July 17, 2018

The Honorable Aaron Michlewitz  
Chair  
House Committee on Ways & Means  
Massachusetts State House, Room 243  
Boston, MA  02133

The Honorable Michael Rodrigues  
Chair  
Senate Committee on Ways & Means  
Massachusetts State House, Room 212  
Boston, MA  02133

Dear Chair Michlewitz, Chair Rodrigues, and Honorable Committee Members:

The Conference of Boston Teaching Hospitals (COBTH) is an organization representing twelve Boston-area teaching hospitals that works to advance policies critical to the core mission of academic medical centers: advancing medical education, funding biomedical research, improving patient care, and serving vulnerable populations. Our hospitals are majority non-profit, mission driven facilities that remain committed to providing high-quality care to all, regardless of ability to pay.

The Massachusetts healthcare system remains a national example due in large part to the collaborative spirit existing between healthcare stakeholders and lawmakers in the Commonwealth and our commitment as a state to making crucial long term investments to promote innovation in healthcare delivery, protect our safety net hospitals, and improve the health of vulnerable populations. In this collaborative spirit, COBTH respectfully asks that you consider the following recommendations during your FY2020 budget deliberations.

**Protecting Safety Net Hospitals’ 340B Savings – Support Senate Outside Section 62**

This Senate budget provision would ensure that EOHHS could not take action to prevent any eligible hospital from claiming their maximum discount available under the federal 340B program. The rising cost of pharmaceutical drugs continues to pose a challenge to our nation’s healthcare system, and hospitals are no exception. With EOHHS poised to gain authorization to negotiate drug rebates directly with manufacturers (as proposed in Governor’s budget, House budget, Senate Ways & Means budget), we believe it is critical that 340B hospitals retain access to the expanded pharmaceutical purchasing power available under federal law. Senate Outside Section 62 would place guardrails on EOHHS’s ability to deny eligible hospitals 340B savings by requiring advance notice to the hospitals or a report to the legislature before action is taken.

As wholesale purchasers of pharmaceutical drugs, hospitals are sensitive to the continuing rise in drug costs and many hospitals rely on the support of the federal 340B drug purchasing program for relief. The 340B program allows hospitals to purchase covered outpatient drugs at a reduced cost from manufacturers, with savings being passed on to patients. In short, this
amendment will protect Massachusetts hospitals’ ability to offer patients access to essential drugs without suffering fiscal harm.

**Health Safety Net – House Outside Section 50 / Senate Outside Section 90 – Please Support Language Making a Full $15 Million Transfer with no Discretionary Language**

These sections would require the completion of a full transfer of $15 million from the Commonwealth Care Trust Fund to the Health Safety Net Trust Fund. This transfer has historically been authorized, but not required during the Commonwealth’s budget process. As a result, the Health Safety Net Trust Fund has not received a transfer of funds from the Commonwealth in the past four years. In the absence of state support, the Health Safety Net in fiscal year 2019 experienced a shortfall of $69 million. In addition to $165 million in annual assessments dedicated to the Health Safety Net Trust Fund, the Commonwealth’s hospital community is solely responsible for financing this shortfall.

Adequate funding of the Health Safety Net ensures that hospitals and providers are able to provide health services to the most vulnerable in the Commonwealth, including uncompensated care for those with no ability to pay. Ensuring the fiscal viability of the Health Safety Net is crucial to protect vulnerable patients and the hospitals that provide their care.

**Creating a Commission on Foreign Trained Medical Professionals – Please Support Senate Outside Section 101**

Senate Outside Section 101 contains legislation that seeks to address two critical issues confronting the Commonwealth. First is the growing shortage of providers in the Commonwealth, particularly in areas including primary care, general practice, and family medicine. On the other hand, over 8,000 foreign born providers currently reside in the Commonwealth, yet over 20% of these providers are unable to practice due to difficulty navigating a costly and complicated licensing process, hiring discrimination, and other factors. The legislation included in Section 101, which was passed by both the House and Senate as part of the health care omnibus bills of 2018, seeks to address both of these issues simultaneously by seeking to study the integration of foreign born providers into the Commonwealth’s health care system.

Section 101 would create a commission bringing together stakeholders from government and the boards of registration of the medical professions with representatives of teaching hospitals, community health centers, foreign-trained practitioners, and the programs that assist them. This commission would be tasked with identifying barriers to integrating these professionals into our healthcare delivery system, and making recommendations to overcome such obstacles.

**Substance Use Disorder Treatment Support for Providers – Please Support $250,000 Earmark in Senate Line Item 4000-0300 to Expand the Massachusetts Consultation Service for the Treatment of Addiction and Pain**

This line item directs an additional $250,000 in funding to the Massachusetts Consultation Service for Treatment of Addiction and Pain (MCSTAP) for the purpose of expanding MCSTAP’s services offered to providers. In addition to clinical support, this earmark would provide MCSTAP with the funding to offer providers case management and care navigation services, offering enhanced support and resources to providers as they seek to provide/direct
patients to community-based treatment for opioid use disorder. With the opioid epidemic continuing to rage throughout our communities, COBTH believes adequately supporting providers of substance use disorder treatment to be of the utmost importance in continuing to make headway against addiction and opioid use disorder in the Commonwealth.

**Nasal Naloxone Coverage – Please Support Senate Line Item 4512-0206**

Senate line item 4512-0206 would require health insurance carriers to provide payment for the provision of nasal naloxone rescue kits in hospital emergency departments and outpatient/community-based settings. Specifically, $300,000 is earmarked for provision of nasal naloxone rescue kits to vulnerable patients prior to discharge from an acute care hospital ED or satellite emergency facility after treatment for an opioid overdose.

By ensuring that both emergency & community based hospital providers will have ready access to naloxone, this amendment would bolster the Commonwealth’s ability to reverse opioid overdose mortality and address the wider crisis of opioid use.

**Pilot Program for Supplementation Nutrition Assistance Program (SNAP) / MassHealth Common Applications – Please Support $1 Million in Earmarked Funds in Senate Line Item 4000-0300**

Increasingly, improving health outcomes for our patients requires the hospital community to collaborate on addressing the social determinants of health. Few factors contribute more to health and development as nutrition and food security, and the hospital community is committed to advocating for expanding access to nutritional support programs for low-income and vulnerable populations. Senate line item 4000-0300 would earmark $1 million to establish a pilot program through which applicants and recipients of MassHealth and/or the Medicare Savings Program would be able to simultaneously apply for federally funded SNAP benefits when they apply for or renew MassHealth/Medicare Savings Program benefits.

**Living Assistance for Domestic Violence Victims – Please Support $500,000 in Earmarked Funds in Senate Line Item 7004-9316**

COBTH remains deeply concerned with the deep shortage of shelter space available for survivors of domestic violence. Between March 25th and April 12th, 2019, the COBTH Domestic Violence Council surveyed a group of domestic violence advocates and social workers in several Boston area hospitals and two community health center-based advocacy programs that participated in a daily survey to document the need for DV shelter among those accessing their services. During this period, 94% of victims seeking DV shelter with the help of a health care-based provider were unable to access shelter in MA at the time they were in crisis (In May of 2016 the figure calculated by this similar survey was 92%). In 93% of cases, reporters indicated that placement was impossible due to lack of available shelter space (sample size = 60 people).

In many cases, survivors of domestic violence can be forced to remain in a living situation where their physical safety, their lives, or the lives of their dependants are in danger, due simply to the lack of available shelter space. Senate budget line item would earmark $500,000 for the establishment of a financial assistance program for domestic violence victims, to assist in the costs of moving to a new address. While COBTH acknowledges that this is far from a complete solution to chronic underinvestment in the Commonwealth’s shelter network, providing...
survivors of domestic violence with the financial assistance needed to extricate themselves from a dangerous living situation will save lives and empower those unable to access shelter to break free from the cycle of violence and abuse.

Thank you for your time and consideration. Please feel free to contact COBTH at alebovitz@cobth.org if you have any questions or would like more information.

Sincerely,

Alec Lebovitz
Government & Community Affairs Specialist
Conference of Boston Teaching Hospitals

CC: Vice Chair Friedman, Vice Chair Garlick, Ranking Member deMacedo, Ranking Member Smola