
THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 870 Session of
2015

INTRODUCED BY GREENLEAF, TEPLITZ, FONTANA, VULAKOVICH, SCHWANK,
MCGARRIGLE, MENSCH AND HUGHES, JUNE 8, 2015

REFERRED TO JUDICIARY, JUNE 8, 2015

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 and providing for screening at the time of arraignment.

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

13 Section 1. Short title.

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

16 Section 2. Legislative findings.

17 The General Assembly finds that:

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

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

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

4 (4) Most medical professionals are not sufficiently
5 trained to educate patients about risky use and addiction,
6 conduct screening and interventions for risky use or diagnose
7 and treat addiction.

8 (5) Many of the physicians and other medical
9 professionals are not equipped with the knowledge, skills or
10 credentials necessary to provide the full range of evidence-
11 based services to screen, assess and refer to appropriate
12 addiction treatment.

13 (6) Addiction is a disease that can be screened for at
14 venues where regular medical care is delivered by physicians,
15 including addiction physician specialists, and including a
16 multidisciplinary team of other health professionals using an
17 array of evidence-based pharmaceutical and psychosocial
18 approaches.

19 Section 3. Definitions.

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

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

28 "Clinical standards committee." A committee administratively
29 established within the Department of Drug and Alcohol Programs
30 that consists of representatives from addiction treatment

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

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

7 "Evidence-based practices." Structured interventions and
8 treatment approaches that have been proven effective for
9 specific populations and settings through appropriate empirical
10 analysis and were previously evidence-informed practices that
11 were validated by additional research.

12 "Evidence-informed practices." Practices that are based in
13 research-supported theory and utilize evidence-based principles
14 that have been modified and adapted so that the techniques may
15 be individualized to the specific treatment needs of an
16 individual with substance use disorder.

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

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

19 (2) the use of alcoholic beverages in excess of the
20 dietary guidelines of the United States Department of
21 Agriculture;

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

23 (4) the illegal use of a controlled substance, but which
24 activity does not meet clinical diagnostic criteria for
25 addiction.

26 "Screening." A brief assessment by healthcare professionals
27 that assesses a patient for risky substance use behaviors using
28 standardized screening tools and that is used to determine if a
29 full assessment is recommended.

30 "Secretary." The Secretary of Corrections of the

1 Commonwealth.

2 Section 4. Offenders in State correctional institutions.

3 The secretary, in consultation with the department, shall
4 utilize drug and alcohol addiction treatment services for
5 offenders in State correctional institutions that are certified
6 by the department as utilizing evidence-based practices and
7 evidence-informed practices tailored to the needs of offenders.
8 The secretary shall ensure that prerelease plans are developed
9 for inmates with substance-use disorders that provide transition
10 to a broad range of integrated reentry services. The duties
11 under this section include development of procedures that ensure
12 enrollment in Medicaid is in effect at the time of release.

13 Section 5. Training and education of government-funded
14 professionals.

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

17 (1) law enforcement and other criminal justice
18 personnel;

19 (2) legal staff, child welfare and other social service
20 workers; and

21 (3) educators.

22 who do not provide direct addiction-related services but who
23 come into contact with significant numbers of individuals who
24 engage in risky substance use or who may have addiction. The
25 courses shall contain best practices for recognizing substance-
26 involved individuals and knowing how to respond.

27 Section 6. Education and training of health care professionals.

28 (a) Physicians.--

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

1 (i) core clinical competencies that can be
2 incorporated as required components of all medical
3 schools' curricula, residency training programs,
4 licensing examinations and continuing education
5 requirements to address risky substance use and
6 addiction;

7 (ii) prevention, intervention, treatment and
8 management options; and

9 (iii) competencies for co-occurring conditions and
10 special population and specialty-care needs.

11 (2) The competencies shall include:

12 (i) What constitutes risky substance use, the harms
13 of such use to health and safety and the importance of
14 reducing risky substance use.

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

17 (iii) The causes and correlates of addiction.

18 (iv) How to diagnose addiction, evaluate disease
19 stage, severity, co-occurring disorders and needs of
20 special populations and develop a treatment and disease
21 management plan, including appropriate support services.

22 (v) How to collaborate with and manage a
23 multidisciplinary team of providers.

24 (vi) How to provide or supervise psychosocial and
25 pharmaceutical treatments for addiction and disease
26 management.

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

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

1 (b) Nonphysicians.--

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

13 (2) These competencies shall include:

14 (i) What constitutes risky substance use, the harms
15 of such use to health and safety and the importance of
16 reducing risky use.

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

19 (iii) The causes and correlates of addiction.

20 (iv) Available psychosocial and pharmaceutical
21 treatments for addiction and disease management.

22 (v) How to arrange for and connect patients with
23 auxiliary support services.

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

26 (c) Cooperation with boards.--In carrying out its duties
27 under subsections (a) and (b), the department shall work with
28 each board to incorporate the core clinical competencies into
29 continuing education requirements.

30 (d) Prescriber training.--Each board shall establish

1 continuing education requirements and criteria appropriate to
2 its respective discipline for training on best practices of
3 prescribing controlled substances for a person issued a license
4 or certificate by the board that prescribes, administers or
5 dispenses a controlled substance.

6 Section 7. Screening and assessment instruments.

7 The department shall, in consultation with the clinical
8 standards committee, develop screening and assessment
9 instruments for all types of addictive substances that physician
10 and nonphysician health professionals can use for diagnosing
11 addiction.

12 Section 8. Conditional funding.

13 As a condition of receiving any funding through the
14 department, any drug and alcohol treatment facility, whether
15 freestanding or within a hospital setting, shall utilize
16 evidence-based practices or evidence-informed practices.

17 Section 9. Screening at the time of arraignment.

18 At the time of arraignment a defendant shall be directed by
19 the court to undergo preliminary screening for substance abuse
20 and addiction. At the time of setting bail, the court may
21 include drug and alcohol treatment based on a complete
22 assessment in accordance with criteria set by the department as
23 a condition of bail.

24 Section 10. Effective date.

25 This act shall take effect in 60 days.