

General Summary:

(FYI: Technical Fixes are not noted. They are contained in Sections 3,5,6,8,36,39,41)

Section 1: CHIA Investigation

- CHIA to establish a continuing program of investigation/study of mental health and substance use disorders in the Commonwealth.

Section 2, 4, 7, 40: Drug Formulary Commission, Duties

- New membership – 16 members
- Commission prepares a drug formulary of chemically equivalent substitutions for drugs that are opiates that the commission has determined have a heightened level of public health risk
- Formulary shall include formulations of drugs that the commission has determined may be appropriately substituted
- Commission considers information contained in drug applications approved by the United States Food and Drug Administration and other regulatory and guidance documents distributed by the United States Food and Drug Administration
- Outlines what the Commission must consider when determining if a drug is “chemically equivalent”
- Section 7: defines the term “extended release long acting opioids” and requires the commission to identify drugs that fit this definition that the commission has determined have a heightened level of public health risk for which no adequate chemically equivalent substitute is available, and shall notify the commissioner of public health that such drugs pose a threat to the public’s health
- Section 40: first draft of its formulary of abuse deterrent drugs that are a chemically equivalent substitute for drugs that are opiates and pose a risk to the public’s health. Due 120 days after enactment

Section 8: DPH regulations on Coordination of Care

- Department of Public Health to promulgate regulations related to coordination of care and management, including effective discharge planning, for programs subject to licensure by the state
- This section outlines the minimum requirements for treatment providers in relation to discharge planning

Section 11, 14: Medical Examiners

- Chief medical examiner must file a report with the Food and Drug Administration’s MedWatch Program, and notify the Commissioner of DPH, any time the determined cause of death of an individual was due solely to the ingestion of a schedule II through schedule VI controlled substance
- Acute care hospitals must file a report with DPH on infants born in the previous month and identified by the hospital as having been exposed to a schedule II through schedule VI controlled substance
- DPH report must also include incidents of infants treated for ingestion of a schedule II through schedule VI controlled substance

- Section 14: After DPH receives a notification of an opiate related death (as outlined in Section 11 of this bill), DPH must review the persons Prescription Drug Monitoring (PMP) data to determine if a notification should be made to the appropriate law enforcement or professional licensing, certification or regulatory agency or entity and provide prescription information required for an investigation

Section 12: Emergency Scheduling

- Commissioner may place a substance in schedule I on a temporary basis if the commissioner finds it is necessary to avoid an imminent hazard to public safety and necessary to the preservation of public health
- Emergency order may stay in effect for up to 1 year
- Notice of emergency scheduling shall be sent to all local boards of health in the Commonwealth
- Local boards of health, or equivalent, are authorized to take action to enforce the order, up to and including summary suspension of a municipal license or permit held by the establishment including, but not limited to, a permit to operate

Section 13: Opioid Dependency Treatment

- DPH to promulgate regulations for treatment facilities treating 300+ patients with forms of opioid agonist therapy; purpose of the regulations shall be to limit the diversion of opioid drugs and ensure patient safety
- Regulations due within 6 months post enactment

Section 15: Overdose Data Collection

- Drug overdose data collection language change – rather than aggregate data, “information related to the incident” shall be reported to the Commissioner of DPH in a manner determined by the Commissioner

Section 16: Definition Change

- Adds definition of “interchangeable abuse deterrent drug product” to Section 12D of said chapter 112

Section 17: No-Substitution on Prescriptions

- Requires abuse deterrent substitution on script unless MD says “no substitution”
- This section shall begin 6 months post enactment

Section 28: Commission: Insurance Provider Oversight of Member Usage of Opiates

- Investigate the public benefit of mandating insurance providers monitor and limit policy holders’ use of opiates (II and III)
- Look at BCBS policy limiting script fills to no more than 2 15-day scripts in a 60 day period
- Whether the policy hinders access to necessary pain medications
- Cost-benefit analysis of limiting scripts and commonwealth’s role in regulation
- Recommendations on how to utilize BCBS model state wide; alternatives to the BCBS model that will limit scripts without limiting access to necessary pain medications
- Due March 15, 2015

Section 29: Drug Drop Boxes

- DPH to compile a list of prescription drug drop boxes and other safe locations to dispose of prescription meds within MA
- Shall also post list of counties that do not have drop box locations
- Shall be posted on DPH website no later than January 2, 2015

Section 30: CHIA Study: Adequacy of Access to Substance Abuse Treatment/ Insurance Coverage

- Study on access to substance use disorder treatment and adequacy of insurance coverage
- Report due February 15, 2015, posted on website

Section 31: HPC Report: Access to and Coverage for Substance Use Disorder Treatment

- Recommend policies intended to ensure access and coverage for treatment of SA disorders throughout Massachusetts
- Requires public comment period
- Due May 30, 2015

Section 32, 33: CHIA Mandated Benefit Reviews

- Mandated benefit review on coverage of medication assisted treatment and coverage for mental health/substance abuse screenings when ordered by PCP
- Section 33: Mandated Benefit Review of insurance mandate provisions of the bill (Sections 9, 19, 21, 23, 25, 27).
- Due 90 days post enactment

Section 34: Division of Medical Assistance Report

- The Division of Medical Assistance will review and report on the estimated financial and medical impact of the insurance benefits mandated by this bill
- Due 90 days after enactment

Section 35: CHIA review of insurance denials

- CHIAA to review and issue a report on the rates of denial for substance abuse coverage by commercial insurers
- Due within 60 days post enactment

Section 37: DPH Report: PMP data

- Analysis of whether practitioners are using the prescription monitoring program prior to prescribing drugs contained in schedule II
- The number of violations of law or breaches of professional standards that were referred to law enforcement or a professional licensing, certification or regulatory agency or entity
- The type of violations of law or breaches of professional standards that were referred to an outside entity between January 1, 2013 and November 1, 2014
- The outcome of the referrals; and recommendations about how to improve the use of the prescription monitoring program's data to establish best practices for prescribing, to identify

indicators of risk for addiction and to prevent prescription drug abuse and the diversion of prescription drugs

- Report due Jan 5, 2015; Jan 4, 2016 for new data set

Section 42: Special Commission: Nonviolent Drug Offender Treatment

- To study the development of criteria for mandated treatment or monitoring of nonviolent offenders with substance addictions and to expand effective, evidence based addiction treatment programs for nonviolent substance addicted offenders
- Report due by December 31, 2015

Section 43: Interagency Council on Substance Abuse and Prevention

- Becomes a standing group

Section 44: Special commission: Bed Finder Tool

- To investigate the expansion and enhancement of the Massachusetts Behavioral Health Access (MABHA) website
- Commission shall make recommendations on ways to improve provider, carrier and public search capabilities to locate inpatient beds, services and placement for individuals with mental health and substance abuse needs in real-time for the purpose of referring individuals in need of services
- Report due by December 31, 2014

Insurance Mandate: Sections 9,19,21,23,25,27

- Applies to all insurance carriers in the state
- Defines the term "substance abuse treatment"
- Mandates coverage for up to 14 days of treatment, including both ATS and CSS levels of care
- Utilization Review by insurance carrier may begin on day 7
- Facility provides notification of admission and the initial treatment plan within 48 hours to the insurance carrier
- No preauthorizations for substance abuse treatment if the provider is certified or licensed by the department of public health
- Must cover abuse deterrent medications "not less favorably" than non-abuse deterrents
- Medical necessity shall be determined by the treating clinician in consultation with the patient and noted in the patient's medical record
- Mandate will begin on October 1, 2015

Licensed Alcohol and Drug Counselor 1: Sections 10,20,22,24,26

- Adds LADC1 as a "licensed mental health specialist" under Section 22 of said chapter 32A, which ensures that insurers cover for their services like the other types listed already in statute
- This mandate will take effect October 1, 2015