

MASSACHUSETTS MEDICAL SOCIETY HOUSE OF DELEGATES

Item #:	8
Code:	Late Resolution I-17 A-106
Title:	Supporting “Good Samaritan” Access to Naloxone by Physicians
Sponsor:	Barbara Herbert, MD
Referred to:	Reference Committee A Marian Craighill, MD, MPH, Chair

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

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;and
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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 ¹

Whereas, The Massachusetts Governor's Opioid Working Group identified access to naloxone as a key strategy to addressing the opioid crisis; and ²

Whereas, Massachusetts reports that nonfatal overdoses recorded by EMS, hospitals, and bystander interventions increased ~200% between 2011 and 2015; and ³

¹ Kerensky T, Walley AY. Opioid overdose prevention and naloxone rescue kits: what we know and what we don't know. *Addiction Science & Clinical Practice*. 2017;12:4. doi:10.1186/s13722-016-0068-3.

² Accessed at <http://www.mass.gov/eohhs/docs/dph/stop-addiction/recommendations-of-the-governors-opioid-working-group.pdf> on 11/15/2017.

³ “An Assessment of Fatal and Nonfatal Opioid Overdoses in Massachusetts (2011-2015).” Massachusetts Department of Public Health. Published August 2017.

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

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

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

13
14 Fiscal Note: No Significant Impact
15 (Out-of-Pocket Expenses)

16
17 FTE: Existing Staff
18 (Staff Effort to Complete Project)