

**HOUSE . . . . . No. 1748**

**The Commonwealth of Massachusetts**

PRESENTED BY:

*Jon Santiago*

*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 opioid use disorder.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
<i>Jon Santiago</i>	<i>9th Suffolk</i>
<i>Michael O. Moore</i>	<i>Second Worcester</i>
<i>Peter Capano</i>	<i>11th Essex</i>
<i>Carlos Gonzalez</i>	<i>10th Hampden</i>
<i>David Biele</i>	<i>4th Suffolk</i>
<i>Daniel R. Carey</i>	<i>2nd Hampshire</i>
<i>Joanne M. Comerford</i>	<i>Hampshire, Franklin and Worcester</i>
<i>Mindy Domb</i>	<i>3rd Hampshire</i>
<i>Nika C. Elugardo</i>	<i>15th Suffolk</i>
<i>Carmine Lawrence Gentile</i>	<i>13th Middlesex</i>
<i>Tami L. Gouveia</i>	<i>14th Middlesex</i>
<i>Stephan Hay</i>	<i>3rd Worcester</i>
<i>Kevin G. Honan</i>	<i>17th Suffolk</i>
<i>Patrick Joseph Kearney</i>	<i>4th Plymouth</i>
<i>Mary S. Keefe</i>	<i>15th Worcester</i>
<i>David Henry Argosky LeBoeuf</i>	<i>17th Worcester</i>
<i>Eric P. Lesser</i>	<i>First Hampden and Hampshire</i>
<i>Elizabeth A. Malia</i>	<i>11th Suffolk</i>

<i>Liz Miranda</i>	<i>5th Suffolk</i>
<i>Michael J. Moran</i>	<i>18th Suffolk</i>
<i>Maria Duaiame Robinson</i>	<i>6th Middlesex</i>
<i>David M. Rogers</i>	<i>24th Middlesex</i>
<i>Michael J. Soter</i>	<i>8th Worcester</i>
<i>José F. Tosado</i>	<i>9th Hampden</i>
<i>Bud L. Williams</i>	<i>11th Hampden</i>

**HOUSE . . . . . No. 1748**

By [SPONSOR PREFIX] Santiago of Boston, a petition (accompanied by bill, House, No. 1748) of Jon Santiago and others relative to access to patient centered care for opioid use disorder. Mental Health, Substance Use and Recovery.

**The Commonwealth of Massachusetts**

**In the One Hundred and Ninety-First General Court  
(2019-2020)**

An Act to expand access to patient centered care for opioid use disorder.

*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.

2 Notwithstanding any special or general law to the contrary, the Department of Public  
3 Health and the Massachusetts Board of Registration in Medicine shall develop, or provide for, a  
4 healthcare provider education campaign that encourages the adoption of all FDA-approved  
5 medications for the treatment of opioid use disorder. The goal of the campaign is to increase the  
6 number of providers offering all FDA-approved medications, directly or by referral, along with  
7 counseling and other appropriate support services. The training shall include, but not be limited to  
8 guidelines and best practices for:

9 A. Assessment;

10 B. Toxicology Screens;

11 C. Treatment Plans, including counseling frequency and type;

- 12 D. Detoxification/withdrawal management and induction
- 13 E. Care Coordination;
- 14 F. Appropriate Length of Treatment; and
- 15 G. Relapse Prevention

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

18 Section 2.

19 Notwithstanding any special or general law to the contrary, the Department of Public  
20 Health and the Bureau of Substance Abuse Services shall establish a peer mentoring program  
21 that supplements the healthcare provider educational campaign by providing a network for peer-  
22 to-peer trainings, materials, and prescriber and clinical team support. Peer mentors should have  
23 strong credentials, expertise and clinical experience with all FDA-approved medications for the  
24 treatment of opioid use disorder. Mentors shall provide coaching for providers licensed or  
25 certified by the Department of Public Health. The Department shall prioritize the efforts of the  
26 peer mentor program for providers serving geographic areas of the Commonwealth identified by  
27 the Department where access to medication assisted treatment is limited. Provided further, that  
28 said training program shall include, but not be limited to the following criteria: patient eligibility,  
29 optimal selection criteria, placement matching, patient engagement, team coaching and  
30 coordination, withdrawal management and induction, dosing and administration, clinical  
31 evaluation and laboratory monitoring, side effect management, co-occurring disorders

32 management, drug-drug interactions, treatment retention, managed care interactions, and  
33 termination of medication.

34 Section 3.

35 There shall be a grant program established to support providers who demonstrate the  
36 ability to offer all FDA-approved medications, along with counseling and other supports, directly  
37 or by referral. Providers who complete the waiver process and the educational programming on  
38 all FDA approved medications will be eligible to apply for funding to add a staff person(s) to  
39 support the expanded services.

40 Section 4.

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