
THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1295 Session of
2015

INTRODUCED BY DiGIROLAMO, CALTAGIRONE, TAYLOR, JAMES, McNEILL,
McCARTER, MILLARD, DAVIS, KINSEY, READSHAW, MARSICO, COHEN,
SCHLOSSBERG, MURT, MAHONEY, HARHAI, SABATINA, STAATS AND
HEFFLEY, JUNE 10, 2015

REFERRED TO COMMITTEE ON HUMAN SERVICES, JUNE 10, 2015

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 and for
8 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 and (a),
12 4, 5 and 8(a) and (f) of the act of October 24, 2012 (P.L.1198,
13 No.148), known as the Methadone Death and Incident Review Act,
14 are amended to read:

15 An Act

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

19 The General Assembly of the Commonwealth of Pennsylvania
20 hereby enacts as follows:

1 Section 1. Short title.

2 This act shall be known and may be cited as the Methadone and
3 Buprenorphine 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 or buprenorphine-related death." A death
11 where methadone or buprenorphine was:

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

13 (2) may have been a contributing factor.

14 "Methadone-related or buprenorphine-related incident." A
15 situation where methadone or buprenorphine may be a contributing
16 factor which:

17 (1) does not involve a fatality; and

18 (2) involves:

19 (i) a serious injury; or

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

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

27 "Secretary." The Secretary of Drug and Alcohol Programs of
28 the Commonwealth.

29 "Team." The Methadone and Buprenorphine Death and Incident
30 Review Team established under section 3.

1 Section 3. Establishment of Methadone and Buprenorphine Death
2 and Incident Review Team.

3 (a) Team established.--The department shall establish a
4 Methadone and Buprenorphine Death and Incident Review Team and
5 conduct a review and shall examine the circumstances surrounding
6 methadone-related or buprenorphine-related deaths and methadone-
7 related or buprenorphine-related incidents in this Commonwealth
8 for the purpose of promoting safety, reducing methadone-related
9 or buprenorphine-related deaths and methadone-related or
10 buprenorphine-related incidents and improving treatment
11 practices.

12 * * *

13 Section 4. Team duties.

14 The team shall:

15 (1) Review each death where methadone or buprenorphine
16 was either the primary or a secondary cause of death and
17 review methadone-related or buprenorphine-related incidents.

18 (2) Determine the role that methadone or buprenorphine
19 played in each death and methadone-related or buprenorphine-
20 related incident.

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

24 (4) Develop best practices to prevent future methadone-
25 related or buprenorphine-related deaths and methadone-related
26 or buprenorphine-related incidents. The best practices shall
27 be:

28 (i) Promulgated by the department as regulations.

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

30 (5) Collect and store data on the number of methadone-

1 related or buprenorphine-related deaths and methadone-related
2 or buprenorphine-related incidents and provide a brief
3 description of each death and incident. The aggregate
4 statistics shall be posted on the department's Internet
5 website. The team may collect and store data concerning
6 deaths and incidents related to other drugs used in opiate
7 treatment.

8 (6) Develop a form for the submission of methadone-
9 related or buprenorphine-related deaths and methadone-related
10 or buprenorphine-related incidents to the team by any
11 concerned party.

12 (7) Develop, in consultation with a Statewide
13 association representing county coroners and medical
14 examiners, a model form for county coroners and medical
15 examiners to use to report and transmit information regarding
16 methadone-related or buprenorphine-related deaths to the
17 team. The team and the Statewide association representing
18 county coroners and medical examiners shall collaborate to
19 ensure that all methadone-related or buprenorphine-related
20 deaths are, to the fullest extent possible, identified by
21 coroners and medical examiners.

22 (8) Develop and implement any other strategies that the
23 team identifies to ensure that the most complete collection
24 of methadone-related or buprenorphine-related death and
25 methadone-related or buprenorphine-related serious incident
26 cases reasonably possible is created.

27 (9) Prepare an annual report that shall be posted on the
28 department's Internet website and distributed to the chairman
29 and minority chairman of the Judiciary Committee of the
30 Senate, the chairman and minority chairman of the Public

1 Health and Welfare Committee of the Senate, the chairman and
2 minority chairman of the Judiciary Committee of the House of
3 Representatives and the chairman and minority chairman of the
4 Human Services Committee of the House of Representatives.

5 Each report shall:

6 (i) Provide public information regarding the number
7 and causes of methadone-related or buprenorphine-related
8 deaths and methadone-related or buprenorphine-related
9 incidents.

10 (ii) Provide aggregate data on five-year trends on
11 methadone-related or buprenorphine-related deaths and
12 methadone-related or buprenorphine-related incidents when
13 such information is available.

14 (iii) Make recommendations to prevent future
15 methadone-related or buprenorphine-related deaths,
16 methadone-related or buprenorphine-related incidents and
17 abuse and set forth the department's plan for
18 implementing the recommendations.

19 (iv) Recommend changes to statutes and regulations
20 to decrease methadone-related or buprenorphine-related
21 deaths and methadone-related or buprenorphine-related
22 incidents.

23 (v) Provide a report on methadone-related or
24 buprenorphine-related deaths and methadone-related or
25 buprenorphine-related incidents and concerns regarding
26 [narcotic] opioid-assisted treatment programs.

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

29 Section 5. Duties of coroner and medical examiner.

30 A county coroner or medical examiner shall forward all

1 methadone-related or buprenorphine-related death cases to the
2 team for review. The county coroner and medical examiner shall
3 use the model form developed by the team to transmit the data.
4 Section 8. Confidentiality.

5 (a) Maintenance.--The team shall maintain the
6 confidentiality of any identifying information obtained relating
7 to the death of an individual or adverse incidents regarding
8 methadone or buprenorphine, including the name of the
9 individual, guardians, family members, caretakers or alleged or
10 suspected perpetrators of abuse, neglect or a criminal act.

11 * * *

12 (f) Attendance.--Nothing in this act shall prevent the team
13 from allowing the attendance of a person with information
14 relevant to a review at a methadone or buprenorphine death and
15 incident team review meeting.

16 * * *

17 Section 2. This act shall take effect in 60 days.