

**The following items will be discussed at the meeting of the Standing Committee on Governance and Employee Issues to be held Wednesday, January 11, 2017 at 4:30 p.m. in Room 410 at the Durkin Administration Building:**

gb #5-195 - Mr. O'Connell/Mr. Monfredo/Miss Biancheria (July 23, 2015) *Annex A (1 page)*

To review the Worcester Public Schools' Incident Report for the 2014-15 academic year.

gb #5-211 - Ms. Novick/Mr. O'Connell/Mr. Monfredo/Miss Ramirez/  
Miss Biancheria (August 11, 2015) *Annex A (21 pages)*

To review the following "updated/new policies" resulting from recent legislation in Massachusetts:

- Physical Restraint Policy JKAA
- Security Cameras in Schools ECAF
- Emergency Plans EBC
- Technology Policies IJND-IJNDC

gb #5-246 - Mr. Monfredo/Miss Ramirez/Mr. Foley/Mr. O'Connell/  
Miss Biancheria (September 14, 2015) *Annex A (21 pages)*

Request that the School Committee support a bill, submitted by State Senator Jennifer Flanagan, that addresses ways of dealing with Opioid addiction such as school drug screening called "Screening, Brief Intervention and Referral to Treatment" or SBIRT.

gb #6-144 - Mr. O'Connell/Mr. Foley/Ms. Colorio/Mr. Monfredo/  
Miss Biancheria/Miss McCullough/Mayor Petty (April 4, 2016) *Annex A (4 pages)*

To update Worcester Public Schools' policies regarding substance abuse prevention and education, and to post the updated policies on the Worcester Public Schools website, in compliance with Chapter 71, Section 96 of the Massachusetts General Laws.

gb #6-276 - Administration (July 28, 2016) *Annex A (42 pages)*  
*Annex B (1 page)*  
*Annex C (4 pages)*

To consider necessary policy changes concerning the implementation of the recently enacted Bill relative to Substance Use, Treatment, Education and Prevention and review the policy developed by the Massachusetts Association of School Committees.

(These items were considered together.)

c&p #6-1 - Clerk (February 16, 2016)

*Annex A (1 page)*  
*Annex B (1 page)*

To consider a communication from a citizen regarding a:

- request that Worcester's public high schools host a contest for students to design a banner to mount on the telephone poles/street lights near their schools and
- request that the School Committee's videos be archived on the City's website

c&p #6-7 - Clerk (August 24, 2016)

*Annex A (1 page)*  
*Annex B (1 page)*

To consider a communication from a citizen expressing an interest in promoting civic engagement in the Worcester Public Schools by initiating a "Municipal Governance Day" which would give high school students an opportunity to learn how the municipal government works.

c&p #6-8 - Clerk (August 24, 2016)

*Annex A (1 page)*  
*Annex B (1 page)*

To consider a communication from a citizen relative to the feasibility of holding an event annually with a guest speaker to encourage eligible students to register to vote.

gb #6-36 - Mr. O'Connell/Mr. Monfredo/Miss McCullough (January 11, 2016)

*Annex A (36 pages)*

To establish a Special Committee, consisting of at least three School Committee members, to continue the review of policies proposed for the Worcester Public Schools by the Massachusetts Association of School Committees.

gb #6-145 - Mr. O'Connell/Mr. Foley/Mr. Monfredo/Miss McCullough/Mayor Petty (April 4, 2016)

*Annex A (1 page)*

To consider adoption of Policy JLCD of the Massachusetts Association of School Committees, regarding administration of medications to students.

gb #6-271 - Mr. Monfredo/Mr. O'Connell/Ms. Colorio/ Miss McCullough/Miss Biancheria/Mayor Petty (July 21, 2016)

*Annex A (1 page)*

Request that the Administration consider including training in the Heimlich maneuver as part of the Compression CPR Program and review the Heimlich Heroes Program, which was created by Deaconess Associations, Inc. (DAI) with the support from the



Heimlich Institute, for possible implementation in the Worcester Public Schools.

ITEM: gb #5-195

STANDING COMMITTEE: **GOVERNANCE AND EMPLOYEE ISSUES**

DATE OF MEETING: Wednesday, January 11, 2017

ITEM: Mr. O'Connell/Mr. Monfredo/Miss Biancheria (July 23, 2015)

To review the Worcester Public Schools Incident Report for the 2014-15 academic year.

PRIOR ACTION:

8-20-15 - Referred to the Standing Committee on Governance and Employee Issues.

BACKUP:

Annex A (1 page) contains a copy of the Worcester Public Schools' Incident Report for the 2014-15.

**WORCESTER PUBLIC SCHOOLS**

**INCIDENT REPORT**

<b>Chapter 71, Section 37H</b>	<b>2014</b>					<b>2015</b>					
	<b>AUG</b>	<b>SEP</b>	<b>OCT</b>	<b>NOV</b>	<b>DEC</b>	<b>JAN</b>	<b>FEB</b>	<b>MAR</b>	<b>APR</b>	<b>MAY</b>	<b>JUN</b>
<b>Type of Incident</b>											
Possession or Use of Weapons	1	3	12	6	4	4	1	5	2	2	9
Possession or Use of Drugs	0	1	6	6	10	3	4	4	3	1	7
Physical Assault on a School Employee	0	2	12	8	5	8	0	9	2	1	2
Possession or Use of Alcohol					1						
<b>Chapter 71, Section 37H 1/2</b>											
<b>Type of Incident</b>	<b>AUG</b>	<b>SEP</b>	<b>OCT</b>	<b>NOV</b>	<b>DEC</b>	<b>JAN</b>	<b>FEB</b>	<b>MAR</b>	<b>APR</b>	<b>MAY</b>	<b>JUN</b>
Students Charged/Convicted of a Felony	1	3	4	4	1	1	0	0	0	2	1
<b>Chapter 71, Section 37H 3/4</b>											
<b>Type of Incident</b>	<b>AUG</b>	<b>SEP</b>	<b>OCT</b>	<b>NOV</b>	<b>DEC</b>	<b>JAN</b>	<b>FEB</b>	<b>MAR</b>	<b>APR</b>	<b>MAY</b>	<b>JUN</b>
Physical Assault on a Student		2	4	0	0	7	7	6	7	3	0
Sounding False Alarms (fire setting)					1						
Written Assault or Threat on a Student		1							1		

The Worcester Public Schools adheres to the Student Discipline Laws and Regulations as set forth in Massachusetts General Laws Chapter 37H, Chapter 37H 1/2, Chapter 37H 3/4 and 603 CMR 53.00. Due Process hearings were scheduled for each incident recorded above.

STANDING COMMITTEE: **GOVERNANCE AND EMPLOYEE ISSUES**

DATE OF MEETING: Wednesday, January 11, 2017

ITEM: Ms. Novick/Mr. O'Connell/Mr. Monfredo/Miss Ramirez/Miss Biancheria  
(August 11, 2015)

To review the following "updated/new policies" resulting from recent legislation in Massachusetts:

- Physical Restraint Policy JKAA
- Security Cameras in Schools ECAF
- Emergency Plans EBC
- Technology Policies IJND-IJNDC

PRIOR ACTION:

- 8-20-15 - Referred to the Standing Committee on Governance and Employee Issues.  
Miss Biancheria made the following motion:  
Request that the Mayor ask the City Solicitor to respond to the following motion made by Ms. Novick under gb #5-65 on March 10, 2015:  
Request that the Administration seek a legal opinion from the City Solicitor, prior to implementing the use of cameras that are currently in the building, to stream directly to the Police Department.  
On a voice vote, the motion was approved.

BACKUP:

- Annex A (2 pages) contains a copy of the Physical Restraint of Students Policy JKAA.  
Annex B (1 page) contains a copy of the Security Cameras in Schools Policy ECAF.  
Annex C (2 pages) contains a copy of the Emergency Plans Policy EBC.  
Annex D (5 pages) contains a copy of the Access to Digital Resources Policy IJND, the Empowered Digital Use Policy IJNDB and the Internet Publication Policy IJNDC.

File: JKAA

## **PHYSICAL RESTRAINT OF STUDENTS**

Maintaining an orderly, safe environment conducive to learning is an expectation of all staff members of the school district. Further, students of the district are protected by law from the unreasonable use of physical restraint. Such restraint shall be used only in emergency situations as a last resort and with extreme caution after other lawful and less intrusive alternatives have failed or been deemed inappropriate.

When an emergency situation arises, and physical restraint is the only option deemed appropriate to prevent a student from injuring himself or herself, another student or school community member, a teacher or employee or agent of the school district may use such reasonable force needed to protect students, other persons or themselves from assault or imminent, serious, physical harm.

The definitions of forms of restraint shall be as defined in 603 CMR 46.02.

The use of mechanical restraint, medical restraint, and seclusion is prohibited.

Physical restraint, including prone restraint where permitted under 603 CMR 46.03, shall be considered an emergency procedure of last resort and shall be prohibited except when a student's behavior poses a threat of assault, or imminent, serious, physical harm to themselves and/or others and the student is not responsive to verbal directives or other lawful and less intrusive behavior interventions are deemed inappropriate.

The Superintendent will develop procedures identifying:

- Appropriate responses to student behavior that may require immediate intervention;
- Methods of preventing student violence, self-injurious behavior, and suicide including crisis planning and de-escalation of potentially dangerous behaviors among groups of students or individuals;
- Descriptions and explanations of alternatives to physical restraint as well as the school's method of physical restraint for use in emergency situations;
- Descriptions of the school's training and procedures to comply with reporting requirements including, but not limited to making reasonable efforts to orally notify a parent of the use of restraint within 24 hours of its imposition;
- Procedures for receiving and investigating complaints;
- Methods for engaging parents in discussions about restraint prevention and use of restraint solely as an emergency procedure;
- A statement prohibiting: medication restraint, mechanical restraint, prone restraint unless permitted by 603 CMR 46.03(1)(b), seclusion, and the use of physical restraint in a manner inconsistent with 603 CMR 46.00;
- A process for obtaining Principal approval for a time out exceeding 30 minutes.

File: JKAA

Each building Principal will identify staff members to serve as a school-wide resource to assist in ensuring proper administration of physical restraint. These staff members will participate in an in-depth training program in the use of physical restraint.

In addition, each staff member will be trained regarding the school's physical restraint policy and accompanying procedures. The Principal will arrange training to occur in the first month of each school year, or for staff hired after the beginning of the school year, within a month of their employment.

Physical restraint is prohibited as a means of punishment, or as a response to destruction of property, disruption of school order, a student's refusal to comply with a school rule or staff directive, or verbal threats that do not constitute a threat of imminent, serious physical harm to the student or others.

Physical restraint is prohibited when it is medically contraindicated for reasons including, but not limited to, asthma, seizures, a cardiac condition, obesity, bronchitis, communication-related disabilities, or risk of vomiting;

The use of "time out" procedures during which a staff member remains accessible to the student shall not be considered "seclusion restraint."

This policy and its accompanying procedures shall be reviewed and disseminated to staff annually and made available to parents of enrolled students. The Superintendent shall provide a copy of the Physical Restraint regulations to each Principal, who shall sign a form acknowledging receipt thereof.

SOURCE: MASC  
ADOPTED: August 2015  
LEGAL REF.: M.G.L. 71:37G; 603 CMR 46.00



File: ECAF

## SECURITY CAMERAS IN SCHOOLS

The School Committee works to maintain a safe and secure environment for its students, staff, visitors, and facilities. Security means more than having locks and making certain that doors are locked at the proper times. Security also means minimizing fire hazards, reducing the possibility of faulty equipment, keeping records and valuables in a safe place, protection against vandalism and burglary, the prosecution of vandals, and developing crisis plans.

School facilities and their contents, constitute one of the greatest investments of the community. The School Committee believes it to be in the best interest of students and taxpayers for the district to exert every reasonable means to protect the investment adequately.

In pursuit of this objective, the School Committee authorizes the use of security cameras in school district buildings and on its property to ensure the health, welfare and safety of all students, staff and visitors, to deter theft, vandalism and other negative behavior, to safeguard district buildings, grounds and equipment, and to monitor unauthorized individuals in or on school property. Security cameras may be used in locations as deemed appropriate by the Superintendent of Schools in consultation with school officials as well as local law enforcement and emergency response agencies. They may be used in any area, inside or outside of school buildings where there is no reasonable expectation of privacy.

The district shall notify students and staff through student and employee handbooks and appropriate signage that security cameras have been installed and may be used at any time. Students or staff identified on security cameras in violation of School Committee policies will be subject to disciplinary action.

The Superintendent shall ensure that proper procedures are in place and are followed regarding use, viewing, disclosure, retention, disposal and security of video recordings or photographs from security cameras in accordance with applicable laws and regulations. A video recording used for security purposes in school district buildings and/or on school property shall be the sole property of the school district. All video recordings will be stored in their original format and secured to avoid tampering and to ensure confidentiality in accordance with applicable laws and regulations. Access to video recordings from security cameras shall be limited to school administrators (Superintendent/designee, School Principal/designee). Law enforcement and emergency response officials shall be granted access to video recordings or the security system after giving prior notice to the School Superintendent/designee.

The Superintendent may, from time to time, issue further guidance that is consistent with current laws and this policy.

SOURCE: MASC

Adopted: August 2015

File: EBC

## EMERGENCY PLANS

Advance planning for emergencies and disasters is essential to provide for the safety of students and staff; it also strengthens the morale of all concerned to know that plans exist and that students and staff have been trained in carrying out the plans.

The Superintendent will develop and maintain plans that meet the requirements of state law for preparedness in case of fire, civil emergencies, and natural disasters.

The Superintendent shall develop, in consultation with school nurses, school physicians, athletic coaches, trainers, and local police, fire and emergency personnel, an Emergency Medical Response Plan for each school in the district. Each Plan shall include:

1. A method establishing a rapid communications system linking all parts of the school campus, including outdoor facilities, to local Emergency Medical Services along with protocols to clarify when EMS and other emergency contacts will be called.
2. A determination of EMS response times to any location on the campus.
3. A list of relevant contacts with telephone numbers and a protocol indicating when each person shall be called, including names of experts to help with post-event support.
4. A method to efficiently direct EMS personnel to any location on campus, including the location of available rescue equipment.
5. Safety precautions to prevent injuries in classrooms and on the school campus.
6. A method of providing access to training in CPR and first aid for teachers, athletic coaches, trainers, and other school staff which may include CPR training for High School students; provided that School Committees may opt out of instruction in CPR pursuant to Section 1 of Chapter 71.
7. In the event the school possesses Automated External Defibrillators (AEDs), the location of all available AEDs, whether the location is fixed or portable, and a list of personnel trained in its use.

The Superintendent shall annually review the response sequence with local police and fire officials. Plans shall be submitted to local police and fire officials and the DESE at least every 3 years by September 1 or when changes occur. Plans must be updated in the case of new construction or other physical changes to the school campus.

Building Principals will meet all requirements for conducting fire drills and Emergency Response drills (at least once per year) to give students practice in moving with orderly dispatch to designated areas under emergency conditions, and the staff practice in carrying out their assigned responsibilities for building evacuation.

LEGAL REF: M.G.L. 69:8A  
Section 363 of Chapter 159 of the Acts of 2000  
Section 7 of Chapter 284 of the Acts of 2014



File: EBC

CROSS REF.: EBCD, Emergency Closings  
JL, Student Welfare  
JLC, Student Health Services and Requirements

SOURCE: MASC August 2015

File: IJND

## ACCESS TO DIGITAL RESOURCES

The School Committee supports the right of students, employees, and community members to have reasonable access to various information formats and believes it is incumbent upon users to utilize this privilege in an appropriate manner.

### **Safety Procedures and Guidelines**

The Superintendent, in conjunction with the Director of Technology, shall develop and implement appropriate procedures to provide guidance for access to digital resources. Guidelines shall address teacher supervision of student computer or tablet use, ethical use of digital resources and issues of privacy versus administrative review of electronic files and communications. In addition, guidelines shall prohibit utilization of digital resources for prohibited or illegal activities and for the use of other programs with the potential of damaging or destroying programs or data.

Internet safety measures shall be implemented that effectively address the following:

- Controlling access by minors to inappropriate matter on the Internet as defined by the Children's Internet Protection Act (CIPA) and the Children's Online Privacy Protection Act (COPPA);
- Safety and security of minors when they are using e-mail, instant messaging applications, and other forms of direct electronic communications;
- Preventing unauthorized access, including hacking, viruses, and other unlawful activities by minors online;
- Unauthorized disclosure, use and dissemination of personal information regarding minors.

The School District shall provide reasonable public notice to address and communicate its internet safety measures.

### **Empowered Digital Use**

All students and faculty must agree to and sign an Empowered Digital Use form prior to the student or staff member being granted independent access to digital resources and district networks. The required form, which specifies guidelines for using digital resources and district networks, must be signed by the parent or legal guardian of minor students (those under 18 years of age) and also by the student. This document shall be kept on file as a legal, binding document. In order to modify or rescind the agreement, the student's parent/guardian (or the student who is at least 18 years old) must provide the Director of Technology with a written request.

File: IJND

### **Employee Use**

Employees shall use district email, district devices, and district networks only for purposes directly related to educational and instructional purposes.

### **Community Use**

On recommendation of the Superintendent in conjunction with the Director of Technology, the district shall determine when and which computer equipment, software, and information access systems will be available to the community. All guests will be prompted to, and must accept the district's Access to Digital Resources Policy before accessing the district network.

### **Disregard of Rules and Responsibility for Damages**

Individuals who refuse to sign required Empowered Digital Use documents or who violate district rules governing the use of district technology or networks shall be subject to loss or restriction of the privilege of using equipment, software, information access systems, and network.

Individuals shall reimburse the district for repair or replacement of district property lost, stolen, damaged, or vandalized while under their care.

SOURCE: MASC

LEGAL REFS: 47 USC § 254

Adopted: August 2015

**Note: FCC regulations that went into effect April 20, 2001, implementing The Children's Internet Protection Act (47 U.S.C. § 254) require each school/district to certify compliance with certain policy requirements in order to maintain eligibility for Internet access discounts and other services provided by the federal government.**

File: IJNDB

## **EMPOWERED DIGITAL USE POLICY**

### **Purpose**

The School Committee recognizes the need for students to be prepared to contribute to and excel in a connected, global community. To that end, the district provides ongoing student instruction that develops digital citizenship skill sets for using technology as a tool. Information and communication technology are an integrated part of our curriculum across subjects and grades in developmentally appropriate ways and are aligned with the Massachusetts Curriculum Frameworks and standards, including seeking knowledge and understanding; thinking critically and solving problems; listening, communicating, and interacting effectively; and engaging and competing in a global environment.

### **Availability**

The Superintendent or designee shall implement, monitor, and evaluate the district's system/network for instructional and administrative purposes.

All users shall acknowledge that they understand that using digital devices, whether personal or school owned, and the school district network is a privilege and when using them in accordance with School District guidelines they will retain that privilege.

The Superintendent or designee shall develop and implement administrative guidelines, regulations, procedures, and user agreements, consistent with law and policy, which shall include but not be limited to the following:

- Digital devices, software, and networks shall be used in school for educational purposes and activities.
- An individual's personal information (including home/mobile phone numbers, mailing addresses, and passwords) and that of others shall be kept private.
- Individuals will show respect for themselves and others when using technology, including social media.
- Users shall give acknowledgement to others for their ideas and work.
- Users shall report inappropriate use of technology immediately.

These procedures shall be reviewed annually by district administration together with students and teachers and shall provide a springboard for teaching and learning around topics such as internet safety, digital citizenship, and ethical use of technology.

SOURCE: MASC

Adopted: August 2015



File: IJNDC

## INTERNET PUBLICATION

### I. PURPOSE

The School District has established a district-wide web page that links users to web pages for the district's individual schools. The School District maintains these web pages for educational purposes only, in furtherance of the educational mission of the School District. All published pages and corresponding links to other sites must relate to the district's educational mission.

### II. SUPERVISION AND APPROVAL OF WEB PAGES

The Superintendent (or his/her designee) may select the person or persons ("the Webmaster") responsible for overseeing the school district's web pages and maintaining the web pages in a manner consistent with this policy and the school district's Access to Digital Resources Policy. The Webmaster must approve all links from the district web pages to other sites on the Internet. The Webmaster will review the links to ensure that the links are related to the district's educational mission.

Staff members may publish web pages related to their class projects or courses on their school's web site. Staff members must submit their material to the Webmaster for approval before the material can be published. Staff members may not publish or link to personal web pages as part of the school district web site.

Student or staff work (e.g. voice, likeness, quotes, written material, musical pieces and graphic or other artwork) may be published on the district's web pages, as detailed below. All work that is published will be accompanied by a copyright notice written by the Webmaster that prohibits copying the work without the written consent of the copyright holder.

### III. CONTENT STANDARDS

All web page materials are expected to be accurate, grammatically correct and free of spelling errors. Student work may deviate from this standard depending upon the age and grade level of the student. Web pages should be well-organized and professional in appearance. Web pages must not contain copyrighted or trademarked material belonging to others unless written permission to display such material has been obtained from the owner and the owner is credited on the school's web page.

File: IJNDC

#### IV. SAFETY PRECAUTIONS

A. In general

Identifying information about students, such as first and last names, personal phone numbers or home addresses, will not be published. First names or first names and the first letter of the student's last name may be used where appropriate.

B. Student photographs

- Student photographs may be published only with the written consent of the student's parent or guardian.
- Student photographs will not be accompanied by identifying information about the student(s).

C. Student work

Student work, e.g. voice, likeness, quotes, written material, musical pieces, and graphic or other artwork, may be published only with the written consent of the student's parent or guardian.

D. Staff photographs, identifying information and work

- Photographs of staff members, accompanied by the staff member's full name, may be published only with the staff member's written consent.
- Staff work, e.g. voice, likeness, quotes, written material, musical pieces and graphic or other artwork, may be published only with the staff member's written consent.

SOURCE: MASC

Adopted: August 2015

STANDING COMMITTEE: **GOVERNANCE AND EMPLOYEE ISSUES**

DATE OF MEETING: Wednesday, January 11, 2017

ITEM: Mr. Monfredo/Miss Ramirez/Mr. Foley/Mr. O'Connell/Miss Biancheria  
(September 14, 2015)

Request that the School Committee support a bill, submitted by State Senator Jennifer Flanagan, that addresses ways of dealing with Opioid addiction such as school drug screening called "Screening, Brief Intervention and Referral to Treatment" or SBIRT.

PRIOR ACTION:

- 10-1-15 - Referred to the Standing Committee on Governance and Employee Issues.  
Mr. Monfredo requested that Dr. McGovern and a representative from the Department of Public Health be invited to the meeting of the Standing Committee on Governance and Employee Issues when the item is discussed.  
Mr. Monfredo made the following motion:  
Request that the Administration request a copy of the report regarding Opioids from the City and provide it as part of the backup for the item.  
On a voice vote, the motion was approved.  
Ms. Novick announced that the amended bill regarding Opioid addiction passed the Senate and requested that the Administration seek a copy of the amended bill which will be moved to the House.  
Ms. Novick requested that if a screening of all 7<sup>th</sup> and 10<sup>th</sup> grade students is required by the nurses that an estimated cost be provided in the backup when the item is discussed.

BACKUP: Since the bill was passed into Law, the Administration recommends that the item be filed.

Annex A (21 pages) contains a copy of Senate Bill #2008 regarding Opioid Addiction Prevention, Treatment and Recovery Options.

**SENATE . . . . . No. 2008**

---

---

**The Commonwealth of Massachusetts**

---

**REPORT  
OF THE  
SPECIAL SENATE COMMITTEE  
ON  
OPIOID ADDICTION PREVENTION,  
TREATMENT AND RECOVERY OPTIONS  
SUBMITTING ITS FINDINGS AND RECOMMENDATIONS**

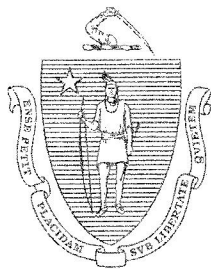
(pursuant to an Order adopted by the Senate)

---

September 9, 2015

---





# The Commonwealth of Massachusetts

MASSACHUSETTS SENATE

**SENATOR JENNIFER L. FLANAGAN**  
*Worcester and Middlesex District*

JENNIFER.FLANAGAN@MASENATE.GOV  
WWW.MASENATE.GOV

*Assistant Vice Chair*  
COMMITTEE ON WAYS AND MEANS

STATE HOUSE, ROOM 410  
BOSTON, MA 02133-1053

TEL. (617) 722-1230  
FAX (617)-722-1130

September 9, 2015

Mr. William F. Welch  
Clerk of the Senate  
State House, Room 335

Dear Mr. Welch:

Pursuant to an order adopted by the Massachusetts State Senate on March 2<sup>nd</sup>, 2015, convening the Special Senate Committee on Opioid Addiction Prevention, Treatment and Recovery Options, and directing said committee to:

*Review existing state statutes and funding, as well as the implementation and enforcement of recently enacted substance abuse legislation, and make recommendations to further strengthen opioid abuse prevention, intervention, treatment and recovery options and access to such programs for all residents of the Commonwealth*

We are pleased to file with you, on behalf of the special committee, the attached documents presenting a legislative proposal for consideration by the Senate, and a summary of said recommended legislation.

Sincerely,

<b>Jennifer L. Flanagan</b> Worcester and Middlesex District Special Committee Chair	<b>John F Keenan</b> Norfolk and Plymouth District Special Committee Vice Chair
<b>Michael O. Moore</b> Second Worcester District	<b>Richard J. Ross</b> Norfolk, Bristol and Middlesex District
<b>Eric P. Lesser</b> First Hampden and Hampshire District	<b>Anne M. Gobi</b> Worcester, Hampden, Hampshire and Middlesex District

<b>Viriato M. deMacedo</b> Plymouth and Barnstable District	<b>Joan B. Lovely</b> Second Essex District
<b>Kathleen O'Connor Ives</b> First Essex District	

### ***Training and Awareness of Good Samaritan Provisions***

- Establish Good Samaritan Awareness program as a required element of MPTC recruit basic training curriculum, and as a periodically reviewed subject for in-service training.

### ***Drug Formulary List of Non-opiate Pain Management Products***

- Direct the newly formed Drug Formulary Commission (which exists to develop Brand v. Generic, and Abuse-deterrent v. Non-abuse deterrent substitution lists) to also publish a list of non-opiate pain management products that may be used as lower risk alternatives.

### ***Voluntary Non-opiate Directive***

- Direct EOHHS to establish a voluntary program for any person to record a non-opiate directive. This would allow a person in recovery, or for any other reason of personal choice, to have a clear indicator in their patient record and in the PMP, that a health care practitioner or health care facility shall not administer, offer or prescribe opiate drugs to that person.
- A person can have their own non-opiate order deleted and expunged for any reason.
- Recording of a non-opiate directive would be on a standardized form published by EOHHS, and the form must comply with all federal requirements for privacy of addiction treatment records. The form must also present plain language information on how to remove the order.
- Regulations to implement the program must cover health care proxy and guardianship override of the non-opiate directive, and the ability for treating clinicians to override the directive in an emergency situation and based on documented medical judgment. Should also include exemptions for emergency personnel acting in the field during an emergency.

### ***Expanded SBIRT Screening***

- Local school departments or boards of health shall require SBIRT screening at least once annually for all students in grades 8 or 9, and in grade 11. These screenings shall be performed by a nurse, physician, or other personnel approved for the purpose by the DPH.
- Screening results shall be recorded without identifying information, and reported to the DPH.

### ***Safeguards on High Risk Drugs***

- Chapter 258 of 2014 tasked the Drug Formulary Commission with identifying high-risk ER/LA drugs and alerting the public health commissioner, but the final version did not include any corresponding authority to act or any further safeguards on these high-risk products.
- This bill would limit opioid prescriptions in an emergency department to a 5-day supply, and would prohibit an ED from issuing prescriptions for the identified high-risk drugs. It would also require that prescriptions of these high-risk products be issued only on a determination that lower risk

## **Summary: Legislative Proposal from the Special Senate Committee on Opioid Addiction**

drugs are unsuitable, and with a pain management treatment agreement in place. The medical determination would be documented and placed in the patient's medical file.

- Language here is similar to what was passed in the Senate version last year, with regard to "heightened risk" drugs identified by the formulary commission.

### ***Patient Choice in Prescription Volume***

- Legislation would allow patients to voluntarily reduce the quantity of an opiate drug that they receive, regardless of the quantity indicated on their prescription.
- Pharmacists would be required, in their routine consultation with a patient, to advise them of this option. The pharmacist would be authorized, with no further approval from the prescriber or modification of the prescription, to dispense the drug in a partial quantity.
- Notice of the partial prescription would be recorded and sent to the prescriber in a reasonable time, and the remaining quantity on the prescription would remain valid for 72 hours pursuant to federal regulations.
- Insurance carriers would be required to offer cost-sharing on a sliding scale based on quantity, to accommodate for a patient who voluntarily receives a lesser quantity.

### ***Drug Stewardship***

- Establish, as a condition of selling or distributing a schedule II or III drug in Massachusetts, that the manufacturer of the drug establish and fund a stewardship program that allows patients to dispose of unused and unwanted drugs.
- Exemptions are included for veterinary products, drugs compounded on a per-patient basis, sharps products whose disposal is already covered under existing MGL, and drugs approved for use in medication assisted addiction treatment.
- Stewardship plans would be required to include a drug take-back or mail-back component; adequate provisions for the security, transport and disposal of returned products; provisions to incentivize participation; and public outreach and education.
- Plans would be approved by the Department and renewed every three years, with the ability to assess fines for violations or discontinuation of the Stewardship plan, and with repeat violations being sent forward to the Attorney General for enforcement.

### ***Individual Prescriber Trend Notifications***

- Utilize PMP data to learn more about the mean and median prescribing volumes for opiates in Massachusetts, and subsequently build individual prescriber profiles showing each prescriber their percentile with regard to their peers.
- Profiles would be confidential, shared only with the prescriber as an educational tool to help them shape their own practices. This would provide objective data about prescribing trends and best

## **Summary: Legislative Proposal from the Special Senate Committee on Opioid Addiction**

practices, rather than having prescribers rely on “guidance” from pharmaceutical sales teams about appropriate prescribing practices.

### ***Access to Pain Management Specialty Consultation***

- Direct the Board of Registration in Medicine to create a pain management specialty certification. This would not restrict the current practice of anyone not certified, but it would identify practitioners who can provide specialized consultations.
- Establish a commission that will develop pain management consultation and temporary service guidelines, mirroring the model of the MCPAP program for child psychiatry. This would allow practitioners to leverage the expertise of their peers, making greater use of the currently limited number of pain management specialists.

### ***Review of Coverage For Non-narcotic Pain Management***

- Legislation from the committee could include a requirement for the Division of Insurance to review pain management options; for insurance carriers to develop a pain management plan and post information on their public website about alternative pain management.
- Legislation could also include a requirement for insurance carriers to develop control methods against overprescribing and overreliance on pain medication, and to post this plan on their public website as well.
- Pain management plan, and controlled substance safety plan, would both become a part of the existing DOI accreditation process.

### ***Transparency in Addiction Service Denial Rates***

- Require annual reporting on denied claims by each insurance carrier, categorized by medical/surgical and behavioral/addiction
- Require that, with each denial of an internal grievance case relating to behavioral/addiction, the carrier must specifically describe the medical necessity criteria and treatment limitations relied upon for the denial.

### ***Civil Liability Protection for Narcan Administration***

- Massachusetts currently provides “Good Samaritan” legal protection to any person to possess and administer Narcan / naloxone. However, this protection does not extend to civil liability. Closing this gap may remove the hesitations of some first responder agencies that have not yet adopted the use of this life saving product.

### ***Gabapentin Monitoring***

## **Summary: Legislative Proposal from the Special Senate Committee on Opioid Addiction**

- Require that Gabapentin – a drug that is increasing in popularity for its enhancing effect on opiate misuse – be reported and monitored by the Prescription Monitoring Program

### ***MassHealth Lock-In Program Correction***

- Chapter 244 of 2012 included a section codifying the “Lock-In” program under MassHealth. However, in application and interpretation there are two gaps that can be addressed.
- First, that the lock-in program is intended to limit patients, upon finding of certain risk indicators, to a single pharmacy and a single prescriber for their controlled substances. The language in 244 however has been interpreted to only limit patients to a single pharmacy, not to restrict the number of prescribers.
- In practice, for patients who are enrolled in the lock-in program and who receive coverage through an MCO, those patients are removed from lock-in if they change from one MCO to another. This could be amended so that the person remains in the program regardless of an MCO change.

### **Training and Awareness of Good Samaritan Provisions**

SECTION 1. Chapter 6 of the General Laws is hereby amended by inserting after section 116A the following section:-

Section 116A<sup>1</sup>/<sub>2</sub>. The municipal police training committee shall establish a course within the recruit basic training curriculum for regional and municipal police training schools to train law enforcement officers on the application of section 34A of chapter 94C.

The committee shall periodically include within its in-service training curriculum a course of instruction on the application of said section 34A of said chapter 94C and on responding to calls for assistance for drug-related overdoses.

### **Drug Formulary List of Non-opiate Pain Management Products**

SECTION 2. Section 13 of chapter 17 of the General Laws, as appearing in the 2014 Official Edition, is hereby amended by inserting the following new subsection:-

(e) The commission shall also identify and publish a list of federally approved non-opioid drugs that provide effective pain management alternatives and that have a lesser potential for abuse than opioid drugs contained in schedules II and III of section 3 of chapter 94C, and shall provide for distribution copies of such list and revisions thereto amongst physicians and pharmacists licensed to practice within the commonwealth and to other appropriate individuals and shall supply a copy to any person on request upon payment of the cost of printing.

### **Voluntary non-opiate directive - I**

SECTION 3. Section 19 of chapter 17 of the General Laws, as appearing in the 2014 Official Edition, is hereby amended by striking “and (6)” in lines 27 and 28, and inserting in place thereof the following:-

(6) upon discharge, provide information to the patient about their option to voluntarily record a non-opiate directive under section 18B of chapter 94C; and (7)

### **Expanded SBIRT Screening**

SECTION 4. Section 57 of Chapter 71 of the General Laws is hereby amended by inserting after the word results, in line 11, the following words: - “including a substance use screening using a validated tool,”

And by inserting after the word department., in line 21, the following words: - “Substance use screenings shall be performed by nurses, physicians, or other personnel who are approved by the department of public health for the purpose, and shall be conducted at least once annually in grades 8 or 9, and 11.”

SECTION 5. Said Section 57 of Chapter 71 is further amended by inserting after the final paragraph the following paragraph:-

“Substance use screening results shall not be recorded in any file subject to inspection under Section 34E of Chapter 71. Results for all students shall be recorded without identifying information and reported to the Department of Public Health no later than 30 days after completion.”

### **Safeguards on High Risk Drugs - I**

SECTION 6. Section 1 of chapter 94C of the General Laws, as appearing in the 2014 Official Edition, is hereby amended by inserting after the definition of “drug paraphernalia” the following definition:-

“Extended-release long-acting opioid”, a drug that is subject to the United States Food and Drug Administration’s Extended-Release and Long-Acting Opioid Analgesics Risk Evaluation and Mitigation Strategy; provided, however, that “extended-release long-acting opioid” shall include any opioid in an extended-release form.

SECTION 7. Said section 1 of said chapter 94C, as so appearing, is hereby further amended by inserting after the definition of “narcotic drug” the following definition:-

“Non-abuse deterrent opioid”, an opioid drug product that is approved for medical use but does not meet the requirements for listing as a drug with abuse-deterrent properties pursuant to section 13 of chapter 17; provided, however, that “non-abuse deterrent opioid” shall include any opioid in a non-abuse deterrent form.

SECTION 8. Section 18 of said chapter 94C, as so appearing, is hereby amended by striking out, in line 70, the words “A prescription” and inserting in place thereof the following words:-  
“Except as further restricted by section 18A, a prescription”.

### **Patient Choice in Prescription Volume - I**

SECTION 9. Said section 18 of said chapter 94C, as so appearing, is hereby further amended by adding the following subsection:-

(d<sup>3</sup>/<sub>4</sub>) A prescription for a narcotic substance contained in schedule II or schedule III of section 3 may be filled by the pharmacist in a lesser quantity of the substance than that quantity indicated on the prescription if the person presenting the prescription requests the lesser quantity. Within a reasonable time following a reduction in quantity, but not to exceed 7 days, the pharmacist or a designee shall notify the prescribing practitioner of the reduction and of the amount actually dispensed. The notification shall be conveyed by a notation in the interoperable



electronic health record of the patient as defined by section 1 of chapter 118I or, if the pharmacist does not have the ability to make a notation in the patient's interoperable electronic health record, by facsimile, electronic transmission or by making a notation in the patient's record maintained by the pharmacy which shall be accessible to the practitioner by request. A prescription filled in a lesser quantity pursuant to this subsection shall be considered a partial fill and may subsequently be filled according to federal regulations applicable to partially filled prescriptions; provided, however, that the subsequent fill shall occur at the pharmacy that initially dispensed the partial fill. Nothing in this subsection shall be interpreted to conflict with or supersede any other requirement established in this section for a prescription of a narcotic substance or any requirements or conditions for drug substitutions established in chapter 112.

### **Safeguards on High Risk Drugs - II**

SECTION 10. Said chapter 94C is hereby further amended by inserting after section 18 the following section:-

Section 18A. For an opioid drug identified pursuant to said section 13 of said chapter 17 as posing a heightened level of public health risk, a practitioner prior to issuing an initial prescription shall: (i) evaluate the patient's current condition, risk factors, history of substance abuse, if any, and current medications; (ii) make a determination that other pain management treatments, including drugs presenting a lower risk for abuse or misuse, are or would be inadequate for the patient; (iii) utilize the prescription monitoring program prior to issuing the prescription; and (iv) enter into a pain management treatment agreement with the patient that appropriately addresses the risk factors for abuse or misuse of the prescribed substance under guidelines published by the department and document the agreement in the patient's interoperable electronic health record.

### **Voluntary non-opiate directive - II**

SECTION 11. Said Chapter 94C is hereby further amended by inserting the following new section:-

Section 18B. (a) The secretary for health and human services shall establish a program for persons to voluntarily record a non-opiate directive. A person, if they are in recovery from a substance addiction or for any other reason, may request their own inclusion in the program, which shall indicate to all practitioners and health care providers and facilities that the person shall not be administered nor offered a prescription or medication order for an opiate substance. A person recording such a directive may request in a manner determined by the secretary, and the secretary shall comply with said request, for the deletion and expungement of their directive for any reason.

(b) The secretary shall direct all agencies under his or her authority to promulgate appropriate regulations for the implementation of this non-opiate directive program, which shall include but need not be limited to:

(1) Procedures to record the directive in the person's interoperable electronic health record and in the prescription monitoring program established under section 24A of chapter 94C.

(2) A standard form for the recording and transmission of the directive, which shall include verification by a physician, nurse practitioner or physician assistant licensed by the Commonwealth, and which shall comply with the written consent requirements of 42 CFR Part 2. The form shall also present, in plain language, information on the process to request deletion of the directive.

(3) Provisions for a duly authorized guardian or health care proxy to override a previously recorded directive, and circumstances under which a treating clinician may override a previously recorded directive based on documented medical judgment which shall be recorded in the patient's interoperable electronic health record.

(4) Provisions for a board of professional licensure to limit, condition, suspend or revoke the license of, or to assess fines against, a licensed health care professional who knowingly or recklessly fails to comply with a patient's non-opiate directive.

(5) Procedures to ensure that any recording, sharing or distribution of data relative to the non-opiate directive program complies with applicable laws and regulations regarding privacy of health information.

(6) Appropriate exemptions from the requirement to comply with the directive, based on emergency circumstances.

(c) A written prescription that is presented at a retail pharmacy, or a prescription that is electronically transmitted to a retail pharmacy, shall be presumed to be valid for the purposes of this section, and a pharmacist in a retail setting shall not be held in violation of this section for dispensing a controlled substance in contradiction to a non-opiate directive, except upon evidence that the pharmacist acted knowingly and negligently against the directive.

### **Drug Stewardship Program - I**

SECTION 12. The first paragraph of section 21 of said chapter 94C, as appearing in the 2014 Official Edition, is hereby amended by adding the following sentence:- If the dispensed substance has a recommended or required expiration date, the label affixed by the pharmacist shall have the expiration date displayed in a print size allowing not more than 10 characters per inch.

### **Patient Choice in Prescription Volume - II**

SECTION 13. The second paragraph of section 21A of said chapter 94C, as so appearing, is hereby amended by adding the following sentence:- A pharmacist shall give notice to any person who presents for filling a new prescription for a narcotic substance contained in schedule II or schedule III of section 3 of the option to receive a lesser quantity of the prescribed substance than that quantity indicated on the prescription.

### **Safeguards on High Risk Drugs - III**

SECTION 14. Section 22 of said chapter 94C, as so appearing, is hereby amended by adding the following subsection:-

(c) A practitioner who dispenses, by issuing a written prescription, an extended-release long-acting opioid drug in a non-abuse deterrent form that has been identified pursuant to section 13 of chapter 17 as posing a heightened level of public health risk shall, in addition to the requirements of subsection (a) and, in a manner set forth in department regulations, prepare appropriate documentation of the medical need for the drug and a statement of the practitioner's professional judgment that other treatments or drugs are not suitable for the patient. The documentation shall be placed in the patient's medical file.

### **Individual Prescriber Trend Notifications - I**

SECTION 15. Said chapter 94C is hereby further amended by inserting after section 24A the following section:-

Section 24B. The department shall annually determine, through the electronic monitoring system established pursuant to section 24A, the mean and median quantity and volume of prescriptions for opiates contained in schedule II and schedule III of section 3 issued by practitioners registered under section 7; provided, however, that mean and median prescription quantities and volumes shall be determined within categories determined by the department of practitioners of a similar specialty or practice type.

The department shall work in conjunction with the respective boards of licensure to annually determine each practitioner's schedule II and schedule III opiate prescribing quantity and volume, and the practitioner's standing with regard to the mean and median quantity and volume for the practitioner's category of specialty or practice type; provided, however, that the practitioner's standing shall be expressed as a percentile ranking for the practitioner within the practitioner's category. Each practitioner whose prescribing exceeds said mean or median within their category shall be sent notice of their percentile ranking in a manner determined by the department. The ranking determined for each practitioner shall be distributed by the department or by the relevant board of licensure only to the practitioner to which the information pertains and this information shall be confidential, not considered a public record as defined in clause

Twenty-sixth of section 7 of chapter 4 and not subject to disclosure pursuant to chapter 66, not admissible as evidence in a civil or criminal proceeding, and shall not be the sole basis for investigation by a licensure board.

## **Drug Stewardship Program - II**

SECTION 16. The General Laws are hereby amended by inserting after chapter 94F the following chapter:-

### CHAPTER 94G

#### PROVISIONS CONCERNING PHARMACEUTICAL PRODUCT MANUFACTURERS

Section 1. As used in this chapter, the following words shall have the following meanings unless the context clearly requires otherwise:-

“Covered drug”, any brand or generic drug placed in schedule II or schedule III of section 3 of chapter 94C; provided, however, that “covered drug” shall also include benzodiazepines; provided further, that “covered drug” shall not include: (i) drugs intended for use solely in veterinary care; (ii) substances that are regulated as cosmetic products under the federal Food, Drug and Cosmetic Act, 21 U.S.C. § 301 et. seq.; (iii) drugs that are compounded under a specialty license pursuant to sections 39G to 39J, inclusive of chapter 112; (iv) hypodermic needles, lancets or other sharps products subject to collection and disposal procedures established in section 27A of chapter 94C; or (e) drugs approved and used primarily for medication-assisted substance addiction treatment.

“Department”, the department of public health.

“Drug stewardship program”, a program financed by a pharmaceutical product manufacturer or a group of manufacturers to collect, secure, transport and safely dispose of unwanted drugs that complies with the requirements of this chapter.

“Pharmaceutical product manufacturer” or “manufacturer”, any entity that engages in the manufacture of a controlled substance under a federal Food and Drug Administration manufacturer’s license; provided, however, that “pharmaceutical product manufacturer” or “manufacturer” shall not include a hospital pharmacy.

“Prescription drug”, any drug product which pursuant to chapter 94C may be dispensed under a written prescription by an authorized practitioner.

“Stewardship organization”, an organization designated by a manufacturer or a group of manufacturers to act as an agent on behalf of the manufacturer or the group of manufacturers to implement and operate a drug stewardship program.

“Unwanted drug”, a covered drug that is no longer wanted or intended to be consumed or that is abandoned, discarded or surrendered by the person to whom it was prescribed or any other person; provided, however, that “unwanted drug” shall not apply to waste or unused products from a pharmacy, hospital or health clinic or other commercial sources that the department may determine by regulation to be a nonresidential source; provided further, that “unwanted drug” shall include covered drugs that are voluntarily deposited at collection points co-located with a law enforcement agency; and provided further, that “unwanted drug” shall not include drugs seized by law enforcement officers in the course of their law enforcement duties.

“Wholesaler”, an entity licensed pursuant to section 36B of chapter 112.

Section 2. (a) Any pharmaceutical product manufacturer selling or distributing a covered drug contained in schedule II or schedule III of section 3 of chapter 94C to consumers in the commonwealth, whether directly or through a wholesaler, retailer or other agent, shall: (i) operate a drug stewardship plan approved by the department individually or jointly with other manufacturers; or (ii) enter into an agreement with a stewardship organization that shall operate a drug stewardship plan approved by the department.

(b) The department shall establish a process to review applications for approval and re-approval of a manufacturer’s drug stewardship plan and through this process the department shall ensure that the scope and extent of each approved stewardship program is reasonably related to the manufacturer’s total sales of covered drugs in the commonwealth.

(c) Each operator of a drug stewardship program shall provide an annual written report to the department describing the program’s activities for the prior year and the volume and type of unwanted drugs collected.

(d) The department shall review for re-approval each drug stewardship program, whether operated by a manufacturer, a group of manufacturers or a stewardship organization, not less frequently than every 3 years.

(e) The department shall publish and make publicly available a list and description of each approved drug stewardship program and shall update this list at least bimonthly.

Section 3. An applicant seeking approval for a drug stewardship program shall provide, in a manner and form determined by the department, information on how the program shall meet the following minimum requirements:

(i) a collection system to provide convenient, ongoing collection services to all persons seeking to dispose of an unwanted drug; provided, however, that the collection system may accept any covered drug and any other prescription drug in a pill formulation regardless of its schedule, brand or source of manufacture, shall offer reasonably frequent access to persons across all geographic regions of the commonwealth and shall include any 2 or more of the

following: (A) a mail-back program that provides prepaid and preaddressed packaging for a pharmacy to distribute when filling a prescription for a covered drug or upon request by a consumer; (B) collection kiosks; (C) drop-off day events at regional locations; (D) distribution of in-home disposal methods that render a product safe from misuse and that comply with applicable controlled substance regulations and environmental safety regulations; and (E) any other method recommended by the department or pursuant to federal Drug Enforcement Administration guidelines;

(ii) adequate provisions for the security of the unwanted drugs throughout the collection process and the safety of any persons involved in monitoring, staffing or servicing the stewardship program;

(iii) a program for public outreach and education about the drug stewardship program, which shall include a plan for communicating information about the drug products that may be disposed of through the program, a listing of all available collection methods, participating collectors and the locations, dates and hours of operation for all collection or drop-off locations, educational information on the environmental, health and addiction risks posed by unused or improperly disposed prescription drugs and a means of communication to receive public comments and questions about the program;

(iv) a plan for the manufacturer, group of manufacturers or stewardship organization operating the program to provide for the operational and administrative costs associated with the program; provided, however, that no point-of-sale, point-of-collection, processing fees or other drug cost increases may be charged to individual consumers to recoup program costs;

(v) provisions by the manufacturer, group of manufacturers or stewardship organization operating the program that provide incentives to consumers to return unused drugs;

(vi) an attestation that the program shall comply with all applicable state and federal requirements for the collection, security, transport and disposal of drugs, including any requirements established by rule or regulation of the federal Drug Enforcement Administration or the federal Environmental Protection Agency; and

(vii) other requirements as may be established by regulation by the department for the safe and effective administration of a drug stewardship program.

Section 4. (a) Any pharmaceutical product manufacturer that sells or distributes a covered drug in the commonwealth and has not submitted an application for approval under section 2 shall receive an initial notice from the department informing the manufacturer of the requirements to comply with this chapter. Any manufacturer in receipt of an initial notice shall submit an application for approval under said section 2 within 180 calendar days.

(b) Upon becoming aware that a pharmaceutical product manufacturer has discontinued its drug stewardship program or has altered the program such that the program no longer fulfills the requirements of this chapter, the department shall send a notice of noncompliance to the manufacturer. Any manufacturer in receipt of a notice of noncompliance shall take all required corrective steps to reestablish compliance with this chapter within 30 days or submit a written appeal of the notice of noncompliance to the department.

(c) If, after consideration of an appeal or after the manufacturer submits no appeal in the prescribed time period, the department determines that the manufacturer has continued to violate this chapter, the department shall assess the manufacturer an initial penalty of not more than \$150,000 and a further penalty of not more than \$10,000 for each subsequent day that the manufacturer continues to violate this chapter.

(d) Assessments collected pursuant to this section shall be deposited in the Substance Abuse Services Fund established in section 2I of chapter 111.

(e) The department shall report any persistent violations of this chapter to the attorney general who may protect consumers in the health care market under this chapter or any other law.

Section 5. (a) The requirements established by the department pursuant to this chapter may exceed, but shall not conflict with, any obligations which may be imposed on a manufacturer by a federally-approved Risk Evaluation and Mitigation Strategy.

(b) Nothing in this chapter shall require a retail pharmacy or a pharmacist practicing in a retail setting to participate in the collection, securing, transport or disposal of prescription drug products.

(c) No stewardship program developed by a manufacturer or stewardship organization may require a pharmacy in the commonwealth to participate in the collection, securing, transport or disposal of unwanted drugs or provide a space for or maintain a collection kiosk within a retail pharmacy unless the pharmacy licensee provides written consent.

(d) The department shall promulgate regulations to implement this chapter.

### **Access to Pain Management Specialty Consultation - I**

SECTION 17. Chapter 112 of the General Laws is hereby amended by inserting after section 5M the following section:-

Section 5N. The board shall by regulation establish qualifications, standards and criteria not less stringent than credentialing criteria by the American Academy for Pain Management, and a process by which licensed physicians may apply, for certification as a pain management specialist and periodic renewal of the certification. This section shall not be construed to prohibit



any duly licensed health care practitioner who did not receive certification under this section from engaging in pain management treatment and services within the scope of the practitioner's license.

**Patient Choice in Prescription Volume - III**

SECTION 18. Said chapter 175 is hereby further amended by inserting after said section 47GG the following section:-

Section 47HH. Any policy, contract, agreement, plan or certificate of insurance issued, delivered or renewed within the commonwealth, which is considered creditable coverage under section 1 of chapter 111M, shall provide, for any covered drug that is a narcotic substance contained in schedule II or schedule III of section 3 of chapter 94C and that is subject to cost sharing, a schedule that allows for adjustments and reductions in the cost sharing when a person requests a prescription filled in a lesser quantity pursuant to section 18 of said chapter 94C.

SECTION 19. Said chapter 176A is hereby further amended by inserting after said section 8II the following section:-

Section 8JJ. Any contract between a subscriber and the corporation under an individual or group hospital service plan which is delivered, issued or renewed within the commonwealth shall provide, for any covered drug that is a narcotic substance contained in schedule II or schedule III of section 3 of chapter 94C and that is subject to cost sharing, a schedule that allows for adjustments and reductions in the cost sharing when a person requests a prescription filled in a lesser quantity pursuant to section 18 of said chapter 94C.

SECTION 20. Said chapter 176B is hereby further amended by inserting after said section 4II the following section:-

Section 4JJ. Any subscription certificate under an individual or group medical service agreement delivered, issued or renewed within the commonwealth shall provide, for any covered drug that is a narcotic substance contained in schedule II or schedule III of section 3 of chapter 94C and that is subject to cost sharing, a schedule that allows for adjustments and reductions in the cost sharing when a person requests a prescription filled in a lesser quantity pursuant to section 18 of said chapter 94C.

SECTION 21. Said chapter 176G is hereby further amended by inserting after said section 4AA the following section:-

Section 4BB. An individual or group health maintenance contract that is issued or renewed shall provide, for any covered drug that is a narcotic substance contained in schedule II or schedule III of section 3 of chapter 94C and that is subject to cost sharing, a schedule that allows for adjustments and reductions in the cost sharing when a person requests a prescription filled in a lesser quantity pursuant to section 18 of said chapter 94C.



## **Review of Insurance Coverage For Non-narcotic Pain Management Options**

SECTION 22 - 26. (a) *[to be included for each type of insurance carrier, under Ch 175, 176A, 176B, 176G, 176O]* shall establish and implement:

(1) a plan for the minimum coverage and provision of adequate access to pain management services that provide alternatives to narcotic substance prescribing, as established pursuant to section 2 of chapter 176O; and

(2) a plan, developed based on clinical evidence and in consultation with health care practitioners, for reasonable controls and safeguards on potentially addictive opiate prescription drugs, which may include, but need not be limited to (i) restricting individual beneficiaries, based on excessive prescribed quantities or other signs of risk, to obtaining prescriptions only from a limited number of providers and pharmacies, provided that beneficiaries restricted under such programs must be appropriately notified and have rights to appeal; (ii) establishing prior authorization requirements and other administrative safeguards on the prescribing of drugs identified pursuant to section 13 of chapter 17 as posing a heightened risk to the public health; (iii) requirements that beneficiaries provide informed consent prior to receiving an opiate prescription, based on clinically accurate information about the risks and benefits of opiate drugs; (iv) volume thresholds for new prescriptions, above which the carrier may require treatment agreements, pain management consultations, or other authorization requirements.

(b) The plans described in paragraphs (1) and (2) shall be subject to approval, and shall be a component of carrier accreditation by the division of insurance, pursuant to section 2 of chapter 176O. In its review, the division shall consider the adequacy of access to pain management services, and any carrier policies which may create unduly preferential coverage to opiate prescribing over other pain management modalities.

(c) Each carrier shall distribute educational materials to providers within their networks about the plans described in paragraphs (1) and (2) and shall post information about said plans on their public websites.

SECTION 27. Section 2 of chapter 176O of the General Laws, as appearing in the 2014 Official Edition, is hereby amended by striking out, in lines 8 and 9, the words “and (5)” and inserting in place thereof the following words:-

(5) prescription drug safety and access to pain management; and

(6) controlled substance safety

## **Strengthen Access through Transparency in Service Denials**

SECTION 28. Subsection (b) of section 7 of said chapter 176O, as so appearing, is hereby amended by striking out, in lines 59 to 68, inclusive, the words “and (4) a report detailing, for the

previous calendar year, the total number of; (i) filed grievances, grievances that were approved internally, grievances that were denied internally, and grievances that were withdrawn before resolution; and (ii) external appeals pursued after exhausting the internal grievance process and the resolution of all such external appeals. The report shall identify for each such category, to the extent such information is available, the demographics of such insured, which shall include, but need not be limited to, race, gender and age” and inserting in place thereof the following 2 clauses:-

(4) a report detailing for the previous calendar year the total number of: (i) filed grievances, grievances that were approved internally, grievances that were denied internally and grievances that were withdrawn before resolution; and (ii) external appeals pursued after exhausting the internal grievance process and the resolution of all external appeals; provided, however, that the report shall identify for each category, to the extent information is available, the demographics of the insured, which shall include, but need not be limited to, race, gender and age; and

(5) a report detailing for the previous calendar year the total number of: (i) medical or surgical claims submitted to the carrier; (ii) medical or surgical claims denied by the carrier; (iii) mental health or substance use disorder claims submitted to the carrier; (iv) mental health or substance use disorder claims denied by the carrier; (v) medical or surgical claims and mental health or substance use disorder claims denied by the carrier because: (A) pre-treatment authorization or referral for services was not obtained; (B) the service was not medically necessary; (C) the service was experimental or investigational; (D) the insured was not covered or eligible for benefits at the time services occurred; (E) the service or the provider was not covered; (F) duplicate claims had been submitted; (G) incomplete claims had been submitted; (H) coding errors had occurred; and (I) of any other specified reason.

SECTION 29. Section 13 of said chapter 176O, as so appearing, is hereby amended by adding the following subsection:-

(e) For any grievance involving a denial of coverage or a denial of preauthorization for mental health services, including behavioral health and substance use disorder services, the carrier shall provide to the insured and the insured’s authorized representative, if any, in addition to all other notices required under this chapter, a statement certifying and specifically describing:

(i) that the denial of coverage by the carrier, the carrier’s utilization review organization or other subcontracted entity complies with applicable state parity requirements for providing coverage on a nondiscriminatory basis under chapter 80 of the acts of 2000;

(ii) the quantitative and non-quantitative treatment limitations applied during review, including both the initial review of the claim and the review of the internal grievance, and how these treatment limitations comply with state and federal parity regulations, including those

codified at 42 U.S.C. § 300gg-26 and regulations implemented pursuant to section 8K of chapter 26 of the General Laws; and

(iii) that the carrier's claim processing and utilization review methods complied with the parity requirements set forth in clauses (i) and (ii).

### **Civil Liability Protection for Narcan Administration**

SECTION 30. Section 4 of chapter 258 of the General Laws, as so appearing, is hereby amended by adding the following paragraph:-

No civil action shall be brought and no liability for damages shall be assessed against a public employee, including any first responder or law enforcement personnel, for rendering or attempting to render emergency care in good faith by administering naloxone or a similar opioid antagonist, as defined in section 19B of chapter 94C, to an individual who has or reasonably appears to have suffered a drug-related overdose.

### **Gabapentin Monitoring**

SECTION 31. Within 90 days of the effective date of this act, the department of public health shall promulgate regulations to classify the drugs commercially referred to as gabapentin, neurontin and other chemical equivalents as "additional drugs" for the purposes of section 24A of chapter 94C of the General Laws.

### **Individual Prescriber Trend Notifications - II**

SECTION 32. The first distribution to individual practitioners of the prescribing trends and profiles set forth in section 15 shall occur not later than January 1, 2017.

### **Access to Pain Management Specialty Consultation - II**

SECTION 33. There shall be a special commission to examine the feasibility of establishing a Massachusetts pain management access program, with the goal of increasing access to pain management by allowing primary care providers to arrange pain management consultations and temporary services by specialists certified under section 5N of chapter 111 of the General Laws for their patients in need of comprehensive non-opiate pain management resources.

If the special commission determines that the program is feasible and suitable, recommendations for establishing the program shall include recommended policies for funding the program, including consideration of commercial payer, public payer and federal reimbursement possibilities, and may also include, but need not be limited to, consideration of pilot programs and a timeline for full implementation. The special commission shall examine in its review similar service models in other specialty fields, including the Massachusetts Child Psychiatry Access Program.

ITEM: gb #6-144

STANDING COMMITTEE: **GOVERNANCE AND EMPLOYEE ISSUES**

DATE OF MEETING: Wednesday, January 11, 2017

ITEM: Mr. O'Connell/Mr. Foley/Ms. Colorio/Mr. Monfredo/Miss Biancheria/  
Miss McCullough/Mayor Petty (April 4, 2016)

To update Worcester Public Schools' policies regarding substance abuse prevention and education, and to post the updated policies on the Worcester Public Schools website, in compliance with Chapter 71, Section 96 of the Massachusetts General Laws.

PRIOR ACTION:

4-28-16 - Referred to the Standing Committee on Governance and Employee Issues.

BACKUP:

Annex A (4 pages) contains a copy of the Worcester Public Schools' Substance Use Prevention and Education Policy that is posted on the website.

**Worcester Public School**  
**Substance Use Prevention and Education Policy**

Athletic Department  
Child Study Department  
Health and Physical Education Department  
Nursing Department  
School Safety Office  
School Committee

## **Introduction**

Massachusetts is one of many states across the country facing a growing epidemic of opioid addiction. Schools play an important role in educating youth about the dangers of substance abuse and in preventing substance use among students. The Worcester Public Schools (WPS) is taking action to address it, in accordance with Mass. General Laws (c. 71, s.96) and with recommendations and guidance from the Massachusetts Department of Public Health (MDPH) and the Department of Elementary and Secondary Education (DESE), through the use of multiple prevention and intervention strategies. This updated Policy will be the district's blueprint for enhancing the capacity to prevent and respond to issues of substance use within the context of other substance use initiatives. In accordance with the 2016 amendment to the statute, the WPS will file this and related policies with the DESE beginning October 28, 2016.

## **Goals**

1. Increase students' understanding of the legal, social, and health consequences of alcohol and substance use to prevent use and abuse among students.
2. Provide parents and guardians with educational opportunities regarding the warning signs of substance use/abuse and referral resources.
3. Teach student's self-management, social, negotiation, and refusal skills that will empower them to make healthy decisions and avoid alcohol and substance use.

## **I. Leadership**

An essential component of the WPS mission is maintaining a safe and supportive learning environment. Within our Multi-Tiered System of Supports (MTSS) Framework all students are supported to achieve academic success. We aim to provide all students with the individual academic and non-academic supports needed to succeed. This is accomplished by utilizing a team approach with strong collaboration among school administrators, educators, support staff, students, families, and local community stakeholders. The Comprehensive Drug Education and Prevention Program (CDEPP), a committee comprised of the Athletic, Child Study, Health and Physical Education, Nursing, and Safety Department administrators, under the leadership of the superintendent and school committee members, help students in the WPS stay healthy, safe, engaged, and supported.

## **II. Professional Development**

The WPS administration will provide all school staff with tiered training to ensure that all staff are aware of the district policies, procedures, and protocols for prevention, intervention, and follow-up in the prevention and response to substance use and abuse. Training on the early warning signs and behaviors that indicate a student may be



experiencing substance use problems, to include building-based support and referral systems, will be conducted yearly in every school within the district. Qualified staff will be identified and trained as appropriate to administer all protocols and procedures related to this Policy, including but not limited to the use of a verbal screening tool. Additionally, the CDEPP will develop or seek evidence-based professional development opportunities for school staff to support implementation of curricula and effective strategies for preventing substance use among youth in the WPS.

### **III. Access to Resources and Services**

The WPS Child Study, Guidance, and Nursing Department personnel work in close collaboration in identifying and referring students with substance use problems. All schools in the WPS district have an identified team of social-emotional support staff available when students are in need of assessment, supportive counseling, and referral services both within and outside the school department. The team has an established agreement with selected community-based providers of mental health and/or substance use treatment facilities to support families in their efforts to gain access to needed services. School-based intake and re-entry procedures are in place to support students and families who may require referral to or from community-based services.

### **IV. Academic and Non-academic Strategies**

The WPS district utilizes the evidence-based Massachusetts Comprehensive Health Framework for delivering developmentally appropriate and culturally competent health education to all students in PreK-12<sup>th</sup> grade. Within this curriculum, students in grades 4-9 are provided with education to acquire the knowledge and skills necessary to be competent in making health-enhancing decisions regarding the use of medications and avoidance of substances, and in communicating about substance use/abuse prevention for healthier homes, schools, and communities. This health course and an additional offering for high-school students, *Drugs and Society*, is available for all students who are interested in enrolling. The WPS health educators collaborate with local community resources, such as universities, colleges, and health agencies to help deliver learning opportunities specific to substance use, abuse, and prevention to students.

Through collaboration among the Athletic and Nursing Departments, beginning the spring of 2016, all WPS coaches will be educated annually on opiate use and misuse among athletes. All student athletes and families are provided with written educational material prior to the start of every new athletic season. The written informational hand-outs (*Substance Abuse Prevention Facts and Tips for Parents*, *Substance Abuse Prevention Facts for Teens*) and other educational resources are included on the district web site.

Beginning school year 2016-2017 school nurses will utilize a verbal screening tool to assess

7<sup>th</sup> grade students for substance use problems. Annually thereafter, beginning 2017-2018 school year, 9<sup>th</sup> grade students will also be screened by school nurses. If a student is identified to be at-risk for substance abuse, a school adjustment counselor or guidance counselor will provide supportive counseling and referral as needed.

#### **V. Policies and Protocols**

The WPS has a policy on the Possession of or Use of Drugs or Alcohol included with its overarching Code of Conduct Policy, in compliance with MGL c. 94C. This policy is intended to inform all students and their families that no drugs or alcohol are permitted on school property at any time and no student is allowed on the premises under the influence of any controlled substance or alcohol both while on school property or during school-sponsored activities. Any student charged with a violation may be expelled or have a long-term suspension imposed. This policy is implemented subject to the due process provision of the WPS Discipline Code applicable to regular and special education students.

The WPS is currently in the process of developing Screening, Brief Intervention, and Referral to Treatment (SBIRT) and Narcan Administration in School protocols.

All WPS policies and protocols are provided to all students and families in written format in the Worcester Public Schools Policies Handbook and is posted on the WPS web site at [worcesterschools.org](http://worcesterschools.org). The administration requires all parent's signatures to ensure they have received this handbook annually.

#### **VI. Collaboration with Families**

The WPS believes that families are essential partners in our efforts to prevent substance use. Family and Community Engagement are a core component of the district's Standards and Indicators which provide the structure to successfully implement MTSS. The WPS CDEPP team members are preparing to offer informational, educational, and interactive parent/guardian forums throughout the district, on an annual basis, to support the prevention component of the schools multi-faceted initiatives.

STANDING COMMITTEE: **GOVERNANCE AND EMPLOYEE ISSUES**

DATE OF MEETING: Wednesday, January 11, 2017

ITEM: Administration (July 28, 2016)

To consider necessary policy changes concerning the implementation of the recently enacted Bill relative to Substance Use, Treatment, Education and Prevention and review the policy developed by the Massachusetts Association of School Committees.

PRIOR ACTION:

8-18-16 - Referred to the Standing Committee on Governance and Employee Issues.

BACKUP: All changes were made and incorporated into the Worcester Public Schools' Policy. The Administration recommends approval of the MASC Policy GBEC (Drug-Free Workplace Policy) to be inserted into the Policy Manual.

Annex A (42 pages) contains a copy of House Bill #4156, An Act relative to substance use, treatment, education and prevention.

Annex B (1 page) contains a copy of the Bulletin for a Drug-Free Workplace.

Annex C (4 pages) contains a copy of the MASC Policies Drug-Free Workplace Policy (GBEC), Teaching about Alcohol, Tobacco, and Drugs (IHAMB), Alcohol, Tobacco, and Drug use by Students Prohibited (JICH) and Administering Medicines to Students (JLCD).

# HOUSE . . . . . No. 4056

---

## The Commonwealth of Massachusetts

The committee of conference on the disagreeing votes of the two branches with reference to the Senate amendment (striking out all after the enacting clause and inserting in place thereof the text contained in Senate document numbered 2103) of the House Bill relative to substance use, treatment, education and prevention (House, No. 3947), reports (on the residue) recommending passage of the accompanying bill (House, No. 4056). March 8, 2016.

Brian S. Dempséy	Karen E. Spilka
Elizabeth A. Malia	Jennifer L. Flanagan
Randy Hunt	Viriato Manuel deMacedo

**HOUSE . . . . . No. 4056**

---

The Commonwealth of Massachusetts

\_\_\_\_\_  
In the One Hundred and Eighty-Ninth General Court  
(2015-2016)  
\_\_\_\_\_

An Act relative to substance use, treatment, education and prevention.

*Whereas*, The deferred operation of this act would tend to defeat its purpose, which is to increase forthwith the availability of substance use treatment, education and prevention, therefore, it is hereby declared to be an emergency law, necessary for the immediate preservation of the public convenience.

*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:*

1           SECTION 1. Section 118 of chapter 6 of the General Laws, as appearing in the 2014  
2 Official Edition, is hereby amended by adding the following subsection:-

3           The municipal police training committee may establish a course within the recruit basic  
4 training curriculum for regional and municipal police training schools to train law enforcement  
5 officers on the application of section 34A of chapter 94C and section 12FF of chapter 112 and  
6 the procedures for response to calls for assistance for drug-related overdoses. The committee  
7 may periodically include within its in-service training curriculum a course of instruction on the  
8 application of said section 34A of said chapter 94C and the procedures for response to calls for  
9 assistance for drug-related overdoses. Upon request, the executive office of public safety and  
10 security, in collaboration with the department of public health, shall facilitate the collection and  
11 sharing of resources regarding the application of said section 34A of said chapter 94C.

12 SECTION 2. Section 4 of chapter 17 of the General Laws, as so appearing, is hereby  
13 amended by striking out, in line 11, the following words:- with the advice of the advisory council  
14 on alcoholism and.

15 SECTION 3. Said section 4 of said chapter 17, as so appearing, is hereby further  
16 amended by striking out, in lines 14 and 15, the following words:- with the advice of the drug  
17 rehabilitation advisory board and.

18 SECTION 4. Section 13 of said chapter 17, as amended by section 5 of chapter 10 of the  
19 acts of 2015, is hereby further amended by adding the following subsection:-

20 (e) The commission shall also identify and publish a list of non-opioid drug products that  
21 have been approved by the United States Food and Drug Administration that are effective pain  
22 management alternatives and have a lesser potential for abuse than an opioid drug product  
23 contained in Schedules II and III of section 3 of chapter 94C.

24 The commission shall provide for distribution, including electronic distribution, of copies  
25 of the list and revisions to the list among all prescribers and dispensers licensed to practice in the  
26 commonwealth and to other appropriate individuals and shall supply a copy to any person on  
27 request and upon payment of the cost of printing.

28 The list shall be revised not less frequently than annually to include new pertinent  
29 information on non-opioid drug products approved for inclusion or non-opioid drug products to  
30 be deleted and to reflect current information as to the therapeutic efficacy of drugs and  
31 pharmaceuticals.

32 SECTION 5. Section 14 of said chapter 17, as so appearing, is hereby repealed.



33 SECTION 6. Section 19 of said chapter 17, as appearing in the 2014 Official Edition, is  
34 hereby amended by inserting after the word “treatment”, in line 16, the following words:- ,  
35 including information on United States Food and Drug Administration-approved medication  
36 assisted-treatment and the availability of such treatments in each geographic region of the  
37 commonwealth.

38 SECTION 7. Said section 19 of said chapter 17, as so appearing, is hereby further  
39 amended by striking out, in lines 27 and 28, the words “and (6)” and inserting in place thereof  
40 the following words:- (6) provide information to the patient prior to discharge about the  
41 patient’s option to file a voluntary non-opiate directive form pursuant to section 18B of chapter  
42 94C; and

43 (7).

44 SECTION 8. Section 17M of chapter 32A of the General Laws, as so appearing, is  
45 hereby amended by inserting after the word “treatment” in line 3, the following words:- ; a  
46 substance abuse evaluation as defined in section 51½ of chapter 111.

47 SECTION 9. Section 17N of said chapter 32A, as so appearing, is hereby amended by  
48 inserting after the figure “7”, in line 28, the following words:- ; and provided further, that the  
49 commission shall provide to any active or retired employee of the commonwealth who is insured  
50 under the group insurance commission coverage for, without preauthorization, substance abuse  
51 evaluations ordered pursuant to section 51½ of chapter 111.

52 SECTION 10. Section 16 of chapter 38 of the General Laws, as so appearing, is hereby  
53 amended by striking out subsection (b) and inserting in place thereof the following subsection:-

54 (b) Acute hospitals, as defined in section 64 of chapter 118E, shall file a monthly report  
55 regarding the exposure of children to controlled substances with the commissioner of public  
56 health in a manner to be determined by the commissioner of public health. The report shall  
57 include, but not be limited to: (i) the number of infants born in the previous month identified by  
58 the hospital as having been exposed to a Schedule I or Schedule II controlled substance under  
59 chapter 94C or those controlled substances in Schedule III under said chapter 94C that the drug  
60 formulary commission, established by section 13 of chapter 17, has determined have a  
61 heightened level of public health risk due to the drug's potential for abuse and misuse; and (ii)  
62 the number and specific causes of hospitalizations of children under the age of 11 caused by  
63 ingestion of a Schedule I or Schedule II controlled substance under said chapter 94C or those  
64 controlled substances in Schedule III under said chapter 94C that the drug formulary commission  
65 has determined have a heightened level of public health risk due to the drug's potential for abuse  
66 and misuse.

67 SECTION 11. Section 1P of chapter 69 of the General Laws, as so appearing, is hereby  
68 amended by striking out, in line 97, the figure "18" and inserting in place thereof the following  
69 figure:- 19.

70 SECTION 12. Said section 1P of said chapter 69, as so appearing, is hereby further  
71 amended by striking out, in line 127, the figure "3" and inserting in place thereof the following  
72 figure: 4.

73 SECTION 13. Said section 1P of said chapter 69, as so appearing, is hereby further  
74 amended by inserting after the word "framework", in line 133, the following words:- ; 1 of

75 whom shall be a representative of Massachusetts recovery high schools with expertise in  
76 adolescent substance use disorders.

77 SECTION 14. Section 13D of chapter 71 of the General Laws, as so appearing, is hereby  
78 amended by adding the following paragraph:-

79 A driver education course shall include a module on the science related to addiction and  
80 addictive substances, including the impact of psychoactive substances on the brain and the effect  
81 of such substances on a person while operating a motor vehicle.

82 SECTION 15. Said chapter 71 is hereby further amended by striking out section 96, as so  
83 appearing, and inserting in place thereof the following 2 sections:-

84 Section 96. Each public school shall have a policy regarding substance use prevention  
85 and the education of its students about the dangers of substance abuse. The school shall notify  
86 the parents or guardians of all students attending the school of the policy and shall post the  
87 policy on the school's website. The policy, and any standards and rules enforcing the policy,  
88 shall be prescribed by the school committee in conjunction with the superintendent or the board  
89 of trustees of a charter school.

90 The department of elementary and secondary education, in consultation with the  
91 department of public health, shall provide guidance and recommendations to assist schools with  
92 developing and implementing effective substance use prevention and abuse education policies  
93 and shall make such guidance and recommendations publicly available on the department's  
94 website. Guidance and recommendations may include educating parents or guardians on  
95 recognizing warning signs of substance abuse and providing available resources. Guidance and

96 recommendations shall be reviewed and regularly updated to reflect applicable research and best  
97 practices.

98 Each school district and charter school shall file its substance use prevention and abuse  
99 education policies with the department of elementary and secondary education in a manner and  
100 form prescribed by the department.

101 Section 97. (a) Subject to appropriation, each city, town, regional school district, charter  
102 school or vocational school district shall utilize a verbal screening tool to screen pupils for  
103 substance use disorders. Screenings shall occur on an annual basis and occur at 2 different grade  
104 levels as recommended by the department of elementary and secondary education, in  
105 consultation with the department of public health. Parents or guardians of a pupil to be screened  
106 pursuant to this section shall be notified prior to the start of the school year. Verbal screening  
107 tools shall be approved by the department of elementary and secondary education, in conjunction  
108 with the department of public health. De-identified screening results shall be reported to the  
109 department of public health, in a manner to be determined by the department of public health, not  
110 later than 90 days after completion of the screening.

111 (b) A pupil or the pupil's parent or guardian may opt out of the screening by written  
112 notification at any time prior to or during the screening. A city, town, regional school district,  
113 charter school or vocational school district utilizing a verbal screening tool shall comply with the  
114 department of elementary and secondary education's regulations relative to consent.

115 (c) Any statement, response or disclosure made by a pupil during a verbal substance use  
116 disorder screening shall be considered confidential information and shall not be disclosed by a  
117 person receiving the statement, response or disclosure to any other person without the prior

118 written consent of the pupil, parent or guardian, except in cases of immediate medical emergency  
119 or a disclosure is otherwise required by state law. Such consent shall be documented on a form  
120 approved by the department of public health and shall not be subject to discovery or subpoena in  
121 any civil, criminal, legislative or administrative proceeding. No record of any statement,  
122 response or disclosure shall be made in any form, written, electronic or otherwise, that includes  
123 information identifying the pupil.

124 (d) The department of elementary and secondary education shall notify each school  
125 district in writing of the requirement to screen students for substance use disorders pursuant to  
126 this section. School districts with alternative substance use screening policies may, on a form  
127 provided by the department, opt out of the required verbal screening tool. The form shall be  
128 signed by the school superintendent and provide a detailed description of the alternative  
129 substance use program the district has implemented and the reasons why the required verbal  
130 screening tool is not appropriate for the district.

131 (e) No person shall have a cause of action for loss or damage caused by an act or  
132 omission resulting from the implementation of this section.

133 SECTION 16. Section 8 of chapter 90 of the General Laws, as so appearing, is hereby  
134 amended by inserting after the word “course”, in line 50, the following words:- , including a  
135 module on the science related to addiction and addictive substances which shall also include the  
136 impact of psychoactive substances on the brain and the effect of such substances on a person  
137 while operating a motor vehicle,.

138 SECTION 17. Said section 8 of said chapter 90, as so appearing, is hereby further  
139 amended by inserting after the word “curriculum”, in line 71, the following words:- , including a

140 module on the science related to addiction and addictive substances which shall also include the  
141 impact of psychoactive substances on the brain and the effect of such substances on a person  
142 while operating a motor vehicle.

143 SECTION 18. The nineteenth paragraph of section 32G of said chapter 90, as so  
144 appearing, is hereby amended by inserting after the first sentence the following sentence:- The  
145 curriculum shall include a module on the science related to addiction and addictive substances,  
146 which shall also include the impact of psychoactive substances on the brain and the effect of  
147 such substances on a person while operating a motor vehicle.

148 SECTION 19. Section 1 of chapter 94C of the General Laws is hereby amended by  
149 inserting after the definition of “drug paraphernalia”, as so appearing, the following definition:-

150 “Extended-release long-acting opioid in a non-abuse deterrent form”, a drug that is: (i)  
151 subject to the United States Food and Drug Administration’s extended release and long-acting  
152 opioid analgesics risk evaluation and mitigation strategy; (ii) an opioid approved for medical use  
153 that does not meet the requirements for listing as a drug with abuse deterrent properties pursuant  
154 to section 13 of chapter 17; and (iii) identified by the drug formulary commission pursuant to  
155 said section 13 of said chapter 17 as posing a heightened level of public health risk.

156 SECTION 20. Section 18 of said chapter 94C, as so appearing, is hereby amended by  
157 striking out, in line 70, the words “A prescription” and inserting in place thereof the following  
158 words:- Except as provided in section 18A, a prescription.

159 SECTION 21. Said section 18 of said chapter 94C, as so appearing, is hereby further  
160 amended by inserting after subsection (d½) the following subsection:-

161 (d<sup>3/4</sup>) A registered pharmacist filling a prescription for an opioid substance in schedule II  
162 of section 3 may dispense the prescribed substance in a lesser quantity than the recommended  
163 full quantity indicated on the prescription if requested by the patient provided that the  
164 prescription complies with subsection (c) of section 22. The remaining quantity in excess of the  
165 quantity requested by the patient shall be void. If the dispensed quantity is less than the  
166 recommended full quantity, the pharmacist or a designee shall, within a reasonable time  
167 following a reduction in quantity but not more than 7 days, notify the prescribing practitioner of  
168 the quantity actually dispensed. The notification shall be conveyed by a notation in the  
169 interoperable electronic health record of the patient as defined in section 1 of chapter 118I or, if  
170 the pharmacist does not have the ability to make a notation in the patient's interoperable  
171 electronic health record, by facsimile, electronic transmission or by making a notation in the  
172 patient's record maintained by the pharmacy which shall be accessible to the practitioner by  
173 request. Nothing in this subsection shall be interpreted to conflict with or supersede any other  
174 requirement established in this section for a prescription of an opiate substance or any  
175 requirements or conditions for drug substitutions established in chapter 112.

176 SECTION 22. Said section 18 of said chapter 94C, as so appearing, is hereby further  
177 amended by striking out subsection (e) and inserting in place thereof the following subsection:-

178 (e) Practitioners who prescribe controlled substances, except veterinarians, shall be  
179 required, as a prerequisite to obtaining or renewing their professional licenses, to complete  
180 appropriate training relative to: (i) effective pain management; (ii) the risks of abuse and  
181 addiction associated with opioid medication; (iii) identification of patients at risk for substance  
182 use disorders; (iv) counseling patients about the side effects, addictive nature and proper storage  
183 and disposal of prescription medications; (v) appropriate prescription quantities for prescription



184 medications that have an increased risk of abuse; and (vi) opioid antagonists, overdose  
185 prevention treatments and instances in which a patient may be advised on both the use of and  
186 ways to access opioid antagonists and overdose prevention treatments. The boards of registration  
187 for each professional license that requires this training shall develop the standards for appropriate  
188 training programs.

189 SECTION 23. Said chapter 94C is hereby further amended by inserting after section 18  
190 the following 3 sections:-

191 Section 18A. (a) Prior to issuing an extended-release long-acting opioid in a non-abuse  
192 deterrent form for outpatient use for the first time, a practitioner registered under section 7 shall:  
193 (i) evaluate the patient's current condition, risk factors, history of substance abuse, if any, and  
194 current medications; and (ii) inform the patient and note in the patient's medical record that the  
195 prescribed medication, in the prescriber's medical opinion, is an appropriate course of treatment  
196 based on the medical need of the patient.

197 (b) In the event that a practitioner recommends that an extended-release long-acting  
198 opioid be utilized during the course of long-term pain management, the practitioner registered  
199 under section 7 shall enter into a written pain management treatment agreement with the patient  
200 that appropriately addresses the benefits as well as the risk factors for abuse or misuse of the  
201 prescribed substance under guidelines published by the department. Such an agreement shall be  
202 filed in the patient's medical record or included in the patient's electronic health record.

203 Section 18B. (a) The department shall establish a voluntary non-opiate directive form.  
204 The form shall indicate to all practitioners that an individual shall not be administered or offered  
205 a prescription or medication order for an opiate. The form shall be posted on the department's

206 searchable website. An individual may execute and file a voluntary non-opiate directive form  
207 with a practitioner registered under section 7 or other authority authorized by the secretary to  
208 accept the voluntary non-opiate directive form for filing. An individual may revoke the voluntary  
209 non-opiate directive form for any reason and may do so by written or oral means.

210 (b) The department shall promulgate regulations for the implementation of the voluntary  
211 non-opiate directive form which shall include, but not be limited to:

212 (i) procedures to record the voluntary non-opiate directive form in the individual's  
213 interoperable electronic health record and in the prescription drug monitoring program  
214 established in section 24A;

215 (ii) a standard form for the recording and transmission of the voluntary non-opiate  
216 directive form, which shall include verification by a practitioner registered under section 7 and  
217 which shall comply with the written consent requirements of the Public Health Service Act, 42  
218 U.S.C. § 290dd-2(b), and 42 CFR Part 2; provided, however, that the voluntary non-opiate  
219 directive form shall also provide the basic procedures necessary to revoke the voluntary non-  
220 opiate directive form;

221 (iii) requirements for an individual to appoint a duly authorized guardian or health care  
222 proxy to override a previously recorded voluntary non-opiate directive form;

223 (iv) procedures to ensure that any recording, sharing or distribution of data relative to the  
224 voluntary non-opiate directive form complies with all state and federal confidentiality laws; and

225 (v) appropriate exemptions for emergency medical personnel.

226 (c) A written prescription that is presented at an outpatient pharmacy or a prescription  
227 that is electronically transmitted to an outpatient pharmacy shall be presumed to be valid for the  
228 purposes of this section and a pharmacist in an outpatient setting shall not be held in violation of  
229 this section for dispensing a controlled substance in contradiction to a voluntary non-opiate  
230 directive form, except upon evidence that the pharmacist acted knowingly against the voluntary  
231 non-opiate directive form.

232 (d) No health care provider or employee of a health care provider acting in good faith  
233 shall be subject to criminal or civil liability or be considered to have engaged in unprofessional  
234 conduct for failing to offer or administer a prescription or medication order for an opiate under  
235 the voluntary non-opiate directive form.

236 No person acting as an agent pursuant to a health care proxy shall be subject to criminal  
237 or civil liability for making a decision under clause (iii) of subsection (b) in good faith.

238 (e) Any board of professional licensure may limit, condition or suspend the license of or  
239 assess fines against a licensed health care provider who recklessly or negligently fails to comply  
240 with a person's voluntary non-opiate directive form.

241 Section 18C. Prior to issuing a prescription for an opioid contained in Schedule II of  
242 section 3, a practitioner registered under section 7 shall: (i) consult with a the patient regarding  
243 the quantity of the opioid and a patient's option to fill the prescription in a lesser quantity; and  
244 (ii) inform the patient of the risks associated with the opioid prescribed.

245 SECTION 24. Said chapter 94C is hereby amended by inserting after section 19C the  
246 following section:-

247 Section 19D. (a) When issuing a prescription for an opiate to an adult patient for  
248 outpatient use for the first time, a practitioner shall not issue a prescription for more than a 7-day  
249 supply. A practitioner shall not issue an opiate prescription to a minor for more than a 7-day  
250 supply at any time and shall discuss with the parent or guardian of the minor the risks associated  
251 with opiate use and the reasons why the prescription is necessary.

252 (b) Notwithstanding subsection (a), if, in the professional medical judgment of a  
253 practitioner, more than a 7-day supply of an opiate is required to treat the adult or minor patient's  
254 acute medical condition or is necessary for the treatment of chronic pain management, pain  
255 associated with a cancer diagnoses or for palliative care, then the practitioner may issue a  
256 prescription for the quantity needed to treat such acute medical condition, chronic pain, pain  
257 associated with a cancer diagnosis or pain experienced while the patient is in palliative care. The  
258 condition triggering the prescription of an opiate for more than a 7-day supply shall be  
259 documented in the patient's medical record and the practitioner shall indicate that a non-opiate  
260 alternative was not appropriate to address the medical condition.

261 (c) Notwithstanding subsections (a) and subsection (b), this section shall not apply to  
262 medications designed for the treatment of substance abuse or opioid dependence.

263 SECTION 25. Section 21 of said chapter 94C, as appearing in the 2014 Official Edition,  
264 is hereby amended by inserting after the word "drugs", in line 19, the following words:- ,  
265 specifically opiates,.

266 SECTION 26. Section 22 of said chapter 94C, as so appearing, is hereby amended by  
267 adding the following subsection:-

268 (c) Any prescription issued by a practitioner for an opioid substance contained in  
269 Schedule II of section 3 shall include a notation on the prescription that the patient may fill, upon  
270 request, the prescription in compliance with subsection (d  $\frac{3}{4}$ ) of section 18 in an amount not to  
271 exceed the recommended full quantity indicated.

272 SECTION 27. The second paragraph of subsection (c) of section 24A of said chapter  
273 94C, as so appearing, is hereby amended by striking out the first sentence and inserting in place  
274 thereof the following sentence:- The department shall promulgate rules and regulations relative  
275 to the use of the prescription monitoring program by registered participants which shall include  
276 the requirement that prior to issuance, participants shall utilize the prescription monitoring  
277 program each time a prescription for a narcotic drug that is contained in Schedule II or III is  
278 issued.

279 SECTION 28. Said section 24A of said chapter 94C is hereby further amended by  
280 striking out subsection (h), as so appearing, and inserting in place thereof the following  
281 subsection:-

282 (h) The department may provide de-identified information to a public or private entity for  
283 statistical research or educational purposes.

284 SECTION 29. Said chapter 94C is hereby further amended by inserting after section 24A  
285 the following section:-

286 Section 24B. The department shall annually determine, through the prescription drug  
287 monitoring system established in section 24A, the mean and median quantity and volume of  
288 prescriptions for opiates contained in Schedules II and III of section 3 issued by practitioners  
289 registered under section 7; provided, however, that mean and median prescription quantities and

290 volumes shall be determined within categories of practitioners of a similar specialty or practice  
291 type as determined by the department.

292         The department shall work in conjunction with the respective boards of licensure to  
293 annually determine each practitioner's Schedule II and Schedule III opiate prescribing quantity  
294 and volume and the practitioner's standing with regard to the mean and median quantity and  
295 volume for the practitioner's category of specialty or practice type; provided, however, that the  
296 practitioner's standing shall be expressed as a percentile ranking for the practitioner within the  
297 practitioner's category. Each practitioner whose prescribing exceeds the mean or median within  
298 the practitioner's category shall be sent notice of the practitioner's percentile ranking in a manner  
299 determined by the department. Any practitioner may request the practitioner's own percentile  
300 ranking within the practitioner's own category of practice. The ranking determined for each  
301 practitioner shall be confidential, and shall be distributed by the department or by the relevant  
302 board of licensure only to the practitioner to which the information pertains. Such information  
303 shall not; (a) constitute a public record as defined in clause twenty-sixth of section 7 of chapter  
304 4; (b) be admissible as evidence in a civil or criminal proceeding; or (c) be the sole basis for  
305 investigation by a licensure board.

306         The department shall also coordinate with the respective boards of licensure to make  
307 resources available to prescribers regarding ways to change prescribing practices and incorporate  
308 alternative pain management options into a prescriber's practice.

309         SECTION 30. Subsection (b) of Class B of section 31 of said chapter 94C, as so  
310 appearing, is hereby amended by striking out clause (1) and inserting in place thereof the  
311 following 2 clauses:-

312 (1) Acetyl fentanyl

313 (1½) Alphaprodine

314 SECTION 31. The General Laws are hereby further amended by inserting after chapter  
315 94F the following chapter:-

316 CHAPTER 94G.

317 DRUG STEWARDSHIP PROGRAM.

318 Section 1. As used in this chapter, the following words shall have the following meanings  
319 unless the context clearly requires otherwise:

320 “Covered drug”, any brand name or generic opioid drug placed in Schedule II or  
321 Schedule III of section 3 of chapter 94C; provided, however, that “covered drug” shall also  
322 include benzodiazepines; provided, further, that “covered drug” shall not include: (i) drugs  
323 intended for use solely in veterinary care; (ii) substances that are regulated as cosmetic products  
324 under the United States Food, Drug and Cosmetic Act, 21 U.S.C. § 301 et seq.; (iii) drugs that  
325 are compounded under a specialty license pursuant to sections 39G to 39J, inclusive, of chapter  
326 112; (iv) hypodermic needles, lancets or other sharps products subject to collection and disposal  
327 procedures established in section 27A of chapter 94C; or (v) drugs approved and used primarily  
328 for medication-assisted substance use disorder treatment.

329 “Department”, the department of public health.

330 “Drug stewardship program”, a program financed by a pharmaceutical product  
331 manufacturer or a group of manufacturers to collect, secure, transport and safely dispose of  
332 unwanted drugs.



333 “Pharmaceutical product manufacturer” or “manufacturer”, an entity that manufactures a  
334 controlled substance under a United States Food and Drug Administration manufacturer’s  
335 license, except for an institutional pharmacy, as defined in section 39D of chapter 112 or a  
336 wholesaler.

337 “Prescription drug”, any drug product which may be dispensed pursuant to chapter 94C  
338 under a written prescription by an authorized prescriber.

339 “Stewardship organization”, an organization designated by a manufacturer or a group of  
340 manufacturers to act as an agent on behalf of the manufacturer or the group of manufacturers to  
341 implement and operate a drug stewardship program.

342 “Unwanted drug”, a covered drug: (i) that is no longer wanted or intended to be  
343 consumed, or that is abandoned, discarded, expired or surrendered by the person to whom it was  
344 prescribed; or (ii) voluntarily deposited at collection points co-located with a law enforcement  
345 agency; provided, however, that “unwanted drug” shall not include: (A) waste or unused drug  
346 products from a pharmacy, hospital or health clinic or other commercial sources that the  
347 department may determine by regulation to be a nonresidential source; or (B) drug products  
348 seized by law enforcement officers in the course of their law enforcement duties.

349 “Wholesaler”, an entity licensed pursuant to section 36B of chapter 112.

350 Section 2. (a) Any pharmaceutical product manufacturer selling or distributing a covered  
351 drug to consumers in the commonwealth, whether directly or through a wholesaler, retailer or  
352 other agent, shall: (i) operate a drug stewardship program approved by the department  
353 individually or jointly with other manufacturers; (ii) enter into an agreement with a stewardship

354 organization that shall operate a drug stewardship program approved by the department; or (iii)  
355 enter into an agreement with the department to operate an alternative plan under section 6.

356 (b) The department shall establish a process to review applications for approval and  
357 renewal of a manufacturer's drug stewardship plan. The department shall consult with the  
358 Massachusetts Biotechnology Council, the Interagency Council on Substance Abuse and other  
359 interested parties in developing the requirements of a drug stewardship program.

360 (c) Each operator of a drug stewardship program shall file an annual written report to the  
361 department describing the program's activities for the prior year and the volume and type of  
362 unwanted drugs collected not later than March 1.

363 (d) The department shall review for renewal each drug stewardship program at a  
364 frequency to be determined by the department.

365 (e) The department shall publish and make publicly available a list and description of  
366 each approved drug stewardship program and shall update this list at a frequency determined by  
367 the department.

368 (f) The department may promulgate regulations to implement this chapter.

369 Section 3. A manufacturer or stewardship organization seeking approval for a drug  
370 stewardship program shall submit, in a manner and form determined by the department, a plan  
371 that meets, but is not limited to, the following requirements:

372 (i) a collection system to provide convenient, ongoing collection services to all persons  
373 seeking to dispose of unwanted drugs; provided, however, that the collection system may accept  
374 any covered drug and any other prescription drug in a pill formulation regardless of its schedule,

375 brand or source of manufacture; provided further, that the collection system shall include 2  
376 methods as recommended by the department, which may include, but not be limited to: (A) a  
377 mail-back program that provides prepaid and preaddressed packaging for a pharmacy to  
378 distribute when filling a prescription for a covered drug or upon request by a consumer; (B)  
379 collection kiosks; (C) drop-off day events at regional locations; (D) in-home disposal methods  
380 that render a product safe from misuse and that comply with applicable controlled substance  
381 regulations and environmental safety regulations; or (E) any other method recommended  
382 pursuant to United States Drug Enforcement Administration guidelines;

383 (ii) adequate provisions for the security of unwanted drugs throughout the collection  
384 process and the safety of any person involved in monitoring, staffing or servicing the  
385 stewardship program;

386 (iii) a plan for public outreach and education about the drug stewardship program;

387 (iv) a plan for the manufacturer or stewardship organization that provides the operational  
388 and administrative costs associated with the program; provided, however, that no point-of-sale,  
389 point-of-collection, processing fees or other drug cost increases may be charged to individual  
390 consumers to recoup program costs;

391 (v) an attestation that the program shall comply with all applicable state and federal  
392 requirements for the collection, security, transport and disposal of drug products, including any  
393 requirements established by rule or regulation of either the United States Drug Enforcement  
394 Administration or the United States Environmental Protection Agency; and

395 (vi) any other requirements established by the department for the safe and effective  
396 administration of a drug stewardship program.

397           Section 4. (a) The department shall send a notice to a pharmaceutical product  
398 manufacturer that sells or distributes a covered drug in the commonwealth that has not submitted  
399 an application for approval under section 2, informing the manufacturer of the requirements to  
400 comply with this chapter. Any manufacturer in receipt of a notice shall submit an application for  
401 approval under said section 2 within 180 calendar days of receipt of such initial notice.

402           (b) Upon becoming aware that a pharmaceutical product manufacturer has discontinued  
403 its drug stewardship program or has altered the program such that the program no longer fulfills  
404 the requirements of this chapter, the department shall send a notice of noncompliance to the  
405 manufacturer. A manufacturer in receipt of a notice of noncompliance shall take all required  
406 corrective steps to reestablish compliance with this chapter or submit a written appeal of the  
407 notice of noncompliance to the department within 90 days of receipt of the notice of  
408 noncompliance.

409           (c) If after consideration of an appeal or if the manufacturer does not appeal within 90  
410 days of receipt of the notice of noncompliance the department determines that the manufacturer  
411 continues to be in noncompliance with this chapter, the department may assess the manufacturer  
412 a penalty in a manner to be determined by the department. If the department plans to assess a  
413 noncompliance penalty against a manufacturer pursuant to this section, the department shall send  
414 notice of the penalty and the right to appeal the penalty to the manufacturer.

415           Section 5. (a) The requirements established by the department, in consultation with  
416 Massachusetts Biotechnology Council, the Interagency Council on Substance Abuse and other  
417 stakeholders, may exceed, but shall not conflict with, any obligations imposed on a manufacturer

418 by a risk evaluation and mitigation strategy approved by the United States Food and Drug  
419 Administration.

420 (b) Nothing in this chapter shall require a retail pharmacy or a pharmacist practicing in a  
421 retail setting to participate in the collection, securing, transport or disposal of unwanted drugs.

422 (c) No stewardship program shall require an outpatient pharmacy to participate in the  
423 collection, securing, transport or disposal of unwanted drugs or to provide a space for or to  
424 maintain a collection kiosk within an outpatient pharmacy unless the pharmacy certifies, in  
425 writing, that this participation is voluntary.

426 Section 6. The department shall, in consultation with the Massachusetts Biotechnology  
427 Council, the Interagency Council on Substance Abuse and other interested parties, develop an  
428 alternative plan to the drug stewardship program established under sections 2 to 5, inclusive. A  
429 manufacturer who opts into a plan established under this section shall be exempt from sections 2  
430 to 5, inclusive.

431 A plan established under this section may permit contributions by manufacturers to the  
432 Substance Abuse Services Fund established in section 2I of chapter 111, in a manner determined  
433 by the department. A manufacturer participating in a plan established under this section shall not  
434 pass the cost of any contribution on to the consumer or a health insurance carrier.

435 SECTION 32. Chapter 111 of the General Laws, as appearing in the 2014 Official  
436 Edition, is hereby amended by inserting after section 51 the following section:-

437 Section 51½. (a) For the purposes of this section, the following words shall have the  
438 following meanings:-

439 “Acute-care hospital”, any hospital licensed under section 51 that contains a majority of  
440 medical-surgical, pediatric, obstetric, and maternity beds, as defined by the department and the  
441 teaching hospital of the University of Massachusetts Medical School.

442 “Licensed mental health professional”, a licensed physician who specializes in the  
443 practice of psychiatry or addiction medicine, a licensed psychologist, a licensed independent  
444 social worker, a licensed mental health counselor, a licensed psychiatric clinical nurse specialist  
445 or a licensed alcohol and drug counselor I as defined in section 1 of chapter 111J.

446 “Satellite emergency facility”, a health care facility that operates on a 7-day per week,  
447 24-hour per day basis that is located off the premises of a hospital, but is listed on the license of a  
448 hospital, and is authorized to accept patients transported to the facility by ambulance.

449 “Substance abuse evaluation”, an evaluation ordered pursuant to subsection (b) that is  
450 conducted by a licensed mental health professional or through an emergency services program,  
451 which shall include, but not be limited to, the following information: (1) history of the patient’s  
452 use of alcohol, tobacco and other drugs, including age of onset, duration, patterns and  
453 consequences of use; (2) the use of alcohol, tobacco and other drugs by family members; (3)  
454 types of and responses to previous treatment for substance use disorders or other psychological  
455 disorders; (4) an assessment of the patient’s psychological status including co-occurring  
456 disorders, trauma history and history of compulsive behaviors; and (4) an assessment of the  
457 patient’s human immunodeficiency virus, hepatitis C, and tuberculosis risk status.

458 (b) A person presenting in an acute-care hospital or a satellite emergency facility who  
459 is reasonably believed by the treating clinician to be experiencing an opiate-related overdose, or  
460 who has been administered naloxone prior to arriving at the hospital or facility, shall receive a

461 substance abuse evaluation within 24 hours of receiving emergency room services. A substance  
462 abuse evaluation shall conclude with a diagnosis of the status and nature of the patient's  
463 substance use disorder, using standardized definitions as set forth in the Diagnostic and  
464 Statistical Manual of Mental Disorders as published by the American Psychiatric Association a  
465 diagnosis of a mental or behavioral disorder due to the use of psychoactive substances, as  
466 defined and coded by the World Health Organization. Each patient shall be presented with the  
467 findings of the evaluation in person and in writing, and the findings shall include  
468 recommendations for further treatment, if necessary, with an assessment of the appropriate level  
469 of care needed. Findings from the evaluation shall be entered into the patient's medical record.  
470 No acute-care hospital or satellite emergency facility shall permit early discharge, defined as less  
471 than 24 hours after presentation or before the conclusion of a substance abuse evaluation,  
472 whichever occurs sooner. If a patient does not receive an evaluation within 24 hours, the treating  
473 clinician shall note in the medical record the reason the evaluation did not take place and  
474 authorize the discharge of the patient. No clinician shall be held liable in a civil suit for releasing  
475 a patient who does not wish to remain in the emergency department after stabilization, but before  
476 a substance abuse evaluation has taken place.

477 (c) After a substance abuse evaluation has been completed pursuant to subsection (b)  
478 a patient may consent to further treatment. Treatment may occur within the acute-care hospital or  
479 satellite emergency facility, if appropriate services are available; provided, however, that if the  
480 hospital or satellite emergency facility is unable to provide such services, the hospital or satellite  
481 emergency facility shall refer the patient to treatment center outside of the hospital or satellite  
482 emergency facility. Medical necessity for further treatment shall be determined by the treating  
483 clinician in consultation with the patient and noted in the medical record. If a patient refuses



484 further treatment after the evaluation is complete, and is otherwise medically stable, the hospital  
485 or satellite emergency facility may initiate discharge proceedings. All patients receiving an  
486 evaluation under subsection (b) shall receive, upon discharge, information on local and statewide  
487 treatment options, providers and other relevant information as deemed appropriate by the treating  
488 clinician.

489         (d)     If a person has received a substance abuse evaluation within the past 3 months,  
490 further treatment and the need for a further evaluation shall be determined by the treating  
491 clinician according to best practices and procedures.

492         (e)     If a person under 18 years of age is ordered to undergo a substance abuse  
493 evaluation, a parent or guardian shall be notified that the minor has suffered from an opiate-  
494 related overdose and that an evaluation has been ordered. A parent or guardian may be present  
495 when the findings of the evaluation are presented to the minor.

496         (f) Upon discharge of a patient who experienced an opiate-related overdose, the acute-  
497 care hospital or satellite emergency facility shall notify the patient's primary care physician, if  
498 known, of the opiate-related overdose and any recommendations for further treatment.

499         (g) Upon discharge of a patient who experienced an opiate-related overdose, the acute-  
500 care hospital or satellite emergency facility shall record the opiate-related overdose on the  
501 patient's electronic medical record.

502         (h) Nothing in this section shall interfere with an individual's right to refuse medical care.

503         SECTION 33. Subsection (a) of section 222 of said chapter 111, as so appearing, is  
504 hereby amended by adding the following paragraph:-

505           The bureau of substance abuse services shall provide educational materials on the  
506 dangers of opiate use and misuse to those persons participating in the annual head injury safety  
507 program required by this section. The educational materials shall also be distributed in written  
508 form to all students participating in an extracurricular athletic activity prior to the  
509 commencement of their athletic seasons.

510           SECTION 34. Section 1 of chapter 111E of the General Laws, as appearing in the 2014  
511 Official Edition, is hereby amended by striking out the definition of ‘advisory board’.

512           SECTION 35. Section 3 of said chapter 111E, as so appearing, is hereby repealed.

513           SECTION 36. Section 4 of said chapter 111E, as so appearing, is hereby amended by  
514 striking out, in lines 6 and 7, the words “the advisory board.”

515           SECTION 37. Chapter 112 of the General Laws, is hereby amended by inserting after  
516 section 12EE the following section:-

517           Section 12FF. Any person who, in good faith, attempts to render emergency care by  
518 administering naloxone or any other opioid antagonist, as defined in section 19B of chapter 94C,  
519 to a person reasonably believed to be experiencing an opiate-related overdose, shall not be liable  
520 for acts or omissions resulting from the attempt to render this emergency care; provided,  
521 however, that this section shall not apply to acts of gross negligence or willful or wanton  
522 misconduct.

523           SECTION 38. Said chapter 112 is hereby further amended by inserting after section 24G  
524 the following section:-

525 Section 24H. (a) The board of registration in pharmacy shall establish a rehabilitation  
526 program for registered pharmacists, pharmacy interns and pharmacy technicians who have a  
527 substance use issue.

528 (b) The rehabilitation program shall: (i) serve as a voluntary alternative to traditional  
529 disciplinary actions; (ii) establish criteria for the acceptance, denial or termination of registered  
530 pharmacists, pharmacy interns and pharmacy technicians in the program; and (iii) establish an  
531 outreach program to identify registered pharmacists, pharmacy interns and pharmacy technicians  
532 who may have a substance use disorder and to provide education about the rehabilitation  
533 program.

534 Only a registered pharmacist, pharmacy intern or pharmacy technician who has requested  
535 rehabilitation and supervision shall be eligible to participate in the program.

536 (c) The board shall appoint a rehabilitation evaluation committee, 2 of whom shall be  
537 registered pharmacists with demonstrated experience in the field of substance use disorders, 1 of  
538 whom shall be a medical doctor with experience in the treatment of substance use disorders, 1 of  
539 whom shall be a pharmacy technician with demonstrated experience in the field of substance use  
540 disorders, 1 of whom shall be a registered pharmacist who has recovered from drug or alcohol  
541 addiction and has been drug and alcohol free for a minimum of 5 years and 2 of whom shall be  
542 representatives of the public who are knowledgeable about substance use disorders or mental  
543 health. Three members of the committee shall constitute a quorum. The committee shall elect a  
544 chairperson and a vice chairperson. Members of the committee shall serve for terms of 4 years.  
545 At the time of appointment or reappointment to the committee, no member of the committee who  
546 is licensed to practice by the department of public health, division of professional licensure or by

547 the board of registration in medicine shall have had any type of disciplinary or enforcement  
548 action taken against them by their respective licensing board, the United States Food and Drug  
549 Administration or the United States Drug Enforcement Administration during the 5 years  
550 preceding their appointment to the committee. No member of the board of registration in  
551 pharmacy shall serve on the committee. Meetings of the committee shall not be subject to  
552 sections 18 to 25, inclusive, of chapter 30A.

553 (d) The board shall employ a pharmacist supervisor with demonstrated professional  
554 expertise in the field of substance use disorders to oversee participants in the rehabilitation  
555 program. The supervisor shall serve as a liaison among the board, the committee, approved  
556 treatment programs and providers and participants. Following consultation with members of the  
557 committee, the supervisor may authorize and implement changes to a participant's individualized  
558 rehabilitation program based on information that the supervisor may receive concerning a  
559 participant's failure to comply with the participant's individualized rehabilitation program as  
560 necessary to protect public health, safety and welfare; provided, however, that the changes shall  
561 remain in effect until review by the board takes place. Any information obtained by a supervisor  
562 pursuant to this section shall be exempt from disclosure and shall be confidential, subject to  
563 subsections (f) and (g).

564 (e) All rehabilitation evaluation committee findings shall be submitted to the board as  
565 recommendations and shall be subject to final approval of the board. The committee shall have  
566 the following duties and responsibilities:

567 (i) to evaluate, according to guidelines established by the board, registered pharmacists,  
568 pharmacy interns or pharmacy technicians who request to participate in the program and

569 consider the recommendations of the pharmacist supervisor regarding the admission of a  
570 registered pharmacist, pharmacy intern or pharmacy technician into the program;

571 (ii) to review and designate treatment facilities and services to which participants may be  
572 referred;

573 (iii) to receive and review information concerning a participant in the program;

574 (iv) to consider, for each participant, whether the participant may continue or may resume  
575 practice within the full scope of the participant's license;

576 (v) to call meetings as necessary to review the request of a registered pharmacist,  
577 pharmacy intern or pharmacy technician to participate in the program and review reports  
578 regarding participants;

579 (vi) to prepare reports to be submitted to the board;

580 (vii) to provide each participant with an individualized rehabilitation plan with  
581 requirements for supervision and surveillance; and

582 (viii) to provide information to pharmacists, pharmacy interns or pharmacy technicians  
583 who request to participate in the program.

584 (f) A registered pharmacist, pharmacy intern or pharmacy technician who requests to  
585 participate in the program shall agree to cooperate with the individualized rehabilitation plan  
586 recommended by the rehabilitation evaluation committee and approved by the board. Any failure  
587 to comply with the rehabilitation program may result in termination of the participant from the  
588 rehabilitation program. The committee shall report to the board the name and license number of a

589 registered pharmacist, pharmacy intern or pharmacy technician terminated from the program for  
590 failure to comply with the provisions of an individualized rehabilitation plan.

591 (g) After the committee, in its discretion, has determined that a registered pharmacist,  
592 pharmacy intern or pharmacy technician has successfully completed an individualized  
593 rehabilitation plan through the program, the board shall seal all records pertaining to the  
594 participation of the registered pharmacist, pharmacy intern or pharmacy technician in the  
595 program; provided, however, that no record shall be sealed sooner than 5 years from the  
596 participant's date of entry into the program. All board and committee records and records of a  
597 participant's involvement in the program shall be kept confidential and shall not be subject to  
598 discovery or subpoena in any civil, criminal, legislative or administrative proceeding without the  
599 prior written consent of the participant.

600 SECTION 39. Section 10H of chapter 118E of the General Laws, as added by section 19  
601 of chapter 258 of the acts of 2014, is hereby amended by inserting after the figure "7", in line 45,  
602 the following words:- ; and provided further, that the division and its contracted health insurers,  
603 health plans, health maintenance organizations, behavioral health management firms and third  
604 party administrators under contract to a Medicaid managed care organization or primary care  
605 clinician plan shall cover, without preauthorization, substance abuse evaluations ordered  
606 pursuant to section 51½ of chapter 111.

607 SECTION 40. The third paragraph of section 35 of chapter 123 of the General Laws, as  
608 appearing in the 2014 Official Edition, is hereby amended by striking out the fifth sentence  
609 inserting in place thereof the following sentence:- If such person is not immediately presented  
610 before a judge of the district court, the warrant shall continue day after day for up to 5

611 consecutive days, excluding Saturdays, Sundays and legal holidays, or until such time as the  
612 person is presented to the court, whichever is sooner; provided, however that an arrest on such  
613 warrant shall not be made unless the person may be presented immediately before a judge of the  
614 district court.

615 SECTION 41. Section 1 of chapter 138 of the General Laws, as so appearing , is hereby  
616 amended by inserting after the definition of “malt beverages”, the following definition:-

617 “Powdered alcohol”, a nonmedicinal product in powdered or crystalline form that  
618 contains alcohol and is intended for consumption by direct use or when mixed with water or  
619 another substance.

620 SECTION 42. Said chapter 138 is hereby further amended by inserting after section 2 the  
621 following section:-

622 Section 2A. No person shall sell, offer for sale, manufacture or possess powdered  
623 alcohol. Whoever violates this section shall be punished by a fine of not less than \$100 or more  
624 than \$1,000.

625 SECTION 43. Section 47FF of chapter 175 of the General Laws, as appearing in the  
626 2014 Official Edition, is hereby amended by inserting after the word “treatment”, in line 3, the  
627 following words:- ; a substance abuse evaluation, as defined in section 51½ of chapter 111.

628 SECTION 44. Section 47GG of said chapter 175, as so appearing, is hereby amended by  
629 striking out, in line 21, the word ‘118M’ and inserting in place thereof the following word:-  
630 111M.



631 SECTION 45. Section 47GG of said chapter 175, as so appearing, is hereby amended by  
632 inserting after the figure “7”, in line 29, the following words:- ; provided further, any policy,  
633 contract, agreement, plan or certificate of insurance issued, delivered or renewed within the  
634 commonwealth, which is considered creditable coverage pursuant to section 1 of chapter 111M,  
635 shall cover, without preauthorization, a substance abuse evaluation ordered pursuant to section  
636 51½ of chapter 111.

637 SECTION 46. Section 8HH of chapter 176A of the General Laws, as appearing in the  
638 2014 Official Edition, is hereby amended by inserting after the word “treatment”, in line 3, the  
639 following words:- ; a substance abuse evaluation, as defined in section 51½ of chapter 111.

640 SECTION 47. Section 8II of said chapter 176A, as so appearing, is hereby amended by  
641 inserting after the figure ‘7’, in line 28, the following words:- ; provided further, any contract  
642 between a subscriber and the corporation under an individual or group hospital service plan  
643 which is delivered, issued or renewed within the commonwealth, shall cover, without  
644 preauthorization, a substance abuse evaluation ordered pursuant to section 51½ of chapter 111.

645 SECTION 48. Section 4HH of chapter 176B of the General Laws, as appearing in the  
646 2014 Official Edition, is hereby amended by inserting after the word “treatment”, in line 3, the  
647 following words:- ; a substance abuse evaluation, as defined in section 51½ of chapter 111.

648 SECTION 49. Section 4II of said chapter 176B, as so appearing, is hereby amended by  
649 inserting after the words figure ‘7’, in line 28, the following words:- ; provided further, any  
650 subscription certificate under an individual or group medical service agreement delivered, issued  
651 or renewed within the commonwealth shall provide coverage for, without preauthorization, a  
652 substance abuse evaluation ordered pursuant to section 51½ of chapter 111.

653 SECTION 50. Section 4Z of chapter 176G of the General Laws, as appearing in the 2014  
654 Official Edition, is hereby amended by inserting after the word “treatment”, in line 3, the  
655 following words:- ; a substance abuse evaluation, as defined in section 51½ of chapter 111.

656 SECTION 51. Section 4AA of said chapter 176G, as so appearing, is hereby amended by  
657 inserting after the figure ‘7’, in line 27, the following words:- ; provided further, an individual or  
658 group health maintenance contract that is issued or renewed shall provide coverage for, without  
659 preauthorization, a substance abuse evaluation ordered pursuant to section 51½ of chapter 111.

660 SECTION 52. Section 7 of chapter 176O of the General Laws, as appearing in the 2014  
661 Official Edition, is hereby amended by striking out, in line 59, the word “and”.

662 SECTION 53. Said section 7 of said chapter 176O, as so appearing, is hereby further  
663 amended by inserting after the word “age”, in line 68, the following words:- ; and

664 (5) a report detailing for the previous calendar year the total number of: (i) medical or  
665 surgical claims submitted to the carrier; (ii) medical or surgical claims denied by the carrier; (iii)  
666 mental health or substance use disorder claims submitted to the carrier; (iv) mental health or  
667 substance use disorder claims denied by the carrier; and (v) medical or surgical claims and  
668 mental health or substance use disorder claims denied by the carrier because: (A) the insured  
669 failed to obtain pre-treatment authorization or referral for services; (B) the service was not  
670 medically necessary; (C) the service was experimental or investigational; (D) the insured was not  
671 covered or eligible for benefits at the time services occurred; (E) the carrier does not cover the  
672 service or the provider under the insured’s plan; (F) duplicate claims had been submitted; (G)  
673 incomplete claims had been submitted; (H) coding errors had occurred; or (I) of any other  
674 specified reason.

675 SECTION 54. Subsection (b) of section 24 of said chapter 176O, as so appearing, is  
676 hereby amended by adding the following sentence:- The decision on the appeal shall prominently  
677 provide information on the patient's right to appeal the decision to the office of patient protection  
678 including, but not limited to: (i) contact information for the office of patient protection,; (ii) a  
679 notice of a patient's right to file a grievance with the office of patient protection; and (iii)  
680 information on how to file a grievance with the office of patient protection.

681 SECTION 55. Chapter 94G of the General Laws is hereby repealed.

682 SECTION 56. Item 4000-0005 of section 2 of chapter 46 of the acts of 2015 is hereby  
683 amended by inserting after the word "programs," the second time it appears, the following  
684 words:- provided further, that any grant awarded may also be used to target youth and adult  
685 substance misuse.

686 SECTION 57. The health policy commission, in consultation with the department of  
687 public health and the department of mental health, shall conduct a study on the availability of  
688 health care providers that serve patients with dual diagnoses of substance use disorder and  
689 mental illness, in inpatient and outpatient settings. The study shall include: (i) an inventory of  
690 health care providers with the capability of caring for patients with dual diagnoses, including the  
691 location and nature of services offered at each such provider; (ii) an inventory of health care  
692 providers specializing in caring for child and adolescent patients with dual diagnoses, including  
693 the location and nature of services offered at each such provider; and (iii) an assessment of the  
694 sufficiency of dual diagnosis resources in the commonwealth considering multiple factors,  
695 including but not limited to population density, geographic barriers to access, insurance coverage  
696 and network design, incidence of mental illness and substance use disorders and the needs of

697 individuals with dual diagnoses. The study shall also consider barriers to access to  
698 comprehensive mental health and substance use disorder treatment for adults, seniors, children  
699 and adolescents and shall include recommendations to reduce barriers to treatment for patients  
700 with dual diagnoses, including the appropriate supply and distribution of health care providers  
701 with such capability. The commission shall report to the joint committee on mental health and  
702 substance abuse and the house and senate committees on ways and means not later than 12  
703 months following the completion of the study.

704           SECTION 58. (a) There shall be a special commission to study the incorporation of safe  
705 and effective pain treatment and prescribing practices into the professional training of students,  
706 except veterinarian students, that may prescribe controlled substances.

707           (b) The special commission shall consist of the following members or their designees: the  
708 chancellor of the University of Massachusetts medical school; the dean of Harvard Medical  
709 School; the dean of Boston University School of Medicine; the dean of Tufts University School  
710 of Medicine; a representative of The Massachusetts Association of Physician Assistants, Inc.; a  
711 representative of the Massachusetts Nurses Association; a representative of the Massachusetts  
712 Medical Society; a representative of The Massachusetts Hospital Association, Inc.; a  
713 representative of the Massachusetts Pain Initiative; and 6 members to be appointed by the  
714 governor, 2 of whom shall be representatives of the pharmacy industry, 1 of whom shall be a  
715 representative of a nursing school and 1 of whom shall be a representative of a physician  
716 assistant training program. The governor shall appoint a chair of the committee; provided,  
717 however, that the first meeting of the commission shall take place on or before than June 1, 2016.

718 (c) The special commission shall develop recommendations to ensure future prescribers  
719 have an understanding of: (i) pain treatment; (ii) the development of a pain management  
720 treatment plan and safe prescribing practices of controlled substances; (iii) the effective use of  
721 the prescription monitoring program; (iv) substance use disorder symptoms and treatment  
722 options; (v) alternative pain management options; and (vi) state and federal laws and regulations  
723 related to controlled substances.

724 (d) The special commission shall submit its recommendations, together with drafts of any  
725 legislation, to the clerks of the house of representative and the senate, the chairs of the joint  
726 committee on higher education and the chairs of the joint committee on mental health and  
727 substance abuse on or before December 1, 2016.

728 SECTION 59. (a) There shall be a special commission to examine the feasibility of  
729 establishing a pain management access program, with the goal of increasing access to pain  
730 management for patients in need of comprehensive pain management resources.

731 (b) The commission shall review: (i) the development of a referral process to make pain  
732 management specialists accessible to primary care providers, including a process similar to the  
733 Massachusetts child psychiatry access project; (ii) the establishment of a pain management  
734 specialty certification through the board of registration in medicine to refer a primary care  
735 provider through the referral system described in clause (i); (iii) ways to incorporate a full  
736 spectrum of pain management methods into provider care practices including, but not limited to,  
737 acupuncture, exercise and other non-pharmaceutical interventions; (iv) the current coverage of  
738 pain management through commercial and public insurers; and (v) ways to ensure a full

739 spectrum of pain management interventions are covered through commercial and public  
740 insurance health plans.

741 (c) The special commission shall consist of the following members or their designees: the  
742 secretary of health and human services, who shall serve as co-chair; the chancellor of the  
743 University of Massachusetts medical school, who shall serve as co-chair; the assistant director of  
744 Medicaid; the commissioner of the group insurance commission; the commissioner of insurance;  
745 the executive director of the health policy commission; the executive director of the center for  
746 health information and analysis; the commissioner of public health; the chair of the board of  
747 registration in medicine; the chair of the board of registration in nursing; 1 representative of the  
748 Massachusetts Association of Health Plans, Inc.; 1 representative of the Massachusetts Medical  
749 Society; 1 representative of the Massachusetts Hospital Association, Inc.; 1 representative of the  
750 Massachusetts Pain Initiative; a representative of the Massachusetts Chiropractic Society, Inc.;  
751 and 6 members who shall be appointed by the governor, 1 of whom shall be an oncologist, 1 of  
752 whom shall be a physician, 1 of whom shall be an advanced practice nurse, 1 of whom shall be a  
753 health economist, 1 of whom shall be a physician specializing in pain management and 1 of  
754 whom shall be a professor of medicine.

755 (d) The special commission shall file an initial report of its recommendations and drafts  
756 of proposed legislation or regulations, if any, on clauses (i) and (ii) of subsection (b) with the  
757 clerks of the house of representatives and the senate, the chairs of the joint committee on health  
758 care financing, the chairs of the joint committee on mental health and substance abuse, the chairs  
759 of the joint committee on public health and the chairs of the house and senate committees on  
760 ways and means on or before November 1, 2016. The special commission shall file a final report  
761 providing a full report regarding said subsection (b) on or before November 1, 2017.

762 SECTION 60. There shall be a special commission to investigate and study state licensed  
763 addiction treatment centers.

764 The commission shall consist of: the secretary of health and human services or a  
765 designee, who shall serve as chair; the commissioner of mental health or a designee; the  
766 commissioner of public health or a designee; the director of medicaid or a designee; the inspector  
767 general or a designee; and 6 members who shall be appointed by the secretary of health and  
768 human services: 3 of whom shall be advocates from the addiction treatment community and 3 of  
769 whom shall be a family members of individuals who have been treated at a state licensed  
770 addition treatment center.

771 The commission shall: (1) solicit information and input from addiction treatment service  
772 providers, consumers, families and any other parties or entities the commission considers  
773 appropriate; (2) examine the effectiveness of addiction treatment services in promoting  
774 successful outcomes of recovery and wellness; (3) examine ways to encourage engagement from  
775 individuals in recovery from substance use disorders in policy development related to service  
776 delivery and the training and evaluation of services; (4) consider best practice models of delivery  
777 and the provision of recovery oriented services in other states; (6) examine mental health  
778 considerations when an individual enters an addiction treatment center, including, but not limited  
779 to, patient access to mental health services; and (7) recommend legislation to improve services  
780 for people in a state licensed addiction treatment center.

781 The commission shall submit a report to the general court of the results of its  
782 investigation and its recommendations, if any, together with any drafts of proposed legislation,  
783 with the clerks of the senate and the house of representatives, the chairs of the joint committee on

784 mental health and substance abuse, and the chairs of the senate and house committees on ways  
785 and means not later than January 1, 2017.

786 SECTION 61. Notwithstanding any general or special law to the contrary, the  
787 Massachusetts behavioral health access (MABHA) website, operated by the office of medicaid's  
788 behavioral health vendor, shall post contact information for all insurance payers, including a  
789 phone number which is accessible 24 hours per day, for the purpose of enhancing  
790 communication between payers and providers.

791 SECTION 62. Notwithstanding any general or special law to the contrary, the department  
792 of public health shall consult with the secretary of public safety, the superintendent of the  
793 department of state police, the Massachusetts Chiefs of Police Association Incorporated and  
794 others as necessary to develop an education and training program on the statewide centralized  
795 substance abuse service referral and education system. The education and training program shall  
796 enable municipal police officers to obtain information by phone or online regarding referral to  
797 treatment for individuals seeking treatment at local police departments. The department of  
798 public health shall ensure that the program provides daily updates and that the program is fully  
799 implemented under the second and third sentences of subsection (b) and section (c) of section 18  
800 of chapter 17 of the General Laws.

801 SECTION 63. Each city, town, regional school district, charter school or vocational  
802 school district shall implement the verbal substance use disorder screenings required by section  
803 97 of chapter 71 of the General Laws by the 2017-2018 school year.



804 SECTION 64. The department of elementary and secondary education, in consultation  
805 with the department of public health, shall create a notice and opt out form relative to substance  
806 use disorder screenings required by section 97 of chapter 71 of the General Laws.

807 SECTION 65. Not later than 180 days after the effective date of this act, the division of  
808 insurance shall develop and implement regulations providing that there shall be no financial  
809 penalty for a patient's choice to receive a lesser quantity of an opioid contained in schedule II or  
810 III of section 3 of chapter 94C of the General Laws.

811 SECTION 66. Not later than July 1, 2016, the Massachusetts Association of School  
812 Committees, Inc., the Massachusetts Association of School Superintendents, Inc. and the  
813 Massachusetts Charter Public School Association, Inc. shall each provide an update to the  
814 department of elementary and secondary education, the joint committee on education, and the  
815 joint committee on mental health and substance abuse on their ongoing efforts to ensure  
816 compliance with the requirements set forth in section 96 of chapter 71 of the General Laws.

817 SECTION 67. The division of insurance, in consultation with the department of mental  
818 health, the department of public health and the bureau of substance abuse services, shall  
819 recommend a universal intake form to streamline the administrative process for intake of a  
820 behavioral health or substance use disorder patient. The form shall: (i) ensure adequate  
821 recordkeeping; (ii) lessen the current documentation burden for providers of behavioral health or  
822 substance use disorder services; and (iii) be available in electronic form. The form may be  
823 incorporated by all payers of behavioral health and substance use disorder services. The division  
824 shall hold not fewer than 4 public hearings on the development of the universal intake form. The  
825 division shall post the universal intake form on its website not later than October 1, 2016.

826 SECTION 68. The department of public health shall promulgate rules and regulations  
827 relative to practitioners, as defined in section 1 of chapter 94C of the General Laws, advertising  
828 opiates, benzodiazepines, and narcotics on their premises by posting or distributing written  
829 material.

830 For the purposes of this section, the following terms shall have the following meanings:  
831 narcotic shall mean “narcotic” as defined in said section 1 of said chapter 94C; opiate shall mean  
832 “opiate” as defined in said section 1 of said chapter 94C; and benzodiazepine shall mean any  
833 substance or drug which contains a benzene ring fused to a 7 member diazepine ring, results in  
834 the depression of the central nervous system and is primarily intended to treat insomnia and  
835 anxiety, including alprazolam, clonazepam, diazepam, lorazepam, and temazepam.

836 SECTION 69. The department of public health shall promulgate regulations to classify  
837 gabapentin and its chemical equivalents as “additional drugs” for the purposes of section 24A of  
838 chapter 94C of the General Laws.

839 SECTION 70. The first distribution to individual practitioners of the prescribing trends  
840 and profiles set forth in section 29 shall occur not later than March 1, 2017. The department of  
841 public health shall establish educational resources on prescribing practices and alternative pain  
842 management options not later than March 1, 2017.

843 SECTION 71. Sections 8, 9, 32, 39 and 43 to 51, inclusive, shall take effect July 1, 2016.

844 SECTION 72. Section 4 shall take effect September 1, 2016.

845 SECTION 73. Section 27 shall take effect October 15, 2016.

846 SECTION 74. Section 18B of chapter 94C of the General Laws, as inserted by section 23  
847 of this act, shall take effect December 1, 2016.

848 SECTION 75. Sections 7, 29 and 69 shall take effect on December 1, 2016.

849 SECTION 76. Section 31 shall take effect January 1, 2017.

850 SECTION 77. Section 55 shall take effect on December 31, 2021.

PLEASE POST

**OFFICE OF THE SUPERINTENDENT**

**WORCESTER PUBLIC SCHOOLS  
WORCESTER, MASSACHUSETTS**

**2016-2017**

**Bulletin #5**

**PROFESSIONAL CONDUCT SERIES**

**August 1, 2016**

**TO: ALL PERSONNEL**

**FROM: MAUREEN BINIENDA, SUPERINTENDENT**

**SUBJECT: DRUG-FREE WORKPLACE**

The Drug-Free Workplace Act of 1988, 34 CFR Part 85, Subpart F, and the Drug-Free Schools Act of 1989, 34 CFR, Part 86, require certification by Federal grantee that they will maintain drug-free workplaces and/or schools. The Worcester Public Schools strives to provide such an environment for all students and employees. In accordance with this goal you are hereby notified of the following mandatory code of conduct.

- A. All employees are prohibited from possessing, using, or distributing illicit drugs or alcohol on school premises or at any school-sponsored activity. Illicit drugs are defined as controlled substances under M.G.L., Ch. 94C, and include narcotics, cannabis, stimulants, depressants and hallucinogens. Alcohol is defined as alcoholic beverages containing beer, wine or distilled spirits. Any violation of this condition of employment will result in appropriate personnel action with sanctions up to termination of employment and referral for prosecution.
- B. Any Worcester Public Schools' employee who wishes information and/or employee assistance concerning substance abuse should contact the Human Resource Manager, Human Resource Office, 20 Irving Street, Worcester, MA, 01609, 799-3020. Absolute discretion is provided to all employees or members of their families seeking assistance.

*The Worcester Public Schools is an Equal Opportunity/Affirmative Action Employer/Educational Institution and does not discriminate regardless of race, color, gender, age, religion, gender identity, national origin, marital status, sexual orientation, disability, or homelessness. The Worcester Public Schools provides equal access to employment and the full range of general, occupational and vocational education programs. For more information relating to Equal Opportunity/Affirmative Action contact the Human Resource Manager, 20 Irving Street, Worcester, MA 01609. 508-799-3020.*

## **DRUG-FREE WORKPLACE POLICY**

The School District will provide a drug-free workplace and certifies that it will:

1. Notify all employees in writing that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance, is prohibited in the District's workplace, and specify the actions that will be taken against employees for violation of such prohibitions.
2. Establish a drug-free awareness program to inform employees about the dangers of drug abuse in the workplace; the District's policy of maintaining a drug-free work-place; and available drug counseling, rehabilitation, and employee assistance programs; and the penalty that may be imposed on employees for drug abuse violations occurring in the workplace.
3. Make it a requirement that each employee whose employment is funded by a federal grant be given a copy of the statement as required.
4. Notify the employee in the required statement that as a condition of employment under the grant, the employee will abide by the terms of the statement, and will notify the District of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction.
5. Notify the federal agency within ten days after receiving notice from an employee or otherwise receiving notice of such conviction.
6. Take one of the following actions within 30 days of receiving notice with respect to any employee who is so convicted; take appropriate personnel action against such an employee, up to and including termination; or require such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state or local health law enforcement, or other appropriate agency.
7. Make a good faith effort to continue to maintain a drug-free workplace through implementation of all the provisions of this policy.

SOURCE: MASC March 2016

LEGAL REFS.: The Drug-Free Workplace Act of 1988

CROSS REFS.: IHAMB, Teaching about Alcohol, Tobacco and Drugs  
JICH, Drug and Alcohol Use by Students

File: IHAMB

## **TEACHING ABOUT ALCOHOL, TOBACCO, AND DRUGS**

In accordance with state and federal law, the District shall provide age-appropriate, developmentally appropriate, evidence-based alcohol, tobacco, and drug prevention education programs in grades K-12.

The alcohol, tobacco, and drug prevention program shall address the legal, social, and health consequences of alcohol, tobacco, and drug use, with emphasis on nonuse by school-age children. The program also shall include information about effective techniques and skill development for delaying and abstaining from using, as well as skills for addressing peer pressure to use alcohol, tobacco, or drugs.

The objectives of this program, as stated below, are rooted in the Committee's belief that prevention requires education, and that the most important aspect of the policies and guidelines of the District should be the education of children and youth on healthy decision-making:

- To prevent, delay, and/or reduce alcohol, tobacco, and drug use among children and youth.
- To increase students' understanding of the legal, social, and health consequences of alcohol, tobacco, and drug use.
- To teach students self-management skills, social skills, negotiation skills, and refusal skills that will help them to make healthy decisions and avoid alcohol, tobacco, and drug use.

The curriculum, instructional materials, and outcomes used in this program shall be recommended by the Superintendent and approved by the School Committee.

This policy shall be posted on the district's website and notice shall be provided to all students and parents in accordance with state law. Additionally, the district shall file a copy of this policy with DESE in accordance with law in a manner requested by DESE.

SOURCE: MASC March 2016

LEGAL REFS.: M.G.L. 71:1 ;71:96

CROSS REFS: GBEC, Drug Free Workplace Policy  
JICH, Drug and Alcohol Use by Students

File: JICH

## **ALCOHOL, TOBACCO, AND DRUG USE BY STUDENTS PROHIBITED**

A student shall not, regardless of the quantity, use or consume, possess, buy or sell, or give away any beverage containing alcohol; any tobacco product, including vapor/E-cigarettes; marijuana; steroids; or any controlled substance. The School Committee prohibits the use or consumption by students of alcohol, tobacco products, or drugs on school property or at any school function.

Additionally, any student who is under the influence of drugs or alcoholic beverages prior to, or during, attendance at or participation in a school-sponsored activity, will be barred from that activity and may be subject to disciplinary action.

This policy shall be posted on the district's website and notice shall be provided to all students and parents of this policy in accordance with state law. Additionally, the district shall file a copy of this policy with DESE in accordance with law in a manner requested by DESE.

SOURCE: MASC March 2016

LEGAL REFS.: M.G.L.71:2A; 71:96; 272:40A

CROSS REFS.: IHAMB, Teaching About Alcohol, Tobacco and Drugs  
GBEC, Drug Free Workplace Policy

## ADMINISTERING MEDICINES TO STUDENTS

Medication may not be administered to students while at school unless such medicine is given to them by the school nurse acting under specific written request of the parent or guardian and under the written directive of the student's personal physician (see below for exceptions). When the school nurse is not present, a student who needs medication during the school day may be called to the office at the scheduled hour and reminded by the secretary to take the medicine. This provision only applies when the correct dosage of the medication has been placed in an individual container clearly marked with the student's name, the dosage to be administered, and the time and/or conditions under which the medicine is to be taken. In addition, the student must be able to recognize the medicine that he/she or she is taking. No one but the school nurse, and those others listed in the medical administration plan acting within the above restriction, may give any medication to any student.

### **Exceptions:**

The school district shall, through the district nurse leader, register with the Dept. of Public Health and train personnel in the use of epinephrine auto-injectors.

The school district may, in conjunction with the School Physician and the School Nurse Leader, stock nasal naloxone (Narcan) and trained medical personnel and first responders may administer nasal naloxone to individuals experiencing a life threatening opiate overdose in a school setting.

If the school district wishes medical personnel to train non-medical staff in the administration of nasal naloxone, the School Committee shall vote to approve such training and the Superintendent shall ensure that medical personnel have a written protocol which complies with medical directives and regulations from the Dept. of Public Health.

Following consultation with the school nurse, students who fall into the following exceptions may self-administer medications:

1. Students with asthma or other respiratory diseases may possess and administer prescription inhalers.
2. Students with cystic fibrosis may possess and administer prescription enzyme supplements.
3. Students with diabetes may possess and administer glucose monitoring tests and insulin delivery systems.

SOURCE: MASC March 2016

LEGAL REF.: M.G.L. 71:54B

Dept. of Public Health Regulations: 105 CMR 210.00; 244 CMR 3.00



STANDING COMMITTEE: **GOVERNANCE AND EMPLOYEE ISSUES**

DATE OF MEETING: Wednesday, January 11, 2017

ITEM: Clerk (February 16, 2016)

To consider a communication from a citizen regarding a:

- request that Worcester's public high schools host a contest for students to design a banner to mount on the telephone poles/street lights near their schools and
- request that the School Committee's videos be archived on the City's website

PRIOR ACTION:

- 2-25-16 - Referred to the Standing Committee on Governance and Employee Issues.  
Ms. Colorio made the following motion:  
Request that the Administration ask a representative of the City of Worcester to consider posting the School Committee videos on the City's website, at the request of a student.  
On a voice vote, the motion was approved.
- 6-1-16 - Mr. Monfredo made the following motion:  
Request that Ms. Timmary Leary work with Worcester Technical High School regarding the design of banners for Worcester's public schools and include the possible design, size and provide a response relative to the idea of seeking corporate sponsors.  
On a voice vote, the motion was approved.

BACKUP:

Annex A (1 page) contains a copy of the petition.

Annex B (1 page) contains a copy of the Administration's response to the item.

PRIOR ACTION (continued)

- 9-7-16 - STANDING COMMITTEE ON GOVERNANCE AND EMPLOYEE ISSUES  
Mr. Foley requested that the Administration provide recommendations regarding:
- a proposed advertisement on a banner in order to have a uniform format
  - cost analysis for the project and
  - fees for possible sponsorship of banners.
- HOLD.
- 9-15-16 - SCHOOL COMMITTEE MEETING - The School Committee approved the action of the Standing Committee as stated.

## To The School Committee of the City of Worcester:

The undersigned, residing in the City of Worcester most respectfully petition your Honorable Board:

<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE</u>
<u>Evan Corrigan</u>	<u>11 Arbutus</u>	<u>508-735-5359</u>

Evan C. Corrigan requests that the Worcester's Public High Schools host a contest for students to design a banner to mount on the telephone poles/street lights near their schools.



Evan C. Corrigan requests that the Worcester School committee videos be out on the video archive on the City's website.

---

---

---

---

---

---

---

---

---

---

**FOR ADDITIONAL NAMES, USE A PLAIN SHEET OF PAPER**

## **Standing Committee on Governance and Employee Issues:**

#6-1:

### **A proposed advertisement on a banner in order to have uniform format**

- The design of each banner may be completed by a class or a group of students from the graphics department at Worcester Technical High School in order to insure uniformity of design and proper visual composition needed for an outside installation.
- This order would be placed through Robert Mazzone (Graphics Department Chair) at Worcester Technical High School
- The Graphics department does not print on this material or have the capability to make this specific product. They could complete the design for production.

### **Cost analysis for the project:**

- Curry Printing quoted a price of \$17.85 per banner, one color, on outdoor vinyl
- Banners measures 2 feet by 4 feet
- Cost includes grommets on one side
- This cost does not include installation (materials for attachment to light posts, etc.)

### **Fees for possible sponsorship of banners:**

- Community partners or college partners sponsor a school banner and names of partners printed on back of banner

### **Remaining Questions:**

- Would the School Department need a permit to hang each of these banners?
- Who would be responsible for installation? Does this need to be done by the city?
- What is the cost of the installation?
- How many banners would be installed for each school? Is there a location where all banners could be displayed as a group?

STANDING COMMITTEE: **GOVERNANCE AND EMPLOYEE ISSUES**

DATE OF MEETING: Wednesday, January 11, 2017

ITEM: Clerk (August 24, 2016)

To consider a communication from a citizen expressing an interest in promoting civic engagement in the Worcester Public Schools by initiating a "Municipal Governance Day" which would give high school students an opportunity to learn how the municipal government works.

PRIOR ACTION:

- 9-1-16 - Referred to the Standing Committee on Governance and Employee Issues.  
Mr. Monfredo made the following motions:  
Request that when the item is discussed at the Standing Committee level, that the Administration provide appropriate information as to what schools are now doing regarding governance activities for students.  
(Continued on page 2.)

BACKUP:

Annex A (1 page) contains a copy of the communication.  
Annex B (1 page) contains a copy of the Administration's response to the item.

PRIOR ACTION (continued)

9-1-16 - Request that the issue of voter registration be part of the discussion  
(continued) that takes place at the Standing Committee level and provide options  
in terms of registering voters.

Request that the Administration notify the Election Commission regarding this item and welcome its participation with regard to a voter registration initiative in the schools.

On a voice vote, the motions were approved.

Ms. Colorio made the following motion:

Request that when legislators participate in the program that both parties have equal representation.

On a voice vote, the motion was approved.

Miss Biancheria made the following motion:

Request that Mr. Collins be notified when c&p #6-7 and c&p #6-8 are planned to be scheduled so that the meeting can be set up at a time that is convenient to him.

On a voice vote, the motion was approved.

The Superintendent mentioned the following civic engagements that are currently taking place in the Worcester Public Schools:

- A program, conducted by Senator Chandler, in all the high schools yearly, for grades 11 and 12 which involves a representative from the Voter Registration Office who gives the forms to the students in order to register them to vote.
- The schools are involved in Mock Trials in which the students argue different cases which involves them in civic engagement.
- Every year, high schools send students to the State House Day where they actually get to sit in the chairs of the State Representatives and Senators and present and argue different issues.
- A visit to the Kennedy Congressional Building Museum in Boston during which time students are actually assigned as either as a Democrat or Republican and the setup replicates a Congressional Assembly where students are able to debate different issues.

"Municipal Government Day"

- To promote civic engagement in the Worcester Public Schools the school committee must initiate a "Municipal Government Day" to give high school students the opportunity to learn how our municipal government works and voice their positions on important local issues through prepared debate.
- Students will be selected to take on the role of as City Manager, School Superintendent, Mayor, Councilor At-Large, District Councilor and, or, School Committee Member to learn their responsibilities as an elected official.
- "Municipal Government Day" should occur on a Tuesday (City Council) and Thursday (School Committee) in April.

Sincerely,

Cotey J. Collins  
25 Ekman Street Apt. 16E  
Worcester MA, 01607  
P: (508) 792-0672 | C: (774) 253-0320  
E: [CoteyJ.Collins@gmail.com](mailto:CoteyJ.Collins@gmail.com)

9-1-16-The Administration provide appropriate information as to what schools are now doing regarding governance activities for students- in response to citizen request for the district to initiate a “Municipal Governance Day” for high school students.

As part of the US History I course, a high school graduation requirement, students learn about the roles and responsibilities of federal, state and local governments in the United States, as well as the major components of Massachusetts’ state and local government (MA Framework Standards USI.15-USI.21).

In addition to the required course for all students, the district offers a variety of high school elective courses that include a focus on government:

AP Government and Politics (offered at all 6 comprehensive high schools)

AP US History (offered at all 6 comprehensive high schools)

Civics and Government

Criminal Justice

Intro to Government and Justice

Intro to Law

Legal Aspects

Social Systems and Justice

Furthermore, 50 high school juniors/seniors are accepted each year into the Worcester Rising Civics Camp held at Worcester State University during April break. Students are able to hear speakers from all levels of government and to interact with the speakers and panelists. This opportunity has provided students with access to the inner workings of government and a heightened awareness of their own civic duty.

High schools also have a long history of community service projects that allow larger numbers of students to work with City Council and local officials on a variety of issues that expose them to the workings and function of government.



STANDING COMMITTEE: **GOVERNANCE AND EMPLOYEE ISSUES**

DATE OF MEETING: Wednesday, January 11, 2017

ITEM: Clerk (August 24, 2016)

To consider a communication from a citizen relative to the feasibility of holding an event annually with a guest speaker to encourage eligible students to register to vote.

PRIOR ACTION:

- 9-1-16 - Referred to the Standing Committee on Governance and Employee Issues.  
Miss Biancheria made the following motion:  
Request that the Administration invite a representative from the Election Commission to attend the Standing Committee Meeting when the item is discussed.  
On a voice vote, the motion was approved.

BACKUP:

Annex A (1 page) contains a copy of the communication.  
Annex B (1 page) contains a copy of the Administration's response to the item.

### Mandatory Registration Drive for High School Seniors

- It should be mandatory for high schools to hold an event with a guest speaker to encourage students to register to vote in September annually. Guest speakers should be School Committee or City Councilors and State Legislators should speak during municipal and state-wide election years.
- After the event and throughout September until the voter registration deadline in October the public schools must hold a voter registration drive for eligible high school seniors every day at every lunch.

Sincerely,

Cotey J. Collins  
25 Ekman Street Apt. 16E  
Worcester MA, 01607  
P: (508) 792-0672 | C: (774) 253-0320  
E: [CoteyJ.Collins@gmail.com](mailto:CoteyJ.Collins@gmail.com)

8-24-16- To consider a communication from a citizen relative to the feasibility of holding an event annually with a guest speaker to encourage eligible students to register to vote.

Each of the 7 high schools runs a voter registration for students every September. Some schools register students during lunch, some register students during history classes, some schools register family and community members afterschool. All 7 high schools indicated that they have speakers from School Committee, the Clerk of Courts Office or local elected officials address students in the fall and at other times of the year regarding the importance of civic discourse and engagement. All schools indicated that they continue to register students to vote as they become of legal voting age.

In addition to registering classmates to vote, 55 Worcester Public School juniors/seniors representing all 7 high schools, were trained by the staff from the office of the Clerk of Courts to work as Poll Workers in the most recent election.

All schools replied that they have had speakers who have encouraged the students to register to vote. Senator Chandler was one of the speakers. Other speakers included the Mayor, City Clerk, State Senators and Representatives, School Committee members, City Council members, the City Manager and others.

STANDING COMMITTEE: **GOVERNANCE AND EMPLOYEE ISSUES**

DATE OF MEETING: Wednesday, January 11, 2017

ITEM: Mr. O'Connell/Mr. Monfredo/Miss McCullough (January 11, 2016)

To establish a Special Committee, consisting of at least three School Committee members, to continue the review of policies proposed for the Worcester Public Schools by the Massachusetts Association of School Committees.

PRIOR ACTION:

- 1-21-16 - Referred to the Standing Committee on Governance and Employee Issues.
- 4-26-16 - **STANDING COMMITTEE ON GOVERNANCE AND EMPLOYEE ISSUES**
  - It was moved and voice voted to approve Section AA – School District Legal Status.
  - It was moved and voice voted to approve Section AB – The People and Their School District.
  - It was moved and voice voted to approve Section AC – Nondiscrimination.
  - It was moved and voice voted to approve Section ACA – Nondiscrimination on the Basis of Sex.
  - It was moved and voice voted to approve Section ACAB – Sexual Harassment.
  - It was moved and voice voted to approve Section ACE – Nondiscrimination on the Basis of Sex.
  - It was moved and voice voted to approve Section AD – Educational Philosophy/School District Mission
  - It was moved and voice voted to approve Section ADC – Smoking on School Premises.

BACKUP: At present, the three School Committee members who review the sections in the Policy Manual are the ones that serve on the Standing Committee on Governance and Employee Issues.

Annex A (36 pages) contains a copy of the proposed changes in Section G - Personnel of the Worcester Public Schools' Policy Manual.

PRIOR ACTION (continued)

- 2-26-16 - It was moved and voice voted to approve Section ADDA – C.O.R.I.  
(continued) Requirement.  
It was moved and voice voted to approve Section ADF – School District Wellness Program.  
It was moved and voice voted to approve Section AE – Commitment to Achievement.  
These approvals were voted contingent on alignment with the Policies Handbook of the Worcester Public Schools, effective for the 2017-18 academic year.
- 4-28-16 - SCHOOL COMMITTEE MEETING - The School Committee approved the action of the Standing Committee as amended.  
It was moved and voice voted to approve Section AA – School District Legal Status.  
It was moved and voice voted to approve Section AB – The People and Their School District.  
It was moved and voice voted to approve Section AC – Nondiscrimination.  
It was moved and voice voted to approve Section ACA – Nondiscrimination on the Basis of Sex.  
It was moved and voice voted to approve Section ACAB – Sexual Harassment.  
Mr. O’Connell asked the Administration to verify that the titles of the Chief Human Resource Officer and the Instructional Support Personnel Director are correct and, if not, to correct them.  
It was moved and voice voted to approve Section ACE – Nondiscrimination on the Basis of Sex.  
It was moved and voice voted to approve Section AD – Educational Philosophy/School District Mission  
It was moved and voice voted to approve Section ADC – Smoking on School Premises.  
It was moved and voice voted to approve Section ADDA – C.O.R.I. Requirement.  
It was moved and voice voted to approve Section ADF – School District Wellness Program.  
It was moved and voice voted to approve Section AE – Commitment to Achievement.  
These approvals were voted contingent on alignment with the Policies Handbook of the Worcester Public Schools, effective for the 2017-18 academic year.

File: GA

## PERSONNEL POLICIES GOALS

~~NOTE: School Committees must realize that even though they are no longer involved in the process of hiring school district employees other than the Superintendent and Assistant Superintendent, they are responsible to the students and residents of the school district they represent to insure that the highest quality individuals available are hired to meet the needs of the District. They have the additional responsibility to articulate the expectations of the District relative to personnel. This must be done in the form of District Policy. The School Committee recognizes that an efficient staff dedicated to education is necessary to maintain a constantly improving educational program.~~

The District's specific personnel goals are:

1. To develop and implement those strategies and procedures for personnel recruitment, screening, and selection that will result in the employment and retention of individuals with the highest capabilities, strongest commitment to quality education, and greatest probability of effectively implementing the district's system's learning program.
2. To develop a general staff assignment strategy that will contribute to the learning program, and to use it as the primary basis for determining staff assignments.
3. To provide positive programs of staff development that contribute both to improvement of the learning program and to each staff member's professional career development aspirations.
4. ~~To provide for a genuine team approach to education.~~
5. To develop and use for personnel evaluation positive processes that contribute to the improvement of both staff capabilities and the learning

program. SOURCE: MASC

LEGAL REF.: M.G.L. 76:5

603 CMR 26.00

**File: GBA**

## **EQUAL EMPLOYMENT OPPORTUNITY**

The School Committee subscribes to the fullest extent to the principle of the dignity of all people and of their labors and will take action to ensure that any individual within the District who is responsible for hiring and/or personnel supervision understands that applicants are employed, assigned, and promoted without regard to their race, creed, color, age, sex, gender identity, national origin, disability or sexual orientation. Every available opportunity will be taken in order to assure that each applicant for a position is selected on the basis of qualifications, ~~source: MAS~~

UPDATED: June 2012

LEGAL REF.: BESE Regulations 603 CMR [26:00](#)

CROSS REF.: [AC](#), Nondiscrimination

~~NOTE: Although it is not usually necessary to have a policy that simply restates existing law, in this case it is important to reaffirm the School Committee's commitment to equal opportunity and to remind the hiring authorities in the District that many considerations other than District educational goals are factors to be considered.~~

~~This is also the category in which to include an affirmative action policy and plans. Details of the affirmative action plan could follow the Committee's policy as a School Committee-approved regulation. The cross references are to related statements in this manual.~~

**File: GBEA**

## **STAFF ETHICS / CONFLICT OF INTEREST**

All employees of the Worcester Public Schools are required to adhere to the requirement of Massachusetts General Law 268A (Conflict of Interest Law). This law addresses issues such as but not limited to restrictions on acceptance and giving of gifts; political activities; and awarding contracts.

Additionally, many professional associations have codes of conduct for their members, and the The School Committee expects members of its professional staff to be familiar with these codes of ethics as they apply that applies to their profession and to adhere to it in their relationships with students, parents, coworkers, and officials of the school system.

No employee of the district -Committee will engage in or have a financial interest in, directly or indirectly, any activity that conflicts or raises a reasonable question of conflict with his duties and responsibilities in the school system. Nor will any staff member engage in any type of private business during school time or on school property.

Employees will not engage in work of any type where information concerning customer, client, or employer originates from any information available to them through school sources.

Moreover, as there should be no conflict of interest in the supervision and evaluation of employees, at no time may any administrator responsible for the supervision and/or evaluation of an employee be directly related to him/her.

In order to avoid the appearance of any possible conflict, it is the policy of the School Committee that when an immediate family member, as defined in the Conflict of Interest statute, of a School Committee member or district administrator is to be hired into or promoted within the School District, the Superintendent shall file public notice with the School Committee and the Town or District Clerk at least two weeks prior to executing the hiring in accordance with the law.

**Commented [H1]:** JB check this

SOURCE: MASC

LEGAL REFS.: M.G.L. [71:52](#); [268A:1](#) et seq.



**File: GBEB**

### **STAFF CONDUCT**

All staff members have a responsibility to familiarize themselves with and abide by the laws of the State as these affect their work, the policies of the School Committee, and the regulations designed to implement them.

In the area of personal conduct, the Committee expects that teachers and others will conduct themselves in a manner that not only reflects credit to the school system but also sets forth a model worthy of emulation by students.

All staff members will be expected to carry out their assigned responsibilities with conscientious concern.

Essential to the success of ongoing school operations and the instructional program are the following specific responsibilities, which will be required of all personnel:

1. Faithfulness and promptness in attendance at work.
2. Support and enforcement of policies of the Committee and their implementing regulations and school rules in regard to students.
3. Diligence in submitting required reports promptly at the times specified.
4. Care and protection of school property.
5. Concern for and attention to their own and the school system's legal responsibility for the safety and welfare of students, including the need to ensure that students are under supervision at all times.

SOURCE: MASC

LEGAL REFS.: M.G.L. [71:37H](#); [264:11](#)

File: GBEBC

## **GIFTS TO AND SOLICITATIONS BY STAFF**

### Gifts

The acceptance of gifts worth \$50 or more by school personnel in a calendar year when the gift is given because of the position they hold, or because of some action the recipient could take or has taken in his or her public role, violates the conflict of interest law. Acceptance of gifts worth less than \$50, while not prohibited by the conflict of interest law, may require a written public disclosure to be made.

In keeping with this policy, no employee of the school district will accept a gift worth \$50 or more that is given because of the employee's public position, or anything that the employee could do or has done in his or her public position. Gifts worth less than \$50 may be accepted, but a written disclosure to the employee's appointing authority must be made if the gift and the circumstances in which it was given could cause a reasonable person to think that the employee could be improperly influenced. The value of personal gifts accepted is aggregated over a calendar year (4 gifts of \$20 value is the same as 1 gift of \$80 if given in the same calendar year).

In general, homemade gifts without retail value are permissible because a reasonable person would not expect an employee would unduly show favor to the giver, so no disclosure is required. Such gifts could include homemade food items (cookies, candy, etc), handpicked flowers, and handmade gifts worth less than \$10 (ten) dollars.

### Class Gifts

There is a specific exception to the prohibition against accepting gifts worth \$50 or more, when the teacher knows only that the gift is from the class, not from specific donors. A single class gift per calendar year valued up to \$150 or several class gifts in a single year with a total value up to \$150 from parents and students in a class may be accepted provided the gift is identified only as being from the class and the names of the givers and the amounts given are not identified to the recipient. The recipient may not accept an individual gift from someone who contributed to the class gift. It is the responsibility of the employee to confirm that the individual offering such gift did not contribute to the class gift.

### Gifts for School Use

Gifts given to a teacher solely for classroom use or to purchase classroom supplies are not considered gifts to an individual employee and are not subject to the \$50 limit. However, an employee who accepts such gifts must keep receipts documenting that money or gift cards were used for classroom supplies.

### Solicitations

In spirit, the School Committee supports the many worthwhile charitable drives that take place in the community and is gratified when school employees give them their support. However, the solicitation of funds from staff members through the use of school personnel and school time is prohibited by the conflict of interest law. Therefore, no solicitations of funds for charitable purposes should be made among staff members. Staff members of course remain free to support charitable causes of their own selection.

SOURCE: MASC December 2012

Legal Ref: M.G.L. [268A:3](#); [268A:23](#); 930 CMR [5.00](#)

CROSS REFS.: [KHA](#), Public Solicitations in the Schools

[JP](#), Student Donations and Gifts

**File: GBEC**

## **DRUG-FREE WORKPLACE POLICY**

The School District will provide a drug-free workplace and certifies that it will:

1. ~~Put~~ Notify all employees on notice, via this policy, in writing that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance, is prohibited in the District's workplace. Violations of this policy will be subject to discipline up to and including termination, and specify the actions that will be taken against employees for violation of such prohibitions.
2. ~~Establish a drug-free awareness program to inform employees about the dangers of drug abuse in the workplace; the District's policy of maintaining a drug-free workplace; and available drug counseling, rehabilitation, and employee assistance programs; and the penalty that may be imposed on employees for drug abuse violations occurring in the workplace.~~
3. Make it a requirement that each employee whose employment is funded by a federal grant be given a copy of the statement as required.
4. Notify the employee in the required statement that as a condition of employment under the grant, the employee will abide by the terms of the statement, and will notify the District of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction.
5. Notify the federal agency within ten days after receiving notice from an employee or otherwise receiving notice of such conviction.
6. Take one of the following actions within 30 days of receiving notice with respect to any employee who is so convicted; take appropriate personnel action against such an employee, up to and including termination; or require such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state or local health law enforcement, or other appropriate agency.
7. Make a good faith effort to continue to maintain a drug-free workplace through implementation of all the provisions of this policy.

SOURCE: MASC

LEGAL REFS.: The Drug-Free Workplace Act of 1988

CROSS REFS.: JICH, Drug and Alcohol Use by Students

**File: GBED**

**TOBACCO USE ON SCHOOL PROPERTY BY STAFF MEMBERS**

Smoking or the use of tobacco within school buildings, the school facilities or on school property or buses by any individual, including school personnel, is prohibited.

Staff members who violate this policy ~~may be subject to discipline. will be referred to their immediate supervisor.~~

SOURCE: MASC

LEGAL REF.: M.G.L. [71:37H](#)

File: GBGB

## STAFF PERSONAL SECURITY AND SAFETY

Through its overall safety program and various policies pertaining to school personnel, the Committee will seek to assure the safety of employees during their working hours, ~~and assist them in the maintenance of good health.~~

~~Employees Applicants~~ offered a position ~~in the district as a custodian, maintenance worker or food service worker~~ must successfully pass a pre-employment physical examination ~~(provided at School Committee cost)~~ prior to the date of employment.

The Superintendent may require an employee to submit to a physical examination by a physician appointed by the school system whenever that employee's health appears to be a hazard to children or others in the school system or when a doctor's certificate is legally required to verify need for sick leave.

~~The district provides an School employees, their families and members of their household are eligible to use the confidential services provided by the town's~~ employee assistance program ~~for the benefit of its employees.~~

Adoption date: 11/3/97

Revised: 6/21/04

SOURCE: MASC

LEGAL REFS.: M.G.L. [71:54](#); [71:55B](#); [71:55C](#)

CROSS REFS.: [EB](#), Safety Program

~~NOTE: This category is for statements on staff physical and mental health examination requirements, the School Committee's commitment to assisting employees in maintaining good health, its concern with occupational safety, and so on.~~

~~Observe the cross references. Health insurance plans for employees are properly coded under Fringe Benefits for the appropriate category of staff.~~

**File: GBI**

**STAFF PARTICIPATION IN POLITICAL ACTIVITIES**

The School Committee recognizes that employees of the school system have the same fundamental civic responsibilities and privileges as other citizens. Among these are campaigning for an elective public office and holding an elective or appointive office.

In connection with campaigning, an employee will not: use school system facilities, equipment or supplies; discuss his/her campaign with school personnel or students during the working day; use any time during the working day for campaigning purposes. Under no circumstances, will students be pressured into campaigning for any staff member.

SOURCE: MASC

LEGAL REF.: M.G.L. [71:44](#)

**File: GBJ**

## **PERSONNEL RECORDS**

Information about staff members is required for the daily administration of the school system, for implementing salary and other personnel policies, for budget and financial planning, for responding to appropriate inquiries about employees, and for meeting the [district's School Committee's](#) education reporting requirements. To meet these needs, the Superintendent will implement a comprehensive and efficient system of personnel records maintenance and control under the following guidelines:

1. A personnel folder for each present and former employee will be accurately maintained in the central administrative office. In addition to the application for employment and references, the folders will contain records and information relative to compensation, payroll deductions, evaluations, and any other pertinent information. [Personnel records will be maintained in compliance with state regulations.](#)
2. The Superintendent will be the official custodian for personnel files and will have overall responsibility for maintaining and preserving the confidentiality of the files within the provisions of the law.
3. Personnel records are considered confidential under the law and will not be open to public inspection. Access to personnel files will be limited to persons authorized by the Superintendent to use the files for the reasons cited above.
4. Each employee will have the right, upon written request, to review the contents of his own personnel file.
5. Employees may make written objections to any information contained in the file. Any written objection must be signed by the staff member and will become part of the employee's personnel file. Further, no negative comment will be placed in a staff member's file unless it is signed by the person making the comment and the staff member is informed of the comment and afforded the opportunity to include his/her written response in the file.
6. Lists of school system employees' names and home addresses will be released only to governmental agencies as required for official reports or by the laws.

SOURCE: MASC

LEGAL REFS.: Family Educational Rights and Privacy Act, Sec. 438, P.L. 90-247

Title IV, as amended

88 Stat. 571-574 (20 U.S.C. 1232g) and regulations



M.G.L. [4:7](#); [71:42C](#)

Teachers' Agreement

CONTRACT REF.: All Agreements

CROSS REF.: [KDB](#), Public's Right to Know

File: GBK

## STAFF COMPLAINTS AND GRIEVANCES

The School Committee will encourage the administration to develop effective means of resolving differences that may arise among employees and between employees and administrators; reduce potential areas of grievances; and establish and maintain recognized channels of communication between the staff, administration, and School Committee.

It is the Committee's desire that grievance procedures provide for prompt and equitable adjustment of differences at the lowest possible administrative level, and that each employee be assured opportunity for an orderly presentation and review of complaints and concerns.

Channels established will provide for the following:

1. That teachers and other school employees may appeal a ruling of a Principal or other administrator to the Superintendent.
2. That all school employees may appeal a ruling of the Superintendent to the Committee, **except in those areas where the law has specifically assigned authority to the Principal and/or the Superintendent and Committee action would be in conflict with that law.**
3. That all hearings of complaints before the Superintendent or Committee be conducted in the presence of the administrator who made the ruling that is the subject of the grievance.

The process established for the resolution of grievances in contracts negotiated with recognized employee bargaining units will apply only to "grievances" as defined in the particular contract.

SOURCE: MASC

LEGAL REFS.: M.G.L. [150E:5](#) and [8](#)

CONTRACT REFS.: All Contract Agreements

~~NOTE: Grievance procedures established through negotiated agreements may be referred to, as in the policy above. Many school systems also cite specific article and section numbers with the contract references.~~

**File: GCA**

## **PROFESSIONAL STAFF POSITIONS**

All professional staff positions in the school system will be created initially by the [Superintendent and approved through the budget process by the School Committee.](#) ~~School Committee.~~ It is the Committee's intent to activate a sufficient number of positions to accomplish the school system's goals and objectives and to provide for the equitable staffing of each school building. Although such positions may remain temporarily unfilled, only the Committee may abolish a position it has created.

Each time a new position is established ~~by the Committee,~~ the Superintendent will present for the Committee's ~~information approval~~ a job description for the position, which specifies the jobholder's qualifications and the job's performance responsibilities. The Superintendent will maintain a comprehensive set of job descriptions for all positions.

SOURCE: MASC

~~NOTE: Job descriptions for professional staff positions are available for review in the office of the Superintendent.~~

~~NOTE: Subcategories may be added to code GCA for filing job descriptions of professional staff positions. However, if a school system has more than 20 job descriptions, it is recommended that they be filed in a special manual (and referred to, as was done on the sample policy above) to prevent the policy manual from becoming unwieldy.~~

File: GCBA

## PROFESSIONAL STAFF SALARY SCHEDULES

### Teachers

The School Committee will adopt a salary schedule for regular teaching personnel as part of the contract negotiated with the teachers' bargaining unit. The schedule will be designed to recognize and reward training and experience and encourage additional study for professional advancement.

### Principals

Salaries will be reviewed annually prior to July 1. The ~~Superintendent~~School Committee, with the advice of the Superintendent, will establish levels of compensation for each position based on the circumstances, dynamics, and requirements of each position. Consideration may be given to individuals for exceptional performance as a basis for establishing merit increases for Principals. It is the responsibility of the Superintendent to present evidence to the School Committee to support recommendations for merit increases.

### Administrators

Salaries will be reviewed annually prior to July 1. The Superintendent may, upon the request of the Committee, survey other school systems to determine salaries being paid for comparable positions in each system. The survey will include the effective date of the specified salary.

SOURCE: MASC

LEGAL REFS.: M.G.L. [71:40](#); [71:43](#)

CONTRACT REF.: Teachers' Agreement

~~NOTE: If a salary schedule is established unilaterally by the School Committee, the actual schedule might be included as part of the policy or as an exhibit document coded GCBA-E. However, if it is part of a School Committee staff agreement, it may be referred to, with the appropriate section of the agreement cited in a contract reference (as was done above). In either event, there probably will be procedural regulations pertaining to initial placement and lateral movement on the schedule to include under code GCBA-R.~~

~~Regional school districts should cite M.G.L. 71:42B at this code.~~

**File: GCBB**

## **EMPLOYMENT OF PRINCIPALS**

Principals shall be employed by the Worcester ~~Public Schools~~ under individual contracts of employment. ~~Said contracts shall be submitted to the School Committee for their approval of all terms concerning compensation/benefits, prior to the presentation of a contract of employment to the Principal. The compensation/benefit levels, above referenced, may be exceeded only with the approval of the School Committee.~~

Initial contracts issued to Principals may be up to three years in length, and may be renewed ~~reissued~~ by the Superintendent at levels of compensation/benefits, determined by the School Committee, provided that the Superintendent may employ a Principal under the terms and conditions of the previous contract of employment.

The length of second and subsequent contracts of employment for Principals shall be in accordance with state law.

As a condition of employment, each Principal must maintain current certification, adhere to the policies and goals of the School Committee and the directives of the Superintendent, ~~and annually must submit, with the school council, the educational goals and school improvement plan for the school building(s) under his/her direction.~~

LEGAL REF: MGL [71:41](#); [71:59B](#)

Updated 6/13/13

**File: GCBC**

### **PROFESSIONAL STAFF SUPPLEMENTARY PAY PLANS**

Certain assignments require extra responsibility or extra time over and above that required of other staff members who are on the same position on the basic salary schedule. When such supplemental assignments require extra time and responsibility beyond that regularly expected of teachers, they will be rewarded with extra compensation.

Assignments that are to be accorded extra compensation will be designated by the Committee [through collective bargaining when such extra compensation is articulated in the collective bargaining agreement or by the Superintendent for assignments which are not subject to the collective bargaining agreement.](#) **Appointments to these positions will be made by the Superintendent for District-wide positions or by the Principal with the approval of the Superintendent for building based personnel. The amount of compensation for the position will be established by the Committee [or Superintendent, as appropriate, at the time the position is created.](#)**

A teacher who is offered and undertakes a supplementary pay assignment will receive a supplementary contract specifying the pay, duration and terms of the assignment. If a teacher will not be extended the assignment for the following school year but will remain on the teaching staff, he or she will be so notified in writing prior to the expiration of the contract. Upon termination of the assignment, the supplementary pay will cease.

SOURCE: MASC

LEGAL REF.: Collective Bargaining Agreement

ile: GCCC

### **FAMILY AND MEDICAL LEAVE**

The School System shall comply with the mandatory provisions of the Family and Medical Leave Act of 1993. The Superintendent shall issue, and from time to time amend, regulations setting forth the rights and procedures granted by the Act, and shall ensure compliance with those regulations either personally or by delegation, or by some combination of personal oversight and delegation.

SOURCE: MASC

LEGAL REFS.: P.L. 103-3, "Family and Medical Leave Act of 1993"

File: GCE

## PROFESSIONAL STAFF RECRUITING/POSTING OF VACANCIES

**It is the responsibility of the Superintendent, with the assistance of the administrative staff, to determine the personnel needs of the school system and it is the responsibility of the Principal, in consultation with the Superintendent, to determine the personnel needs of the individual schools. In addition, school councils may review personnel requirements as a means of evaluating the needs of a school.**

~~Any recommendations for the creation or elimination of a position must be approved by the School Committee.~~

The search for ~~good~~ teachers and other professional employees ~~may will~~ extend to a wide variety of educational institutions and geographical areas. It will take into consideration the characteristics of the town and the need for a heterogeneous staff from various cultural backgrounds.

Recruitment procedures will not overlook the talents and potential of individuals already employed by the school system. Any current employee may apply for any position for which he or she has certification and meets other stated requirements.

Openings in the schools will be posted in sufficient time, before the position is filled, to permit current employees to submit applications.

SOURCE: MASC

LEGAL REFS.: Collective Bargaining Agreements



File: GCF

## PROFESSIONAL STAFF HIRING

Through its employment policies, the District will strive to attract, secure, and hold the highest qualified personnel for all professional positions. The selection process will be based upon awareness to candidates who will devote themselves to the education and welfare of the children attending the schools.

**It is the responsibility of the Superintendent, and of persons to whom he or she delegates this responsibility, to determine the personnel needs of the school system and to locate suitable candidates. ~~No position may be created without the approval of the School Committee.~~** The District's goal is to employ and retain personnel who are motivated, will strive always to do their best, and are committed to providing the best educational environment for the children

It will be the duty of the Superintendent to see that persons considered for employment in the schools meet all certification requirements and the requirements of the Committee for the type of position for which the nomination is made.

The following guidelines will be used in the selection of personnel:

1. There will be no discrimination in the hiring process due to age, sex, gender identity, creed, race, color, national origin, disability, sexual orientation or place of residence.
2. The quality of instruction is enhanced by a staff with a wide variation in background, educational preparation, and previous experience.
3. **The administrator responsible for the hiring of a staff member (in the case of District-wide positions, for the position of Principals, it is the Superintendent; for building-based personnel, it is the Principal) is ~~recommended directed~~ to establish a representative screening committee. The administrator has the final say in determining who will be hired but it is ~~recommended expected~~ that the screening committee's input will be a factor in the decision. For those positions where the hiring authority rests with the School Committee a representative screening committee may be established by the School Committee or the School Committee may direct the Superintendent to establish a screening committee to assist the Superintendent in making his recommendation to the School Committee.**

SOURCE: MASC

UPDATED: June 2012

LEGAL REFS.: M.G.L. [69:6](#); [71:38](#); [71:38G](#); [71:39](#); [71:45](#)

Massachusetts Board of Education Requirements for Certification of Teachers, Principals, Supervisors, Directors, Superintendents and Assistant Superintendents in the Public Schools of the Commonwealth of Massachusetts, revised 1994

BESE Regulations 603 CMR [7:00](#), [26:00](#), and [44:00](#)

~~NOTE: School Committees may determine the size and composition of the screening committee.~~

**File: GCG**

### **SUBSTITUTE PROFESSIONAL STAFF EMPLOYMENT**

The school system will employ as substitute teachers, to the extent possible, persons who meet the requirements for teacher appointments and will assign teachers substitute-teaching positions on the basis of their areas of competence. When the supply of potential substitutes in a particular subject area is too limited to meet school department needs, there will be active recruitment for substitutes in those areas. All substitute teachers will be expected to provide educational services, rather than to assume merely a student-supervisory role. They will be provided with as much support as possible by building administrators and teachers.

The School Committee will set the daily rate of pay for substitute teachers, including extended-term substitutes. The latter will be granted such additional benefits as approved by the School Committee.

SOURCE: MASC

File: GCIA

## PHILOSOPHY OF STAFF DEVELOPMENT

All staff members will be encouraged in and provided with suitable opportunities for the development of increased competencies beyond those they may attain through the performance of their assigned duties and assistance from supervisors.

~~Opportunities for professional growth may be provided through such means as the following:~~

- ~~1. Planned in-service programs and workshops offered within the school system from time to time; these may include participation by outside consultants.~~
- ~~2. Membership on curriculum development committees drawing personnel from within and without the school system.~~
- ~~3. Released time for visits to other classrooms and schools and for attendance at conferences, workshops, and other professional meetings.~~
- ~~4. Leaves of absence for graduate study, research, and travel.~~
- ~~5. Partial payment of tuition for approved courses.~~

The Superintendent will have authority to approve or deny released time for conferences and visitations and reimbursements for expenses, provided such activities are within budget allocations for the purpose.

SOURCE: MASC

~~**NOTE: Related policies in a school system's manual might include those on Fringe Benefits (if tuition refunds are included), Leaves and Absences (if these include leave for conferences and workshops, professional development, or sabbaticals). Cross references should be provided to such statements.**~~

**File: G CJ**

## **PROFESSIONAL TEACHER STATUS**

**Teachers and certain other professional employees who have served in the School District for three school consecutive years under a valid Massachusetts teaching license shall be entitled to professional teacher status. The school year shall count towards professional teacher status if the teacher is hired and has begun working by September 15 of the school year. The Superintendent, upon recommendation of the Principal, may award such status to a teacher who has served in the Principal's school for not less than one year or a teacher who has obtained such status in any other public school district in the Commonwealth. The Superintendent will base his/her decisions on the results of evaluation procedures conducted according to Committee policy.**

At the end of each of the first three years of a teacher's employment, it will be the responsibility of the Superintendent to notify each employee promptly in writing of the decision on reappointment. Notification to a teacher not being reappointed must be made by **June 15**, ~~or at an earlier date if required by a collective bargaining agreement.~~

A teacher who attains professional teacher status will have continuous employment in the service of the school system. A teacher with professional teacher status whose position is abolished by the School Committee may be continued in the employ of the school system in another position for which he/she is legally qualified in accordance with the language of the collective bargaining agreement.

Nothing in these provisions will be considered as restricting the Superintendent from changing teaching assignments or altering or abolishing supervisory assignments except that, by law, no teacher may be assigned to a position for which he/she is not legally qualified.

Established by law and Committee policy

SOURCE: MASC

LEGAL REFS.: M.G.L. [71:38](#); [71:38G](#); [71:38H](#); [71:41](#); [71:42](#); [71:43](#)

~~NOTE: Regional school districts should cite M.G.L. 71:42B at this code.~~

**File: GCK**

## **PROFESSIONAL STAFF ASSIGNMENTS AND TRANSFERS**

The basic consideration in the assignment of professional staff members will be the needs of the students and the instructional program.

Therefore, the assignment and transfer of professional staff members will be accomplished by the Superintendent [in accordance with the collective bargaining agreement and](#) on the basis of the employee's qualifications, the needs of the school system, and the employees' expressed desires.

Care will be exercised by the Superintendent to assure that all schools are staffed with effective teachers.

Within an individual school, the building administrator will have the authority to assign classes and courses, provided this is done with full regard for the teacher's area of certification and the policies delineated above.

SOURCE: MASC

CONTRACT REF.: Teachers' Agreement

**File: GCO**

## **EVALUATION OF PROFESSIONAL STAFF**

In order to assure a high quality of teacher and administrator performance and to advance the instructional programs of the schools, a continuous program for teacher and administrator evaluation will be established by the School Committee. Regular reports will be made to the Superintendent concerning the outcomes of these evaluations.

Teachers and Administrators of the Worcester Public Schools shall be evaluated in accordance with regulations set forth by the Massachusetts Department of Elementary and Secondary Education.

The evaluation process will include:

1. The development and periodic review of techniques and procedures for making evaluations.
2. Interpretation of the information gained in the evaluative process in terms of the objectives of the instructional program.
3. The application of the information gained to the planning of staff development and in-service training activities, which are designed to improve instruction and increase teacher competence.

The evaluation process will include self-evaluation, supervisor initiated observations, and teacher initiated observations.

The formal evaluations will be written and will be discussed by the supervisor and the person being evaluated. The discussions may either precede or follow the writing of the evaluation document. Copies of the written document will be signed by both parties and incorporated into the personnel files of the teacher or administrator. In addition, the individual and his department chairman (if applicable) will receive a signed copy. The signature should indicate that the evaluation has been read and discussed.

The written evaluation should be specific in terms of the person's strengths and weaknesses. Those areas where improvement is needed should be clearly set forth and recommendations for improvement should be made. Subsequent evaluations should address themselves to any improvement or to any continuing difficulty that is observed.

SOURCE: MASC

LEGAL REF.: M.G.L. [69:1B](#); [71:38](#); [71:38Q](#); [150E](#); [152B](#)

603 CMR [35:00](#)

CONTRACT REF.: Teachers' Agreement

File: GCQD

### **RESIGNATION OF PROFESSIONAL STAFF MEMBERS**

Professional staff members may discontinue their service in the school system during the school year by submitting a written notice of intent to resign to the appropriate hiring authority.

Such written notice of intent to resign will be given to the Superintendent. The staff member will be notified in writing of the Superintendent's action on the resignation.

When a resignation is accepted by the Superintendent the employee may be expected to continue in service at his or her assigned duties for a period of 30 days after submission of the resignation.

SOURCE: MASC



File: GCQE

### RETIREMENT OF PROFESSIONAL STAFF MEMBERS

Annually, the Superintendent will inform the Committee of the professional staff members who have indicated their intention to retire at the end of the current school year. No further School Committee action is necessary unless approval is needed for the payment of or participation in continued local benefits.

SOURCE: MASC

LEGAL REF.: Age Discrimination in Employment Law, P.L. 95-256

CONTRACT REF.: Teachers' Contract

~~NOTE: Under Massachusetts law (Teachers' Retirement Act), all professional personnel participate in a teachers' retirement plan, which provides several options on time of retirement and benefits granted to those who retire. It also sets limitations on the number of days a retired employee may be re-employed annually on a temporary basis by the school system. Temporary employment up to 90 days or 720 hours per calendar year is permitted at the discretion of the employer.~~

**File: GCQF**

## **SUSPENSION AND DISMISSAL OF PROFESSIONAL STAFF MEMBERS**

The Superintendent will strive to assist personnel to perform their duties efficiently. However, the Superintendent may dismiss any employee in accordance with state law. Further, the Committee recognizes the constitutional rights of the District's employees and assures them the protection of due process of law. To guarantee such rights, a system of constitutionally and legally sound procedures will be followed in each case of suspension or dismissal of an employee.

When the Superintendent or a Principal determines that sufficient cause exists that a professional employee be suspended or dismissed from service in the school system, he or she will:

1. Be certain that each such case is supported by defensible records.
2. Determine if the individual is to be suspended immediately with the understanding that the suspension will be subject to restoration of salary and position if an appeal is decided in favor of the individual.
3. Follow the procedures for dismissal or suspension that are contained in applicable laws as well as those included in the current agreement with the teachers' bargaining unit.
4. Provide the individual involved with a written statement that will:
  - a. Indicate whether the action the Superintendent is taking is dismissal or suspension.
  - b. State the reason for the suspension or dismissal.
  - ~~c. Guarantee that all procedures will be in accordance with due process of law.~~
  - d. Inform employees who have a right to request a hearing under appropriate laws that they may be represented at such a hearing by counsel of their choice.

SOURCE: MASC

LEGAL REFS.: M.G.L. [71:42](#); [71:42D](#)

**File: GCRD**

**PRIVATE TUTORING FOR PAY**

Definition: "Tutoring" means giving private instruction or help to an individual or group for which the teacher receives remuneration other than through the School Committee.

Tutoring is not to be recommended for a student unless the appropriate teacher of the student involved is consulted and agrees that it will be of real help. If tutoring seems advisable, the Principal may give the parents/guardians a list of persons who are willing to tutor. This list may include teachers, but not the student's teacher of the subject in which he/she or she is to be tutored.

Tutoring for pay is not to be done in the school building.

SOURCE: MASC

**File: GDA**

### **SUPPORT STAFF POSITIONS**

Education is a cooperative enterprise in which all employees of the school system must participate intelligently and effectively for the benefit of the children. This school system will employ support staff members in positions that function to support the education program.

All support staff positions will be established initially by the [Superintendent and approved through the budget process by the School Committee.](#) ~~Committee~~. In each case, the Superintendent will submit for the Committee's ~~information-consideration~~ and action a job description or job specifications for the position.

Although positions may remain temporarily unfilled or the number of persons holding the same type of position reduced in event of de-staffing requirements, only the Committee may abolish a position it has created.

SOURCE: MASC

File: GDB

## SUPPORT STAFF CONTRACTS AND COMPENSATION PLANS

In establishing rates of pay and levels of compensation for support staff personnel, the School Committee will take into account the responsibilities of the position, the qualifications needed, past experience of the individual, and years of service in the school department.

~~Compensation plans will be reviewed annually for all categories of staff. Such review, where applicable, will be carried out in connection with negotiations with representatives of recognized bargaining units. The master agreements with these units will be considered appendices to this manual and will have the full force of School Committee policy.~~

The ~~Superintendent School Committee~~ will set the rates of pay for personnel not covered by collective bargaining agreements.

### Overtime

~~Non-exempt~~ Support staff employees will be paid overtime wages for work performed in excess of 40 hours in a work week. All overtime must be pre-approved by the employee's supervisor.

~~In counting hours for the purpose of allowing overtime work and pay, supervisors will consider sick leave, vacation time, and holidays as time worked.~~

Every effort must be made to minimize overtime by scheduling duties during the regular workday. Overtime will be authorized only by the Superintendent and only to cover emergency situations. All such work will be assigned on a fair and equitable basis in accordance with the collective bargaining agreements or in the best interest of the district.

SOURCE: MASC

LEGAL REF.: M.G.L. [71:38](#)

CONTRACT REFS.: All Contracts

~~NOTE: For the convenience of all concerned, it is suggested that policies relating to the support staff parallel in coding, format, and treatment of negotiated items policies relating to the professional staff.~~

**File: GDD**

## **SUPPORT STAFF VACATIONS AND HOLIDAYS**

### Holidays

The school calendar, as adopted by the School Committee, establishes holidays and school recess periods for the employees who work on teacher and/or student days.

Employees who work on a 12-month basis will be granted paid holidays on all legal holidays and such other holidays as designated by the School Committee. They will also be expected to report to work during school recess periods unless days during these periods are considered official and designated as paid holidays by the Committee.

To qualify for holiday pay, the employee must be at work on the day before and the day following the holiday, unless his absence is approved on the basis of current leave policies.

### Vacations

All 12-month employees will be eligible for paid-vacations in accordance with the [appropriate collective bargaining agreement or individual employment agreement](#), following:

~~1-5 years — two weeks vacation~~

~~5-10 years — three weeks vacation~~

~~After 10 years — four weeks vacation~~

~~Support staff members employed on 10-month basis will be granted two weeks' paid vacation after completing 10 full years of services in the school system.~~

SOURCE: MASC

LEGAL REF.: M.G.L. [4:7](#); [136:12](#)

CONTRACT REFS. All support staff contracts

File: GDO

## EVALUATION OF SUPPORT STAFF

A program of continuous observation and evaluation will be developed to find the right employees to fill vacancies, determine assignments and equitable work loads, and establish wage and salary policies that encourage employees to put forth their best efforts. The evaluation of employee achievements and the provision of a good atmosphere are some of the major duties of the Committee.

The evaluation will cover the major areas of the employee's responsibilities and will include the following:

1. Specific work assignment
2. Attitude toward students
- ~~3. Attitude toward public education~~
4. Attitude toward supervisors, teachers, and fellow employees
5. Work habits

Each employee will be informed of the basis upon which he/she is to be evaluated in advance of evaluation.

SOURCE: MASC

CONTRACT REFS.: All support staff agreements

~~NOTE: Evaluation is an area in which many negotiated agreements contain information directly related to policy. The "contract reference" was added to this policy by the school system to direct the user of the manual to pertinent statements in the negotiated agreement. This type of referencing is only one method for dealing with the content of such agreements.~~

**File: GDQC**

**RETIREMENT OF SUPPORT STAFF MEMBERS**

All full-time non-instructional personnel are required to participate in [a public pension system, the Commonwealth of Massachusetts Retirement System.](#)

Periodically, the Superintendent will present to the Committee the names of support staff members who have indicated their intentions to retire.

SOURCE: MASC

LEGAL REFS.: Age Discrimination in Employment Law, P.L. 95-256

**NOTE: ~~Regional school districts should cite M.G.L. 71:16F at this code.~~**



**File: GDQD**

### **SUSPENSION AND DISMISSAL OF SUPPORT STAFF MEMBERS**

Support staff employees employed by the School District may be terminated by the Principal of the building in which they serve, with the approval of the Superintendent. However, employees may request the Superintendent to review the circumstances of their termination.

~~Bus drivers are employed on a monthly basis with continuity of employment conditioned only upon satisfactory performance. In the event of failure to perform as required, the Superintendent may immediately suspend employment.~~

~~When practicable, S~~support staff employees will ~~generally~~ be given notice of their dismissal two weeks prior to the effective date.

The Superintendent, or the Principal, with the approval of the Superintendent, may also suspend employees from their assignments.

SOURCE: MASC

ITEM: gb #6-145

STANDING COMMITTEE: **GOVERNANCE AND EMPLOYEE ISSUES**

DATE OF MEETING: Wednesday, January 11, 2017

ITEM: Mr. O'Connell/Mr. Foley/Mr. Monfredo/Miss McCullough/Mayor Petty  
(April 4, 2016)

To consider adoption of Policy JLCD of the Massachusetts Association of School Committees, regarding administration of medications to students.

PRIOR ACTION:

4-28-16 - Referred to the Standing Committee on Governance and Employee Issues.

BACKUP:

Annex A (1 page) contains a copy of the Policy for Administering Medicines to Students JLCD.

## **ADMINISTERING MEDICINES TO STUDENTS**

Medication may not be administered to students while at school unless such medicine is given to them by the school nurse acting under specific written request of the parent or guardian and under the written directive of the student's personal physician (see below for exceptions). When the school nurse is not present, a student who needs medication during the school day may be called to the office at the scheduled hour and reminded by the secretary to take the medicine. This provision only applies when the correct dosage of the medication has been placed in an individual container clearly marked with the student's name, the dosage to be administered, and the time and/or conditions under which the medicine is to be taken. In addition, the student must be able to recognize the medicine that he/she or she is taking. No one but the school nurse, and those others listed in the medical administration plan acting within the above restriction, may give any medication to any student.

### **Exceptions:**

The school district shall, through the district nurse leader, register with the Dept. of Public Health and train personnel in the use of epinephrine auto-injectors.

The school district may, in conjunction with the School Physician and the School Nurse Leader, stock nasal naloxone (Narcan) and trained medical personnel and first responders may administer nasal naloxone to individuals experiencing a life threatening opiate overdose in a school setting.

If the school district wishes medical personnel to train non-medical staff in the administration of nasal naloxone, the School Committee shall vote to approve such training and the Superintendent shall ensure that medical personnel have a written protocol which complies with medical directives and regulations from the Dept. of Public Health.

Following consultation with the school nurse, students who fall into the following exceptions may self-administer medications:

1. Students with asthma or other respiratory diseases may possess and administer prescription inhalers.
2. Students with cystic fibrosis may possess and administer prescription enzyme supplements.
3. Students with diabetes may possess and administer glucose monitoring tests and insulin delivery systems.

SOURCE: MASC March 2016

LEGAL REF.: M.G.L. 71:54B

Dept. of Public Health Regulations: 105 CMR 210.00; 244 CMR 3.00

STANDING COMMITTEE: **GOVERNANCE AND EMPLOYEE ISSUES**

DATE OF MEETING: Wednesday, January 11, 2017

ITEM: Mr. Monfredo/Mr. O'Connell/Ms. Colorio/Miss McCullough/Miss Biancheria/  
Mayor Petty (July 22, 2016)

Request that the Administration consider including training in the Heimlich maneuver as part of the Compression CPR Program and review the Heimlich Heroes Program, which was created by Deaconess Associations, Inc. (DAI) with the support from the Heimlich Institute, for possible implementation in the Worcester Public Schools.

PRIOR ACTION:

- 8-18-16 - Referred to the Standing Committee on Governance and Employee Issues.
- 9-7-16 - Mr. Monfredo made the following motions:  
Request that the Administration consider providing training in the Heimlich Maneuver as part of the CPR Training for grades 7-12 and provide an update in April 2017.

BACKUP:

Annex A (1 page) contains a copy of the Administration's response to the item.

PRIOR ACTION (continued)

9-7-16 - Request that the Administration provide a report in April 2017  
(continued) regarding training taking place in grades 2-6 to include the number of students being trained.

On a voice vote, the motions were approved.

Miss Biancheria made the following motion:

Request that Administration consider providing a shorter version of the Heimlich Maneuver to students.

On a voice vote, the motion was approved.

Mr. Foley made the following motion:

Request that the Administration consider implementing a pilot program and, if it is implemented, provide an evaluation at the end of the year.

On a voice vote, the motion was approved.

Miss Biancheria's motion:

Request that Administration consider providing a shorter version of the Heimlich Maneuver to students.

Currently students in grade 7-12 are taught the Heimlich Maneuver during a PE class during the "Hand Only CPR" lesson. It is a very short version.

Mr. Foley's motion:

Request that the Administration consider implementing a pilot program and, if it is implemented, provide an evaluation at the end of the year.

Students in grades 7-12 receive instruction in the Heimlich Maneuver as suggested by the Massachusetts Comprehensive Health Education Frameworks. There is no pilot program needed.

In reference to elementary school students, Health Education teachers service only students in grades 4-6. Time constraints, along with the cost for the program, makes it impossible to implement a program like "Heimlich Heroes." Therefore, health educators will not be able to implement a pilot Heimlich Heroes program during their Health Education class.