

# Testimony of Dr. Jumea Barooah

Representative Karen Boback, Representative Joe Petrarca and members of the committee,

Thank you for your time today and for inviting me to speak with you about opioid use disorder, its impact on pregnant women and babies and our initiatives to address it. My name is Dr. Jumea Barooah. I am a dually board certified internist with The Wright Center for Community Health and its affiliated entity, The Wright Center for Graduate Medical Education, where I have served as physician-faculty since I came back to Northeastern Pennsylvania almost 2.5 years ago. In 2013, I completed my residency with The Wright Center for Graduate Medical Education under the guidance and leadership of now President and CEO, Dr. Linda Thomas-Hemak and I am privileged to serve our community in my role today.

I attained my Addiction Medicine certification in 2017, which is why I am here to speak to you all today.

## **Our Rationale**

As we all know, addiction is not a new problem, particularly here in the great Commonwealth of Pennsylvania. It is a tragedy that we have seen cause irreparable damage to individuals and families across the Commonwealth. Addiction knows no bounds, affecting individuals despite their race, gender, age or socio-economic status. It does not discriminate; it does not relent, but thanks to groundbreaking investment at the state and federal levels, it can, and it will end.

The gravity of substance abuse challenges is not amiss to my colleagues and me. As a primary care provider, I am committed to helping my patients lead the healthiest and most whole lives that they can. Substance Use Disorder (SUD) has woven its way into the fabric of many of my patients' lives, as well as their families, often compounding already complex medical conditions. More than ever, treating patients effectively in our practices requires providing a full-spectrum of comprehensive health services, including oral health, behavioral, nutritional and addiction medicine, amongst many more. One of our organization's key foci is also one of our region's most vulnerable populations: expectant mothers and their babies.

I am proud to be a member of an organization that sees the value of comprehensive care for all, no matter their insurance status or their inability to pay for services. The Wright Center for Community Health's all-encompassing Patient-Centered Medical Home model has enabled the organization to grow its service offerings, all under one roof, to include behavioral health and recovery services: a growth process that has made our organization better. We are also signees of the Opiate Pledge, have three physicians board-certified in Addiction Medicine, over 10 providers certified in Medication Assisted Treatment and are in the process of providing certification to many more. Why? Because seven out of 10 cases of opioid misuse began as a

result of prescribed medication. Our profession's contribution to the problem is sobering and has created a moral obligation to be part of the solution through proactive service offerings and our training of future physicians within our residency and fellowship programs.

I am impressed by my local government's interest in learning more about our steps towards creating a healthier Pennsylvania, as demonstrated by our time here today.

### **Our Reality**

In order to clarify the context, I would like to acknowledge the reality of our current situation across the Commonwealth.

As healthcare providers, we know that helping our patients traverse the depths of addiction is not an easy fight, but rather, one that requires the engagement of our community partners and the investment of our local, state and federal officials. Within The Wright Center for Community Health's five-county service area alone, there are currently over 500 individuals receiving treatment for OUD. In 2016 alone, 4,642 citizens of the Commonwealth lost their battle with opioid addiction. We are talking about 13 people per day. That is up 37% over 2017.

One of the factors at the core of increasing mortality rates is the chemical makeup of some of the most prevalent substances in our region – namely opiates – which are constantly changing and are often cut with lethal additives including Fentanyl and Carfentanil. These potent drugs have the ability to change the receptors in the brain, making treatment immeasurably more difficult.

One of the solutions with demonstrated success for combating these altered substances is Medication Assisted Treatment (MAT). MAT is the use of controlled, regulated and physician-observed prescription medication to help 'coat' the receptors in the brain, quieting their cries for opioids. MAT allows patients a non-psychoactive way to help silence their brain's call for opioids, while focusing on changing their lifestyle and habits to support a life in recovery. MAT is neither a cure-all, nor a fit for everybody, but it is an option, that when paired with counseling and community support resources, can help reduce a patient's potential harm.

Though addiction can affect anyone, one of The Wright Center for Community Health's core foci is expectant mothers and their unborn children. In 2016, 2,250 newborns in the Commonwealth were born with Neonatal Abstinence Syndrome (NAS). NAS is a term used to describe a group of problems a baby experiences when withdrawing from exposure to drugs. Expectant mothers who are using opioids and women undergoing MAT for opioid use disorders may give birth to babies born with NAS.

Treatment for babies born with NAS is unique and highly individualized to meet each baby's needs. Some may need medications to treat severe withdrawal symptoms that include high-pitched crying, seizures, temperature instability, sleep problems, feeding difficulty and tremors.

Some babies will need extra fluids, given intravenously, to prevent dehydration or high caloric baby formula for babies who need extra calories to help them grow. Most babies with NAS who get treatment get better in 5 to 30 days.

Though women undergoing MAT for substance use disorders may give birth to babies born with NAS, they are encouraged to participate in a MAT program. As per American Society of Addiction Medicine Guidelines, MAT is the only form of assisted drug detoxification that is recommended in expectant moms. There is ambiguity in the management of these highly complex situations - and we are nowhere near to understanding it all. The overarching goals of therapy for substance use disorders during pregnancy are to provide medical support to prevent withdrawal during pregnancy, minimize fetal exposure to harmful substances, and empower the mother to become a leader in her recovery. Such engagement provides the mother with the opportunity to receive medical and social support services, which improve outcomes both during and after pregnancy. This pivotal time in an expectant mother's journey is where the Healthy MOMS program steps in.

### **Our Response**

The Healthy MOMS - with the MOMS standing for Maternal Opiate Medical Supports - program is made possible through the engagement of community partners in the healthcare, social services, education and legal sectors and the generous support of the Pennsylvania Department of Drug and Alcohol Programs and AllOne Foundation. Through each partnering organization's engagement, moms-to-be and their families have access to a full spectrum of services to begin their lives in recovery and deliver happy and healthy babies.

Our collective ability to engage expectant mothers at this crucial time in their recovery means that - for every mom we treat - we are effectively touching two lives. For moms seeking support, there is no 'wrong way' to enter the Healthy MOMS program, in fact, we have received patient referrals from social services agencies, drug and alcohol treatment court, healthcare providers and even, our the criminal justice system.

The key to the Healthy MOMS program's success has been unparalleled leadership and support of partnering organizations such as The Lackawanna-Susquehanna Office of Drug and Alcohol Programs, Lackawanna County Department of Human Services, St. Joseph's Center, Outreach Center for Community Resources, Maternal and Family Health Services and many others. The breadth of the program's partnerships and the depth of each member's commitment to compassionate care means that each partnering agency operates at the height of their ability, providing unmatched service, support and follow-up to this exceptionally vulnerable population.

We all know that, even in perfect circumstances, raising a child takes a village. The complex struggles surrounding opioid addiction can make pregnancy an even tougher time. Access to

high-quality care and the courage to make the first step towards recovery are the two greatest barriers that we've seen moms in our program face.

Our Healthy MOMS program here in Pennsylvania has been modeled after one such program in Ohio that also focuses on breaking down barriers of access to care. We like to say that there is "no wrong door" through which to enter the program, meaning that no matter the way a mom accesses one of our team's resources, she will have an immediate support system to connect her to all other services that she may need throughout the course of her care.

As medical providers, our time with our patients is often limited to the face time that we have with each during a visit. We all know that life continues well beyond the constraints of the exam room and in fact, it is there where moms with OUD often need the most support.

It is foolish of us to assume that any medical treatment we provide will stand the tests of the immense chemical imbalance that opioids create without other social, behavioral and community-based supports. In this regard, the Healthy MOMS program increases the efficacy of our efforts for each mom-to-be we see by surrounding them each with a full suite of services to suit their needs.

As a physician, I have directly seen and felt the benefit of the program: witnessing moms-to-be more able than ever to adhere to treatment plans; becoming more confident in their own strength and ability; and, most importantly, *learning how to begin their lives in recovery and motherhood.*

I would like to leave you today with one final thought:

I have spoken today about the challenges our community is facing, but I have left out a handful of things that, until recently, have shaped the discourse surrounding addiction and recovery.

Throughout our time here today, you have not heard me say the words "epidemic, statistic, death, tragedy, addict, overdose, user, junkie"... I could keep going.

Actualizing the change that we want to see within our community begins with changing a bit ourselves. We all have the same goal: to create a happier and healthier Commonwealth. Our government's investment to date has given our community the boost that they need to jumpstart their lives in recovery. Continued investment at all levels will allow us to scale our current efforts to communities across the Commonwealth and continue to provide accessible, non-judgmental programming to help moms-to-be begin their lives in recovery.

Thank you all for your time and attention today. We have made incredible progress in recovery services, but our work is far from over. Please continue to support legislation and funding for the Healthy MOMS program and related services. Your support has already helped countless moms-to-be and their babies across the Commonwealth and is imperative to continuing our work. We do recover, together.