961, 2965, 3666, 3858, 3882 and 4029, an Order authorizing the committee on Revenue to make an investigation and study of certain Senate and House documents relative to estate tax, personal income tax and other related matters (House, No. 4721) [Senator Fattman dissenting]. Referred, under Joint Rule 29, to the committees on Rules of the two branches, acting concurrently.

Estate tax,  
income tax,  
etc.—  
study.

Subsequently, Mr. Galvin of Canton, for said committees, reported, asking to be discharged from further consideration of the order; and recommending that the same be referred to the House committee on Rules. Under Rule 42, the report was considered forthwith; and it was accepted.

By Mr. Cahill of Lynn, for the committee on Environment and Natural Resources, on a joint petition, a Bill relative to reasonable Mass Wildlife Board expense reimbursement (House, No. 4306).

Mass Wildlife board,— expenses.

By the same member, for the same committee, on a recommitted petition, a Bill directing the Department of Conservation and Recreation to convey a certain parcel of land in the town of Rutland (House, No. 4523).

Rutland,— land.

By Mr. González of Springfield, for the committee on Public Safety and Homeland Security, on a petition, a Bill relative to violence prevention trust fund (House, No. 2297).

Violence prevention,— trust fund.

By the same member, for the same committee, on a petition, a Bill related to rehabilitation, re-entry, and human rights for incarcerated persons (House, No. 2325).

Incarcerated,— treatment.

By the same member, for the same committee, on a petition, a Bill relative to the equality of wage and recruitment of the Massachusetts State Police (House, No. 2353).

State police,— wages.

By the same member, for the same committee, on a petition, a Bill relative to Massachusetts policy and procedures for missing and abducted children (House, No. 2379).

Missing children.

By the same member, for the same committee, on a joint petition, a Bill relative to parole review for aging incarcerated people (House, No. 2397) [Senator Velis dissenting].

Parole,— elderly.

Severally read; and referred, under Rule 33, to the committee on Ways and Means.

By Mr. González of Springfield, for the committee on Public Safety and Homeland Security, on a petition, a Bill making firearm owners civilly liable for damage caused by lost or stolen firearms (House, No. 2308).

Firearms,— civil liability.

By the same member, for the same committee, on a petition, a Bill pertaining to public fire safety and professionalism (House, No. 2347).

Fire safety,— promotions.

By the same member, for the same committee, on a petition, a Bill relative to motor vehicle battery storage (House, No. 2354).

Motor vehicle battery storage.

By the same member, for the same committee, on a petition, a Bill relative to firearm industry accountability and gun violence victims' access to justice (House, No. 2380).

Firearm manufacturers,— accountability.

By the same member, for the same committee, on a petition, a Bill amending the child passenger restraint exemption to include vehicles used in the ride-share industry (House, No. 2387).

Child safety belts,— exemptions.

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

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

The following House bills, severally reported by the committee on Bills in the Third Reading to correctly drawn, having been discharged from their position in the Orders of the Day, were read a third time forthwith, under suspension of Rule 47, in each instance, on motion of Mr. Gordon of Bedford:

Authorizing the appointment of retired firefighters as special firefighters in the city of Quincy (House, No. 4666); and

Quincy,—  
firefighters.

Establishing a sick leave bank for Paul M. Letendre, an employee of the Department of Correction (House, No. 4702);

Paul Letendre,—  
sick leave.

Severally were passed to be engrossed. Severally sent to the Senate for concurrence.

The Senate Bill relative to changing the name of Salisbury Beach State Reservation (Senate, No. 2701), was discharged from its positions in the Orders of the Day and read a second time, under suspension of Rule 47, on motion of Mr. Gordon of Bedford; and it was ordered to a third reading.

Salisbury  
Beach State  
Reservation.

*Recess.*

At ten minutes before twelve o'clock noon (Thursday, June 13, 2024), on motion of Mr. Frost of Auburn (Mr. Donato of Medford being in the Chair), the House recessed until one o'clock P.M.; and at five minutes after two o'clock the House was called to order with Mr. Donato of Medford in the Chair.

Recess.

*Engrossed Bill.*

The engrossed Bill to prevent abuse and exploitation (House, No. 4744) (which originated in the House), having been certified by the Clerk to be rightly and truly prepared for final passage, was put upon its final passage.

Abuse and  
exploitation  
sexting.

On the question on passing the bill to be enacted, the sense of the House was taken by yeas and nays, at the request of Mr. Day of Stoneham; and on the roll call 152 members voted in the affirmative and 0 in the negative.

Bill enacted,—  
yea and nay  
No. 121.

**[See [Yea and Nay No. 121](#) in Supplement.]**

Therefore the bill was passed to be enacted; and it was signed by the acting Speaker and sent to the Senate.

Subsequently a statement of Representative Kilcoyne of Clinton 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 on the previous roll call I was absent from the House Chamber due to my attendance at a ceremony where I was sworn in as a member of the Massachusetts Bar. If I had been present for the taking of the above roll call, I would have voted in the affirmative.

Statement of  
Ms. Kilcoyne  
of Clinton.

*Order.*

The Order (filed by Mr. Cahill of Lynn) relative to extending until Friday, June 28, 2024 the time within which the committee on Environment and Natural Resources is authorized to report on current Senate and House documents, was referred, under Joint Rule 30, to the committees on Rules of the two branches, acting concurrently.

Environment  
and Natural  
Resources,—  
extension  
of time for  
reporting.

Mr. Galvin of Canton, for the committees on Rules, reported that the order (House, No. 4752), ought to be adopted. Under suspension of the rules, on motion of Mr. O'Day of West Boylston, the order was considered forthwith; and it was adopted. Sent to the Senate for concurrence.

*Reports of Committees.*

Prior to the noon recess (Mr. Donato of Medford being in the Chair), By Mr. Honan of Boston, for the committee on Steering, Policy and Scheduling, that the Bill relative to recovery coach licensure (House, No. 2005), be scheduled for consideration by the House, with the amendment previously recommended by the committee on Ways and Means,— to amend the bill by substitution of a Bill relative to treatments and coverage for substance use disorder and recovery coach licensure (House, No. 4743),— pending.

Substance use  
treatments  
and recovery  
coaches.

Under suspension of Rule 7A, on motion of Mr. Michlewitz 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.

Subsequently, the noon recess having terminated (Ms. Hogan of Stow being in the Chair), under suspension of the rules, on motion of Mr. Madaro of Boston, the bill (having been reported by the committee on Bills in the Third Reading to be correctly drawn) was read a third time.

After debate on the question on passing the bill to be engrossed, Mr. Jones of North Reading and other members of the House moved to amend it by inserting after section 21 the following section:

“SECTION 21A. (a) There is hereby established a special commission to study and make recommendations on ways to address the public health and safety concerns posed by the proliferation of xylazine as an additive to illicit drugs such as fentanyl.

(b) The commission shall consist of the following 13 members: the chairs of the joint committee on mental health, substance use, and recovery, who shall serve as co-chairs; 1 member appointed by the speaker of the house of representatives; 1 member appointed by the minority leader of the house of representatives; 1 member appointed by the senate president; 1 member appointed by the minority leader of the senate; the secretary of health and human services, or their designee; the commissioner of public health, or their designee; the commissioner of mental health, or their designee; the secretary of public safety and security, or their designee; 1 member who is a representative of the bureau of substance addiction services within the department of public health; 1 member who is a representative of the Massachusetts Veterinary Medical Association; and 1 member appointed by the governor who shall be a registered nurse or licensed physician with experience in treating patients for substance use disorder.

(c) The commission shall consider: (i) best practices to regulate and oversee the production and distribution of xylazine to ensure that it is used solely for its intended purpose as an animal tranquilizer administered by licensed veterinarians and not for human consumption; (ii) whether xylazine should be classified as a controlled substance and appropriate penalties for its illegal production and distribution; (iii) the availability of effective outreach and treatment programs for patients who have been exposed to xylazine and ways to address any gaps in available programs and services; and (iv) any other considerations determined to be relevant by the commission.

(d) The commission shall file a report and its recommendations, including any legislation necessary to implement the recommendations, with the clerks of the house of representatives and the senate not later than June 30, 2025.”; and

By adding the following section:

“SECTION 23A. All commission members pursuant to section 21A shall be appointed within 30 days of the effective date of this act.”.

The amendments were adopted.

There being no objection,— Ms. Decker of Cambridge then moved to amend the bill by inserting before section 1 the following section:

“SECTION A1. Chapter 32A of the General Laws is hereby amended by striking out section 17Q and inserting in place thereof the following section:—

Section 17Q. (a) The commission shall develop a plan to provide active or retired employees insured under the group insurance commission adequate coverage and access to a broad spectrum of pain management services, including, but not limited to, non-medication, non-surgical treatment modalities and non-opioid medication treatment options that serve as alternatives to opioid prescribing, in accordance with guidelines developed by the division of insurance.

(b) No such coverage offered by the commission shall, relative to pain management services identified by the commission pursuant to subsection (a), require a member to obtain a preauthorization for non-medication, non-surgical treatment modalities that include restorative therapies, behavioral health approaches or integrative health therapies, including acupuncture, chiropractic treatments, massage and movement therapies.

(c)(1) The plan pursuant to subsection (a) shall be subject to review by the division of insurance. In its review, the division shall consider the adequacy of access to a broad spectrum of pain management services and any policies that may create unduly preferential coverage to prescribing opioids without other pain management modalities.

(2) Any coverage offered by the commission to an active or retired employee of the commonwealth insured under the group insurance commission shall not establish utilization controls, including preauthorization or step therapy requirements, for clinically appropriate non-opioid drugs approved by the federal Food and Drug Administration for the treatment or management of pain that are more restrictive or extensive than the least restrictive or extensive utilization controls applicable to any clinically appropriate opioid drug.

(d) The commission shall annually distribute educational materials to providers within their network and to members about the pain management access plan and shall make information about its plan publicly available on its website.”;

In section 1, in line 1, by striking out the following: “Chapter 32A of the General Laws is hereby amended” and inserting in place thereof the following: “Said chapter 32A is hereby further amended”;

By inserting after section 13 the following section:

“SECTION 13A. Chapter 175 of the General Laws is hereby amended by striking out section 47KK and inserting in place thereof the following section:—

Section 47KK. (a) Any policy, contract, agreement, plan or certificate of insurance issued, delivered or renewed within the commonwealth, which is considered creditable coverage under section 1 of chapter 111M, shall develop a plan to provide adequate coverage and access to a broad spectrum of pain management services, including, but not limited to, non-medication, non-surgical treatment modalities and non-opioid medication treatment options that serve as alternatives to opioid prescribing, in accordance with guidelines developed by the division of insurance.

(b) No such policy, contract, agreement, plan or certificate of insurance shall, relative to pain management services identified by the carrier pursuant to subsection (a), require a member to obtain a preauthorization for non-medication, non-surgical treatment modalities that include restorative therapies, behavioral health approaches

or integrative health therapies, including acupuncture, chiropractic treatments, massage and movement therapies.

(c)(1) The plan pursuant to subsection (a) shall be subject to approval and shall be a component of carrier accreditation by the division of insurance pursuant to section 2 of chapter 176O. In its review, the division shall consider the adequacy of access to a broad spectrum of pain management services and any carrier policies that may create unduly preferential coverage to prescribing opioids without other pain management modalities.

(2) No policy, contract, agreement, plan or certificate of insurance issued, delivered or renewed within the commonwealth, which is considered creditable coverage under said section 1 of said chapter 111M, shall establish utilization controls, including preauthorization or step therapy requirements, for clinically appropriate non-opioid drugs approved by the federal Food and Drug Administration for the treatment or management of pain, that are more restrictive or extensive than the least restrictive or extensive utilization controls applicable to any clinically appropriate opioid drug.

(d) Carriers shall annually distribute educational materials to providers within their networks and to members about the pain management access plan and shall make information about their plans publicly available on their websites.”;

In section 14, in line 451, by striking out the following” “Chapter 175 of the General Laws is hereby amended” and inserting in place thereof the following: “Said chapter 175 is hereby further amended”;

By inserting after section 15 the following section:

“SECTION 15A. Chapter 176A of the General Laws is hereby amended by striking out section 8MM and inserting in place thereof the following section:—

Section 8MM. (a) Any contract between a subscriber and the corporation under an individual or group hospital service plan that is delivered, issued or renewed within the commonwealth shall develop a plan to provide adequate coverage and access to a broad spectrum of pain management services, including, but not limited to, non-medication, non-surgical treatment modalities and non-opioid medication treatment options that serve as alternatives to opioid prescribing, in accordance with guidelines developed by the division of insurance.

(b) No such contract shall, relative to pain management services identified by the carrier pursuant to subsection (a), require a member to obtain a preauthorization for non-medication, non-surgical treatment modalities that include restorative therapies, behavioral health approaches or integrative health therapies, including acupuncture, chiropractic treatments, massage, and movement therapies.

(c)(1) The plan pursuant to subsection (a) shall be subject to approval and shall be a component of carrier accreditation by the division of insurance pursuant to section 2 of chapter 176O. In its review, the division shall consider the adequacy of access to a broad spectrum of pain management services and any carrier policies that may create unduly preferential coverage to prescribing opioids without other pain management modalities.

(2) No contract between a subscriber and the corporation under an individual or group hospital service plan that is delivered, issued or renewed within the commonwealth shall establish utilization controls, including preauthorization or step therapy requirements, for clinically appropriate non-opioid drugs approved by the federal Food and Drug Administration for the treatment or management of pain, that are more restrictive or extensive than the least restrictive or extensive utilization controls applicable to any clinically appropriate opioid drug.

(d) Carriers shall annually distribute educational materials to providers within their networks and to members about the pain management access plan and shall make information about their plans publicly available on their websites.”;

In section 16, in line 489, by striking out the following: “Chapter 176A of the General Laws is hereby amended” and inserting in place thereof the following: “Said chapter 176A is hereby further amended”;

By inserting after section 16 the following section:

“SECTION 16A. Chapter 176B of the General Laws is hereby amended by striking out section 4MM and inserting in place thereof the following section:—

Section 4MM. (a) Any subscription certificate under an individual or group medical service agreement delivered, issued or renewed within the commonwealth shall develop a plan to provide adequate coverage and access to a broad spectrum of pain management services, including, but not limited to, non-medication, non-surgical treatment modalities and non-opioid medication treatment options that serve as alternatives to opioid prescribing, in accordance with guidelines developed by the division of insurance.

(b) No such subscription certificate shall, relative to pain management services identified by the carrier pursuant to subsection (a), require a member to obtain a preauthorization for non-medication, non-surgical treatment modalities that include restorative therapies, behavioral health approaches or integrative health therapies, including acupuncture, chiropractic treatments, massage, and movement therapies.

(c)(1) The plan pursuant to subsection (a) shall be subject to approval and shall be a component of carrier accreditation by the division of insurance pursuant to section 2 of chapter 176O. In its review, the division shall consider the adequacy of access to a broad spectrum of pain management services and any carrier policies that may create unduly preferential coverage to prescribing opioids without other pain management modalities.

(2) No subscription certificate under an individual or group medical service agreement delivered, issued or renewed within the commonwealth shall establish utilization controls, including preauthorization or step therapy requirements, for clinically appropriate non-opioid drugs approved by the federal Food and Drug Administration for the treatment or management of pain, that are more restrictive or extensive than the least restrictive or extensive utilization controls applicable to any clinically appropriate opioid drug.

(d) Carriers shall annually distribute educational materials to providers within their networks and to members about the pain management access plan and shall make information about their plans publicly available on their websites.”;

In section 17, in line 515, by striking out the following: “Chapter 176B of the General Laws is hereby amended” and inserting in place thereof the following: “Said chapter 176B is hereby further amended”;

By inserting after section 17 the following section:

“SECTION 17A. Chapter 176G of the General Laws is hereby amended by striking out section 4EE and inserting in place thereof the following section:—

Section 4EE. (a) Any individual or group health maintenance contract that is issued or renewed within or without the commonwealth shall develop a plan to provide adequate coverage and access to a broad spectrum of pain management services, including, but not limited to, non-medication, non-surgical treatment modalities and non-opioid medication treatment options that serve as alternatives to opioid prescribing, in accordance with guidelines developed by the division of insurance.

(b) No such contract shall, relative to pain management services identified by the carrier pursuant to subsection (a), require a member to obtain a preauthorization for



non-medication, non-surgical treatment modalities that include restorative therapies, behavioral health approaches or integrative health therapies, including acupuncture, chiropractic treatments, massage, and movement therapies.

(c)(1) The plan pursuant to subsection (a) shall be subject to approval and shall be a component of carrier accreditation by the division of insurance pursuant to section 2 of chapter 176O. In its review, the division shall consider the adequacy of access to a broad spectrum of pain management services and any carrier policies that may create unduly preferential coverage to prescribing opioids without other pain management modalities.

(2) No individual or group health maintenance contract that is issued or renewed within or without the commonwealth shall establish utilization controls, including preauthorization or step therapy requirements, for clinically appropriate non-opioid drugs approved by the federal Food and Drug Administration for the treatment or management of pain, that are more restrictive or extensive than the least restrictive or extensive utilization controls applicable to any clinically appropriate opioid drug.

(d) Carriers shall annually distribute educational materials to providers within their networks and to members about the pain management access plan and shall make information about their plans publicly available on their websites.”; and

In section 18, in line 542, by striking out the following: “Chapter 176G of the General Laws is hereby amended” and inserting in place thereof the following: “Said chapter 176G is hereby further amended”.

The amendments were adopted.

Mr. Ramos of Springfield then moved to amend the bill by inserting after section 20 the following section:

“SECTION 20A. (a) The bureau of substance addiction services within the department of public health shall review and study the disparate impacts and disparities of substance use disorder, overdoses, overdose deaths and clinical outcomes for members of historically marginalized communities, including, but not limited to, impacts based on race, ethnicity, language, gender, gender identity, sexual orientation, age, disability and other social determinants of health identified by the bureau.

(b) The bureau shall: (i) review current data and trends regarding substance use and overdose rates, disparities in treatment access and corresponding causes within historically marginalized communities; (ii) evaluate the effectiveness of current treatment interventions within historically marginalized communities; (iii) identify barriers to accessing treatment, including, but not limited to, access to necessary resources, education and access to appropriate care and interventions; and (iv) identify evidence-based strategies to reduce overdose deaths and improve access, treatment and education within historically marginalized communities.

(c) Not later than June 30, 2025, the bureau shall submit a report of its findings and any recommendations, including any legislative or regulatory changes that may be necessary to carry out any recommendations, to the clerks of the house of representatives and the senate, the joint committee on mental health, substance use and recovery and the joint committee on racial equity, civil rights, and inclusion.”.

After remarks, the amendment was adopted.

Representatives Chan of Quincy and Garlick of Needham then moved to amend the bill by inserting after section 10 the following section:

“SECTION 10A. Chapter 112 of the General Laws is hereby amended by inserting after section 52G the following section:—

Section 52H. (a) For the purpose of this section, the following words shall, unless the context clearly requires otherwise, have the following meanings:

‘Board’, the board of registration in dentistry established in section 19 of chapter 13.

‘Continuing care’, guidance, support, toxicology collection and accountability through a formal monitoring contract concurrent with or following an evaluation and treatment process.

‘Peer review committee’, a committee of healthcare providers which evaluates or improves the quality of health care rendered by providers of health care services and evaluates and assists health care providers impaired or allegedly impaired by reason of alcohol, drugs, physical disability, mental instability or otherwise.

‘Substantive non-compliance’, a pattern of non-compliance or dishonesty in continuing care monitoring or an episode of non-compliance which could place patients at risk.

(b)(1) The board is hereby authorized and directed to offer a remediation program for dentists and dental hygienists.

(2) The board shall select 1 or more providers to serve as designated remediation programs.

(3) The board shall establish: (i) criteria for the acceptance, denial or termination of registered dentists and dental hygienists in the program; and (ii) an outreach program to identify registered dentists and dental hygienists who may have a substance use disorder and to provide education about the remediation program.

(4) No member of the board shall be employed by or volunteer for the program.

(c)(1) A remediation program shall serve as a voluntary alternative to traditional disciplinary actions. Any registered dentist or dental hygienist in the commonwealth may request to participate in the program.

(2) To be eligible for designation, a remediation program shall have demonstrable experience in the field of substance use disorder and shall employ a licensed mental health professional with experience in the treatment of substance use disorders.

(3) The remediation program shall have the following duties and responsibilities: (i) to evaluate registered dentists and dental hygienists who request to participate in the program for admission into the program; (ii) to agree to accept referrals from the board; (iii) to review and designate treatment facilities and assessment services to which participants may be referred; (iv) to receive and review information concerning a participant in the program; (v) to disclose to the board aggregate data on compliance-based on ongoing recovery documentation; (vi) to provide each participant, through contracted agreements, with an individualized remediation plan according to guidelines developed through collaboration between the board and the remediation program with regards to requirements for supervision; (vii) to provide information to dentists or dental hygienists who request to participate in the program; and (viii) to establish an outreach program to identify registered dentists and dental hygienists who may have a substance use or other mental health disorder, and to provide education about the remediation program.

(4) A registered dentist or dental hygienist who requests to participate in the remediation program shall agree to cooperate with the individualized remediation plan recommended by the remediation program. The remediation program may report to the board the name and license number of a registered dentist or dental hygienist who fails to comply with an individualized remediation plan.

(5) After the remediation program, in its discretion, has determined that a registered dentist or dental hygienist has successfully completed an individualized remediation plan through the program, the board shall seal all records pertaining to the participation of the registered dentist or dental hygienist in the program. No record shall be sealed sooner than 5 years from the participant’s date of entry into the

program. All board and remediation program records of a participant's involvement in the program shall be kept confidential and shall not be subject to discovery or subpoena in any civil, criminal, legislative or administrative proceeding without the prior written consent of the participant.

(6) The designated remediation programs shall be confidential and shall offer a means of recovery and rehabilitation without the loss of a license by providing access to early identification, intervention, evaluation, monitoring, referral to appropriate intervention programs and treatment services, and earned advocacy, when appropriate, of licensees with potentially impairing illness, ideally prior to functional impairment.

(7) In accordance with peer review law, proceedings, reports and records of the remediation program shall be confidential pursuant to section 240. Such records shall not to be disclosed, and shall not subject to subpoena or discovery, and shall not be introduced into evidence in any judicial or administrative proceeding, subject to paragraph (4) and (5).

(8) No employee or volunteer member of the remediation program who is licensed to practice by the department of public health division of professional licensure or by the board shall have had any type of disciplinary or enforcement action taken against them by their respective licensing board, during the 5 years preceding their appointment to the program.”.

The amendment was adopted.

Ms. Domb of Amherst then moved to amend the bill in section 5, in line 95, by striking out the word “and”, and in line 96 by inserting after the figures: “17” the following: “; (viii) risks of unintended overdoses associated with prescription opioid use, including, but not limited to: (A) mixing any opioid with respiratory depressants, including, but not limited to, alcohol, benzodiazepines and stimulants; and (B) changes in personal tolerance levels for persons with a history of overdose; and (ix) risk reduction measures to prevent, respond to and reverse an opioid overdose”. The amendments were adopted.

Mr. Donato of Medford then moved to amend the bill in section 1, in line 6, in section 14, in line 456, in section 16, in line 194, in section 17, in line 519 and in section 18, in line 546, by inserting after the following: “94C”, in each instance, the words “and used in the reversal of overdoses caused by opioids”;

In section 1, in lines 8, 12 and 14, in section 14, in lines 458, 464 and 466 (the first time it appears), in section 16, in lines 496, 500 and 502, in section 17, in lines 522, 527 and 529 (the first time it appears) and in section 18, in lines 549, 554 and 556 (the first time it appears), by inserting after the word “antagonist”, in each instance, the words “used in the reversal of overdoses caused by opioids”;

In section 1, in line 15, by inserting after the following: “94C” the following: “; provided, however, that the rate to be reimbursed under the medical benefit shall not exceed the commission’s average in-network pharmacy benefit rate and the health care facility shall not balance bill the patient”;

In section 11, in lines 418, 419 and 420, by striking out the words “; provided, however, that cost-sharing shall be required if the applicable plan is governed by the federal Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition on cost-sharing for this service”; and

In section 14, in line 467, in section 16, in line 503, in section 17, in line 530 and in section 18, in line 557, by inserting after the following: “94C” and the following: “; provided, however, that the rate to be reimbursed under the medical benefit shall not exceed the carrier’s average in-network pharmacy benefit rate and the health care facility shall not balance bill the patient”.

The amendments were adopted .

Speaker Mariano being in the Chair,—

Ms. Donaghue of Westborough then moved to amend the bill by inserting after section 20A (inserted by amendment) the following section:

“SECTION 20B. (a) For the purposes of this section, the words ‘administrative discharge’ shall mean the termination of treatment of a patient determined by a health care provider to have a substance use disorder and related treatment needs despite a lack of clinical improvement in the patient due to a violation of an administrative rule of a licensed substance use disorder treatment program.

(b) The bureau of substance addiction services within the department of public health shall study the circumstances and effects of administrative discharges of patients from substance use disorder treatment programs licensed under sections 6 and 6A of chapter 111B of the General Laws or section 7 of chapter 111E of the General Laws or programs established pursuant to sections 24 and 24D of chapter 90.

(b) The bureau shall examine: (i) standards used by substance use disorder treatment programs in determining when an administrative discharge is appropriate, including, but not limited to, any standard criteria, methodology or graduated sanctions based on staff and patient safety and the level of treatment and severity of the symptoms of the patient; (ii) options for patients following an administrative discharge from a substance use disorder treatment program, including, but not limited to, any programs or resources available to a patient and the frequency that such options are provided to said patients; and (iii) the applicability, availability and effectiveness of the regulations relative to the coordination of care and management of discharge planning for an administrative discharge pursuant to 105 CMR 164 and section 19 of chapter 17 of the General Laws.

(c) Not later than December 31, 2025, the bureau shall submit its findings and any recommendations, including any legislative or regulatory changes that may be necessary to implement any recommendations, with the clerks of the house of representatives and senate, the house and senate committees on ways and means and the joint committee on mental health, substance use and recovery.”.

After remarks on the question on adoption of the amendment, the sense of the House was taken by yeas and nays at the request of the same member; and on the roll call (Ms. Hogan of Stow being in the Chair) 153 members voted in the affirmative and 0 in the negative.

Amendment  
adopted,—  
yea and nay  
No. 122.

**[See [Yea and Nay No. 122](#) in Supplement.]**

Therefore the amendment was adopted.

Mr. Donato of Medford being in the Chair,—

Ms. Balsler of Newton then moved to amend the bill by inserting after section 11 the following two sections:

“SECTION 11A. Section 35 of chapter 123 of the General Laws, as appearing in the 2022 Official Edition, is hereby amended by inserting after the definition of ‘Facility’ the following definition:—

‘Secured facility’, any public or private facility that provides care and treatment for a person with alcohol or substance use disorder located within a correctional facility funded, controlled, or administered by a county sheriff, or a private facility that provides a comparable level of security.

SECTION 11B. Said section 35 of chapter 123, as so appearing, is hereby amended by striking out the fourth, fifth and six paragraphs and inserting in place thereof the following paragraphs:—

The secretary of health and human services shall ensure an adequate supply of suitable beds for the treatment of alcohol or substance use disorders at facilities

licensed or approved by the department of public health or the department of mental health for persons ordered to be committed under this section.

If the department of public health informs the court that there are no such suitable facilities 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 licensed or approved by the department of public health or the department of mental health; provided further, that such secure facilities shall be geographically distributed so as to provide access to treatment in all regions of the commonwealth.

A person committed under this section shall, upon release, be encouraged to consent to further treatment and shall be allowed voluntarily to remain in the facility for such purpose. The department of public health shall maintain a roster of public and private facilities available, together with the number of beds currently available and the level of security at each facility, for the care and treatment of alcohol use disorder and substance use disorder and shall make the roster available to the trial court.”; and

By inserting after section 18 the following section:

“SECTION 18A. (a) Notwithstanding any general or special law to the contrary, the Massachusetts alcohol and substance abuse center, hereinafter referred to as the center, shall be considered a security facility under section 35 of chapter 123 of the General Laws for the purposes of commitments under said section 35 until the conditions under subsection (b) are satisfied.

(b) The secretary of health and human services shall develop a plan to end operations at the center as a facility accepting persons committed for treatment for alcohol or substance use disorder by not later than December 31, 2026; provided, however, that persons may continue to be committed to the center under said section 35 of said chapter 123 until the department of public health and department of mental health have licensed and approved suitable facilities with a total bed capacity equal to the center. Such facilities shall be geographically distributed so as to provide access to treatment in all regions of the commonwealth.

(c) The secretary shall submit the plan required under subsection (b) to the clerks of the senate and house of representatives and to the joint committee on mental health, substance abuse and recovery not later than 180 days after the effective date of this act. The secretary shall submit interim reports quarterly detailing the progress towards ending operations at the center to the clerks of the senate and house of representatives and to the joint committee on mental health, substance abuse and recovery. The quarterly reports shall include, but shall not be limited to following: (i) a census of persons being treated at the center; (ii) the number of persons transferred from the center to other facilities licensed by the department of public health or department of mental health; (iii) the location and bed capacity of each newly licensed facility; (iv) the type of facility and location of newly committed persons under section 35 of chapter 123 of the General Laws; and (v) the anticipated fiscal impact, if any, of complying with this section.”.

After remarks 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 the Mr. Madaro of Boston; and on the roll call 153 members voted in the affirmative and 0 in the negative.

**[See [Yea and Nay No. 123](#) in Supplement.]**

Therefore the bill (House, No. 4758, published as amended) was passed to be engrossed. Sent to the Senate for concurrence.

Bill passed to  
be engrossed,—  
yea and nay  
No. 123.

*Order.*

On motion of Mr. Mariano of Quincy,—

*Ordered*, That when the House adjourns today, it adjourn to meet Monday next at eleven o'clock A.M.

Next  
sitting.

Representative Scarsdale of Pepperell moved that when the House adjourns today, it do so in respect to the memory of Robert A. Hall, a member of the Senate from the Second Worcester and Middlesex District from 1973 to 1982, inclusive; and the motion prevailed.

Accordingly, without proceeding to consideration of the matters in the Orders of the Day, at four minutes after six o'clock P.M. (Thursday, June 13), on motion of Mr. Frost of Auburn (Mr. Donato of Medford being in the Chair), the House adjourned, to meet the following Monday at eleven o'clock A.M., in an Informal Session.