HOUSE No. 3674

Section 191 contained in the engrossed Bill making appropriations for the fiscal year 2016 (see House, No. 3650), which had been returned by His Excellency the Governor with recommendation of amendment (for message, see Attachment K of House, No. 3675). July 17, 2015.

The Commonwealth of Massachusetts

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

An Act relative to opiate overdoses in the commonwealth.

Whereas, The deferred operation of this act would tend to defeat its purpose, which is to provide forthwith for an examination and report relative to opiate overdoes in the commonwealth, 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:

- Notwithstanding any general or special law to the contrary, the secretary of health and
- 2 human services, in collaboration with the department of public health shall conduct or provide
- 3 for an examination of the prescribing and treatment history, including court-ordered treatment or
- 4 treatment within the criminal justice system, of persons in the commonwealth who suffered fatal
- 5 opiate overdoses in calendar year 2014 and shall make a report in an aggregate and de-identified
- 6 form on trends discovered through the examination.
- Notwithstanding any general or special law to the contrary, to facilitate the examination,
- 8 the department shall request, and the relevant offices and agencies shall provide, information
- 9 necessary to complete the examination from the division of medical assistance, the executive

office of public safety and security, the center for health information and analysis, the office of patient protection and the chief justice of the trial court, which may include, but shall not be limited to: data from the prescription drug monitoring program; the all-payer claims database; the criminal offender record information database; and the court activity record information. To the extent feasible, the department shall request data from the Massachusetts Sheriffs

Association, Inc. relating to treatment within houses of correction.

16 Not later than February 1, 2016 the secretary of health and human services shall publish a report on the findings of the examination including, but not limited to: (i) instances of multiple provider episodes, meaning a single patient having access to opiate prescriptions from more than 18 19 1 provider; (ii) instances of poly-substance access, meaning a patient having simultaneous prescriptions for an opiate and a benzodiazepine or for an opiate and another drug which may 20 21 enhance the effects or the risks of drug abuse or overdose; (iii) the overall opiate prescription history of the individuals, including whether the individuals had access to legal prescriptions for 22 opiate drugs at the time of their deaths; (iv) whether the individuals had previously undergone 23 voluntary or involuntary treatment for substance addiction or behavioral health; (v) whether the 24 individuals had attempted to enter but were denied access to treatment for substance addiction or 25 behavioral health; (vi) whether the individuals had received past treatment for substance 27 overdoses; and (vii) whether any individuals had been previously detained or incarcerated and, if so, whether they had received treatment during the detention or incarceration. 28

The report shall be filed with the clerks of the house of representatives and the senate, the house and senate chairs of the joint committee on mental health and substance abuse, the joint committee on public health, the joint committee on health care financing and the house and senate committees on ways and means.

Not later than October 1, 2015, the secretary shall file a work plan providing a status update on the report which describes the steps being taken to complete the report. The secretary shall file the report with the clerks of the house of representatives and the senate, the house and senate chairs of the joint committee on mental health and substance abuse, the joint committee on public health, the joint committee on health care financing and the house and senate committees on ways and means.