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THE GENERAL ASSEMBLY OF PENNSYLVANIA

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SENATE BILL

No. 1104 Session of  
2013

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INTRODUCED BY GREENLEAF AND SCHWANK, SEPTEMBER 20, 2013

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REFERRED TO JUDICIARY, SEPTEMBER 20, 2013

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AN ACT

1 Providing for duties of the Department of Corrections and the  
2 Department of Drug and Alcohol Programs, for educating and  
3 training of government-funded professionals who come into  
4 contact with individuals engaged in risky substance use and  
5 for training programs to educate physicians and nonphysicians  
6 in addressing risky substance use and addiction; developing  
7 screening and assessment instruments for addictive  
8 substances; requiring treatment programs and providers to  
9 utilize evidence-based prevention and treatment approaches;  
10 mandating insurance coverage for screening, brief  
11 intervention, referral to treatment for individuals at risk  
12 for substance use and treatment and disease management for  
13 addiction; and providing for screening at the time of  
14 arraignment.

15 The General Assembly finds that:

16 (1) Seventy percent of inmates in the State correctional  
17 system have some level of substance abuse.

18 (2) One in four families in Pennsylvania is struggling to  
19 help a loved one with an untreated alcohol or drug-related  
20 addiction.

21 (3) Addiction involving nicotine, alcohol and other drugs  
22 affects 16% of Americans who are more than 11 years of age,  
23 which represents 40,000,000 people.

24 (4) Most health professionals are not sufficiently trained

1 to educate patients about risky use and addiction, conduct  
2 screening and interventions for risky use or diagnose and treat  
3 addiction.

4 (5) Many of those who currently make up the addiction  
5 treatment provider work force are not equipped with the  
6 knowledge, skills or credentials necessary to provide the full  
7 range of evidence-based services to treat addiction.

8 (6) Addiction is a disease that can be treated and managed  
9 effectively at venues where regular medical care is delivered by  
10 physicians, including addiction physician specialists, and  
11 including a multidisciplinary team of other health professionals  
12 using an array of evidence-based pharmaceutical and psychosocial  
13 approaches.

14 The General Assembly of the Commonwealth of Pennsylvania  
15 hereby enacts as follows:

16 Section 1. Short title.

17 This act shall be known and may be cited as the Criminal  
18 Justice and Addiction Treatment Act.

19 Section 2. Definitions.

20 The following words and phrases when used in this act shall  
21 have the meanings given to them in this section unless the  
22 context clearly indicates otherwise:

23 "Board." The State Board of Medicine, the State Board of  
24 Osteopathic Medicine, the State Board of Nursing, the State  
25 Board of Psychology, the State Board of Social Workers, Marriage  
26 and Family Therapists and Professional Counselors, the State  
27 Board of Dentistry and the State Board of Pharmacy.

28 "Clinical standards committee." A committee administratively  
29 established within the Department of Drug and Alcohol Programs  
30 that consists of representatives from providers, single county

1 authorities, managed care organizations, physicians, recovery  
2 advocate organizations, educational institutions and State  
3 agencies and that, upon the request of the department, may make  
4 recommendations to the department.

5 "Department." The Department of Drug and Alcohol Programs of  
6 the Commonwealth.

7 "Evidence-based practices." Interventions and treatment  
8 approaches that have been proven effective through appropriate  
9 empirical analysis.

10 "Health insurance policy." Any group health, sickness or  
11 accident policy or subscriber contract or certificate offered to  
12 groups of 51 or more employees issued by an entity subject to  
13 any one of the following:

14 (1) The act of May 17, 1921 (P.L.682, No.284), known as  
15 the Insurance Company Law of 1921.

16 (2) The act of December 29, 1972 (P.L.1701, No.364),  
17 known as the Health Maintenance Organization Act.

18 (3) 40 Pa.C.S. Ch. 61 (relating to hospital plan  
19 corporations) or 63 (relating to professional health services  
20 plan corporations).

21 The term does not include accident only, fixed indemnity,  
22 limited benefit, credit, dental, vision, specified disease,  
23 Medicare supplement, Civilian Health and Medical Program of the  
24 Uniformed Services (CHAMPUS) supplement, long-term care or  
25 disability income, workers' compensation or automobile medical  
26 payment insurance.

27 "Insurer." An entity offering a health insurance policy in  
28 this Commonwealth.

29 "Risky substance use." Any of the following activities:

30 (1) the use of tobacco or a tobacco product;

1           (2) the use of alcoholic beverages in excess of the  
2 dietary guidelines of the United States Department of  
3 Agriculture;

4           (3) the misuse of a prescription drug; or

5           (4) the illegal use of a controlled substance, but which  
6 activity does not meet clinical diagnostic criteria for  
7 addiction.

8       "Secretary." The Secretary of Corrections of the  
9 Commonwealth.

10 Section 3. Offenders in State correctional institutions.

11       The secretary shall utilize drug and alcohol treatment  
12 services for offenders in State correctional institutions that  
13 are certified by the department as utilizing evidence-based  
14 practices tailored to the needs of offenders. The secretary  
15 shall also develop a prerelease plan for inmates with substance-  
16 use disorders that provides transition to a broad range of  
17 integrated reentry services.

18 Section 4. Training and education of government-funded  
19 professionals.

20       The department shall provide courses to educate and train  
21 government-funded professionals, including, but not limited to:

22           (1) law enforcement and other criminal justice  
23 personnel;

24           (2) legal staff, child welfare and other social service  
25 workers; and

26           (3) educators  
27 who do not provide direct addiction-related services but who  
28 come into contact with significant numbers of individuals who  
29 engage in risky substance use or who may have addiction. The  
30 courses shall contain best practices for recognizing substance-

1 involved individuals and knowing how to respond.

2 Section 5. Education and training of health care professionals.

3 (a) Physicians.--

4 (1) The department shall, in consultation with the  
5 clinical standards committee, develop:

6 (i) core clinical competencies that can be  
7 incorporated as required components of all medical  
8 schools curricula, residency training programs, licensing  
9 examinations and continuing education requirements to  
10 address risky substance use and addiction;

11 (ii) prevention, intervention, treatment and  
12 management options; and

13 (iii) co-occurring conditions and special population  
14 and specialty-care needs.

15 (2) The competencies shall include:

16 (i) What constitutes risky substance use, the harms  
17 of such use to health and safety and the importance of  
18 reducing risky substance use.

19 (ii) How to screen for risky substance use and to  
20 conduct brief interventions when indicated.

21 (iii) The causes and correlates of addiction.

22 (iv) How to diagnose addiction; evaluate disease  
23 stage, severity, co-occurring disorders and needs of  
24 special populations; and develop a treatment and disease  
25 management plan, including appropriate support services.

26 (v) How to collaborate with and manage a  
27 multidisciplinary team of providers.

28 (vi) How to provide or supervise psychosocial and  
29 pharmaceutical treatments for addiction and disease  
30 management.

1           (vii) How to arrange for and connect patients with  
2 auxiliary support services.

3           (viii) How to determine the need for specialty care  
4 and connect patients with such care.

5 (b) Nonphysicians.--

6           (1) The department shall, in consultation with the  
7 clinical standards committee, develop core clinical  
8 competencies that can be incorporated as required components  
9 of all professional health care program curricula, graduate  
10 fellowship training programs, professional licensing  
11 examinations and continuing education requirements in  
12 addressing risky substance use and preventing and treating  
13 addiction for each type of nonphysician health professional,  
14 including physician assistants, nurses and nurse  
15 practitioners, dentists, pharmacists and graduate-level  
16 clinical mental health professionals.

17           (2) These competencies shall include:

18           (i) What constitutes risky substance use, the harms  
19 of such use to health and safety and the importance of  
20 reducing risky use.

21           (ii) How to screen for risky substance use and  
22 conduct brief interventions when indicated.

23           (iii) The causes and correlates of addiction.

24           (iv) Available psychosocial and pharmaceutical  
25 treatments for addiction and disease management.

26           (v) How to arrange for and connect patients with  
27 auxiliary support services.

28           (vi) How to determine the need for specialty care  
29 and connect patients with such care.

30 (c) Cooperation with boards.---In carrying out its duties

1 under subsections (a) and (b), the department shall work with  
2 the boards to incorporate the core clinical competencies into  
3 continuing education requirements.

4 (d) Prescriber training.---Each board shall establish  
5 continuing education requirements and criteria appropriate to  
6 its respective discipline for training on best practices of  
7 prescribing controlled substances for a person issued a license  
8 or certificate by the board that prescribes, administers or  
9 dispenses a controlled substance.

10 Section 6. Screening and assessment instruments.

11 The department shall, in consultation with the clinical  
12 standards committee, develop screening and assessment  
13 instruments for all types of addictive substances that physician  
14 and nonphysician health professionals can use for diagnosing  
15 addiction.

16 Section 7. State accreditation standards.

17 The department shall develop State accreditation standards  
18 for all drug and alcohol treatment facilities and programs that  
19 reflect evidence-based practices. As a condition of  
20 accreditation, the department shall require all facilities and  
21 programs providing addiction treatment to meet all of the  
22 following:

23 (1) Have on staff or available for consultation a  
24 certified addiction physician specialist.

25 (2) Provide comprehensive assessment and treatment that  
26 uses evidence-based practices for addiction involving all  
27 substances that are tailored to the stage and severity of the  
28 disease, co-occurring conditions and patient characteristics.

29 (3) Collect and report comprehensive quality assessment  
30 data, including process and outcome measurements related to

1 screening, intervention, treatment and disease management, in  
2 accordance with established guidelines developed in  
3 collaboration with the American Board of Addiction Medicine.

4 Section 8. Conditional funding.

5 As a condition of receiving any funding through the  
6 department, any drug and alcohol treatment facility, whether  
7 freestanding or within a hospital setting, shall utilize  
8 evidence-based practices, including, but not limited to,  
9 pharmaceutical therapies provided or managed by a physician and  
10 psychosocial therapies provided by medical professionals or  
11 graduate-level clinical mental health professionals trained and  
12 licensed in core competencies of addiction treatment.

13 Section 9. Insurance coverage.

14 An insurer shall provide coverage for screening, brief  
15 intervention, referral to treatment for individuals at risk for  
16 substance use and treatment and disease management for addiction  
17 consistent with standards of medical practice. An insurer may  
18 require, as a condition of payment, for addiction intervention  
19 and treatment by a drug and alcohol treatment provider that the  
20 services are directly provided, supervised or managed by trained  
21 medical professionals.

22 Section 10. Screening at the time of arraignment.

23 At the time of arraignment a defendant shall be directed by  
24 the court to undergo screening for substance abuse and  
25 addiction. At the time of setting bail, the court may include  
26 drug and alcohol treatment as a condition of bail.

27 Section 11. Effective date.

28 This act shall take effect in 60 days.