September 16, 2019

Dear Members of the Pennsylvania House Human Services Committee,

My name is Sister Mary Scullion, and I am the Executive Director of Project HOME. At Project HOME, we know that access to quality health care is essential for all of us to attain our fullest potential. I am writing today to stress the importance of expanding access to Medication Assisted Treatment for Pennsylvanians struggling with opioid use disorder and to identify the threat that SB 675 poses to the future of that work.

SB 675 places unnecessary oversight, documentation requirements, and cost on providers operating outside of certified addiction treatment centers who prescribe buprenorphine for patients with opioid use disorder. This will harm Pennsylvania’s urgent efforts to make MAT widely available to all who need it as a key strategy to combat the opioid epidemic. Current requirements and oversight through the Drug Enforcement Agency are sufficient to ensure patient safety and regulate buprenorphine prescriptions. Many prescribers operate within comprehensive primary care sites, like community health centers, where counseling and other services are available.

In 2016, we started our own MAT program in North Philadelphia at Stephen Klein Wellness Center (SKWC). At SKWC, we offer primary medical care, psychiatric services, and other programs to residents and individuals experiencing homelessness in an area where half of the people live in poverty and almost a third in extreme poverty. A year after beginning our MAT program, we were awarded PA Center of Excellence status. Our program has grown from two to six providers, served 167 individuals, and received funding to serve an additional 575 individuals in seven locations by the end of 2022. We know this expansion is critical as we face our nation’s greatest public health crisis in a century. We also see that success may be compromised by barriers to providing and seeking quality care.

Mandating participation in a certified addiction treatment center program will drastically reduce access to care, and force current patients to change providers within 60 days of this bill’s enactment, in the face of work schedules, family demands, and transportation issues, among other barriers to treatment. As a result, this legislation will cut patients off from treatment despite our State and Federal Government’s efforts to increase access to buprenorphine as a treatment for opioid use disorder across the medical system.

Such a result is blind to what we have learned about addiction since the cocaine epidemic. Connection is essential to recovery, and we must be vigilant about making help easier to get than heroin. I urge you to oppose SB 675.

Sincerely,

S. Mary Scullion
Co-Founder and Executive Director