



MASSACHUSETTS MEDICAL SOCIETY

Every physician matters, each patient counts.

**TESTIMONY IN SUPPORT OF H.1913
AN ACT RELATIVE TO TREATMENT, NOT INCARCERATION
BEFORE THE JOINT COMMITTEE ON THE JUDICIARY
November 18, 2025**

The Massachusetts Medical Society (MMS) wishes to be recorded in support of H.1913, *An Act relative to treatment, not incarceration.*

The MMS is a professional association of over 23,000 physicians and medical students and advocates on behalf of patients for a better health care system, and on behalf of physicians, to help them to provide the best care possible. The MMS recognizes substance use disorder as a chronic relapsing disease frequently accompanied by psychiatric comorbidities and genetic susceptibility. We are opposed to penalizing or incarcerating people with substance use disorders on the basis of relapse, and/or failure to meet the conditions established by courts and other related entities that conflict with principles of evidence-based care of substance use disorders. For these reasons, we support H.1913, which would ensure that individuals on probation with substance use disorder (SUD) receive evidence-based treatment rather than face incarceration after relapse.

Like other chronic conditions such as diabetes, hypertension, or epilepsy, patients with SUD may experience periods of stability followed by recurrence. This does not mean treatment has failed; it means the condition requires ongoing care and adjustment. Chronic disease management requires a combination of medication, behavioral changes, and clinical supports. SUD is no different. When relapse occurs, the accepted standard of care is to reassess the treatment plan and provide additional support—not to punish. Yet under current probation practices, individuals can face incarceration following a positive drug or alcohol test, even when they are actively engaged in treatment and working toward recovery. This approach is not only inconsistent with medical evidence, but also counterproductive to both individual and community health.

860 WINTER STREET, WALTHAM, MA 02451-1411

TEL (781) 893-4610 TOLL-FREE (800) 322-2303 FAX (781) 893-8009 WWW.MASSMED.ORG

The threat of incarceration in these cases creates a chilling effect on the physician-relationship. When patients believe that disclosing cravings or relapse could lead to incarceration, they are less likely to be forthright with their health care team. This erodes the trust that is essential between patients and their physicians, limits honest communication, and prevents timely medical intervention. Physicians should also not be placed in the position of acting as agents of enforcement rather than partners in care. When physicians are compelled to report test results or information that could lead to incarceration, it undermines the very foundation of effective treatment. The result is a system that discourages honesty, disrupts care, and ultimately increases the risk of overdose, relapse, and death.

H.1913 addresses these harms by ensuring people on probation have access to evidence-based treatment plans that are designed by licensed clinicians. Once such a plan is in place, the court may not alter it or impose additional testing beyond what is clinically indicated. Under the bill, a positive test or other indicator of relapse would not be considered a probation violation if the individual is engaged in treatment, transitioning between programs, or making reasonable efforts to continue care. If relapse occurs after completing treatment, the individual may petition for reassessment and additional treatment rather than face automatic incarceration. This framework ensures that people remain under supervision and accountable through structured, clinically appropriate care, without interrupting their recovery or increasing public health risks.

Treatment plans for substance use disorder are developed collaboratively between a physician and patient, based on the individual's medical history, clinical presentation, and evidence-based standards of care. Judges play a vital role in ensuring accountability, structure, and public safety within the probation process. This bill fully respects that role. At the same time, it is important that clinical treatment plans are not inadvertently altered in ways that could compromise patient health or the effectiveness of care. Medical treatment for chronic conditions, including SUD, requires specialized education and training and must remain guided by licensed clinicians. H.1913 helps courts and clinicians work in partnership, each within their professional scope, to support recovery.

Massachusetts has made significant progress in addressing the opioid crisis by expanding access to treatment and promoting harm reductions services. In 2024, we experienced a 36% percent reduction in overdose deaths, the lowest in a decade. Yet we still lost over 1,300 lives. Many remaining policy avenues to address the opioid crisis require significant state resources and capacity. This legislation requires neither; it ensures that patients on probation who are actively engaged in a treatment program can continue with their treatment, uninhibited by the disruption of incarceration, and have the best opportunity possible for recovery.

For all these reasons, the MMS respectfully urges a favorable report on H.1913. Thank you for your consideration of our comments.