June 10, 2019

The Honorable Joe Scarnati
Senate Box 203025
292 Main Capitol
Harrisburg, PA 17120

Re: Opposition to SB675

Dear Senate President Pro Tempore Scarnati and members of the Pennsylvania Senate,

On behalf of the Pennsylvania Society of Addiction Medicine (PSAM), we would like to take this opportunity to provide our opposition to SB675. With the opioid addiction and overdose epidemic significantly impacting Pennsylvania, PSAM is concerned that the duplicative certification requirements established by the bill, as well as the proposed licensing fee for Office-Based Opioid Treatment (OBOT) practices as outlined in SB675 will result in decreased access to lifesaving care. We cannot support the bill in its current form.

PSAM is dedicated to increasing access to and improving the quality of addiction treatment for patients in Pennsylvania. In the midst of a national opioid addiction and overdose epidemic, we must do everything we can to strengthen and grow the workforce that treats the disease of addiction in order to widen access to the clinically proven treatment services that do help people recover. With the state considering additional requirements for Office-Based Opioid Treatment (OBOT) practices, where waivered physicians prescribe buprenorphine in an outpatient setting, it is critical that any regulation the state considers does not impede physicians’ interest in providing addiction treatment services and prevent patients from accessing the right care they need exactly when they need it, as outlined in ASAM’s Public Policy Statement on the Regulation of Office-Based Opioid Treatment.

The licensure program to be established by the Department of Drug and Alcohol Programs for OBOT providers as qualified by training and experience in order to prescribe buprenorphine would create a duplicative process for physicians, nurse practitioners, and physician assistants to practice OBOT as established by the federal Drug Addiction Treatment Act (DATA) of 2000 and expanded by the Comprehensive Addiction and Recovery Act (CARA) of 2016. Physicians are already required to receive 8 hours of training on treating opioid use disorder with Food and Drug Administration (FDA)-approved medications, while nurse practitioners and physician assistants must receive 24 hours of training. In addition, once they complete this training and receive their waiver from the Drug Enforcement Administration (DEA) to prescribe buprenorphine, they are limited to treating 30 patients their first year and must apply to go up to 100 and 275 patients each year thereafter. As you can see, there is sufficient training and experience these clinicians must go through in order to engage in OBOT and duplicating that process can disincentivize clinicians from offering these treatment services.

This same argument applies to licensure fees, as the unreasonably high fees established by SB675 could seriously impede clinicians’ interest in providing OBOT. OBOT providers who treat patients on Medicaid...
and private insurance likely would not be able to afford the high fee that SB675 would require and thus would discontinue providing care for their patients with addiction. Finding physicians and clinicians who are willing to provide services to this patient population can be challenging enough without unnecessary and non-evidence-based standards and policies being required of them to do the work. The existing stigma of addiction, a chronic disease of the brain, unfortunately perpetuates the misconceptions of these patients and the practice of addiction medicine. There are shortages of physicians and clinicians willing to treat this patient population in Pennsylvania and the potential new requirements the legislature is considering, i.e. a new certification process and mandatory fee, would greatly exacerbate the lack of available providers. A continuing shortage of addiction treatment providers will ultimately result in an increase in morbidity and mortality in the state, which, in turn, would increase overall healthcare and criminal justice costs.

PSAM shares the state of Pennsylvania’s goal of supporting access to high quality and comprehensive addiction treatment and reducing the diversion of opioids. While we oppose SB675 because it would decrease access to treatment services, 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. Please do not hesitate to contact Dr. Fred Baurer, at fredbaurer@gmail.com if PSAM can be of service to you. We look forward to working with you.

Sincerely,

Frederic M. Baurer, MD
President, Pennsylvania Society of Addiction Medicine

William Santoro, MD, FASAM, DABAM
Public Policy Chair, Pennsylvania Society of Addiction Medicine

CC:
The Honorable David Argall
The Honorable Ryan Aument
The Honorable Lisa Baker
The Honorable Camera Bartolotta
The Honorable John Blake
The Honorable Lisa Boscola
The Honorable James Brewster
The Honorable Michele Brooks
The Honorable Patrick Browne
The Honorable Maria Collett
The Honorable Jake Corman
The Honorable Jay Costa
The Honorable John DiSanto
The Honorable Andrew Dinniman
The Honorable Lawrence Farnese
The Honorable Mike Folmer
The Honorable Wayne Fontana
The Honorable John Gordner
The Honorable Art Haywood
The Honorable Vincent Hughes
The Honorable Scott Hutchinson
The Honorable Pam Iovino
The Honorable Timothy Kearney
The Honorable Thomas Killion
The Honorable Wayne Langerholc
The Honorable Daniel Laughlin
The Honorable Daylin Leach
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The Honorable Mario Scavello
The Honorable Judith Schwank
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The Honorable Sharif Street
The Honorable Christine Tartaglione
The Honorable Robert Tomlinson
The Honorable Elder Vogel
The Honorable Judy Ward
The Honorable Kim Ward
The Honorable Anthony Williams
The Honorable Lindsey Williams
The Honorable Gene Yaw
The Honorable John Yudichak