



Long Term Substance Abuse Prevention, Treatment, and Recovery Support Services Law!

The Summary

On August 6th, 2014, Governor Deval Patrick signed **Transformative Addiction Prevention, Treatment, and Recovery Legislation** formulated in response to the opioid epidemic. Thank you for your support and advocacy, it makes a difference!

Summary of the Legislation

- **Requires all MassHealth Managed Care Companies** to cover the cost of detox (Acute Treatment Services (ATS)) without prior authorization.
This means you can go into detox without having to get initial MassHealth permission.
- **Requires MassHealth Managed Care Companies to cover up to 14 days** of step-down detox (Clinical Stabilization Services (CSS)) without prior authorization. Utilization review (documentation of the purpose and process of care) procedures may initiate by day 7.
This means you can get “rehab” without initial MassHealth permission.
- **Requires private insurers and that for government employees to cover up to 14 days** of detox (ATS) & step-down detox (CSS) services without prior authorization.
Without “Prior Authorization” means that you do not need initial permission (or “ok” from your insurer to get this level of care).
- Utilization review procedures (**the check up process accounting for treatment need**) may initiate at day 7.
- **Requires All Insurers** to accept the treating clinician as the provider determining medical necessity criteria. (**justification for treatment**).
- **Requires all insurers** to reimburse for addiction treatment services delivered by a **Licensed Alcohol and Drug Counselor (LADC 1)**.
(only licensed masters level clinicians who have addiction plus generic counseling skills, education, and training)

The mandated benefits listed above are effective October 1, 2015.

- **Removes prior authorization for any addiction treatment** service if the provider is certified and licensed by the Department of Public Health (DPH). (**This means the provider has passed DPH treatment standards**)
- **Directs the Center for Health Information and Analysis (CHIA)** to review the accessibility of addiction treatment and the adequacy of insurance coverage and tasks the Health Policy Commission with recommending policies to ensure access and coverage to addiction treatment.
- **CHIA** is the Massachusetts agency which analyzes the quality, purpose, & cost of healthcare.
- **CHIA** will review the availability of addiction treatment, and just how well insurance covers it
- **CHIA** must review private insurance companies’ denial rates for addiction treatment.
- **CHIA will order The Massachusetts Health Policy Commission** to come up with recommendations to ensure the availability of insurance coverage.
The Massachusetts Health Policy Commission is tasked with keeping the costs of healthcare down and quality up.



- **Requires The Drug Formulary Commission** to add members from DPH, Medicaid, the Department of Insurance and individuals with experience in the making of drugs, addiction medicine and treatment of chronic pain
- **Requires the Drug Formulary Commission** to prepare a drug formula of safe chemically equivalent substitutions for opiates determined to be potentially abusive.
- **The Massachusetts Drug Formulary Commission** is the state appointed body that looks at the purpose, availability, definition, toxicity, and substitution for medication
- **Requires a pharmacist to dispense a substitution for a potential addictive drug** unless a physician has indicated otherwise.
- **Allows The DPH Commissioner to define a substance as Schedule 1** (dangerous and not necessary) for up to one year if it poses an imminent hazard to public safety.
- **Requires the Chief Medical examiner to file a report with the FDA's MedWatch Program (Food and Drug Program that checks for food and drug safety)** and DPH when a death is caused by a controlled substance and directs DPH to review the Prescription Monitoring Program (PMP) upon receiving a report.
- **Requires an opioid treatment program that is not otherwise licensed** and has more than 300 patients receiving medication assisted drug therapies by physicians who are not members of the practice to be licensed by DPH. DPH is required to issue best practices related to medication assisted therapy.
- **Requires DPH to report to the Legislature on whether doctors are using the PMP**, the number of physicians and pharmacist violations and their outcomes and recommendations on how to improve the use of the Program's data and how to prevent the diversion of prescription drugs.
- **Creates a commission to review prescription painkiller limitations** by insurance carriers and report recommendations and proposed legislation to the Legislature.
- **Requires DPH to list locations of prescription drug drop boxes** on their website and submit a list of counties without a prescription drug drop box to the Legislature.
- **Requires acute hospitals to report on a monthly basis** the number of infants born exposed to a controlled substance and hospitalizations due to the ingestion of a controlled substance to DPH.

Questions: Go to www.moar-recovery.org

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