

**HOUSE . . . . . No. 2128**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

*Jon Santiago and David M. Rogers*

*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 patient centered care for substance use disorders.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Jon Santiago</i>	<i>9th Suffolk</i>	<i>2/11/2021</i>
<i>David M. Rogers</i>	<i>24th Middlesex</i>	<i>2/25/2021</i>
<i>Jeffrey N. Roy</i>	<i>10th Norfolk</i>	<i>2/26/2021</i>
<i>James J. O'Day</i>	<i>14th Worcester</i>	<i>2/26/2021</i>
<i>Paul McMurtry</i>	<i>11th Norfolk</i>	<i>2/26/2021</i>
<i>Lindsay N. Sabadosa</i>	<i>1st Hampshire</i>	<i>2/26/2021</i>

**HOUSE . . . . . No. 2128**

By Messrs. Santiago of Boston and Rogers of Cambridge, a petition (accompanied by bill, House, No. 2128) of Jon Santiago, David M. Rogers and others relative to access to patient centered care for 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 patient centered care for 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: Notwithstanding any special or general law to the contrary, the Department  
2 of Public Health and the Massachusetts Board of Registration in Medicine shall develop, or  
3 provide for, a healthcare provider education campaign that encourages the adoption of all FDA-  
4 approved medications for the treatment of substance use disorders. The goal of the campaign is  
5 to increase the number of providers offering all FDA-approved medications, directly or by  
6 referral, along with counseling and other appropriate support services. The training shall include,  
7 but not be limited to guidelines and best practices for:

8 A. Screening and Assessment;

9 B. Toxicology screens;

10 C. Detoxification/withdrawal management and induction to relapse prevention  
11 medication

12 D. Treatment Plans, including counseling frequency and type, and an informed consent  
13 process to guide

14 medication and treatment decisions and selection

15 E. Addressing Co-occurring mental health disorders

16 F. Reducing disparities in health outcomes for underserved communities experiencing  
17 substance use

18 disorder

19 G. Care Coordination;

20 H. Appropriate Length of Treatment; and

21 I. Relapse Prevention

22 The training developed or provided shall be accepted by the board as up to 2 continuing  
23 professional development credits.

24 SECTION 2: Notwithstanding any special or general law to the contrary, the Department  
25 of Public Health and the Bureau of Substance Abuse Services shall establish a peer mentoring  
26 program that supplements the healthcare provider educational campaign by providing a network  
27 for peer-to-peer trainings, materials, and prescriber and clinical team support. Peer mentors  
28 should have strong credentials, expertise and clinical experience with all FDA-approved  
29 medications for the treatment of substance use disorder. Mentors shall provide coaching for  
30 providers licensed or certified by the Department of Public Health. The Department shall  
31 prioritize the efforts of the peer mentor program for providers serving geographic areas and

32 racially and ethnically diverse populations of the Commonwealth identified by the Department  
33 where access to medication assisted treatment is limited. Provided further, that said training  
34 program shall include, but not be limited to the following criteria: patient eligibility, optimal  
35 selection criteria, placement matching, patient engagement, team coaching and coordination,  
36 withdrawal management and induction, dosing and administration, clinical evaluation and  
37 laboratory monitoring, side effect management, co-occurring disorders management, drug-drug  
38 interactions, treatment retention, managed care interactions, and termination of medication.

39 SECTION 3: There shall be a grant program established to support providers who  
40 demonstrate the ability to offer all FDA-approved medications for substance use disorders, along  
41 with counseling and other supports, directly or by referral. Providers who complete the waiver  
42 process and the educational programming on all FDA approved medications will be eligible to  
43 apply for funding to add a staff person(s) to support the expanded services. In addition to, or in  
44 substitution of state funding, the grant program may utilize applicable federal grants  
45 and state trust funds.

46 SECTION 4: The department of public health shall create an inventory of health care  
47 providers treating patients with medications to measure adoption of offering all FDA-approved  
48 treatment options across the Commonwealth. They shall also submit a report to the house and  
49 senate committees on ways and means and the joint committee on mental health and substance  
50 use, and recovery on the number of providers trained and any identified obstacles to expanding  
51 the number of providers offering all FDA-approved medications by January 1, 2020.