The Following is in The Judiciary Committee. Chairs are Senator Jamie Eldridge and Representative Claire Cronin

**S 937 An Act Relative to Treatment, Not Imprisonment**

*Main Sponsors: S.937 Sen. Friedman; H.1343 Rep Balser.*

Often people suffering from addiction are required to submit to drug-testing as a condition of pretrial release or probation. If a reoccurrence of use happens, a person can be incarcerated – even when they are actively working to achieve long-term recovery. It is both unsafe and unjust to require persons suffering from addiction to return to jail based on relapse without a crime. This is exercising the right to treatment and recovery

**This Proposal Will:**
- Enhance public safety by making it more possible to authentically engage in treatment and communicate honestly with their providers about relapse without fear of imprisonment

The Following Policy Proposal is in The Mental Health, Substance Use, and Recovery Committee. Committee Chairs are Representative Marjorie Decker and Senator Julian Cyr

**An Act Ensuring Access to Addiction Services.**

*Main Sponsors: H.1700 Rep. Balsers; S.1145 Sen. Friedman*

Currently, men civilly committed to addiction treatment under Section 35 can be sent to a facility run by the Department of Corrections even though they have been charged with no crime. One 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.” We have the right to be treated by organizations that view recovery positively.

The Following Bills are in The Healthcare Financing Services Committee

Chair is Senator Cindy Friedman and Vice Chair is Representative Daniel Cullinane

**An Act Providing Access to Full Spectrum of Addiction Treatment Services**


In 2014 the legislature mandated that health 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 health insurance to cover up to 30 days of substance use treatment. This is about the right to rapid and appropriate access and duration of care paid for by our health insurance.
An Act Relative to Recovery Coach Licensure
Main Sponsors: H.4537 Rep O’Day /Rep. Malia

The bill sets up a recovery coach licensure process with a board under the Massachusetts Department of Public Health. We would like the yellow highlighted area to be included:

Section 110. (a) There shall be, within the department of public health, a board of registration of recovery coaches which shall consist of 12 members to be appointed by the governor, 1 of whom shall be the commissioner of public health or a designee, 1 of whom shall be the commissioner of mental health or a designee, 1 of whom shall be a family member to an individual with a substance use disorder, 1 of whom shall represent a health plan, 1 of whom shall be a licensed physician or nurse specializing in addiction, 1 of whom shall have been a recovery coach services recipient (remove one from the general public), and 6 of whom shall be employed as a recovery coach, recovery coach supervisor or educator representing diversity in workplace, race, and demographics.

Bill H.4134 “An Act to improve health care by investing in VALUE”
Lead Sponsor Governor Baker

We support a coordinated integration of behavioral health with other healthcare, eliminating surprise billing, and streamlined standardization of criteria in support of the persons served. The Recovery Coach Commission recommendations are implemented. The bill sets up a recovery coach licensure process with a board under the Massachusetts Department of Public Health. We would like the language in yellow highlights to be added to this proposal to be more inclusive of the recovery coaches, identical to the H4537 request.

Section 110. (a) There shall be, within the department of public health, a board of registration of recovery coaches which shall consist of 12 members to be appointed by the governor, 1 of whom shall be the commissioner of public health or a designee, 1 of whom shall be the commissioner of mental health or a designee, 1 of whom shall be a family member to an individual with a substance use disorder, 1 of whom shall represent a health plan, 1 of whom shall be a licensed physician or nurse specializing in addiction, 1 of whom shall have been a recovery coach services recipient, and 6 of whom shall be employed as a recovery coach, recovery coach supervisor or educator representing diversity in workplace and demographics. The changes replace the general public member with a recovery coach services recipient, and instead of 1 recovery coach, we are asking for 6 to be employed as a coach, educator, or supervisor and reflect diversity in workplace and demographics.

Addiction Services Funding Priorities
As a Member of MCAS, MA Coalition for Addiction Services, we come together with other organizations to speak in one collective voice on support and access increase for addiction prevention, treatment and recovery support services

MA Coalition for Addiction Services Possible FY 21 Funding Suggestion

*$1.5M over House 2 to maintain the Massachusetts Access to Recovery (MA-ATR)
   many leave incarcerations 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 to the recently incarcerated, veterans, and new mothers in recovery. This funding could help to sustain ATR.

*$1 Million annualized for the current addiction treatment workforce initiative being developed through an interagency service agreement (ISA) with the Massachusetts Rehabilitation Commission (MRC) This is to ensure the development of educational pathways and training ladders for people in recovery to become educated and/or licensed addiction services professionals with lived experience.

*$2M over House 2 to fund existing training and technical assistance programs offered to BSAS contracted treatment providers. These much-needed trainings are essential to support providers and their staff in the field, and to stay abreast of the current clinical research and best practices in the field, including medication assisted treatment, medication management, and serving people with co-occurring mental health disorder

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