
THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1662 Session of
2019

INTRODUCED BY DiGIROLAMO, KINSEY, ZABEL, SCHLOSSBERG, MILLARD,
HOHENSTEIN, HOWARD, DeLUCA, SAYLOR, T. DAVIS, FREEMAN,
NEILSON, SIMS, MOUL, HILL-EVANS, WEBSTER, POLINCHOCK, ROZZI,
NELSON, STRUZZI, PASHINSKI, RIGBY, SCHLEGEL CULVER, COMMITTA,
GREGORY AND MIHALEK, JUNE 19, 2019

REFERRED TO COMMITTEE ON HUMAN SERVICES, JUNE 19, 2019

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, for review
8 procedures and for 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, (a) and
12 (b) (3), 4, 5, 6 and 8(a) and (f) of the act of October 24, 2012
13 (P.L.1198, No.148), known as the Methadone Death and Incident
14 Review Act, 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 Section 1. Short title.

1 This act shall be known and may be cited as the Methadone and
2 Buprenorphine Death and Incident Review Act.

3 Section 2. Definitions.

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

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

9 "Methadone-related or buprenorphine-related death." A death
10 where methadone or buprenorphine was:

- 11 (1) a primary or secondary cause of death; or
- 12 (2) may have been a contributing factor.

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

- 16 (1) does not involve a fatality; and
- 17 (2) involves:
 - 18 (i) a serious injury; or
 - 19 (ii) unreasonable risk of death or serious injury.

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

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

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

30 Section 3. Establishment of Methadone and Buprenorphine Death

1 and Incident Review Team.

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

11 (b) Composition.--The team shall consist of the following
12 individuals:

13 * * *

14 (3) The following individuals appointed by the
15 secretary:

16 (i) A representative from [narcotic treatment
17 programs as defined in 28 Pa. Code § 701.1 (relating to
18 definitions)] an opioid-assisted treatment program.

19 (ii) A representative from a licensed drug and
20 alcohol addiction treatment program that is not defined
21 as [a narcotic treatment program] an opioid-assisted
22 treatment program.

23 (iii) A representative from law enforcement
24 recommended by a Statewide association representing
25 members of law enforcement.

26 (iv) A representative from the medical community
27 recommended by a Statewide association representing
28 physicians.

29 (v) A district attorney recommended by a Statewide
30 association representing district attorneys.

1 (vi) A coroner or medical examiner recommended by a
2 Statewide association representing county coroners and
3 medical examiners.

4 (vii) A member of the public.

5 (viii) A patient or family advocate.

6 (ix) A representative from a recovery organization.

7 * * *

8 Section 4. Team duties.

9 The team shall:

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

13 (2) Determine the role that methadone or buprenorphine
14 played in each death and methadone-related or buprenorphine-
15 related incident.

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

19 (4) Develop best practices to prevent future methadone-
20 related or buprenorphine-related deaths and methadone-related
21 or buprenorphine-related incidents. The best practices shall
22 be:

23 (i) Promulgated by the department as regulations.

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

25 (5) Collect and store data on the number of methadone-
26 related or buprenorphine-related deaths and methadone-related
27 or buprenorphine-related incidents and provide a brief
28 description of each death and incident. The aggregate
29 statistics shall be posted on the department's Internet
30 website. The team may collect and store data concerning

1 deaths and incidents related to other drugs used in opiate
2 treatment.

3 (6) Develop a form for the submission of methadone-
4 related or buprenorphine-related deaths and methadone-related
5 or buprenorphine-related incidents to the team by any
6 concerned party.

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

17 (8) Develop and implement any other strategies that the
18 team identifies to ensure that the most complete collection
19 of methadone-related or buprenorphine-related death and
20 methadone-related or buprenorphine-related serious incident
21 cases reasonably possible is created.

22 (9) Prepare an annual report that shall be posted on the
23 department's Internet website and distributed to the chairman
24 and minority chairman of the Judiciary Committee of the
25 Senate, the chairman and minority chairman of the Public
26 Health and Welfare Committee of the Senate, the chairman and
27 minority chairman of the Judiciary Committee of the House of
28 Representatives and the chairman and minority chairman of the
29 Human Services Committee of the House of Representatives.

30 Each report shall:

1 (i) Provide public information regarding the number
2 and causes of methadone-related or buprenorphine-related
3 deaths and methadone-related or buprenorphine-related
4 incidents.

5 (ii) Provide aggregate data on five-year trends on
6 methadone-related or buprenorphine-related deaths and
7 methadone-related or buprenorphine-related incidents when
8 such information is available.

9 (iii) Make recommendations to prevent future
10 methadone-related or buprenorphine-related deaths,
11 methadone-related or buprenorphine-related incidents and
12 abuse and set forth the department's plan for
13 implementing the recommendations.

14 (iv) Recommend changes to statutes and regulations
15 to decrease methadone-related or buprenorphine-related
16 deaths and methadone-related or buprenorphine-related
17 incidents.

18 (v) Provide a report on methadone-related or
19 buprenorphine-related deaths and methadone-related or
20 buprenorphine-related incidents and concerns regarding
21 [narcotic] opioid-assisted treatment programs.

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

24 Section 5. Duties of coroner and medical examiner.

25 A county coroner or medical examiner shall forward all
26 methadone-related or buprenorphine-related death cases to the
27 team for review. The county coroner and medical examiner shall
28 use the model form developed by the team to transmit the data.

29 Section 6. Review procedures.

30 The team may review the following information:

1 (1) Coroner's reports or postmortem examination records
2 unless otherwise prohibited by Federal or State laws,
3 regulations or court decisions.

4 (2) Death certificates and birth certificates.

5 (3) Law enforcement records and interviews with law
6 enforcement officials as long as the release of such records
7 will not jeopardize an ongoing criminal investigation or
8 proceeding.

9 (4) Medical records from hospitals, other health care
10 providers and [narcotic treatment programs] opioid-assisted
11 treatment programs.

12 (5) Information and reports made available by the county
13 children and youth agency in accordance with 23 Pa.C.S. Ch.
14 63 (relating to child protective services).

15 (6) Information made available by firefighters or
16 emergency services personnel.

17 (7) Reports and records made available by the court to
18 the extent permitted by law or court rule.

19 (8) EMS records.

20 (9) Traffic fatality reports.

21 (10) [Narcotic treatment program] Opioid-assisted
22 treatment program incident reports.

23 (11) [Narcotic treatment program] Opioid-assisted
24 treatment program licensure surveys from the program
25 licensure division.

26 (12) Any other records necessary to conduct the review.

27 Section 8. Confidentiality.

28 (a) Maintenance.--The team shall maintain the
29 confidentiality of any identifying information obtained relating
30 to the death of an individual or adverse incidents regarding

1 methadone or buprenorphine, including the name of the
2 individual, guardians, family members, caretakers or alleged or
3 suspected perpetrators of abuse, neglect or a criminal act.

4 * * *

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

9 * * *

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