|  |
| --- |
| **Medication Assisted Treatment (MAT) Commission**  |
| **Meeting agenda** | **Commission charge(s) discussed during meeting** |
| **January 24, 2019****Agenda**1. **Welcome and Introductions**
2. **Swearing in –Governor’s Office**
3. **Presentation on Open Meeting Law**
4. **Presentation on Code of Ethics**

**5. Presentation of Medication Assisted Treatment**  | **The Commission must:*** create aggregate demographic and geographic profiles of individuals who use medication-assisted treatment;
* examine the availability of and barriers to accessing medication-assisted treatment, including federal, state and local laws and regulations;
* determine the current utilization of, and projected need for, medication-assisted treatment in inpatient and outpatient settings, including, but not limited to, inpatient and residential substance use treatment facilities, inpatient psychiatric settings, pharmacy settings, mobile settings and primary care settings;
* identify ways to expand access to medication-assisted treatment in both inpatient and outpatient settings;
* identify ways to encourage practitioners to seek waivers to administer buprenorphine to treat patients with opioid use disorder;
* study the availability of and concurrent use of behavioral health therapy for individuals receiving medication-assisted treatment;
* study other related matters
 |
| **Upcoming Meeting dates:** March 19, 1-3pm; May 21, 1-3pm; June 26, 1-3pm; July 30, 1-3pm**.** All meetings to be held in the Public Health Council (PHC) 250 Washington Street Boston MA  |
| **Commission Website:** [**https://www.mass.gov/orgs/medication-assisted-treatment-mat-commission**](https://www.mass.gov/orgs/medication-assisted-treatment-mat-commission)**Commission Email**: MAT.Commission@state.ma.us |
| **August 9, 2019 –** Submission of Commission’s findings and recommendations to the Legislature |

Attendance and Summary of Votes:

Presented below is a summary of the meeting, including time-keeping, attendance and votes cast.

| **Board Member** | **Attended** | **Allowance for Remote Participation (Vote)**  |
| --- | --- | --- |
| Monica Bharel | Yes | Yes |
| Deliliah Barnes  | Absent |  |
| Vic DiGravio | Yes  | Yes |
| Dennis Dimitri | Yes | Yes  |
| Ken Duckworth | Yes  | Yes |
| Cindy Friedman | Yes | Yes |
| Peg Harvey  | Yes | Yes |
| Jeff Hillis | Yes | Yes |
| Andrew Klein | Yes  | Yes |
| Hannah Kloomok | Yes | Yes |
| Myeshia Minter Jordan | Absent |  |
| Shaunna O’Connell | Yes | Yes  |
| Jared Owen | Yes | Yes |
| Elizabeth Ross  | Yes | Yes |
| Dan Ryan | Yes | Yes |
| Joji Suzuki | Yes | Yes |
| Sarah Wakeman | Absent |  |
| Leigh Youmans  | Yes  | Yes  |

Minutes: Commissioner Bharel began the meeting at 1:05PM. Noah McClenan administered the Oath to the Commission members and Senior Deputy General Counsel Beth McLaughlin presented on Open Meeting Law and Ethics.

Dr. Alex Walley presented on Medication Assisted Treatment to set a baseline for the members about the three types of medication, access to treatment settings and ability to manage withdrawal.

Naltrexone in the system blocks receptors, how does this impact mood and motivation? When you stop taking are you more prone to relapse? Studies haven’t showed this yet; personal experience from patients is that they come off of naltrexone, patients start to feel better and then want to come off since they ‘don’t have a problem anymore’.

Look into inductions for those already actively using. What evidence for people on buprenorphine who are currently abstinent or in treatment facilities? Start at lower dose and ramp up. Buprenorphine behind the wall- distributing micro doses ($25/2mg behind the wall) further restrict from incarcerated settings. Treat behind the wall, can manage diversion (RI) under cut black market. We should look into young adults and youth –special outreach and population. Access behind the wall.

Study that looked at buop – self treatment

There was a suggestion to read a trial study that NIDA CTM trial study( Lee) about those who were detoxed on naltrexone and buprenorphine with the findings that people had similar had retention rates.

Random trials are not representative of population and patients tend to have strong preferences.

A brief discussion occurred regarding psychiatric counseling and whether it helps/improves the outcome of people on MAT; studies have suggested that methadone combined with counseling did better. Other studies indicate that for those who were on waiting lists, induction of methadone did better than those who did not start methadone while waiting for counseling. Medication should be the first focus prior to counseling. There were differing opioids about whether Buprenorphine combined with counseling added substantial value to this.

There was discussion that for those with co-occurring disorders there is value and need for counseling along with medication.

Discuss came about access to those who offer buprenorphine and that we should consider how to expand access into the PCP setting. Questions were raised about data between those who see a PCP or not. Ultimately the goal should be to make access easier; one stop shop advantage. It was also raised whether young adult/adolescent group would utilize their PCP an would make sense to see how to get access in a something like a drop in center.

At the conclusion of discussing Dr. Walley’s presentation, Commissioner Bharel asked the members if there are areas that they would like for the Commission to discuss. Some of those included:

* Hearing from Consumers
* Data- related to barriers, geographic/demographics, co-occurring disorders, cost trends,
* Barriers- what are the barriers for training on buprenorphine
* What is being done in the emergency departments and skilled nursing facilities
* Availability of prescribers and integration into other levels of care; what are the barriers?

Prior to the conclusion of the meeting, the question of whether the commission would allow for of remote participation was raised. Senator Friedman made a motion to allow remote participation and Dr. Dimitri seconded; all members moved to allow for remote participation.

With no further questions or comments, Commissioner Bharel asked for a motion to adjourn. Senator Friedman made the motion, Vic DiGravio seconded. All members approved. The meeting adjourned at 3:02.