



**Governor Baker Signed into Law on Monday, March 14<sup>th</sup>, 2016**

**Summary of H.4056 - An Act Relative to Substance use, Treatment, Education and Prevention  
"Boosts Opioid Education, Tightens Prescribing, Adds Pathway to Prevention and Treatment"**

**Law Enforcement**

- ***Allows the municipal police training committee*** to help police to learn how to use ***The Good Samaritan Law***
- ***Ensures civil liability protection*** to all persons administering Narcan to a person during an opiate overdose
- ***DPH, in consultation with others, will develop education and training*** on the statewide centralized substance use service referral and education system to enable police officers to obtain referral information by phone/online for individuals seeking treatment at local police departments.

**Prescription Management**

- ***Requires the drug formulary commission*** to produce a list of non-opioid pain management therapies. Effective 9/1/16.
- ***Voluntary non-opiate directive.*** Requires DPH (Dept. of Public Health) to establish a voluntary non-opiate directive form, this form can be filed with a provider (and entered into the patient's EHR) or other authority authorized by the Secretary of HHS(Health & Human Services). Requires DPH licensed SUD (Substance Use Disorder) treatment facilities to provide patients with information about their ability to file a voluntary non-opioid directive form.
- ***Prior to issuing an extended-release long-acting opioid in a non-abuse deterrent form*** the prescriber must: evaluate the patient's risk factors; notate the medical need for the drug; enter into a written pain management treatment agreement.

- **Partial Fill.** Pharmacists may partially fill a schedule II drug (Drug with high potential for abuse). The remaining quantity is void and the pharmacist must notify the prescriber within 7 days. DOI must implement regulations to ensure there is no financial penalty for partial fill.
- **7-day limit on opioid prescriptions.** Limits a first-time opiate prescription to a 7-day supply for adults and 7-day limit on every opiate prescription for minors, unless certain exceptions apply. Exceptions include: acute medical conditions requiring more than a 7-day supply in the doctor's professional judgment, chronic pain, pain associated with a cancer diagnosis or pain experienced while the patient is in palliative care.
- **DPH's pharmacy pamphlet** must specifically discuss opiates.
- **Practitioners must check the PMP (Prescription Monitoring Program)** before prescribing a schedule II or schedule III narcotic. *Comment: Practitioners will not have to check the PMP when prescribing a schedule IV opioid such as tramadol.*  
Effective 10/15/2016.
- **PMP Authorizes DPH to provide de-identified information** to public/private entities for statistical research.
- **PMP Volume of scripts.** DPH must annually determine the volume and average number of prescriptions for opiates contained in schedule II and schedule III issued by a practitioner and show the practitioner how it compares to his/her peers.  
First report due to practitioners by 3/1/17.
- **Drug Stewardship Program.** Requires pharmaceutical manufacturers selling or distributing schedule II or III opioids (with a few exceptions) in the commonwealth to operate a drug stewardship program that collects, secures, transports, and safely disposes of unwanted drugs. (Overseen by DPH).  
Effective 1/1/17; sunset 12/31/2021.
- **Requires education** about the dangers of opioid use and misuse during **concussion safety** training. DPH will provide written materials that will be distributed to student athletes prior to the commencement of the athletic season.
- **Creates a commission** to study the incorporation of safe and effective pain treatment and prescribing practice into the training of students who prescribe controlled substances.
- **Establishes a special commission** to consider developing a pain management access program, similar to MCPAP (Mass Child Psychiatry Access Project). Goal is to increase PCPs access to pain management specialists and ensure a full spectrum of pain management be covered by insurance. Secretary of HHS & Chancellor of UMASS medical school or designees to co-chair.

- ***DPH must communicate the rules and regulations*** relative to practitioners advertising opiates, benzodiazepines, and narcotics on their premises by posting or distributing written material.
- ***DPH must add gabapentin (Neurontin) to the PMP.*** Effective 12/1/16.
- **Medication Assisted Treatment**
  - ***Requires DPH licensed SUD treatment facilities*** to provide patients with information about medication assisted treatment.

### **Emergency Room Evaluation**

- ***24-hour Evaluation.*** Individuals presenting in the emergency room or a satellite emergency facility suffering from an apparent opiate overdose will receive, prior to discharge and within 24 hours of presenting in the ED, a substance abuse evaluation. Ensures insurance coverage for the substance abuse evaluation (GIC, MassHealth & *non-ERISA* Commercial Insurance). After the evaluation, the patient MAY consent to further treatment and the treatment MAY occur within the hospital if the service is available. If treatment is not available in the hospital, the hospital must refer the patient to another treatment center.

### **Substance Exposed Newborn**

- ***Amends hospital reporting*** related to ***substance exposed newborns***. Hospitals will have to report on newborns exposed to schedule I or II controlled substances, or drugs designated by the drug formulary commission as having a heightened public health risk.  
***Previously the law required reporting on schedule II through schedule VI.***

### **Education**

- ***Requires the science of addiction*** to be taught in driver education courses.
- ***Requires DESE (Dept. of Elementary and Secondary Education)*** to provide guidance to schools to assist with the development and implementation of effective ***substance use prevention and abuse education policies***. Requires reporting of each school district's and charter school's policy to DESE.  
***By 7/1/16 update on efforts due to DESE and the legislature.***
- ***Prescriber education*** requirements amended to include a requirement that prescribers complete appropriate training relative to: risks of abuse and addiction associated with opioid medication; appropriate prescription quantities;  
and opioid antagonists and overdose prevention
- ***SBIRT*** – Subject to appropriation all schools must screen students for a substance use disorder on an annual basis at 2 different grade levels (as recommended by DESE & DPH). Parents must be notified at the beginning of the year and may opt-out of the screening. De-identified screening results must be reported to DPH. All schools must implement screening by 17/18 school year. DESE to create the opt-out form.

- **Authorizes youth violence prevention grant** to be used to target youth substance misuse

#### Drug Scheduling and Prohibition

- **acetyl fentanyl** to be added to the list of Class B substances (for criminal prosecution purposes).
- **Prohibits** the sale of powdered alcohol

#### Treatment and Rehabilitation

- **Drug Rehabilitation Program for Pharmacists** - Mandates the Board of Registration in Pharmacy create a rehabilitation program designed to assist registered pharmacists, pharmacy interns and pharmacy technicians diagnosed with substance use disorder.
- **The Health Policy Commission, in** consultation with DPH and DMH, must study the availability of providers that service patients with dual mental health and substance use disorder diagnoses.
- **Creates a special commission** to investigate state licensed addiction treatment centers by the Secretary of HHS or designee to chair the commission
- **DOI, in consultation with DMH, DPH and BSAS,** must recommend a universal intake form to streamline the administrative process for intake of a behavioral health or SUD patient.

#### Section 35

- **S. 35 Warrant** - Amends Section 35 to allow arrest warrants to continue for up to 5 business days if a person cannot be immediately presented to a judge.

#### Insurance Practices

- **Requires insurance companies to annually** send to the Office of Patient Protection (OPP) information relative to claim denial data. Specific details required relating to behavioral health denials and adherence to parity laws.
- **Requires notice be provided to individuals** of their right to appeal insurance denials to Office of Patient Protection
- **MA behavioral health access website** must post contact information for all insurers, including a 24-7 phone number, for the purposes for enhancing communication between payers and providers.

4/16/16