PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS

Testimony Submitted to
House Human Services Committee
On Buprenorphine Medically Assisted Treatment Act (Senate Bill 675)

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Our largest concern with the legislation as written is the potential barriers to care it creates due to Section 3's prohibitions. We appreciate the proponents' intent to deter "cash clinics" from operating in Pennsylvania – providers that prescribe buprenorphine with little to no treatment plan for the individual and often in exchange for cash lump sums. In contrast, the Community Health Center model of care is an integrated model of medical, behavioral and oral health care that focuses on the whole person to help individuals get well and stay well. Unfortunately, under the law of unintended consequences, FQHCs could be more negatively impacted by the provision than the intended target of cash clinics.

FQHCs are concerned that the provisions as drafted will inadvertently impact us and the patients we serve even though we have strong oversight and regulation and the FQHC model of care offers a comprehensive treatment plan. Let me clarify. FQHCs are required by federal regulations both to be open to all and to offer a sliding fee for all services to individuals with incomes at or below 200% of federal poverty. This means people are expected to contribute to the cost of their care based on what they can afford. These sliding fees are more often than not paid in cash and we do not want to be put in a position where we are required by federal law to provide care to all patients and offer fees based on income, but are prohibited by state law from accepting cash payments.

Beyond the specific impact on FQHCs, we have broader concerns that the prohibitions outlined in the legislation will affect many other providers providing effective care to patients in need. It is unlikely that many patients will have "evidence demonstrating active participation in an addiction treatment program licensed by the department" or a copy of their medical record with Substance Use Disorder (SUD) treatment noted. In our Community Health Centers, we have been assessing the SUD and behavioral health treatment needs of patients for years and will continue to refer patients to higher levels of care as needed. Our staffs often include certified recovery specialists, licensed therapists and case managers, all of whom are available for our patients as needed and are a part of our integrated treatment team. For Community Health Centers, the path to prescribing buprenorphine will most likely come after a patient is referred from a health center clinician in primary medical, oral health or behavioral health care.

Community Health Centers are exploring many approaches to combatting the opioid crisis, including medication assisted treatment (MAT) and professional counseling and we are having success addressing this illness outside of a residential setting or inpatient setting. The ability to adjust treatment methods, based on the needs of each patient, is crucial to helping underserved, vulnerable individuals with substance use disorder, including those with housing insecurity, untreated psychiatric illness, or lack of access to transportation.

In terms of enforcement of responsible prescribing of buprenorphine, we believe that licensing boards are the most appropriate and effective oversight. The potential of losing one's license is an extremely effective means to ensure compliance with prescription practices rather than reinventing the enforcement wheel by having DDAP impose penalties.

<u>Policy Issues for Consideration</u>

As Community Health Centers, we offer the following concepts for consideration as the committee further explores how to best approach oversight of SUD treatment:

- **Public Health** – We will note that Community Health Centers are integral public health partners and often the first line of surveillance and response to a public health crisis. The Department of Health and DDAP both recognize the important role health centers play in this arena and that we

Senate Bill 675 as we work together to protect individuals suffering in the opioid crisis. We think that our model of care opens the possibility of treatment to the broadest number of people, engages people in their own care and recovery, and has been proven effective. We are glad to provide additional information or data; please direct any questions or requests following this testimony to PACHC's CEO, Cheri Rinehart, cheri@pachc.org. I am also happy to respond to any questions from a Community Health Center perspective that you might have at this time.