



PAMED Position on SB 675

June 24, 2019

Dear Representative:

On behalf of our physician members (PAMED) and the membership of our medical specialty colleagues at the Pennsylvania Psychiatric Society (PaPS), **we are writing to express our opposition to Senate Bill 675, Printer's Number 820 as written.** Although well-intended, the enactment of Senate Bill 675 has the potential of denying lifesaving medical treatment to Pennsylvanians in need of substance use treatment.

As physicians, we are dedicated to increasing access to comprehensive, evidenced-based treatment to assist individuals in their recovery from addiction to opioids and other controlled substances. With opioid addiction and overdoses at crisis levels at the state and national level, now is not the time to impose any additional barriers to increase the number of providers seeking to obtain initial DEA-approved buprenorphine waiver training certification or those currently treating patients who may decide to discontinue treatment to patients because of additional requirements imposed by the enactment of Senate Bill 675.

While we share your goal of battling the opioid epidemic facing Pennsylvania, the enactment of Senate Bill 675 will not solve this crisis. Provisions within Senate Bill 675 take away a physician's ability to do what they do best, providing compassionate holistic care for patients in need of addiction treatment. This proposed legislation will take away the ability of physicians to administer Medication-Assisted Treatment (MAT) in an effective manner when dealing with opiate dependent patients.

The Drug Addiction Treatment Act of 2000 enables physicians to qualify to treat opioid dependency with buprenorphine products if they are:

- Licensed under state law
- Registered with the Drug Enforcement Administration (DEA) to dispense controlled substances
- Treating no more than 30 patients at a time within the first year
- Qualified by training and/or certification

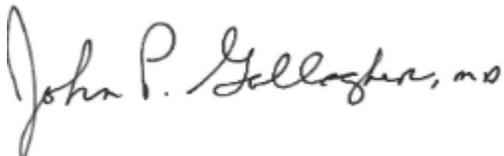
MAT is a tool for physicians to utilize as an additional component of an individual's treatment regimen when other treatment areas alone have failed to treat their addiction to opioids and other controlled substances. This evidence-based technique is recognized as the most effective treatment, providing the longest drug free

intervals and reduced mortality rates of any opioid treatment regimen. Although not mandatory, most physicians (especially those specializing in addiction medicine) personally provide or refer patients out for counseling to ensure successful recovery and to avoid relapse in the future.

While we oppose Senate Bill 675 because it has the potential of decreasing access to substance use treatment, we are committed to working with the state legislature to ensure Pennsylvania's addiction treatment system is aligned with the standards and best practices of the addiction medicine field. It is imperative that patients have access to the right care they need when they need it. Physicians should have unlimited access to all evidenced-based treatment options available to assist Pennsylvanians suffering from the opioid epidemic. Unfortunately, it is our belief that Senate Bill 675 does the exact opposite; it denies physicians the ability to help their patients. PAMED and PaPS stand together in our opposition to Senate Bill 675 as written and respectfully urge you to do the same.

Please do not hesitate to contact us if we can provide additional resources and/or can work with you to come up with a more viable solution/alternative to Senate Bill 675 that would satisfy your concerns.

Sincerely,



John P. Gallagher, MD
Chair, Pennsylvania Medical Society



Keith R. Stowell, MD, DFAPA
President, Pennsylvania Psychiatric Society

