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Good afternoon Senators. I would like to thank you for giving me the opportunity to speak to you on behalf of Positive Recovery Solutions (PRS). My name is Amanda Cope. I am a registered nurse and have developed my career to specialize in addiction medicine. I celebrated 9 years sober on May 6th. Addiction medicine has been a passion for me since starting my own journey on the road to recovery. I am so grateful to be a part of this process to reach those in need of help. I have always strived to be an example of sobriety to each of our patients at PRS.

PRS is a private physician group dedicated to helping those with alcohol and opiate dependence. We have two physical locations, one in Pittsburgh PA and one in Washington PA. We started out as a suboxone clinic dedicated to helping those suffering from opiate addiction. Through our expansion over the past 20 months we have incorporated Vivitrol to help battle the horrific epidemic of heroin overdose that is taking place in Pennsylvania. We are on the front lines of this battle and work diligently to reach as many underserved populations as possible. Through our suboxone treatment we set into place practices and policies that reduce the rate of diversion and misuse of the medication. Patients are required to have weekly office appointments where they are urine drug screened at each appointment and given a 7 day prescription. The patient will be seen weekly for a minimum of 12 weeks until they have reached 12 consecutive clean urine drug screens. Patients are required to provide monthly verification from their behavioral entities that they are compliant with their drug and alcohol counseling sessions. We stand firmly on the belief that medication alone is not the answer. We also are an insurance based clinic. We do not charge patients cash for their office visits. We have a maximum dose of 16 mg per day of suboxone. After a patient has reached 12 consecutive clean urine drug screens they may then graduate to a biweekly program at the physician's discretion. Month long prescriptions are not given at PRS. Patients are not discharged for positive urine drug screens. PRS makes every possible attempt to get the patient the appropriate level of care. If a patient has 3 positive UDS they will be recommended to receive drug and alcohol counseling at a higher level. We will elevate a patient's level of care all the way back into inpatient rehabilitation in an effort not to discharge. We employ every means possible to keep a patient active in treatment and on the road to recovery.

Approximately one year ago I had a meeting with a Vivitrol representative named Joanne Kommer. Joanne explained the Vivitrol medication to me and its valuable use in the fight against opiate dependence. PRS immediately incorporated Vivitrol treatment into our practice. We were very excited in the complete abstinence model that it supported. The success stories from people that were already on Vivitrol was a cause of great excitement for us. We added PRS onto the provider locator website for Vivitrol and that is where the idea for a mobile vivitrol unit formed. Through our addition to the provider locator site one thing became rapidly clear to us. Patients were traveling from very far distances in order to be followed on the medication. Sometimes as far as 4 hours away. We quickly realized that providers were either unable or unwilling to provide follow up care for these patients. A lot of patients were induced in an inpatient setting then could not follow up with their monthly injections due to lack of providers or the providers that would do the follow up care would charge a large cash amount to receive their injection. We immediately started researching our idea of a mobile unit. PRS had meetings with local SCA in surrounding counties to establish that they did in fact have a need in their community. Specifically Kami Anderson of Indiana, Armstrong, and Clarion and Judy Rosser of Blair county. These ladies were pivotal in the formation of our pilot program. As mentioned earlier, PRS believes firmly that



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patients need the whole picture of recovery, not just medication. It is with that philosophy that we have created relationships with local behavioral health entities in order to give the patient the best chance of recovery. Gateway rehab, Cove forge, Pyramid, The Open Door, Arc Manor, Blairdap are just a few of the entities that we work with to provide the patient the appropriate level of care. Our program is designed that when a patient is referred to our services they must consent to allow open lines of communication between PRS and the behavioral health entity. PRS is strictly the medical aspect of treatment. We do not provide drug and alcohol counseling. With that in mind, that is why our program is so enticing to programs that have no ability to provide medication assisted therapy. We work together to complete the picture of a successful road to recovery.

Our mobile unit launched the first week of July 2015 and has been a success from day one. Our mobile unit functions in the exact fashion as our brick and mortar locations. The unit is equipped with a private waiting area, a restroom for urine specimen collection, a private assessment room, and a private injection room. We have contracted with Blair, Indiana, Clarion, and Armstrong counties to be able to provide services to unfunded patients. Once a patient has flipped to Medicaid coverage we then bill the appropriate insurance. Of the 62 counties in Pennsylvania, 37 of those have expressed interest in having our services made available to them. More will be revealed when the budget is passed. PRS had the capability and intention provide services to the entire state of Pennsylvania. We have applied to programs such as "Pay for success" and up to this point have been privately funded for the purchase of the mobile unit. We look forward to expand and service as much as the patient population as possible

Current challenges to our program include the Prior authorization process. We have attended meetings in Harrisburg with secretary Tennis and secretary Dallas who are working with us to make this mobile unit a success. Currently we are trying to have an agreement similar to the one with the Department of Corrections where we can get a verbal authorization and bypass the faxing of documents which then leads to a wait from anywhere between 24 hours to 3 weeks. Our desire to get these patients safe as soon as possible relies on the ability to be able to administer the medication as soon as the treatment team deems it to be medically appropriate. Our unit is currently available to each county on a biweekly schedule. The first appointment will include their "New patient assessment" where we do a complete drug history, past medical history, medication check, UDS, confirmation of drug and alcohol counseling and other pertinent information is obtained. PRS would like the ability to give the injection at the first assessment when medically appropriate. We continue to work on a daily basis to find new ways to help stop the devastating effects of overdoses in our communities. We appreciate immensely the time and consideration you have provided us to talk about our innovative program. Together we can help stop this horrific epidemic and assist in bringing back together families, loved ones and communities. I thank you for your time today. God Bless.