



PENNSYLVANIA ACADEMY
OF FAMILY PHYSICIANS

June 20, 2019

The Hon. Gene DiGiralamo
Chairman, Human Services Comm.
Pa House of Representatives

The Hon. Angel Cruz
Min. Chair, Human Services Comm
Pa House of Representatives

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Fogelsville

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Dear Chairmen DiGiralomo and Cruz:

On behalf of the Pennsylvania Academy of Family Physicians (PAFP), which represents more than 6,000 physicians, residents and students of family medicine in the Commonwealth, we would respectfully express our concerns with SB 675.

Despite the best of intentions, we are concerned that adding a state registration system and fee on top of the DEA certification and regulation would result in fewer medication assisted therapy treatment options for those suffering from opioid addiction. We agree that buprenorphine should be provided in the context of a multidisciplinary recovery-based regimen that addresses physical behavioral and social needs. However SAMHSA specifically states that current engagement with aftercare or counseling should not delay initiation of buprenorphine. This is due to the harm reduction provided by buprenorphine in the immediate withdrawal period. There are many models of successful treatment programs, with the best patient centered outcomes allowing for individual tailoring of approach from a spectrum of services. Tying registration to specified services is not patient centered. This bill also does nothing to address areas of the Commonwealth where behavioral counseling and social services are limited. Buprenorphine prescribing may be the only option for harm reduction in those areas.

We share the concerns of many with diversion as well as cash based clinics. However cash based clinics, with their lower overhead and higher profit margins may well be the clinics best able to meet newer fees and registration requirements, with more integrated multidisciplinary offices not able to bear the burden on a per provider basis. As MAT becomes more widely covered by medical insurance programs, we hope to see the number of cash-based programs decrease. Buprenorphine is a C-III controlled substance which is already monitored by the PDMP, so monitoring those high volume prescribers and high volume locations is already possible without additional regulation.

When considering the awful loss of life and quality of life brought on by the opioid crisis in Pennsylvania, family physicians have the experience, training and community connections to be part of the solution. A particular part of the solution we are capable of providing is the prescription of buprenorphine as one aspect of multidisciplinary recovery programs, to reduce the burden of substance use disorder on patients and return the sufferers of this chronic disease to a health productive life with work and family.

Therefore, we respectfully request further vetting by the Committee and the legislature as a whole before advancing SB 675 or similar legislation. Thank you for your consideration and for all you do on behalf of the citizens of Pennsylvania.

Sincerely,

Mary Stock Keister, MD
President

(1)Am Fam Physician. 2018 Mar 1;97(5):302-306

Cc: Members of the House Human Services Committee, Staff, and House Leadership