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DEPARTMENT OF HEALTH

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DEPARTMENT OF DRUG AND ALCOHOL PROGRAMS

Testimony of

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House Human Services Committee

Public Hearing on Senate Bill 675

November 19, 2019

Good morning Chairman DiGirolamo, Chairman Cruz, and members of the House Human Services Committee. I am grateful for the opportunity to join you today on behalf of the Department of Health and the Department of Drug & Alcohol Programs to discuss Senate Bill 675, which would require doctors who treat patients for opioid use disorder (OUD) in their offices to secure a new state level certification before they could treat those patients with the prescription medicine buprenorphine. Regretfully, Secretary Smith is unable to be in attendance today as the commonwealth hosts a psychostimulant conference concerning the alarming uptick in stimulant-usage and how the commonwealth can prepare for another substance-crisis, like the opioid epidemic.

The opioid crisis is the most pressing crisis facing Pennsylvania and, one could argue, the nation. I am proud of the work that the Department of Health, Department of Drug and Alcohol Programs, and others in the Wolf Administration have done to address the opioid crisis in Pennsylvania. As you know, together with fifteen state agencies, the Department of Health and the Department of Drug and Alcohol Programs oversee the Opioid Command Center's push to continue to combat the opioid epidemic using a three-pronged approach focusing on rescue, prevention and treatment efforts. Through the work of the Wolf Administration, we have seen some hard-earned progress against this epidemic, but this work is far from over; 12 Pennsylvanians continue to die every day as a result of an opioid overdose. We are all on the front lines of this crisis and together, and with the help of you and your colleagues in the General Assembly, we have made strong progress to the benefit of all Pennsylvanians.

However, Senate Bill 675 would take a step backwards from that progress.

Medication-assisted treatment (MAT), including the use of buprenorphine, is an evidence-based clinical best practice. MAT is considered the gold standard of care in treating opioid use disorder, because it is the most effective known treatment. Reducing stigma and increasing access to MAT has been integral in combatting the opioid crisis to date. Programs, such as the Department of Human Services' Centers of Excellence and the Department of Health's Pennsylvania Coordinated Medication-Assisted Treatment (PacMAT) program, have increased access to MAT, afforded physicians greater flexibility in the provision of MAT, and helped countless Pennsylvanians find recovery. Both agencies are proud of these efforts and support increasing access to MAT across the state for all those individuals in need of life-saving treatment. These efforts would ultimately be hindered by the barriers created in Senate Bill 675.

Senate Bill 675 sets forth unnecessary administrative barriers for clinicians; requiring state certification and an annual licensing fee for buprenorphine prescribers. The perceived issues with prescribing buprenorphine for MAT raised in Senate Bill 675 have been addressed at the federal level since 2000. The US Drug Enforcement Agency has existing education and certification requirements that must be completed, as well as fees that must be paid, before a health care practitioner can qualify to prescribe buprenorphine for MAT in an office-based setting. Regulatory prohibitions and funding barriers are already hurdles to MAT provision. It would be both redundant and detrimental to public health to introduce the proposed additional requirements in Senate Bill 675.

Furthermore, Senate Bill 675 creates policies that get between a doctor and patient by setting limits on the use of buprenorphine. Physicians who have already met federal requirements for education and certification for MAT prescribing should exercise their individual clinical judgment when prescribing or administering MAT. Failure to comply with the limitations set forth in Senate Bill 675 puts doctors at risk of discipline by their licensing board; including license suspension or revocation. These statutory limitations, coupled with the threat of disciplinary action, unnecessarily hinder physicians' clinical judgment and would result in the denial of life-saving MAT to patients.

The purpose of Senate Bill 675 is to decrease the potential for misuse of buprenorphine. However, buprenorphine is rarely indicated in opioid overdoses or opioid-related deaths. According to an evaluation by the federal Substance Abuse and Mental Health Services Administration (SAMHSA), not only is the buprenorphine waiver program effective but any diversion, adverse clinical events and public health consequences have been minimal. Based on death certificate data, only 0.1% of overdose deaths in Pennsylvania in 2018 were caused by buprenorphine. In the same year, buprenorphine was detected in combination with other drugs in less than 1% of overdose deaths. We would also like to take the opportunity to refute a previously cited statistic in a committee hearing that suggests otherwise. Previously, it was stated that over 20,000 buprenorphine-related deaths have been reported to the FDA. Upon closer investigation of this data, 94% of the reports were submitted by a single pharmaceutical

company in 2018 alone, listing as many as 18 different medications in a single death report. While we acknowledge the committee needs to be intentional about hearing information from all sides, we strongly encourage that all sources on record be credible and accurate. The lack of evidence of misuse of buprenorphine in Pennsylvania must be weighed against the known life-saving benefits of buprenorphine prescribing for MAT. The evidence does not support the drastic measures of Senate Bill 675.

Most unfortunate, Senate Bill 675 adds barriers to patients. This bill's onerous requirements for doctors could lead to fewer and fewer doctors able to prescribe this medication at a time when arguably more are needed. Ultimately, this would hurt our ability to continue to fight the opioid crisis. That is not just a talking point; that is reality leading to fewer Pennsylvanians in a treatment that doctors know works. Further, placing restrictions on patients before allowing them to be prescribed MAT is not considered a best-practice in medicine. Using non-evidence-based approaches may actually lead to a decrease in adherence to treatment or may deter people from starting treatment at all. This is not the outcome we want to achieve together.

In the continued fight against the opioid crisis, Pennsylvania needs more MAT providers, not fewer. Senate Bill 675 would discourage doctors from considering offering this essential treatment and would likely disrupt existing MAT services due to burdensome new requirements. Imposing additional barriers for individuals seeking treatment of an OUD, such as those proposed in Senate Bill 675, is a step in the wrong direction.

With the recent amendment to the Methadone Death and Incident Review Act, House Bill 1662, the Department of Drug and Alcohol Programs worked with Representative DiGirolamo to add all FDA-approved medications for the treatment of OUD to the team's review. This will make Pennsylvania the first state to analyze any buprenorphine-associated deaths that may occur, and help identify concerns and best practices to prevent any future medication-related deaths and incidents.

We support your intentions to address the opioid crisis and welcome collaboration but urge you to reconsider any support for Senate Bill 675.