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## **Governor Baker Releases Opioid Working Group Recommendations**

*Administration targets serious reforms to combat opioid epidemic*

**BOSTON** – Vowing to change the way the Commonwealth treats and even thinks about substance addiction, Governor Charlie Baker today released the findings of his Opioid Working Group, a comprehensive report detailing 65 actionable steps to curb the deadly opioid epidemic.

The findings by the 18-member Working Group include short and long term action items to be implemented between now and the next three years, some requiring legislative action and funding and some will be achieved through partnerships with private industry and federal leaders.

“Opioid abuse is a public health epidemic and I applaud our working group for producing these recommendations based on a comprehensive analysis,” **said Governor Baker**. “The solution to eradicating opioids is not a one-size-fits-all approach, and will require all of us to rethink the way we treat addiction. Today’s announcements are a first step and we will aggressively pursue reforms to save lives.”

“This epidemic has already torn apart too many families and communities in the Commonwealth,” **said Lt. Governor Polito**. “This report contains recommendations that were carefully and thoroughly collected from every corner of our state and we look forward to taking swift actions to combat the opioid epidemic.”

“While opioid addiction is an urgent problem, it is also a chronic medical disease, not unlike diabetes or heart disease,” said **Marylou Sudders, Secretary of the Executive Office of Health and Human Services and Chair of the Working Group**. “The solution requires a strong public health approach focusing on prevention, intervention, treatment and recovery. We must also target education and awareness about the potential misuse of opioids to students and their families.”

“The opiate crisis is impacting families from every community across the Commonwealth,” **Attorney General Healey said**. “Today’s report is a roadmap to comprehensively addressing this public health crisis and offering help to families who truly need it. I want to thank Governor Baker, Secretary Sudders, and every member of this commission for their collaboration, dedication and leadership on this issue. Now the real work begins to implement these recommendations.”

The announcement comes just days after the launch of a statewide [public service campaign](#) to alert parents about the dangers of prescription opioid misuse by their kids. The report calls for additional public awareness initiatives to decrease stigma of the disease.

The cost of implementing the initiatives will currently be \$27 million in Fiscal Year ‘16, which will be paid for through a combination of new state funds, MassHealth, and reprioritization of existing state and federal grant funds.

The Commonwealth started addressing the opioid epidemic in 2004, when 456 individuals died of opioid overdoses. Since then, more than 6,600 members of our communities have died, in addition to an overwhelming amount of hospital stays, emergency department visits and human suffering. According to the Department of Public Health, there were over 1,000 estimated unintentional opioid related deaths in 2015, representing a significant increase from the estimated 967 deaths in 2014. The number of opioid-related overdose deaths was nearly triple the amount of motor vehicle-related injuries recorded in 2013.

**Key Initiatives:**

**Prevention:** *Support substance use prevention education in schools, medical communities, all communities*

- Provide state funding for evidence-based opioid prevention programs in schools
- Create a public awareness campaign focused on reframing addiction as a medical disease

- Appoint addiction specialists to state medical boards of registration for medicine, nursing, physicians assistants and dentistry
- Partner with a chain pharmacy to pilot statewide drug take-back program
- Implement a training program about neonatal abstinence syndrome and addiction for DCF and improve outreach to prenatal and postpartum care providers to increase training on screening, intervention and care for substance use disorder (SUD).
- Encourage the American College of Graduate Medical Education to adopt requirements for pain management and substance use disorder education\*\*

**Intervention:** *Require manufacturers and pharmacies to utilize data, dispose of unused medication*

- Improve the Prescription Monitoring Program (PMP) and ensure data compatibility with other states
- Require PMP data to be submitted within 24 hours by pharmacies\*
- Require timely reporting from the state of overdose death data to the public, including requirements for emergency medical service providers to submit overdose data to the state
- Promote the Good Samaritan Law
- Improve affordability of naloxone through bulk purchasing\*
- Amend the civil commitment statute (Sec. 12 of Chapter 123) to include SUD as a criteria to allow for the involuntary transport and assessment of an individual at substantial harm by reason of substance use disorder

**Treatment:** *Create new pathways to treatment; acknowledge addiction as chronic medical condition*

**MassHealth**

- Develop a statewide database of available treatment services accessible to clinicians and consumers by phone and internet
- Expand mobile emergency service programs to support individuals in crisis

- Enroll uninsured patients receiving certain treatments in MassHealth or other insurance

#### **Department of Public Health**

- Add 100 new treatment beds by July 2016. Expand access to patient navigators
- Create a pilot program for walk-in access to a trained clinician in community-based outpatient provider settings
- Create a pilot program to make recovery coaches available in emergency departments and hot spots

#### **Department of Corrections**

- Transfer women civilly committed under Section 35 from the correctional facility at MCI-Framingham to a hospital operated under HHS
- Increase treatment beds for civilly committed patients under Section 35
- Bulk purchase opioid agonist and naltrexone therapies for correctional facilities

#### **Group Insurance Commission**

- Review GIC insurance plans, removing fail-first policies and prior authorization protocols that may impede access to treatment

**Recovery Support:** *Recovery is not a one-size-fits-all approach; create multiple entry points to treatment and recovery*

- Certify and register alcohol and drug-free housing to increase accountability and credibility
- Expand community coalitions to address the opioid epidemic
- Enforce and strengthen requirements that all licensed addiction treatment programs accept patients on methadone or buprenorphine medication
- Remove barriers to integration for treatment by creating a consistent public behavioral health licensing policy (through review of DPH, and DMH programs)

- Establish revised rates for residential recovery homes, effective July 1, 2015
- Establish a single point of accountability for addiction and recovery policy within HHS
- Report publicly on progress of implementing working group's recommendations
- Increase federal support for substance abuse prevention, intervention, treatment, and recovery efforts uniquely tailored for our veterans\*\*

\*requires legislative action in Massachusetts

\*\*requires federal action

[Click here to read the Working Group's Action Plan and full report.](#)

**18 Members of the Working Group:**

- Marylou Sudders, Secretary of the Executive Office of Health and Human Services
- Maura Healey, Attorney General
- George Bell, General Catalyst Partners
- Monica Bharel, MD, MPH, Commissioner of the Department of Public Health
- Honorable Paula M. Carey, Chief Justice of the Trial Court
- Bill Carpenter, Mayor of Brockton
- Colleen Labelle BSN, RN-BC, CARN, Program Director of the State Technical Assistance Treatment Expansion Office Based Opioid Treatment with Buprenorphine (STATE OBOT B) program at Boston Medical Center; Executive Director of the Massachusetts chapter of the International Nurses Society on Addictions.
- Alan Ingram, Ed.D., Deputy Commissioner, Massachusetts Department of Elementary and Secondary Education
- Judy Lawler, Probation Officer, Chelsea District Drug Court
- Joseph D. McDonald, Sheriff, Plymouth County
- John McGahan, The Gavin Foundation
- Honorable Rosemary B. Minehan, Plymouth District Court
- Fred Newton, President & CEO of Hope House, Inc.
- Robert Roose, MD, MPH, Chief Medical Officer of Addiction Services at the Sisters of Providence Health System
- Cindy Steinberg, National Director of Policy & Advocacy, U.S. Pain Foundation; Chair, Policy Council, Massachusetts Pain Initiative

- Ray Tamasi, President and CEO of The Gosnold on Cape Cod
- Steve Tolman, President, Massachusetts AFL-CIO
- Sarah Wakeman, MD, Medical Director, Substance Use Disorders, Center for Community Health Improvement, Division of General Medicine, Department of Medicine, Massachusetts General Hospital

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