

ADVOCACY DAY
Tuesday, March 17, 2020
Via Zoom Conference

AGENDA

- 10:00 am Welcome – Drs. Stephanie Titus and Aisha James
- 10:05 am State of Healthcare in MA – Brendan Abel, Esq, Director, Advocacy & Government Relations, Massachusetts Medical Society
- 10:20 am H.1343/S.937 An Act relative to treatment, not imprisonment – Lisa Simon, DMD
- 10:40 am Addressing Prescription Drug Costs - Alyssa Vangeli, Health Care For All, Co-Director, Policy and Government Relations
- 11:00 am H.3999 An Act relative to vaccinations and public health – Representative Andres Vargas (3rd Essex); Robert Goldstein, MD, PhD, Infectious Disease, Massachusetts General Hospital
- 11:20 am Keynote Speaker – Stephanie Woolhandler, MD
- 11:40 am How to talk to legislators – Zoe Tseng, MD, FACP
- 12:00 pm Wrap up and Adjourn

BILLS

- **H.1343/S.937 An Act relative to treatment, not imprisonment:** This bill would ensure that courts do not send a person with substance use disorder to jail just for relapsing if they are otherwise engaged in treatment. This bill allows judges to order individuals to seek treatment but prohibits re-incarceration for anyone on probation if relapse is the only infraction. Bill link: <https://malegislature.gov/Bills/191/H1343>.
- **Addressing Prescription Drug Costs:** In November 2019, the Senate passed a comprehensive prescription drug bill – S.2397 An Act relative to pharmaceutical access, costs and transparency (PACT) – that addresses prescription drug costs for the private market. It improves drug price transparency through reporting mandates, increased oversight by Health Policy Commission especially for high-cost drugs, requires pharmacists to offer lowest cost options for paying for a drug, and puts a cap on out-of-pocket costs for insulin. We are asking the House to draft similar legislation addressing a few priorities including prescription drug price transparency, accountability to lower costs for the highest-cost drugs, and a cap on out-of-pocket costs for insulin.
- **H.3999 An Act relative to vaccinations and public health:** The number of non-medical vaccine exemptions has risen 500% in Massachusetts along with several cases of measles. To promote public health this bill will remove the religious exemptions for vaccinations for any child attending public school. Bill link: <https://malegislature.gov/Bills/191/HD4284>.

H.1343/S.937 An Act relative to treatment, not imprisonment

What is this all about?

Thousands of MA residents suffering from substance use disorders who are also involved in the criminal justice system can be subject to drug testing as part of a pre-trial release or parole agreement. When these individuals have a relapse, they automatically face incarceration. This bill will prohibit judges from ordering an individual incarcerated in the setting of a drug test indicating relapse if that relapse is the only infraction and the person is engaged in treatment.

- The aim of this bill is to ensure that individuals suffering from addiction disorders, which are best understood as chronic diseases, are able to access evidence-based treatment for their disorders and not face incarceration if he/she/they suffer a relapse.
- Any criminal activity (including drug possession) would still be considered a violation and is excluded from this bill. This bill simply stops courts from interrupting treatment for individuals who are working toward recovery but suffer a relapse.
- The bill will enhance public safety by allowing justice-involved individuals who suffer from addiction disorders to share any incidences of relapse with his/her/their care team without fear of re-incarceration.
- Individuals recently released from incarceration suffer death from opioid overdose at rates about 120 times higher than other adults. Public policy encouraging enrollment and sustained participation in evidence-based treatment will protect the lives of these very vulnerable individuals.
- The bill will help save taxpayer money by reducing incarceration rates.

What is the current status?

This bill was introduced by Senator Cindy Friedman and Representative Ruth Balser. It is currently sitting in the Joint Committee on the Judiciary with reporting date extended to Tuesday, May 12, 2020.

What is MA ACP asking?

The American College of Physicians (ACP) is a diverse community of internal medicine specialists and subspecialists with 159,000 members worldwide and it is the largest medical-specialty society. The Massachusetts Chapter of ACP represents 4,200 physicians across Massachusetts.

We ask the Joint Committee on the Judiciary to favorably report H. 1343/S.937. We strongly support this bill alongside many of our peer medical professional organizations including the Massachusetts Medical Society and the Massachusetts Society of Addiction Medicine.

Addiction is best understood as a chronic disease, and relapse is part of the natural history of this disease. Studies show that most patients suffering from severe addiction disorders require 12 attempts, at least, to remain in sustained recovery. We believe that punishing patients with incarceration for relapse is counter-productive and hurts both the patients and burdens the criminal justice system without improving outcomes. Encouraging justice-involved individuals suffering from addiction disorders to embrace evidence-based treatment even after a relapse will improve their chances at achieving sustained recovery and returning to the workforce and regular daily life.

Addressing Rising Prescription Drug Costs

What is this all about?

The cost of prescription drugs continues to rise, which greatly impacts access to life-saving treatments for patients due to high out-of-pocket costs. Millions of Americans face the difficult choice of filling their prescriptions or paying for other necessities, such as food or housing. On average, prices for these drugs increased 12% every year for the last five years, a rate 10 times higher than the average annual rate of inflation! Currently, there is little to no transparency on drug pricing and no accountability or protection to ensure that drugs are not priced excessively. As a result, pharmaceutical companies may set arbitrary and opaque prices for drugs, and too many people in the state cannot access these drugs due to high costs.

What is the current status?

Step One was MassHealth, Step Two is Private Insurance: The legislature took action to lower prescription drug costs for MassHealth in the FY20 budget. The effort has saved the state \$13 million in just the first few months, without harming innovation. However, 3 out of 5 residents have *private* health insurance, and it is critical to lower costs for them as well. Legislation should mirror the process used for the MassHealth program and bring the pharmaceutical industry in line with the measures applied to other health care stakeholders.

PACT: In November 2019, the **Senate** unanimously (40-0) passed a comprehensive prescription drug bill – **S.2397 An Act relative to pharmaceutical access, costs and transparency (PACT)** – that addresses prescription drug costs for the private market. It improves drug price transparency through reporting mandates, increased oversight by Health Policy Commission especially for high-cost drugs, requires pharmacists to offer lowest cost options for paying for a drug, and puts a cap on out-of-pocket costs for insulin.

What is MA ACP asking?

The American College of Physicians (ACP) is a diverse community of internal medicine specialists and subspecialists with 159,000 members worldwide and it is the largest medical-specialty society. The Massachusetts Chapter of ACP, which represents 4,200 physicians across Massachusetts is part of the Massachusetts Prescription Drug Affordability Coalition, which is a coalition representing a wide range of stakeholders, including consumer advocates, patients, providers, mental health organizations and health policy experts.

Senators: Thank you for supporting PACT. We hope it moves forward.

Representatives: We ask that as you are writing legislation on prescription drug costs to address the following priorities:

1) Cap on out-of-pocket costs for insulin

Approximately 600,000 Massachusetts residents suffer from diabetes. The cost of the four most popular types of insulin, a life-saving treatment for diabetes, has tripled over the last decade and out-of-pocket costs have doubled. By 2016, the average price of insulin increased to \$450 per month and costs continue to rise. As a result, one in four people with diabetes report cutting back or skipping life-saving doses, which can have dire consequences, including death. If steps are not taken now to address the problem of rising and unsustainable drug pricing, the very life-saving benefit these drugs were designed to provide could be lost to many.

Legislation should:

- Require insurance coverage for insulin treatment and coverage should not be subject to any deductible or coinsurance and put a co-pay cap of \$25 per month per insulin prescription.

2) Prescription drug price transparency

Price transparency is a key first step to unlock the black box of pharmacy pricing, increase consumer awareness, and understand when additional oversight and accountability is needed for certain drugs.

Legislation should:

- Require drug manufacturers to report to CHIA pricing information, such as R&D costs, annual changes in wholesale acquisition costs, marketing and advertising costs, and the disparities between drug costs in Massachusetts vs. in other countries.
- Require manufacturers to provide advanced notice to CHIA of certain price increases, including the factors considered in deciding to raise the price, as well as advanced notice of pipeline drugs and other new drugs hitting the market.

3) Accountability to lower costs for the highest-cost drugs

There is currently no accountability or mechanism to lower costs and prevent excessive and unwarranted price increases. Transparency is a necessary first step but accountability is key to ensure that drugs are truly affordable for those who need them.

Legislation should:

- Allow CHIA to gather data on the most expensive drugs and drugs with steep price increases, and then refer certain drugs to the HPC for further review.
- Allow HPC to then conduct an affordability review and determine if prices are unreasonable or excessive, taking into account both affordability for consumers and costs to the health care system. The HPC review process should include a public input process and ultimately allow public disclosure of a target value for the drug if the price is deemed unreasonable or excessive in order to lower costs and prevent excessive cost increases.

We believe that a comprehensive approach including these 3 priorities is necessary to address the challenge of high and rising prescription drug costs in the Commonwealth.

H.3999 An Act relative to vaccinations and public health

What is this all about?

An act relative to vaccination and public health removes the religious vaccination exemption for children entering schools in Massachusetts while maintaining medical exemptions. The bill does not make vaccines mandatory. If a parent voluntarily chooses not to vaccinate their children, they can do so, but must find non-traditional schooling for them. In 2019, we saw the largest outbreak of measles in the United States - 1,300 cases with the majority in people who had not been vaccinated against measles. These outbreaks directly correlate with continued growth in the number of religious exemptions to childhood vaccines.

In 2020, we are experiencing a global pandemic, as COVID-19 travels across the globe. Many are concerned because there is no vaccine to protect our citizens, especially the most vulnerable individuals, from contracting this illness. However, there are many diseases for which we do have an effective vaccination, and it is imperative that we improve vaccination rates to save vulnerable children's lives!

Many other states have already acted to protect their citizens. Mississippi, West Virginia, California, Maine, and most recently New York have all removed religious exemptions. There was a referendum in Maine to overturn this law, but the law was *upheld* in an overwhelming majority of voters (72.6%) indicating that a vocal minority may be against this bill, but the majority of Massachusetts residents are likely in support.

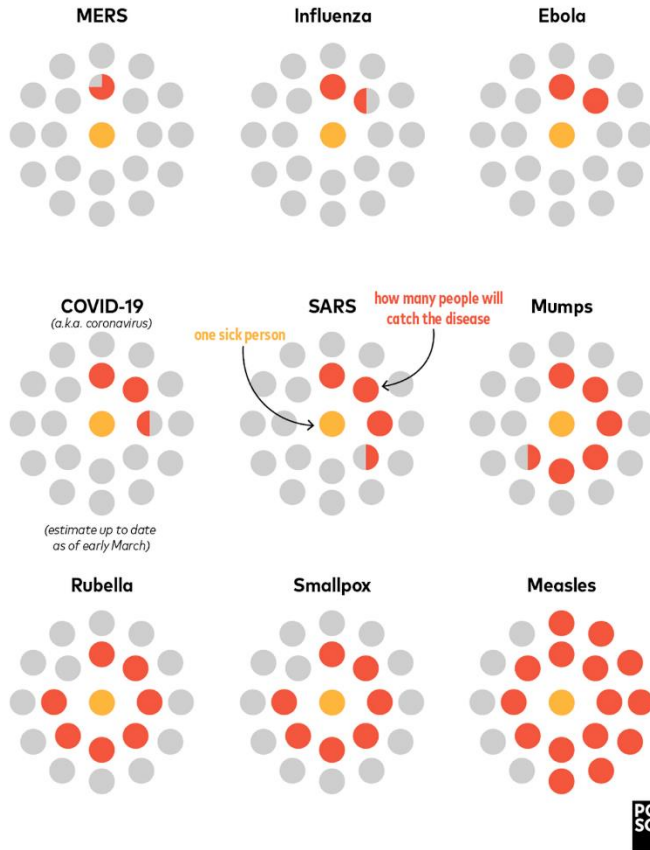
What is the current status?

This bill was introduced by Representative Andres Vargas. It had a hearing in December 2019 and is currently sitting in the Joint Committee on Public Health.

What is MA ACP asking?

The American College of Physicians (ACP) is a diverse community of internal medicine specialists and subspecialists with 159,000 members worldwide and it is the largest medical-specialty society. The Massachusetts Chapter of ACP, which represents 4,200 physicians across Massachusetts, implores our legislators to protect the children, elderly, and debilitated citizens of Massachusetts against **preventable disease. We ask the Joint Committee on Public Health to favorably report H. 3999.**

Our weapon to prevent disease such as measles, mumps, and meningitis is vaccines! We don't vaccinate just to protect our children. We also vaccinate to protect our grandchildren and their future grandchildren. Vaccines are one of the safest, most studied, and effective tools we can use to put an end to the serious effects and prevent deaths related to infectious diseases. We must do all we can to protect our citizens. There is no time to gamble when lives are at stake.



This graph depicts the relative “infectivity” of an infection. The statistical name is the “**R Naught**” number.

Mumps, measles, and rubella are extremely contagious and can cause significant disease - even death.

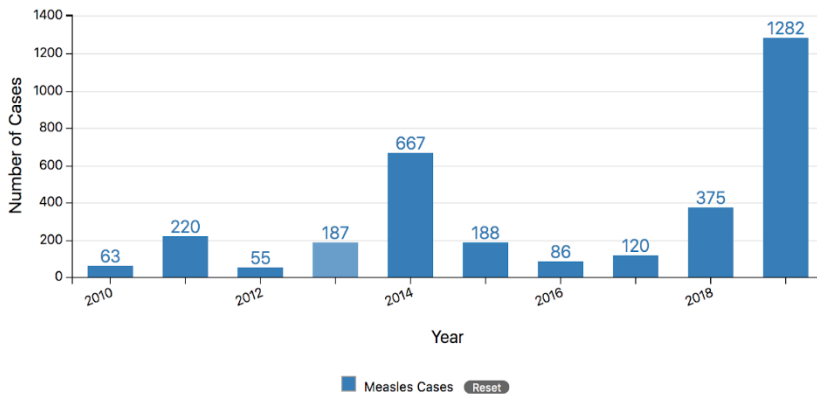
A resurgence of these diseases could be catastrophic and prevention is our best tool. Allowing vaccine exemptions for religious reasons is dangerous and puts many children, pregnant women, and compromised adults at unnecessary risk of contracting these diseases.

Photo Source: <https://www.popsci.com/story/health/how-diseases-spread/>



Number of Measles Cases Reported by Year

2010-2019*(as of January 31, 2019)



Measles was considered eliminated in 2000.

In 2019, we saw the greatest number of Measles cases since 1992. 89% of those who contracted Measles were unvaccinated.

Source: <https://www.cdc.gov/measles/cases-outbreaks.html/>