

Written Testimony

April 4, 2022

Submitted by:

Jeanmarie Perrone, MD FACMT

Professor, Emergency Medicine, Medical Toxicology and Addiction Medicine
Initiatives

Director, Center for Addiction Medicine and Policy
University of Pennsylvania

Good morning. Thank you for inviting me to participate in this very important hearing. My name is Jeanmarie Perrone and I am the Director of the Penn Medicine Center for Addiction Medicine and Policy and an emergency medicine physician. In 2017 I started our emergency department (ED) addiction treatment program and I continue to serve on several state committees including the Prescription Drug Monitoring Program and the Patient Advocacy Program. I am honored to be here today.

As an emergency physician I have seen the ravages of the opioid crisis on patients and their families and have cared for an increasing number of fatal and nonfatal opioid overdoses during the pandemic as patients faced barriers to treatment access and retention due to clinic closures, job loss and isolation. Fatal overdoses have risen 35% nationally and 16% in Pennsylvania in 2020. From the front lines of the ED, we have found that providing low barrier 24/7 treatment—offering same day buprenorphine starts coupled with harm reduction initiatives such as dispensing narcan can begin to address challenges in treatment access to medications for opioid use disorder in Black and Hispanic patients.

Monitor treatment access by race to assess disparities

Disparities are widening with respect to accessing treatment. We need our programs to benchmark medication initiation as we see overdose deaths increasing faster in communities of color; we need treatment access commensurate with the rapid escalation in substance use deaths in these communities. Expanding the availability and accessibility of low barrier models of care delivery can help engage high-risk communities, particularly when working in conjunction with community leaders.

Telehealth

Due to limitations in treatment access during the COVID 19 pandemic, we rapidly developed innovative strategies to leverage changes in telehealth policy to improve our care delivery with a specific focus on providing a safety net for patients who were facing barriers to continued medication treatment. It is feasible to develop a statewide network of telehealth “addiction bridge” treatment to prevent gaps in care and continue patients on medication during transitions from hospital to outpatient, incarceration through release and pregnancy to parenting. We must fortify existing

initiatives and strengthen strategies targeting low barrier treatment initiation and sustainable care.

ED buprenorphine treatment expansion

Through the Medicaid HQIPS program, many emergency departments in PA developed treatment linkages to engage patients into treatment by prescribing buprenorphine and making a warm handoff to a local treatment center. This program can be expanded in Pennsylvania using a model similar to one implemented in California emergency departments. Their goal is to expand the program to every emergency department in the state to be able to provide buprenorphine and naloxone, both life saving interventions coupled with transitions to ongoing care and sustainable recovery. We should plan similar implementation across Pennsylvania now that the HQIPS program has matured and successful ED buprenorphine programs have been established in many areas of the state as models for EDs that have not begun offering treatment initiation.

Expand peer recovery services and reimbursement

We have developed a program utilizing the wisdom of peer recovery specialists, people who are in recovery from opioid use, who build alliances with patients and help them navigate the early treatment journey. Peers provide a pathway to sustainable employment for people with substance use experiences. We can expand this workforce and pathway by developing billing and reimbursement strategies for these services that can be initiated in ED visits, primary care and obstetric practices and expand this element of the treatment paradigm.

Expand Syringe Services Programs

More syringe services programs would be a powerful tool in the fight against substance use disorder, and help to reduce HIV and HCV. Senate Bill 926 would legalize syringe services programs in Pennsylvania. In addition, expanding these programs in Pennsylvania will save the commonwealth millions of dollars annually and reduce the burden on our health care system. As Pennsylvanians continue to deal with the impact of the opioid crisis, syringe exchange programs should be allowed to operate freely across the commonwealth. Support from the General Assembly will enable

more programs to operate, improve public safety, and allow patients with substance use disorders to connect to patient centered treatment options.