June 23, 2021

The Honorable Michael J. Rodrigues
Chair, Senate Ways and Means
State House, Room 212
Boston, MA, 02133

Dear Mr. Chairman,

Thank you for your efforts to produce S.2465, a fair and balanced FY’22 Senate budget that ensures access to health care for all and protects our most vulnerable citizens, and for serving as a member of Conference Committee.

I write to urge the Conference Committee to support the following funding for Reach Out and Read, Inc. in H.4001:

3000-7070 For Reach Out and Read, Inc.; provided, that the funds distributed through Reach Out and Read, Inc. shall be contingent upon a match of not less than $1 in private or corporate contributions for every $1 in state grant funding .......................................................... $1,548,228.

In Massachusetts over 2,800 pediatric primary care providers integrate Reach Out and Read’s evidence-based model into their practices, providing books and literacy guidance at 14 standard well-child visits, starting at birth. Over 220,000 children are seen at nearly 300 Reach Out and Read clinical locations throughout the Commonwealth and 93% of Massachusetts low-income children are served by the program.

While we appreciate funding for Reach Out and Read, Inc in the Senate budget, the House appropriation includes the requested increase and is therefore supported by the MMS.

I also urge the Conference Committee to support the following funding for the Massachusetts Consultation Service for Treatment of Addiction and Pain (MCSTAP) in line item 4000-0300 in S.2465:

provided further, that not less than $400,000 shall be expended for the Massachusetts Consultation Service for Treatment of Addiction and Pain to provide case management and care navigation support to assist healthcare facilities, individual practitioners and other healthcare providers, including, but not limited to, nurse case managers, social workers and recovery coaches, in providing care and identifying community-based providers for referral for pain management and treatment of substance use disorder;

The MMS has heard regularly from physicians who consider MCSTAP to be an essential tool in enabling primary care physicians to provide the best possible clinical care to their patients. As with other “MCPAP” like programs, this model allows for more intensive initial education and coaching, and then a support system for exceptional or new cases that exceed the physician’s level of competency. MCSTAP is the right model to continue this valuable assistance, and to continue to scale up to more physicians and other health
care providers across the state. As opioid overdose deaths continue to climb in Massachusetts and nationally, we believe the continuance of this program is critical to the state’s abilities to best save lives and provide optimal treatment to persons living with pain and/or with substance use disorder.

On behalf of our over 25,000 physician, resident, and medical student members, I thank you for your consideration of these requests.

Sincerely,

Carole E. Allen, MD, MBA, FAAP