

## THE GENERAL ASSEMBLY OF PENNSYLVANIA

## HOUSE BILL

No. 1662 Session of  
2019

INTRODUCED BY DiGIROLAMO, KINSEY, ZABEL, SCHLOSSBERG, MILLARD,  
HOHENSTEIN, HOWARD, DeLUCA, SAYLOR, T. DAVIS, FREEMAN,  
NEILSON, SIMS, MOUL, HILL-EVANS, WEBSTER, POLINCHOCK, ROZZI,  
NELSON, STRUZZI, PASHINSKI, RIGBY, SCHLEGEL CULVER, COMITTA,  
GREGORY, MIHALEK, KORTZ, DONATUCCI AND MALAGARI,  
JUNE 19, 2019

SENATOR BROOKS, HEALTH AND HUMAN SERVICES, IN SENATE, AS  
AMENDED, NOVEMBER 18, 2019

## AN ACT

1 Amending the act of October 24, 2012 (P.L.1198, No.148),  
2 entitled "An act establishing the Methadone Death and  
3 Incident Review Team and providing for its powers and duties;  
4 and imposing a penalty," further providing for title of act,  
5 for short title, for definitions, for establishment of  
6 Methadone Death and Incident Review Team, for team duties,  
7 for duties of coroner and medical examiner, for review  
8 procedures and for confidentiality.

9 The General Assembly of the Commonwealth of Pennsylvania

10 hereby enacts as follows:

11 Section 1. The title and sections 1, 2, 3 heading, (a) and  
12 (b) (3), 4, 5, 6 and 8(a) and (f) of the act of October 24, 2012  
13 (P.L.1198, No.148), known as the Methadone Death and Incident  
14 Review Act, are amended to read:

15 An Act

16 Establishing the [Methadone] Medication Death and Incident  
17 Review Team and providing for its powers and duties; and  
18 imposing a penalty.

1 Section 1. Short title.

2 This act shall be known and may be cited as the [Methadone]  
3 Medication Death and Incident Review Act.

4 Section 2. Definitions.

5 The following words and phrases when used in this act shall  
6 have the meanings given to them in this section unless the  
7 context clearly indicates otherwise:

8 "Department." The Department of Drug and Alcohol Programs of  
9 the Commonwealth.

10 ["Methadone-related"] "Medication-related death." A death  
11 where [methadone] a medication approved by the United States  
12 Food and Drug Administration for the treatment of opioid use  
13 disorder was:

14 (1) a primary or secondary cause of death; or

15 (2) may have been a contributing factor.

16 ["Methadone-related"] "Medication-related incident." A  
17 situation where [methadone] a medication approved by the United  
18 States Food and Drug Administration for the treatment of opioid  
19 use disorder may be a contributing factor which:

20 (1) does not involve a fatality; and

21 (2) involves:

22 (i) a serious injury; or

23 (ii) unreasonable risk of death or serious injury.

24 ["Narcotic treatment program."] "Opioid-assisted treatment  
25 program." A program licensed and approved by the Department of  
26 Drug and Alcohol Programs for chronic opiate drug users that  
27 administers or dispenses agents under a narcotic treatment  
28 physician's order, either for detoxification purposes or for  
29 maintenance.

30 "Opioid use disorder." A problematic pattern of opioid use

1 leading to clinically significant impairment or distress.

2 "Secretary." The Secretary of Drug and Alcohol Programs of  
3 the Commonwealth.

4 "Team." The [Methadone] Medication Death and Incident Review  
5 Team established under section 3.

6 Section 3. Establishment of [Methadone] Medication Death and  
7 Incident Review Team.

8 (a) Team established.--The department shall establish a  
9 [Methadone] Medication Death and Incident Review Team and  
10 conduct a review and shall examine the circumstances surrounding  
11 [methadone-related] medication-related deaths and [methadone-  
12 related] medication-related incidents in this Commonwealth for  
13 the purpose of promoting safety, reducing [methadone-related]  
14 medication-related deaths and [methadone-related] medication-  
15 related incidents and improving treatment practices.

16 (b) Composition.--The team shall consist of the following  
17 individuals:

18 \* \* \*

19 (3) The following individuals appointed by the  
20 secretary:

21 (i) A representative from [narcotic treatment  
22 programs as defined in 28 Pa. Code § 701.1 (relating to  
23 definitions)] an opioid-assisted treatment program.

24 (ii) A representative from a licensed drug and  
25 alcohol addiction treatment program that is not defined  
26 as [a narcotic treatment program] an opioid-assisted  
27 treatment program.

28 (iii) A representative from law enforcement  
29 recommended by a Statewide association representing  
30 members of law enforcement.

1 (iv) A representative from the medical community  
2 recommended by a Statewide association representing  
3 physicians.

4 (v) A district attorney recommended by a Statewide  
5 association representing district attorneys.

6 (vi) A coroner or medical examiner recommended by a  
7 Statewide association representing county coroners and  
8 medical examiners.

9 (vii) A member of the public.

10 (viii) A patient or family advocate.

11 (ix) A representative from a recovery organization.

12 (x) An office-based agonist treatment provider who  
13 is assigned a waiver from the Drug Enforcement  
14 Administration, including a special identification  
15 number, commonly referred to as the "X" DEA number, to  
16 provide office-based prescribing of buprenorphine.

17 (xi) A representative of the Department of Health  
18 who is affiliated with the Achieving Better Care by  
19 Monitoring All Prescriptions Program (ABC-MAP)  
20 established under the act of October 27, 2014 (P.L.2911,  
21 No.191), known as the Achieving Better Care by Monitoring  
22 All Prescriptions Program (ABC-MAP) Act.

23 (xii) A toxicologist.

24 \* \* \*

25 Section 4. Team duties.

26 The team shall:

27 (1) Review each medication-related death where  
28 [methadone] a medication approved by the United States Food  
29 and Drug Administration for the treatment of opioid use  
30 disorder was either the primary or a secondary cause of death

1 and review [methadone-related] medication-related incidents.

2 (2) Determine the role that [methadone] a medication  
3 approved by the United States Food and Drug Administration  
4 for the treatment of opioid use disorder played in each death  
5 and [methadone-related] medication-related incident.

6 (3) Communicate concerns to regulators and facilitate  
7 communication within the health care and legal systems about  
8 issues that could threaten health and public safety.

9 (4) Develop best practices to prevent future [methadone-  
10 related] medication-related deaths and [methadone-related]  
11 medication-related incidents. The best practices shall be:

12 (i) Promulgated by the department as regulations.

13 (ii) Posted on the department's Internet website.

14 (5) Collect and store data on the number of [methadone-  
15 related] medication-related deaths and [methadone-related]  
16 medication-related incidents and provide a brief description  
17 of each death and incident. The aggregate statistics shall be  
18 posted on the department's Internet website. [The team may  
19 collect and store data concerning deaths and incidents  
20 related to other drugs used in opiate treatment.]

21 (6) Develop a form for the submission of [methadone-  
22 related] medication-related deaths and [methadone-related]  
23 medication-related incidents to the team by any concerned  
24 party.

25 (7) Develop, in consultation with a Statewide  
26 association representing county coroners and medical  
27 examiners, a model form for county coroners and medical  
28 examiners to use to report and transmit information regarding  
29 [methadone-related] medication-related deaths to the team.

30 The team and the Statewide association representing county

1 coroners and medical examiners shall collaborate to ensure  
2 that all [methadone-related] medication-related deaths are,  
3 to the fullest extent possible, identified by coroners and  
4 medical examiners.

5 (8) Develop and implement any other strategies that the  
6 team identifies to ensure that the most complete collection  
7 of [methadone-related] medication-related death and  
8 [methadone-related] medication-related serious incident cases  
9 reasonably possible is created.

10 (9) Prepare an annual report that shall be posted on the  
11 department's Internet website and distributed to the chairman  
12 and minority chairman of the Judiciary Committee of the  
13 Senate, the chairman and minority chairman of the [Public  
14 Health and Welfare] Health and Human Services Committee of  
15 the Senate, the chairman and minority chairman of the  
16 Judiciary Committee of the House of Representatives and the  
17 chairman and minority chairman of the Human Services  
18 Committee of the House of Representatives. Each report shall:

19 (i) Provide public information regarding the number  
20 and causes of [methadone-related] medication-related  
21 deaths and [methadone-related] medication-related  
22 incidents.

23 (ii) Provide aggregate data on five-year trends on  
24 [methadone-related] medication-related deaths and  
25 [methadone-related] medication-related incidents when  
26 such information is available.

27 (iii) Make recommendations to prevent future  
28 [methadone-related] medication-related deaths,  
29 [methadone-related] medication-related incidents and  
30 abuse and set forth the department's plan for

1 implementing the recommendations.

2 (iv) Recommend changes to statutes and regulations  
3 to decrease [methadone-related] medication-related deaths  
4 and [methadone-related] medication-related incidents.

5 (v) Provide a report on [methadone-related]  
6 medication-related deaths and [methadone-related]  
7 medication-related incidents and concerns regarding  
8 [narcotic] opioid-assisted treatment programs.

9 (10) Develop and publish on the department's Internet  
10 website a list of meetings for each year.

11 Section 5. Duties of coroner and medical examiner.

12 A county coroner or medical examiner shall forward all  
13 [methadone-related] medication-related death cases to the team  
14 for review. The county coroner and medical examiner shall use  
15 the model form developed by the team to transmit the data.

16 Section 6. Review procedures.

17 The team may review the following information:

18 (1) Coroner's reports or postmortem examination records  
19 unless otherwise prohibited by Federal or State laws,  
20 regulations or court decisions.

21 (2) Death certificates and birth certificates.

22 (3) Law enforcement records and interviews with law  
23 enforcement officials as long as the release of such records  
24 will not jeopardize an ongoing criminal investigation or  
25 proceeding.

26 (4) Medical records from hospitals, other health care  
27 providers and [narcotic treatment programs] opioid-assisted  
28 treatment programs.

29 (5) Information and reports made available by the county  
30 children and youth agency in accordance with 23 Pa.C.S. Ch.

1 63 (relating to child protective services).

2 (6) Information made available by firefighters or  
3 emergency services personnel.

4 (7) Reports and records made available by the court to  
5 the extent permitted by law or court rule.

6 (8) EMS records.

7 (9) Traffic fatality reports.

8 (10) [Narcotic treatment program] Opioid-assisted  
9 treatment program incident reports.

10 (11) [Narcotic treatment program] Opioid-assisted  
11 treatment program licensure surveys from the program  
12 licensure division.

13 (12) Any other records necessary to conduct the review.

14 Section 8. Confidentiality.

15 (a) Maintenance.--The team shall maintain the  
16 confidentiality of any identifying information obtained relating  
17 to the death of an individual or adverse incidents regarding  
18 [methadone] medication, including the name of the individual,  
19 guardians, family members, caretakers or alleged or suspected  
20 perpetrators of abuse, neglect or a criminal act.

21 \* \* \*

22 (f) Attendance.--Nothing in this act shall prevent the team  
23 from allowing the attendance of a person with information  
24 relevant to a review at a [methadone] medication death and  
25 incident team review meeting.

26 \* \* \*

27 Section 2. This act shall take effect in ~~60~~ 90 days.

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