HOUSE . . . . . No. 4056

The Commonwealth of Massachusetts

The committee of conference on the disagreeing votes of the two branches with reference to the Senate amendment (striking out all after the enacting clause and inserting in place thereof the text contained in Senate document numbered 2103) of the House Bill relative to substance use, treatment, education and prevention (House, No. 3947), reports (on the residue) recommending passage of the accompanying bill (House, No. 4056). March 8, 2016.

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HOUSE . . . . . No. 4056

The Commonwealth of Massachusetts

In the One Hundred and Eighty-Ninth General Court
(2015-2016)

An Act relative to substance use, treatment, education and prevention.

Whereas, The deferred operation of this act would tend to defeat its purpose, which is to increase forthwith the availability of substance use treatment, education and prevention, therefore, it is hereby declared to be an emergency law, necessary for the immediate preservation of the public convenience.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Section 118 of chapter 6 of the General Laws, as appearing in the 2014 Official Edition, is hereby amended by adding the following subsection:-

The municipal police training committee may establish a course within the recruit basic training curriculum for regional and municipal police training schools to train law enforcement officers on the application of section 34A of chapter 94C and section 12FF of chapter 112 and the procedures for response to calls for assistance for drug-related overdoses. The committee may periodically include within its in-service training curriculum a course of instruction on the application of said section 34A of said chapter 94C and the procedures for response to calls for assistance for drug-related overdoses. Upon request, the executive office of public safety and security, in collaboration with the department of public health, shall facilitate the collection and sharing of resources regarding the application of said section 34A of said chapter 94C.

SECTION 2. Section 4 of chapter 17 of the General Laws, as so appearing, is hereby amended by striking out, in line 11, the following words:- with the advice of the advisory council on alcoholism and.

SECTION 3. Said section 4 of said chapter 17, as so appearing, is hereby further amended by striking out, in lines 14 and 15, the following words:- with the advice of the drug rehabilitation advisory board and.

SECTION 4. Section 13 of said chapter 17, as amended by section 5 of chapter 10 of the acts of 2015, is hereby further amended by adding the following subsection:-

(e) The commission shall also identify and publish a list of non-opioid drug products that have been approved by the United States Food and Drug Administration that are effective pain management alternatives and have a lesser potential for abuse than an opioid drug product contained in Schedules II and III of section 3 of chapter 94C.

The commission shall provide for distribution, including electronic distribution, of copies of the list and revisions to the list among all prescribers and dispensers licensed to practice in the commonwealth and to other appropriate individuals and shall supply a copy to any person on request and upon payment of the cost of printing.

The list shall be revised not less frequently than annually to include new pertinent information on non-opioid drug products approved for inclusion or non-opioid drug products to be deleted and to reflect current information as to the therapeutic efficacy of drugs and pharmaceuticals.

SECTION 5. Section 14 of said chapter 17, as so appearing, is hereby repealed.

SECTION 6. Section 19 of said chapter 17, as appearing in the 2014 Official Edition, is hereby amended by inserting after the word “treatment”, in line 16, the following words:- , including information on United States Food and Drug Administration-approved medication assisted-treatment and the availability of such treatments in each geographic region of the commonwealth.

SECTION 7. Said section 19 of said chapter 17, as so appearing, is hereby further amended by striking out, in lines 27 and 28, the words “and (6)” and inserting in place thereof the following words:- (6) provide information to the patient prior to discharge about the patient’s option to file a voluntary non-opiate directive form pursuant to section 18B of chapter 94C; and

(7).

SECTION 8. Section 17M of chapter 32A of the General Laws, as so appearing, is hereby amended by inserting after the word “treatment” in line 3, the following words:- ; a substance abuse evaluation as defined in section 51½ of chapter 111.

SECTION 9. Section 17N of said chapter 32A, as so appearing, is hereby amended by inserting after the figure “7”, in line 28, the following words:- ; and provided further, that the commission shall provide to any active or retired employee of the commonwealth who is insured under the group insurance commission coverage for, without preauthorization, substance abuse evaluations ordered pursuant to section 51½ of chapter 111.

SECTION 10. Section 16 of chapter 38 of the General Laws, as so appearing, is hereby amended by striking out subsection (b) and inserting in place thereof the following subsection:-

(b) Acute hospitals, as defined in section 64 of chapter 118E, shall file a monthly report regarding the exposure of children to controlled substances with the commissioner of public health in a manner to be determined by the commissioner of public health. The report shall include, but not be limited to: (i) the number of infants born in the previous month identified by the hospital as having been exposed to a Schedule I or Schedule II controlled substance under chapter 94C or those controlled substances in Schedule III under said chapter 94C that the drug formulary commission, established by section 13 of chapter 17, has determined have a heightened level of public health risk due to the drug's potential for abuse and misuse; and (ii) the number and specific causes of hospitalizations of children under the age of 11 caused by ingestion of a Schedule I or Schedule II controlled substance under said chapter 94C or those controlled substances in Schedule III under said chapter 94C that the drug formulary commission has determined have a heightened level of public health risk due to the drug's potential for abuse and misuse.

SECTION 11. Section 1P of chapter 69 of the General Laws, as so appearing, is hereby amended by striking out, in line 97, the figure "18" and inserting in place thereof the following figure:- 19.

SECTION 12. Said section 1P of said chapter 69, as so appearing, is hereby further amended by striking out, in line 127, the figure "3" and inserting in place thereof the following figure: 4.

SECTION 13. Said section 1P of said chapter 69, as so appearing, is hereby further amended by inserting after the word "framework", in line 133, the following words:- ; 1 of

whom shall be a representative of Massachusetts recovery high schools with expertise in adolescent substance use disorders.

SECTION 14. Section 13D of chapter 71 of the General Laws, as so appearing, is hereby amended by adding the following paragraph:-

A driver education course shall include a module on the science related to addiction and addictive substances, including the impact of psychoactive substances on the brain and the effect of such substances on a person while operating a motor vehicle.

SECTION 15. Said chapter 71 is hereby further amended by striking out section 96, as so appearing, and inserting in place thereof the following 2 sections:-

Section 96. Each public school shall have a policy regarding substance use prevention and the education of its students about the dangers of substance abuse. The school shall notify the parents or guardians of all students attending the school of the policy and shall post the policy on the school's website. The policy, and any standards and rules enforcing the policy, shall be prescribed by the school committee in conjunction with the superintendent or the board of trustees of a charter school.

The department of elementary and secondary education, in consultation with the department of public health, shall provide guidance and recommendations to assist schools with developing and implementing effective substance use prevention and abuse education policies and shall make such guidance and recommendations publicly available on the department’s website. Guidance and recommendations may include educating parents or guardians on recognizing warning signs of substance abuse and providing available resources. Guidance and

recommendations shall be reviewed and regularly updated to reflect applicable research and best practices.

Each school district and charter school shall file its substance use prevention and abuse education policies with the department of elementary and secondary education in a manner and form prescribed by the department.

Section 97. (a) Subject to appropriation, each city, town, regional school district, charter school or vocational school district shall utilize a verbal screening tool to screen pupils for substance use disorders. Screenings shall occur on an annual basis and occur at 2 different grade levels as recommended by the department of elementary and secondary education, in consultation with the department of public health. Parents or guardians of a pupil to be screened pursuant to this section shall be notified prior to the start of the school year. Verbal screening tools shall be approved by the department of elementary and secondary education, in conjunction with the department of public health. De-identified screening results shall be reported to the department of public health, in a manner to be determined by the department of public health, not later than 90 days after completion of the screening.

(b) A pupil or the pupil's parent or guardian may opt out of the screening by written notification at any time prior to or during the screening. A city, town, regional school district, charter school or vocational school district utilizing a verbal screening tool shall comply with the department of elementary and secondary education's regulations relative to consent.

(c) Any statement, response or disclosure made by a pupil during a verbal substance use disorder screening shall be considered confidential information and shall not be disclosed by a person receiving the statement, response or disclosure to any other person without the prior

written consent of the pupil, parent or guardian, except in cases of immediate medical emergency or a disclosure is otherwise required by state law. Such consent shall be documented on a form approved by the department of public health and shall not be subject to discovery or subpoena in any civil, criminal, legislative or administrative proceeding. No record of any statement, response or disclosure shall be made in any form, written, electronic or otherwise, that includes information identifying the pupil.

(d) The department of elementary and secondary education shall notify each school district in writing of the requirement to screen students for substance use disorders pursuant to this section. School districts with alternative substance use screening policies may, on a form provided by the department, opt out of the required verbal screening tool. The form shall be signed by the school superintendent and provide a detailed description of the alternative substance use program the district has implemented and the reasons why the required verbal screening tool is not appropriate for the district.

(e) No person shall have a cause of action for loss or damage caused by an act or omission resulting from the implementation of this section.

SECTION 16. Section 8 of chapter 90 of the General Laws, as so appearing, is hereby amended by inserting after the word “course”, in line 50, the following words:- , including a module on the science related to addiction and addictive substances which shall also include the impact of psychoactive substances on the brain and the effect of such substances on a person while operating a motor vehicle,.

SECTION 17. Said section 8 of said chapter 90, as so appearing, is hereby further amended by inserting after the word “curriculum”, in line 71, the following words:- , including a

module on the science related to addiction and addictive substances which shall also include the impact of psychoactive substances on the brain and the effect of such substances on a person while operating a motor vehicle.

SECTION 18. The nineteenth paragraph of section 32G of said chapter 90, as so appearing, is hereby amended by inserting after the first sentence the following sentence:- The curriculum shall include a module on the science related to addiction and addictive substances, which shall also include the impact of psychoactive substances on the brain and the effect of such substances on a person while operating a motor vehicle.

SECTION 19. Section 1 of chapter 94C of the General Laws is hereby amended by inserting after the definition of "drug paraphernalia", as so appearing, the following definition:-

"Extended-release long-acting opioid in a non-abuse deterrent form", a drug that is: (i) subject to the United States Food and Drug Administration's extended release and long-acting opioid analgesics risk evaluation and mitigation strategy; (ii) an opioid approved for medical use that does not meet the requirements for listing as a drug with abuse deterrent properties pursuant to section 13 of chapter 17; and (iii) identified by the drug formulary commission pursuant to said section 13 of said chapter 17 as posing a heightened level of public health risk.

SECTION 20. Section 18 of said chapter 94C, as so appearing, is hereby amended by striking out, in line 70, the words "A prescription" and inserting in place thereof the following words:- Except as provided in section 18A, a prescription.

SECTION 21. Said section 18 of said chapter 94C, as so appearing, is hereby further amended by inserting after subsection (d½) the following subsection:-

(d¾) A registered pharmacist filling a prescription for an opioid substance in schedule II of section 3 may dispense the prescribed substance in a lesser quantity than the recommended full quantity indicated on the prescription if requested by the patient provided that the prescription complies with subsection (c) of section 22. The remaining quantity in excess of the quantity requested by the patient shall be void. If the dispensed quantity is less than the recommended full quantity, the pharmacist or a designee shall, within a reasonable time following a reduction in quantity but not more than 7 days, notify the prescribing practitioner of the quantity actually dispensed. The notification shall be conveyed by a notation in the interoperable electronic health record of the patient as defined in section 1 of chapter 118I or, if the pharmacist does not have the ability to make a notation in the patient's interoperable electronic health record, by facsimile, electronic transmission or by making a notation in the patient's record maintained by the pharmacy which shall be accessible to the practitioner by request. Nothing in this subsection shall be interpreted to conflict with or supersede any other requirement established in this section for a prescription of an opiate substance or any requirements or conditions for drug substitutions established in chapter 112.

SECTION 22. Said section 18 of said chapter 94C, as so appearing, is hereby further amended by striking out subsection (e) and inserting in place thereof the following subsection:-

(e) Practitioners who prescribe controlled substances, except veterinarians, shall be required, as a prerequisite to obtaining or renewing their professional licenses, to complete appropriate training relative to: (i) effective pain management; (ii) the risks of abuse and addiction associated with opioid medication; (iii) identification of patients at risk for substance use disorders; (iv) counseling patients about the side effects, addictive nature and proper storage and disposal of prescription medications; (v) appropriate prescription quantities for prescription

medications that have an increased risk of abuse; and (vi) opioid antagonists, overdose prevention treatments and instances in which a patient may be advised on both the use of and ways to access opioid antagonists and overdose prevention treatments. The boards of registration for each professional license that requires this training shall develop the standards for appropriate training programs.

SECTION 23. Said chapter 94C is hereby further amended by inserting after section 18 the following 3 sections:-

Section 18A. (a) Prior to issuing an extended-release long-acting opioid in a non-abuse deterrent form for outpatient use for the first time, a practitioner registered under section 7 shall: (i) evaluate the patient's current condition, risk factors, history of substance abuse, if any, and current medications; and (ii) inform the patient and note in the patient's medical record that the prescribed medication, in the prescriber's medical opinion, is an appropriate course of treatment based on the medical need of the patient.

(b) In the event that a practitioner recommends that an extended-release long-acting opioid be utilized during the course of long-term pain management, the practitioner registered under section 7 shall enter into a written pain management treatment agreement with the patient that appropriately addresses the benefits as well as the risk factors for abuse or misuse of the prescribed substance under guidelines published by the department. Such an agreement shall be filed in the patient's medical record or included in the patient's electronic health record.

Section 18B. (a) The department shall establish a voluntary non-opiate directive form. The form shall indicate to all practitioners that an individual shall not be administered or offered a prescription or medication order for an opiate. The form shall be posted on the department's

searchable website. An individual may execute and file a voluntary non-opiate directive form with a practitioner registered under section 7 or other authority authorized by the secretary to accept the voluntary non-opiate directive form for filing. An individual may revoke the voluntary non-opiate directive form for any reason and may do so by written or oral means.

(b) The department shall promulgate regulations for the implementation of the voluntary non-opiate directive form which shall include, but not be limited to:

(i) procedures to record the voluntary non-opiate directive form in the individual's interoperable electronic health record and in the prescription drug monitoring program established in section 24A;

(ii) a standard form for the recording and transmission of the voluntary non-opiate directive form, which shall include verification by a practitioner registered under section 7 and which shall comply with the written consent requirements of the Public Health Service Act, 42 U.S.C. § 290dd-2(b), and 42 CFR Part 2; provided, however, that the voluntary non-opiate directive form shall also provide the basic procedures necessary to revoke the voluntary non-opiate directive form;

(iii) requirements for an individual to appoint a duly authorized guardian or health care proxy to override a previously recorded voluntary non-opiate directive form;

(iv) procedures to ensure that any recording, sharing or distribution of data relative to the voluntary non-opiate directive form complies with all state and federal confidentiality laws; and

(v) appropriate exemptions for emergency medical personnel.

(c) A written prescription that is presented at an outpatient pharmacy or a prescription that is electronically transmitted to an outpatient pharmacy shall be presumed to be valid for the purposes of this section and a pharmacist in an outpatient setting shall not be held in violation of this section for dispensing a controlled substance in contradiction to a voluntary non-opiate directive form, except upon evidence that the pharmacist acted knowingly against the voluntary non-opiate directive form.

(d) No health care provider or employee of a health care provider acting in good faith shall be subject to criminal or civil liability or be considered to have engaged in unprofessional conduct for failing to offer or administer a prescription or medication order for an opiate under the voluntary non-opiate directive form.

No person acting as an agent pursuant to a health care proxy shall be subject to criminal or civil liability for making a decision under clause (iii) of subsection (b) in good faith.

(e) Any board of professional licensure may limit, condition or suspend the license of or assess fines against a licensed health care provider who recklessly or negligently fails to comply with a person's voluntary non-opiate directive form.

Section 18C. Prior to issuing a prescription for an opioid contained in Schedule II of section 3, a practitioner registered under section 7 shall: (i) consult with a the patient regarding the quantity of the opioid and a patient's option to fill the prescription in a lesser quantity; and (ii) inform the patient of the risks associated with the opioid prescribed.

SECTION 24. Said chapter 94C is hereby amended by inserting after section 19C the following section:-

Section 19D. (a) When issuing a prescription for an opiate to an adult patient for outpatient use for the first time, a practitioner shall not issue a prescription for more than a 7-day supply. A practitioner shall not issue an opiate prescription to a minor for more than a 7-day supply at any time and shall discuss with the parent or guardian of the minor the risks associated with opiate use and the reasons why the prescription is necessary.

(b) Notwithstanding subsection (a), if, in the professional medical judgment of a practitioner, more than a 7-day supply of an opiate is required to treat the adult or minor patient's acute medical condition or is necessary for the treatment of chronic pain management, pain associated with a cancer diagnoses or for palliative care, then the practitioner may issue a prescription for the quantity needed to treat such acute medical condition, chronic pain, pain associated with a cancer diagnosis or pain experienced while the patient is in palliative care. The condition triggering the prescription of an opiate for more than a 7-day supply shall be documented in the patient's medical record and the practitioner shall indicate that a non-opiate alternative was not appropriate to address the medical condition.

(c) Notwithstanding subsections (a) and subsection (b), this section shall not apply to medications designed for the treatment of substance abuse or opioid dependence.

SECTION 25. Section 21 of said chapter 94C, as appearing in the 2014 Official Edition, is hereby amended by inserting after the word "drugs", in line 19, the following words:- , specifically opiates,.

SECTION 26. Section 22 of said chapter 94C, as so appearing, is hereby amended by adding the following subsection:-

(c) Any prescription issued by a practitioner for an opioid substance contained in Schedule II of section 3 shall include a notation on the prescription that the patient may fill, upon request, the prescription in compliance with subsection (d ¾) of section 18 in an amount not to exceed the recommended full quantity indicated.

SECTION 27. The second paragraph of subsection (c) of section 24A of said chapter 94C, as so appearing, is hereby amended by striking out the first sentence and inserting in place thereof the following sentence:- The department shall promulgate rules and regulations relative to the use of the prescription monitoring program by registered participants which shall include the requirement that prior to issuance, participants shall utilize the prescription monitoring program each time a prescription for a narcotic drug that is contained in Schedule II or III is issued.

SECTION 28. Said section 24A of said chapter 94C is hereby further amended by striking out subsection (h), as so appearing, and inserting in place thereof the following subsection:-

(h) The department may provide de-identified information to a public or private entity for statistical research or educational purposes.

SECTION 29. Said chapter 94C is hereby further amended by inserting after section 24A the following section:-

Section 24B. The department shall annually determine, through the prescription drug monitoring system established in section 24A, the mean and median quantity and volume of prescriptions for opiates contained in Schedules II and III of section 3 issued by practitioners registered under section 7; provided, however, that mean and median prescription quantities and

volumes shall be determined within categories of practitioners of a similar specialty or practice type as determined by the department.

The department shall work in conjunction with the respective boards of licensure to annually determine each practitioner's Schedule II and Schedule III opiate prescribing quantity and volume and the practitioner's standing with regard to the mean and median quantity and volume for the practitioner's category of specialty or practice type; provided, however, that the practitioner's standing shall be expressed as a percentile ranking for the practitioner within the practitioner's category. Each practitioner whose prescribing exceeds the mean or median within the practitioner's category shall be sent notice of the practitioner's percentile ranking in a manner determined by the department. Any practitioner may request the practitioner's own percentile ranking within the practitioner's own category of practice. The ranking determined for each practitioner shall be confidential, and shall be distributed by the department or by the relevant board of licensure only to the practitioner to which the information pertains. Such information shall not; (a) constitute a public record as defined in clause twenty-sixth of section 7 of chapter 4; (b) be admissible as evidence in a civil or criminal proceeding; or (c) be the sole basis for investigation by a licensure board.

The department shall also coordinate with the respective boards of licensure to make resources available to prescribers regarding ways to change prescribing practices and incorporate alternative pain management options into a prescriber's practice.

SECTION 30. Subsection (b) of Class B of section 31 of said chapter 94C, as so appearing, is hereby amended by striking out clause (1) and inserting in place thereof the following 2 clauses:-

(1) Acetyl fentanyl

(1½) Alphaprodine

SECTION 31. The General Laws are hereby further amended by inserting after chapter 94F the following chapter:-

CHAPTER 94G.

DRUG STEWARDSHIP PROGRAM.

Section 1. As used in this chapter, the following words shall have the following meanings unless the context clearly requires otherwise:

"Covered drug", any brand name or generic opioid drug placed in Schedule II or Schedule III of section 3 of chapter 94C; provided, however, that "covered drug" shall also include benzodiazepines; provided, further, that "covered drug" shall not include: (i) drugs intended for use solely in veterinary care; (ii) substances that are regulated as cosmetic products under the United States Food, Drug and Cosmetic Act, 21 U.S.C. § 301 et seq.; (iii) drugs that are compounded under a specialty license pursuant to sections 39G to 39J, inclusive, of chapter 112; (iv) hypodermic needles, lancets or other sharps products subject to collection and disposal procedures established in section 27A of chapter 94C; or (v) drugs approved and used primarily for medication-assisted substance use disorder treatment.

"Department", the department of public health.

"Drug stewardship program", a program financed by a pharmaceutical product manufacturer or a group of manufacturers to collect, secure, transport and safely dispose of unwanted drugs.

"Pharmaceutical product manufacturer" or "manufacturer", an entity that manufactures a controlled substance under a United States Food and Drug Administration manufacturer's license, except for an institutional pharmacy, as defined in section 39D of chapter 112 or a wholesaler.

"Prescription drug", any drug product which may be dispensed pursuant to chapter 94C under a written prescription by an authorized prescriber.

"Stewardship organization", an organization designated by a manufacturer or a group of manufacturers to act as an agent on behalf of the manufacturer or the group of manufacturers to implement and operate a drug stewardship program.

"Unwanted drug", a covered drug: (i) that is no longer wanted or intended to be consumed, or that is abandoned, discarded, expired or surrendered by the person to whom it was prescribed; or (ii) voluntarily deposited at collection points co-located with a law enforcement agency; provided, however, that "unwanted drug" shall not include: (A) waste or unused drug products from a pharmacy, hospital or health clinic or other commercial sources that the department may determine by regulation to be a nonresidential source; or (B) drug products seized by law enforcement officers in the course of their law enforcement duties.

"Wholesaler", an entity licensed pursuant to section 36B of chapter 112.

Section 2. (a) Any pharmaceutical product manufacturer selling or distributing a covered drug to consumers in the commonwealth, whether directly or through a wholesaler, retailer or other agent, shall: (i) operate a drug stewardship program approved by the department individually or jointly with other manufacturers; (ii) enter into an agreement with a stewardship

organization that shall operate a drug stewardship program approved by the department; or (iii) enter into an agreement with the department to operate an alternative plan under section 6.

(b) The department shall establish a process to review applications for approval and renewal of a manufacturer's drug stewardship plan. The department shall consult with the Massachusetts Biotechnology Council, the Interagency Council on Substance Abuse and other interested parties in developing the requirements of a drug stewardship program.

(c) Each operator of a drug stewardship program shall file an annual written report to the department describing the program's activities for the prior year and the volume and type of unwanted drugs collected not later than March 1.

(d) The department shall review for renewal each drug stewardship program at a frequency to be determined by the department.

(e) The department shall publish and make publicly available a list and description of each approved drug stewardship program and shall update this list at a frequency determined by the department.

(f) The department may promulgate regulations to implement this chapter.

Section 3. A manufacturer or stewardship organization seeking approval for a drug stewardship program shall submit, in a manner and form determined by the department, a plan that meets, but is not limited to, the following requirements:

(i) a collection system to provide convenient, ongoing collection services to all persons seeking to dispose of unwanted drugs; provided, however, that the collection system may accept any covered drug and any other prescription drug in a pill formulation regardless of its schedule,

brand or source of manufacture; provided further, that the collection system shall include 2 methods as recommended by the department, which may include, but not be limited to: (A) a mail-back program that provides prepaid and preaddressed packaging for a pharmacy to distribute when filling a prescription for a covered drug or upon request by a consumer; (B) collection kiosks; (C) drop-off day events at regional locations; (D) in-home disposal methods that render a product safe from misuse and that comply with applicable controlled substance regulations and environmental safety regulations; or (E) any other method recommended pursuant to United States Drug Enforcement Administration guidelines;

(ii) adequate provisions for the security of unwanted drugs throughout the collection process and the safety of any person involved in monitoring, staffing or servicing the stewardship program;

(iii) a plan for public outreach and education about the drug stewardship program;

(iv) a plan for the manufacturer or stewardship organization that provides the operational and administrative costs associated with the program; provided, however, that no point-of-sale, point-of-collection, processing fees or other drug cost increases may be charged to individual consumers to recoup program costs;

(v) an attestation that the program shall comply with all applicable state and federal requirements for the collection, security, transport and disposal of drug products, including any requirements established by rule or regulation of either the United States Drug Enforcement Administration or the United States Environmental Protection Agency; and

(vi) any other requirements established by the department for the safe and effective administration of a drug stewardship program.

Section 4. (a) The department shall send a notice to a pharmaceutical product manufacturer that sells or distributes a covered drug in the commonwealth that has not submitted an application for approval under section 2, informing the manufacturer of the requirements to comply with this chapter. Any manufacturer in receipt of a notice shall submit an application for approval under said section 2 within 180 calendar days of receipt of such initial notice.

(b) Upon becoming aware that a pharmaceutical product manufacturer has discontinued its drug stewardship program or has altered the program such that the program no longer fulfills the requirements of this chapter, the department shall send a notice of noncompliance to the manufacturer. A manufacturer in receipt of a notice of noncompliance shall take all required corrective steps to reestablish compliance with this chapter or submit a written appeal of the notice of noncompliance to the department within 90 days of receipt of the notice of noncompliance.

(c) If after consideration of an appeal or if the manufacturer does not appeal within 90 days of receipt of the notice of noncompliance the department determines that the manufacturer continues to be in noncompliance with this chapter, the department may assess the manufacturer a penalty in a manner to be determined by the department. If the department plans to assess a noncompliance penalty against a manufacturer pursuant to this section, the department shall send notice of the penalty and the right to appeal the penalty to the manufacturer.

Section 5. (a) The requirements established by the department, in consultation with Massachusetts Biotechnology Council, the Interagency Council on Substance Abuse and other stakeholders, may exceed, but shall not conflict with, any obligations imposed on a manufacturer

by a risk evaluation and mitigation strategy approved by the United States Food and Drug Administration.

(b) Nothing in this chapter shall require a retail pharmacy or a pharmacist practicing in a retail setting to participate in the collection, securing, transport or disposal of unwanted drugs.

(c) No stewardship program shall require an outpatient pharmacy to participate in the collection, securing, transport or disposal of unwanted drugs or to provide a space for or to maintain a collection kiosk within an outpatient pharmacy unless the pharmacy certifies, in writing, that this participation is voluntary.

Section 6. The department shall, in consultation with the Massachusetts Biotechnology Council, the Interagency Council on Substance Abuse and other interested parties, develop an alternative plan to the drug stewardship program established under sections 2 to 5, inclusive. A manufacturer who opts into a plan established under this section shall be exempt from sections 2 to 5, inclusive.

A plan established under this section may permit contributions by manufacturers to the Substance Abuse Services Fund established in section 2I of chapter 111, in a manner determined by the department. A manufacturer participating in a plan established under this section shall not pass the cost of any contribution on to the consumer or a health insurance carrier.

SECTION 32. Chapter 111 of the General Laws, as appearing in the 2014 Official Edition, is hereby amended by inserting after section 51 the following section:-

Section 51½. (a) For the purposes of this section, the following words shall have the following meanings:-

"Acute-care hospital", any hospital licensed under section 51 that contains a majority of medical-surgical, pediatric, obstetric, and maternity beds, as defined by the department and the teaching hospital of the University of Massachusetts Medical School.

"Licensed mental health professional", a licensed physician who specializes in the practice of psychiatry or addiction medicine, a licensed psychologist, a licensed independent social worker, a licensed mental health counselor, a licensed psychiatric clinical nurse specialist or a licensed alcohol and drug counselor I as defined in section 1 of chapter 111J.

"Satellite emergency facility", a health care facility that operates on a 7-day per week, 24-hour per day basis that is located off the premises of a hospital, but is listed on the license of a hospital, and is authorized to accept patients transported to the facility by ambulance.

"Substance abuse evaluation", an evaluation ordered pursuant to subsection (b) that is conducted by a licensed mental health professional or through an emergency services program, which shall include, but not be limited to, the following information: (1) history of the patient's use of alcohol, tobacco and other drugs, including age of onset, duration, patterns and consequences of use; (2) the use of alcohol, tobacco and other drugs by family members; (3) types of and responses to previous treatment for substance use disorders or other psychological disorders; (4) an assessment of the patient's psychological status including co-occurring disorders, trauma history and history of compulsive behaviors; and (4) an assessment of the patient's human immunodeficiency virus, hepatitis C, and tuberculosis risk status.

(b) A person presenting in an acute-care hospital or a satellite emergency facility who is reasonably believed by the treating clinician to be experiencing an opiate-related overdose, or who has been administered naloxone prior to arriving at the hospital or facility, shall receive a

substance abuse evaluation within 24 hours of receiving emergency room services. A substance abuse evaluation shall conclude with a diagnosis of the status and nature of the patient's substance use disorder, using standardized definitions as set forth in the Diagnostic and Statistical Manual of Mental Disorders as published by the American Psychiatric Association a diagnosis of a mental or behavioral disorder due to the use of psychoactive substances, as defined and coded by the World Health Organization. Each patient shall be presented with the findings of the evaluation in person and in writing, and the findings shall include recommendations for further treatment, if necessary, with an assessment of the appropriate level of care needed. Findings from the evaluation shall be entered into the patient's medical record. No acute-care hospital or satellite emergency facility shall permit early discharge, defined as less than 24 hours after presentation or before the conclusion of a substance abuse evaluation, whichever occurs sooner. If a patient does not receive an evaluation within 24 hours, the treating clinician shall note in the medical record the reason the evaluation did not take place and authorize the discharge of the patient. No clinician shall be held liable in a civil suit for releasing a patient who does not wish to remain in the emergency department after stabilization, but before a substance abuse evaluation has taken place.

(c) After a substance abuse evaluation has been completed pursuant to subsection (b) a patient may consent to further treatment. Treatment may occur within the acute-care hospital or satellite emergency facility, if appropriate services are available; provided, however, that if the hospital or satellite emergency facility is unable to provide such services, the hospital or satellite emergency facility shall refer the patient to treatment center outside of the hospital or satellite emergency facility. Medical necessity for further treatment shall be determined by the treating clinician in consultation with the patient and noted in the medical record. If a patient refuses

further treatment after the evaluation is complete, and is otherwise medically stable, the hospital or satellite emergency facility may initiate discharge proceedings. All patients receiving an evaluation under subsection (b) shall receive, upon discharge, information on local and statewide treatment options, providers and other relevant information as deemed appropriate by the treating clinician.

(d) If a person has received a substance abuse evaluation within the past 3 months, further treatment and the need for a further evaluation shall be determined by the treating clinician according to best practices and procedures.

(e) If a person under 18 years of age is ordered to undergo a substance abuse evaluation, a parent or guardian shall be notified that the minor has suffered from an opiate-related overdose and that an evaluation has been ordered. A parent or guardian may be present when the findings of the evaluation are presented to the minor.

(f) Upon discharge of a patient who experienced an opiate-related overdose, the acute-care hospital or satellite emergency facility shall notify the patient's primary care physician, if known, of the opiate-related overdose and any recommendations for further treatment.

(g) Upon discharge of a patient who experienced an opiate-related overdose, the acute-care hospital or satellite emergency facility shall record the opiate-related overdose on the patient's electronic medical record.

(h) Nothing in this section shall interfere with an individual's right to refuse medical care.

SECTION 33. Subsection (a) of section 222 of said chapter 111, as so appearing, is hereby amended by adding the following paragraph:-

The bureau of substance abuse services shall provide educational materials on the dangers of opiate use and misuse to those persons participating in the annual head injury safety program required by this section. The educational materials shall also be distributed in written form to all students participating in an extracurricular athletic activity prior to the commencement of their athletic seasons.

SECTION 34. Section 1 of chapter 111E of the General Laws, as appearing in the 2014 Official Edition, is hereby amended by striking out the definition of ‘advisory board’.

SECTION 35. Section 3 of said chapter 111E, as so appearing, is hereby repealed.

SECTION 36. Section 4 of said chapter 111E, as so appearing, is hereby amended by striking out, in lines 6 and 7, the words “the advisory board,”.

SECTION 37. Chapter 112 of the General Laws, is hereby amended by inserting after section 12EE the following section:-

Section 12FF. Any person who, in good faith, attempts to render emergency care by administering naloxone or any other opioid antagonist, as defined in section 19B of chapter 94C, to a person reasonably believed to be experiencing an opiate-related overdose, shall not be liable for acts or omissions resulting from the attempt to render this emergency care; provided, however, that this section shall not apply to acts of gross negligence or willful or wanton misconduct.

SECTION 38. Said chapter 112 is hereby further amended by inserting after section 24G the following section:-

Section 24H. (a) The board of registration in pharmacy shall establish a rehabilitation program for registered pharmacists, pharmacy interns and pharmacy technicians who have a substance use issue.

(b) The rehabilitation program shall: (i) serve as a voluntary alternative to traditional disciplinary actions; (ii) establish criteria for the acceptance, denial or termination of registered pharmacists, pharmacy interns and pharmacy technicians in the program; and (iii) establish an outreach program to identify registered pharmacists, pharmacy interns and pharmacy technicians who may have a substance use disorder and to provide education about the rehabilitation program.

Only a registered pharmacist, pharmacy intern or pharmacy technician who has requested rehabilitation and supervision shall be eligible to participate in the program.

(c) The board shall appoint a rehabilitation evaluation committee, 2 of whom shall be registered pharmacists with demonstrated experience in the field of substance use disorders, 1 of whom shall be a medical doctor with experience in the treatment of substance use disorders, 1 of whom shall be a pharmacy technician with demonstrated experience in the field of substance use disorders, 1 of whom shall be a registered pharmacist who has recovered from drug or alcohol addiction and has been drug and alcohol free for a minimum of 5 years and 2 of whom shall be representatives of the public who are knowledgeable about substance use disorders or mental health. Three members of the committee shall constitute a quorum. The committee shall elect a chairperson and a vice chairperson. Members of the committee shall serve for terms of 4 years. At the time of appointment or reappointment to the committee, no member of the committee who is licensed to practice by the department of public health, division of professional licensure or by

the board of registration in medicine shall have had any type of disciplinary or enforcement action taken against them by their respective licensing board, the United States Food and Drug Administration or the United States Drug Enforcement Administration during the 5 years preceding their appointment to the committee. No member of the board of registration in pharmacy shall serve on the committee. Meetings of the committee shall not be subject to sections 18 to 25, inclusive, of chapter 30A.

(d) The board shall employ a pharmacist supervisor with demonstrated professional expertise in the field of substance use disorders to oversee participants in the rehabilitation program. The supervisor shall serve as a liaison among the board, the committee, approved treatment programs and providers and participants. Following consultation with members of the committee, the supervisor may authorize and implement changes to a participant's individualized rehabilitation program based on information that the supervisor may receive concerning a participant's failure to comply with the participant's individualized rehabilitation program as necessary to protect public health, safety and welfare; provided, however, that the changes shall remain in effect until review by the board takes place. Any information obtained by a supervisor pursuant to this section shall be exempt from disclosure and shall be confidential, subject to subsections (f) and (g).

(e) All rehabilitation evaluation committee findings shall be submitted to the board as recommendations and shall be subject to final approval of the board. The committee shall have the following duties and responsibilities:

(i) to evaluate, according to guidelines established by the board, registered pharmacists, pharmacy interns or pharmacy technicians who request to participate in the program and

consider the recommendations of the pharmacist supervisor regarding the admission of a registered pharmacist, pharmacy intern or pharmacy technician into the program;

(ii) to review and designate treatment facilities and services to which participants may be referred;

(iii) to receive and review information concerning a participant in the program;

(iv) to consider, for each participant, whether the participant may continue or may resume practice within the full scope of the participant's license;

(v) to call meetings as necessary to review the request of a registered pharmacist, pharmacy intern or pharmacy technician to participate in the program and review reports regarding participants;

(vi) to prepare reports to be submitted to the board;

(vii) to provide each participant with an individualized rehabilitation plan with requirements for supervision and surveillance; and

(viii) to provide information to pharmacists, pharmacy interns or pharmacy technicians who request to participate in the program.

(f) A registered pharmacist, pharmacy intern or pharmacy technician who requests to participate in the program shall agree to cooperate with the individualized rehabilitation plan recommended by the rehabilitation evaluation committee and approved by the board. Any failure to comply with the rehabilitation program may result in termination of the participant from the rehabilitation program. The committee shall report to the board the name and license number of a

registered pharmacist, pharmacy intern or pharmacy technician terminated from the program for failure to comply with the provisions of an individualized rehabilitation plan.

(g) After the committee, in its discretion, has determined that a registered pharmacist, pharmacy intern or pharmacy technician has successfully completed an individualized rehabilitation plan through the program, the board shall seal all records pertaining to the participation of the registered pharmacist, pharmacy intern or pharmacy technician in the program; provided, however, that no record shall be sealed sooner than 5 years from the participant's date of entry into the program. All board and committee records and records of a participant's involvement in the program shall be kept confidential and shall not be subject to discovery or subpoena in any civil, criminal, legislative or administrative proceeding without the prior written consent of the participant.

SECTION 39. Section 10H of chapter 118E of the General Laws, as added by section 19 of chapter 258 of the acts of 2014, is hereby amended by inserting after the figure "7", in line 45, the following words:- ; and provided further, that the division and its contracted health insurers, health plans, health maintenance organizations, behavioral health management firms and third party administrators under contract to a Medicaid managed care organization or primary care clinician plan shall cover, without preauthorization, substance abuse evaluations ordered pursuant to section 51½ of chapter 111.

SECTION 40. The third paragraph of section 35 of chapter 123 of the General Laws, as appearing in the 2014 Official Edition, is hereby amended by striking out the fifth sentence inserting in place thereof the following sentence:- If such person is not immediately presented before a judge of the district court, the warrant shall continue day after day for up to 5

consecutive days, excluding Saturdays, Sundays and legal holidays, or until such time as the person is presented to the court, whichever is sooner; provided, however that an arrest on such warrant shall not be made unless the person may be presented immediately before a judge of the district court.

SECTION 41. Section 1 of chapter 138 of the General Laws, as so appearing , is hereby amended by inserting after the definition of “malt beverages”, the following definition:-

“Powdered alcohol”, a nonmedicinal product in powdered or crystalline form that contains alcohol and is intended for consumption by direct use or when mixed with water or another substance.

SECTION 42. Said chapter 138 is hereby further amended by inserting after section 2 the following section:-

Section 2A. No person shall sell, offer for sale, manufacture or possess powdered alcohol. Whoever violates this section shall be punished by a fine of not less than $100 or more than $1,000.

SECTION 43. Section 47FF of chapter 175 of the General Laws, as appearing in the 2014 Official Edition, is hereby amended by inserting after the word “treatment”, in line 3, the following words:- ; a substance abuse evaluation, as defined in section 51½ of chapter 111.

SECTION 44. Section 47GG of said chapter 175, as so appearing, is hereby amended by striking out, in line 21, the word ‘118M’ and inserting in place thereof the following word:- 111M.

SECTION 45. Section 47GG of said chapter 175, as so appearing, is hereby amended by inserting after the figure “7”, in line 29, the following words:- ; provided further, any policy, contract, agreement, plan or certificate of insurance issued, delivered or renewed within the commonwealth, which is considered creditable coverage pursuant to section 1 of chapter 111M, shall cover, without preauthorization, a substance abuse evaluation ordered pursuant to section 51½ of chapter 111.

SECTION 46. Section 8HH of chapter 176A of the General Laws, as appearing in the 2014 Official Edition, is hereby amended by inserting after the word “treatment”, in line 3, the following words:- ; a substance abuse evaluation, as defined in section 51½ of chapter 111.

SECTION 47. Section 8II of said chapter 176A, as so appearing, is hereby amended by inserting after the figure ‘7’, in line 28, the following words:- ; provided further, any contract between a subscriber and the corporation under an individual or group hospital service plan which is delivered, issued or renewed within the commonwealth, shall cover, without preauthorization, a substance abuse evaluation ordered pursuant to section 51½ of chapter 111.

SECTION 48. Section 4HH of chapter 176B of the General Laws, as appearing in the 2014 Official Edition, is hereby amended by inserting after the word “treatment”, in line 3, the following words:- ; a substance abuse evaluation, as defined in section 51½ of chapter 111.

SECTION 49. Section 4II of said chapter 176B, as so appearing, is hereby amended by inserting after the words figure ‘7’, in line 28, the following words:- ; provided further, any subscription certificate under an individual or group medical service agreement delivered, issued or renewed within the commonwealth shall provide coverage for, without preauthorization, a substance abuse evaluation ordered pursuant to section 51½ of chapter 111.

SECTION 50. Section 4Z of chapter 176G of the General Laws, as appearing in the 2014 Official Edition, is hereby amended by inserting after the word “treatment”, in line 3, the following words:- ; a substance abuse evaluation, as defined in section 51½ of chapter 111.

SECTION 51. Section 4AA of said chapter 176G, as so appearing, is hereby amended by inserting after the figure ‘7’, in line 27, the following words:- ; provided further, an individual or group health maintenance contract that is issued or renewed shall provide coverage for, without preauthorization, a substance abuse evaluation ordered pursuant to section 51½ of chapter 111.

SECTION 52. Section 7 of chapter 176O of the General Laws, as appearing in the 2014 Official Edition, is hereby amended by striking out, in line 59, the word “and”.

SECTION 53. Said section 7 of said chapter 176O, as so appearing, is hereby further amended by inserting after the word “age”, in line 68, the following words:- ; and

(5) a report detailing for the previous calendar year the total number of: (i) medical or surgical claims submitted to the carrier; (ii) medical or surgical claims denied by the carrier; (iii) mental health or substance use disorder claims submitted to the carrier; (iv) mental health or substance use disorder claims denied by the carrier; and (v) medical or surgical claims and mental health or substance use disorder claims denied by the carrier because: (A) the insured failed to obtain pre-treatment authorization or referral for services; (B) the service was not medically necessary; (C) the service was experimental or investigational; (D) the insured was not covered or eligible for benefits at the time services occurred; (E) the carrier does not cover the service or the provider under the insured’s plan; (F) duplicate claims had been submitted; (G) incomplete claims had been submitted; (H) coding errors had occurred; or (I) of any other specified reason.

SECTION 54. Subsection (b) of section 24 of said chapter 176O, as so appearing, is hereby amended by adding the following sentence:- The decision on the appeal shall prominently provide information on the patient's right to appeal the decision to the office of patient protection including, but not limited to: (i) contact information for the office of patient protection,; (ii) a notice of a patient's right to file a grievance with the office of patient protection; and (iii) information on how to file a grievance with the office of patient protection.

SECTION 55. Chapter 94G of the General Laws is hereby repealed.

SECTION 56. Item 4000-0005 of section 2 of chapter 46 of the acts of 2015 is hereby amended by inserting after the word "programs," the second time it appears, the following words:- provided further, that any grant awarded may also be used to target youth and adult substance misuse.

SECTION 57. The health policy commission, in consultation with the department of public health and the department of mental health, shall conduct a study on the availability of health care providers that serve patients with dual diagnoses of substance use disorder and mental illness, in inpatient and outpatient settings. The study shall include: (i) an inventory of health care providers with the capability of caring for patients with dual diagnoses, including the location and nature of services offered at each such provider; (ii) an inventory of health care providers specializing in caring for child and adolescent patients with dual diagnoses, including the location and nature of services offered at each such provider; and (iii) an assessment of the sufficiency of dual diagnosis resources in the commonwealth considering multiple factors, including but not limited to population density, geographic barriers to access, insurance coverage and network design, incidence of mental illness and substance use disorders and the needs of

individuals with dual diagnoses. The study shall also consider barriers to access to comprehensive mental health and substance use disorder treatment for adults, seniors, children and adolescents and shall include recommendations to reduce barriers to treatment for patients with dual diagnoses, including the appropriate supply and distribution of health care providers with such capability. The commission shall report to the joint committee on mental health and substance abuse and the house and senate committees on ways and means not later than 12 months following the completion of the study.

SECTION 58. (a) There shall be a special commission to study the incorporation of safe and effective pain treatment and prescribing practices into the professional training of students, except veterinarian students, that may prescribe controlled substances.

(b) The special commission shall consist of the following members or their designees: the chancellor of the University of Massachusetts medical school; the dean of Harvard Medical School; the dean of Boston University School of Medicine; the dean of Tufts University School of Medicine; a representative of The Massachusetts Association of Physician Assistants, Inc.; a representative of the Massachusetts Nurses Association; a representative of the Massachusetts Medical Society; a representative of The Massachusetts Hospital Association, Inc.; a representative of the Massachusetts Pain Initiative; and 6 members to be appointed by the governor, 2 of whom shall be representatives of the pharmacy industry, 1 of whom shall be a representative of a nursing school and 1 of whom shall be a representative of a physician assistant training program. The governor shall appoint a chair of the committee; provided, however, that the first meeting of the commission shall take place on or before than June 1, 2016.

(c) The special commission shall develop recommendations to ensure future prescribers have an understanding of: (i) pain treatment; (ii) the development of a pain management treatment plan and safe prescribing practices of controlled substances; (iii) the effective use of the prescription monitoring program; (iv) substance use disorder symptoms and treatment options; (v) alternative pain management options; and (vi) state and federal laws and regulations related to controlled substances.

(d) The special commission shall submit its recommendations, together with drafts of any legislation, to the clerks of the house of representative and the senate, the chairs of the joint committee on higher education and the chairs of the joint committee on mental health and substance abuse on or before December 1, 2016.

SECTION 59. (a) There shall be a special commission to examine the feasibility of establishing a pain management access program, with the goal of increasing access to pain management for patients in need of comprehensive pain management resources.

(b) The commission shall review: (i) the development of a referral process to make pain management specialists accessible to primary care providers, including a process similar to the Massachusetts child psychiatry access project; (ii) the establishment of a pain management specialty certification through the board of registration in medicine to refer a primary care provider through the referral system described in clause (i); (iii) ways to incorporate a full spectrum of pain management methods into provider care practices including, but not limited to, acupuncture, exercise and other non-pharmaceutical interventions; (iv) the current coverage of pain management through commercial and public insurers; and (v) ways to ensure a full

spectrum of pain management interventions are covered through commercial and public insurance health plans.

(c) The special commission shall consist of the following members or their designees: the secretary of health and human services, who shall serve as co-chair; the chancellor of the University of Massachusetts medical school, who shall serve as co-chair; the assistant director of Medicaid; the commissioner of the group insurance commission; the commissioner of insurance; the executive director of the health policy commission; the executive director of the center for health information and analysis; the commissioner of public health; the chair of the board of registration in medicine; the chair of the board of registration in nursing; 1 representative of the Massachusetts Association of Health Plans, Inc.; 1 representative of the Massachusetts Medical Society; 1 representative of the Massachusetts Hospital Association, Inc.; 1 representative of the Massachusetts Pain Initiative; a representative of the Massachusetts Chiropractic Society, Inc.; and 6 members who shall be appointed by the governor, 1 of whom shall be an oncologist, 1 of whom shall be a physician, 1 of whom shall be an advanced practice nurse, 1 of whom shall be a health economist, 1 of whom shall be a physician specializing in pain management and 1 of whom shall be a professor of medicine.

(d) The special commission shall file an initial report of its recommendations and drafts of proposed legislation or regulations, if any, on clauses (i) and (ii) of subsection (b) with the clerks of the house of representatives and the senate, the chairs of the joint committee on health care financing, the chairs of the joint committee on mental health and substance abuse, the chairs of the joint committee on public health and the chairs of the house and senate committees on ways and means on or before November 1, 2016. The special commission shall file a final report providing a full report regarding said subsection (b) on or before November 1, 2017.

SECTION 60. There shall be a special commission to investigate and study state licensed addiction treatment centers.

The commission shall consist of: the secretary of health and human services or a designee, who shall serve as chair; the commissioner of mental health or a designee; the commissioner of public health or a designee; the director of medicaid or a designee; the inspector general or a designee; and 6 members who shall be appointed by the secretary of health and human services: 3 of whom shall be advocates from the addiction treatment community and 3 of whom shall be a family members of individuals who have been treated at a state licensed addition treatment center.

The commission shall: (1) solicit information and input from addiction treatment service providers, consumers, families and any other parties or entities the commission considers appropriate; (2) examine the effectiveness of addiction treatment services in promoting successful outcomes of recovery and wellness; (3) examine ways to encourage engagement from individuals in recovery from substance use disorders in policy development related to service delivery and the training and evaluation of services; (4) consider best practice models of delivery and the provision of recovery oriented services in other states; (6) examine mental health considerations when an individual enters an addiction treatment center, including, but not limited to, patient access to mental health services; and (7) recommend legislation to improve services for people in a state licensed addiction treatment center.

The commission shall submit a report to the general court of the results of its investigation and its recommendations, if any, together with any drafts of proposed legislation, with the clerks of the senate and the house of representatives, the chairs of the joint committee on

mental health and substance abuse, and the chairs of the senate and house committees on ways and means not later than January 1, 2017.

SECTION 61. Notwithstanding any general or special law to the contrary, the Massachusetts behavioral health access (MABHA) website, operated by the office of medicaid's behavioral health vendor, shall post contact information for all insurance payers, including a phone number which is accessible 24 hours per day, for the purpose of enhancing communication between payers and providers.

SECTION 62. Notwithstanding any general or special law to the contrary, the department of public health shall consult with the secretary of public safety, the superintendent of the department of state police, the Massachusetts Chiefs of Police Association Incorporated and others as necessary to develop an education and training program on the statewide centralized substance abuse service referral and education system. The education and training program shall enable municipal police officers to obtain information by phone or online regarding referral to treatment for individuals seeking treatment at local police departments. The department of public health shall ensure that the program provides daily updates and that the program is fully implemented under the second and third sentences of subsection (b) and section (c) of section 18 of chapter 17 of the General Laws.

SECTION 63. Each city, town, regional school district, charter school or vocational school district shall implement the verbal substance use disorder screenings required by section 97 of chapter 71 of the General Laws by the 2017-2018 school year.

SECTION 64. The department of elementary and secondary education, in consultation with the department of public health, shall create a notice and opt out form relative to substance use disorder screenings required by section 97 of chapter 71 of the General Laws.

SECTION 65. Not later than 180 days after the effective date of this act, the division of insurance shall develop and implement regulations providing that there shall be no financial penalty for a patient's choice to receive a lesser quantity of an opioid contained in schedule II or III of section 3 of chapter 94C of the General Laws.

SECTION 66. Not later than July 1, 2016, the Massachusetts Association of School Committees, Inc., the Massachusetts Association of School Superintendents, Inc. and the Massachusetts Charter Public School Association, Inc. shall each provide an update to the department of elementary and secondary education, the joint committee on education, and the joint committee on mental health and substance abuse on their ongoing efforts to ensure compliance with the requirements set forth in section 96 of chapter 71of the General Laws.

SECTION 67. The division of insurance, in consultation with the department of mental health, the department of public health and the bureau of substance abuse services, shall recommend a universal intake form to streamline the administrative process for intake of a behavioral health or substance use disorder patient. The form shall: (i) ensure adequate recordkeeping; (ii) lessen the current documentation burden for providers of behavioral health or substance use disorder services; and (iii) be available in electronic form. The form may be incorporated by all payers of behavioral health and substance use disorder services. The division shall hold not fewer than 4 public hearings on the development of the universal intake form. The division shall post the universal intake form on its website not later than October 1, 2016.

SECTION 68. The department of public health shall promulgate rules and regulations relative to practitioners, as defined in section 1 of chapter 94C of the General Laws, advertising opiates, benzodiazepines, and narcotics on their premises by posting or distributing written material.

For the purposes of this section, the following terms shall have the following meanings: narcotic shall mean "narcotic" as defined in said section 1 of said chapter 94C; opiate shall mean "opiate" as defined in said section 1 of said chapter 94C; and benzodiazepine shall mean any substance or drug which contains a benzene ring fused to a 7 member diazepine ring, results in the depression of the central nervous system and is primarily intended to treat insomnia and anxiety, including alprazolam, clonazepam, diazepam, lorazepam, and temazepam.

SECTION 69. The department of public health shall promulgate regulations to classify gabapentin and its chemical equivalents as "additional drugs" for the purposes of section 24A of chapter 94C of the General Laws.

SECTION 70. The first distribution to individual practitioners of the prescribing trends and profiles set forth in section 29 shall occur not later than March 1, 2017. The department of public health shall establish educational resources on prescribing practices and alternative pain management options not later than March 1, 2017.

SECTION 71. Sections 8, 9, 32, 39 and 43 to 51, inclusive, shall take effect July 1, 2016.

SECTION 72. Section 4 shall take effect September 1, 2016.

SECTION 73. Section 27 shall take effect October 15, 2016.

SECTION 74. Section 18B of chapter 94C of the General Laws, as inserted by section 23 of this act, shall take effect December 1, 2016.

SECTION 75. Sections 7, 29 and 69 shall take effect on December 1, 2016.

SECTION 76. Section 31 shall take effect January 1, 2017.

SECTION 77. Section 55 shall take effect on December 31, 2021.