



VI. Public Health and the Opioid Crisis

Governor Baker underfunds important public health programs, has not done enough to address the opioid crisis, and tries to reduce health care spending on the backs of low-income people and state employees. Baker's lack of vision and failures as a manager show up time and again. His policies are often mean-spirited and particularly harmful to those most in need. His Republican ideology is clear; he favors corporate profits over people, no new taxes over a safety net for struggling families, and politics over evidence in making policy decisions.

- A. In his 2019 fiscal year budget, **Governor Baker proposed cutting some important programs and level funding others within the Department of Public Health.** Baker proposed:
1. Eliminating the Postpartum Depression Pilot Program
 2. A 26% cut in youth violence prevention programs
 3. A 10% cut in oral health programs
 4. A 10% cut in the Smoking Prevention and Cessation program, providing just \$3.4 million for this program that in 2001 was funded at \$90 million (adjusted for inflation) and was a national model for smoking reduction efforts
 5. Level funding for the Early Intervention Program that provides developmental services for children from birth to their third birthdays, which is the equivalent of special education for children under 3 years of age
 6. Level funding for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) that provides food and nutrition services for pregnant and postpartum women and their infants. (Massachusetts Budget and Policy Center, 2/2/18, "Analyzing the Governor's Budget for FY 2019")
- B. In his 2019 fiscal year budget, **Governor Baker proposed a slight reduction in spending on Child and Adolescent Mental Health.** Every school teacher, parent, psychologist, and psychiatrist will state that this is an area that needs more resources not less. (Massachusetts Budget and Policy Center, 2/2/18, "Analyzing the Governor's Budget for FY 2019")
- C. **Governor Baker's proposed budget for fiscal year 2019 called for removing 140,000 adults, including roughly 100,000 parents or grandparents raising children, from Medicaid** (called Mass Health here in MA). He has tried to do this before, but each time the legislature has rejected his proposal. Federal Medicaid officials recently rejected the requested

change as well. These adults have incomes between 100% and 138% of the poverty line (i.e., \$12,000-\$16,600 for a single individual and \$21,000-\$26,000 for a family of 3). They would be eligible for subsidized insurance under the state's universal health care law, but it would probably cost them more and might provide fewer benefits. This might save the state about \$860 per person (\$120 million in total out of a state budget of over \$40 billion). (MA Budget and Policy Center, 1/24/18, "A first take on the Governor's budget"; Miller, J., McCluskey, P.D., & Levenson, M., 1/25/18, "Baker plan again shifts some off Medicaid," The Boston Globe; Berkshire Eagle, 11/20/17; McCluskey, P. D., 7/1/18, "Federal authorities reject Baker's plan to move people off Medicaid, limit drug coverage," The Boston Globe)

- D. **Governor Baker's proposed budget for fiscal year 2019 calls for excluding coverage of certain drugs from Massachusetts' Medicaid program.** Federal law does not allow Medicaid programs to exclude drugs, so the Baker administration sought an exemption from the federal law. Federal Medicaid officials rejected the requested exemption. (Massachusetts Budget and Policy Center, 2/2/18, "Analyzing the Governor's Budget for FY 2019"; McCluskey, P. D., 7/1/18, "Federal authorities reject Baker's plan to move people off Medicaid, limit drug coverage," The Boston Globe)
- E. **For the first six months of fiscal year 2018, Governor Baker withheld roughly \$100 million of spending authorized by the legislature.** This included, **for example, \$800,000 for the Pediatric Palliative Care Network program that provides services to chronically and terminally ill children.** Children's Hospital wrote to Baker on November 29, 2017, pleading for release of the funding, noting that there was **a waiting list of 164 children** for these services and that **seven children died without ever receiving the essential services of the program.** On January 2, 2018, Baker released funds, primarily for human services, that he had been withholding despite approval by the legislature to spend them starting on July 1, 2017. Legislators were particularly upset with Baker because they had overridden his veto of much of the funding he withheld. Citing a 1978 Supreme Judicial Court ruling, **a number of legal experts stated that Baker's actions were probably illegal** and a violation of his constitutional obligations. (Phillips, F., 1/3/18, "Baker releasing \$100m OK'd by lawmakers," The Boston Globe)
- F. **A quasi-state agency, the Group Insurance Commission (GIC), (that Governor Baker effectively controls) voted in January 2018 to eliminate three popular health insurance plans from those available to 442,000 state employees and retirees.** It did so with essentially no notice to or consultation with those state workers. The elimination of health insurance plans from Tufts Health Plan, Harvard Pilgrim Health Care, and Fallon Health would also have resulted in layoffs of workers at those local companies. The GIC is a 17-member commission that is primarily appointed by the Governor and includes his Secretary of Administration and

Finance. **After intense public criticism, the GIC rescinded its decision and Governor Baker is claiming he didn't know it was planning to remove the health insurance options.** For a Governor who asserts that his strength is good management and that he is engaged in the details of state policies – and who used to run a health insurance company – it's hard to believe he was unaware of this major decision. And, if he was in the dark, that undermines his entire argument that his managerial competence is an important reason he's qualified to be Governor. (Leung, S., 2/1/18, "Like magic, Baker escapes an insurance mess," The Boston Globe)

- G. **At a forum in early April 2018, Governor Baker strongly defended the Boston-based pharmaceutical company Vertex and its drug pricing.** Vertex charges \$300,000 per patient annually for its cystic fibrosis drug treatments, pricing that has been heavily criticized by doctors and scientists who work on cystic fibrosis. At least four countries (the UK, France, Ireland, and the Netherlands) are fighting Vertex over its drug pricing and New York State is also reviewing Vertex's pricing. The compensation of Vertex's CEO, which has averaged \$25 million a year over the last 4 years, has also been criticized as excessive. **Vertex executives contributed nearly \$260,000 in 2016 – 2017 to the Republican Governors Association (RGA), which recently contributed over \$2 million to a political action committee supporting Governor Baker's re-election campaign.** (In 2014, the RGA funneled over \$11 million into Baker's campaign.) **Vertex executives also contributed \$7,500 directly to Baker and his running mate's campaign committees in late March 2018, shortly before his public statements in support of Vertex.** (Phillips, F., 4/13/18, "Governor defends Vertex drug prices," The Boston Globe; Thielking, M., 4/10/18, "Baker defends Vertex on pricing," The Boston Globe; Stendahl, M., 12/2/16, "Vertex boosts pay for two executives," Boston Business Journal; Silverman, E., 4/24/18, "UK challenges Vertex's prices," The Boston Globe)
- H. Given an opioid-related death rate in Massachusetts that is over twice the national average, **Governor Baker could have demonstrated leadership by embracing a proposal from the state Senate to explore establishment of a safe injection site pilot program.** These sites, also referred to as harm reduction centers, would allow people with substance abuse disorders to inject themselves with illegal drugs under medical supervision to reduce the likelihood of death from an overdose. **While presenting himself as a data-driven manager, Baker is not only ignoring strong evidence that these programs save lives, but he is misstating the evidence to support his opposition to them.** Vancouver, Canada, has been successfully operating a site since 2003. The evidence is convincing enough that at least 13 cities and states in the U.S. are seriously studying proposals to implement safe injection sites despite possible conflicts with federal law and officials. Governor Baker could exhibit leadership and at least seriously explore implementing such a program while simultaneously engaging in discussions with federal officials to overcome opposition or change federal law. (Editorial, 7/20/18, "Mr. Data goes missing on safe injection plan," The Boston Globe; Schoenberg, S., 7/17/18, "Massachusetts

Senate includes safe injection sites in opioid bill,” MassLive)

- I. **Under Governor Baker, Massachusetts prisons have not been offering prisoners medication that is standard treatment for opioid addiction outside of prison, even if they were prescribed and taking the medication before entering prison.** A bill just passed by the legislature and signed into law by Baker in August authorizes a pilot program for using these medications in five prisons. Inmates who experience withdrawal from opioid addiction have not been receiving standard medication to ease withdrawal, except for pregnant women where withdrawal can harm their fetuses. It is estimated that 2/3 of prisoners have a substance use disorder and prisoners who do not receive this medication in prison are at extremely high risk of overdosing after release from prison. Methadone and buprenorphine (aka Suboxone) are widely used outside of prison to stop cravings for opioids, prevent overdoses, support success in treatment and recovery, and ease withdrawal from addiction to opioids. The U.S. Department of Justice is investigating whether MA prisons are violating the Americans with Disabilities Act (ADA) by denying this medication to inmates given that substance abuse disorder and addiction are considered disabilities under the ADA. (Freyer, F. J., 3/29/18, “Prison opioid rules get scrutiny,” The Boston Globe; Freyer, F. J., 3/27/18, “Fight for prisoner treatments not over yet,” The Boston Globe; Schoenberg, S., 7/17/18, “Massachusetts Senate includes safe injection sites in opioid bill,” MassLive; Editorial, 8/18/18, “Keeping every option on opioid treatment,” The Boston Globe)

- J. **Massachusetts uses prison incarceration for some civilly committed individuals with substance use disorders. MA appears to be the only state that allows this.** In September 2017, a young man committed suicide while in a prison for non-criminal substance use. **Governor Baker has done nothing to end this practice** and, furthermore, has **proposed legislation that would involuntarily commit individuals suffering from addiction** (which was rejected by the Democratic legislature). Such involuntary commitment would violate an individual’s civil rights and is an inappropriate policy for addressing the disease of addiction. (Editorial, 12/12/17, The Boston Globe; WGBH News, Greater Boston, 1/23/18, “Gov. Baker proposes 72-hour involuntary commitment to get addicts into treatment,” WGBH)

- K. **Governor Baker’s Office of the Chief Medical Examiner (ME), which is responsible for investigating violent and unexplained deaths, is not meeting national standards for timely autopsies and death certificates. Furthermore, in three cases where infants died, the ME’s original findings of death from abusive head trauma, which triggers criminal charges, were changed, months later, to findings of “undetermined” cause of death after the intervention of defense attorneys.** The National Association of Medical Examiners requires that autopsy reports and death certificates be completed within 90 days. Between October 2015 and September 2017, according to the agency’s most recent annual report, only 58% of

autopsies and 78% of death certificates were completed within the 90-day timeframe. (Stout, M., 6/2/18, “Demotion follows questions about degree,” The Boston Globe)

- L. **Governor Baker does not support a single payer health care system.** (Schoenberg, S., 10/2/17, “Gov. Charlie Baker: Federal inaction on health care could hurt Massachusetts,” MassLive)