

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 122 Session of 2017

INTRODUCED BY KAUFER, READSHAW, FEE, DRISCOLL, TAYLOR, MURT, RADER, DAVIS, MULLERY, NELSON, McNEILL, LONGIETTI, WATSON, BOBACK, SIMMONS, SAYLOR, CUTLER AND COOK, FEBRUARY 6, 2017

REFERRED TO COMMITTEE ON HUMAN SERVICES, FEBRUARY 6, 2017

AN ACT

1 Amending the act of April 14, 1972 (P.L.221, No.63), entitled,
 2 as amended, "An act establishing the Pennsylvania Advisory
 3 Council on Drug and Alcohol Abuse; imposing duties on the
 4 Department of Health to develop and coordinate the
 5 implementation of a comprehensive health, education and
 6 rehabilitation program for the prevention and treatment of
 7 drug and alcohol abuse and drug and alcohol dependence;
 8 providing for emergency medical treatment; providing for
 9 treatment and rehabilitation alternatives to the criminal
 10 process for drug and alcohol dependence; and making repeals,"
 11 establishing the Project Lazarus Commission.

12 The General Assembly of the Commonwealth of Pennsylvania
 13 hereby enacts as follows:

14 Section 1. The act of April 14, 1972 (P.L.221, No.63), known
 15 as the Pennsylvania Drug and Alcohol Abuse Control Act, is
 16 amended by adding a section to read:

17 Section 3.1. Project Lazarus Commission.--(a) The Project
 18 Lazarus Commission is established.

19 (b) The commission shall review and make recommendations
 20 related to a best practice model for a comprehensive, community-
 21 based effort to consolidate overdose prevention efforts for
 22 counties in this Commonwealth as provided under this section.

1 (c) The following shall apply:

2 (1) The commission shall consist of the following members:

3 (i) The chairman and minority chairman of the Public Health
4 and Welfare Committee of the Senate or the chairmen's designees,
5 the chairman and minority chairman of the Health Committee of
6 the House of Representatives or the chairmen's designees and the
7 chairman and minority chairman of the Human Services Committee
8 of the House of Representatives or the chairmen's designees.

9 (ii) Two legislators from each of the four legislative
10 caucuses, to be appointed by the President pro tempore of the
11 Senate and the Speaker of the House of Representatives, in
12 consultation with the Majority Leader and Minority Leader of the
13 Senate and the Majority Leader and Minority Leader of the House
14 of Representatives.

15 (iii) The Secretary of the Drug and Alcohol Programs or a
16 designee.

17 (iv) The Secretary of Health or a designee.

18 (v) An individual appointed by the Governor from within the
19 Governor's administration.

20 (2) The commission shall appoint a member to serve as
21 chairman of the commission.

22 (d) The commission shall hold its first meeting within
23 forty-five days of the effective date of this section,
24 notwithstanding whether the Governor or all legislative caucuses
25 have approved members to the commission.

26 (e) The commission shall hold meetings at the call of the
27 chairman.

28 (f) A member may not receive compensation for the member's
29 services, but shall be reimbursed for all necessary travel and
30 other reasonable expenses incurred in connection with the

1 performance of the member's duties.

2 (g) The General Assembly shall provide administrative
3 support, meeting space and any other assistance required by the
4 commission to carry out the commission's duties under this
5 section in cooperation with the Department of Drug and Alcohol
6 Programs. The Department of Drug and Alcohol Programs, in
7 consultation with the department, shall provide the commission
8 with data, research and other information upon request by the
9 commission.

10 (h) The commission shall develop a best practice model and
11 identify factors to help counties establish or build existing
12 comprehensive community-based programs to prevent prescription
13 medication and opioid poisonings, present responsible pain
14 management and promote substance abuse treatment and support
15 services. The factors identified under this subsection may
16 include all of the following:

17 (1) Community education about the dangers of misusing and
18 abusing prescription opioids.

19 (2) Provider education to improve the treatment of chronic
20 pain and the treatment of mental illness, addiction and pain.

21 (3) Hospital education policies to encourage safe
22 prescribing of controlled substances and provide meaningful
23 referrals for chronic pain and addiction.

24 (4) Diversion control to reduce the amount of prescribed
25 unused medicines existing in our society.

26 (5) Improvement of patient support so patients and
27 caregivers can safely manage chronic pain.

28 (6) Harm reduction to help people who do abuse opioids to
29 prevent overdose deaths with the antidote naloxone.

30 (7) Addiction treatment to help find effective treatment for

1 those who are ready to recover.

2 (i) The commission shall have the following powers and
3 duties:

4 (1) Review and make findings and recommendations related to
5 a best practice model for counties to use in this Commonwealth.

6 (2) Consult with and utilize experts to assist the
7 commission in carrying out the duties under this subsection.

8 (3) Receive input from interested parties, including, but
9 not limited to, health directors, school superintendents,
10 district attorneys, sheriffs, police chiefs, directors of
11 substance abuse treatment facilities and behavioral health
12 services and hospital and practitioner leaders.

13 (4) Hold public hearings in different regions of this
14 Commonwealth.

15 (5) Review and consider the Project Lazarus model utilized
16 in other states.

17 (6) In identifying the best practice model factors under
18 subsection (h) and in completing the report required under this
19 subsection, consider the impact the factors may have on the
20 Commonwealth's Medicaid authority, schools, Commonwealth public
21 health and mental health agencies, community organizers, local
22 government, hospitals and law enforcement agencies.

23 (7) Review and make recommendations about expanding access
24 to effective forms of substance abuse treatment, data collection
25 and monitoring efforts, the distribution of naloxone to help
26 prevent overdose fatalities, modifying hospital emergency
27 department policies on dispensing pain medicines, support groups
28 for pain patients and one-on-one education of physicians on
29 managing chronic pain.

30 (8) Develop a best practice model and factors under

1 subsection (h).

2 (9) Draft proposed regulations and proposed legislation
3 based on the commission's findings.

4 (10) Issue a report of the commission's findings and
5 recommendations to the Governor, the President pro tempore of
6 the Senate, the Majority Leader and Minority Leader of the
7 Senate, the Public Health and Welfare Committee of the Senate,
8 the Speaker of the House of Representatives, the Majority Leader
9 and Minority Leader of the House of Representatives, the Health
10 Committee of the House of Representatives, the Human Services
11 Committee of the House of Representatives, the Secretary of
12 Health and the Secretary of Drug and Alcohol Programs not later
13 than one year after the effective date of this section.

14 Section 2. This act shall take effect immediately.