

**Mission:** To organize recovering individuals, families, and friends into a collective voice to educate the public about the value of recovery from alcohol and other addictions.

**Vision: MOAR** envisions a society where addiction is treated as a significant public health issue and recovery is recognized as valuable to our communities.

**DEI Statement: MOAR** is a voice for all people seeking the benefits of recovery. We are committed to doing the work necessary to address the struggles and inequities diverse groups of people face while seeking recovery services. Systemic racism, prejudice, and bias have been deeply ingrained in the history of the American healthcare system. **MOAR** is committed to work to create a collective voice for those seeking recovery for all people who have been historically underserved, marginalized, and oppressed.

## **Policy Proposals for Your Consideration**

An Act Relative to Recovery Coach Licensure (\$1388 Senator John Keenan is in Joint Committee of Public Health chaired by Senator Julian Cyr & Rep Marjorie Decker; H 2005 Representative James O'Day is in Joint Committee on Mental Health, Substance Use, and Recovery chaired by Senator John Velis & Representative Adrian Madaro) The License for Recovery Coach Committee is leading educational efforts. Contact Maryanne Frangules:maryanne@moar-recovery.org

- What it does: This sets up a recovery coach licensure process with a board with the majority made up of peer recovery coaches under Massachusetts Department of Public Health.
- Why it is important: It promotes payer reimbursement, while ensuring those who advertise themselves as licensed recovery coaches are providing appropriate support and services.

An Act Relative to Preventing Overdose Deaths and Increasing Access to Treatment (in joint Committee on Mental Health, Substance Use and Recovery chaired by Senator John Velis & Rep Adrian Madaro)

H 1981 Representative Dylan Fernandes, Representative Marjorie Decker and S 1242 Senator Julian Cyr are lead sponsors.

The Massachusetts for Overdose Prevention Centers is supporting this effort. Contact Carrie Richgels:CRichgels@fenwayhealth.org

- What it does: This authorizes a 10-year pilot program establishing overdose prevention centers if approved by a community's
  local board of health but does not mandate communities use this tool. It includes civil and criminal protections for staff, clients,
  and operators, enabling municipalities and healthcare providers to open sites successfully. It calls for data collection to better
  inform our state harm reduction policy.
- Why it is Important: 6 people die of drug overdose in Massachusetts every day. Recent DPH data shows widening racial disparities in overdose deaths. Opioid overdose deaths of Black, non- Hispanic men leaped 63% in 2021. The CDC reports that overdose death rates are now at 44% for Black people and 39% for AI/AN people. Overdose Prevention Centers save lives, increase access to harm reduction services, and link people to treatment. These centers are evidence-based, legally sanctioned harm reduction facilities. In New York City, two overdose prevention centers have been open since December 2021; 600 overdoses have been reversed and ZERO overdose deaths have occurred.

An Act Relative to Treatment, Not Imprisonment (in Joint Committee on the Judiciary chaired by Senator James B. Eldridge & Rep Michael S. Day) H 1391 Representative Ruth Balser and S 982 Senator Cindy Friedman are lead sponsors.

Interested? Contact Amelia Caramadre: a.caramadre@northeastern.edu

- What it does: This bill stops incarceration for just a relapse, now known as having an interruption in recovery, while on pretrial release or probation.
- Why it is important: It acknowledges that just having an interruption in recovery is not a crime, and that a referral to treatment is the more effective alternative to imprisonment.

An Act Ensuring Access to Addiction Services (in Joint Committee on Mental Health, Substance Use and Recovery chaired by Senator John Velis & Rep Adrian Madaro) H 1966 Representative Ruth Balser and S 1247 Senator Cindy Friedman are lead sponsors. Prisoners' Legal Services of Massachusetts is leading educational efforts. Contact Lizz Matos: <a href="mailto:lmatos@plsma.org">lmatos@plsma.org</a>

- What it does: It assures men civilly committed to addiction treatment under Section 35 be sent to a secure facility approved by The Massachusetts Department of Mental Health or Department of Public Health.
- Why it is important: 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. It is time for a man civilly committed to treatment to do so without fear of being placed in a prison.

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An Act Providing Access to Full Spectrum of Addiction Treatment Services (in Joint Committee on Financial Services chaired by Senator Paul R. Feeney & Rep James M. Murphy) H 1146 Representative Adam Scanlon and S 662 Senator John Keenan are lead sponsors. The Full Spectrum Coalition is leading educational efforts. Contact Maryanne Frangules: maryanne@moar-recovery.org

- What it does: Expands access to further treatment by requiring public and private insurance carriers to cover up to a total of 30 days of treatment, if the treating provider deems the services are medically necessary.
- Why it is important: Under current law, up to 14 days is allowed. Many only have access to detoxification and clinical stabilization services. This is about the right to timely and appropriate access and duration of care paid for by our health insurance.

<u>An Act to Support Families</u> (in Joint Committee on Children, Families and Persons with Disabilities chaired by Senator Robyn K. Kennedy & Rep Jay D. Livingstone) H 173 Representative Sean Garballey and S 64 Senator Joanne Comerford are lead sponsors. Contact Andrea Pessolano: Andrea.Pessolano@bmc.org

- What it does: This move takes away 51A mandated reporting for a mother, who is taking prescribed medication for recovery. It does not take away 51A mandated reporting if there is suspected abuse or neglect. Providers would still be obligated to file a report if they suspect abuse or neglect.
- Why it is important: It will reduce unnecessary reporting and counterproductive family separation which is traumatic for the mother and child. It is time to eliminate the unsupported assumption that a child will face long-term harm because of prenatal substance exposure to opioids. More specifically, if the mother is following a treatment plan including medication for opioid use disorder, she is deserving of support instead of being served a 51A.

An Act to Parole Reform Supervision in The Interest of Justice (in Joint Committee on Public Safety and Homeland Security chaired by Senator Walter Timilty & Rep Carlos González) S 1540/ S 1534 Senator Patricia Jehlen is the lead sponsor.

The ACLU is leading the educational effort. Contact Mike Ryan: mryan@aclum.org

- What it does: It would reduce reincarceration for technical violations of parole by eliminating standard conditions of release that perpetuate systemic racism.
- Why it is important: It imposes specific requirements for the parole board to follow. It prohibits the board from revoking parole and reincarcerating someone in the case of a non-criminal violation or where the violation stems from an interruption in recovery caused by a SUD. While Black and Latinx people make up 30% of the US population, they account for 51% of the jail population. According to the NIDA, 85% of the prison population has an active SUD or incarcerated for a crime involving drugs.

An Act Helping Overdosing Persons in Emergencies (The H.O.P.E Act) (in joint Committee on Mental Health, Substance Use and Recovery chaired by Senator John C. Velis & Rep Adrian C. Madaro)

H 2008 Representative Kate Donaghue and Senator Joan Lovely and are lead sponsors.

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• What it does: This bill directs government entities to supply first responders with an opioid antagonist approved by DPH to be carried either on their person, in their emergency response vehicle, or both. It also incorporates existing DPH-regulated naloxone training into the first aid and CPR training first responders already undergo. Many emergency response departments throughout the state already mandate employees to carry naloxone, so this legislation would systematize the practice.

An Act Relative to Successful Transition and Re-entry to Tomorrow for Incarcerated Persons (STARTT ACT) (in Joint Committee on Public Safety and Homeland Security chaired by Senator Walter F. Timilty & Rep Carlos González)
H 2326 Representative Brandy Fluker Oakley and S 1506 Senator Sal DiDomenico are lead sponsors.

- What it does: This bill requires that people in jail or prison be given ID's at least 30 days before their release and lets them list another person's address or an agency address (with permission) on the ID if they have no home address.
- Why it is important: Many people have no ID upon release from incarceration. ID's can be lost during an arrest or thrown away when a person fails to return to home because they cannot make bail or are sentenced. It is very difficult to get a new ID card without the old one. Lack of an ID prevents a person from applying for/obtaining employment, housing, training, benefits, etc.

If you like any of the above policy priorities outlined above, you can email, call, or visit your elected state representative or senator and ask for consideration of cosponsoring, which means adding their name as a supporter.

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