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Joint Committee Mental Health, Substance Use and Recovery  
Sen. John Velis & Rep. Adrian Madaro, Chairs

## **SUPPORT H.1967/S.1252 CONSISTENT CARE FOR ADDICTION**

Chair Velis, Chair Madaro, Vice Chair Cyr, Vice Chair DuBois, and members of the Joint Committee:

The ACLU of Massachusetts offers our strong support for H.1967 and S.1252, *An Act regarding consistent care for addiction rooted in evidence*, which will ensure that incarcerated people living with opioid use disorders receive appropriate medical treatment for their addictions — not sometimes, in some settings; but all the time, in every prison or jail.

In 2018, the legislature made changes to improve public health in several of our prisons and jails by ensuring access to what public health officials now often refer to as Medication for Opioid Use Disorder, or MOUD. The program has been incredibly successful, helping people stay in treatment and stay alive. So successful, in fact, that by now, all facilities are providing at least some form of MOUD.

This legislation is intended to build on that success, and make sure every person with opioid use disorder receives consistent care, regardless of where they are incarcerated, regardless of their treatment history, and without limitation on the kind of medically-prescribed treatment they can receive.

**First, the legislation will ensure that *all* Massachusetts facilities *are required to provide access to MOUD*.** Since 2018, facilities that were not included in the original legislation have begun to provide MOUD. To ensure these important steps forward do not slide back when the administrations of those institutions change, such access should be written into law. This legislation would codify key advancements in access that have already occurred and ensure that *all* Massachusetts facilities provide access to this life-saving medication going forward.

**Second, the legislation will ensure that facilities provide MOUD for both maintenance and induction.** The 2018 legislation only requires facilities to provide MOUD to people who enter the jail or prison with a pre-existing prescription (“maintenance”) and does not provide similar protections to people diagnosed with opioid use disorder who want to begin their treatment during incarceration (“induction”). Consequently, a majority of county facilities provide only maintenance treatment. This practice is unsafe, unfair and unnecessary. It bars people from accessing the medical standard of care simply because they did not enter treatment prior to their sentence, leaving them vulnerable to withdrawal, overdose and death.

However, several counties have now successfully implemented a maintenance and induction program and provided a model for other facilities to follow. This is a best practice that should be reflected in the law. Every person should have access to this same medical standard of care regardless of their prior treatment history.

**Third, the legislation makes clear that there can be no discrimination between medications, and each person's treatment must be determined by qualified addiction specialists' individualized assessment.** No one should face pressure or punishment because they take MOUD or have been prescribed a particular medication or dose.

**Finally, the legislation sets data collection requirements that will help document the number of people receiving treatment, prevent medication bias and monitor continuity of care post-release.** The data can both assist implementation in the Commonwealth and provide critical information to other states hoping to follow Massachusetts's lead.

Thanks to the actions of this legislature, MOUD has been tested in Massachusetts jails and prisons for the past five years. We know that it works. This legislation will make sure that it is made universally available in keeping with best medical practice.

We urge you to give this legislation a swift, favorable report. Thank you.