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Testimony of Thomas A. Farley, MD, MPH
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Humans Services Committee
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Chairman DiGirolamo, Chairman Cruz and members of the committee, I am Dr. Thomas Farley, Health Commissioner for the City of Philadelphia. Thank you for allowing me to testify today to address the use of evidence-based treatment for opioid use disorder and our critical efforts to stem the opioid crisis.

Philadelphia has been hit particularly hard by the epidemic of opioid use, addiction, and overdose. Between 2017-2018, more than 2,300 people died of a drug overdose and in 2019, we are on track to suffer another 1,100 overdose deaths - giving Philadelphia the highest overdose mortality rate by far of any large city in the nation. Nearly 90% of the drug overdose deaths in Philadelphia involve opioids. To combat this crisis, we are working to reduce unnecessary prescribing of oxycodone and other pharmaceutical opioids, increase access to medication-assisted treatment for opioid use disorder (OUD), and make naloxone (Narcan) more widely available to reverse overdoses.

Buprenorphine is a safe and highly effective medication for the treatment of opioid addiction. This medication is being successfully utilized in various treatment venues, including outpatient primary care offices, emergency departments and mobile clinics. Treatment using buprenorphine is estimated to reduce mortality by up to 50 percent among people with OUD. It reduces the risk that sufferers will relapse and experience a fatal overdose by alleviating withdrawal symptoms, reducing opioid cravings, and decreasing the response to future drug use. Buprenorphine is also associated with decreased rates of associated chronic infections such as Hepatitis C and HIV, improved social functioning, decreased criminal activity, and significant reductions in healthcare costs.

This is why, one of the central local, state and federal strategies to combat the opioid crisis is to increase access to buprenorphine treatment. Most patients with opioid use disorder do not currently have access to medication treatment and fewer than four percent of qualifying practitioners in the United States are licensed to prescribe buprenorphine. In Pennsylvania there are six counties without a single practitioner certified to prescribe buprenorphine and seven other counties with only one certified practitioner. In total, only 2.9 percent of qualifying practitioners in Pennsylvania are waivered to prescribe buprenorphine.

SB 675 would create extremely burdensome requirements for qualifying practitioners in Pennsylvania to prescribe buprenorphine. These include requirements for counseling, prescriber licensing, dispensing and staffing. These additional constrains will force many practitioners currently offering buprenorphine treatment to stop doing so, prevent new providers from obtaining certification and significantly increase barriers for patients seeking treatment. By reducing access to medication-assisted treatment, this bill reverse much of the progress we have made in combatting the opioid crisis. I believe this would in turn increase the number of people dying of opioid overdose.

Lack of treatment availability is directly linked to increases in rates of misuse and diversion of buprenorphine. Individuals primarily use diverted buprenorphine because they lack access to a provider or prescription medication coverage, while seeking treatment for opioid use disorder. According to one study, among those who use diverted buprenorphine, 79 percent report doing so to prevent withdrawal, 67 percent report using to abstain from other more dangerous illicit opioids, and 53 percent report using in an attempt to self-wean from illicit opioids. What's more, 81 percent of those who use diverted buprenorphine reported they would prefer taking it as prescribed by a medical professional. Further reducing available treatment would increase the demand and value of diverted buprenorphine whereas expanding and improving access to care would allow these patients to receive the supervised medical therapy they need and desire.

While many patients benefit from treatment programs that include substance use disorder counseling, others benefit from treatment with buprenorphine, without confinement to residential settings or outpatient counseling. Community-based providers, such as primary care physicians and community health centers, are essential to treating those with opioid use disorder. Receiving services from community-based providers can increase patients' comfort with starting treatment.

According to the National Academies of Sciences, Engineering, and Medicine 2019 report, *Medications for Opioid Use Disorder Save Lives*, "A lack of availability of behavioral interventions is not a sufficient justification to withhold medications to treat opioid use disorder." Behavioral treatment is not legislatively mandated for patients with depression, hypertension or diabetes. As with other chronic conditions, counseling should be offered and encouraged but not mandated to receive pharmacologic intervention.

In summary, when someone with OUD decides they are ready for treatment, it is our responsibility to ensure evidence-based treatment is readily available. To do this, we must reduce – rather than increase - barriers to treatment.

Thank you for the opportunity to testify. I am happy to answer your questions.