



Opioid Epidemic: Legislative Progress in Pennsylvania

- Through a resolution authored by Rep. Doyle Heffley, the House created the HR 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.
- In late June, members from both parties called on Gov. Tom Wolf to order a Special Session on the Opioid Crisis this fall. When the General Assembly is convened in a special session, its members can only consider legislation on those subjects designated in the governor's proclamation. Just 34 such sessions have been called in Pennsylvania history.
- To prepare policy recommendations and legislative changes to be considered during the proposed special session, joint Policy Committee hearings are being planned throughout the summer.

HR 659 Task Force Legislation

- **Act 43 of 2015** (formerly HB 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.
- **HB 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.
- **HB 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.
- **HR 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.
- **HB 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.
- **HB 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.

- **HB 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. SB 1202 (Yaw) is a companion bill to HB 1805, which passed the Senate on June 15, 2016.
- **HB 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. HB 2173 would strengthen the ability of the state Department of Insurance to enforce Parity. The bill awaits House action.

HR 659 Task Force Administrative Actions

- The Department of Drug and Alcohol Programs (DDAP) has developed an easy-to-locate resource for prescribers on their website, www.ddap.pa.gov, which includes guidelines for chronic pain, dental and emergency departments.
- In part to fulfill the requirements of HB 1805, DDAP and the Department of State are creating online training modules for prescribers. These modules will include information on risk, treatment and referrals, and will be accepted for Continuing Medical Education (CME) credits.
- The Department of Human Services (DHS) is working with the U.S. Centers for Medicare/Medicaid to develop an effective approach to substance abuse. Nearly 12 percent of adults in Medicaid and 6 percent of adolescents have a Substance Use Disorder (SUD) or issue.
- While slower than it should be, the Pennsylvania Insurance Department is enforcing statutes that require parity of coverage for behavioral health services, which include addiction treatment and rehabilitation.
- Prescription “take-back” programs are being sustained and expanded to help reduce the amount of excess prescription opioids in people’s homes. There are more than 250 secure medicine return boxes throughout the state.
- DDAP is currently working on guidance on how prescribers should refer patients to Single County Authorities and local service providers.

Previous House Action

- **Act 50 of 2010** (formerly HB 1186) – Created the Department of Drug and Alcohol Programs (DDAP).
- **Act 191 of 2014** (formerly SB 1180) – Created the Prescription Drug Monitoring Program, which is slated to go into effect by the end of August. The law also allows law enforcement to monitor physicians who may be over-prescribing.
- **Act 139 of 2014** (formerly SB 1164) – 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** (formerly SB 524) – 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 runs through September 2016. The pilot involves 175 inmates in four counties.
- **Act 37 of 2016** (formerly HB 608) – 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.
- **HR 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.
- **HB 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.
- **HB 1601** (Vereb) – Would make the language changes necessary to restore mandatory minimum sentence for heroin and other crimes. The changes are needed due to a court case, *Alleyn 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.

Other Pending Legislation (not an all-inclusive list)

- **HB 988** (Murt) – Would increase penalties for drug trafficking offenses.
- **HB 1511** (DiGirolamo) – Would create an emergency addiction treatment fund by taxing the sale of opioids in Pennsylvania.
- **HB 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.
- **HB 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.
- **HB 1692** (Readshaw) – Would allow for involuntary commitment for drug and alcohol treatment.
- **HB 1748** (Mahoney) – Would require a separate course of study for drug and alcohol prevention be developed for grades 5-12. 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.

- **HB 2128** (Heffley) – Would require placement of naloxone in recovery residences.
- **SB 532** (Eichelberger) – Would address methadone clinics and safety standards and require all clinics be open or have coverage seven days per week, 365 days per year to limit take-home dosages, which can be diverted. The bill also would require clinics to outline protocols for determining when methadone is no longer an effective treatment for an individual.

Naloxone (Narcan) Initiatives

- 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.
- 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 everyone.
- Beginning in April 2016, the Wolf Administration announced naloxone would become available to all public high schools in Pennsylvania at no cost.
- FACT: 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.