

Shaping Public Policy

Shatterproof's advocacy is leading the charge in changing laws, perceptions, and transforming the treatment system while championing efforts to end stigma and educate families.

● **Advocating for Better Treatment - MATE & MAT Acts**

On December 29, 2022, President Biden signed into law the MATE (Medication Access and Training Expansion) Act and the MAT (Mainstreaming Addiction Treatment) Act, the culmination of years of advocacy by Shatterproof. These groundbreaking pieces of legislation bring about two significant changes:

- The MATE Act requires eight hours of baseline education on addiction treatment for any medical practitioner who prescribes controlled substances, including opioids.
- The MAT Act removes barriers to prescribing buprenorphine, a proven treatment for opioid use disorder, helping to eliminate some of the treatment disparities faced by marginalized populations.

● **Opioid Settlement Funding**

Opioid settlement funds are financial compensations paid by companies involved in the manufacturing, distributing, and marketing of prescription opioids resulting from legal settlements related to their role in the opioid crisis, intended to be used for addiction treatment, prevention programs, and other public health initiatives. Leveraging best practices established through its partnership with Johns Hopkins University, Shatterproof remains a leader in maximizing the impact of opioid settlement funds. This advocacy has been instrumental in passing legislation to utilize these funds effectively in states like Connecticut, Florida, Iowa, Maine, Maryland, New Jersey, Oregon, South Carolina, and Vermont.

● **Influencing the Enactment of State Policies that:**

- **Protect our youth from the dangers of cannabis.** Major research findings indicate a strong link between cannabis use disorder (CUD) and schizophrenia, suggesting that preventing CUD could potentially prevent up to 30% of cases of schizophrenia among young men. A separate study underscores the impact of even casual marijuana use on adolescents, revealing associations with various psychosocial issues such as depression, suicidal thoughts, academic challenges, and aggressive behavior. To reduce the harm, policies need to be implemented around product composition; packaging and labeling; advertising and marketing; manufacture and sale; locations of marijuana use, and sale and distribution to youth. Of the 19 states that have legalized non-medical use marijuana for adults, enacted legislation has left enormous gaps.
- **Ensure that insurance reimbursement for substance use disorder is in parity with reimbursement for all physical diseases.** Only 10% of the addicted population receives treatment, compared to 78% for diabetes. This gap is due to limited insurance coverage for addiction treatment despite parity laws. Lower reimbursement rates and higher patient costs for behavioral health further hinder access.
- **Secure Medicaid waiver to treat incarcerated populations.** Current law prevents Medicaid from covering outpatient treatment services for individuals while incarcerated. Apart from the lack of treatment during incarceration, there is usually a coverage gap of 30 days or more upon release, significantly elevating the risk of overdose. Research indicates that various substance use disorder interventions tested in prison settings lead to decreased substance use and recidivism compared to no treatment.