

HOUSE No. 2123

The Commonwealth of Massachusetts

PRESENTED BY:

James J. O'Day

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act to expand access to treatment for health professionals with substance use disorders.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>James J. O'Day</i>	<i>14th Worcester</i>	<i>2/19/2021</i>

HOUSE No. 2123

By Mr. O'Day of West Boylston, a petition (accompanied by bill, House, No. 2123) of James J. O'Day for legislation to establish a special commission to study alternative-to-discipline programs for health professionals with substance use disorders. Mental Health, Substance Use and Recovery.

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-Second General Court
(2021-2022)**

An Act to expand access to treatment for health professionals with substance use disorders.

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

1 SECTION 1. (a) Notwithstanding any general or special law to the contrary, there shall
2 be a commission to study alternative-to-discipline programs for health professionals with
3 substance use disorders, who are licensed, certified or registered by the boards of registration of
4 nursing, pharmacy, dentistry, nursing home administrators, physician assistants, perfusionists,
5 genetic counselors, respiratory therapists, community health workers, naturopathy, and the office
6 of emergency medical services, pursuant to chapter 112. The commission shall make
7 recommendations to reduce stigma associated with substance use disorders in the health care
8 workforce, expand access to voluntary rehabilitative programs, minimize deterrents to
9 participation in said programs, facilitate the successful completion of treatment and return to
10 professional practice, and enhance public health and safety.

11 The commission shall consist of at least 10 members: the secretary of health and human
12 services or a designee, who shall serve as chair; the commissioner of public health; the director

13 of the bureau of health professions licensure; the chairpersons of the joint committee on mental
14 health, substance use and recovery; and 5 persons appointed by the secretary of health and
15 human services, 1 of whom shall have expertise in the treatment of individuals with a substance
16 use disorder, 1 of whom shall be a representative of the Organization of Nurse Leaders, 1 of
17 whom shall be a representative of the Massachusetts Nurses Association, and 1 of whom shall be
18 a representative of 1199SEIU, and 1 of whom shall be a representative of the Massachusetts
19 Health and Hospital Association; provided, however, that the secretary may appoint additional
20 members as may be necessary.

21 (b) The commission shall:

22 (i) review data, medical literature and expert opinions on the prevalence of substance use
23 disorders among health professionals locally, regionally and nationally;

24 (ii) examine the effectiveness of the rehabilitation program for pharmacists, established
25 by section 24H of chapter 112, and the rehabilitation program for nurses, established by section
26 80F of said chapter, including but not limited to program design, trends in enrollment,
27 completion rates and failure rates;

28 (iii) identify potential deterrents to the enrollment in or completion of said programs,
29 including but not limited to eligibility criteria, application requirements, wait times for
30 admission, program duration, conditions of participation, penalties for non-compliance, privacy
31 and confidentiality protections, and return-to-work restrictions;

32 (iv) identify best practices in voluntary alternative-to-discipline rehabilitation programs
33 that have been adopted by other states, and any opportunities to modernize standards in the
34 commonwealth;

35 (v) assess the feasibility of establishing a single, comprehensive, voluntary rehabilitation
36 program for all health professionals licensed, certified or registered pursuant to chapter 112,
37 including but not limited to the following considerations:

38 a. the level of staffing and other resources necessary to adequately meet the needs of
39 health professionals throughout the commonwealth;

40 b. the need for an independent rehabilitative evaluation committee of individuals who are
41 qualified to review applications for admission, recommend individualized treatment plans, and
42 determine when participants may resume professional practice within the full scope of their
43 license; and the ability for said committee to adjudicate matters in a timely fashion;

44 c. the costs associated with the administration of said program, including both start-up
45 costs and annual operating costs;

46 d. the efficiencies that may be achieved through the consolidation of existing programs,
47 and other sources of revenue that may be dedicated for this purpose.

48 (c) The commission may hold public meetings or solicit public comment as it considers
49 necessary. The commission shall file a report of its findings and recommendations, together with
50 drafts of legislation necessary to carry those recommendations into effect, with the clerks of the
51 senate and the house of representatives not later than 180 days after the effective date of this act.