



**S 2022 An Act Relative to Substance Use Prevention**  
**Passed The Senate, and On to The House**

**S2022** has many provisions speaking to the opioid epidemic and related concerns in Massachusetts. It

- expands the Good Samaritan Law by addressing civil liability and police training.
- allows patients to have more of a voice in their treatment of pain,
- increases the use of the Prescription Monitoring Program
- requires drug manufactures to contribute to Drug Take Back Days
- reviews alternatives to opioid medications,
- provides for more clarification on policies from insurance companies.

**Summary for You!**

**SECTION 1 - Training and Awareness of Good Samaritan Provisions:**

Establishes “Good Samaritan” law awareness training as part of the Municipal Police Training.

**SECTION 2 - Drug Formulary List of Non-opiate Pain Management Products**

Directs the recently formed Drug Formulary Commission to also publish a list of non-opiate pain management products that may be used as lower risk alternatives.

**SECTION 4, 18 – Voluntary Non-opiate Directive**

This allows anyone to have a directive indicating they do not want an opiate in their medical record.

**SECTION 6, 11, 12, 13 – Addiction Education for Junior Operators**

Requires driver education courses for junior operators to include have training related to addiction.

**SECTION 7, 8, 9, 10, 53, 54 - Expanded SBIRT Screening**

Requires DPH to promulgate rules and regulations to conduct verbal SBIRT screening for alcohol or drugs at least once annually in 2 grades. This is used to help identify at risk youth.

**SECTION 14, 15, 18 - Safeguards on High Risk Drugs**

Places restrictions on the prescribing of drugs that are of heightened risk to public health and requires the physician to be aware of risks before prescribing these drugs.

### **SECTION 16, 18, 19, 20, 58 – Patient Choice in Prescription Volume I**

Creates a patient's right to choose a lesser quantity of a prescribed opiate, by having the pharmacist dispense the opiate in less than the full prescribed quantity. Therefore the patient will not be bringing extra opiates into the home.

### **SECTION 17, 48, 57 – Prescribing Training and Guidelines**

Adds to existing prescriber education requirements for obtaining or renewing their license that they learn more about the risks of addiction with opioid medication, appropriate quantities and use of agonists.

### **SECTION 22, 46 - Individual Prescriber Trend Notifications**

Uses the Prescription Monitoring Program (PMP) to help create reports that lets prescribers know the level of opiates they are prescribing.

**SECTION 23 – Synthetic Heroin:** Adds synthetic heroin to Class B for drug penalties.

### **SECTION 24, 25 - Drug Stewardship Program**

Requires that, as a condition of selling or distributing a schedule II or III drug in Massachusetts, the manufacturer of the drug must fund and operate a stewardship program that allows patients to dispose of unused and unwanted drugs. The manufacturer may otherwise contribute to a newly created Prescription Drug Awareness Trust Fund.

### **SECTION 26 – Informed Consent for Minors**

Requires a doctor to receive consent from a parent before prescribing an opioid to a minor and discuss the dangers of addiction and overdose.

### **SECTION 28 - Civil Liability Protection for Narcan Administration**

Extends "Good Samaritan" protection for the possession and administration of naloxone to include protection from civil liability.

### **SECTION 29, 44 – Pharmacist Rehabilitation Program**

Creates a rehabilitation program for pharmacists.

### **SECTION 30, 31 – Powdered Alcohol**

Adds powdered alcohol to the definitions of alcohol.

### **SECTION 32, 33, 34, 35, 36, 37 – Review of Coverage For Non-narcotic Pain Management**

Requires insurance carriers to develop a pain management plan and post information on their public website about their plan for access to alternative pain management.

### **SECTION 38, 39, 40, 41 – Transparency in Addiction Service Denial Rates**

Requires an annual reporting on denied behavioral/addiction claims by each insurance carrier, to the Office of Patient Protection (OPP) and requires the carrier to describe the criteria relied upon for denial.

### **SECTION 42, 43 – Safeguarding Parity Rights**

This requires an insurance carrier to give notice to a patient of their right to appeal a claim denial with the OPP and creates a fine for insurers found in violation of state parity laws.

### **SECTION 45 – Gabapentin (Neurontin) Monitoring**

Requires that Gabapentin – a drug that is increasing in popularity for its enhancing effect on opiate misuse – be reported and monitored by the Prescription Monitoring Program.

### **SECTION 47 – Access to Pain Management Specialty Consultation**

Establishes a commission to create a pain management access program, with the goal of increasing access to comprehensive pain management resources.

### **SECTION 50 – Roadside Testing**

Creates a special commission to study the impacts of operating a vehicle under the influence of drugs.

### **SECTION 51 - Inpatient Treatment Capacity Report**

Requires state agencies to create a report on the number of substance abuse disorder treatment beds and behavioral/mental health beds available and other information relative to wait times and obstacles to treatment.

### **SECTION 52 – Impact Fees on Pharmaceutical Manufacturers**

Requires pharmaceutical companies to research and develop a device to identify drugs that are abused. Requires DPH to create a report detailing a program to assess a fee per pill collected and deposits the fees into the Prescription Drug Awareness Trust Fund.

### **SECTION 55 – BSAS Collaboration with Municipal Police**

DPH is required work with public safety officials to educate local police departments about using the Massachusetts Substance Abuse Services Helpline: 1-800-327-5050.

### **SECTION 56 – Special Commission to Investigate Licensed Addiction Treatment Centers**

Creates a special commission to research addiction treatment service providers, examine the effectiveness of services, review best practices, examine mental health considerations, and recommend legislation. Report is due January 2017.

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**MOAR** would like to know if

you like or are concerned about certain parts of the legislative proposal.

Please call **MOAR** at 617-423-6627 or email [maryanne@moar-recovery.org](mailto:maryanne@moar-recovery.org).

If you are pleased with this bill, then you might educate your State House Representative about it, and thank your Senator for their support. Go to [www.wheredoIvotema.com](http://www.wheredoIvotema.com) for elected official contact info!