
THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 867 Session of
2023

INTRODUCED BY D. WILLIAMS, BRENNAN, GUENST, HANBIDGE, HILL-
EVANS, HOWARD, KINSEY, KRAJEWSKI, MADDEN, OTTEN, RABB,
SANCHEZ AND SCHLOSSBERG, APRIL 10, 2023

REFERRED TO COMMITTEE ON HUMAN SERVICES, APRIL 10, 2023

AN ACT

1 Relating to immediate access to treatment for substance use
2 disorder; establishing the Substance Use Disorder Early
3 Intervention Pilot Program; and imposing powers and duties on
4 the Department of Drug and Alcohol Programs.

5 The General Assembly of the Commonwealth of Pennsylvania
6 hereby enacts as follows:

7 Section 1. Short title.

8 This act shall be known and may be cited as the Early Access
9 to Substance Use Disorder Treatment Act.

10 Section 2. Definitions.

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

14 "Clinical settings." Health care locations, including, but
15 not limited to, school clinics, mental health clinics, public
16 health clinics, emergency departments and primary, urgent and
17 psychiatric care offices in which the severity of an
18 individual's substance use or misuse can be assessed or

1 identified and the need for substance use disorder treatment may
2 be determined.

3 "Controlled substance." As defined in section 2 of the act
4 of April 14, 1972 (P.L.233, No.64), known as The Controlled
5 Substance, Drug, Device and Cosmetic Act.

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

8 "Immediate access to treatment." Early intervention
9 services, including appropriate evidence-based treatment,
10 provided to individuals who present with questionable or
11 problematic signs of controlled substance misuse or mild
12 substance use disorder in a variety of clinical settings and
13 which are designed to help prevent more severe substance use
14 disorders. For an individual who presents with severe substance
15 use disorder, intervention in a clinical setting may serve as
16 the mechanism or bridge to engage the individual into specialty
17 substance use disorder treatment.

18 "Medication-assisted treatment." The use of medication, in
19 combination with counseling and behavioral therapies, to provide
20 a whole-patient approach to the treatment of substance use
21 disorders.

22 "Participating county." A county selected by the department
23 to participate in the pilot program in accordance with section
24 3.

25 "Pilot program." The Substance Use Disorder Early
26 Intervention Pilot Program established under section 3.

27 "Substance use disorder." A disease which:

28 (1) Results from the inability of an individual to
29 control recurrent use of a legal or an illegal controlled
30 substance.

1 (2) Causes clinically significant impairment to the
2 individual, including behavior and health problems, or
3 disability and failure to meet major responsibilities of
4 home, work or school.

5 "Treatment services." An individualized set of evidence-
6 based clinical services or set of such services which may
7 include medication, counseling and other supportive services
8 designed to enable an individual to reduce or eliminate the use
9 of a controlled substance, address associated physical, mental
10 or behavioral health problems and restore the individual to
11 maximum functional ability.

12 Section 3. Pilot program.

13 (a) Establishment and purpose.--The following apply:

14 (1) The Substance Use Disorder Early Intervention Pilot
15 Program is established in the department. The department
16 shall administer the pilot program for the purpose of
17 determining the effectiveness of promoting immediate access
18 to treatment for adolescents and adults who:

19 (i) suffer nonfatal overdoses from the use of
20 opioids, including fentanyl, or any other controlled
21 substance included on a schedule of controlled substances
22 that has a potential for abuse;

23 (ii) present in a clinical setting with problematic
24 signs of substance misuse or mild substance use disorder;
25 or

26 (iii) present in a clinical setting with a severe
27 substance use disorder.

28 (2) The primary components of the pilot program shall,
29 to the extent feasible, include medications, behavioral
30 therapies and recovery support services.

1 (3) The pilot program shall be designed to include:

2 (i) The delivery of early intervention and treatment
3 services into general health care practice and other
4 appropriate clinical settings.

5 (ii) A process designed to establish a direct link
6 between clinical settings and appropriate substance use
7 disorder treatment programs and resources, including the
8 availability of medication-assisted treatment.

9 (iii) Substance misuse and substance use disorder
10 screening in appropriate clinical settings.

11 (iv) The use of medication-assisted treatment to
12 treat serious substance use disorders by existing
13 treatment programs, general health care practices and
14 other appropriate clinical settings, as determined by the
15 department.

16 (v) The use of peer recovery support mentors to
17 facilitate the link between clinical settings and
18 appropriate substance use disorder treatment programs and
19 resources.

20 (vi) Other programming aimed at reducing deaths
21 caused by opioids, fentanyl and other controlled
22 substance overdoses by providing immediate access to
23 appropriate substance use disorder treatment and
24 resources to individuals who suffer nonfatal overdoses.

25 (vii) The use of electronic technologies, including
26 telehealth, to access, engage, monitor and continue
27 supportive care for individuals with substance use
28 disorders and those who misuse controlled substances.

29 (b) Implementation.--The following apply:

30 (1) The department shall implement the pilot program in

1 the five counties in this Commonwealth with the highest
2 reported opioid, fentanyl or controlled substance overdose
3 death rates per 10,000 inhabitants in the 2023 calendar year.

4 (2) The department shall consult with each county
5 selected to participate in the pilot program in accordance
6 with paragraph (1) to determine the following:

7 (i) if there is a hospital with an emergency
8 department in the county;

9 (ii) the availability of substance use disorder
10 treatment programs and resources in the county and the
11 extent of such programs and resources; and

12 (iii) the manner of oversight and form and content
13 of any reporting requirement, as may be determined and
14 required by the department.

15 (3) If the department determines that a county selected
16 to participate in the pilot program does not have a hospital
17 with an emergency department or does not have sufficient
18 substance use disorder treatment programs and resources, the
19 department shall select the next county that has the highest
20 rate of reported opioid and fentanyl nonfatal and fatal
21 overdoses in the preceding calendar year.

22 Section 4. Reports.

23 (a) Submission of report.--No later than December 31, 2025,
24 and each December 31 thereafter, the department shall compile
25 and submit a report on the implementation and efficacy of the
26 pilot program. The report shall include, but not be limited to,
27 the following:

28 (1) The number of individuals who suffered nonfatal and
29 fatal overdoses in each participating county.

30 (2) The participating county or counties where the

1 nonfatal and fatal overdoses occurred.

2 (3) The number of individuals who received immediate
3 access to substance use disorder treatment as a result of a
4 nonfatal overdose in each participating county.

5 (4) Demographic data on individuals who received
6 immediate access to substance use disorder treatment,
7 including medication-assisted treatment, by each
8 participating county.

9 (5) Information on any individual under paragraph (2)
10 who suffered a subsequent nonfatal or fatal overdose.

11 (6) Recommendations for legislation, policies or other
12 activities to improve the administration of the pilot
13 program, if any.

14 (7) Any other information the department determines
15 necessary and appropriate to determine the efficacy of the
16 pilot program.

17 (b) Distribution.--

18 (1) The department shall:

19 (i) transmit the report to the Legislative Reference
20 Bureau for publication in the Pennsylvania Bulletin; and

21 (ii) post the executive summary on the department's
22 publicly accessible Internet website. The executive
23 summary shall include a link to the online location of
24 the report.

25 (2) An executive summary of the report consisting of no
26 more than two pages shall be distributed to every member of
27 the General Assembly by email.

28 (3) One copy of the report shall be submitted to the
29 Chief Clerk of the Senate and the Chief Clerk of the House of
30 Representatives.

1 (4) One copy of the report shall be submitted to the
2 chair and minority chair of:

3 (i) the Health and Human Services Committee of the
4 Senate;

5 (ii) the Health Committee of the House of
6 Representatives; and

7 (iii) the Human Services Committee of the House of
8 Representatives.

9 (5) The executive summary under paragraph (2) shall
10 include an explanation of how a member of the General
11 Assembly may obtain a full copy of the report.

12 (6) Notwithstanding paragraph (2), if a member of the
13 General Assembly requests a paper copy of a report or
14 executive summary, the department must supply a paper copy of
15 the report or executive summary to the member.

16 Section 5. Confidentiality and disclosures.

17 (a) General rule.--

18 (1) Except as provided in subsection (c), all working
19 papers, recorded information, documents and copies of working
20 papers, recorded information and documents produced by,
21 obtained by or disclosed to the department, a county,
22 individuals employed by or affiliated with a clinical setting
23 or any other person under this act:

24 (i) shall be confidential;

25 (ii) may not be subject to subpoena;

26 (iii) shall not be subject to access under the act
27 of February 14, 2008 (P.L.6, No.3), known as the Right-
28 to-Know Law;

29 (iv) shall not be subject to discovery or admissible
30 in evidence in any private civil action; and

1 (v) may not be made public by the department, a
2 county, an individual affiliated with or employed in a
3 clinical setting or any other person.

4 (2) (Reserved).

5 (b) Personal health and financial information.--The
6 department, participating counties and clinical settings shall
7 protect identifiable personal, health and financial information
8 in accordance with all applicable Federal and State laws and
9 regulations, including the Health Insurance Portability and
10 Accountability Act of 1996 (Public Law 104-191, 110 Stat. 1936),
11 the Health Information Technology for Economic and Clinical
12 Health Act (Public Law 111-5, 123 Stat. 226-279 and 467-496) and
13 implementing regulations.

14 (c) Information disclosure.--Subject to subsections (a) and
15 (b):

16 (1) Information may be shared, as appropriate, for the
17 purpose of determining and coordinating the eligibility of
18 individuals for substance use disorder treatment services and
19 resources, including medication-assisted treatment, or for
20 compliance under any Federal or State law, as follows:

21 (i) Among the department and the participating
22 counties and other State departments and agencies,
23 including:

24 (A) The Department of Health.

25 (B) The Department of Human Services.

26 (C) Any other department or agency of the
27 Commonwealth or a county as determined necessary and
28 appropriate by the department.

29 (ii) Between the department and the Health Care Cost
30 Containment Council, provided that the information is raw

1 data shared for statistical analysis purposes.

2 (2) Information may be disclosed as necessary in
3 accordance with the following:

4 (i) To comply with reporting or any audit
5 requirements, provided that the information is shared
6 only in an aggregated and disidentified form.

7 (ii) In any circumstance, only if the prior written
8 consent of the individual to whom the information
9 pertains has been obtained.

10 (d) Statistics.--The department shall compile and publish
11 statistics derived from raw data collected by the department or
12 a county under this act.

13 (e) Construction.--Nothing in this section shall be
14 construed to prohibit the department or a participating county
15 from accessing the information necessary to carry out its
16 responsibilities in accordance with law.

17 Section 6. Effective date.

18 This act shall take effect immediately.