

2018 OPIOID BILL (H.4866) – An Act for prevention and access to appropriate care and treatment of addiction

Improving Access to Treatment

- Increases EDs' capacity to perform SUD evaluations by expanding the range of medical professionals allowed to perform these evaluations.
- Requires that all EDs and satellite emergency facilities have the capacity to initiate voluntary SUD treatment, including opioid agonist and partial agonist treatment, after an overdose.
- Requires EDs, upon discharge, to directly connect SUD patients with appropriate follow-up care.
- Ensures, under certain circumstances, that MAT be available when medically appropriate at the following DOC facilities: MASAC, MCI-Framingham, South Middlesex, and MCI-Cedar Junction. Guarantees access to a qualified addiction specialist and re-entry treatment plan for all DOC inmates 120 days prior to release.
- Establishes a pilot program for the delivery of MAT at the following 5 county correctional facilities: Franklin, Hampden, Hampshire, Middlesex and Norfolk counties.
- Guarantees access to MAT for any person civilly committed pursuant to a "Section 35" order for SUD.
- Enhances the oversight authority of DPH/BSAS and DMH – the 2 agencies that license facilities that provide treatment for SUD, mental illness, and SUD with a co-occurring mental illness.
- Amends the composition of the Board of Registration in Nursing to include nurses with greater expertise in SUD, behavioral health, and chronic pain management.
- Creates a commission to recommend standards for establishing a professional credential for recovery coaches as an important step toward formalizing the role that recovery coaches play in the pathway to treatment and recovery.
- Establishes a center for police training in crisis intervention to develop cost-effective, evidence-based mental health and substance use crisis response training programs for municipal police and other public safety personnel.
- Helps ensure adequate insurance coverage for a broad range of pain management services, including opioid prescribing and alternatives to opioid prescribing for chronic pain management.
- Creates MCPAP for Pain and MCPAP for SUD statewide programs to provide remote consultations to primary care practices, nurse practitioners and other health care providers for patients with chronic pain or a SUD.
- Establishes a commission to review evidence-based treatment for SUD, mental illness, and mental illness with co-occurring SUD, to recommend a taxonomy of licensed behavioral health clinician specialties for use by insurance carriers to develop a provider network and validate a licensed behavioral health clinician's specialty.

Increasing Education, Prevention & Harm Reduction Efforts

- Establishes a community-based behavioral health promotion and prevention trust fund to promote positive mental, emotional and behavioral health and to prevent SUD among children and young adults.
- Increases access to the overdose-reversing drug "Narcan" by directing DPH to issue a standing order authorizing every pharmacy in the Commonwealth to dispense Narcan.
- Creates a harm reduction commission to evaluate evidence-based harm reduction strategies, particularly the feasibility of establishing harm reduction sites (a.k.a., safe injection sites).
- Replaces all statutory references to "substance abuse" with "substance use disorder."

Decreasing Opioid Misuse

- Requires by 2020 that all prescribers convert to electronic prescriptions for all controlled substance prescriptions in order to reduce fraud and drug diversion and improve tracking and data collection.
- Updates the state's partial fill law, which allows patients to request and fill a lesser amount of an opiate prescription.
- Prohibits pharmaceutical companies from offering end-user discounts for opioids with the highest potential for abuse.