September 16, 2019

Chairman Gene DiGirolamo
49 East Wing
PO Box 202018
Harrisburg, PA 17120-2018

Chairman Angel Cruz
528E Main Capitol Building
PO Box 202180
Harrisburg, PA 17120-2180

Dear Chairman DiGirolamo and Chairman Cruz:

On behalf of the undersigned organizations, we write in opposition to SB 675 (PN 0820), the Licensing Prescribers of Suboxone Act. This legislation would significantly obstruct the use of evidence-based treatment for opioid use disorder (OUD) and block efforts to stem the opioid crisis.

Pennsylvania experienced 5,456 drug related overdose deaths in 2017.[i] This represents a rate of 43 deaths for every 100,000 people, nearly twice the national average of 22 overdose deaths per 100,000 people. Buprenorphine is a safe and highly effective medication for the treatment of opioid addiction, which is being successfully utilized in various treatment venues, including outpatient primary care offices, emergency departments and harm reduction outreach programs. Treatment using buprenorphine is estimated to reduce overdose mortality by up to 50 percent among people with OUD.[ii] It is also associated with increased rates of abstinence from nonmedical opioid use, decreased rates of associated chronic infections including Hepatitis C and HIV[iii], improved social functioning[iv], decreased criminal activity,[v] and significant reductions in healthcare costs.[vi]

For these reasons, one of the central strategies to combat the opioid crisis is to increase access to buprenorphine treatment. We are making progress in this area, but have much further to go. 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[vii]. According to one estimate, fewer than 30 percent of buprenorphine-waivered qualifying practitioners actually prescribe the medication. In Pennsylvania there are six counties without a single practitioner certified to prescribe buprenorphine and seven other counties with only one certified practitioner.[viii] In total, only 2.9 percent of qualifying practitioners in Pennsylvania are waivered to prescribe buprenorphine.

Increasing the number of burdensome new requirements and fees for qualifying practitioners in Pennsylvania to prescribe buprenorphine would also increase barriers for patients seeking treatment. These additional requirements would prompt many practitioners currently offering buprenorphine treatment to stop doing so and further deter new providers from obtaining certification. By reducing access to medication-assisted treatment, it would reverse much of the progress we have made in combatting the opioid crisis.

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.[ix] The ability to adjust treatment methods, based on the needs of each patient, is crucial to helping underserved individuals with substance use disorder, including those with housing insecurity, untreated psychiatric illness, or lack of access to transportation.

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.[x]" 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.[xi]

Lack of treatment availability is also directly linked to increases in rates of misuse and diversion of buprenorphine.[xii] Individuals primarily use diverted buprenorphine because they lack access to a provider or prescription medication coverage, while seeking treatment for opioid use disorder. 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.[xiii] 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 desire.

While the risk of overdose from buprenorphine is extremely low, efforts still should be made to address diversion. Steps should be taken to prevent fraud and abuse; expand access to care; streamline coordination of care, support the work of primary care physicians, qualifying practitioners, recovery specialists and behavioral health counselors with special training in addiction medicine and increase awareness around buprenorphine and options to treatment. We urge you to continue working with us to develop sound policy alternatives to these concerns.

When someone with OUD decides that they are ready for treatment, it is our responsibility to ensure evidence-based treatment is readily available. To do this, we must reduce barriers to treatment. This legislation would take treatment options away from those that need it. It is for these reasons we oppose SB 675.

Sincerely,

Armstrong-Indiana-Clarion Drug & Alcohol Commission (AICDAC)

Dr. Michael Ashburn Director of Pain Medicine and Professor of anesthesiology
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Pennsylvania Academy of Family Physicians

Pennsylvania College of Emergency Physicians

Pennsylvania Coalition of Nurse Practitioners

Pennsylvania Harm Reduction Coalition

Pennsylvania Medical Society

Pennsylvania Psychiatric Society

Pennsylvania State Nurses Association

Philadelphia Department of Behavioral Health & Intellectual disAbility Services

Philadelphia Department of Public Health

Prevention Point Philadelphia

Prevention Point Pittsburgh

Project HOME

Public Health Management Corporation (PMHC)

River Valley Health & Dental Center, Williamsport, PA

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Dr. Marc Shalaby, MD FACP, Program Director - Internal Medicine/Primary Care Residency and Professor of Clinical Medicine at the University of Pennsylvania School Of Medicine

Shatterproof

Dr. Rachel Snyder, Penn Center for Primary Care, University of Pennsylvania School Of Medicine
Squirrel Hill Health Center, Pittsburg, PA

cc: Members of the House Human Services Committee

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