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(HAP)

The Pennsylvania House Republican and Democrat Policy
Committees

“Addressing the Opioid Epidemic in Pennsylvania”

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Chairman Benninghoff, Chairman Sturla and members of the House Republican and Democratic Policy Committees, I am Dr. Michael J. Consuelos and I am the Senior Vice President for Clinical Integration for The Hospital and Healthsystem Association of Pennsylvania (HAP). HAP represents and advocates for the nearly 240 acute and specialty care hospitals and health systems across state.

Thank you for your time and attention to one of the most serious public health emergencies we have witnessed in decades. It is a malady afflicting communities across our commonwealth and nation. We appreciate the opportunity to describe how HAP and Pennsylvania hospitals are working to reduce opioid addiction and opioid-related deaths. We also look forward to engaging in conversation about how the health community and state government can work in partnership on this critically important issue.

As we all know, opioid abuse is a serious problem in Pennsylvania, and only coordinated efforts by public and private stakeholders can stem what has become a public health epidemic. Drug overdose deaths across the state increased 30 percent last year, according to the recent report from the Pennsylvania State Coroners Association. The report documents 3,505 overdose deaths in 2015—up sharply from 2,489 in 2014. On average, ten Pennsylvanians die every day from drug misuse.

Every day, emergency departments see a growing number of opioid overdoses, and they continue to work closely with local emergency medical services personnel and police on the proper use of naloxone by first responders. Continued training, coupled with the liability protections for first responders in Act 139, will help ensure that all health care practitioners are properly administering this life-saving opioid reversal medication.

In 2014, HAP joined the Pennsylvania Medical Society (PAMED), the Pennsylvania Department of Health (DOH), the Pennsylvania Department of Drug and Alcohol Programs (DDAP), and other stakeholders on the Safe and Effective Prescribing Practices and Pain Management Task Force in preparing three sets of guidelines for providers who regularly prescribe opiate pain medications. These include prescribing guidelines for:

- Emergency departments in hospitals
- Dental practices
- The treatment of chronic non-cancer pain

I am pleased to be able to report at this hearing that all three sets of guidelines have already been adopted by the State Board of Medicine and the State Board of Dentistry. Also, the task force has created guidelines for geriatric patients and obstetrical patients, which the State Board of Medicine will vote during a special session. HAP continues to work with Pennsylvania hospitals in implementing these approved prescribing guidelines.

In addition to this essential work on prescribing guidelines, HAP also strongly supports providing professional continuing education programs for physicians, nurses, and pharmacists as well as increasing initial focus on prescribing practices during medical school. This important education will further augment the written prescribing guidelines now being implemented.

Like all of you, individual hospitals are assessing the impact of opioid dependency and related deaths in the communities they serve. Many are identifying opioid abuse as a major community health issue as they develop their Community Health Needs Assessments. These plans provide a blueprint for addressing the most urgent health challenges in communities.

It is important to remember that there is no one-size-fits-all approach to addressing this epidemic. Individuals who are suffering from opioid addiction are just that, individuals. They have different needs and experience different situations. Communities also are unique, and they will require support to tackle this epidemic based upon their specific circumstances. Health care providers must have the flexibility to partner with their communities to deliver the care that makes the most sense.

For example, hospitals primarily rely on Department of Drug and Alcohol Programs and county treatment and prevention programs. Better alignment between medical and behavioral 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.

In addition, HAP supports the following:

- Implementation of Pennsylvania's Achieving Better Care by Monitoring All Prescriptions (ABC-MAP) Prescription Drug Monitoring Program (PDMP) to improve safe prescribing practices and identification of drug-seeking patients so they can receive the proper treatment. HAP believes the PDMP database should also link to Electronic Medical Records (EMR)
- Requiring parity on health insurance coverage for alternative opioid medications and, specifically, abuse-deterrent opioids
- Increasing the use of naloxone and supporting the development and distribution of the life-saving drug to help reduce the number of deaths associated with prescription opioid and heroin overdose
- Expanding the use of Medication-Assisted Treatment (MAT), a comprehensive way to address the needs of individuals, which combines the use of medication with counseling and behavioral therapies to treat substance use disorders.
- Proliferating drug take-back programs, which provide safe and efficient means to destroy prescribed pain medications, thereby removing them from the streets

In conclusion, HAP and Pennsylvania hospitals are working diligently with other stakeholders to address the epidemic of opioid abuse and overdose deaths. We look forward to continued collaboration with all of you on this critical issue. Thank you again for the opportunity to be part of this hearing. I am happy to answer any questions you may have.

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