

## RESOLUTION

Subject: Preventing Medication Assisted Treatment Facilities from being Owned and Operating within a For-Profit Clinic

Submitted by: Bell County Medical Society

Referred to: Reference Committee

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WHEREAS, the opiate crisis in Kentucky is a widespread problem that affects every community and nearly every family in Kentucky; and

WHEREAS, drug distribution in the US has been an extremely profitable business, both through illegal as well as legal entities where revenue and profits are one of the most lucrative businesses in the US; and

WHEREAS, that Medical Assisted Treatment (MAT) centers have operated at high profit levels for the owners and operators of these clinics; and

WHEREAS, privately owned MAT clinics have been criticized for lacking in controls and regulatory processes; and

WHEREAS, communities where MAT clinics are located have reported a higher level of drug addiction to the types of drugs used by these clinics; and

WHEREAS, that non- profit centers and government controlled operations have better means of controlling the qualifications of those who enter the program as well as insuring that all drugs dispensed meet critical guidelines by removing the incentive to over treat and over prescribe; and

WHEREAS, there are many clinics operating effectively via universities and other non-profit organizations where the incentive to over prescribe is more heavily regulated; and

WHEREAS, Kentucky must do everything possible to control unnecessary distribution of drugs; now, therefore, be it

RESOLVED, that the Kentucky Medical Association (KMA) feels that no doctor, nurse practitioner, clinic, dentist, administrators or owners of Medical Assisted Treatment (MAT) clinics should profit directly from prescribing opiates including methadone, suboxone, and buprenorphine and that these clinics must be owned and operated independently from those who actually prescribe the medication. Such an example would be ownership by the state of Kentucky or within public universities where all the stakeholders are salaried and not rewarded with incentives or profit sharing. The KMA also recognizes that these newly reorganized MAT centers will be very busy due to their exclusivity and restricted service centers, and that all profits beyond the

operating budget be placed in a special account earmarked for enhancing rehabilitation, education, and law enforcement for reducing drug addiction.