MHA MASSACHUSETTS HOSPITAL ASSOCIATION

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Testimony

SB1042, SB1031, HB1809

Joint Committee on Mental Health

June 8, 2015

The Massachusetts Hospital Association (MHA), on behalf of its member hospitals and health systems, appreciates this opportunity to offer comments in support of the bills highlighted below.

MHA strongly supports the principles outlined in **SB1042**, which would require the development of a drug take-back program for unwanted prescription medication such as opioids and other addictive medications. MHA and our member hospitals strongly support this concept as one of many needed tools to help combat the epidemic of opioid misuse, addiction, and overdose faced by our communities. In 2014, MHA developed a provider-focused Substance Abuse Prevention and Treatment Task Force to develop best practices that support standardized prescribing, screening for and treatments of substance use disorders, and reduce the number of opioid pain prescriptions that are obtained from our facilities. However, throughout this process, one of the key concerns raised by many health care providers was the lack of consistent guidance from the state as to how patients should be handle unwanted drugs after their acute level medical conditions have ended. There is often conflicting information from federal and state agencies as to how patients should or should not dispose of unwanted medications. While the hospital community has bolstered its efforts to reduce the overall number of opioid prescriptions that are provided to patients, additional supports such as the one outlined by this **SB1042** are greatly needed. A process for patients to safely and easily return unwanted drugs to secure locations would help alleviate one of the problems currently leading to the presence of unwanted or unused opioid pain medications on the streets.

MHA also supports **SB1031**, which would provide greater support for patient care by allowing a pharmacist to partner with a physician to manage and administer injectable drugs and biological products ordered by the physician through a collaborative practice agreement. Pharmacists have the knowledge, skills and resources to develop a shared responsibility with the attending physician to improve patient outcomes, including: better assessment of patients and their pharmaceutical needs; earlier initiation and quicker modification of drug therapies; additional monitoring of patients; and direct administration of drugs by the pharmacists. MHA strongly urges the committee to expand the provisions of the bill so that it applies to both institutional and retail pharmacists so that such important work can also be done in hospital and clinic-based settings.

MHA further supports **HB1809**, which would expand coverage for the administration of all FDA-approved drugs for the treatment of opioid dependence as well as expand coverage for opioid-dependent services within licensed methadone clinics. One of the key problems associated with the

current epidemic of opioid cases is the lack of available providers and clinics who can treat opioid-dependent patients. There is a great need for additional resources and expanded coverage of services for individuals who are suffering from these very debilitating addictions. Expanding coverage and access to services, particularly to the low-income populations served by the state's Medicaid program as intended **HB1809**, is one of several steps the state can take to help address the lack of treatment and coverage options available to these patients.

Thank you for your time and your consideration of these matters. If you any questions or need further information, please do not hesitate to contact Michael Sroczynski, MHA's Vice President of Government Advocacy at (781) 262-6055 or msroczynski@mhalink.org.