MASSACHUSETTS MEDICAL SOCIETY
Every physician matters, each patient counts.

TESTIMONY IN SUPPORT OF H.2197/S.1401
AN ACT ENSURING ACCESS TO ADDICTION SERVICES/
AN ACT TO PROVIDE MORE TIMELY TREATMENT OF INPATIENT MENTAL HEALTH CARE
BEFORE THE JOINT COMMITTEE ON MENTAL HEALTH, SUBSTANCE USE AND RECOVERY
OCTOBER 6, 2025

The Massachusetts Medical Society (MMS) wishes to be recorded in H.2197/S.1401, *An Act ensuring access to addiction services/An Act to provide more timely treatment of inpatient mental health care.*

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, for a better health care system, and on behalf of physicians, to help them provide the best care possible. The MMS has long maintained that confinement for substance use disorder (SUD) treatment should occur only in facilities licensed or monitored by the Department of Public Health (DPH) or Department of Mental Health (DMH) and only in environments consistent with accepted medical standards. Accordingly, the MMS supports H.2197/ S.1401, which would ensure that individuals civilly committed for treatment under M.G.L. c.123 § 35 (Section 35) are not sent to correctional facilities for care. Instead, under this legislation, treatment would occur only in facilities operated, licensed, or approved by DPH or DMH.

This proposal builds upon the critical reforms enacted in the 2024 law that required the closure of the Massachusetts Alcohol and Substance Abuse Center (MASAC) in Plymouth—a correctional facility operated by the Department of Correction (DOC) where men committed under Section 35 have historically been held. The 2024 law was an important acknowledgment that incarceration is not treatment, and that addiction should be addressed through public health strategies, not punishment. This legislation represents the logical and necessary next step in that process, ensuring that no person in

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Massachusetts is civilly committed for a health condition to a setting designed for punishment rather than care.

Massachusetts is the only state in the nation that sends patients involuntarily committed for SUD to carceral settings.[1] This practice persists even when individuals committed under Section 35 have not been charged with or convicted of any crime. Underlying this call for change is the recognition that addiction is a chronic medical condition marked by compulsive use despite adverse consequences.[2] It is a disease of the brain—not a moral failing.[3] Placing patients in carceral settings undermines that understanding and perpetuates stigma. Correctional facilities, even when designated for treatment, are inherently punitive and can be traumatizing, particularly for individuals already struggling with the emotional, physical, and social burdens of addiction. Such environments are incompatible with the principles of therapeutic care and can impede recovery by exacerbating shame, fear, and psychological distress.

The evidence underscores the harm of conflating treatment and incarceration. Studies of individuals involuntarily committed under Section 35 have found that relapse and mortality rates are high following discharge, with one DPH review showing that those with a history of involuntary treatment were 1.4 times more likely to die from an opioid-related overdose than those without such a history.[4,5] Research also highlights that coerced treatment in non-therapeutic settings does not reduce long-term substance use and can, in some cases, worsen outcomes by severing trust in health systems and support networks.

At a time when the Commonwealth continues to confront staggering overdose deaths, we should be expanding access to evidence-based, voluntary, and trauma-informed care, particularly in community-based and medically supervised environments. We applaud the progress made through the 2024 reform law, including the planned closure of MASAC, and urge the Legislature to complete this transition by codifying that civil commitment for SUD shall never again occur in jails or correctional facilities.

The MMS also recognizes the challenges facing the state's treatment system, including capacity constraints and regional disparities in bed availability. As you consider this legislation, we encourage

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[1] Messinger, J.C., Vercollone, L., Weiner, S.G. et al. Outcomes for Patients Discharged to Involuntary Commitment for Substance Use Disorder Directly from the Hospital. Community Ment Health J 59, 1300–1305 (2023). https://doi.org/10.1007/s10597-023-01112-2.
[2] NIDA. 2018, June 6. Understanding Drug Use and Addiction DrugFacts. https://nida.nih.gov/publications/drugfacts/understanding-drug-use-addiction.
[3] Ibid.
[4] Messinger, J.C., Vercollone, L., Weiner, S.G. et al. Outcomes for Patients Discharged to Involuntary Commitment for Substance Use Disorder Directly from the Hospital. Community Ment Health J 59, 1300–1305 (2023). https://doi.org/10.1007/s10597-023-01112-2.
[5] Massachusetts Department of Public Health. Section 35 Commission Treatment Statistics from BSAS programs. February 28, 2019. https://www.mass.gov/files/documents/2019/03/04/DPH%20Section%2035%20Commission%202-28-2019.pdf

continued investment in expanding DPH and DMH-approved programs, workforce development, harm reduction services, and recovery supports to ensure that all individuals in need can access timely, evidence-based care in appropriate settings.

With this legislation, the Commonwealth can finally align its Section 35 practices with modern medical understanding. In a moment when the legislature and prevailing SUD treatment community is trying to move away from a punitive approach to addiction and toward a disease model, the optimal oversight authority for any non-criminal justice involved person is surely a public health-oriented agency rather than the one based in criminal justice. Ending the use of correctional facilities for individuals committed under Section 35 will strengthen recovery, reduce stigma, and affirm that substance use disorder is a health issue, not a crime.

For these reasons, the MMS respectfully urges a favorable report on H.2197/S.1401. Thank you for your consideration of our comments.