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THE GENERAL ASSEMBLY OF PENNSYLVANIA

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SENATE BILL

No. 1294 Session of  
2010

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INTRODUCED BY STACK, RAFFERTY, FONTANA, M. WHITE, D. WHITE,  
ALLOWAY, GREENLEAF, O'PAKE, EICHELBERGER AND WARD,  
MAY 26, 2010

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REFERRED TO PUBLIC HEALTH AND WELFARE, MAY 26, 2010

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AN ACT

1 Providing for requirements for methadone use by narcotic  
2 treatment programs, for reducing methadone diversion, for  
3 reducing methadone-related accidents and deaths and for  
4 duties of the Bureau of Drug and Alcohol Programs in the  
5 Department of Health.

6 The General Assembly of the Commonwealth of Pennsylvania  
7 hereby enacts as follows:

8 Section 1. Short title.

9 This act shall be known and may be cited as the Methadone  
10 Addiction Prevention and Treatment Act.

11 Section 2. Legislative findings.

12 The General Assembly finds and declares as follows:

13 (1) Methadone is used by some drug and alcohol treatment  
14 programs to treat heroin addiction.

15 (2) Some people have lost their lives to primary or  
16 secondary drug interactions with methadone.

17 (3) Prescriptions for methadone have increased by nearly  
18 700% from 1998 through 2006.

19 (4) Methadone patients have caused motor vehicle

1 accidents resulting in property damage and loss of life.

2 (5) According to the Centers for Disease Control and  
3 Prevention, in 2005 there were 4,462 methadone-related  
4 deaths, representing an increase of 468% since 1999. By  
5 contrast, all poisoning deaths by all drugs increased by 66%  
6 over the same period.

7 (6) Methadone is addictive, and most patients develop an  
8 addiction to methadone.

9 (7) Methadone withdrawal can be more severe than heroin  
10 withdrawal.

11 (8) There is no comprehensive database of drug-related  
12 deaths in the United States.

13 (9) Methadone treatment practices must be improved to  
14 protect and prevent the patient and the public from deaths,  
15 injuries and addictions.

16 Section 3. Definitions.

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

20 "Bureau." The Bureau of Drug and Alcohol Programs in the  
21 Department of Health.

22 "Department." The Department of Health of the Commonwealth.

23 "Drug-free drug and alcohol addiction treatment facility." A  
24 drug and alcohol addiction treatment program that is not  
25 licensed as a narcotic treatment program by the Department of  
26 Health.

27 "Methadone." An opiate-based narcotic that may be used to  
28 treat drug addictions, including heroin.

29 "Narcotic treatment program." As defined in 28 Pa. Code §  
30 701.1 (relating to general definitions).

1 Section 4. Eligibility for methadone treatment.

2 (a) Treatment.--Prior to the administration of an agent,  
3 narcotic treatment programs shall screen each individual to  
4 determine eligibility for admission. In addition to other  
5 Federal and State requirements, the narcotic treatment program  
6 shall:

7 (1) Verify that the individual is at least 21 years of  
8 age. An individual 18 to 20 years of age can be approved for  
9 the program using criteria developed by the bureau and with  
10 the approval of the narcotic treatment programs' medical  
11 director.

12 (2) Determine that the individual has been  
13 physiologically dependent on opiate-based narcotics for at  
14 least one year prior to the admission and has been unable to  
15 stay drug free from opiate-based narcotics after at least two  
16 substantial attempts at appropriate treatment in drug-free  
17 residential or drug-free outpatient treatment programs.

18 (3) Determine that the individual is currently  
19 physiologically dependent upon opiate-based narcotics.

20 (4) Determine that other medical considerations, such as  
21 hepatitis, liver or heart disease do not preclude the use of  
22 methadone.

23 (5) Conduct a review and document all medications in use  
24 by the individual for potential adverse interactions with  
25 methadone.

26 (b) Intake process.--During the intake process, a narcotic  
27 treatment program shall meet with each patient prior to starting  
28 methadone treatment to provide counseling and to develop a  
29 treatment and rehabilitation program. The intake process shall  
30 include the following:

1 (1) Providing information to the patient relating to:  
2 (i) Alternative methods of treatment, risks and  
3 complications of methadone treatment and possible adverse  
4 outcomes.

5 (ii) Program policies.

6 (iii) Hours of operation.

7 (iv) Fee schedule.

8 (v) Services provided.

9 (2) Obtaining the following from the patient:

10 (i) Medical history.

11 (ii) Drug and alcohol history, including use of  
12 prescription drugs.

13 (iii) Personal history.

14 (3) Obtaining consent to treatment.

15 (4) Conducting a physical examination.

16 (5) Conducting a psychosocial evaluation.

17 (c) Preliminary treatment and rehabilitation plan.--The  
18 preliminary treatment and rehabilitation plan shall include a  
19 methadone-to-abstinence schedule. The schedule shall include  
20 dates and goals for the patient to reduce and eliminate  
21 methadone use within two to three years. Exceptions to the  
22 methadone-to-abstinence plan must be approved by the bureau.

23 (d) Counseling.--Each narcotic treatment program shall  
24 provide a minimum of two hours of counseling a week to patients  
25 using methadone. After three months' compliance with treatment  
26 program rules and goals, including drug-free urine screens, the  
27 amount of counseling shall be adjusted as recommended by a  
28 physician in the best interest of the patient.

29 (e) Drug screening tests.--

30 (1) Narcotic treatment programs shall complete an

1 initial drug screening analysis for each prospective patient  
2 upon intake and at least once every two weeks after  
3 admission. Each test shall screen for opiates, methadone,  
4 benzodiazepines, amphetamines, barbiturates, cocaine and  
5 alcohol. When a patient has tested positive for opiates,  
6 benzodiazepines, amphetamines, barbiturates, cocaine or  
7 alcohol, the patient shall be provided immediately with  
8 additional counseling to address the problem, and the  
9 methadone dosage shall be adjusted as necessary to ensure  
10 patient safety.

11 (2) A narcotic treatment program may conduct on-site  
12 drug screening. Screens that are positive must be confirmed  
13 through a certified, independent laboratory with the report  
14 maintained in the patient's file.

15 (f) Operation of vehicle.--A patient using methadone is  
16 prohibited from operating a vehicle during the first two weeks  
17 of receiving methadone unless approved by the narcotic treatment  
18 programs' medical director. If a patient tests positive for  
19 other illegal drugs or alcohol, the patient is prohibited from  
20 operating a vehicle for a minimum of one month unless approved  
21 by the narcotic treatment programs' medical director.

22 (g) Training of physicians.--A medical director providing  
23 approval for driving or take-home privileges must have  
24 certification in addiction medicine from the American Society of  
25 Addiction Medicine or must have completed training in alcohol  
26 and other drug addictions that has been approved by the Bureau  
27 of Drug and Alcohol Programs and the Pennsylvania Medical  
28 Society.

29 Section 5. Reducing methadone abuse and diversion.

30 (a) Plans.--Each narcotic treatment program shall develop

1 plans to reduce methadone diversion and submit the plans to the  
2 bureau. The plans shall list the specific steps that the program  
3 has taken to reduce methadone abuse.

4 (b) Review and inspection.--The bureau shall review the  
5 plans and conduct on-site inspections to determine compliance  
6 with the plans.

7 (c) Best practices.--The bureau shall develop a list of best  
8 practices for methadone treatment and to reduce methadone  
9 diversion. The best practices shall be published on the bureau's  
10 Internet website. The department shall promulgate regulations  
11 that require all treatment programs to implement the best  
12 practices.

13 (d) Take-home privileges.--

14 (1) A narcotic treatment program may provide methadone  
15 to a patient for use outside of the drug treatment facility  
16 if consistent with the patient's treatment plan, including,  
17 but not limited to, the methadone-to-abstinence schedule, and  
18 the patient's physician has made a good faith estimate that  
19 the take-home medication:

20 (i) will improve the patient's treatment for heroin  
21 addiction; and

22 (ii) will not be diverted or abused.

23 (2) The physician's good faith estimate shall be written  
24 and maintained in the patient's file.

25 (3) No patient shall receive take-home methadone within  
26 six months of any positive test for opiates, benzodiazepines,  
27 amphetamines, barbiturates, cocaine or alcohol.

28 (4) No patient who has diverted or abused methadone is  
29 eligible for take-home privileges. After a minimum of three  
30 months' compliance with treatment program rules and goals,

1 including drug-free urine screens and with the approval of  
2 the narcotic treatment programs' medical director, take-home  
3 privileges may be reinstated.

4 Section 6. Drug-free alternatives.

5 No drug and alcohol addiction treatment program shall be  
6 required by license or contract to provide methadone or  
7 buprenorphine or make them available to patients.

8 Section 7. Facility operations.

9 In addition to other Federal, State and narcotic treatment  
10 program laws, regulations or requirements, a narcotic treatment  
11 program shall:

12 (1) Have the right to discharge patients from treatment  
13 who engage in diversion of methadone or violence or threats  
14 of violence.

15 (2) Honor patient requests for transfer to another  
16 narcotic treatment program or to other treatment programs  
17 within seven days of request.

18 (3) Provide appropriate care and planning to protect the  
19 health and safety of patients and the community during  
20 transfers to other treatment programs or administrative  
21 discharges.

22 (4) Remain open seven days a week to reduce take-home  
23 methadone prescriptions and prevent methadone diversion and  
24 abuse.

25 Section 8. Penalties.

26 (a) Fine.--The Division of Drug and Alcohol Program  
27 Licensure, Pennsylvania Department of Health, may assess a fine  
28 of \$1,000 for each violation of this act.

29 (b) Public notice of violations.--All violations shall be  
30 posted on the department's publicly accessible Internet website.

1 Section 9. Effective date.

2 This act shall take effect in 60 days.