



ML Strategies Alert

Massachusetts Legislature Takes Action on Opioid Crisis

10.07.2015

BY [JULIE COX](#) AND [SASHA DUDDING](#)

Amid a recent surge in opioid-related deaths in Massachusetts, with over 1,200 accidental deadly overdoses last year, the Senate passed legislation on Thursday, October 1, that is designed to fight the epidemic on various fronts. The bill's measures include verbally screening public school children, allowing patients to partially fill opiate prescriptions, and requiring doctors to justify their decisions to write high-risk prescriptions.

Focused on preventing addiction to painkillers — which often gives way to heroin addiction — the bill seeks to limit the number of high-risk pills dispensed each year. The bill requires insurance companies to cover non-narcotic painkillers, and encourages doctors and pharmacists to elect this option.

Though the bill received unanimous support, its passage was reported to have been preceded by hours of negotiations off the Senate floor. Much of the negotiation surrounded an amendment by Sen. John Keenan that would allow patients who receive prescriptions for Schedule II opiates — the high-risk category that includes drugs like OxyContin — to have pharmacists fill only a portion of the full order. The pharmacist would be required to educate the patient on the danger of opiates, and patients would have to return to their prescriber for the rest of the medication if they wanted it.

An earlier version of this amendment would have allowed patients to fill a full prescription for Schedule II opiates in smaller batches over time, rather than the one-time smaller fill allowed under the amendment's final version. Some lawmakers were concerned this would not comport with federal law.

Patients who do not want to be prescribed opiates at all could note this in their medical records.

The bill also has various youth-focused provisions. Namely, public school students would be verbally screened in an effort to detect and address any substance abuse issues. Nurses, teachers, and guidance counselors would receive training on how to conduct these screenings.

The Department of Public Health would select the grade levels of the students to be screened — an amendment from the initial proposal to screen seventh and tenth grade students — and launch the statewide program next year. Though some school districts have worried about funding and implementing the program, the House dedicated \$1.2 million to this initiative in a bill it passed the previous week.

Minors receiving opiate prescriptions would have to talk with their doctors about the risk of addiction and would need consent from a parent or guardian in non-emergency situations.

The bill also creates further new obligations for physicians. Doctors would be required to tell the Department of Public Health which painkillers they prescribe, and would be notified of how they compare to their peers in prescribing these drugs. Doctors would also receive training on best practices in pain management, as identified

by a newly created commission that would investigate the matter.

Pharmaceutical companies will also find themselves affected by the bill, primarily through a new program that would require them to buy back unused prescription drugs they had manufactured. The proceeds of these transactions would fund addiction treatment and prevention services through the newly established "Prescription Drug Awareness Trust Fund." Pharmaceutical companies would have to work with the Department of Public Health to propose a pricing system for the program by 2018.

Other measures include protecting people who administer the overdose-reversal drug naxalone from civil liability, creating a commission to study whether the "implied consent" standard for roadside alcohol tests should apply to other drugs, and banning powdered alcohol.

This bill's preventative measures are complemented by 2014 legislation that improves access to treatment for those already battling an opioid addiction. Mandates created by that legislation also went into effect on October 1, including one that requires health insurers to reimburse patients for counseling and two weeks of inpatient addiction treatment without preapproval.

The House will now take up the bill. House Speaker Don DeLeo said his chamber will take additional action, such as banning the sale of fentanyl, a powerful opiate often added to heroin. That bill passed in the House today.

Governor Baker is also planning to file a complementary opioid bill soon. Though he no longer expects to file it this week, as initially planned, he said on Monday that his bill will propose sending involuntarily committed women to hospitals instead of jails for treatment.

Opiate addiction has been on the agenda at recent events throughout Massachusetts, including visits by Democratic presidential candidate Hillary Clinton and US Attorney General Loretta Lynch, as well as a meeting of the governor's Drug Formulary Commission on Opioids.

At the Health Policy Commission's annual cost trends hearing on Monday, Governor Baker summarized the reason he and many other public officials are dedicated to addressing opiate addiction, saying "you can't put 20 people in a room without running into people who've been directly affected by it."

The Senate bill, S. 2020 is titled An Act relative to substance use prevention. The full text is available at <https://malegislature.gov/Bills/189/Senate/S2020>.

* * *

If you have any questions please contact your ML Strategies government relations professional.

[View ML Strategies professionals.](#)

Boston · Washington www.mlstrategies.com

Follow Us   

Copyright © 2015 Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C. and ML Strategies, LLC

5317-1015-NAT-MLS