

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2328 Session of 2015

INTRODUCED BY KAUFER, DRISCOLL, HARHART, BOBACK, TOOHL, TAYLOR,
RADER, COOK-ARTIS, RAPP, DAVIS, NELSON, MURT, BAKER,
GINGRICH, KAUFFMAN, McNEILL, WARD, READSHAW AND STAATS,
SEPTEMBER 14, 2016

REFERRED TO COMMITTEE ON HUMAN SERVICES, SEPTEMBER 14, 2016

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

counties in this Commonwealth as provided under this section.

(c) The following shall apply:

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

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

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

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

(iv) The Secretary of Health or a designee.

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

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

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

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

(f) The members may not receive compensation for the member's services, but shall be reimbursed for all necessary

travel and other reasonable expenses incurred in connection with the performance of the member's duties.

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

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

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

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

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

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

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

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

(7) Addiction treatment to help find effective treatment for those who are ready to recover.

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

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

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

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

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

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

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

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

1 (8) Develop a best practice model and factors under
2 subsection (h).

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

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

15 Section 2. This act shall take effect immediately.