

**House Majority Policy Committee**

# **COMBATING PENNSYLVANIA'S OPIOID EPIDEMIC**



**October 2016**

# SUMMARY

Pennsylvania is in the middle of a deadly epidemic. **In 2015, 3,383 Pennsylvanians died from overdose of drugs. That number represents a more than 23 percent jump from 2014.** Our state now leads the nation in drug overdoses among men aged 12 to 25. Deaths of adults aged 55-64 have increased seven-fold from 1999-2013. Deaths in women have increased 400 percent since 1999.

Opioids are a class of drugs derived from or pharmacologically similar to opiates, and are on the rise as a cause of drug addiction and death in Pennsylvania. While these analgesics are the most effective pharmaceuticals for killing pain, they carry with them a significant risk of addiction.

According to a recent report, 20 to 30 percent of opioids prescribed for chronic pain are being misused. Despite popular opinion, experts agree opioid abuse and addiction affects all groups of Pennsylvanians – not differentiating by race, region, religion, income or any other factor.

20 to 30 percent of opioids prescribed for chronic pain are being misused.

To combat the crisis, in June, the speaker of the House and the governor called on the House Majority and Minority Policy committees to work together to host hearings throughout the state in order to prepare for a potential special session on Pennsylvania's opioid epidemic.

Led by Rep. Kerry Benninghoff and Rep. Mike Sturla, the bipartisan committee set out on an **eight-stop tour** throughout the Commonwealth to gather testimony about the growing crisis and how it is impacting communities. The intention of these hearings was to educate members on opioid abuse, addiction and treatment, and to assist them in bringing back legislative recommendations and policy changes to be considered.

Throughout the course of the hearings, **75 Republican and Democrat House members heard directly from 65 experts**, including representatives from law enforcement, the medical community, local government, treatment centers, education, the pharmaceutical industry, the insurance industry, community advocates and everyday Pennsylvanians whose lives have been forever impacted by addiction.

Legislators who attended had the opportunity to not only hear testifiers' recommendations, but to ask questions and engage in discussion with the experts on the effectiveness, or ineffectiveness, of current strategies and policies being deployed in Pennsylvania to combat addiction.



The majority of the testimony and discussion centered on the following themes: Reducing opioid prescriptions; physician education and public awareness; access to treatment and quality care; enforcing insurance laws; use of Naloxone; Pennsylvania's privacy laws; criminal justice considerations; and updating and re-evaluating Pennsylvania's laws, regulations and policies.

**This report contains a high level summary of the testimony received, as well as a list of legislative recommendations heard by the joint committee.**

# Testimony Overview

## Shutting Off the Source: Reducing Opioid Prescriptions

The U.S. consumes 80 percent of all opioids globally, despite only having 5 percent of the world population. Health care providers in the U.S. wrote 259 million prescriptions for painkillers in 2012. This rate has quadrupled since 1999. Some data suggest that 60 percent of prescription opioid deaths occur in patients with no history of substance abuse and who are only prescribed an opioid by one health care practitioner.

Most testifiers argued that if we want to end this epidemic, we must shut off the source and reduce the number of opioids being prescribed, and ultimately making their way onto the streets. Some feel we must take legislative steps to curb the number of prescriptions being written, while others feel physicians are well on their way to correcting the over-prescribing problem themselves.

More on  
page 5.

## Physician Education and Public Awareness

The abuse of opioids, including prescription painkillers and drugs like heroin, is not a new issue for the United States. However, in recent history, the promise of non-addictive pain medication, as well as efforts to tie patient satisfaction and financial reimbursements with pain management, has resulted in physicians writing a record number of opioid prescriptions.

Today, as more information about the addictive and potentially harmful properties of opioids comes to light, many physicians have made the decision to re-educate themselves, their colleagues and their patients on the risks associated with opioids, as well as the signs of misuse, abuse and addiction.

Most testifiers from the medical profession argued that education on opioids and opioid abuse will spread organically, and has already begun to do just that, while others would like to see mandated physician education on the topic, as well as tax dollars allocated to a public awareness campaign about the dangers of prescription drugs for everyday Pennsylvanians.

More on  
page 7.

## Access to Treatment and Quality Care

Despite a great demand for treatment, there is a significant “bed” and provider shortage in Pennsylvania. Flexible funding is needed to address the shortage and expand access. Pennsylvania is also experiencing a shortage of qualified professionals to fill the in-demand jobs of the substance abuse treatment field.

In regards to treatment, most experts agreed that there are multiple pathways to recovery, and addicts need affordable access to all options, including: inpatient, outpatient, partial, detox, short- and long-term rehab, abstinence-based treatment, medically-assisted treatment (MAT), and various peer and recovery oriented support. Additionally, mental health and physical health must be addressed as a component of substance abuse treatment. Regardless of the pathway, it is indisputable that more time in treatment results in more successful outcomes.

More on  
page 8.

## Enforcing Insurance Laws

The committee heard from multiple testifiers that Pennsylvania has some of the best insurance laws in the country. Many of those same testifiers told us that those laws and regulations are not being properly enforced.

More on  
page 10.

## After an Overdose: Followup to Naloxone

Act 139 of 2014 gave law enforcement and first-responders the ability to carry and administer naloxone – the life-saving drug that can reverse ongoing opioid overdoses. In October 2015, Physician General Dr. Rachel Levine signed a statewide standing order for naloxone which allowed all individuals in Pennsylvania to have a prescription for naloxone and for pharmacists to dispense it to anyone in need. Beginning in April 2016, the Wolf Administration announced naloxone would become available to all public high schools in Pennsylvania at no cost.

The result has been a significant number of lives saved. According to the Pennsylvania Department of Drug and Alcohol Programs; more than 1,000 overdoses have been reversed by naloxone in Pennsylvania since November 2014.

It is generally agreed to that Pennsylvania should continue to expand access to Naloxone, also known as Narcan. However, debate erupted during discussion of what should happen after someone has been “brought back” from Narcan, in some cases, multiple times.

Some testifiers believed there should be a consequence for “repeat offenders,” others felt there should be mandated treatment for those requiring the drug, and finally, others argued mandates and punishments could be detrimental in the process of successfully reaching an addict and getting him or her into real, long-term recovery.

More on  
page 12.

## Pennsylvania’s Privacy Laws

Pennsylvania laws and regulations concerning the sharing of patient information are stricter than federal HIPAA standards. Currently, state law and regulation requires patients to give consent before any information about their substance abuse diagnosis or treatment can be shared with others, including medical professionals.

Given the stigma of addiction and substance abuse disorder, some believe it is important to be deliberately restrictive with this information in order to protect the rights and the dignity of patients. However, several testifiers in the treatment field indicated that these laws and regulations make it too difficult to share information between parties that should be collaborating together for the best outcome for a patient.

It should also be noted that some argue Pennsylvania’s law is workable in its current state for both patients and providers, but could need a legislative fix due to years of miscommunication and stricter-than-necessary regulatory interpretation.

More on  
page 14.



## Criminal Justice Considerations

Beyond the public health toll, opioid and other drug-related crimes are straining our prison system and costing local and county governments millions of dollars. Drug courts and other problem-solving courts have been very successful in addressing the crisis of addiction, reducing the burden and cost on taxpayers, as well as helping to reduce recidivism. Many testifiers advocated for state, county and local government resources to be allocated to these courts. The argument being, that over time, money invested in prevention, intervention and treatment will result in significant savings to our criminal justice system and all levels of government.

Additionally, several other criminal justice legislative and policy considerations were presented before the joint committee, including a reinstatement of the mandatory minimums for violent and dangerous drug dealers, how to successfully care for and treat addicts within the criminal justice system, and the potential for an addict in long-term recovery to have criminal charges dropped or reduced after successfully completing a rehabilitative program.

More on  
page 15.

## Updating and Re-evaluating Pennsylvania's Laws, Regulations and Policies

The joint committee heard from several testifiers that certain Pennsylvania laws, regulations, policies and procedures may be having unintended consequences or creating unnecessary barriers to care. For example, we heard that regulations regarding Medically Assisted Treatment (MAT) need to be updated, that funding "silos" and regulatory obstructions have prohibited multiple services from being offered at one convenient location for patients, and that Pennsylvania is not collecting data on Neonatal Abstinence Syndrome, just to name a few.

Consider this category the "catch all" for the legislative and policy changes at which our experts believe we need to be taking a closer look.

More on  
page 17.



# Recommendations Offered for Consideration

All listed recommendations are summaries of the testimony received during the hearing tour and should not be considered word-for-word transcriptions. More information, helpful context, written testimony and full-length videos of each hearing are available at [www.PAGOPPolicy.com](http://www.PAGOPPolicy.com).

*\*For your convenience, House Republican Research staff has provided references to current legislation, where applicable. If you have questions about these bills and how they relate to the associated recommendation, or would like assistance drafting any new legislation, please contact our very knowledgeable and capable committee staff.*

## Prevention: Reducing Opioid Prescriptions

### **Cheryl Andrews- Pennsylvania Association of County Drug and Alcohol Administrators**

- Mandate training on safe prescribing, substance-use disorder identification and intervention strategies for physicians, including dentists. Physicians in a laboratory setting should be considered exempt from mandated prescribing training since they do not have patients, nor do they prescribe medications.
  - [House Bill 1805 \(Masser\)](#) and [Senate Bill 1202 \(Yaw\)](#)

### **Hon. Rae Boylan- Bucks County Drug Court**

- Under the Affordable Care Act, doctors are rated and reimbursed based on patient satisfaction. If doctors deny pain medication, they could face a financial consequence.

### **Isaac Caraway- Office of Attorney General, Bureau of Narcotics Investigation**

- Under current law, the only health care-related entities required to report a diversion event are hospitals. Recommends amending Title 28 to require all health care entities to report all diversions of controlled substances to the Office of Attorney General (OAG).
- All prescriptions should be written on state-issued, tamper-resistant prescription pads to stop forgery.
- Pharmacist should be required to check identification every time they dispense a controlled substance.
- Currently, pharmacists are only required to upload records to the prescription database every 72 hours. This allows a period of time for individuals to fill a number of prescriptions. Pennsylvania should require the immediate uploading of information.
- Physicians should be required to check the database each and every time they prescribe a controlled substance.
  - [House Bill 2314 \(DiGirolamo\)](#), [House Bill 2334 \(Gainey\)](#), [House Bill 2336 \(Gainey\)](#) and a [pending amendment to Senate Bill 1202 \(Yaw\)](#)
- Implement mandatory prescribing guidelines.
  - [House Bill 1699 \(Brown\)](#) and [Senate Bill 1367 \(Yaw\)](#)

### **Shane Judy- Pharmacist, Venango County Overdose Task Force**

- State prescribing guidelines should be mandatory.
  - **House Bill 1699 (Brown) and Senate Bill 1367 (Yaw)**
- In Maine, by Jan. 1, 2017, no more than 100 mg of morphine or its equivalent will be used in chronic pain management, with exceptions. Also, no more than a 30-day supply is given at a time. If a patient has pain associated with an acute condition, he or she is given no more than a seven-day supply without followup with a physician. Pennsylvania should consider adopting a similar law.
  - **House Bill 1699 (Brown)**
- Physicians should be required to check the database each and every time they prescribe a controlled substance.
  - **House Bill 2314 (DiGirolamo), House Bill 2334 (Gainey), House Bill 2336 (Gainey) and a pending amendment to Senate Bill 1202 (Yaw)**

### **Dr. Eric Kochert- York Hospital Emergency Room**

- “Partial fill” prescriptions are a legislative option for trying to cut down on the number of opioid pills taken and/or misused after a medical procedure. For example after a total hip replacement, a patient would be given 15 pills out of a 30-pill prescription. If patients determine they need the remainder of the pills to address their acute pain, they would be required to fill the remainder of that prescription at their local pharmacy.

### **Samuel R. Marshall- The Insurance Federation of Pennsylvania Inc.**

- Workers compensation sees a uniquely high percentage of opioid prescriptions. We need to establish evidence-based treatment guidelines on prescribing opioids to injured workers.
  - **House Bill 1800 (Mackenzie)**
- Limit opioids prescribed in emergency rooms and ensure better monitoring of the providers giving prescriptions.
  - **House Bill 1699 (Brown)**
- Impose a cap on the duration of any one prescription.
- Pennsylvania should require physicians and pharmacist to check the database every time they prescribe or dispense.
  - **House Bill 2314 (DiGirolamo), House Bill 2334 (Gainey), House Bill 2336 (Gainey) and a pending amendment to Senate Bill 1202 (Yaw)**

### **Tom Plaitano- MedTech Healthcare Group**

- Medicaid patients are easily getting opioids through “doctor shopping,” wasting taxpayer dollars. There is not enough oversight.
- The use of the Prescription Drug Monitoring Program database should be mandatory each and every time a controlled substance is prescribed.
  - **House Bill 2314 (DiGirolamo), House Bill 2334 (Gainey), House Bill 2336 (Gainey) and a pending amendment to Senate Bill 1202 (Yaw)**

## Physician Education and Public Awareness

### **Cheryl Andrews- Pennsylvania Association of County Drug and Alcohol Administrators**

- A comprehensive response to the epidemic includes evidence-based prevention programs. We need to address the need for quality K-12 prevention curriculum.
  - **House Bill 2327 (Kaufer) and House Bill 1748 (Mahoney)**
- Mandate training on addiction for first responders—to include EMS, law enforcement and fire departments—to increase understanding of the addiction process and the brain chemistry. This coordinated rapid response training protocol could be part of a comprehensive solution that would improve the “warm handoff” and increase the number of overdose survivors who engage in treatment.

### **Deb Beck- Drug and Alcohol Service Providers Organization of PA**

- Pennsylvania’s K-12 curriculum on drug use and abuse needs updated.
  - **House Bill 2327 (Kaufer) and House Bill 1748 (Mahoney)**

### **Margaret Jarvis- Geisinger Health System**

- Consider supporting physician education about addiction, especially at the level of specialty training. The training could be associated with state or Drug Enforcement Administration (DEA) licensing. Specialty training and the maintenance of certification can also address the growth of untoward, often unethical, so-called addiction services where buprenorphine is prescribed in ways that are not therapeutic and can be quite harmful.
  - **House Bill 1805 (Masser) and Senate Bill 1202 (Yaw)**

### **Dr. Susan Peck, OBGYN- Mountain View**

- Mandate that medical schools have updated curriculum about opioids and appropriate prescribing practices.
  - **Senate Bill 1368 (Killion)**



## Access to Treatment and Quality Care

### **Cheryl Andrews- Pennsylvania Association of County Drug and Alcohol Administrators**

- Single County Authorities (SCAs) and other drug and alcohol professionals continue to struggle to break down funding silos in the systems of health care, mental health, public funding, criminal justice and the court system. Every system seems to be offering a remedy to this epidemic, oftentimes, at the exclusion of the very department that was created to be the single driver for all substance use-related policy—Department of Drug and Alcohol Programs (DDAP). In order to bring about effective change, the role of DDAP should be expanded and the SCA should be the conduit for the efforts and funding at the local level. The money to “treat” this epidemic already exists within our state government; it is simply a matter of which direction we will channel it.
  - **Senate Bill 613 (Vance)**
- The SCAs need to learn more about their role in the implementation of the Centers of Excellence. The concept is commendable; however, as details unveil, it appears that some of these responsibilities have historically been carried out by the local SCA.
- Burnout and turnover rates among drug and alcohol professionals is staggering due to excessively large caseloads, an ever-shrinking resource budget, potential threat of job loss, forced overtime and on-call after hours, and other concerns. We need to find ways to attract quality workers and keep them, such as competitive salaries, loan forgiveness and/or continuing education options.
  - **House Bill 2326 (Kaufer)**

### **Deb Beck- Drug and Alcohol Service Providers Organization of PA**

- A proposed federal rule on the Institution for Mental Diseases Exclusion (IMD) limits treatment for patients on Medicaid to 15 days a month, an inappropriately low number for addiction. Pennsylvania should make known its opposition to the proposed regulation and urge the elimination of the IMD exclusion in its entirety for alcohol and other drug addiction treatment.
  - **House Resolution 1085 (DiGirolamo)**

### **Chris Byers- Pinnacle Treatment Centers**

- Pennsylvania law sets treatment counselor ratios at 35 patients to 1 counselor, one of the lowest ratios in the nation. If that ratio were increased, Pennsylvania would be able to expand access to care for new patients.
- Methadone facilities are required to have a lab-confirmed urine drug screen prior to beginning treatment. This requirement is delaying access to care by 24-72 hours and keeping patients at high risk for relapse or overdose. This is required for methadone clinics only. Allowing an instant test to be permitted for admission would increase access to treatment for patients during a very critical timeframe.
- Public transportation and rider services are limited in rural areas, creating issues getting to and from facilities and meeting requirements.



### **Cris Fiore– “Anthony’s Act”**

- Supports a 10 percent fee on the sale of opioids in Pennsylvania to provide funding for addiction treatment.
  - **House Bill 1511 (DiGirolamo)**

### **Michael Madden- Gateway Health**

- In Pennsylvania, there is a shortage of physicians willing to provide legitimate medically-assisted treatment (MAT) to Medicaid enrollees. Because of this, “cash clinics” have developed.

### **Christina Martinez- Open Arms Recovery Center**

- Currently, a person seeking MAT needs a positive urine test to get on suboxone, which could be causing people to use “one more time” in order to get into the program.

### **Tony Mussare- Lycoming County Commissioner**

- Dollars are wasted on short-term programs, which have very little effect on an addict. The state and federal governments should identify resources to fund long-term programs that provide six to nine months of intensive treatment.

### **Gary Tennis- Secretary, Department of Drug and Alcohol Programs (DDAP)**

- Pennsylvania has the second-lowest counselor workforce in the northeastern United States. Currently, the state Medicaid plan includes certified peer specialists in the mental health arena, but does not include certified recovery specialists in the drug and alcohol arena. If that were included, it would be a robust step up for individuals in this career field.
- DDAP needs a grant writer to be able to seek federal and public health foundation grants.
- During the previous budget cycle, the House included additional funding for the department; \$2 million fiscal note for DDAP and \$5 million to build infrastructure for detox and long-term residential facilities. This funding would have made a big impact on access to treatment. Consider including in the next budget.
  - **House Bill 2200 (Barbin)**
- Supports a 10 percent impact fee on the sale of opioids in Pennsylvania. The department would use the additional funding to provide for the department’s Emergency Addiction Treatment Fund and establish a program to assist consumers in accessing their own health care plans. All counties would have access to these dollars.
  - **House Bill 1511 (DiGirolamo)**



## Enforcing Insurance Laws

### **Deb Beck- Drug and Alcohol Service Providers Organization of PA**

- State and federal insurance regulations not being enforced. The Insurance Department and Office of Attorney General (OAG) should mobilize their regulatory tools and conduct systematic reviews and investigations of compliance and barriers to addiction treatment. New York has taken the lead in the enforcement of this law and is an example that Pennsylvania could look to.
  - **House Bill 2324 (Kaufer) and House Bill 2173 (Murt)**
- All health plans providing addiction treatment in Pennsylvania should be required annually to report the number of people receiving addiction treatment, levels of care and lengths of stay in a transparent fashion made available to the General Assembly and the public.
  - **House Bill 2323 (Kaufer)**
- Require insurance companies issue an emergency flyer detailing substance abuse coverage and how to access it.
  - **House Bill 2322 (Kaufer)**

### **Michael J. Consuelos, MD- The Hospital and Healthsystem Association of Pennsylvania**

- Require parity on health insurance coverage for alternative opioid medications and, specifically, abuse deterrent opioids.
  - **House Bill 1698 (Heffley)**

### **Cris Fiore– “Anthony’s Act”**

- Mandate a minimum of 90 days of drug and alcohol treatment be covered by all insurance companies in Pennsylvania.
- Insurance Department should immediately require insurance providers to send letters to all policy holders explaining “in plain English” what their policy covers and how to access that coverage. These notices should also include instructions about who to contact to report carriers who refuse to promptly provide the coverage for which their customers are paying.
  - **House 2323 (Kaufer)**
- The OAG and/or Insurance Department should begin aggressively enforcing full compliance with the Parity Act (Act 106) and vigorously responding to clear violations. New York has taken the lead with enforcement of federal parity and could be an example for Pennsylvania to follow.
  - **House Bill 2324 (Kaufer) and House Bill 2173 (Murt)**

### **Samuel R. Marshall- The Insurance Federation of Pennsylvania Inc.**

- Legislature must not confuse an insurer questioning and examining a provider’s treatment plan with not complying with state and federal law. A mandate is not a carte blanche for unquestioned treatment to the limits of the mandate. Does not support legislation that imposes limits on this type of questioning.

- Provider treatments often evolve to match the statutorily mandated coverage, rather than the coverage evolving to apply to the best types of treatment. Before mandating any level of expanded coverage, the General Assembly should hear from a wide group of providers. Cost has to be a consideration.
- In the world of insurance regulation, the way to stop a bad insurer is to enact a law that outlaws that practice. The same needs to apply for providers. Education alone is not enough.

### **Brian O'Neill- Recovery Centers of America**

- Pennsylvania has the best laws in the nation, but they are still not adequate. We need to pass laws that put teeth in enforcing the existing requirement that insurance companies provide and pay for treatment, both on the Medicaid side and the private insurance side.

### **Gary Tennis- Secretary, Department of Drug and Alcohol Programs (DDAP)**

- Pennsylvania has the best insurance laws in the nation; we just need to enforce compliance. Insurance companies that limit patients to 14-28 days are breaking the law.



## After an Overdose: Followup to Narcan

### **Cheryl Andrews- Pennsylvania Association of County Drug and Alcohol Administrators**

- The options for involuntary commitment or mandatory assessment for overdose survivors is very complex and much consideration should be given before pursuing these options. Criminalizing addiction could be an unintended consequence of building this type of system. Pennsylvania does not currently have secure or lock-down treatment facilities that would inevitably be required for such a mandate.
- An alternative to involuntary commitment could be a detox crisis diversion unit, much like we see within the mental health system. These units could be stand-alone detox centers or units embedded within a hospital that would provide a detox protocol. This crisis diversion center would allow for a longer window of time for the Single County Authority (SCA) to deploy the intervention, conduct an assessment, determine treatment needs and make the appropriate referral.
  - **House Bill 2321 (Kaufer), House Bill 2214 (Kaufer) and House Bill 2201 (Barbin)**
- Consistent reporting of overdose death data is the key to informing public health and public safety prevention and intervention efforts. More importantly, there is a need for overdose survivor data. Data on overdose episodes that do not result in a death should also be collected by all Emergency Medical Services (EMS) and hospital emergency departments and possibly integrated into a database. This information will allow the SCA to better target and determine intervention strategies.
  - **House Bill 2340 (Miccarelli)**

### **Hon. Michael Barrasse- Lackawanna County Court of Common Pleas**

- Pennsylvania needs a procedure that allows for both voluntary and involuntary treatment for those leaving an emergency room post overdose revival.

### **Cynthia Bellino- Just Believe Recovery Center**

- Although supportive of the Good Samaritan law and its protections, that was only a first step. We now need a coordinated effort that allows the sharing of a patient's medical information to ensure they receive the proper continuum of care after Narcan.

### **Hon. Rae Boylan- Bucks County Drug Court**

- Recommends establishing a systematic followup to Narcan. If a person takes a bottle of aspirin, a hospital will involuntarily commit them, but if a person overdoses on heroin, they can just walk out. Addicts will more than likely not respond to a warm handoff into treatment. In her experience, people choose drug court because they don't want jail, not because they want treatment, yet they succeed.

### **Hon. Megan Bilik Defazio- Westmoreland County Court of Common Pleas**

- Currently, Pennsylvania deploys a mobile crisis unit for mental health situations. However, because substance abuse and mental health are in separate funding "silos," these units cannot be deployed when Narcan is administered. These teams need to be permitted

to address substance abuse. If we give addicts the support they need immediately, they might not have to call 9-1-1 again.

- After Narcan is administered, the threat of incarceration or nuisance penalty would be incentive for someone to pursue treatment. Generally, people enter treatment court because they don't want to go to jail, not because they are ready for treatment.
  - [House Bill 2202 \(Barbin\)](#)

**Hon. C.A. Feliciani- Westmoreland County Court of Common Pleas**

- When Narcan is administered, the patient should be given an option: either enter rehab or face some other ramification. We cannot allow people to just go home.
  - [House Bill 2202 \(Barbin\)](#)

**Dr. Gary Henschen- Chief Medical Officer for Behavior Health, Magelan Healthcare**

- Involuntary commitment law needed for those struggling with treatment. Involuntary treatment gets people on the road to recovery.
  - [House Bill 1692 \(Readshaw\)](#)

**Charles Kiessling, RN, BSN, PHRN, CEN- Lycoming County Coroner**

- Legislature should review the possibilities of involuntary civil commitment for an addict. Studies have shown no difference in treatment outcome rates for voluntary or involuntary commitments to a treatment facility.
  - [House Bill 1692 \(Readshaw\)](#)
- Pennsylvania should establish a program that makes addiction counselors immediately available to talk to addicts in emergency departments to encourage treatment and provide an immediate bridge to treatment.
- When a patient is hospitalized after a nonfatal prescription opioid-related overdose and leaves the hospital or ER, they sometimes continue to receive opioid-based treatment. Nonfatal overdoses should represent an opportunity to identify and treat substance use disorders and communicate concerns to the prescribing physician.

**Randy Trauger- Upper Bucks Heroin Task Force**

- Mandate followup when Narcan is administered to get individuals moving toward treatment recovery.
- Data on overdoses should be collected.
  - [House Bill 2340 \(Miccarelli\)](#)



## Pennsylvania's Privacy Laws

### **Chris Byers- Pinnacle Treatment Centers**

- Pennsylvania has more restrictive confidentiality guidelines than current federal standards. These extra restrictions add to the “silo effect” of treatment. Treatment facilities cannot engage other health providers without violating privacy rights. Work is currently ongoing to even further reduce federal regulations. If Pennsylvania does not follow suit, the gap will only widen for those needing care from multiple entities and services.

### **Marc Cherna- Allegheny County Human Services**

- State regulations concerning the sharing of information are stricter than federal standards. Pennsylvania should return to federal HIPAA standards for data privacy. Effective coordination of care relies on the ability to share information between departments and with those who are supporting and caring for individuals. Families should know about the treatment of those for whom they are caring.
  - [House Bill 2359 \(Hahn and McNeil\)](#)

### **Terry L. Clark, MPA- York County Office of Children, Youth and Families**

- Caseworkers face challenges obtaining information related to a parent's participation, compliance and progress in treatment when trying to assess the risk and safety of children for whom they are responsible. Currently, caseworkers must have releases signed by the parent to communicate and obtain information from their treatment providers.

### **Charles Kiessling, RN, BSN, PHRN, CEN- Lycoming County Coroner**

- Under current HIPAA laws, it is possible that someone has an overdose and it is never reported. We could be using that data to get people the help they need and give referrals to treatment.
  - [House Bill 2340 \(Miccarelli\)](#)

### **Jim Laughman- AmeriHealth Caritas**

- Federal and state laws and regulations make it “nearly impossible” to share information between parties that should be working together for the patient. For example, probation officers cannot communicate with therapists, and treatment professionals cannot communicate with primary care physicians, etc. The Pennsylvania Drug and Alcohol Control Act also creates similar barriers. The law should be changed to put substance abuse at the same threshold as mental and physical health in regard to sharing information.

### **Michael Madden- Gateway Health**

- Pennsylvania Drug and Alcohol Abuse Control Act is a barrier for coordinating care. The act prohibits the sharing of information without a specific signed release from the patient. This policy serves to further stigmatize persons with substance abuse disorders and further complicates a provider's ability to ensure comprehensive care.

## Criminal Justice Considerations

### **Hon. Michael Barrasse- Lackawanna County Court of Common Pleas**

- Expand Restrictive Intermediate Punishment and Intermediate Punishment presently funded through Pennsylvania Commission on Crime and Delinquency (PCCD) to allow small counties to expand probation officers on the mental health and drug and alcohol docket.

### **Chris Byers- Pinnacle Treatment Centers**

- Placing opioid-addicted inmates in a controlled environment would allow for initial vivitrol injections to be administered prior to release. This would improve success rates and reduce recidivism.

### **Tom Dann- Retired State College Police Officer**

- Convicted felons cannot enter state prisons. Legislature should reconsider this restriction, as addicts in long-term recovery with a previous criminal record could be a good resource to the criminal justice system as drug counselors and/or volunteers.
- A six-month driver's license suspension is automatic when someone is convicted of a drug offense, regardless of the scope or nature of the crime. This suspension makes it difficult to successfully complete court-mandated treatment.
  - **House Resolution 1033 (Miller and Saccone)**

### **Hon. C.A. Feliciani- Westmoreland County Court of Common Pleas**

- Pending criminal charges prevent housing expenses from being covered by the state. However, pending charges are often reduced or dismissed outright upon the successful completion of a drug court program. If a participant is doing well in the program, there should be special consideration given by the state housing agency.

### **Congressman Tom Marino**

- Consider a "prison/hospital" program for non-violent drug offenders. These facilities would not look like a typical prison, but would be "locked down" with 24/7 treatment. Congressman Marino is in the process of asking for federal funding for a pilot program.

### **Tony Mussare- Lycoming County Commissioner**

- Legislature should examine current laws on marijuana and paraphernalia. Although their impact pales in comparison to opioids and heroin, they consume as many county resources because of their illegality.
  - **House Bill 1422 (Jozwiak) and House Bill 2076 (Gainey)**

### **Pennsylvania Section of the American Congress of Obstetricians and Gynecologists (ACOG)**

- Efforts to criminalize pregnant women or mandate immediate revocation of child custody for women whose babies are born with neonatal abstinence syndrome (NAS) are more likely to deter pregnant women from seeking needed prenatal care.

### Shane Scanlon- Lackawanna County District Attorney

- Mandatory minimums should be brought back for major and violent drug dealers. Not requesting mandatory minimums for low-level dealers or those who sell to support their own habit, but for those who pose a threat to the community and to law enforcement.
  - **House Bill 1601 (Vereb), House Bill 1632 (Stephens) and Senate Bill 1062 (Rafferty).**
- Legislative fix needed in order to successfully prosecute drug dealers for Drug Delivery Resulting in Death. Currently, even if there are high enough levels of one substance to be a legitimate cause of death, if an autopsy shows multiple substances in the body, district attorneys will face an uphill battle getting a conviction. Recommended revising the existing law to make dealers accountable for drugs as a contributing factor to death.



# Updating and Re-evaluating Pennsylvania's Laws, Regulations and Policies

## **Chris Byers- Pinnacle Treatment Centers**

- The use of vivitrol, a once-a-month injection that blocks the effects of opioids, has had very successful outcomes. However, it is currently classified as a medical procedure, as opposed to a behavior health procedure. This means that licensed behavior health facilities cannot be reimbursed for providing the medication, even though these facilities are the best equipped to treat addiction.
- Pennsylvania has more restrictive prescription take-home policies, which require more frequent visits and prevent patients from seeking gainful employment. Federal guidelines allow 28 days of take-home medication for patients who are successfully managing their medically assisted treatment. Pennsylvania regulations only allow for a maximum of six days of take-home medication for these patients.

## **Michael J. Consuelos, MD- The Hospital and Healthsystem Association of Pennsylvania**

- Better alignment between medical and behavior health regulations can provide better transitions to, and adherence with, the most effective treatment services. Specifically, removing the barrier to co-location between physical and behavioral health providers would be an important step forward.

## **Art Fastman- NHS Human Services**

- Address disparities in treating mental health and substance use conditions. We should treat substance abuse and mental health the same as physical conditions and provide for reimbursement to licensed providers.
  - [House Bill 2173 \(Murt\)](#)

## **Charles Kiessling, RN, BSN, PHRN, CEN- Lycoming County Coroner**

- Currently, methadone is prescribed in clinics under the regulation of the Substance Abuse and Mental Health Services Administration (SAMSHA) and the Department of Drug and Alcohol Programs (DDAP). On the contrary, to prescribe buprenorphine (suboxone), the prescriber only needs to secure a DEA authorization. Unlike clinics that administer methadone, there are no requirements for buprenorphine clinics to offer or even discuss non-addictive treatment alternatives, no requirements to develop treatment plans and no requirements to protect the public against the drug being diverted for illicit use.
  - [House Bill 2330 \(Kaufer\)](#)

## **Brian O'Neill- Recovery Centers of America**

- There are currently suboxone clinics that are only accepting cash and offering low-quality, inconvenient services. There is no reason why they should not accept other forms of payment. Regulations could be updated to ensure quality treatment.
  - [House Bill 1294 \(DiGirolamo\)](#) and [House Bill 2330 \(Kaufer\)](#)

### **Cathleen Palm – Center for Children's Justice**

- Immediately convene a task force focused on the impact of this epidemic on children in Pennsylvania.
  - [House Bill 2345 \(Watson\)](#)
- Require reliable, timely and county-specific data on Neonatal Abstinence Syndrome (NAS) to inform policy and practice. For example, Tennessee made NAS a reportable health care condition. It now has data on where and when babies are born in withdrawal, as well as their particular substance exposure.
- Consider sending a bipartisan letter to Pennsylvania's congressional delegation asking them to pass the Family First Prevention Services Act, which would allow child welfare dollars to be spent on residential treatment for parents so that families can stay together in a healthy environment.

### **Pennsylvania Section of the American Congress of Obstetricians and Gynecologists (ACOG)**

- Oppose legislation that would interfere with or foreclose legitimate treatment options, including opioid assisted therapy with methadone or buprenorphine (suboxone), for pregnant women. Legislation should also avoid setting arbitrary dosing limits and permit individualized treatment plans for women.
- Pennsylvania should give pregnant women priority admission to available treatment slots in licensed methadone clinics and priority access when referred by a clinician to drug abuse treatment programs that receive public funding.

### **Tom Plaitano- MedTech Healthcare Group**

- Private facilities need a relaxation of state regulations to allow them to provide multiple services from one location, similar to the state Centers of Excellence and federal "Health Home" models. With regulatory revisions, the private sector could provide the same continuum of services without the need for any state funding.
- Current medication-assisted treatment (MAT) regulations were written for methadone clinics. Pennsylvania never updated those regulations with consideration to suboxone and other MATs. Currently, patients can obtain a 30-day supply of suboxone and "walk out the door."
  - [House Bill 2330 \(Kaufer\)](#)

### **Marie Plummer- Venango County Single County Authority**

- People with criminal histories, despite being in successful long-term recovery, are black-listed from U.S. Department of Housing and Urban Development (HUD) housing units, local housing and/or job opportunities.

### **Julie Williams- Penn Foundation (Opioid Treatment Center of Excellence)**

- Recommends the state re-evaluate suboxone laws and regulations. Currently, they are tied to methadone regulations, which date back from a significant time ago. It is recommended that during this process, the counselor case load requirements are reconsidered, as the regulations call for two and a half hours of therapy, but do not take into consideration the other activities addressing life domains in which the individual may be engaged.
  - [House Bill 2330 \(Kaufer\)](#)



# House of Representatives Legislative Progress To Date

## House Resolution 659 Task Force

Through a resolution authored by Rep. Doyle Heffley, the House created the House Resolution 659 Task Force and Advisory Committee on Opioid Prescription Drug Proliferation in 2014, which produced a report with 15 recommendations, some of which required legislative action. Of the eight recommendations that required legislative action, seven have already passed the House.

- **Act 43 of 2015 (formerly House Bill 75)** – Requires pharmacies located outside of Pennsylvania to register with the State Board of Pharmacy if they fill prescription orders for residents of the Commonwealth.
- **House Bill 854 (DeLuca)** – Would require pharmacy technicians to register with the State Board of Pharmacy. In order to register, technicians will have to meet certain requirements, such as having a high school diploma, submitting to a criminal history background check and completing a board-approved training program. The bill passed the House on June 9, 2015, and awaits Senate Action.
- **House Bill 1737 (Maher)** – Would allow Pennsylvania waste-to-energy plants to destroy and properly dispose of unused prescription and over-the-counter medications. The bill passed unanimously on May 16, 2016, and awaits Senate action.
- **House Resolution 590 (Kinsey)** – Directs the Department of Drug and Alcohol Programs to establish and administer a task force on access to addiction treatment through health plans and other resources. The resolution was unanimously adopted on May 16, 2016.
- **House Bill 1698 (Heffley)** – Would require that insurance plans provide access to abuse-deterrent opioid drugs, which are products that contain abuse-deterrent properties and are designed to be harder to crush, cut, dissolve or inject. The bill passed the House on June 23, 2016, and awaits Senate action.
- **House Bill 1699 (R. Brown)** – Would prohibit emergency providers from prescribing long-acting opioid painkillers in emergency rooms and place a limit on discharge prescriptions. The bill passed the House on June 23, 2016, and awaits Senate action.
- **House Bill 1805 (Masser)** – Would require doctors and pharmacists to attend three hours of opioid and addiction-related training prior to obtaining relevant licenses, and would further require two hours of ongoing training in every renewal period. The bill passed unanimously on June 23, 2016, and awaits Senate action. Senate Bill 1202 (Yaw) is a companion bill to House Bill 1805, and passed the Senate on June 15, 2016.
- **House Bill 2173 (Murt)** – The Mental Health Parity and Addictions Equity Act of 2008 ("Parity") was passed by Congress and signed into law by President George W. Bush. It required insurers to make their behavioral health benefit no more restrictive than their physical health benefit. House Bill 2173 would strengthen the ability of the state Department of Insurance to enforce Parity. The bill awaits House action.



### Other Previous House Action

- **Act 50 of 2010** – Created the Department of Drug and Alcohol Programs (DDAP).
- **Act 191 of 2014** – Created the Prescription Drug Monitoring Program, which went into effect in August. The law also allows law enforcement to monitor physicians who may be over-prescribing.
- **Act 139 of 2014** – Allows law enforcement and first-responders to carry and administer naloxone – the life-saving drug that can reverse ongoing opioid overdoses. Act 139 also grants so-called “good Samaritan” protection, which provides immunity from prosecution to persons responding to and reporting overdoses.
- **Act 80 of 2015** – Created a pilot program within the state Department of Corrections to provide grants to correctional facilities that can be used for addiction treatment, with the aim of avoiding relapse when offenders are released. Act 80’s pilot program began in April 2015 and concluded in September 2016. The pilot involves 175 inmates in four counties.
- **Act 37 of 2016** – Allows the secretary of Health to add substances to the controlled substances list of the “Drug Act” to keep pace with the growing designer drug trade.
- **House Resolution 893 (Readshaw)** – Directs the Joint State Government Commission to study the benefits, costs and drawbacks of treatment modalities for substance abuse disorder and also the feasibility of using state hospital facilities for addiction treatment. The report is due in the spring of 2017.
- **House Bill 1295 (DiGirolamo)** – Would amend the Methadone Death and Incident Review Act to require suboxone-related deaths and incidents be recorded in order to learn more about the drug’s use and misuse. Some believe that suboxone, which contains both buprenorphine and the opiate antagonist naloxone, is overprescribed, diverted and finding its way to the streets where it can be used illicitly. The bill passed unanimously on May 16, 2016, and awaits Senate action.
- **House Bill 1601 (Vereb)** – Would make the language changes necessary to restore mandatory minimum sentences for heroin and other crimes. The changes are needed due to a court case, *Alleyne v. United States*, which effectively rendered many of Pennsylvania’s mandatory sentence statutes invalid. The bill passed the House on Oct. 28, 2015, and awaits Senate action.

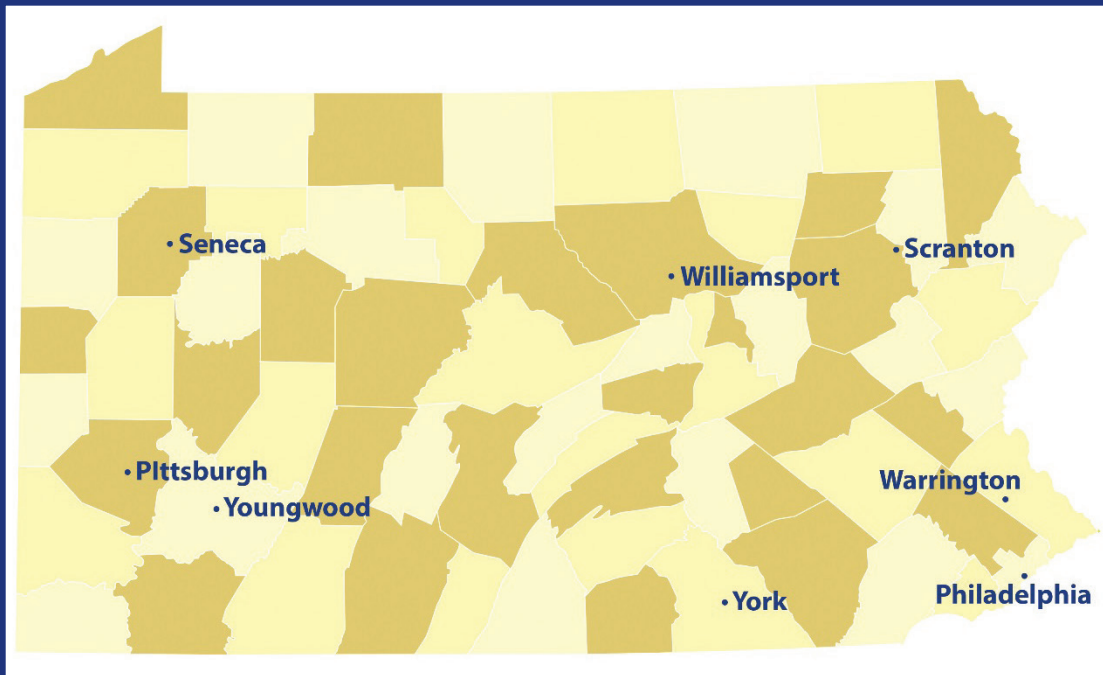


## Pending House Bills (not an all-inclusive list)

- **House Bill 988 (Murt)** – Would increase penalties for drug trafficking offenses.
- **House Bill 1511 (DiGirolamo)** – Would create an emergency addiction treatment fund by taxing the sale of opioids in Pennsylvania.
- **House Bill 1568 (DiGirolamo)** – Would require protective services workers receive basic training in alcohol and drug abuse and addiction, warning signs of alcohol and drug problems and how to make appropriate referrals for assessment and treatment of addiction.
- **House Bill 1294 (DiGirolamo)** – Would require prescribers to check the Prescription Drug Monitoring Program database before writing a prescription for buprenorphine, which is an opioid medication used to treat opioid addiction.
- **House Bill 1692 (Readshaw)** – Would allow for involuntary commitment for drug and alcohol treatment.
- **House Bill 1748 (Mahoney)** – Would require a separate course of study for drug and alcohol prevention be developed for grades five to 12. It also requires that all teachers receive training in recognizing the signs of abusing drugs or alcohol and the appropriate steps to take if they suspect a student is using or abusing drugs or alcohol.
- **House Bill 2128 (Heffley)** – Would require placement of naloxone in recovery residences.
- **House Bill 2198 (Cruz)** – Would amend the Pharmacy Act to allow for the collection and disposal of drugs by pharmacies.
- **House Bill 2201 (Barbin)** – Would provide for emergency overdose involuntary commitment.
- **House Bill 2214 (Kaufer)** – Would provide for community hospital emergency drug and alcohol detoxification.
- **House Bill 2314 (DiGirolamo)** – Strengthens the Prescription Drug Monitoring Program by requiring a query every time a controlled substance is prescribed.
- **House Bill 2321 (Kaufer)** – Part of a 10-bill opioid package. Would provide for hospital emergency drug detoxification (similar to House Bill 2214). The 10-bill package also includes House Bills 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, and 2330. This package is part of the HOPE Caucus initiative.
- **House Bill 2340 (Miccarelli)** – Would make drug overdoses and narcan lifesaving reportable events.
- **House Bill 2352 (Baker)** – Would regulate pain management clinics in Pennsylvania. Pain management clinics would be required to register with the Department of Health and be subject to specific requirements.
- **House Bill 2359 (Hahn)** – Would specify that a parent or guardian is authorized to provide consent for treatment of their minor child.



## Hearing Locations



## Participating Testifiers

### Seneca

Robert Wenner, *Oil City Chief of Police*  
 Shawn White, *Venango County District Attorney*  
 Michelle McGee, *Pennsylvania State Police*  
 Marie Plummer, *Venango County Drug and Alcohol Office*  
 Christina Rugh, *Venango County Coroner*  
 Shane Judy, *Pharmacist & Venango County Overdose Task Force*

### Pittsburgh

Marc Cherna, *Allegheny County Department of Human Services*  
 Dr. Latika Davis-Jones, *Allegheny County Bureau of Drug and Alcohol Services*  
 Abby Wilson, *Allegheny County Health Department*  
 Amy Shanahan, *Western Psychiatric Institute and Clinic of UPMC*  
 Dr. Michael Madden, *Gateway Health*  
 Adrienne Smith, *Person in Long-Term Recovery*  
 Renee Martin, *Office of Attorney General Education and Outreach*  
 Becky Berkebile, *Office of Attorney General Drug Control Programs*  
 Stephanie Chupka, *Office of Attorney General Intelligence Unit*

### Youngwood

Hon. Megan Bilik DeFazio, *Westmoreland County Court of Common Pleas*  
 Hon. C.A. Feliciani, *Westmoreland County Court of Common Pleas*  
 Helena, *Westmoreland County Drug Court Participant*  
 Jeff Patterson, *Westmoreland County Drug Court Participant*  
 David Zilli, *Principal, Greensburg Salem Senior High School*  
 Kathleen Charlton, *Principal, Hempfield Area School District*  
 Tom Plaitano, *MedTech Healthcare Group*





## Participating Testifiers

### Warrington

Hon. Rea Boylan, *Bucks County Drug Court*  
Hon. Craig Dally, *Northampton County Drug Court*  
Isaac Caraway, *Office of Attorney General Bureau of Narcotics Investigations*  
Julie Williams, *Penn Foundation (Opioid Treatment Center of Excellence)*  
Randy Trauger, *Upper Bucks Heroin Task Force*  
Cathleen Palm, *Center for Children's Justice*  
Cris Fiore, *"Anthony's Act"*  
Dr. Scott Shapiro, *President of Pennsylvania Medical Society*

### Philadelphia

Samuel R. Marshall, *Insurance Federation of Pennsylvania*  
Dr. Mike Consuelos, *The Hospital & Healthsystem Association of Pennsylvania*  
Gary Riddle, *Healthcare Distribution Alliance*  
Brian O'Neill, *Recovery Centers of America*  
Deni Carise, Ph.D., *Recovery Centers of America*  
Traci Nesmith, *Resources for Human Development*  
Linda Donovan-Magdamo, *Resources for Human Development*  
Lisa Feldman, *Resources for Human Development*  
Art Fastman, *NHS Human Services*

### Williamsport

Tony Mussare, *Lycoming County Commissioner*  
Charles Kiessling RN, BSN, PHRN, CEN, *Lycoming County Coroner*  
Tom Dann, *Retired State College Police Sergeant*  
Cheryl Andrews, *Pennsylvania Association of County Drug and Alcohol Administrators*  
Chris Byers, *Pinnacle Treatment Centers*  
Jim Laughman, *AmeriHealth Caritas*  
Kathleen Reeves MD FAAP, *Lewis Katz School of Medicine at Temple University*  
Ellen Unterwald, Ph.D., *Lewis Katz School of Medicine at Temple University*

### Scranton

Dr. Karen Murphy, *Secretary, Pennsylvania Department of Health*  
Gary Tennis, *Secretary, Pennsylvania Department of Drug and Alcohol*  
Hon. Michael Barrasse, *Lackawanna County Court of Common Pleas*  
Shane Scanlon, *Lackawanna County District Attorney*  
Deb Beck, *Drug and Alcohol Service Providers Organization of PA*  
Cindy Bellino, *Just Believe Recovery Center*  
Dick Conaboy, *Clearbook Treatment Centers*

### York

Dr. Michael Peck, *Family Doctor/Hanover Hospital*  
Dr. Susan Peck, *OBGYN/Mountain View*  
Dr. Eric Kochert, *York Hospital Emergency Room*  
Dr. Suzette Song, *OSS YORK*  
Christina Martinez, *Open Arms Recovery Center*  
Terry Clark, *York County Office of Children, Youth and Families*  
James Reisinger, *Byrnes Health Education Center*  
Joel Jakubowski, *Teen Challenge*

### Written Testimony

Mental Health Association of Southeastern Pennsylvania  
Dr. Margaret Jarvis, *Marworth Alcohol & Chemical Dependency Treatment Center, Geisinger Health System*  
Pennsylvania Section of the American Congress of Obstetricians and Gynecologists

