

POMA



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June 19, 2019

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

RE: Senate Bill 675, Limiting Patient Access to Buprenorphine

Dear Representative DiGirolamo,

On behalf of the over 9,400 Osteopathic physicians, residents and students in the Commonwealth, the Pennsylvania Osteopathic Medical Association (POMA) respectfully requests that the House Human Services Committee (Committee) hold Senate Bill 675 until the fall legislative session so that a hearing and additional dialogue can be brought to the Committee.

POMA understands the policy intent of SB 675 is to address unscrupulous cash-based clinics that are apparently not doing what is best for patients. However, there are many more office-based physicians who are providing the highest level of care for their patients trying to help them with their disease of addiction, and buprenorphine is an important part of this care.

The Substance Abuse and Mental Health Services Administration policy to permit prescriptions of buprenorphine in physician offices is an effort to expand access to prescribing as a first step towards addiction treatment. SB 675 appears to be counter intuitive to this policy with the unintended consequence of minimizing access, as more physicians will likely stop prescribing buprenorphine because of higher costs and increased regulatory burden.

POMA understands that many physicians are certified to prescribe buprenorphine with the DEA that includes an 8-hour course on addiction. This certification is already required in Pennsylvania and has been since about 2002 when office-based prescribing was launched. Will SB 675 conflict with DEA certification? These are questions POMA believes need explored further.

The requirement for participation in an addiction treatment program as legislated in SB 675, is problematic because there are not enough programs in Pennsylvania to accommodate all the patients that are prescribed buprenorphine and suffer from the disease of addiction. Also, buprenorphine is not only prescribed for addiction. It is also indicated for patients with chronic pain. Buprenorphine is available as Belbuca® and Butrans® specifically for pain and not addiction. The current DEA certification is not required for treating chronic pain, but SB 675 does not appear to differentiate diagnosis for use of the drug.

POMA would greatly appreciate the opportunity to work with the Committee Chairs, staff and other stakeholders towards crafting solutions for the issues SB 675 seeks to address. POMA respectfully requests SB 675 to be held in Committee for the Summer to permit this exchange. If you have any questions or concerns, please reach out to Andy Sandusky, POMA EVP of Public Policy and Association Affairs at 717.727.3668 or asandusky@poma.org

Sincerely,

Pamela S.N. Goldman, DO
President

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