

**UNCORRECTED PROOF.**

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**The Commonwealth of Massachusetts**

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**JOURNAL OF THE SENATE.**



**THURSDAY, JULY 19, 2018**

[72]

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**JOURNAL OF THE SENATE.**

Thursday, July 19, 2018.

Met at four minutes past eleven o'clock A.M.

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The President, members, guests and staff then recited the pledge of allegiance to the flag.

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Pledge of allegiance.

*Distinguished Guests.*

There being no objection, during consideration of the Orders of the Day, the President introduced, in the rear of the Chamber, members of the Girls Inc. Eureka Program from Lynn and Worcester. They have spent the last few weeks in job and career shadowing and have had the experience of working with STEM or STEM-related career fields in Central Massachusetts businesses. The group visiting the State House today was working on a grant with the National Library of Medicine, UMASS Medical School Library using geographic information science data analysis to map health services and physical fitness areas in the city of Worcester. The Senate welcomed them with applause and they withdrew from the Chamber.

Girls Inc. Eureka Program.

*Communication.*

Communication from the Office of the Comptroller (pursuant to Section 6B of Chapter 29 of the General Laws) submitting its quarterly report on the status of federal funds applied for, received and expended in the fourth quarter of fiscal year 2018 (received July 17, 2018),-- **was placed on file.**

Comptroller,--  
federal grants report.  
SD2725

*Reports of a Committee.*

By Mr. Brady, for the committee on Revenue, on petition (accompanied by bill, Senate, No. 2532), a Bill creating senior tax relief in the town of Carver (Senate, No. 2619) [Local approval received on Senate, No. 2532]; and

Carver,-- senior tax relief.

By the same Senator, for the same committee, on petition (accompanied by bill, Senate, No. 2597), a Bill authorizing the town of Sutton to grant real property abatements to certain military personnel (Senate, No. 2620) [Local approval received on Senate, No. 2597];

Sutton,-- property abatements.

**Severally read and, under Senate Rule 26, placed in the Orders of the Day for the next session.**

**PAPERS FROM THE HOUSE.**

Petitions were severally referred, in concurrence, as follows:

Petition (accompanied by bill, House, No. 4779) of John W. Scibak (by vote of the town) that the town of Hatfield be authorized to grant one additional annual license for the sale of all alcoholic beverages not to be drunk on the premises;

Hatfield,-- liquor license.

**To the committee on Consumer Protection and Professional Licensure.**

Petition (accompanied by bill, House, No. 4780) of Ruth B. Balser and others (with the approval of the mayor and city council) that the city of Newton be

Newton,-- tax programs.

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authorized to amend the income qualifications for a certain tax deferral program in said city;

**To the committee on Revenue.**

A Bill relative to the Lancaster sewer district (House, No. 3217, amended,-- on petition),-- was read.

Lancaster,-- sewer district.

**There being no objection, the rules were suspended, on motion of Mr. Rodrigues, and the bill was read a second time and ordered to a third reading.**

A Bill establishing a sick leave bank for Joseph Mele, an employee of the Department of Mental Health (House, No. 4715, amended,-- on petition),-- was read.

Joseph Mele,-- sick leave.

**There being no objection, the rules were suspended, on motion of Mr. Tran, and the bill was read a second time and ordered to a third reading.**

*Report of a Committee.*

Mr. Montigny, for the committee on Rules, reported that the following matter be placed in the Orders of the Day for the next session:

Fresh food.

The Senate Resolve establishing an advisory committee on the accessibility of fresh food retail in communities throughout the Commonwealth (Senate, No. 1276).

**There being no objection, the rules were suspended, on motion of Mr. Rodrigues, and the bill was read a second time and ordered to a third reading.**

PAPERS FROM THE HOUSE

*Emergency Preambles.*

An engrossed Bill relative to reproductive health (see Senate, No. 2260, amended), having been certified by the Senate Clerk to be rightly and truly prepared for final passage and containing an emergency preamble,-- was laid before the Senate; and, a separate vote being taken in accordance with the requirements of Article LXVII of the Amendments to the Constitution, the preamble was adopted in concurrence, by a vote of 3 to 0.

Archaic language.

**The bill was signed by the President and sent to the House for enactment.**

An engrossed Bill authorizing the commissioner of capital asset management and maintenance to convey a certain parcel of land to the Salem Redevelopment Authority (see House, No. 4635, amended), having been certified by the Senate Clerk to be rightly and truly prepared for final passage and containing an emergency preamble,-- was laid before the Senate; and, a separate vote being taken in accordance with the requirements of Article LXVII of the Amendments to the Constitution, the preamble was adopted in concurrence, by a vote of 3 to 0.

Salem,-- land conveynce

**The bill was signed by the President and sent to the House for enactment.**

*Engrossed Bills.*

The following engrossed bills (the first of which originated in the Senate), having been certified by the Senate Clerk to be rightly and truly prepared for final passage, were severally passed to be enacted and were signed by the President and laid before the Governor for his approbation, to wit:

Relative to reproductive health (see Senate, No. 2260, amended);

Bills laid before the Governor.

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Protecting youth from the health risks of tobacco and nicotine addiction (see House, No. 4486, amended); and

Authorizing the commissioner of capital asset management and maintenance to convey a certain parcel of land to the Salem Redevelopment Authority (see House, No. 4635, amended).

*Recess.*

There being no objection, at twenty-nine minutes before twelve o'clock noon, the President declared a recess subject to the call of the Chair; and, at twenty-seven minutes past one o'clock P.M., the Senate reassembled, the President in the Chair.

Recess.

*Report of a Committee.*

Mr. Montigny, for the committee on Rules, reported that the following matter be placed in the Orders of the Day for the next session:

State agencies,  
programs..

The Senate Bill establishing a special commission to identify opportunities to improve the efficiency and effectiveness of state agencies, programs, and services (Senate, No. 1727) (the committee on Rules recommending that the bill be amended by substituting a new draft with the same title, Senate, No. 2616).

**There being no objection, the rules were suspended, on motion of Ms. Lovely, and the bill was read a second time and was amended, as recommended by the committee on Rules.**

**The bill (Senate, No. 2616) was then ordered to a third reading, read a third time and passed to be engrossed.**

**Sent to the House for concurrence.**

*Orders of the Day*

The Orders of the Day were considered as follows:

Bills

Relative to marijuana-related revenue in the town of Millbury (Senate, No. 2563);

Second reading bills.

Increasing residency preference for appointment at Boston Police Department and Boston Fire Department (House, No. 3537);

Authorizing the appointment of special police officers in the town of Burlington (House, No. 4030); and

Authorizing the city of Cambridge to use certain land used for open recreational purposes for traffic reconfiguration (House, No. 4634);

**Were severally read a second time and ordered to a third reading.**

There being no objection, the following matter was taken out of order and considered as follows:

The House Bill relative to Alzheimer's and related dementias in the Commonwealth (House, No. 4116, amended),-- was read a second time.

Alzheimer's.

After remarks, the pending amendment, previously recommended by the committee on Ways and Means, substituting a new text with the same title (Senate, No. 2612),-- was considered; and it was adopted.

The bill, as amended, was then ordered to a third reading.

The rules were suspended, on motion of Mr. Crighton, and the bill was read a third time.

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After remarks, the question on passing the bill to be engrossed was determined by a call of the yeas and nays, at thirteen minutes past two o'clock P.M., on motion of Ms. L'Italien, as follows to wit (yeas 37 – nays 0) [YeaS and NayS No. 455]:

**YEAS.**

Barrett, Michael J.	Keenan, John F.
Boncore, Joseph A.	Lesser, Eric P.
Brady, Michael D.	Lewis, Jason M.
Brownsberger, William N.	L'Italien, Barbara A.
Chandler, Harriette L.	Lovely, Joan B.
Collins, Nick	Montigny, Mark C.
Creem, Cynthia Stone	Moore, Michael O.
Crighton, Brendan P.	O'Connor, Patrick M.
Cyr, Julian	O'Connor Ives, Kathleen
deMacedo, Viriato M.	Pacheco, Marc R.
DiDomenico, Sal N.	Rodrigues, Michael J.
Eldridge, James B.	Ross, Richard J.
Fattman, Ryan C.	Rush, Michael F.
Feeney, Paul R.	Spilka, Karen E.
Friedman, Cindy F.	Tarr, Bruce E.
Gobi, Anne M.	Timilty, Walter F.
Hinds, Adam G.	Tran, Dean A.
Humason, Donald F., Jr.	Welch, James T. – 37.
Jehlen, Patricia D.	

**NAYS – 0.**

**ABSENT OR NOT VOTING.**

Chang-Diaz, Sonia – 1.

**The yeas and nays having been completed at seventeen minutes past two o'clock P.M., the bill was passed to be engrossed, in concurrence, with the amendment.**

**Sent to the House for concurrence in the amendment.**

There being no objection, during consideration of the Orders of the Day, the following matters were considered, as follows:

*Reports of a Committee.*

By Ms. Spilka, for the committee on Ways and Means, that the Senate Bill authorizing the Department of Fish and Game to acquire a conservation restriction on land of the town of Groveland (Senate, No. 2319),-- ought to pass.

Groveland,--  
conservation land.

**There being no objection, the rules were suspended, on motion of Ms. Gobi, and the bill was read a second time and ordered to a third reading.**

By Ms. Spilka, for the committee on Ways and Means, that the Senate Bill relative to an easement plan for the Milton Inline Inspection Project (Senate, No. 2369),-- ought to pass.

Milton,-- easement.

**There being no objection, the rules were suspended, on motion of Mr. Timilty, and the bill was read a second time and ordered to a third reading.**

By Ms. Spilka, for the committee on Ways and Means, that the Senate Bill releasing certain land in Berkley from the operation of an agricultural preservation restriction (Senate, No. 2395),-- ought to pass.

Berkley,--  
preservation  
restriction.

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**There being no objection, the rules were suspended, on motion of Mr. Hinds, and the bill was read a second time and ordered to a third reading.**

By Ms. Spilka, for the committee on Ways and Means, that the House Bill authorizing the transfer of care and control of certain parcels of land in Middleborough from the Department of Correction to the Department of Fish and Game (House, No. 4261),-- ought to pass.

Middleborough,--  
land transfer.

**There being no objection, the rules were suspended, on motion of Mr. Pacheco, and the bill was read a second time and ordered to a third reading.**

By Ms. Spilka, for the committee on Ways and Means, that the House Bill relative to a Medford Residential Development Easement (House, No. 4373),-- ought to pass.

Medford,-- easement.

**There being no objection, the rules were suspended, on motion of Ms. Jehlan, and the bill was read a second time and ordered to a third reading.**

By Ms. Spilka, for the committee on Ways and Means, that the Senate Bill promoting awareness of sewage pollution in public waters (Senate, No. 2394),-- ought to pass, with an amendment substituting a new draft with the same title (Senate, No. 2617).

Public waters,--  
pollution.

**On motion of Ms. O'Connor-Ives, the bill was placed in the Orders of the Day for the next session for a second reading, with the amendment pending.**

By Ms. Spilka, for the committee on Ways and Means, that the Senate Bill relative to the Uniform Child Custody Jurisdiction and Enforcement Act (Senate, No. 2500),-- ought to pass, with an amendment substituting a new draft with the same title (Senate, No. 2618).

Child custody,--  
jurisdiction.

**On motion of Ms. Lovely, the bill was placed in the Orders of the Day for the next session for a second reading, with the amendment pending.**

*Orders of the Day*

The Orders of the Day were further considered as follows:

There being no objection, the following matter was taken out of order and considered as follows:

The Senate Bill to regulate bodywork therapy (Senate, No. 2599),-- was read a second time.

Bodywork therapy.

Mr. Rodrigues in the Chair, after remarks, and pending the question on ordering the bill to a third reading, Mr. Keenan moved to amend the bill by inserting after section 5 the following section:-

1

“SECTION 5A. Said chapter 112 is hereby further amended by inserting after section 227 the following section:-

Section 227A. A city or town may adopt an ordinance or by-law relative to health and safety of the practice of bodywork therapy that is not inconsistent with sections 227 to 235, inclusive; provided, however, that a local ordinance that pertains to bodywork therapy in effect prior to July 1, 2018 and that is consistent with and that may exceed the requirements of said sections 227 to 235, inclusive, may remain in effect.”.

After remarks, the amendment was adopted.

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Mr. Tran moved to amend the bill in section 6, by striking out, in line 80, the word "his" and inserting in place thereof the following words:- "the student's".

2

After remarks, the amendment was adopted.

Mr. Brownsberger moved to amend the bill in section 7, by striking out, in lines 106 and 121, the words "crime involving moral turpitude for the 10" and inserting in place thereof, in each instance, the following words:- "felony for the 7".

3

After remarks, the amendment was adopted.

Mr. Brownsberger moved to amend the bill in section 2, in proposed section 99 of chapter 13 of the General Laws, by adding the following subsection:-

4

"(d) The board may exempt a practice that would otherwise fall under the definition of 'bodywork', 'bodyworks' or 'bodywork therapy', as defined in section 227 of chapter 112, from regulation by the board if the practice is otherwise licensed or regulated by a professional organization or credentialing body.".

After remarks, the amendment was adopted.

Mr. Montigny moved to amend the bill in section 2, by striking out, in line 32, the words "at least 1 public session" and inserting in place thereof the following words:- "not less than 2 public sessions".

6

The amendment was adopted.

Ms. L'Italien moved to amend the bill in section 11, in proposed section 233 of chapter 112 of the General Laws, by adding the following sentence:-

7

"A license shall not be issued to or renewed for a school that teaches massage therapy unless it offers training of at least 1 hour in domestic violence and sexual assault awareness and requires its students to attend the training.".

After remarks, the amendment was adopted.

The bill (Senate, No. 2599, amended) was then ordered to a third reading and read a third time.

The question on passing the bill to be engrossed was determined by a call of the yeas and nays, at one minute before three o'clock P.M., on motion of Mr. Montigny, as follows to wit (yeas 36 – nays 0) **[Yea<sup>s</sup> and Nay<sup>s</sup> No. 456]:**

**YEAS.**

Barrett, Michael J.	Keenan, John F.
Boncore, Joseph A.	Lesser, Eric P.
Brady, Michael D.	Lewis, Jason M.
Brownsberger, William N.	L'Italien, Barbara A.
Chandler, Harriette L.	Lovely, Joan B.
Collins, Nick	Montigny, Mark C.
Creem, Cynthia Stone	Moore, Michael O.
Crighton, Brendan P.	O'Connor, Patrick M.
deMacedo, Viriato M.	O'Connor Ives, Kathleen
DiDomenico, Sal N.	Pacheco, Marc R.
Eldridge, James B.	Rodrigues, Michael J.
Fattman, Ryan C.	Ross, Richard J.
Feeney, Paul R.	Rush, Michael F.
Friedman, Cindy F.	Spilka, Karen E.
Gobi, Anne M.	Tarr, Bruce E.
Hinds, Adam G.	Timilty, Walter F.
Humason, Donald F., Jr.	Tran, Dean A.
Jehlen, Patricia D.	Welch, James T. – <b>36.</b>

**NAYS – 0.**

**ABSENT OR NOT VOTING.**

**UNCORRECTED PROOF.**

Chang-Diaz, Sonia

Cyr, Julian – 2.

The yeas and nays having been completed at three minutes past three o'clock P.M., the bill was passes to be engrossed [For text of Senate bill, printed as amended, see Senate, No. 2621].

Sent to the House for concurrence.

There being no objection, during consideration of the Orders of the Day, the following matter was considered, as follows:

*Matter Taken out of the Orders of the Day.*

There being no objection, the following matter was taken out of the Orders of the Day and considered, as follows:

The House Bill amending the authorization for the exchange of an easement in the control of the Department of Conservation and Recreation to facilitate a project important to the economic development of the city of Lynn (House, No. 4268, changed),-- **was read a third time and passed to be engrossed, in concurrence.**

Lynn,-- easement.

*Orders of the Day*

The Orders of the Day were further considered as follows:

There being no objection, the following matter was taken out of the order and considered, as follows:

The Senate Bill to strengthen laws combatting human trafficking and protecting survivors of modern-day slavery (Senate, No. 2598),-- was read a second time.

Human trafficking.

After remarks, and pending the question on ordering the bill to a third reading, Ms. Gobi moved to amend the bill by inserting after section 4 the following section:-

“SECTION 4A. Chapter 22A of the General Laws is hereby amended by adding the following section:-

Section 10. The executive office of public safety and security shall develop a guide, the policy and procedure for missing and abducted children investigations, that shall establish comprehensive minimum standards for law enforcement agencies in the commonwealth. The agencies shall reference the guide and implement the policy and procedure in agency practices and the training of law enforcement officers.

In developing the policy and procedure for missing and abducted children investigations, the executive office of public safety and security shall reference, but shall not be limited to, the law-enforcement policy and procedures for reports of missing and abducted children developed by The National Center for Missing and Exploited Children. The executive office shall ensure that the policy and procedure for missing and abducted children investigations is comprehensive and inclusive of different categories of missing children including, but not limited to: (i) children under 10 years of age; (ii) children under 17 years of age; (iii) children with mental and physical limitations; and (iv) dependent adults with mental and physical limitations.

The municipal police training committee shall include training on the policy and procedure for missing and abducted children investigations for new police officers attending the police academy.

1

The executive office of public safety and security shall ensure internal policies and the missing child clearinghouse intake form to reflect the policy and procedure for missing and abducted children investigations. The missing child clearinghouse

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intake form shall be available in languages including, but not limited to: English, Spanish, Portuguese, French, Chinese, Haitian Creole, Vietnamese, Russian, German, Albanian and Khmer or Cambodian.”; and

By inserting after section 13 the following 2 sections:-

“SECTION 13A. The municipal police training committee shall include in its 2019 training year, a mandatory 2-hour in-service training program for veteran police officers on the policy and procedure for missing and abducted children investigations developed pursuant to section 10 of chapter 22A of the General Laws.

SECTION 13B. Not later than January 15, 2019, all law enforcement agencies in the commonwealth shall adopt the policy and procedures for missing and abducted children investigations as the minimum protocol in investigations of missing children.”

After remarks, the question on adoption of the amendment was determined by a call of the yeas and nays, at nine minutes past three o'clock, P.M., on motion of Ms. Gobi, to wit (yeas 37 – nays 0) **[Yea<sup>s</sup> and Nay<sup>s</sup> No. 457]**

**YEAS.**

Barrett, Michael J.	Keenan, John F.
Boncore, Joseph A.	Lesser, Eric P.
Brady, Michael D.	Lewis, Jason M.
Brownsberger, William N.	L'Italien, Barbara A.
Chandler, Harriette L.	Lovely, Joan B.
Collins, Nick	Montigny, Mark C.
Creem, Cynthia Stone	Moore, Michael O.
Crighton, Brendan P.	O'Connor, Patrick M.
Cyr, Julian	O'Connor Ives, Kathleen
deMacedo, Viriato M.	Pacheco, Marc R.
DiDomenico, Sal N.	Rodrigues, Michael J.
Eldridge, James B.	Ross, Richard J.
Fattman, Ryan C.	Rush, Michael F.
Feeney, Paul R.	Spilka, Karen E.
Friedman, Cindy F.	Tarr, Bruce E.
Gobi, Anne M.	Timilty, Walter F.
Hinds, Adam G.	Tran, Dean A.
Humason, Donald F., Jr.	Welch, James T. – <b>37.</b>
Jehlen, Patricia D.	

**NAYS – 0.**

**ABSENT OR NOT VOTING.**

Chang-Diaz, Sonia – **1.**

The yeas and nays having been completed at sixteen minutes past three o'clock P.M., the amendment was adopted.

Mr. Montigny moved to amend the bill in section 7, by inserting after the word "resources", in line 200, the following words:- "on the registry website"; and in section 12, by striking out, in line 231, the words "or (c)".

The amendment was adopted.

The bill (Senate, No. 2598, amended) was then ordered to a third reading and read a third time.

The question on passing the bill to be engrossed was determined by a call of the yeas and nays, at twenty-three minutes past three o'clock P.M., on motion of Mr. Montigny, as follows to wit (yeas 37 – nays 0) **[Yea<sup>s</sup> and Nay<sup>s</sup> No. 458]:**

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**YEAS.**

Barrett, Michael J.	Keenan, John F.
Boncore, Joseph A.	Lesser, Eric P.
Brady, Michael D.	Lewis, Jason M.
Brownsberger, William N.	L'Italien, Barbara A.
Chandler, Harriette L.	Lovely, Joan B.
Collins, Nick	Montigny, Mark C.
Creem, Cynthia Stone	Moore, Michael O.
Crighton, Brendan P.	O'Connor, Patrick M.
Cyr, Julian	O'Connor Ives, Kathleen
deMacedo, Viriato M.	Pacheco, Marc R.
DiDomenico, Sal N.	Rodrigues, Michael J.
Eldridge, James B.	Ross, Richard J.
Fattman, Ryan C.	Rush, Michael F.
Feeney, Paul R.	Spilka, Karen E.
Friedman, Cindy F.	Tarr, Bruce E.
Gobi, Anne M.	Timilty, Walter F.
Hinds, Adam G.	Tran, Dean A.
Humason, Donald F., Jr.	Welch, James T. – <b>37.</b>
Jehlen, Patricia D.	

**NAYS – 0.**

**ABSENT OR NOT VOTING.**

Chang-Diaz, Sonia – **1.**

**The yeas and nays having been completed at twenty-nine minutes past three o'clock P.M., the bill was passed to be engrossed.**

**Sent to the House for concurrence.**

The President in the Chair, the Senate Bill protecting consumers by prohibiting blocking, throttling, or paid prioritization in the provision of internet service (Senate, No. 2336),-- was read a second time.

Pending the question on adoption of the amendment, previously recommended by the committee on Ways and Means, substituting a new draft entitled “An Act promoting net neutrality and consumer protection” (Senate, No. 2610), and pending the main question on ordering the bill to a third reading, Mr. Tarr moved that the proposed new draft be amended by inserting after section 4 the following section:-

“SECTION 4A. Said section 47E of said chapter 164, as so appearing, is hereby further amended by inserting after the fifth sentence the following sentence:- Such cooperative or municipal lighting plant, which is engaged in the business of operating a telecommunications system, shall file annually with the department of telecommunications and cable on forms prescribed by the department of telecommunications and cable, a statement of its revenues and expenses for official use only. In addition, each such cooperative or municipal lighting plant, which is engaged in the business of operating a telecommunications system, shall file with the department of telecommunications and cable on forms prescribed by the department of telecommunications and cable, a financial balance sheet which shall be open to public inspection.”

After remarks, the amendment was adopted.

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Mr. Humason moved that the proposed new draft be amended by inserting after section 2 the following 2 sections:-

2

“SECTION 2A. Section 6A of chapter 25C of the General Laws, as appearing in the 2016 Official Edition, is hereby amended by striking out, in line 18, the word ‘(f)’ and inserting in place thereof the following word:- (g).

SECTION 2B. Said section 6A of said chapter 25C, as so appearing, is hereby amended by adding the following subsection:-

(g) Subsection (b) shall not be construed to affect the authority of the department to administer federal programs supported by the federal Universal Service Fund, including Lifeline and Link-up programs, the E-rate program or Connect America Fund.”

After remarks, the amendment was adopted.

Messrs. Eldridge and Lesser move that the proposed new draft be amended by adding the following section:

3

“SECTION 7. Section 6A of chapter 25C of the General Laws is hereby repealed.”;

By inserting, in line 34, after the word “entity”, the following definitions:-

“Reasonable network management”, a network management practice that is appropriate and tailored to achieving a legitimate network management purpose, taking into account the particular network architecture and any technology and operational limitations of the broadband internet access service provider.

‘Throttle’, intentional manipulation including, but not limited to, selectively slowing, speeding, altering, degrading, interfering with, enhancing, or privileging of internet service by a broadband internet access service provider.”;

By striking out, in line 12, the word “section”, and inserting in place thereof the following word:- “sections”;

By inserting after the word “section”, in line 82, the following:-

“Section 10. (a) No person engaged in the provision of broadband internet access service in the commonwealth, or a telecommunications or internet service provider that has entered into a franchise agreement, right-of-way agreement, or other contract with the state of Massachusetts or a political subdivision thereof, under section 25A of chapter 166, section 21 of chapter 81, or section 3 of chapter 4A of the General Laws, or that uses facilities that are subject to such agreements, even if it is not a party to the agreement, shall:

(1) block lawful content, applications, or services, subject to reasonable network management;

(2) prohibit the use of non-harmful devices, subject to reasonable network management;

(3) throttle lawful traffic based on source, application or services, destination, content, ownership or type, subject to reasonable network management; or

(4) engage in paid prioritization.

(c) The department shall establish a process for broadband internet access service providers to certify that they will not engage in practices inconsistent with subsection (b), limit state-conferred benefits to broadband internet access service providers, limit applicability to pole attachment rules to broadband internet access service providers that adhere to subsection (b), and review state-conferred benefits such as easements and taxes.

(d) The attorney general shall enforce this section through adjudication of complaints alleging such violations in accordance with sections one to fourteen A, inclusive, of chapter 93 of the General Laws.

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(e) Nothing in this section supersedes any obligation or authorization a provider of broadband internet access service may have to address the needs of emergency communications or law enforcement, public safety, or national security authorities, consistent with or as permitted by applicable law, or limits a provider's ability to do so, or prohibits reasonable efforts by a provider of broadband internet access service to address copyright infringement or other unlawful activities.

(f) Nothing in this section shall be construed to limit a consumer's choice of service plan or a consumer's control over a chosen broadband internet access service, or the ability of broadband internet access service providers to offer specialized services.

(g) Notwithstanding any other provision of law, the provision of broadband internet access service or any other mass market retail service providing advanced telecommunications capability, as that term is defined in 47 U.S.C. section 1302, shall be considered to be an information service.”; and

By adding the following section:-

“SECTION 8. Within 90 days after the enactment of this act, the department shall adopt formal complaint procedures to address alleged violations of section 10 of chapter 25C.”

After remarks, the amendment was *rejected*.

The pending amendment, previously recommended by the committee on Ways and Means, as amended, was then considered; and it was adopted.

The bill (Senate, No. 2610, amended) was then ordered to a third reading.

The rules were suspended, on motion of Ms. Creem, and the bill was read a third time.

After remarks, the question on passing the bill to be engrossed was determined by a call of the yeas and nays, at six minutes before four o'clock P.M., on motion of Ms. Creem, as follows to wit (yeas 37 – nays 0) [**YeaS and NayS No. 459**]:

**YEAS.**

Barrett, Michael J.	Keenan, John F.
Boncore, Joseph A.	Lesser, Eric P.
Brady, Michael D.	Lewis, Jason M.
Brownsberger, William N.	L'Italien, Barbara A.
Chandler, Harriette L.	Lovely, Joan B.
Collins, Nick	Montigny, Mark C.
Creem, Cynthia Stone	Moore, Michael O.
Crighton, Brendan P.	O'Connor, Patrick M.
Cyr, Julian	O'Connor Ives, Kathleen
deMacedo, Viriato M.	Pacheco, Marc R.
DiDomenico, Sal N.	Rodrigues, Michael J.
Eldridge, James B.	Ross, Richard J.
Fattman, Ryan C.	Rush, Michael F.
Feeney, Paul R.	Spilka, Karen E.
Friedman, Cindy F.	Tarr, Bruce E.
Gobi, Anne M.	Timilty, Walter F.
Hinds, Adam G.	Tran, Dean A.
Humason, Donald F., Jr.	Welch, James T. – <b>37</b> .
Jehlen, Patricia D.	

**NAYS – 0.**

**ABSENT OR NOT VOTING.**

Chang-Diaz, Sonia – 1.

**UNCORRECTED PROOF.**

**The yeas and nays having been completed at one minute past four o'clock P.M., the bill was passed to be engrossed  
Sent to the House for concurrence.**

The House Bill for prevention and access to appropriate care and treatment of addiction (House, No. 4742),-- was read a second time.

After remarks, pending the question on adoption of the amendment, previously recommended by the committee on Ways and Means, striking out all after the enacting clause and inserting in place thereof the text of Senate document numbered 2609, and pending the main question on ordering the bill to a third reading, Mr. Hinds, Ms. L'Italien, Ms. Gobi and Messrs. Cyr and O'Connor moved that the proposed new text be amended by adding at the end thereof the following sections:

**"SECTION XXX. Chapter 32A of the General Laws is hereby amended by inserting after section 17P the following section:-**

Section 17Q. The commission shall provide to an active or retired employee of the commonwealth who is insured under the group insurance commission coverage for acupuncture and oriental medicine based diagnosis and treatment in the areas of pain management, and substance abuse treatment.

**SECTION XXX. Chapter 175 of the General Laws is hereby amended by inserting after section 47JJ the following section:-**

Section 47KK. All individual or group accident and health insurance policies and health service contracts delivered, issued or renewed by an insurer or nonprofit health service corporation which provide benefits to individual subscribers and members within the commonwealth or to all group members having a principal place of employment within the commonwealth shall provide benefits for acupuncture and oriental medicine based diagnosis and treatment in the areas of pain management, and substance abuse treatment.

**SECTION XXX. Chapter 176A of the General Laws is hereby amended by inserting after section 8LL the following section:-**

Section 8MM. (a) Any contract between a subscriber and the corporation under an individual or group hospital service plan delivered, issued or renewed in the commonwealth shall provide as benefits to all individual subscribers and members within the commonwealth and to all group members having a principal place of employment within the commonwealth acupuncture and oriental medicine based diagnosis and treatment in the areas of pain management, and substance abuse treatment.

**SECTION XXX. Chapter 176B of the General Laws is hereby amended by inserting after section 4LL the following section:-**

Section 4MM. Any contract between a subscriber and the corporation under an individual or group hospital service plan delivered, issued or renewed in the commonwealth shall provide as benefits to all individual subscribers and members within the commonwealth and to all group members having a principal place of employment within the commonwealth acupuncture and oriental medicine based diagnosis and treatment in the areas of pain management, and substance abuse treatment.

**SECTION XXX. Chapter 176G of the General Laws is hereby amended by inserting after section 4DD the following section:-**

Section 4EE. Any contract between a subscriber and the corporation under an individual or group hospital service plan delivered, issued or renewed in the commonwealth shall provide as benefits to all individual subscribers and members within the commonwealth and to all group members having a principal place of

Addiction,--  
prevention, care.

2.

**UNCORRECTED PROOF.**

employment within the commonwealth acupuncture and oriental medicine based diagnosis and treatment in the areas of pain management, and substance abuse treatment."

The amendment was *rejected*.

Messrs. Crighton and Cyr moved that the proposed new text be amended by inserting the following section:

3

"SECTION XX. 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 *rejected*.

Messrs. Fattman and O'Connor moved that the proposed new text be amended by adding the following section:-

5

"SECTION \_\_\_. 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 *rejected*.

Messrs. Lewis and O'Connor moved that the proposed new text be amended by striking section 87 and inserting in place thereof the following:-

6

"SECTION 87. There shall be a commission to review and make recommendations regarding the standards for credentialing a recovery coach, including whether recovery coaches should be subject to a board of registration through the department of public health.

The commission shall consist of: the secretary of health and human services or a designee, who shall serve as chair; the commissioner of public health or a designee; the director of Medicaid or a designee; and 10 persons who shall be appointed by the secretary of health and human services, 2 municipal representatives- 1 of whom shall be from a municipality that directly or indirectly employs a recovery coach, 1 of whom shall have expertise in training recovery coaches, 1 of whom shall be a community provider who employs recovery coaches, 1 of whom shall represent a hospital who employs recovery coaches, 1 of whom shall be a family member to an individual with a substance use disorder, 1 of whom shall have lived experience with

**UNCORRECTED PROOF.**

addiction, 1 of whom shall represent payers, 1 of whom shall currently be employed as a recovery coach and 1 of whom shall be a psychiatrist specializing in addiction.

The commission shall submit its findings and recommendations, together with drafts of legislation, if any, necessary to carry those recommendations into effect, with the clerks of the senate and the house of representatives and the joint committee on mental health, substance use and recovery not later than 1 year from the effective date of this act.”

The amendment was *rejected*.

Ms. Creem and Mr. O'Connor moved that the proposed new text be amended by adding at the end thereof the following new section:

11

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

Section 219. (a) There shall be a commission on community-based behavioral health promotion and prevention located within, but not subject to the control of, the executive office of health and human services. The commission shall work to promote positive mental, emotional and behavioral health and to prevent mental health and substance use disorders among residents of the commonwealth.

(b) (1) The commission shall consist of 17 members, as follows: the secretary of health and human services or a designee, who shall serve as the chair; the commissioner of mental health or a designee; the commissioner of public health or a designee; the chief justice of the trial court or a 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; 1 person appointed by the speaker of the house; 1 person appointed by the senate president; and 1 representative from each of the following 9 organizations: the Association for Behavioral Healthcare, Inc.; the Massachusetts Association of Community Health Workers, Inc.; the Massachusetts Association for Mental Health, Inc.; the Massachusetts Organization for Addiction Recovery, Inc.; the Massachusetts Public Health Association; the Massachusetts Society for the Prevention of Cruelty to Children; the National Alliance on Mental Illness of Massachusetts, Inc.; the Social-Emotional Learning Alliance for Massachusetts, Inc.; and the Freedman Center at William James College.

(2) Members of the commission shall serve for a term of 4 years, without compensation. Any member shall be eligible for reappointment. Vacancies shall be filled in accordance with paragraph (1) for the remainder of the unexpired term. Any member who is appointed by the governor may be removed by the governor for cause.

(c) The commission may establish advisory committees to assist its work.

(d) The commission shall:

(1) promote an understanding of: (i) the science of prevention; (ii) population health; (iii) risk and protective factors; (iv) social determinants of health; (v) evidence-based programming and policymaking; (vi) health equity; and (vii) trauma-informed care; provided that the commission may use, as a guide for its work, the recommendations of the report of the special commission on behavioral health promotion and upstream prevention established pursuant to section 193 of chapter 133 of the acts of 2016;

(2) consult with the secretary of health and human services on grants from the Community-Based Behavioral Health Promotion and Prevention Trust Fund established in section 35EEE of chapter 10;

**UNCORRECTED PROOF.**

(3) collaborate, as appropriate, with other active state commissions, including but not limited to the safe and supportive schools commission, the Ellen Story commission on postpartum depression and the commission on autism;

(4) make recommendations to the legislature that: (i) promote behavioral health and prevention issues at the universal, selective and indicated levels; (ii) strengthen community or state-level promotion and prevention systems; and (iii) reduce healthcare and other public costs through evidence-based promotion and prevention; provided that the commission may use state and local prevalence and cost data to ensure commission recommendations are data-informed and address risks at the universal, selective and indicated levels of prevention;

(5) hold public hearings and meetings to accept comment from the general public and to seek advice from experts, including, but not limited to, those in the fields of neuroscience, public health, behavioral health, education and prevention science; and

(6) submit an annual report to the legislature as provided in subsection (e) on the state of preventing behavioral health disorders and promoting behavioral health in the commonwealth.

(e) The commission shall file an annual report, on or before March 1, with the joint committee on health care financing and the joint committee on mental health, substance use and recovery on its activities and any recommendations. The commission shall monitor the implementation of its recommendations and update recommendations to reflect current science and evidence-based practice.”

The amendment was *rejected*.

Mr. Timilty moved that the proposed new text be amended in section 7 by striking in line 70 the word “11” and inserting in place thereof the word “12”; in section 9 by striking in line 78 :- “the following 4” and inserting in place thereof :- “the following 5”; and at the end thereof by inserting :- “(8) 1 registered nurse who has successfully completed the substance abuse rehabilitation program for nurses.”

16

After remarks, the amendment was *rejected*.

Messrs. Rush, Feeney and O'Connor moved that the proposed new text be amended in section 4, by inserting after the word “supporting”, in line 21, the words “community and”; in said section by striking the words “and (ii)” in line 23 and inserting in place thereof the words “; (ii)”; in said section by inserting after the word “children”, in lines 22 and 23, the words “young adults”; in said section by inserting after the word “behaviors”, in line 24, the words “; and (iii) prevent mental health and substance use disorders among children, young adults and young people”; in said section by striking the words “secretary of education, in consultation with the secretary of health and human services” and inserting in place thereof the words “secretary of health and human services, in consultation with the secretary of education”; in said section by striking the words “and (ii)”, in line 29, and inserting in place thereof the words “(ii) community organizations, including but not limited to public and private agencies, community coalitions and other entities that offer resources or support to children, young adults or young people for programs meeting the purposes of the fund; and (iii)”; in said section by striking the words “public schools in implementing evidence-based”, in lines 29 to 30, and inserting in place thereof the words “public schools and community organizations in implementing evidence-based and evidence-informed mental health,”; and

18

By adding the following section:

“SECTION X. (a) There shall be a commission on school and community-based behavioral health promotion and prevention located within, but not subject to the control of, the executive office of health and human services. The commission shall

**UNCORRECTED PROOF.**

work to promote positive mental, emotional and behavioral health and to prevent mental health and substance use disorders among residents of the commonwealth.

(2) Members of the commission shall serve for a term of 4 years, without compensation. Any member shall be eligible for reappointment. Vacancies shall be filled in accordance with paragraph (1) for the remainder of the unexpired term. Any member who is appointed by the governor may be removed by the governor for cause.

(c) The commission may establish advisory committees to assist its work.

(d) The commission shall:

(1) promote an understanding of: (i) the science of prevention; (ii) population health; (iii) risk and protective factors; (iv) social determinants of health; (v) evidence-based programming and policymaking; (vi) health equity; and (vii) trauma-informed care; provided that the commission may use, as a guide for its work, the recommendations of the report of the special commission on behavioral health promotion and upstream prevention established pursuant to section 193 of chapter 133 of the acts of 2016;

(2) collaborate, as appropriate, with other active state commissions, including but not limited to the safe and supportive schools commission, the Ellen Story commission on postpartum depression and the commission on autism;

(5) Submit an annual report to the legislature as provided in subsection (e) on the state of preventing behavioral health disorders and promoting behavioral health in the commonwealth.

(b) (1) The commission shall consist of 17 members, as follows: the secretary of health and human services or a designee, who shall serve as the chair; the commissioner of mental health or a designee; the commissioner of public health or a designee; the chief justice of the trial court or a 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; 1 person appointed by the speaker of the house; 1 person appointed by the senate president; and 1 representative from each of the following 9 organizations: the Association for Behavioral Healthcare, Inc.; the Massachusetts Association of Community Health Workers, Inc.; the Massachusetts Association for Mental Health, Inc.; the Massachusetts Organization for Addiction Recovery, Inc.; the Massachusetts Public Health Association; the Massachusetts Society for the Prevention of Cruelty to Children; the National Alliance on Mental Illness of Massachusetts, Inc.; the Social-Emotional Learning Alliance for Massachusetts, Inc.; and the Freedman Center at William James College.

(3) make recommendations to the legislature that: (i) promote behavioral health and prevention issues at the universal, selective and indicated levels; (ii) strengthen community or state-level promotion and prevention systems; and (iii) reduce healthcare and other public costs through evidence-based promotion and prevention; provided that the commission may use state and local prevalence and cost data to ensure commission recommendations are data-informed and address risks at the universal, selective and indicated levels of prevention;

(4) hold public hearings and meetings to accept comment from the general public and to seek advice from experts, including, but not limited to, those in the fields of neuroscience, public health, behavioral health, education and prevention science; and

(e) The commission shall file an annual report, on or before March 1, with the joint committee on health care financing and the joint committee on mental health, substance use and recovery on its activities and any recommendations. The

**UNCORRECTED PROOF.**

commission shall monitor the implementation of its recommendations and update recommendations to reflect current science and evidence-based practice.”

The amendment was *rejected*.

Mr. Brownsberger moved that the proposed new text be amended by inserting the following new section:-

19

“SECTION XX. Section 97 of chapter 71 of the General Laws is hereby amended by striking out, in line 25, the words ‘parent or guardian.’”

After remarks, the amendment was adopted.

Mr. Brady moved that the proposed new text be amended in section 24A of chapter 94C of the General Laws as appearing in the 2014 Official Edition, in line 13, by inserting after the word “hospital” the following new word:- “or skilled nursing and rehabilitation facility”.

24

After remarks, the amendment was *rejected*.

Mr. Welch moved that the proposed new text be amended by adding the following new section:

28

“SECTION XX. (A) There shall be a special commission established to study means and methods that encourage prevention and detection of opioid diversion in healthcare facility settings. The Commission shall study the impact and prevalence of drug diversion, and provide recommendations on: (1) health administration policies and procedures that promote secure storage and record keeping of controlled substances throughout the continuum of care; (2) clinician education on the safety risks opioid diversion poses to healthcare professionals and patients in the healthcare setting; (3) security policies and procedures which provide the appropriate security measures to prevent diversion and to tightly coordinate with nursing and pharmacy detection procedures; (4) human resource policies and procedures that provide a pathway for identified diverters out of patient care and into appropriate rehabilitation; and (5) the use of technology and system controls, including monitoring solutions that utilize advanced analytics to reliably identify suspect diverters.

(B) The commission shall consist of 18 members, as follows: the commissioner of public health and human services or a designee, who shall serve as the chair; the house chair of the joint committee on mental health, substance use and recovery or a designee; the senate chair of the joint committee on mental health, substance use and recovery or a designee; one person appointed by the speaker of the house; one person appointed by the senate president; one person appointed by the governor; two representatives of local hospitals and/or health systems; one licensed pharmacy provider with expertise in pharmacy management; one licensed nurse provider with expertise in nurse administration; one licensed primary care physician with expertise in coordination of care; one representative of the Massachusetts Nursing Association; one representative from the Massachusetts Health and Hospital Association; one representative from the International Healthcare Facility Diversion Association; one representative of the Massachusetts Department of Public Health; one infection control professional; one patient safety professional; and one industry representative with expertise in diversion analytics and system controls.

(C) The Commission may establish advisory committees to assist its work. The commission shall file the report of its study, including recommendations for legislation, with the clerks of the house of representatives and the senate no later than one year after the effective date of this act; provided, however, that the commission may, at the discretion of the chair, make a draft report available to the public for comment before filing the final version.”

**UNCORRECTED PROOF.**

The amendment was *rejected*.

Messrs. Tarr and O'Connor moved that the proposed new text be amended by inserting after section \_ the following new section:-

33

"SECTION \_. If a law enforcement official, firefighter or EMS personnel administers an opioid antagonist to a person suffering from an apparent drug overdose, such person shall be transported, with or without the person's consent, by ambulance to a hospital for monitoring, observation and possible treatment until such time as the treating physician determines that the overdose has been reversed and the person is not in imminent danger. Law enforcement officials or EMS personnel may restrain a person, provided that the minimum necessary restraint shall be used. Any such restraint shall be noted in the written report of said emergency medical technician. If a law enforcement official reasonably believes that his or her safety or the safety of other persons present so requires, the officer may search the person and the immediate surroundings, but only to the extent necessary to discover and seize any dangerous weapons or instrumentation which may on that occasion be used against the officer or other person present."

After remarks, the amendment was *rejected*.

Mr. Welch moved that the proposed new text be amended by inserting the following new section:-

42

"SECTION X. Direct the department of public health to create a pilot program to address regional disparities in opioid treatment facilities and inpatient care through acute care hospitals."

Aftrer remarks, the amendment was *rejected*.

Ms. Lovely moved that the proposed new text be amended by inserting the following new section:-

44

"SECTION XX. Notwithstanding any special or general law there shall be a special commission to evaluate the barriers to substance use treatment for women in the perinatal period, including but not limited to insurance coverage, access to medication assisted treatment, access to mental health treatment, access to treatment postpartum that facilitates parenting, screening for substance use disorder and the integration of perinatal care and substance use treatment.

The special commission shall consist of: the secretary of health and human services or a designee, who shall serve as the chair; the commissioner of the department of public health or a designee, who shall be appointed based on expertise in family and infant health; the commissioner of the department of mental health or a designee, who shall be appointed based on expertise in substance use disorder; the commissioner of the department of children and families or a designee, who shall be appointed based on experience with families experiencing substance use disorder; the director of the bureau of substance use disorder or a designee, who shall be appointed based on experience with coordinating substance use treatment for women; the director of MassHealth or a designee; with four members to be appointed by the governor, who shall include: one person from the Massachusetts Child Psychiatric Access Program for Moms, one person from the Perinatal and Neonatal Quality Improvement Network, one person from the Boston Medical Center's Project RESPECT, one person who is a woman with experience seeking treatment in the perinatal period; two members of the senate, one of whom shall be appointed by the president and one of whom shall be appointed by the minority leader; two members of the house of representatives, one of whom shall be appointed by the speaker and one of whom shall be appointed by the minority leader.

Said special commission shall develop recommendations to remove barriers to substance use treatment for women in the perinatal period. In developing

**UNCORRECTED PROOF.**

recommendations, the special commission may coordinate and consult with other commissions, as appropriate. The special commission shall submit a report with its recommendations to the clerks of the house of representatives and the senate, the chairs of the joint committee on ways and means, the chairs of the joint committee on mental health and substance abuse and the chairs of the joint committee on children, families and persons with disabilities not later than July 1, 2019."

After remarks, the amendment was *rejected*.

Messrs. Lesser and O'Connor moved that the proposed new text be amended by inserting in section X of the bill the following:-

48

"SECTION XX. The department of public health and department of corrections shall collaborate to establish a Prison-Based Overdose Education and Naloxone Distribution pilot program for the purpose of preventing opioid addiction and overdose by inmates upon and after their release.

The pilot program shall be established in at least two department of correction facilities in the commonwealth for one year, subject to renewal one year from the Prison-Based Overdose Education and Naloxone Distribution pilot program start date. The program shall provide all department of correction staff and parole officers, inmates to be released within 30 days, and may offer to inmate family members, overdose prevention training, which shall include but not be limited to: understanding the risks of opioid use; how to assemble and administer intranasal naloxone; the risk factors for overdose; how to recognize when an overdose is occurring; what to do when witnessing an overdose; and an overview of legal protections for people using naloxone. Upon release, inmates shall be offered a kit that contains a summary of the overdose prevention training, contact information for mental health and substance abuse resources and one dose of intranasal naloxone. All participating department of correction facilities shall be designated as eligible to participate in the Municipal Naloxone Bulk Purchase Program, pursuant to section 2RRRR of chapter 29 of the general laws. The department of public health and department of corrections shall promulgate regulations to implement this section.

The department of public health and department of corrections shall jointly file a report with the clerks of the senate and house of representatives, the joint committee on mental health, substance use and recovery, the joint committee on public health and the house and senate committees on ways and means not later than June 1, 2020. The report shall include but not be limited to: a description of the training curriculum for department of correction staff and parole officers, inmates and family members; the number of department of correction staff, parole officers, inmates and family members trained; the number of kits dispensed to inmates; how many doses of intranasal naloxone are purchased by the department of corrections; at what price they were purchased; the total cost of naloxone purchased, and the total cost of implementing the program for each participating department of correction facility."

The amendment was *rejected*.

Messrs. Lesser and O'Connor moved that the proposed new text be amended by inserting after section X, the following section:-

49

"The commission shall file its report, including any recommendations, with the clerks of the senate and house of representatives, the joint committee on mental health, substance use and recovery and the house and senate committees on ways and means annually not later than January 1 of each year.

SECTION XX. There shall be a commission established to study the disproportionate impact substance use disorders and overdoses have on the minority community of the commonwealth and corresponding disparities in substance use

**UNCORRECTED PROOF.**

disorder treatment access. The commission shall: 1) review current data and trends regarding substance use and overdose rates, disparities in treatment access, and corresponding causes in the minority community; 2) evaluate the effectiveness of current treatment interventions within minority communities; 3) identify barriers to accessing treatment, including lack of necessary resources, education, access and training to medical needs, and the need for culturally appropriate care and intervention; and 4) recommend evidence-based strategies to reduce overdose deaths and to improve access, treatment, and education in the minority community.

The commission shall consist of the following members or a designee: the secretary of health and human services, who shall serve as chair; the commissioner of the department of public health; a representative of the Bureau of Substance Addiction Services; and 8 members appointed by the governor, 2 of whom shall be representatives from advocacy organizations with expertise in substance use disorders and treatment, 2 of whom shall be representatives from advocacy organizations with expertise in racial disparities in health care, 1 of whom shall be a representative of community health centers located in a culturally diverse location, 1 of whom shall be a provider primarily serving the minority community, 1 of whom shall be an expert in substance use disorder treatment with a focus on the minority community, and 3 of whom shall be representatives of geographically diverse organizations that promote the well-being of culturally diverse populations through culturally competent behavioral health.”

The amendment was *rejected*.

Messrs. Lesser and Feeney moved that the proposed new text be amended by inserting after section X, the following section:-

50

"SECTION XX. Chapter 32A of the General Laws, as amended by chapter 233 of the acts of 2016, is hereby amended by inserting after section 17O the following section:-

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

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

‘SAMHSA’, the Substance Abuse and Mental Health Services Administration.

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

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

SECTION XXX. Chapter 118E of the General Laws, as amended by chapter 233 of the acts of 2016, is hereby amended by inserting after section 10J the following section:-

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

**UNCORRECTED PROOF.**

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

‘SAMHSA’, the Substance Abuse and Mental Health Services Administration.

The division and its contracted health insurers, health plans, health maintenance organizations, behavioral health management firms and third party administrators under contract to a Medicaid managed care organization or primary care clinician plan shall cover the cost of buprenorphine, injectable naltrexone, and methadone treatment programs, provided that the total out-of-pocket cost charged to enrollees in the form of co-payments for methadone treatment programs shall not exceed 20 per cent of the total reimbursement paid to the methadone treatment program provider for such services.

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

SECTION XXXX. Chapter 175 of the General Laws, as amended by chapter 233 of the acts of 2016, is hereby amended by inserting after section 47II the following section:-

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

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

‘SAMHSA’, the Substance Abuse and Mental Health Services Administration.

Any policy, contract, agreement, plan or certificate of insurance issued, delivered or renewed within the commonwealth, which is considered creditable coverage under section 1 of chapter 111M, shall provide coverage for buprenorphine, injectable naltrexone, and methadone treatment programs, provided that the total out-of-pocket cost charged to enrollees in the form of co-payments for methadone treatment programs shall not exceed 20 per cent of the total reimbursement paid to the methadone treatment program provider for such services.

Any policy, contract, agreement, plan or certificate of insurance issued, delivered or renewed within the commonwealth, which is considered creditable coverage under section 1 of chapter 111M, shall provide reimbursement to methadone treatment programs for buprenorphine and injectable naltrexone provided to an enrollee.

SECTION XXXXX. This act shall take effect one year from the effective date of this act.”

The amendment was *rejected*.

Messrs. Lesser and O'Connor moved that the proposed new text be amended by inserting after section X, the following section:-

51

"SECTION XX. Notwithstanding any general or special law to the contrary, there shall be a special commission to examine the prospect of establishing a system for the bulk purchasing and distribution of pharmaceutical products with a

**UNCORRECTED PROOF.**

significant public health benefit and the potential for significant health care cost savings through overall increased purchase capacity.

The commission shall consist of 11 members: 1 of whom shall be the commissioner of the department of public health, or a designee, who shall serve as chair; 1 of whom shall be the executive director of the group insurance commission, or a designee; 1 of whom shall be the chief of pharmacy of the state office of pharmacy services; 1 of whom shall be the division of medical assistance pharmacy director; 2 of whom shall be the chairs of the joint committee on health care financing; and 5 members to be appointed by the commissioner of public health, 1 of whom shall be a health care economist, 1 of whom shall be an expert in health law and policy innovation, 1 of whom shall be an academic with relevant expertise in the field, 1 of whom shall be the chief executive officer of a licensed hospital in the commonwealth and 1 of whom shall be a member of the public with experience with health care and consumer protection.

The commission shall study and evaluate all aspects related to establishing a system for the bulk purchasing and distribution of pharmaceutical products with a significant public health benefit and the potential for significant health care cost savings through overall increased purchase capacity. The commission shall hold, at a minimum, three hearings in different geographic areas of the commonwealth, and shall accept input from the public, as well as solicit expert testimony from individuals representing the following entities: health insurance companies, pharmaceutical companies, pharmacies, hospitals, municipalities, health care practitioners, community health centers, substance abuse providers, public health educational institutions and other experts as identified by the commission.

The commission shall, following the completion of the required hearings, file a report of its analysis, recommendations and any legislative or regulatory changes necessary to advance said recommendations to the clerks of the senate and house of representatives, as well as to the joint committee on ways and means, the joint committee on health care financing, the joint committee on public health, the joint committee on elder affairs and the joint committee on mental health and substance abuse. The report shall include, but not be limited to: (i) the process or processes by which the state could make bulk purchases of pharmaceutical products with a significant public health benefit and the potential for significant health care cost savings through bulk purchasing; (ii) the process or processes by which other governmental or nongovernmental entities might voluntarily participate in said collaborative in order to purchase pharmaceutical products with a significant public health benefit and the potential for significant health care cost savings; (iii) the process or processes by which the state could efficiently and economically distribute said bulk purchases; (iv) the sources of funding available to implement said bulk purchases; (v) the anticipated cost savings said bulk purchases would provide to the state and other participating governmental and nongovernmental entities; (vi) the potential to partner with the federal government and or other states in the New England region; and (vii) recommendations for how a bulk purchasing model or other leveraged purchase models could be effectively utilized by the commonwealth to reduce pharmaceutical costs for the state, other governmental and nongovernmental entities, and consumers.

The commission shall file a report not later than eight months after the enactment of this act."

The amendment was *rejected*.

Mr. Brownsberger moved that the proposed new text be amended by striking out section 86 and inserting in place thereof the following section:-

**UNCORRECTED PROOF.**

“SECTION 86. There shall be a commission to review and make recommendations regarding the feasibility of operating harm reduction sites in which a person with a substance use disorder may consume pre-obtained controlled substances, medical assistance by health care professionals is made immediately available to such a person as necessary to prevent fatal overdose and counseling, referrals to treatment and other appropriate services are available on a voluntary basis.

The commission shall consist of: the secretary of health and human services or a designee, who shall serve as chair; the commissioner of public health; the house and senate chairs of the joint committee on mental health, substance use and recovery or their designees, the mayor of the city of Boston or a designee; the mayor of the city of Cambridge or a designee; a representative from the Massachusetts Medical Society; a representative from the Massachusetts Health and Hospital Association, Inc.; and 7 members appointed by the secretary, 2 of whom shall be persons with a substance use disorder, 1 of whom shall be a clinician with experience providing direct care to individuals with a co-occurring mental health and substance use disorder, 1 of whom shall be a person working in an established harm reduction program providing direct support to persons with substance use disorders, 1 of whom shall be a representative of the Massachusetts Chiefs of Police Association Incorporated, 1 of whom shall have expertise in relevant state and federal law and regulation and 1 of whom shall be a representative of local municipal boards of health. In making appointments, the secretary shall, to the maximum extent feasible, ensure that the commission represents a broad distribution of diverse perspectives and geographic regions.

As part of its review, the commission shall consider: (i) the potential public health and public safety benefits and risks; (ii) the potential federal, state and local legal issues involved with establishing harm reduction sites; (iii) appropriate guidance that would be necessary and required for professional licensure boards and any necessary changes to the regulations of such boards; (iv) existing harm reduction efforts in the commonwealth and whether there is potential for collaboration with existing public health harm reduction organizations; (v) opportunities to maximize public health benefits, including educating persons utilizing the sites of the risks of contracting HIV and viral hepatitis and proper disposal of hypodermic needles and syringes; (vi) ways to support persons utilizing the sites who express an interest in seeking substance use disorder treatment, including providing information on evidence-based treatment options and direct referral to treatment providers; and (vii) other matters deemed appropriate by the commission. In developing its report, the commission shall review the experiences and results of other states and countries that have established supervised drug consumption sites and report on the impact of those harm reduction sites.

The commission shall submit its findings and recommendations to 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 health, the joint committee on the judiciary and the senate and house committees on ways and means not later than February 1, 2019. The secretary shall also make the report publicly available on the executive office of health and human services’ website.”

After remarks, the amendment was adopted.

Messrs. Tarr and Lesser moved that the proposed new text be amended in section 26, by striking out, in line 266, the word “section” and inserting in place thereof the following words:- “2 sections”; and

60

## UNCORRECTED PROOF.

In said section 26, in proposed chapter 94C, by inserting after section 19B the following section:-

“Section 19B½. Notwithstanding any special or general law to the contrary, a municipality or non-municipal public agency that is duly registered pursuant to subsection (g) of section 7 of chapter 94C of the General Laws may convey or exchange Naloxone or another opioid antagonist approved by the department of public health to or with another duly registered entity to ensure the availability and use of unexpired Naloxone or other approved opioid antagonist; provided, however, that such an exchange shall be recorded in a memorandum between the registered entities in a manner prescribed by the department.”

After remarks, the amendment was adopted.

Mr. Crighton moved that the proposed new text be amended in section 60, by inserting in line 624 after the words “opioid agonist” the words “and opioid antagonist”; and in line 627 by inserting after the words “opioid agonist” the words “and opioid antagonist”.

67

The amendment was *rejected*.

Mr. Cyr moved that the proposed new text be amended in section 62 by inserting, after the words "community setting." in line 658, the following:-

68

"The commissioner, in consultation with the department of public health and the department of mental health, shall provide technical assistance and financial reimbursement to geographically isolated county correctional facilities and county facilities with fewer than 400 persons in custody to provide said treatment." and

In section 64 by inserting, after the word "addiction." in line 684, the following:-

"The commissioner shall provide technical assistance to geographically isolated county correctional facilities and county facilities with fewer than 400 persons in custody in complying with the reporting requirements of this section."

After remarks, the amendment was *rejected*.

There being no objection, during consideration of the Orders of the Day, the following matter was considered, as follows:

### *Matter Taken Out of the Orders of the Day*

There being no objection, the following matter was taken out of the Orders of the Day and considered, as follows:

The House Bill authorizing the transfer of care and control of certain parcels of land in Middleborough from the Department of Correction to the Department of Fish and Game (House, No. 4261),-- **was read a third time and passed to be engrossed, in concurrence.**

Middleborough,--  
land transfer.

### *Recess*

At twenty minutes before six o'clock P.M., at the request of Mr. Tarr, for the purpose of a minority caucus, the President declared a recess; and, at eight minutes before eight o'clock P.M., the Senate reassembled, the President in the Chair.

Recess.

### *Suspension of Senate Rule 38A.*

Mr. Rodrigues moved that Senate Rule 38A be suspended to allow the Senate to meet beyond the hour of 8:00 P.M.; and the same Senator requested unanimous consent that the rules be suspended without a call of the yeas and nays. There being no objection, the motion was considered forthwith, and it was adopted.

Senate Rule 38A.

**UNCORRECTED PROOF.**

*Recess*

At seven minutes before eight o'clock P.M., the President declared a recess; and, at twenty-four minutes before ten o'clock P.M., the Senate reassembled, the President in the Chair.

Recess.

*Orders of the Day*

The Orders of the Day were further considered as follows:

The House Bill for prevention and access to appropriate care and treatment of addiction (House, No. 4742),-- was further considered, the main question being on ordering the bill to a third reading.

Messrs. Tarr, Feeney, Ross and Collins, Ms. O'Connor Ives and Mr. O'Connor moved that the proposed new text be amended by adding after section \_ the following new section:

26

“SECTION \_: Section 35 of Chapter 123 of the General Laws, as appearing in the 2016 Official Edition, is hereby amended by inserting at the end thereof the 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 to themselves or others. 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.”

26.1

Messrs. Collins, deMacedo, Ross, Tran, Humason, O'Connor and Tarr moved that the pending amendment (Tarr et al) be amended by striking out the text in its entirety and inserting in place thereof the following:

By inserting after section 56 the following section:-

“SECTION 56A. Said section 35 of said chapter 123 is hereby further amended by inserting after the third paragraph the following paragraph:- When the court is closed for business, upon filing of a petition by a person authorized to do so under the second paragraph, a justice of the court may order a person to be committed to a facility designated by the department of public health if the court finds that the person is an individual with a substance use disorder and finds that there is a grave likelihood of serious harm as a result of the person's substance use disorder; provided, however, that at the next available opportunity, or at the next business day, whichever is sooner, the person shall receive a hearing in accordance with the preceding paragraph; and provided further, that an order issued pursuant to this paragraph shall expire not more than 72 hours after the issuance of the order, at

**UNCORRECTED PROOF.**

which point the person committed shall be immediately released from commitment or transported to the court for a hearing. The court may adopt rules and procedures to implement this paragraph."

After remarks, the question on adoption of the amendment was determined by a call of the yeas and nays, at twenty minutes before ten o'clock P.M., on motion of Mr. Collins, as follows to wit (yeas 33 – nays 4) [Yea<sup>s</sup> and Nay<sup>s</sup> No. 460]

**YEAS.**

Barrett, Michael J.	Lesser, Eric P.
Boncore, Joseph A.	Lewis, Jason M.
Brady, Michael D.	L'Italien, Barbara A.
Brownsberger, William N.	Lovely, Joan B.
Chandler, Harriette L.	Montigny, Mark C.
Collins, Nick	O'Connor, Patrick M.
Creem, Cynthia Stone	O'Connor Ives, Kathleen
Crighton, Brendan P.	Pacheco, Marc R.
deMacedo, Viriato M.	Rodrigues, Michael J.
DiDomenico, Sal N.	Ross, Richard J.
Fattman, Ryan C.	Rush, Michael F.
Feeney, Paul R.	Spilka, Karen E.
Friedman, Cindy F.	Tarr, Bruce E.
Gobi, Anne M.	Timilty, Walter F.
Hinds, Adam G.	Tran, Dean A.
Humason, Donald F., Jr.	Welch, James T. – 33.
Keenan, John F.	

**NAYS.**

Cyr, Julian	Jehlen, Patricia D.
Eldridge, James B.	Moore, Michael O. – 4.

**ABSENT OR NOT VOTING.**

Chang-Diaz, Sonia – 1.

The yeas and nays having been completed at sixteen minutes before ten o'clock P.M., the further amendment was adopted.

The pending amendment (Tarr et al), as amended (Collins, et al) was then considered; and, after further remarks, it was adopted, as amended.

Messrs. deMacedo, Lesser and O'Connor moved that the proposed new text be amended by adding the following new section:

“SECTION XX. Notwithstanding any general or special law to the contrary, and subject to appropriation, the health policy commission, in consultation with the department of public health, shall create and administer an early childhood investment opportunity program to extend to the next phase of life the work of the neonatal abstinence syndrome (NAS) investment opportunity program created pursuant to item 1599-1450 of chapter 49 of the Acts of 2015. Not less than \$1,000,000 shall be expended to implement a program to administer and test the efficacy of programs to support and care for families with young children who were substance exposed newborns, including evaluating best practices to promote optimal long term outcomes for children including school readiness and trauma informed care. The commission shall administer a competitive process in which applicants demonstrate community need and the capacity to operate a fully integrated model. The program shall support a model or models that include both medical services and traditionally non-reimbursed services and may support services provided in clinic settings and/or in-home visits. The commission shall consider demonstrated success in the NAS investment opportunity program and capacity to share best practices

**UNCORRECTED PROOF.**

throughout the commonwealth and the nation. The commission shall report to the joint committee on mental health and substance use and recovery as well as 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, including their effectiveness, efficiency, and sustainability."

The amendment was *rejected*.

Messrs. deMacedo, O'Connor and Tarr and Ms. O'Connor Ives moved that the proposed new text be amended by inserting the following new sections:-

13

"SECTION XX. Section 35 of chapter 123 of the General Laws, as appearing in the 2016 Official Edition, is hereby amended by inserting after the word 'harm' in line 59 the following words:- and provided that the superintendent has provided notification to the committing court and the petitioner.

SECTION XX. Said Section 35 is hereby further amended by inserting after the word 'court' in line 67 the following words:- and the petitioner."

After remarks, the amendment was adopted.

Messrs. Cyr and Feeney moved that the proposed new text be amended by adding the following section:-

34

"SECTION X. Section 34A of chapter 94C is hereby amended by adding, after subsection (e), the following subsection:-

(f) A person acting in good faith may provide, administer, or utilize a narcotic testing product to assist another person in determining whether a narcotic or substance contains chemicals, toxic substances, or hazardous compounds. A person who, in good faith, provides, administers, or utilizes a narcotic testing product to assist another person in determining whether a narcotic or substance contains chemicals, toxic substances, or hazardous compounds shall not be charged or prosecuted for possession of a controlled substance under sections 34 or 35 if the evidence for the charge of possession of a controlled substance was gained as a result of providing, administering, or utilizing a narcotic testing product to provide assistance to another person. Narcotic testing products shall include, but not be limited to, fentanyl test strips."

After remarks, the amendment was adopted.

Mr. Keenan moved that the proposed new text be amended by inserting after section 92 the following section:-

22

"SECTION 92A. The division of insurance and the office of Medicaid shall jointly develop and issue bulletins identifying the Healthcare Common Procedure Coding System codes that are used by carriers, as defined in section 1 of chapter 176O of the General Laws, behavioral health management firms and third party administrators under contract to a carrier, Medicaid managed care organization, accountable care organization or the MassHealth primary care clinician plan for initiation and continuation of opioid agonist treatment of opioid use disorders provided in: (i) acute care hospital emergency departments or satellite emergency facilities; (ii) community-based treatment facilities, outpatient clinics, primary care practices or office based treatment clinics; (iii) inpatient facilities providing treatment for substance use disorders; and (iv) any facility used for commitment pursuant to section 35 of chapter 123 of the General Laws for persons with a substance use disorder; provided, however, that the procedures identified in the bulletins shall be based on medical necessity, pursuant to said chapter 176O, and shall not require a prior authorization for access to opioid agonist treatment unless such prior authorization is to promote the use of generic medication or for patient safety purposes. Prior to the issuance of the bulletins, the division and the office of Medicaid shall convene and consult with a group of carriers and providers regarding

**UNCORRECTED PROOF.**

opioid agonist treatment in each of the treatment settings described in clauses (i) to (iv), inclusive. The division and the office of Medicaid shall publish the bulletins on their respective websites not later than January 1, 2019.”.

The amendment was adopted.

Messrs. Tarr, Ross and O'Connor moved that the proposed new text be amended by adding the following new section:

23

“SECTION XX. Section 1. Chapter 94C of the General Laws shall be amended by adding the following new section: Section 32O: Illegal Trafficking of Opioids, Heroin, Firearms.

(a) Whoever is found guilty for trafficking substances under section 32E paragraphs (c) or (c1/2) of this chapter and is concurrently or separately found guilty of any of sections 10E, 10I, 10J, or 10K of Chapter 269 regarding the trafficking or theft of firearms, rifles, shotguns or machine guns shall be punished by a term of up to life imprisonment in the state prison, that said sentence may include a fine of not more than \$500,000.

Section 2. A prosecution commenced under this section shall not be placed on file or continued without a finding.

Section 3. A person convicted of violating this section shall not be eligible for furlough, work release, temporary release or receive any deduction from his sentence for good conduct under sections 129C or 129D of chapter 127.”

After remarks, the amendment was *rejected*.

Messrs. Lesser and Feeney moved that the proposed new text be amended by inserting after section X, the following section:-

69

“SECTION XX. There shall be a special commission established to study the ways consumer protection laws in the commonwealth can be strengthened to hold corporate entities responsible for their role in furthering the opioid epidemic. The report of the commission shall include, but not be limited to, a review of and recommendations regarding: 1) the personal liability standard for executives of pharmaceutical companies; 2) the use of deceptive or misleading marketing practices by pharmaceutical companies; 3) the need to strengthen existing penalties against pharmaceutical companies engaged in unfair or deceptive acts or practices related to the opioid epidemic; and 4) remedial action pharmaceutical companies can take to mitigate the harmful effects of the opioid epidemic.

The commission shall consist of the following members or a designee: the governor of the commonwealth; the attorney general of the commonwealth; the commissioner of the department of public health; the senate president, who shall serve as co-chair; the senate minority leader; the speaker of the house, who shall serve as co-chair; the house minority leader; and 6 members appointed by the attorney general of the commonwealth, 1 of whom shall be a legal expert in consumer protection and liability, 1 of whom shall be an expert in the field of pain medication and management, 1 of whom shall be a medical expert in the area of substance use disorders and treatment, 1 of whom shall be a provider with extensive experience in the field of pain medication prescription, and 2 of whom shall be persons who have struggled with a substance use disorder.

The commission shall file a report, including any recommendations, with the clerks of the senate and house of representatives, the joint committee on mental health, substance use and recovery, the joint committee on consumer protection and professional licensure, the joint committee on the judiciary, and the house and senate committees on ways and means annually not later than January 1, 2019.”

After remarks, the amendment was adopted.

Mr. Tarr moved that the proposed new text be amended by inserting after section \_ the following section:-

65

“SECTION\_: 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.

(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).

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.

(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

**UNCORRECTED PROOF.**

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.

(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 15 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; the executive director of the Massachusetts Firefighting Academy or their designee; the executive director of the major police chiefs association or their 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."

After remarks, the amendment was *rejected*.

**UNCORRECTED PROOF.**

Messrs. Tarr, Ross and Humason moved that the proposed new text be amended by striking out section 61 and inserting in place thereof the following section:-

“SECTION 61. Said chapter 127 is hereby further amended by inserting after section 17A the following 3 sections:-

Section 17B. Each county correctional facility shall maintain or provide for the capacity to possess, dispense and administer all drugs approved by the federal Food and Drug Administration for use in opioid agonist treatment and opioid antagonist treatment for addiction; provided, however, that a facility shall not be required to maintain or provide an opioid agonist treatment or opioid antagonist treatment that is not also included as a MassHealth covered benefit.

If a person in the custody of a county correctional facility, in any status, was receiving opioid agonist treatment or opioid antagonist treatment for opioid addiction through any legally authorized medical program or by a valid prescription immediately preceding incarceration, the treatment shall not be involuntarily changed or discontinued except upon a determination by a qualified addiction specialist that the treatment is no longer appropriate. The qualified addiction specialist who makes a determination to change or discontinue treatment shall provide the reason for the change or discontinuance in the person’s medical record. The person shall be provided, both orally and in writing, with a specific explanation of the decision to change or discontinue the treatment and with notice of the right to have the person’s community-based prescriber notified of the decision. If the person provides signed authorization, the superintendent or sheriff shall notify the community-based prescriber in writing of the decision to change or discontinue the treatment.

Treatment established under this section shall be subject to section 7 of chapter 111E and facilities shall report not less than biannually to the commissioner of public health in a manner to be determined by the commissioner of public health for the evaluation of such treatment.

A county correctional facility shall also make treatment under this section available not less than 30 days prior to release to any person in the custody of a county correctional facility for whom such treatment is determined to be medically appropriate by a qualified addiction specialist. Treatment established under this section shall include behavioral health counseling for individuals diagnosed with substance use disorder and such counseling services shall be consistent with current therapeutic standards for these therapies in a community setting.

Section 17C. The commissioner, in consultation with the commissioner of public health, shall provide medication-assisted treatment for opioid use disorder to a detainee or prisoner at the Massachusetts Alcohol and Substance Abuse Center, the Massachusetts Correctional Institution at Framingham or South Middlesex Correctional Center, upon the recommendation of a qualified addiction specialist. The medication-assisted treatment program shall not be required to be administered in any other state correctional facility; provided, however, that for the first 90 days during which a prisoner is serving a sentence to the state prison, the commissioner shall provide medication-assisted treatment for such prisoner at the Massachusetts Correctional Institution at Cedar Junction upon the recommendation of a qualified addiction specialist.

Such facilities shall maintain or provide for the capacity to possess, dispense and administer all drugs approved by the federal Food and Drug Administration for use in medication-assisted treatment for opioid use disorder; provided however, that such facilities shall not be required to maintain or provide a drug that is not a MassHealth covered benefit.

61

**UNCORRECTED PROOF.**

Such facilities shall ensure that each detainee or prisoner who is receiving medication-assisted treatment for opioid use disorder continues the treatment unless such person voluntarily discontinues the treatment or unless a qualified addiction specialist determines that treatment is no longer medically necessary.

Such facilities shall ensure access to a qualified addiction specialist by a detainee or prisoner.

Treatment established under this section shall include, but not be limited to, behavioral health counseling for individuals diagnosed with opioid use disorder; provided, however, that counseling services shall be consistent with current therapeutic standards for these therapies in a community setting.

Section 17D. The commissioner shall ensure that, not later than 120 days prior to the expected discharge date of a prisoner serving a sentence to the state prison, a prisoner shall have access to a qualified addiction specialist who shall conduct an assessment of the prisoner. Upon a determination by the qualified addiction specialist that the prisoner requires treatment for opioid use disorder, the qualified addiction specialist shall establish a medically appropriate treatment plan for the prisoner, which may include, but shall not be limited to, medication-assisted treatment during the final 90 days of incarceration. A treatment plan may include any treatment upon discharge that the qualified addiction specialist shall recommend and deem appropriate, which may include, but shall not be limited to, all drugs approved by the federal Food and Drug Administration for use in medication-assisted treatment for opioid use disorder; provided, however, that the treatment plan shall not be required to include a drug that is not a MassHealth covered benefit.

The treatment plant shall be forwarded to the parole board and shall be incorporated into any treatment plan included within the terms and conditions of parole.

Section 17E. Not later than February 1, each state and county correctional facility shall report to the commissioner and the commissioner of public health the following information for the prior calendar year: (i) the cost to the facility of providing opioid agonist treatment and opioid antagonist treatment for addiction; (ii) the type and prevalence of opioid agonist treatment and opioid antagonist treatment for addiction provided; (iii) the number of persons in the custody of the facility, in any status, who continued to receive the same opioid agonist treatment or opioid antagonist treatment for addiction as they received prior to incarceration; (iv) the number of persons in the custody of the facility, in any status, who voluntarily changed or discontinued the opioid agonist treatment or opioid antagonist treatment for addiction that they received prior to incarceration; (v) the number of persons in the custody of the facility, in any status, who changed or discontinued opioid agonist treatment and opioid antagonist treatment for addiction that they received prior to incarceration due to a determination by a physician or addiction specialist; (vi) the number of persons in the custody of the facility, in any status, who received opioid agonist treatment or opioid antagonist treatment for addiction not less than 30 days prior to release; (vii) the number of persons in the custody of the facility, in any status, who received opioid agonist treatment or opioid antagonist treatment for addiction who did not receive such treatment prior to incarceration; and (viii) any other information requested by the commissioner related to the provision of opioid agonist treatment and opioid antagonist treatment for addiction.

Annually, not later than March 1, the department of correction, in consultation with the department of public health, shall submit a report on the findings collected from facilities under this section to the joint committee on mental health, substance use and recovery and the house and senate committees on ways and means.

## UNCORRECTED PROOF.

The report shall include, but not be limited to: (a) the cost of providing opioid agonist treatment and opioid antagonist treatment for addiction for all persons in the custody of state and correctional facilities, regardless of status; (b) the type and prevalence of opioid agonist treatment and opioid antagonist treatment for addiction provided at state and correctional facilities in the commonwealth; (c) a summary of facility practices and any changes to those practices related to opioid agonist treatment or opioid antagonist treatment for addiction; and (d) the aggregated results of the information collected pursuant to clauses (iii) to (vii), inclusive, of the first paragraph.”;

By striking out sections 62 to 64, inclusive;

By inserting after section 92 the following section:-

“SECTION 92A. There shall be a county correctional facility working group to provide recommendations on the feasibility of offering of medication-assisted treatment to all persons, regardless of status, in the custody of a county correctional facility.

The working group shall consist of: the commissioner of public health or a designee; 5 county sheriffs from geographically diverse regions of the commonwealth appointed by the Massachusetts Sheriffs’ Association; and 1 representative of each of the following 7 organizations: the Massachusetts Medical Society; the Massachusetts Health and Hospital Association; the Association for Behavioral Healthcare; the Disability Law Center; Prisoner’s Legal Services of Massachusetts; the Massachusetts Society of Addiction Medicine; and the Massachusetts Organization for Addiction Recovery. The chair shall be selected by a majority of members.

The working group shall file its recommendations with the clerks of the senate and house of representatives, the joint committee on mental health, substance abuse and recovery and the senate and house committees on ways and means not later than July 1, 2019.”; and

By striking out sections 95 to 97, inclusive and inserting in place thereof the following 2 sections:-

“SECTION 95. Section 17B of chapter 127 of the General Laws shall take effect on July 1, 2019.

SECTION 96. Sections 17C to 17E, inclusive, of chapter 127 of the General Laws shall take effect April 1, 2019.”

The amendment was adopted.

Messrs. Tarr and O'Connor and Ms. O'Connor Ives moved that the proposed new text be amended by adding the following section:

36

“SECTION XX. 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 ½) 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.”

The amendment was *rejected*.

Messrs. Tarr and O'Connor moved that the proposed new text be amended by inserting after section 15 the following section:

47

“SECTION 15A. Subsection (a) of section 2RRRR of chapter 29 of the General Laws, as so appearing, is hereby amended by inserting after the second sentence the

**UNCORRECTED PROOF.**

following sentence:- A sheriff of a house of correction that contracts with the department of public health may also participate in the program; provided, however, that such participation shall be pursuant to any terms that the department may establish for such a contract.”

After remarks, the amendment was adopted.

Messrs. Tarr and O'Connor moved that the proposed new text be amended by inserting after section \_ the following:

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“SECTION XX. Chapter 123 of the General Laws is hereby amended by inserting after section 35 the following:-

Section 35A. (a) A clinical professional or treating healthcare provider in an acute care hospital as defined in section 25B of chapter 111 that provides emergency services in an emergency department and every satellite emergency facility as defined in section 51 ½ of chapter 111 who, after examining a person who has previously been transported to an appropriate treatment facility authorized for such purposes by the department of public health or the department of mental health, and 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 shall restrain or authorize the restraint of such person at said facility, provided said facility has capacity. If said facility does not have capacity said facility shall transport to an appropriate treatment facility authorized for such purposes by the department of public health or the department of mental health, said emergency department, satellite emergency facility or receiving facility shall petition for the commitment of the individual under section 35 of chapter 123 and shall make reasonable efforts to notify the next of kin and if notified be the opportunity to jointly petition. Said petition shall be heard no later than 12 hours after petition is filed or the next business day. 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 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’.”

After remarks, the amendment was *rejected*, by a vote of 10 to 14.

Ms. Spilka moved that the proposed new text be amended in section 1, by striking out, in lines 4 and 5, the words “persons over the age of 17 who are experiencing chronic pain access, not less than 5 days a week, to”;

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In said section 1, by striking out, in line 6, the word “with” and inserting in place thereof the following words:- “not less than 5 days a week to”;

In said section 1, by inserting after the word “providers”, in line 6, the following words:- “who are providing care for persons who are over the age of 17 and are experiencing chronic pain”;

In section 4, by striking out, in line 26, the words “to provide grants to: (i)” and inserting in place thereof the following words:- “(i) to provide grants to”;

In said section 4, by inserting after the figure “(ii)”, in line 29, the following word:- “for”;

In section 22, by inserting after the figure “II”, in line 245, the following words:- “, III, IV, V or VI”;

In section 40, by striking out, in line 411, the words “not be” and inserting in place thereof the following words:- “but not”;

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By inserting after section 27 the following 2 sections:-

“SECTION 27A. Section 21 of said chapter 94C, as so appearing, is hereby amended by inserting after the word ‘written’, in line 1, the following word:-, electronic.

SECTION 27B. 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 word:-, electronic.”;

By inserting after section 44 the following section:-

“SECTION 44A. Said section 51½ of said chapter 111, as so appearing, is hereby further amended by striking out, in lines 33, 79, 82 and 84 and 85, the word “opiate-related” and inserting in place thereof the following word:- ‘opioid-related’.”;

In section 45, in proposed subsection (c) of section 51½ of chapter 111, by striking out the second sentence and inserting in place thereof the following sentence:- If the acute care hospital or satellite emergency facility is unable to provide such services, the acute care hospital or satellite emergency facility shall refer the patient to an appropriate and available hospital or treatment provider; provided, however, that nothing in this section shall relieve an acute care hospital or satellite emergency facility from the requirements of section 25J½.”;

In section 46, by striking out, in lines 492 and 493, the word “opiate-related” and inserting in place thereof, in each instance, the following word:- “opioid-related”;

By inserting after section 47 the following section:-

“SECTION 47A. Section 1 of chapter 111E of the General Laws is hereby amended by inserting after the definition of ‘Assignment’, as so appearing, the following definition:-

‘Commissioner’, the commissioner of public health.”;

In section 59, by striking out, in lines 619 and 620, the words “DATA-waiver practitioner under the federal Comprehensive Addiction and Recovery Act of 2016, Public Law 114-198” and inserting in place thereof the following words:- “a qualifying practitioner or qualifying other practitioner, as defined in section 303(g) of the federal Controlled Substances Act, 21 U.S.C. 823(g), who has been issued an identification number by the United States Drug Enforcement Administration pursuant to section 303(g)(2)(D)(ii) or (iii) of said federal Controlled Substances Act, 21 U.S.C. 823(g)(2)(D)(ii) or (iii)”;

In section 86, by striking out, in line 902, the word “may” and inserting in place thereof the following word:- “shall”; and

By striking out section 93.

The amendment was adopted.

The pending amendment, previously recommended by the committee on Ways and Means, as amended,-- was then considered; and it was adopted.

The bill (House, No. 4742) was then ordered to a third reading and read a third time.

The question on passing the bill to be engrossed was determined by a call of the yeas and nays, at twenty-one minutes before eleven o’clock P.M., on motion of Ms. Friedman, as follows, to wit (yeas 37 – nays 0) [**Yea**s and **Nay**s No. 461]:

**YEAS.**

Barrett, Michael J.

Keenan, John F.

Boncore, Joseph A.

Lesser, Eric P.

Brady, Michael D.

Lewis, Jason M.

Brownsberger, William N.

L'Italien, Barbara A.

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Chandler, Harriette L.	Lovely, Joan B.
Collins, Nick	Montigny, Mark C.
Creem, Cynthia Stone	Moore, Michael O.
Crighton, Brendan P.	O'Connor, Patrick M.
Cyr, Julian	O'Connor Ives, Kathleen
deMacedo, Viriato M.	Pacheco, Marc R.
DiDomenico, Sal N.	Rodrigues, Michael J.
Eldridge, James B.	Ross, Richard J.
Fattman, Ryan C.	Rush, Michael F.
Feeney, Paul R.	Spilka, Karen E.
Friedman, Cindy F.	Tarr, Bruce E.
Gobi, Anne M.	Timilty, Walter F.
Hinds, Adam G.	Tran, Dean A.
Humason, Donald F., Jr.	Welch, James T. – <b>37.</b>
Jehlen, Patricia D.	

**NAYS – 0.**

**ABSENT OR NOT VOTING.**

Chang-Diaz, Sonia – 1.

The yeas and nays having been completed at eighteen minutes before eleven o'clock P.M., the bill was passed to be engrossed, in concurrence, with the amendment [For text of bill, printed as amended, see Senate, No. 2623].

**Sent to the House for concurrence in the amendment.**

*Order Adopted.*

On motion of Mr. Keenan,--

*Ordered*, That when the Senate adjourns today, it adjourn to meet again on Monday at eleven o'clock A.M., and that the Clerk be directed to dispense with the printing of a calendar.

Time of meeting.

*Moment of Silence.*

At the request of the President, the members, guests and staff stood in a moment of silence and reflection to the memory of Weymouth Police Sergeant Michael C. Chesna.

Moment of silence.

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*Adjourn In Memory of Weymouth Police Sergeant Michael C. Chesna*

The Senator from Plymouth and Norfolk, Mr. O'Connor, moved that when the Senate adjourns today, it adjourn in memory of Weymouth Police Sergeant Michael C. Chesna.

Mr. O'Connor in the Chair, on July 15, 2018, Weymouth Police Sergeant Michael C. Chesna was killed in the line of duty at the age of 42. A six-year veteran of the Weymouth Police Department, a father of two young children, a husband, and a beloved member of the community was tragically taken from us far too soon.

Michael Chesna lived his life to become a Weymouth Police Officer. Born and raised in Weymouth, he graduated in 1994 from Weymouth High School, and went on to attend Northeastern University and graduated with a degree in Criminal Justice.

Following the tragedies of 9/11, Sergeant Chesna enlisted in the United States Army. He served with the 187 10th Mountain Division, and he was deployed on two tours: one of 12 months in Iraq and the other 13 months in Afghanistan. He was

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awarded the Purple Heart for wounds sustained during his valiant service, as well as a Bronze Star for his courage in combat. Chesna's mother Mimi said that one of the reasons Michael joined the Army was so that he could have a better chance of being selected to serve in the Weymouth Police Department. He served his hometown abroad so he could come home and continue his service.

Sergeant Chesna earned his place with the Weymouth Police Department and never took a moment of it for granted. As an Officer, he worked traffic shifts from midnight to eight in the morning, but he would still come back to the station with a smile and a clear sense of gratitude and appreciation for the type of work he was able to do for his community.

Despite Sergeant Chesna's total devotion to the Weymouth Police, he was known above anything as a family man. He met his wife, Cynthia, while he was working part time at a bar in Quincy to pay his way through college and earn his criminal justice degree. Her father noted that she was totally in love with him, and he was completely committed to the safety and happiness of Cynthia, his nine-year-old daughter, Olivia, and his four-year-old son, Jack.

Michael was a hobbyist. He followed all the Boston sports teams religiously, with a particular reverence of Bill Belichick's coaching skills. He collected watches, bobbleheads, baseball cards, and football helmets.

Michael Chesna was part of a strong community of friends and family who had also dedicated their lives to their country and hometown. He loved to play basketball on Saturdays with his lifelong friends he made growing up in Weymouth or while serving in the Army. He always attended birthday parties of his friends' children, and kept strong ties with his neighbors and anyone he met in the course of his duties. But his favorite things to do were wrestling with his son and doting on his daughter.

Sergeant Michael Chesna died a day before his six-year anniversary of serving with the Weymouth Police Department, and only minutes away from his childhood home. His death leaves a dark gap in the town of Weymouth, at the shock and devastation of the entire community. He was an American Hero, a true son of Massachusetts, and a proud Weymouth native who gave his life in service of his hometown. To honor his sacrifice, the Weymouth Police Department posthumously promoted Michael Chesna from Officer to the rank of Sergeant.

In addition to his wife and children, Michael Chesna is survived by his mother and father, Maryann "Mimi" (McAvoy) and Charles "Chucky" Chesna of South Weymouth, his brother, Eric Chesna of Weymouth, his mother and father-in-law, Marie and Frank Doran of Marshfield, his brothers and sisters-in-law Jeanne and David Hicks of Weymouth, Debbie and Joe Comperchio of Pembroke, and Frankie and Melissa Doran of Marshfield. He is also survived by many cousins, nieces, nephews, aunts, uncles, extended family and close friends, who will carry him in their hearts forever.

Sergeant Chesna was a man of the law. He was quoted once saying that he had no hesitation about upholding the law even if the suspect happened to be a childhood classmate. "I have a job to do," he said, "and my job is no different than if my classmate was a dentist. If that is what your job is, you do it."

He embodied the qualities of strength and principle that we all want to see in those who protect our community. Sergeant Chesna's sacrifice will never be forgotten, and the town of Weymouth will continue to come together to celebrate his life and carry on his legacy.

The President in the Chair, accordingly, without further action on matters in the Orders of the Day, as a mark of respect in memory of Michael C. Chesna, at twelve

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minutes before eleven o'clock P.M., on motion of Mr. Eldridge, the Senate adjourned to meet again on Monday next at eleven o'clock A.M.

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