Whereas, An MMS strategic priority is to advocate to improve the physician practice environment and work toward improved patient care and outcomes; and

Whereas, The MMS has the following policy on the topic of utilization of naloxone for resuscitation after opioid overdose:

- The MMS supports the use of nasal naloxone by medical first responders and trained non-medical personnel for the life-saving reversal of opioid overdose. (HP)

- The MMS will advocate for the appropriate education of at-risk patients and their caregivers in the signs and symptoms of opioid overdose, and the use of nasal naloxone. (D)

MMS House of Delegates, 5/19/12

- The MMS will encourage private and public payers to include naloxone on their preferred drug lists and formularies with minimal or no cost sharing. (D)

MMS House of Delegates, 4/29/17

;and

Whereas, Community overdose response with naloxone is one of three principal strategies identified by the US Department of Health and Human Services to address the opioid epidemic; and

Whereas, The Massachusetts Governor’s Opioid Working Group identified access to naloxone as a key strategy to addressing the opioid crisis; and

Whereas, Massachusetts reports that nonfatal overdoses recorded by EMS, hospitals, and bystander interventions increased ~200% between 2011 and 2015; and


Whereas, It was recently learned and subsequently verified by the sponsor that some physicians who obtained naloxone through their health insurance coverage for use in “Good Samaritan” resuscitations outside the context of the physician’s professional capacity have reported inquiries and potential rate increases by insurance providers; and

Whereas, There is concern that physicians will not obtain naloxone for use in “Good Samaritan” resuscitations outside the context of the physician’s professional capacity due to possible impact on personal health and life insurance; therefore, be it

RESOLVED, That the MMS advocate to health plans and life insurance companies to be supportive of and not penalize or discriminate against physicians who choose to purchase naloxone for “Good Samaritan” purposes. 

Fiscal Note: No Significant Impact

(Out-of-Pocket Expenses)

FTE: Existing Staff

(Staff Effort to Complete Project)