



1 Beacon Street, 16th Floor  
Boston, MA 02108

www.aimnet.org | 617.262.1180 | fax 617.536.6785

May 8, 2017

Senator Jennifer L. Flanagan, Senate Chair  
Representative Denise C. Garlick  
Joint Committee on Mental Health, Substance Use, and Recovery  
State House  
Boston, MA 02133

**RE: Letter in opposition to Senate bill 1103, *An Act providing access to full spectrum addiction treatment services***

Dear Chairwoman Flanagan, Chairwoman Garlick, and Members:

Associated Industries of Massachusetts (AIM) wishes to be recorded in opposition to Senate bill 1103, *An Act providing access to full spectrum addiction treatment services*. As an employer organization with over 4,000 members statewide, our members are gravely concerned by the continuing substance use disorder crisis faced by our Commonwealth and continue their commitment to ensuring their employees and families have access to high quality and affordable health care across Massachusetts.

While we support the ongoing, comprehensive efforts developed by the Legislature and undertaken by the Baker Administration to address the growing problem, we are gravely concerned about a particular provision contained in the bill before you today. Against existing medical opinion and practice, Senate bill 1003 mandates the inclusion of 30 days of acute treatment services (ATS) and clinical stabilization services (CSS) in all fully-insured health insurance policies, instead of the current 14.

This type of minimum stay requirement is modeled after a Pennsylvania law from the 1980s and conflicts with today's nationally recognized, evidence based standards for treating substance use disorder, like those developed by the American Society of Addiction Medicine (ASAM) and the Substance Abuse and Mental Health Services Administration (SAMHSA). Treatment for substance use disorders has made great strides over the past three decades, with the advancement of new medications and approaches for both opioid addiction and the treatment of alcoholism.

Implementing non-evidence based standards of care could prevent patients from receiving appropriate clinical care that medical evidence has proven is the most effective. In recent years, this type of mandate been opposed by ASAM, which develops clinical criteria for substance abuse treatment nationally. ASAM is a national professional society representing over 3,000 physicians and associated professionals dedicated to increasing access and improving the quality of addiction treatment through the education of physicians, medical professionals, and the general public, and the support of research and prevention efforts. ASAM's criteria are used in at least 30 states, including Massachusetts, where the criteria are used by both MassHealth and the Department of Public Health.

This nationally accepted criteria establish that each patient is different in terms of treatment needs, and that the highest level of intensity is not always the best option. ASAM specifically recommends that an efficient system of care should address patients' clinical needs with the appropriate care setting in the least restrictive and most cost-effective manner.

Likewise, we are concerned that mandating specific lengths of stay will exacerbate existing access issues for patients, and will become the future standard of care even without evidence to support it. This may have the unintended result that many patients who do not need inpatient levels of treatment will be placed in inpatient beds and those who actually need this level of care may not be able to access it.

Often patients with the most complex behavioral health, substance abuse, and medical conditions can be the hardest to place. Establishing specific lengths of stay for inpatient treatment, regardless of the needs of individual patients, may result in the neediest patients languishing in emergency departments waiting for care or worse, not receiving care at all.

Furthermore, the provision we write about today undermines efforts made in Chapter 224 of the Acts of 2012 (Chapter 224) to transform our health care delivery system, moving it from one that rewards volume to one that rewards value. Underpinning the successful transformation of the payment system in Massachusetts and meeting the cost benchmark target is a collective understanding that providers must use evidence-based standards of care in everyday practice. That care must be both integrated and coordinated to ensure that patients receive the right care in the most appropriate setting. By removing the ability to conduct care management practices and favoring unsupported standards of care, the bill begins to unravel key principles of Chapter 224.

When medical practice is guided by evidence-based standards, the result is better quality outcomes for patients and the conservation of valuable health care resources. Alternatively, the use of nonevidence-based standards creates waste and inefficiency in the system, leading to less satisfactory patient care, worse outcomes, and higher overall costs. Accountable Care Organizations (ACOs) focus much of their efforts on bringing groups of providers together to ensure that they are using coordinated, evidence-based approaches to manage populations of patients and to remove practice variations not supported by clinical evidence.

Additionally, we would like to highlight the fact that this mandate would apply only to the fully-insured market, which is regulated by the state through the Division of Insurance. All self-insured plans regulated by the federal government – under the Employment Retirement Income Security Act of 1974 (ERISA) – are exempt from state mandates such as this. Thus, only smaller employers, who do not have the option to self-insure, would bear the financial burden of this expanded mandate. And while this would be an understandable requirement for a demonstrated service that provides life-saving care, at this time, evidence and professional medical opinion indicates otherwise.

Our members recognize the urgent need to address the ongoing opioid and substance use disorder crisis and remain committed to working together to craft solutions that include social and educational support along with coordinated, evidence-based treatments for those afflicted with opioid addiction. Even in crisis, however, we should not endorse arbitrary treatment guidelines without clear medical evidence, particularly if that treatment restricts providers' ability to ensure the right care is delivered

at the right time and in the right setting. Instead, we must work together to ensure that no one seeking substance abuse treatment is ever without an individualized treatment plan and a sustainable strategy for recovery.

Thank you for taking AIM's position into consideration. We look forward to working with you to develop a solution and bring positive change to our Commonwealth. Should you have any questions please feel free to contact me directly at 617-262-1180.

Sincerely,

A handwritten signature in cursive script that reads "Katherine E. Holahan".

Katherine E. Holahan  
Vice-President, Government Affairs  
Associated Industries of Massachusetts