Pennsylvania Society *of* Addiction Medicine

A Chapter of American Society of Addiction Medicine

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Pennsylvania Society of Addiction Medicine Opposition to SB675
By: William Santoro, MD, FASAM, DABAM

Good morning, Mr. Chairman and members of the House Human Services Committee. My name is Dr. William Santoro – I am a board-certified addiction medicine specialist, a Fellow of the American Society of Addiction Medicine, and a Diplomate of the American Board of Addiction Medicine. I am the Chief of the Section of Addiction Medicine at Tower Health. Thank you for the opportunity to testify today on behalf of the Pennsylvania Society of Addiction Medicine.

As an addiction medicine physician, I – along with the other members of the Pennsylvania Society of Addiction Medicine – specialize in caring for the patients with addiction, including opioid use disorder. Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment and an individual's life experiences. Treatment of this chronic disease often includes the use of medication for addiction treatment, such as buprenorphine, methadone and naltrexone. Buprenorphine being the primary focus of this bill.

Although well-intentioned, the regulations that would be imposed by SB675 are likely to decrease access to evidence-based treatment for addiction and substance use disorders. Our opposition to the bill is guided by two principles:

First, office-based opioid treatment with buprenorphine saves lives. Far from "substituting one addiction for another," buprenorphine works within the brain to diminish withdrawal symptoms and cravings, allowing patients to break the cycle of intoxication, withdrawal, and craving that is a hallmark of addiction. With buprenorphine, a patients desire to use opioids is markedly reduced and allows them to address the medical, psychological and other barriers they face to achieve remission. Relative to treatment without medication, office-based opioid treatment with buprenorphine improves six-month treatment engagement, significantly reduces cravings, illicit opioid use and mortality, and improves psychosocial outcomes. While buprenorphine is not a silver bullet to cure opioid use disorder, it is a valuable, evidence-based tool that helps patients on their road to recovery.

Second, in treating addiction, one size does not fit all. The ASAM National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use state that psychosocial treatment is generally recommended for patients who are receiving opioid agonist and partial agonist treatment, such as methadone or buprenorphine. Psychosocial treatment in this context can include a needs assessment, supportive counseling, links to existing family supports, and referrals to community services. It is important to differentiate, however, between practice guidelines and the state mandating a particular course or type of treatment. Although many patients benefit from participation in state-licensed addiction treatment programs, others do not. Indeed, some patients succeed with more limited psychosocial supports short of those offered at licensed treatment facilities; others – if required to participate counseling or other psychosocial interventions – may avoid treatment altogether, depriving those patients of the opportunity to escape the cycle of addiction. Mandating a one-size-fits all

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June 18, 2019

The Honorable Gene DiGirolamo
House Human Services Committee
East Wing Building, Room 49
Harrisburg, PA 17120

Re: Opposition to SB675

Dear Chairman DiGirolamo and members of the House Human Services Committee,

On behalf of the American Society of Addiction Medicine (ASAM) and the Pennsylvania Society of Addiction Medicine (PSAM), we would like to take this opportunity to provide our opposition to SB675. With the opioid addiction and overdose epidemic significantly impacting the country and Pennsylvania, ASAM and PSAM are concerned that the duplicative certification requirements established by the bill, as well as the proposed licensing fee for Office-Based Opioid Treatment (OBOT) practices as outlined in SB675 will result in decreased access to lifesaving care. We cannot support the bill in its current form.

ASAM and PSAM are dedicated to increasing access to and improving the quality of addiction treatment for patients in Pennsylvania and across the nation. 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. With the state considering additional requirements for Office-Based Opioid Treatment (OBOT) practices, where waivered physicians prescribe buprenorphine in an outpatient setting, it is critical that any regulation the state considers does not impede physicians' interest in providing addiction treatment services and prevent patients from accessing the right care they need exactly when they need it, as outlined in ASAM's Public Policy Statement on the Regulation of Office-Based Opioid Treatment.

The licensure program to be established by the Department of Drug and Alcohol Programs for OBOT providers as qualified by training and experience in order to prescribe buprenorphine would create a duplicative process for physicians, nurse practitioners, and physician assistants to practice OBOT as established by the federal Drug Addiction

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