

MEMORANDUM

TO: Members of the Senate Committee on Ways and Means
FROM: Karen E. Spilka, Chair
DATE: July 17, 2018
SUBJECT: Poll

This memo contains summaries of the bills presently before the Senate Committee on Ways and Means. Committee members will be polled today from 11:30 a.m. to 12:30 p.m. on the question of reporting these bills favorably. Please respond to the poll through LAWS.

Please be advised that under Senate Rule 12, all recorded votes of the Senate Committee on Ways and Means will be posted on the website of the General Court immediately following the conclusion of the poll.

Do not hesitate to contact Jonah Beckley in my office if you have any questions. Thank you for your participation.

SENATE 2236: **AN ACT ESTABLISHING THE MASSACHUSETTS CODE OF
MILITARY JUSTICE**

(summary reflects text as amended)

SPONSORS: Governor Baker

<u>LEGISLATIVE</u>	12/13/17	Governor's Message filed
<u>HISTORY:</u>	12/14/17	Referred to the Committee on Public Safety and Homeland Security
	12/18/17	House concurred
	2/1/18	Hearing held
	3/5/18	Bill reported favorably by Committee and referred to

the Committee on Senate Ways and Means

EXISTING LAWS

AFFECTED:

M.G.L. c. 6 § 18; c. 33 §§ 1-2, 10, 13A, 15, 19A, 21, 22, 23, 25, 26, 31 to 33, 37, 41, 43, 45 to 51, 54, 56, 57, 60, 61, 64, 65, 67 to 69, 83, 84, 88, 90, 96, 97, 98, 101, 102, 105, 106, 108, 111, 113, 122, 123, 125, 134, and 135.

PROPOSED

LEGISLATION:

- Increases the age limit for members of the militia of the Commonwealth from 45 to 65.
- Provides consistency to the delegations of authority for the Commander-in-Chief to the Adjutant General and for the Adjutant General to other Massachusetts Army National Guard commissioned officers.
- Allows a person to be appointed as a legal, medical, veterinary and dental commissioned officer if the person is duly qualified in accordance with the federal military service component requirements.
- Gives the Commander-in-Chief and Adjutant General discretion to determine whether military police must be armed while on duty.
- Allows all members of the military forces of the Commonwealth, under orders of the Commander-in-Chief, to enter upon and occupy public or private lands when on duty.
- Shifts several administrative and fiscal duties from the Commander-in-Chief to the Adjutant General.
- Increases the minimum daily pay for certain members of the organized militia performing state active duty from \$100 per day to \$200 per day.
- Makes the National Guard Association of Massachusetts the designated provider of state sponsored life insurance products offered through insurers for military members of the armed forces of the Commonwealth and their dependents.
- Repeals several sections related to the armory commission.
- Allows the Adjutant General to lease, rent or permit the use of

any armory for nonmilitary purposes, provided that the compensation from such use is applied to the cost of maintaining the armory.

- Establishes the Massachusetts Code of Military Justice that applies to all members of the state military forces, defines several military-related crimes and establishes court martial procedures for adjudicating those crimes.

ESTIMATED

FISCAL

IMPACT:

This legislation has an annualized cost of \$250,000 to the Commonwealth.

(JGB)

SENATE 2376:

AN ACT PROMOTING NET NEUTRALITY AND CONSUMER PROTECTION

(summary reflects text as redrafted and title as amended)

SPONSORS:

Senate Committee on Net Neutrality and Consumer Protection

LEGISLATIVE

HISTORY:

03/26/18	Placed on file
03/23/18	Report filed
04/17/18	Taken from file and referred to the Committee on Senate Ways and Means

EXISTING LAWS

AFFECTED:

M.G.L. c. 7; c. 12 § 11E; c. 25C; and c. 164 § 47E

**PROPOSED
LEGISLATION:**

- Allows the Attorney General, through the office of ratepayer advocacy, to intervene, appear and participate in administrative, regulatory, or judicial proceedings on behalf of any group of consumers in connection with any matter involving internet service providers subject to the jurisdiction of the Department of Telecommunications and Cable.
- Creates the Internet Service Provider Registry for the purpose of making internet service quality and network management practices readily available to customers in the Commonwealth.
- Requires internet service providers to annually file a disclosure with the Department of Telecommunications and Cable that states the provider's network management practices, performance characteristics, commercial terms of its broadband internet services and privacy policies.
- Requires the Department of Telecommunications and Cable to establish standards for a "Massachusetts Net Neutrality and Consumer Privacy Seal" that allows an internet service provider to demonstrate that it: (i) provides equal access to an open and neutral internet, (ii) commits to and enforces policies that prohibit paid prioritization, and (iii) provides customers with a mechanism to easily opt-out of third party access to customer proprietary information.
- Requires the Department of Telecommunications and Cable to grade internet service providers based on the provider's internet service quality, policies on paid prioritization, network management practices and consumer privacy practices.
- Requires an internet service provider to disclose to each customer its net neutrality and consumer privacy grade before entering into an agreement for service and annually thereafter.

- Beginning July 1, 2019, requires state agencies or authorities to establish a preference for the procurement of the provision of internet service from an internet service provider that is in compliance with the minimum standards of network management practices established by the Department of Telecommunications and Cable.
- Clarifies that a municipal lighting plant may build and run its own internet network.
- Requires the Department of Telecommunications and Cable to promulgate regulations to implement this act by July 1, 2019.

**ESTIMATED
FISCAL
IMPACT:**

This legislation will have an estimated annual fiscal impact of \$300,000.

(AHC)

HOUSE 4116:

**AN ACT RELATIVE TO ALZHEIMER'S AND RELATED
DEMENTIAS IN THE COMMONWEALTH**

(summary reflects text as redrafted)

SPONSORS: Senator Jehlen, Lewis, Eldridge, L'Italien, Moore, Rush, Keenan, DiDomenico, Brady, Brownsberger, Timilty, Lovely, Barrett, O'Connor and Cyr & several members of the House of Representatives

LEGISLATIVE HISTORY:

1/16/2018	Reported from the Committee on Elder Affairs, new draft of S341, S1224, S1239, S1264, H335, H1200, H1223 and H2884, bill reported favorably by the Committee and referred to the Committee on Rules of the two branches, acting concurrently, the Committee recommended ought to pass and referred to the Committee on House Ways and Means
1/29/2018	Committee recommended ought to pass and referred to the Committee on House Steering, Policy and Scheduling, Committee reported that the matter be placed in the Orders of the Day for the next sitting, read second and ordered to a third reading, rules suspended
1/31/2018	Read third, amendment 1 adopted, passed to be engrossed, rules suspended
2/1/2018	Read and referred to the Committee on Senate Ways and Means

EXISTING LAWS

AFFECTED: M.G.L. c. 6A § 16; M.G.L. c. 19 § 16 & M.G.L. c. 112 §§ 2, 9F, 74 and 74A.

PROPOSED LEGISLATION:

- Requires the Executive Office of Health and Human Services to develop and carry out an assessment of all state programs that address Alzheimer's disease and to create and maintain an integrated state plan to address and assist in the treatment of Alzheimer's disease.
- Establishes an advisory council on Alzheimer's disease research and treatment.
- Requires all designated local agencies of the Department of Elder Affairs to provide training to protective services caseworkers focused on recognizing the signs and symptoms of cognitive

impairments, including, but not limited to, Alzheimer's disease, and understanding how cognitive impairment may affect screening, investigation and service planning.

- Requires all physicians, physician's assistants, registered nurses and practical nurses to complete a continuing education requirement of a 1-time course of training and education on the diagnosis, treatment and care of patients with cognitive impairments including, but not limited to, Alzheimer's disease and dementia.
- Permits a physician to report, upon a patient's initial diagnosis of Alzheimer's disease, the diagnosis to a family member or legal personal representative of the patient and provide information and resources if either the patient gives consent or in the reasonable judgment of the physician, the patient is incapacitated or unable to provide consent.
- Provides that a physician shall not be subject to civil or criminal liability or disciplinary action by the Board of Registration in Medicine based on a decision to communicate with or to not communicate with a family member or legal personal representative of the patient of a person diagnosed with Alzheimer's disease about a patient's diagnosis.
- Requires hospitals to complete and implement an operational plan for the recognition and management of patients with dementia or delirium in acute-care settings not later than October 1, 2021.

ESTIMATED
FISCAL
IMPACT:

When fully implemented, the cost of this legislation to the Commonwealth is estimated to be \$400,000 annually.

(MK)

HOUSE 4742:

**AN ACT FOR PREVENTION AND ACCESS TO
APPROPRIATE CARE AND TREATMENT OF ADDICTION**
(summary reflects text as redrafted)

SPONSORS: Governor Baker

LEGISLATIVE 7/11/2018 H4725, published as amended
HISTORY: 7/16/2018 Read and referred to the Committee on Senate Ways and Means

EXISTING LAWS

AFFECTED: M.G.L. c. 6A; M.G.L. c. 6D § 15; M.G.L. c. 10; M.G.L. c. 12C § 21A; M.G.L. c. 13 § 13; M.G.L. 19 § 19; M.G.L. c. 32A § 17M; M.G.L. c. 94C §§ 1, 8, 17, 18, 19B, 20, 22, 23, 24A; M.G.L. c. 94H §§ 3, 4; M.G.L. c. 111 § 51½; M.G.L. c.111E §§ 1,7; M.G.L. c.118E § 10H; M.G.L. c. 123 § 35; M.G.L. c. 127 §§ 1, 16; M.G.L. c. 175 §§ 47FF, 47GG; M.G.L. c. 175H § 3; M.G.L. c. 176A §§ 8HH, 8II; M.G.L. c. 176B §§ 4HH, 4II; M.G.L. c. 176G §§ 4Z, 4AA; M.G.L. c. 176O § 2 & c. 52 Acts of 2016 §§ 55, 77.

PROPOSED
LEGISLATION:

- Establishes, subject to appropriation, a statewide program to provide remote consultations with primary care practices, nurse practitioners and other health care providers for persons over the age of 17 experiencing chronic pain.
- Requires Accountable Care Organizations certified by the Health Policy Commission to ensure patient access to pain management.
- Establishes a Substance Use Prevention, Education and Screening Trust Fund to support school-based programs that educate children and young persons on alcohol and substance misuse and identify and support children and young persons at risk of alcohol or substance misuse.
- Establishes a Substance Use Prevention, Education, and Screening Trust Fund Advisory Commission to advise the Secretary of Education on standards and criteria for programs funded through the Substance Use Prevention, Education and Screening Trust Fund.
- Permits the Center for Health Information and Analysis to assist the Division of Insurance in its assessment of provider networks and utilization of services for mental health, substance use disorder and pain management.
- Amends the composition of the Board of Registration in Nursing by reducing the number of licensed practical nurses from 4 to 2, adding 2 registered nurses and requiring that 1 registered nurse appointee currently provide direct care to patients with a substance use disorder; 1 registered nurse currently provide direct care to patients in an outpatient, community-based, behavioral health

setting; and 1 registered nurse currently provide direct care to patients living with chronic pain.

- Updates the Department of Mental Health and Department of Public Health's licensure requirements by increasing oversight authority, requiring licensees to provide treatment for public insurance on a non-discriminatory basis and requiring licensees to demonstrate they are capable of treating patients with co-occurring mental health and substance use disorder diagnoses.
- Requires the Group Insurance Commission, commercial health insurers, hospital service corporations, medical service corporations and health maintenance organizations to develop a plan to provide active or retired employees adequate coverage and access to a broad spectrum of pain management services, including, but not limited to, those that serve as alternatives to opioid prescribing, in accordance with guidelines developed by the Division of Insurance.
- Requires prescriptions for controlled substances be provided electronically, unless it meets certain exemptions.
- Permits a patient to partially fill a prescription for a schedule II substance and return to the original dispensing pharmacy for the remaining amount of the prescription.
- Establishes a statewide standing order that may be used for a licensed pharmacist to dispense an opioid antagonist to any requesting person.
- Requires a pharmacist to make best efforts to identify the insurance coverage of a person purchasing an opioid antagonist through a standing order and to submit a claim for the opioid antagonist to the insurance carrier at the time of purchase.
- Permits a person acting in good faith to receive a prescription for an opioid antagonist, possess an opioid antagonist and administer an opioid antagonist to an individual appearing to experience an opioid-related overdose.
- Provides that a person acting in good faith and administers an opioid antagonist to an individual appearing to experience an opioid-related overdose shall not be subject to any criminal or civil liability or any professional disciplinary action.
- Permits practitioners to access Prescription Monitoring Program data through a secure electronic medical record or other similar secure software or information system that enables automated query and retrieval of prescription monitoring program data to a

practitioner, subject to a data use agreement with the Department of Public Health.

- Requires law enforcement requesting data from the Prescription Monitoring Program to have a warrant.
- Removes the provision of in-home disposal methods in the Drug Stewardship Program.
- Requires acute care hospitals that provide emergency services to maintain protocols and capacity to provide evidence-based interventions prior to a discharge from an emergency department that reduce the risk of harm and fatality following an opioid-related overdose.
- Establishes, subject to appropriation, a human services worker student loan repayment program.
- Requires acute care hospital emergency departments to directly connect a patient with a substance use disorder with a community-based program prior to discharge or within a reasonable time following discharge.
- Requires that a substance use disorder evaluation be included in a patient's electronic medical record.
- Requires section 35 involuntary commitment facilities to maintain or provide for the capacity to possess, dispense and administer medication assisted treatment.
- Requires the provision of medication assisted treatment in state and county correctional facilities according to the following schedule:
 - Requires facilities to provide the same medication assisted treatment a person in custody was receiving in the community prior to incarceration unless voluntarily changed or discontinued upon a determination by a qualified addiction specialist starting January 1, 2019;
 - Requires facilities to make medication assisted treatment available at least 30 days prior to release to any person in the custody of a state or county correctional facility for whom such treatment is determined to be medically appropriate by a qualified addiction specialist starting January 1, 2020; and
 - Requires facilities to provide medication assisted treatment available to any person in the custody of a state or county correctional facility for whom such treatment is determined to be medically appropriate by a qualified addiction

specialist and provide annual reports on the use of medication assisted treatment starting January 1, 2021.

- Requires the Group Insurance Commission, commercial health insurers, hospital service corporations, medical service corporations and health maintenance organizations to provide a schedule that allows for adjustments and reductions in the cost sharing if a person requests a prescription filled in a lesser quantity for any covered drug that is a narcotic substance contained in schedule II and that is subject to cost sharing.
- Prohibits the use of drug coupons for opiate drugs.
- Requires the Division of Insurance to review carrier plans for pain management access plans.
- Permits the division to require the submission of plan provider documents to assess network adequacy to assess provider networks and utilization of services for mental health, substance use disorder and pain management and receive assistance from the Center for Health Information and Analysis to determine network adequacy.
- Repeals the sunset date for the Drug Stewardship Program.
- Establishes an advisory board for the development of the statewide program to provide remote consultations to primary care practices, nurse practitioners and other health care providers for persons over the age of 17 experiencing chronic pain.
- Establishes a harm reduction site pilot program through the Department of Public Health.
- Establishes a commission to make recommendations on the credentialing of recovery coaches.
- Establishes a commission to make recommendations on the credentialing of peer specialists or peer specialist programs.
- Establishes a commission to review evidence-based treatment for individuals with a substance use disorder, mental illness or co-occurring substance use disorder and mental illness and recommend a taxonomy of licensed behavioral health clinician specialties.
- Establishes an advisory committee of healthcare providers and provider associations, which shall evaluate and develop a consistent statewide standard for the medical review of individuals who are involuntarily committed due to an alcohol or substance use disorder pursuant to section 35.
- Requires the Center for Health Information and Analysis to

conduct a mandated benefit review of coverage for:

- medically necessary mental health acute treatment that does not require preauthorization;
- medically necessary mental health crisis stabilization services for up to 14 days without preauthorization; and
- medically necessary intensive community based acute treatment services for up to 14 days.

ESTIMATED

FISCAL

IMPACT:

The cost of this legislation exceeds \$100,000 and will be subject to future appropriation.

(MK)