



MASSACHUSETTS MEDICAL SOCIETY

Every physician matters, each patient counts.

**TESTIMONY IN SUPPORT OF H.2200/S.1406
AN ACT RELATIVE TO THE PRESCRIPTION MONITORING PROGRAM
BEFORE THE JOINT COMMITTEE ON MENTAL HEALTH, SUBSTANCE USE AND
RECOVERY
November 3, 2025**

The Massachusetts Medical Society (MMS) wishes to be recorded in support of H.2200/S.1406, *An Act relative to the prescription monitoring program.*

The MMS is a professional association of over 23,000 physicians, residents, and medical students across all clinical disciplines, organizations, and practice settings. The Medical Society is committed to advocating on behalf of patients, to provide them a better health care system, and on behalf of physicians, to help them provide the best care possible. Health care teams rely on accurate, timely information to manage treatment effectively, especially for patients receiving controlled substances. Because patients often receive care from multiple clinicians across different systems, it is essential that prescribers have a complete picture of all medications a patient is taking. The MMS therefore supports H.2200/S.1406 because it would strengthen the Commonwealth's Prescription Monitoring Program (MassPAT) (PMP) by filling a critical gap in available data.

MassPAT serves as a vital tool for prescribers statewide, providing a record of controlled substances dispensed at outpatient pharmacies. However, an important omission exists: methadone dispensed for the treatment of opioid use disorder (OUD) is not currently reported in MassPAT. Federal law requires that methadone for OUD be dispensed through certified opioid treatment programs (OTPs), rather than by prescription through retail pharmacies. As a result, these doses are not available within MassPAT. H.2200/S.1406 would amend state law to allow OTPs to submit methadone dispensing data to MassPAT, enabling clinicians to access a more complete and accurate record of their patients' controlled substance prescriptions.

The absence of methadone data in MassPAT poses real and ongoing patient safety concerns. One MMS member—a physician who practices integrated primary care and addiction medicine—described regularly

observing scenarios in which outside clinicians prescribe sedating medications such as benzodiazepines or gabapentin to patients already receiving methadone. Because methadone information is missing from MassPAT, those clinicians may not realize that such combinations significantly increase the risk of unintentional overdose. Prescribers who rely on MassPAT believe they are viewing a complete controlled substance history, when in fact, the omission of methadone leaves a critical blind spot. Communication across different care systems remains fragmented, and including methadone data in MassPAT would help bridge that gap, allowing clinicians to make safer, better-informed prescribing decisions. Notably, methadone prescribed for pain—rather than OUD—is already included in MassPAT, as is buprenorphine, another medication-assisted treatment (MAT) for OUD. Including all methadone dispensing data would bring the system into alignment and further support patient safety.

Until recently, federal privacy protections under 42 CFR Part II prevented OTPs from reporting methadone dispensing data to state prescription monitoring programs. However, the federal government has since issued a final rule modifying Part II to allow OTPs to enroll in and report to state prescription monitoring programs, consistent with state law. H.2200/S.1406 acknowledges these federal changes and provides a lawful pathway for OTPs to share methadone data without violating patient privacy protections. Enacting this legislation would enable prescribers to access a more complete medication profile, reducing the risk of dangerous drug interactions and improving coordination of care for patients with OUD.

For these reasons, we urge the committee to issue a favorable report on this legislation. Thank you for your consideration of our comments.