

Legislative Substance Abuse Highlights- from 2014 - Present

- *Increases in funding for Substance Abuse programs*
 - *Nearly a 60% increase in funding for Substance Abuse programs from FY13 to FY17*

- *In this Past Year FY17 this included:*
 - Funding for Direct Substance Abuse Services were increased \$8.3million (approximately a 6% increase)
 - \$1million increase for MassHealth behavioral health and substance abuse providers
 - \$3.2million increase for adult mental health services
 - \$9.3million increase for residential mental health services including 45 more substance use treatment beds at Taunton State Hospital
 - \$1.6million increase for Child and Adolescent Mental Health Services
 - Including \$3.6 million for the innovative Mass. Child Psychiatry Access Program (MCPAP)

- *Additional Highlights:*
 - *New Municipal Trust Fund Created*
 - **pushed by Representative Campbell** that allows municipalities to save by allowing for “Narcan” bulk purchasing
 - *Pilot program for Vivitrol*
 - to administer extended-release injectable naltrexone (Vivitrol) at the Clinical Stabilization Services (CSS) level of care
 - *Additional MassHealth Coverage*
 - An outside section required MassHealth to provide coverage for all FDA approved Medication Assisted Treatments at the Clinical Stabilization Services level of care
 - *Recovery High Schools*
 - Requires DPH and DESE to develop a transportation plan for recovery high schools.
 - *Medication Assisted Treatment*
 - \$3 million for a pilot program to initiate Medication Assisted Therapy in emergency rooms.
 - *Naloxone*
 - Establishes a special commission to study and develop recommendations to broaden the availability of naloxone without a prescription. Also requires DPH to issue recommendations on encouraging the co-prescription of naloxone to at-risk patients taking opioid analgesics.
 - *Medication Adherence*
 - Allows a pharmacist, at the direction of a prescribing practitioner, to administer injectable prescriptions for mental health and substance abuse disorders.
 - *Promote/Prevent Commission*
 - Establishes a special commission on behavioral health promotion and upstream prevention to investigate evidenced-based practices, programs, and systems to prevent behavioral health disorders.

Landmark Opioid Legislation (Chapter 52)

- It places limits on opiate prescriptions, a move that will cut off the flow of powerfully addictive drugs into medicine cabinets across Massachusetts. **Adults given opiates for the first time will be limited to seven-day prescriptions and all opiate prescriptions for children will be limited to seven days.** There will be exemptions for chronic pain sufferers.
- **Includes an amendment sponsored by Representative Campbell that would mandate the notice of the primary care doctor of any individual who overdoses** and the inclusion of the overdose on their electronic medical record
- **All opiate prescriptions must now be checked in the state's prescription monitoring program** by the medical professionals issuing the prescription in addition to the pharmacists filling it at the drugstore.
- Individuals in recovery or struggling with addiction can now voluntarily indicate in their public health records that they should not be prescribed opiates. **Individuals who suffer from chronic pain and need opiates now have the option of receiving a "partial fill" of their prescription,** an order that allows patients to receive a smaller dosage than the one recommended by their health care provider.
- **Public schools are now required to verbally screen students to determine who is suffering from substance abuse or considered at risk.** The screenings, to be done at two different grade levels based on the school, will be done by a school nurse or health professional. **Parents will be able to opt their children out of the screenings if they so choose.**
- **Individuals admitted to an emergency room for an opioid overdose for 24 hours are now required to receive a substance abuse evaluation from a mental health professional before discharge.** The emergency room patient in recovery is not required to follow the course of future treatment as prescribed by the mental health professional.
- It creates a Good Samaritan-like law for individuals who administer Narcan in the aftermath of an overdose. This is separate from another bill currently making its way through the legislative process.
- Opioid addiction education will be expanded into school athletic and driver's education programs.