Testimony on the Heroin and Opioid Epidemic in Pennsylvania

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Good morning Senators Yaw and Wozniak, Representatives Everett and Kavulich, and the Center for Rural Pennsylvania Board of Directors. I am Dr. Kelley, and I serve as the Chief Medical Officer of the Office of Medical Assistance Programs at the Department of Human Services (DHS). On behalf of Secretary Dallas, I would like to thank you for the opportunity to testify today regarding the heroin and opioid epidemic in Pennsylvania. My testimony will provide you with an update on DHS' current efforts to confront the epidemic.

The United States, and Pennsylvania in particular, is in the midst of the worst epidemic of unintentional drug overdose in its history. In the last several years, deaths from drug overdoses have jumped in nearly every county across the nation, driven largely by an explosion in addiction to prescription painkillers and heroin. In fact, approximately 2,500 Pennsylvanians died of drug overdose in 2014, mostly related to heroin and prescription drugs. The Commonwealth ranks 9th in the country among the general population, and 58 of our 67 counties reported drug-related overdose deaths in 2014. The epidemic of drug overdose affects every walk of life: rich, poor, black, white, young, or old. It is unprejudiced in its reach and devastation. One thing has become abundantly clear – opioid addiction is an illness.

In 2014, DHS spent more than $672 million on treating substance use disorder (SUD) through our Medicaid program, known as Medical Assistance (MA). In 2014, only 48 percent of individuals in MA diagnosed initially with opioid use disorder (OUD) initiated treatment and only 33 percent continued to stay engaged in treatment beyond 30 days. Of those individuals presenting to the emergency department (ED) with SUD, only 10 percent initiated treatment within seven days and only 15 percent sought treatment over the next 30 days. DHS studies demonstrate that individuals with OUD have higher admission/readmission rates and ED visits compared to those without OUD.

DHS strongly believes Medication Assisted Treatment (MAT), coupled with wrap-around supportive services, can prevent people from relapsing and improve their chances for recovery, ultimately driving these statistics in the right direction. Because opioids are so powerful, those who try to recover need different types of help in order to beat the disease. In fact, this approach has gained huge momentum as the most modern and successful way to help

lighten the load of addiction recovery, especially from opioids. The intense cravings, detoxification, and withdrawal symptoms involved in quitting make addiction difficult to overcome. As MAT involves both behavioral therapy and medication approved by the federal Food and Drug Administration that individuals take to help curb cravings, it can improve the odds of recovery. A University of Pittsburgh study commissioned by DHS backs this approach. The study found that 20 percent of patients who remained engaged in buprenorphine treatment by persistently filling their prescriptions for 12 months showed a 20 percent lower risk of all-cause hospitalizations and 15 percent lower risk of an ED visit in the subsequent year, compared to those discontinuing treatment between 3-5 months. By keeping individuals with OUD engaged in ongoing high-quality treatment, they have a better chance of moving towards recovery, having reduced medical costs, and reducing criminal justice involvement.

DHS is committed to reducing barriers to care and assuring high-quality access to OUD treatment. It has taken several steps and unveiled many initiatives to combat the opioid crisis. For example, in 2015, Governor Wolf directed, and DHS completed Medicaid expansion to allow individuals below 138 percent of the Federal Poverty Level to have access to health care coverage. Medicaid expansion resulted in over 600,000 individuals obtaining health care coverage. In 2015, over 23,000 of the Medicaid newly eligible individuals with SUD were able to access both MAT and drug free treatment. This is an unprecedented expansion of access to care for those suffering from SUD. Over 75 percent of those individuals were initiated into treatment within two months of Medicaid enrollment. DHS will continue to monitor the access to care to assure providers continue to build capacity in a high-quality fashion.

In order to reduce overdose events, DHS has also made Naloxone easily available to Medicaid recipients. Medicaid recipients can obtain Naloxone either by using a prescription from their health care provider or taking advantage of the Physician General's standing order at Medicaid participating pharmacies. Through that order, Naloxone is available to any Medicaid recipient regardless of whether or not he or she has been diagnosed with OUD. As of December 2015, over 1,300 individuals have received a prescription for Naloxone.

Additionally, in 2016, DHS unveiled a pilot program to help combat the opioid crisis. DHS is requiring our Physical Health Managed Care Organizations (PH MCOs) to develop OUD Centers of Excellence (COEs) at 20 high-volume obstetrical serving health systems to treat and refer pregnant women with OUD for ongoing care. In 2014, almost 2,000 newborns were diagnosed with neonatal abstinence syndrome (NAS) because their mothers were using opiates. During that same year, over 6,000 pregnant women were treated primarily with methadone, but increasingly with buprenorphine. This treatment enabled most mothers to safely carry their babies to term with predictable monitoring of their newborns. In Pittsburgh, at Magee Women's Hospital, the Pregnancy Recovery Center has established on-site outpatient treatment of OUD with buprenorphine, as well as inpatient conversion to methadone. DHS envisions similar COEs developed at 20 more high-volume obstetrical serving health systems across the Commonwealth by the end of 2016.

Building on lessons learned from this pilot program, in fiscal year 2016-2017, DHS will establish 50 OUD Health Homes or Centers of Excellence (OUD-COE) across the Commonwealth. The Governor's 2016-2017 proposed budget for DHS includes $34.2 million in state funds for this program that will treat over 11,250 new individuals with OUD in a high-quality care setting. This initiative will increase the capacity to care for those seeking treatment for OUD, as well as increase the quality of care. Each OUD-COE will be given supplemental funding of $500,000 to perform the following: deploying a community-based care management team, tracking/reporting aggregate outcomes, meeting defined referral standards for drug and alcohol and mental health counseling, reporting on standard quality outcomes, and participating in a learning network. The payment will be split with $330,000 issued at the start of the program and $170,000 issued after six months of operations during which specific performance processes are met. The majority of the OUD-COE payments will be for care management/coordination of individuals with OUD. The OUD-COE care management team will be expected to work within their local community to accept warm hand-offs of individuals with OUD from local emergency departments, state and county correctional facilities, and primary care providers. Each OUD-COE will be expected to expand capacity to at least 300 new patients within 12 months. The OUD-COEs will be expected to collect and report quality outcomes and DHS will develop a dashboard that tracks access to and quality of care.

The initial phase of this program will be administered through the BH system and DHS' Office of Mental Health and Substance Abuse Services. It will utilize the existing Single County Authorities to fund the expansion of Narcotic Treatment Programs licensed by the Department of Drug and Alcohol Programs at 25 facilities. These facilities will be encouraged to expand methadone treatment or buprenorphine and naltrexone treatment. In phase one, these COEs will be established by September 1, 2016. In phase two, which starts on January 1, 2017, the program will expand and be incorporated into the HealthChoices program, adding five additional methadone/buprenorphine clinics through the BH MCOs and 20 buprenorphine/Naltrexone prescribing physical health organizations through the PH MCOs.

Lastly, as part of a separate process, DHS' Office of Income Maintenance is implementing a rapid enrollment process specifically for inmates being discharged from State Correctional Institutions (SCIs) and county jails that are located near one of the OUD-COEs. This rapid enrollment process will result in a scaled down MA application and an expedited processing of applications identified as coming from the SCIs and the county jails. By connecting inmates to MA benefits immediately upon, or closely following discharge, and utilizing the connection to the OUD-COEs, there are likely to be fewer opportunities for recidivism as a result of the underlying SUD, reductions in co-occurring physical and mental health issues that are typically tied to SUD, and continued paths to treatment that may ultimately move those individuals toward recovery.

I would like to thank the Center for Rural Pennsylvania for providing me with the opportunity to discuss DHS' ongoing effort to combat heroin and opioid overdose and addiction. I would be happy to answer any questions you have at this time.