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*For Immediate Release*

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July 13, 2018

## **Representative Kane supports ongoing efforts to address state opioid crisis**

*House bill seeks to build on 2016 law by expanding treatment options*

**BOSTON** – In an attempt to address the ongoing state opioid crisis, State Representative Hannah Kane, R-Shrewsbury, is supporting legislation to expand Massachusetts’ comprehensive 2016 opioid law by increasing treatment options for individuals suffering from drug addiction.

House Bill 4725, An Act for prevention and access to appropriate care and treatment of addiction, was engrossed by the House of Representatives on a unanimous vote of 147-0 on July 11. The bill places new mandates on practitioners and pharmacies prescribing opioids and other controlled substances, while taking steps to ensure qualified treatment facilities are available to serve those in need by enhancing the regulatory and licensing authority of the Department of Mental Health (DMH) and the Department of Public Health (DPH).

In addition to requiring the use of electronic prescriptions for controlled substances in non-emergency situations by 2020, House Bill 4725 provides for the expanded utilization of the Prescription Monitoring Program (PMP) and access to its data to help deter prescription drug abuse. It also directs DPH to issue a statewide standing order allowing pharmacies to dispense the overdose-reversing drug naloxone without a prescription.

According to DPH, there were 379 confirmed opioid-related overdose deaths in Massachusetts in 2000, but the number of confirmed and suspected opioid-related deaths jumped to 2,016 last year. For the first three months of 2018, DPH has confirmed 201 opioid-related overdose deaths, but estimates there will be an additional 240 to 305 deaths once all cases are finalized by the Office of the Chief Medical Examiner.

Included in House Bill 4725 was an amendment co-sponsored by Representative Kane, which establishes a Health Policy Commission program relative to substance exposed newborns to support studying and treating the long-term effects of neonatal abstinence syndrome (NAS) on

children as they grow. While NAS affects 3% of all infants in Massachusetts and has increased by five-fold over the past decade, data on long-term effects is not sufficient to provide for guidance on best clinical practices for improving the health and outcomes of NAS born children.

Under the 2016 law, patients who receive naloxone or are treated for an overdose at an acute care hospital or emergency room must undergo a substance use disorder evaluation by a licensed mental health professional within 24 hours. House Bill 4725 would require hospitals and emergency facilities to refer patients who receive an evaluation to an appropriate and available treatment provider, or to provide treatment within the facility if adequate services are available on site. However, patients have the right to refuse further treatment.

During floor debate on the bill, Representative Kane stood with her Republican colleagues to try to amend the bill to include the Baker-Polito Administration's proposal to allow licensed physicians and other medical professionals to place overdose patients into treatment for 72 hours if they present a risk of serious harm due to addiction and will not agree to voluntary treatment. This effort was blocked by a further amendment that instead establishes a commission to study the efficacy of involuntary inpatient treatment for individuals diagnosed with a substance use disorder.

House Bill 4725 also:

- creates six additional commissions to study: alternatives to broaden the availability of naloxone without a prescription; community-based behavioral health promotion and prevention; a credentialing process for recovery coaches; insurance coverage for non-opioid and non-pharmacological pain management strategies; the use of, availability, and barriers to medication-assisted treatment for substance use disorders; and appropriate prescribing practices related to the most common oral and maxillofacial procedures;
- requires the Health Policy Commission and DPH, subject to appropriation, to create and administer an early childhood investment opportunity grant program to test the efficacy of programs supporting and caring for families with young children who were substance exposed newborns, including the long-term effects of neonatal abstinence syndrome on children; and
- establishes a 2-year pilot program at six participating state prisons to make medication-assisted treatment available to inmates.

The bill now heads to the Senate for further action.

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