



Commonwealth of Massachusetts
MASSACHUSETTS SENATE

State House Room 218 Boston, MA 02133

SENATOR JAMES B ELDRIDGE

MIDDLESEX &

WORCESTER DISTRICT

TEL. [\(617\) 722-1120](tel:(617)722-1120)

FAX [\(617\) 722-1089](tel:(617)722-1089)

James.Eldridge@masenate.gov

www.SenatorEldridge.com

FOR IMMEDIATE RELEASE:

Contact: Megan

Montgomery

[617-722-1120](tel:617-722-1120); megan.montgomery@masenate.gov

3/11/2016

Legislature Passes Substance Addiction Legislation to Enhance Continuum of Care and Prevention Efforts

Builds off 2014 landmark law and unprecedented budget investments

(BOSTON) - The Massachusetts Legislature passed substance addiction legislation that enhances intervention, prevention and education efforts, including the creation of a framework to evaluate and treat patients who present in emergency rooms with an apparent overdose.

“Opioid addiction and its impact on addicts, their loved ones, and our communities are among the most urgent issues that our Commonwealth is facing,” said Senator Jamie Eldridge (D-Acton), co-chair of the Harm Reduction and Drug Law Reform Caucus. “This bill takes comprehensive steps to address the roots and symptoms of the opioid crisis, and begin to provide a solution for the devastating reality individuals who are personally affected by the scourge of opioid addiction face each and every day.”

“By establishing new best practices for opioid prescription and treatment as well as instituting early substance abuse education in all public schools, this comprehensive legislation will combat the impact of drugs in both the immediate and long-term future,” said Joint Committee on Public Health Chair Kate Hogan. “I thank my colleagues in the legislature for their steadfast commitment to resolving this public health crisis. We all know a family member or friend who has been affected by the rising epidemic of opioids – this bill is for you.”

This new practice, which will be covered by insurance, is designed to ensure the proper assessment and discharge of patients who seek voluntary treatment. If a patient refuses treatment,

information on health and community resources will be provided. This framework reflects the 2012 University of Miami Medical School findings that voluntary treatment is more effective and affordable than involuntary commitment.

“We are in the midst of a public health crisis that is draining vitality from our hometowns, extinguishing lives and stealing souls,” said House Speaker Robert A. DeLeo (D-Winthrop). “Our focus on workable solutions, consensus-building and legislation that complements our budget investments has set a foundation for continual improvement. I wholeheartedly thank my colleagues for their creative, unassuming and compassionate commitment to paving a path for the recovery of thousands of our loved ones, and in fact, a path for our wounded Commonwealth.”

“The opioid crisis has ripped apart our communities and families. Over the past few years, the Legislature has focused on access to treatment, funding for substance abuse programs, and continuity of care. This bill focuses on preventing addiction, enhancing public education, and removing pills from circulation,” said Senate President Stan Rosenberg (D-Amherst). “Twelve recommendations of the Special Senate Committee on Substance Abuse are included in this legislation and they will make a real difference in fighting the opioid scourge in our communities. I thank my colleagues for their hard work on this bill and dedication to bringing an end to the opioid epidemic in our state.”

“This bill represents a significant milestone in the Commonwealth’s efforts to eliminate the scourge of substance abuse, which has had a devastating impact on thousands of families and has left no community untouched,” said House Minority Leader Bradley H. Jones, Jr. (R-North Reading). “There is still much work to be done, but the bill we are sending to the Governor today provides a solid foundation we can build upon to address this serious public health crisis moving forward.”

“The abuse and proliferation of opiates in our society poses a serious and continuing threat to the health and safety of our communities and that threat demands comprehensive and effective responses; this bill will directly oppose the spread of opioid abuse and support those who need access to treatment,” said Senate Minority Leader Bruce Tarr (R-Gloucester). “The unanimous support in the House and Senate demonstrates our united efforts to move forward with the best bill possible.”

"This conference report includes significant new policies that will help to fight the opioid epidemic impacting all corners of the Commonwealth", said Representative Brian S. Dempsey (D-Haverhill), Chair of the Joint Committee on Ways and Means. "The seven day limit on first time opiate prescriptions and required substance abuse evaluations in emergency rooms are innovative new initiatives that will have a real impact on the lives of our constituents struggling with opioid addictions."

“This bill has the ability to make a profound impact on people’s lives. We’re engaging the entire healthcare ecosystem – from patients to prescribers to providers to pharmaceutical companies and insurance companies - to aid in education and prevention,” said Senator Karen E. Spilka (D-Ashland) Chair of the Senate Committee on Ways and Means. “Thank you to my colleagues and all of the individuals, families and advocates who came forward to share their stories for working

together on a holistic approach to reverse the course of the opioid epidemic that affects all of our communities.”

“The bipartisan compromise bill we passed today represents the strong commitment of the Legislature and Administration to addressing the opioid crisis by developing specific systems of education and prevention, intervention, and treatment,” said Representative Liz Malia (D-Jamaica Plain), House Chair of the Committee on Mental Health and Substance Abuse. “Among many key provisions, it creates a new standard in acute-care settings by requiring a licensed medical professional to conduct a substantive evaluation of individuals who present in an emergency department with an apparent opiate overdose. This new best-practice is designed to ensure the proper assessment and discharge of patients who seek voluntary treatment and provides for insurance coverage of the evaluation, arming providers with the necessary resources. I thank the Speaker for his leadership and support for this change in how we view and treat those suffering from the disease of addiction, and our Senate colleagues for prioritizing proposals to disrupt the status quo and stem the tide of this public health crisis. Change requires starting where we are and progressing incrementally, and I think this comprehensive piece offers that opportunity.”

“Substance use disorder continues to affect every corner of our Commonwealth and this next piece of legislation gives our schools and health care partners additional tools in the fight against this disease,” said Senator Jennifer L. Flanagan (D-Leominster) Senate Chair of the Committee on Mental Health and Substance Abuse. “This bi-partisan bill asks treatment and health care providers, educators, insurers, drug manufacturers, and public safety to come together to engage in these new prevention programs and to all do our part to combat substance abuse throughout the state.”

“This legislation works hand-in-glove with the governor's opioid task force recommendations as well as recent significant funding increases to provide education, identification of persons at-risk, and smart ways to reduce the volume of opioid medications that can lead to illicit use,” said Representative Randy Hunt (R-Sandwich) and member of the conference committee.

“I am proud to have joined my colleagues in the Legislature and the Administration to work on this important bill,” said Senator Vinny deMacedo (R-Plymouth) and member of the conference committee. “I believe we have passed legislation that will dramatically improve the lives of those affected by substance use issues and educate people about the dangers of addiction in order to prevent this scourge from affecting future generations.”

“This legislation provides a meaningful framework for how we address the prevention and treatment of substance abuse disorder in the Commonwealth,” said Representative Jeffrey Sánchez (D-Jamaica Plain), Chair of the Joint Committee on Health Care Financing. “We are now another step closer in helping patients, families, and communities tackle this challenging issue.”

“With opioid related deaths at an all-time high in the Commonwealth, this legislation will put measures into effect immediately to address a crisis that touches nearly every family in Massachusetts,” said Senator James T. Welch (D- West Springfield), Chair of the Joint

Committee on Health Care Financing. “The comprehensive prevention and treatment efforts included in the bill passed today are critical steps toward ending this devastating epidemic.”

The bill limits first-time opiate prescriptions to seven days for adults and all opiate prescriptions for minors to seven days, with exceptions for chronic pain management, cancer, and palliative care. Practitioners must now check the prescription monitoring program (PMP) each time they prescribe any opiate and correspondingly note that in the patient’s medical records.

From its discussions with numerous stakeholders and recovery groups, the Legislature recognizes the importance of empowering individuals as they grapple with addiction. As a result, this bill establishes a non-opiate directive form, allowing patients to include a notation in their records that they shall not be offered opiates. It also provides the option of a “partial fill” which allows patients, in consultation with their doctor, to request a lesser amount than indicated on the script; however, this language is permissive and pharmacists may use their discretion.

In an effort to build upon current prevention efforts, the legislation updates current law - which requires all public schools to have a policy regarding substance abuse education - by directing schools to report their plans to the Department of Elementary and Secondary Education (DESE). DESE will then consult with the Department of Public Health (DPH) to provide recommendations that will assist schools and ensure they are providing effective and up-to-date education. Additional education materials will be provided to all student-athletes.

Schools will annually be required to conduct a verbal substance abuse screening in two grade levels. These screenings are subject to appropriate ages and include an opt-out provision for students and parents. Additionally, school districts implementing alternative substance use screening policies may opt out of the verbal screening tool requirement.

To ensure that unused medications are safely collected and disposed of, this legislation requires manufacturers of controlled substances in Massachusetts to participate in either a drug stewardship program or an alternative plan as determined by DPH.

Over the past few years, the Legislature’s efforts related to substance addiction have focused on behavioral health and the prevalence of co-occurring disorders. This legislation requires the Health Policy Commission to conduct a study on access to dual-diagnosis treatment in the Commonwealth for children, adolescents and adults. To help ensure parity between behavioral and physical health care, the legislation also requires insurance companies to report annually on their denied claims.

This bill also:

- Requires that contact information for all insurers be posted on the bed-finder tool website and updates the law to ensure the site is available 24 hours a day;
- Requires that patients being discharged from substance addiction receive information on all FDA-approved medication-assisted therapies;
- Ensures civil-liability protection for individuals who administer Narcan;

- Updates the training guidelines for all practitioners who prescribe controlled substances;

This legislation follows a 65.2% increase in substance addiction funding since FY12 and the landmark substance addiction law passed in 2014 which, for the first time, mandated detox and stabilization coverage. The two bills are intended to complement each other and reflect a consensus-driven approach.

###