



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: SB 212		DATE: 4/27/2021	
COMMITTEE: Public Safety			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: ADAM ALBACH		PHONE NUMBER: 573-526-6499	
REPRESENTING: MISSOURI DEPARTMENT OF CORRECTIONS		TITLE:	
ADDRESS: 2729 PLAZA DRIVE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/27/2021 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCAT		PHONE NUMBER:	
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CITY:		STATE:	ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 4/27/2021 2:29 AM

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I am in Support of this Bill on its face. There needs to be some changes and Amendments



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: MARK PARRINO		PHONE NUMBER: 212-566-5555	
BUSINESS/ORGANIZATION NAME: AMERICAN ASSOCIATION FOR THE TREATMENT OF OPIOID DEPENDENCE		TITLE: PRESIDENT	
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CITY: NEW YORK		STATE: NY	ZIP: 10014
EMAIL: mark.parrino@aatod.org	ATTENDANCE: Written		SUBMIT DATE: 4/26/2021 4:25 PM
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To Whom it May Concern:I am writing on behalf of the American Association for the Treatment of Opioid Dependence (AATOD), which represents over 1,800 federally accredited Opioid Treatment Programs (OTPs) throughout the United States, in support of SB 212.Our Association has encouraged providing medication-assisted treatment for opioid use disorder in correctional settings for more than 20 years. Fortunately, there has been an increasing interest on the part of correctional facilities and sheriffs in expanding access to such care to inmates with opioid use disorder.This treatment intervention has also been increasing in Rhode Island and Connecticut for the last several years with extremely favorable results. Data has demonstrated a 55% reduction in recidivism and a 60% reduction in post release mortality as inmates successfully transition from the correctional environment into an outpatient treatment setting upon release.We are also increasing this initiative in working with the American Correctional Association and the National Commission on Correctional Healthcare.We support one of the central provisions of this bill.“Under this act, the Department of Corrections and all other state entities responsible for the care of persons detained or incarcerated in jails or prisons shall be required to ensure all such persons are assessed for substance abuse disorders; shall make available certain medication-assisted treatment services, consistent with a treatment plan developed by a physician; and shall not impose any arbitrary limitations on the type of medication or other treatment prescribed or dose or duration of the recommended services.”We have also communicated with our associates in Missouri and they would work with correctional facility managers in treating such individuals as they are released from confinement and are referred to community based opioid treatment programs.In summary, our Association is extremely supportive of this legislation and would be pleased to provide additional information as needed.Thank you for taking our perspective into account.Sincerely yours,Mark W. Parrino, MPA President



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: PAUL SAMUELS		PHONE NUMBER: 212-243-1313	
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April 26, 2021 House Public Safety Committee Missouri House of Representatives 201 W. Capitol Avenue Jefferson City, Missouri 65101 Re: SB 212, Section 191.1165 on Medication-Assisted Treatment To Whom it May Concern: The Legal Action Center ("LAC") is the only non-profit law and policy organization in the United States whose sole mission is to fight discrimination against people with histories of addiction, HIV/AIDS or criminal records, and to advocate for sound public policies in these areas. LAC appreciates the opportunity to submit testimony on Section 191.1165 of Senate Bill 212 that would strengthen access to medication-assisted treatment (MAT). As an organization that works to improve access to life-saving substance use disorder (SUD) care, LAC supports the advancement of Section 191.1165 in the Committee's consideration of SB 212. The United States continues to face a national crisis of addiction and overdose. Every day, more than 130 Americans die after overdosing on opioids – equivalent to one every 11 minutes. More than 70,000 people died from drug overdose in 2017, and 67.8 percent of these deaths involved opioids. Numerous studies have demonstrated the efficacy of medication-assisted treatment for opioid use disorder (OUD) in reducing drug use, rates of other illness, and recidivism. All of the major medical, public health, and health policy authorities recommend evidence-based SUD treatment using addiction medications including the National Institute on Drug Abuse, the U.S. Surgeon General, the Centers for Disease Control and Prevention, the U.S. Food and Drug Administration, the Substance Abuse and Mental Health Services Administration, the President's Commission on Combating Drug Addiction and the Opioid Crisis, the Office of National Drug Control Policy, the National Academies of Science, Engineering and Medicine, and the World Health Organization. As asserted in the 2019 National Academies of Sciences, Engineering, and Medicine report, Medications for Opioid Use Disorder Saves Lives, "Medication-based treatment is effective across all treatment settings studied to date." OUD treatment access is especially important for people involved in the criminal justice system, including during incarceration and when under community supervision. Most people involved in the criminal justice system have a history of a SUD or problematic substance use. Among the high percentage of justice-involved people with SUD histories, a significant proportion of these individuals have or have had OUD. As cited by the Substance Abuse and Mental Health Services Administration, approximately 17 percent of people incarcerated in state prison and 19 percent of people incarcerated in jails report regular opioid use. Over 30 percent of incarcerated individuals report suffering from serious withdrawal symptoms or an inability to control their use. Each year, over 200,000 people with a heroin use disorder are incarcerated, constituting 24 to 36 percent of the incarcerated population. As summarized by the National Institute on Drug Abuse, numerous studies have demonstrated that providing evidence-based OUD treatment to people in the criminal justice system is cost-effective and improves health and criminal justice outcomes. Research has also consistently shown that people who receive methadone

and buprenorphine have lower rates of re-arrest and reincarceration and that injectable naltrexone is effective in preventing opioid use relapse in justice-involved individuals. Even more important, treating OUD with medications during incarceration and upon release dramatically reduces the risk of overdose and death. A recent study from Rhode Island found that offering medication treatment in the correctional system and providing connections to treatment in the community resulted in a 60 percent decrease in overdose mortality among people who were recently incarcerated. Expanding access to all three effective OUD medications would significantly improve health and criminal justice outcomes for Missouri's incarcerated and reentering population. Thank you again for the opportunity to submit testimony. We appreciate the Committee's consideration of this important proposed policy change to strengthen access to life-saving SUD care. Please let us know if you have any questions or if we can provide further assistance. Sincerely, Paul Samuels
Director, Legal Action Center



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: SEAN GROVE		PHONE NUMBER: 314-410-8323	
REPRESENTING: MALLINCKRODT		TITLE: ASSOCIATE DIRECTOR, STATE GOVERNMENT AFFAIRS & ADV	
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EMAIL: sean.grove@mnk.com	ATTENDANCE: Written		SUBMIT DATE: 4/26/2021 3:16 PM
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Thank you for your consideration of Senate Bill 212, of which I write to you today in support. Mallinckrodt has long supported public policies that eliminate barriers to medication-assisted treatment (MAT) for opioid use disorder. Over the years, much work has been done here in Missouri and around the country to improve access to MAT. But, for those who are involved with the criminal justice system, significant barriers remain. A Pew Charitable Trusts Stateline article from 2018 shed light on the remaining stigma and barriers within the criminal justice system to what we otherwise refer to as the "gold standard" in addiction treatment: fewer than 1% of jails and prisons nationwide allow access to the full range of FDA-approved MAT products. This chasm in our country's response to confronting addiction is alarming and it must be addressed. Senate Bill 212 contains provisions (see 191.1165) that seek to do just that for Missouri. Should you have the opportunity, please vote to approve the language included in this bill and its companions filed by Representatives Shields and Patterson in the House (HB 1380 and HB 1398, respectively). Again, thank you for your consideration. Please feel free to contact me if I can be a resource.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: CHRISTINE WOODY		PHONE NUMBER: 314-503-7277	
BUSINESS/ORGANIZATION NAME: EMPOWER MISSOURI		TITLE: COORDINATOR	
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EMAIL: christine@empowermissouri.org	ATTENDANCE: Written		SUBMIT DATE: 4/27/2021 7:06 PM

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Founded in 1901, Empower Missouri advocates for the well-being of Missourians through civic leadership, education, and research. As part of our work, we organize a state wide coalition called the Smart Sentencing Coalition. This coalition is made up of individuals and organizations who are working for a smarter criminal justice system that works to decrease recidivism, decrease the prison population, decrease Missouri's criminal justice costs all while ensuring our community is safe. We are submitting testimony today to share our thoughts on the current state of Senate Bill 212. The underlying bill is simply a clean-up bill for language with in law around probation, parole and the department of corrections. However, there were quite a few amendments that were added to the bill prior to it being passed by the Senate. Our coalition believes that there are pieces of this bill that are necessary to making our justice system better, while there are also pieces of this bill with which we disagree. This testimony will lay out our positions on the different aspects of this bill. Thank you for your consideration. Three amendments were added to this bill that we believe are positive steps forward. First, is the language from Sen. Roberts SB 521. This language states that all persons detained or incarcerated by DOC shall be assessed for substance abuse disorders and then make available appropriate medication-assisted treatment for those individuals. A large portion of inmates within correctional facilities are dealing with a substance abuse disorder and without addressing those needs, rehabilitation and success after prison will never happen. Addressing substance abuse will reduce recidivism and increase a person's chance at success after they are released. We strongly agree that assessing and treating inmates for substance abuse disorders is important and necessary. Additionally, the amendment to this bill that revises the use of inmate canteen funds will be useful and beneficial in improving services for those returning to society. We are pleased to see that these funds will now be able to be used for re-entry services which are vital to a person's success. Finally, we were happy to see the addition of the language regarding free access to quality feminine hygiene products for women in Missouri jails and prisons. By requiring women to purchase hygiene products or to only provide poor quality products puts women's health at risk. Providing, free of charge, these products is the humane and the healthy thing to do. On the other side, the language that was added to Senate Bill 212 that our coalition disagrees with and hopes this committee will strip out of the bill is from Senator Brattin's SB 395, which addresses inmates paying for healthcare visits while incarcerated. A .50 charge is a lot for individuals who do not have access to substantial income. This charge will be a deterrent for someone needing healthcare services. By deterring individuals from seeking healthcare services, when they are needed, will in turn cause further and more complicated health problems down the road which will, in the end, cost the state more money. Additionally, having certain exemptions for charging inmates (those who cannot afford it or based on the reason for the medical visit) will only lead to discrimination, where certain populations will be more likely to be charged the fee than other

populations. Thanks you for taking into consideration these points. Sincerely, Christine
Woody Empower Missouri And the Smart Sentencing Coalition