

AN ACT

1 Providing for duties of the Department of Corrections and the
2 Department of Drug and Alcohol Programs, for educating and
3 training of government-funded professionals who come into
4 contact with individuals engaged in risky substance use and
5 for training programs to educate physicians and nonphysicians
6 in addressing risky substance use and addiction; developing
7 screening and assessment instruments for addictive
8 substances; requiring treatment programs and providers to
9 utilize evidence-based prevention and treatment approaches;
10 mandating insurance coverage for screening, brief
11 intervention, referral to treatment for individuals at risk
12 for substance use and treatment and disease management for
13 addiction; and providing for screening at the time of
14 arraignment.

15 The General Assembly finds that:

16 (1) Seventy percent of inmates in the State correctional
17 system have some level of substance abuse.

18 (2) One in four families in Pennsylvania is struggling to
19 help a loved one with an untreated alcohol or drug-related
20 addiction.

21 (3) Addiction involving nicotine, alcohol and other drugs
22 affects 16% of Americans who are more than 11 years of age,
23 which represents 40,000,000 people.

1 (4) Most health professionals are not sufficiently trained
2 to educate patients about risky use and addiction, conduct
3 screening and interventions for risky use or diagnose and treat
4 addiction.

5 (5) Many of those who currently make up the addiction
6 treatment provider work force are not equipped with the
7 knowledge, skills or credentials necessary to provide the full
8 range of evidence-based services to treat addiction.

9 (6) Addiction is a disease that can be treated and managed
10 effectively at venues where regular medical care is delivered by
11 physicians, including addiction physician specialists, and
12 including a multidisciplinary team of other health professionals
13 using an array of evidence-based pharmaceutical and psychosocial
14 approaches.

15 The General Assembly of the Commonwealth of Pennsylvania
16 hereby enacts as follows:

17 Section 1. Short title.

18 This act shall be known and may be cited as the Criminal
19 Justice and Addiction Treatment Act.

20 Section 2. Definitions.

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

24 "Board." The State Board of Medicine, the State Board of
25 Osteopathic Medicine, the State Board of Nursing, the State
26 Board of Psychology, the State Board of Social Workers, Marriage
27 and Family Therapists and Professional Counselors, the State
28 Board of Dentistry and the State Board of Pharmacy.

29 "Clinical standards committee." A committee administratively
30 established within the Department of Drug and Alcohol Programs

1 that consists of representatives from providers, single county
2 authorities, managed care organizations, physicians, recovery
3 advocate organizations, educational institutions and State
4 agencies and that, upon the request of the department, may make
5 recommendations to the department.

6 "Department." The Department of Drug and Alcohol Programs of
7 the Commonwealth.

8 "Evidence-based practices." Interventions and treatment
9 approaches that have been proven effective through appropriate
10 empirical analysis.

11 "Health insurance policy." Any group health, sickness or
12 accident policy or subscriber contract or certificate offered to
13 groups of 51 or more employees issued by an entity subject to
14 any one of the following:

15 (1) The act of May 17, 1921 (P.L.682, No.284), known as
16 the Insurance Company Law of 1921.

17 (2) The act of December 29, 1972 (P.L.1701, No.364),
18 known as the Health Maintenance Organization Act.

19 (3) 40 Pa.C.S. Ch. 61 (relating to hospital plan
20 corporations) or 63 (relating to professional health services
21 plan corporations).

22 The term does not include accident only, fixed indemnity,
23 limited benefit, credit, dental, vision, specified disease,
24 Medicare supplement, Civilian Health and Medical Program of the
25 Uniformed Services (CHAMPUS) supplement, long-term care or
26 disability income, workers' compensation or automobile medical
27 payment insurance.

28 "Insurer." An entity offering a health insurance policy in
29 this Commonwealth.

30 "Risky substance use." Any of the following activities:

1 (1) the use of tobacco or a tobacco product;

2 (2) the use of alcoholic beverages in excess of the
3 dietary guidelines of the United States Department of
4 Agriculture;

5 (3) the misuse of a prescription drug; or

6 (4) the illegal use of a controlled substance, but which
7 activity does not meet clinical diagnostic criteria for
8 addiction.

9 "Secretary." The Secretary of Corrections of the
10 Commonwealth.

11 Section 3. Offenders in State correctional institutions.

12 The secretary shall utilize drug and alcohol treatment
13 services for offenders in State correctional institutions that
14 are certified by the department as utilizing evidence-based
15 practices tailored to the needs of offenders. The secretary
16 shall also develop a prerelease plan for inmates with substance-
17 use disorders that provides transition to a broad range of
18 integrated reentry services.

19 Section 4. Training and education of government-funded
20 professionals.

21 The department shall provide courses to educate and train
22 government-funded professionals, including, but not limited to:

23 (1) law enforcement and other criminal justice
24 personnel;

25 (2) legal staff, child welfare and other social service
26 workers; and

27 (3) educators

28 who do not provide direct addiction-related services but who
29 come into contact with significant numbers of individuals who
30 engage in risky substance use or who may have addiction. The

1 courses shall contain best practices for recognizing substance-
2 involved individuals and knowing how to respond.

3 Section 5. Education and training of health care professionals.

4 (a) Physicians.--

5 (1) The department shall, in consultation with the
6 clinical standards committee, develop:

7 (i) core clinical competencies that can be
8 incorporated as required components of all medical
9 schools curricula, residency training programs, licensing
10 examinations and continuing education requirements to
11 address risky substance use and addiction;

12 (ii) prevention, intervention, treatment and
13 management options; and

14 (iii) co-occurring conditions and special population
15 and specialty-care needs.

16 (2) The competencies shall include:

17 (i) What constitutes risky substance use, the harms
18 of such use to health and safety and the importance of
19 reducing risky substance use.

20 (ii) How to screen for risky substance use and to
21 conduct brief interventions when indicated.

22 (iii) The causes and correlates of addiction.

23 (iv) How to diagnose addiction; evaluate disease
24 stage, severity, co-occurring disorders and needs of
25 special populations; and develop a treatment and disease
26 management plan, including appropriate support services.

27 (v) How to collaborate with and manage a
28 multidisciplinary team of providers.

29 (vi) How to provide or supervise psychosocial and
30 pharmaceutical treatments for addiction and disease

1 management.

2 (vii) How to arrange for and connect patients with
3 auxiliary support services.

4 (viii) How to determine the need for specialty care
5 and connect patients with such care.

6 (b) Nonphysicians.--

7 (1) The department shall, in consultation with the
8 clinical standards committee, develop core clinical
9 competencies that can be incorporated as required components
10 of all professional health care program curricula, graduate
11 fellowship training programs, professional licensing
12 examinations and continuing education requirements in
13 addressing risky substance use and preventing and treating
14 addiction for each type of nonphysician health professional,
15 including physician assistants, nurses and nurse
16 practitioners, dentists, pharmacists and graduate-level
17 clinical mental health professionals.

18 (2) These competencies shall include:

19 (i) What constitutes risky substance use, the harms
20 of such use to health and safety and the importance of
21 reducing risky use.

22 (ii) How to screen for risky substance use and
23 conduct brief interventions when indicated.

24 (iii) The causes and correlates of addiction.

25 (iv) Available psychosocial and pharmaceutical
26 treatments for addiction and disease management.

27 (v) How to arrange for and connect patients with
28 auxiliary support services.

29 (vi) How to determine the need for specialty care
30 and connect patients with such care.

1 (c) Cooperation with boards.--In carrying out its duties
2 under subsections (a) and (b), the department shall work with
3 the boards to incorporate the core clinical competencies into
4 continuing education requirements.

5 (d) Prescriber training.--Each board shall establish
6 continuing education requirements and criteria appropriate to
7 its respective discipline for training on best practices of
8 prescribing controlled substances for a person issued a license
9 or certificate by the board that prescribes, administers or
10 dispenses a controlled substance.

11 Section 6. Screening and assessment instruments.

12 The department shall, in consultation with the clinical
13 standards committee, develop screening and assessment
14 instruments for all types of addictive substances that physician
15 and nonphysician health professionals can use for diagnosing
16 addiction.

17 Section 7. State accreditation standards.

18 The department shall develop State accreditation standards
19 for all drug and alcohol treatment facilities and programs that
20 reflect evidence-based practices. As a condition of
21 accreditation, the department shall require all facilities and
22 programs providing addiction treatment to meet all of the
23 following:

24 (1) Have on staff or available for consultation a
25 certified addiction physician specialist.

26 (2) Provide comprehensive assessment and treatment that
27 uses evidence-based practices for addiction involving all
28 substances that are tailored to the stage and severity of the
29 disease, co-occurring conditions and patient characteristics.

30 (3) Collect and report comprehensive quality assessment

1 data, including process and outcome measurements related to
2 screening, intervention, treatment and disease management, in
3 accordance with established guidelines developed in
4 collaboration with the American Board of Addiction Medicine.

5 Section 8. Conditional funding.

6 As a condition of receiving any funding through the
7 department, any drug and alcohol treatment facility, whether
8 freestanding or within a hospital setting, shall utilize
9 evidence-based practices, including, but not limited to,
10 pharmaceutical therapies provided or managed by a physician and
11 psychosocial therapies provided by medical professionals or
12 graduate-level clinical mental health professionals trained and
13 licensed in core competencies of addiction treatment.

14 Section 9. Insurance coverage.

15 An insurer shall provide coverage for screening, brief
16 intervention, referral to treatment for individuals at risk for
17 substance use and treatment and disease management for addiction
18 consistent with standards of medical practice. An insurer may
19 require, as a condition of payment, for addiction intervention
20 and treatment by a drug and alcohol treatment provider that the
21 services are directly provided, supervised or managed by trained
22 medical professionals.

23 Section 10. Screening at the time of arraignment.

24 At the time of arraignment a defendant shall be directed by
25 the court to undergo screening for substance abuse and
26 addiction. At the time of setting bail, the court may include
27 drug and alcohol treatment as a condition of bail.

28 Section 11. Effective date.

29 This act shall take effect in 60 days.