
THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 216 Session of
2019

INTRODUCED BY POLINCHOCK, CIRESI, DIGIROLAMO, FARRY, FREEMAN,
HEFFLEY, McCLINTON, PASHINSKI, RIGBY, SAPPEY, THOMAS AND
TOOHIL, APRIL 10, 2019

REFERRED TO COMMITTEE ON HUMAN SERVICES, APRIL 10, 2019

A RESOLUTION

1 Establishing a legislative task force on overdose recovery and
2 directing the Joint State Government Commission to conduct a
3 study on warm hand-off to treatment for individuals with a
4 substance use disorder in this Commonwealth and to report its
5 findings and recommendations to the House of Representatives.

6 WHEREAS, Managing the aftermath of an overdose by offering
7 lifesaving assistance is only the first step needed for
8 survival; and

9 WHEREAS, The Commonwealth began to combat the opioid
10 addiction crisis by authorizing the use of naloxone for first
11 responders to bring individuals back from the brink of death
12 after an overdose; and

13 WHEREAS, For overdose survivors, warm hand-off to addiction
14 treatment is the critical next step to restore lasting health
15 and safety; therefore be it

16 RESOLVED, That the House of Representatives establish a
17 legislative task force on overdose recovery; and be it further

18 RESOLVED, That the task force be comprised of four members of
19 the House of Representatives appointed by the Speaker of the

1 House of Representatives, two members recommended by the
2 Majority Leader of the House of Representatives and two members
3 recommended by the Minority Leader of the House of
4 Representatives; and be it further

5 RESOLVED, That the House of Representatives direct the Joint
6 State Government Commission to assist the task force and conduct
7 a study on warm hand-off to treatment for individuals with a
8 substance use disorder in this Commonwealth; and be it further

9 RESOLVED, That the Joint State Government Commission, as part
10 of its study, establish an advisory committee, consisting of the
11 following members:

12 (1) The Secretary of Drug and Alcohol Programs or a
13 designee.

14 (2) The Secretary of Health or a designee.

15 (3) The Secretary of Human Services or a designee.

16 (4) The Secretary of Corrections or a designee.

17 (5) The Adjutant General or a designee.

18 (6) An individual who is in long-term recovery with
19 knowledge and training in substance use disorder treatment.

20 (7) A certified peer specialist.

21 (8) The following representatives from professional
22 associations or businesses in this Commonwealth:

23 (i) A district attorney.

24 (ii) A law enforcement official.

25 (iii) A fire department.

26 (iv) An emergency medical service provider.

27 (v) A provider of drug and alcohol addiction
28 treatment.

29 (vi) A hospital administrator.

30 (vii) An addiction treatment provider.

- 1 (viii) A certified recovery specialist.
- 2 (ix) A recovery organization.
- 3 (x) A health insurance entity.
- 4 (xi) An emergency physician.
- 5 (xii) A public health specialist.
- 6 (xiii) A county drug and alcohol administrator.
- 7 (xiv) An expert in large-scale data entry systems
- 8 and procedures.
- 9 (xv) An expert in Federal and State confidentiality
- 10 laws regarding substance use disorder and treatment.
- 11 (xvi) An expert in medical marijuana.
- 12 (xvii) A foundation supporting unmet addiction
- 13 treatment needs;

14 and be it further

15 RESOLVED, That the initial purpose of the advisory committee
16 shall be to recommend ways to develop and implement overdose
17 stabilization and warm hand-off centers that are staffed at
18 locations that can medically oversee the stabilization of
19 overdose survivors, begin detoxification when clinically
20 appropriate, engage survivors with intervention specialists,
21 complete a full addiction assessment and referral and connect
22 survivors to all modalities and levels of treatment established
23 by research as effective in achieving long-term recovery
24 depending on the survivor's individual clinical needs; and be it
25 further

26 RESOLVED, That the advisory committee provide expertise on
27 how overdose stabilization and warm hand-off centers shall
28 address the needs of survivors' families and utilize families in
29 the engagement and treatment of the survivors, as appropriate;
30 and be it further

1 RESOLVED, That the advisory committee offer recommendations
2 on how to ensure that medical personnel at overdose
3 stabilization and warm hand-off centers are trained in
4 identifying patients who, due to other conditions, should be
5 referred immediately to a hospital emergency department; and be
6 it further

7 RESOLVED, That the advisory committee explore mechanisms and
8 recommend ways to expand, where feasible, the function of
9 currently existing crisis health care facilities so they can
10 serve as overdose stabilization and warm hand-off centers, in
11 addition to their current functions; and be it further

12 RESOLVED, That the development of overdose stabilization and
13 warm hand-off center recommendations made by the advisory
14 committee include:

15 (1) Identifying the areas in this Commonwealth that will
16 benefit most from the placement of overdose stabilization and
17 warm hand-off centers through an analysis of population
18 density and number of overdose deaths.

19 (2) Creating the design, staffing structure and
20 operational protocols of the overdose stabilization and warm
21 hand-off centers, which may include consideration of existing
22 detoxification facilities with expanded capacity and
23 functions.

24 (3) Expanding the functions of currently existing crisis
25 health care facilities so they can also serve as overdose
26 stabilization and warm hand-off centers.

27 (4) Identifying funding sources for overdose
28 stabilization and warm hand-off centers that can become self-
29 sustaining.

30 (5) Examining the need for creating a new licensing

1 category to cover the overdose stabilization and warm hand-
2 off centers.

3 (6) Establishing criteria to evaluate the performance
4 and effectiveness of overdose stabilization and warm hand-off
5 centers that can be used to gather and make recommendations
6 for continuous quality improvements.

7 (7) Examining methods of collecting clinically useful
8 data related to capacity and treatment outcomes;
9 and be it further

10 RESOLVED, That the advisory committee establish criteria to
11 evaluate the effectiveness, financial impact and the impact of
12 the availability of emergency medical services (EMS) resources
13 to a geographic area when EMS utilizes an overdose stabilization
14 and warm hand-off center; and be it further

15 RESOLVED, That the advisory committee establish criteria to
16 evaluate the effectiveness of the Department of Health's EMS
17 warm hand-off training curriculum and protocols relative to
18 medical overdose stabilization; and be it further

19 RESOLVED, That the Joint State Government Commission issue a
20 report of its findings and recommendations to the House of
21 Representatives no later than 18 months after the adoption of
22 this resolution.