# Statement by Lehigh Valley Health Network

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Good morning, Chairman DiGirolamo and members of the Human Services Committee. I appreciate the opportunity to speak with you today and especially want to thank Representative Heffley for inviting me to speak and for all the important work he has done on behalf of those who suffer from substance use disorder, and in drawing attention to how the Commonwealth might better respond to the opioid crisis.

I am Gillian Beauchamp, an emergency physician, toxicologist, and addiction specialist at Lehigh Valley Health Network (LVHN), where I have worked for the past 2-1/2 years. LVHN includes eight hospital campuses-three in Allentown, one in Bethlehem, one in Hazleton, two in Pottsville and one in East Stroudsburg. With 7 Emergency Departments, treating approximately 314,000 patients per year, we are on the front lines of the opioid crisis in Eastern Pennsylvania.

We are very fortunate in Lehigh County to have a strong, visionary Single County Drug and Alcohol Authority, that has worked hand in hand with providers to find solutions to better respond to this complex problem in our communities. Unfortunately, I'm not sure that same strength is currently available across the Commonwealth. For that reason, I commend the motivation behind HB 424, *The Warm Hand Off for Overdose Survivors,* which hopes to bring best practices to all communities across the Commonwealth, as well as efforts to help providers identify available substance use disorder treatment beds in Pennsylvania with HB 596, *Detoxification and Addiction Treatment Bed Registry.* Substance use disorder needs to be managed as a disease, requiring many partners working together to provide a full continuum of care across many support systems. The warm hand off initiative is often the first step in that continuum to make the connections necessary to bring a patient to the full complement of resources needed to lead to recovery. Since 2017 LVHN has been utilizing the Lehigh County supported Hospital Opioid Support Team in conjunction with the services of our own Addiction Recovery Specialist to link patients to treatment for substance use disorder. Our newer Medication Assisted Treatment and Connections Program for Pregnant Women initiated in 2018 have initiated medication assisted treatment in over 70 patients and have linked over 60 pregnant women to treatment. All together these county-supported programs have linked over 1100 patients to treatment. We've seen the difference it makes in patients' lives, as individuals struggling with a substance use disorder initiate their recovery journey, and do the hard work of healing relationships, returning to work, and giving back to the community as recovery advocates. Despite the immense dedication of our single county authority to collaborate on warm hand off programs, we face challenges in meeting the needs of our patients with substance use disorder due to limited resources throughout the region. Warm hand off programs rely on the availability of treatment providers as well as inpatient detoxification and rehabilitation beds. Again, I'd like to commend Representative Heffley for reaching out to the provider community to ask for our input and listening to our suggestions. LVHN firmly believes that if seamless warm hand off processes were in place in every community across the Commonwealth, lives would be saved.

I've been asked to be here today to speak to HB 424 directly. I will offer a couple general statements and then will be happy to answer any more detailed questions you might have about the details of the warm hand off, medication assisted treatment (MAT), or specific language and provisions in HB 424 or HB 596.

First and foremost let me say I was pleased to see the recognition of the level of complexity needed across many systems of care and responsibility expressed in this legislation. It is however, that same

level of complexity that gives me some pause about any rush to implement a law until a few fundamental questions are more thoroughly researched, answered or addressed in the bill. The first one being the Commonwealth's role in ensuring the *necessary treatment and recovery support capacity to address the need for all overdose survivors. (*Section 3: 5) LVHN believes this is the bedrock on which the success of all warm hand off initiatives rests. For this legislation to produce the outcomes it is striving for, we believe the Commonwealth needs to seriously evaluate and quantify the availability of treatment resources, as well as the adequacy of Medicaid reimbursement rates for providing treatment and behavioral health services. In light of the rising need, why aren't more treatment services springing up or expanding their number of beds? What would a bed registry illuminate about the availability of facilities that provide care to Medicaid and Medicare patients? We all know what the stats would look like if we counted the number of dentists in Pennsylvania and then compared it to the number who take new Medicaid patients. We are happy to see the legislation does reference *reasonable and fair reimbursement rates,* but without more research, evaluation and detail, we are left to wonder how those terms will play out in the final analysis.

LVHN wholeheartedly supports the creation of a task force to study the requirements needed to implement evidence-based treatment for substance use disorder, as well as overdose stabilization and warm hand-off centers. As a physician, I also am acutely aware of other substance use disorders that are ruining lives that need equal attention to the opioid epidemic and could benefit from some of the same treatments. We also believe that the work of such a task force could better inform the mandates being proposed in HB 424 protecting against the potential for any unintended consequences and ensuring the desired outcomes in keeping with the legislative intent.

I want to take a moment to applaud the courage shown by including a reference to harm reduction services in HB 424. While sometimes considered controversial, I believe many people underestimate the potential public health crisis that could result from inadequately addressing the need to reduce harm. Both in our commonwealth and across the country, epidemics of opioid overdose death and hepatitis C infection are happening synergistically, with combined influences related to injection drug use, leading to increased transmission and progression of disease. In Pennsylvania, acute Hepatitis C incidence across the state has risen **233%** in the past 4 years. Further, Pennsylvania ranks 10$^{th}$ in the US for new HIV cases. As part of a multi-pronged approach to addressing these synergistic epidemics, harm reduction services are needed that combine naloxone distribution, linkage to treatment for substance use disorder, HIV and Hepatitis C testing and linkage to treatment, and referral to medical, social, and behavioral health resources, all in conjunction with syringe services and associated education to reduce the spread of HIV and Hepatitis C. I was happy to learn that the PA Secretary of Health referenced harm reduction syringe services in her budget hearing testimony in front of the Senate Appropriations Committee.

So in closing, I want to thank you for the privilege of speaking with you today. I commend the Committee for shining the light on this important topic. I'm happy to answer any questions you might have.