

October 15, 2015

To the Honorable Senate and House of Representatives:

I am filing for your consideration a bill entitled “An Act Relative to Substance Use Treatment, Education, and Prevention.”

This legislation represents a critical next step in the Baker-Polito administration’s ongoing effort to combat the opioid addiction crisis in Massachusetts. We recognize that this is a complex and persistent problem that will not be solved through a single solution. The legislation therefore offers a range of measures that seek both to improve efforts at prevention and to enhance existing intervention, treatment, and recovery services. These provisions implement recommendations issued by the Governor’s Opioid Working Group in its June 2015 report.

We know that opioid addiction begins for many people through the use or misuse of prescription opioids. This legislation introduces several provisions designed to reduce that risk. First, it sets a strict 72-hour limit on the supply of opioids that a practitioner may prescribe for a patient in any first-time prescription except in limited emergency situations and other carefully defined circumstances. Second, it establishes a new requirement that physicians, dentists, and other persons who prescribe controlled substances complete at least five hours of training every two years on the risks of addiction associated with medications prescribed for pain management. Third, the legislation enhances the effectiveness of the existing prescription monitoring program by requiring that a practitioner employ that monitoring tool before issuing any prescription for an opiate without exception.

The legislation also requires that the people best positioned to detect and prevent opioid misuse among our young people receive regular training on the risks of addiction presented by prescription painkillers. Athletic coaches, trainers, school nurses, parents, and other adults involved in high school sports and extracurricular activities are already required to complete annual training on the risks of concussion and head injury. This legislation requires that these people now also receive annual training on the potential risks of opioid use and the dangers of misuse so they will be better equipped to prevent young people from falling victim to this problem.

Young people who suffer from a substance use disorder and who have begun the path to recovery need our support. Students who enroll in a Recovery High School as part of their plan for recovery do not currently receive funds from the Commonwealth or from their local municipalities to cover the cost of transportation from home to school. This legislation requires the Department of Public Health and the Department of Elementary Secondary Education to work together to develop a plan that will address this gap in support.

The legislation also makes important changes to the way that we deal with people who suffer the most severe forms of substance use disorder, those for whom other forms of treatment have failed and who may only be treated on a compulsory basis. The legislation creates a new pathway to emergency treatment by giving physicians the right to hold a patient for an initial three day period at a hospital or treatment center if the physician determines that the patient

suffers from a substance use disorder and that a failure to treat the patient would present a serious risk of harm. This provision parallels existing law that authorizes a three day period of involuntary emergency treatment for patients who suffer from a mental illness and who pose a comparable risk of harm. This new pathway to treatment will make it possible for families to access emergency treatment for loved ones most at risk of harm because of addiction twenty-four hours a day and seven days a week, not just, as now, only when the courts are open. The legislation will require a physician to encourage a patient held for treatment during this initial three day period to accept voluntary treatment as an alternative, but it will also permit the physician to seek a court order for a 90-day commitment for involuntary treatment if the patient refuses and the risk of harm persists.

The legislation makes an important change to where patients may receive treatment for an extended period of court-ordered commitment by eliminating the current statutory provision permitting women to be sent to MCI-Framingham as a secure place for treatment. Going forward, women who require treatment in a secure setting may be admitted instead to new secure treatment centers approved by the Department of Public Health or the Department of Mental Health. These secure treatment units will provide the security measures necessary to ensure that patients complete their initial period of court ordered treatment, and they will also provide treatment at a level that will offer these patients the best prospects for long-term success. Our administration expects to open new facilities at the Taunton State Hospital and the Lemuel Shattuck Hospital beginning in January 2016 to accommodate these patients.

Finally, the legislation increases transparency concerning insurance carrier policies designed to reduce misuse of prescription opioids by requiring carriers annually to file statements of their policies and protocols in this area with the Division of Insurance.

I urge your prompt enactment of this legislation.

Sincerely,

Charles D. Baker