



MASSACHUSETTS MEDICAL SOCIETY

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June 12, 2024

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The Honorable Aaron M. Michlewitz
Chair, House Committee on Ways & Means
State House, Room 243
Boston, MA 02133

Dear Chair Michlewitz:

The Massachusetts Medical Society (MMS) deeply appreciates your efforts, and those of the committee members and staff involved, to produce H.4743, *An Act Relative to Treatments and Coverage for Substance Use Disorder and Recovery Coach Licensure*. We commend the proposal, which bolsters harm reduction interventions like drug checking and increases access to opioid reversal drugs, which collectively will advance the health and well-being of those struggling with substance misuse and addiction.

We are especially grateful for the inclusion of policies to reform 51A mandated reporting policies for substance exposed newborns, as child welfare reporting has been well documented as a barrier and a deterrent to pregnant individuals seeking and receiving both prenatal care and treatment for substance use disorder. The provisions amending our 51A reporting requirements are an important first step toward rectifying racial inequities and discrimination in our child welfare reporting system and our health care system. Without the threat of a mandatory report of abuse for taking medically indicated medication, more pregnant people with substance use disorder will be comfortable seeking necessary prenatal care and maintaining their evidence-based treatment, leading to overall improvements in maternal and infant health outcomes.

We believe the following amendments would build upon the House's commitment to mitigating the impact of the opioid crisis and we wish to be recorded in support of:

Amendment #2 – Narcan Availability in Schools

In the past decade, deadly opioid overdoses have increased in the adolescent population, yet emergency preparedness in Massachusetts schools does not routinely include up-to date life-saving interventions for opioid overdose. The MMS supports requiring access to and training on use of emergency stock naloxone by clinical and nonclinical staff in all Massachusetts K–12 settings and this amendment is a helpful first step toward that goal.

Amendment #5 – Access to Addiction Services

We must end the practice of incarcerating men who have not been charged with any crime, but who have been civilly committed for involuntary treatment for alcohol and substance use disorders. Being sent to a correctional facility for SUD treatment exacerbates the shame and stigma that people with addiction experience, and the punitive environment in these facilities is traumatizing and

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not conducive to recovery. For many patients, the trauma and shame of incarceration can reverberate even after reentry into the community and adds layers of psychological distress and mental health challenges that jeopardize the recovery process. To ensure patients who are civilly committed for SUD have the best opportunity for recovery, we urge adoption of this amendment.

Amendment #8 – Removing Barriers to Non-opioid Pain Management

Massachusetts requires insurance coverage of non-opioid pain management alternatives, which carry a lower risk of addiction or dependence and is critical amidst the current opioid crisis. This amendment would facilitate access to these lower risk pain medications by prohibiting insurers from requiring prior authorizations for such prescriptions, which act as a barrier by delaying and denying access to these medications.

Amendment #37 – Insurance Coverage for Buprenorphine and Methadone (Opioid Agonist) Treatment

Expanding access to medications for opioid use disorder (MOUD) like buprenorphine and methadone is essential to address the opioid overdose epidemic. Patient cost-sharing can be a barrier for many to initiating MOUD – eliminating cost-sharing and insurance barriers like prior authorization can improve the accessibility and affordability of MOUD, which can in turn promote treatment initiation and maintenance and thereby increase overdose prevention.

Thank you for your consideration of these comments.

Sincerely,

Hugh Taylor, MD