Geisinger

Senate Bill 675
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Good morning, Mr. Chairman and members of the House Human Services Committee. My name is Dr. Perry Meadows, and I am Geisinger's Chief Medical Officer for the Geisinger Health Plan's Medicaid program and the interim Chief Medical Officer of Geisinger Health Plan's Behavioral Health. I want to thank the Committee for holding this hearing on a key health issue facing our nation – one that Geisinger along with other health care providers are fighting – the national opioid crisis.

Opioid addiction and related deaths have skyrocketed in the United States. The death rate from opioid overdoses was five times higher in 2016 than in 1999, and my home state of Pennsylvania has the fourth highest death rate per 100,000 population. Many of the counties with the highest death rates are served by Geisinger.

Geisinger is one of the nation's largest integrated health services organizations serving a population of more than 3 million residents throughout central, south-central and northeast Pennsylvania, and in southern New Jersey at AtlantiCare, a member of Geisinger. Our physician-led system includes approximately 32,000 employees, nearly 1,800 employed physicians, 13 hospital campuses, 2 research centers, a school of medicine, and a 580,000-member health plan. Geisinger has repeatedly garnered national accolades for our innovative care delivery models, integration, quality and service.

Today, I speak to you not only in my official capacity at Geisinger, but also as a physician that is waivered to prescribe buprenorphine in the Commonwealth and 7 other states, as the Chair of the Greater Susquehanna Valley United Way Behavioral Health and Addiction Impact Council, Chair of the Northumberland County Opioid Coalition, Vice-Chair of the Snyder/Union Opioid Coalition, and most importantly, as a parent of one with substance use disorder.

Opiate Use Disorder (OUD) is a chronic disease and must be seen and treated as such, just as diabetes mellitus and hypertension. We often will prescribe diet and exercise for those with diabetes and hypertension as an initial step. For some, this works, and the blood sugar or blood pressure is controlled and can be monitored. For others, there is the need for medication to control the blood sugar or blood pressure. Think about how many people you know who are on medications for one of these diseases. Diabetes, hypertension, and OUD are all examples of chronic diseases. There is no one specific treatment approach that works for these or any other chronic disease. The plan of care must be tailored to each individual patient.

The Virginia Board of Medicine has promulgated a comprehensive document governing the prescribing of opioids and buprenorphine (18 VAC 85-21-10 et seq.). This document can be found at https://www.dhp.virginia.gov/medicine/.

The Kentucky Board of Medical Licensure has a comprehensive list of resources for prescribing/substance abuse screening and treatment resources, which can be found at https://kbml.ky.gov/prescribing-substance-abuse/Pages/default.aspx. The Board has promulgated detailed rules regarding professional standards for prescribing and dispensing controlled substances (210 KAR 9:260) and for prescribing buprenorphine products (201 KAR 9:270). This regulation follows evidence-based standards of care for use of buprenorphine. In addition, the regulations require all DEA-licensed prescribers of buprenorphine products to complete as least twelve (12) hours of Category 1 continuing medical education specific to addiction as a part of the required continuing medical education hours. In both regulations, the Board clearly states that violation of the professional standards or failure to comply will constitute a departure from the departure from the acceptable and prevailing standards of medical practice and subject the provider to sanctions as authorized by the Kentucky Revised Statutes.

Both models would be preferred by Geisinger, as they are descriptive of the expectations of treatment, defining protocols that are based upon evidence-based standards. In addition, the protocols are under the authority of the Board of Medicine in each state, which has licensing and disciplinary authority over most prescribers of buprenorphine products. If done in conjunction with the Osteopathic Board of Medicine and the Board of Nursing, then the protocols, including disciplinary authority, would extend to all waivered providers for buprenorphine. In addition, the Kentucky model mandates additional continuing medical education related to addition for all waivered providers as part of the overall CME requirements. This mandate requires providers to stay current in the practice of addiction medicine. One suggestion would be to develop a process to have Board-approved CME for waivered providers with reporting to the Board by the CME vendor similar to the CME currently required on Child Abuse recognition and Reporting.

Geisinger is dedicated to increasing access to and improving the quality of addiction treatment for patients in Pennsylvania. In the midst of a national opioid addiction and overdose epidemic, we must do everything we can to strengthen and grow the workforce that treats the disease of addiction in order to widen access to the clinically proven treatment services that do help people recover. Geisinger is committed to being a resource and an engaged partner in the process, and we welcome the opportunity to work with the General Assembly in developing legislation and policy to improve the health of our patients and communities.

Thank you again for the opportunity to provide you with our thoughts on this critical health issue. I am happy to answer any questions you may have.