



Bill S.7793 An Act Relative to Treatment, Not Imprisonment

Main Sponsors: S.793 Sen. Friedman; H.1343 Rep Balser. It is in The Judiciary Committee.

Massachusetts courts often require people suffering from addiction to submit to drug-testing as a condition of pretrial release or probation. If relapse occurs, many are incarcerated – even when they are actively working to achieve long-term recovery. It is both unsafe and unjust to require defendants suffering from addiction to return to jail based on relapse without a crime.

THIS BILL WILL:

- Enhance public safety by enabling defendants to authentically engage in treatment and communicate honestly with their providers about relapse without fear of imprisonment
- Prevent courts from disrupting the treatment process.
- Decrease incarceration rates, saving MA taxpayer dollars.
- Save lives by helping people exit the dangerous cycle of relapse and incarceration by finding a pathway for sustained recovery.

The Following Policy Proposals are The Mental Health, Substance Use, and Recovery Committee.

Bill H.1150 - An Act ensuring access to addiction services.

Main Sponsors: H.1700 Rep. Balser, S. 1145 Sen. Friedman

Currently, some men civilly committed to addiction treatment under Section 35 are being sent to a facility run by the Department of Corrections even though they have been charged with no crime. This facility has been widely criticized for inadequate treatment and poor conditions. This bill would prevent this practice and instead guarantee that individuals committed under Section 35 be sent to “a secure facility approved by the department of public health or the department of mental health.”

Bill S.1150- An Act providing access to full spectrum addiction treatment services

Main Sponsors: S.1150 Sen. Keenan, H.1732 Rep. Malia/Rep. Santiago

In 2014 the legislature mandated that commercial insurance companies must provide for at least 14 days of addiction treatment, and asserted that decisions about medical necessity must rest solely with the patient and their clinician for this 14-day period. While the 2014 law was groundbreaking, it was also insufficient, providing only for detoxification (ATS) and clinical stabilization (CSS) services. This bill would require commercial insurance to cover up to 30 days of substance use treatment, improving access to step-down treatment at an estimated cost of only 5 cents per insured member per month. Mass Health presently provides coverage for the first 90 days of residential rehabilitation services.

Bill H.1743 - An Act relative to discharge from substance use disorder treatment (SUD).

Main Sponsors H.1743 Rep. O'Day/Rep. Malia

High rates of disenrollment from addiction treatment programs are detrimental to continuity of care. Frequent discharges create a “revolving door” and add to the bottleneck effect of access to SUD treatment. One barrier to patient retention is problematic discharge from treatment due to behavior as a result of relapse.. There is a medical and ethical argument against certain relapse discharge decisions. The path to recovery is often interrupted by relapse; modified treatment is needed versus complete discharge. This bill creates regulations for discharge decisions made by SUD treatment programs involving relapse. Programs would be required to make relapse discharges according to BSAS standards and connect the patient to the clinically appropriate level of care.

Bill S.691 - Acts to Provide Equitable Access to Behavioral Health

Main Sponsors: S.691 Sen. Keenan, S.739 Sen. Tran, H.1735 Rep. Malia

This bill would require that MassHealth ensure that all of its contracted Managed Care Organizations and management firms provide comparable access to Behavioral Health services and medications. Depending on the MCO or its contracted behavioral health firm, there can be wide discrepancies in how a MassHealth patient may access mental health or substance use services. Some MCOs may require far more rigorous oversight than others, even though they are all managing MassHealth. This bill will ensure that regardless of the MCO or PCC plan, the patient would have comparable access to behavioral health services.

Bill S.1150 - An Act establishing a commission to study the availability of a continuum of care for persons with a substance use disorder

Main Sponsors: S.1150 Sen. Keenan, H.1749 Rep. Santiago

Currently, our system of substance use treatment programs does not match up with the needs of the community. Due to lack of a sufficient number of step-down addiction treatment services, individuals who enter acute detoxification programs have difficulty accessing further treatment. This bill would establish a commission to study the availability of detoxification, stabilization, transitional support, reentry services, and medication for addiction treatment options to improve the continuum of care for addiction treatment.

Budget Priorities

MOAR is a MCAS, Massachusetts Coalition for Addiction Services member. The coalitions' members speak with one voice to strengthen support for funding addiction prevention, treatment and recovery support services and increased access to services for people with substance use disorders. In light of our state's ongoing epidemic, MCAS is requesting the following in the FY 2020 state budget for the DPH/Bureau of Substance Addiction Services:

- 1. Support for BSAS to provide training and technical assistance to DOCs and HOCs around implementation of medication assisted treatment** and counseling services to an individual's pre-adjudication, while incarcerated, and post release.
- 2. At Least 5 More Peer Recovery Centers.** Addiction is a chronic disease, and people in early recovery are especially vulnerable to relapse and overdose death. These centers help people build recovery life skills by giving them a safe space, community, activities, and support services that are necessary in our state's continuum of care. Last year, the legislature approved funding for 5 centers to increase the total number of DPH funded centers to 15. DPH received many applications demonstrating the desperate need. Thus, we need even 5 more!
- 3. Expand Family Sober Living Programs.** These programs are designed to address the complex issues involved in family substance use treatment and recovery, to support active housing and employment searches, and to assist families with children in meeting their personal goals and objectives.
- 4. SUD Workforce Development.** In addition to SUD providers struggling to compete for staff in the current healthcare marketplace, many additional demands are placed on staff for which training is needed, such as education on how to serve people with co-occurring disorders, the provision of medication assisted treatment, and patient medication management.
- 5. Increase Access to Recovery (ATR/STR):** Many people leave incarceration with next to nothing to get a foothold in society and to stay in recovery. The successful ATR program now in four cities provides vouchers for essentials such as bus passes, as well as employment training, and recovery coaching services to vulnerable populations including the recently incarcerated, veterans, and new mothers in recovery.

Thank you for your time and consideration. If you have questions or would like additional information, please do not hesitate to contact Jared Owen (Jared@moar-recovery.org) or call MOAR at 617-423-6627.