



General Assembly of the Commonwealth of Pennsylvania

Joint State Government Commission

Room 108 Finance Building, 613 North Street

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Report Summary in response to Senate Resolution 267 of 2016
Report of the Advisory Committee on Addiction Treatment Services

SR267 directed the Commission to establish an advisory committee to review the current services and programs available to Pennsylvania residents who are suffering from substance use disorders. The report presents information on substance use disorders, the costs borne by individuals and society, and Pennsylvania's treatment and rehabilitation systems.

The Advisory Committee identified a number of fundamental concepts that must guide the public health response to the substance use disorder epidemic. These principles include the following:

- Substance use disorders should be considered to be a chronic relapsing disease of the brain, and should be treated using best-evidence care methods, as is advocated when treating other health conditions.
- Stigma related to substance use disorders is historically, and continues to be, a major barrier to individuals seeking care. Moreover, cultural prejudices have caused significant underfunding of SUD treatment and rehabilitation.
- Opioid use disorder is now a major public health crisis in Pennsylvania, and is deserving of the attention of everyone to do everything possible to decrease its impact on the residents of the Commonwealth.
- Addressing opioid use disorder will require attention from virtually everyone involved in funding or providing health care.

The Advisory Committee recommended a number of actions for consideration by the General Assembly, public health authorities, care providers, insurers, and other stakeholders who are working to save the lives of Pennsylvania residents afflicted by SUD. Recommendations address the following:

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| 1) Prevention | 9) Case Managers |
| 2) Use of Opioids to Treat Chronic Pain | 10) Efficiency and Streamlining |
| 3) Screening, Referral for Treatment, and Availability of Best Evidence Care | 11) DDAP Cross-system Events |
| 4) Availability of High Quality, Integrated, Interdisciplinary Addiction Specialty Care | 12) PCPC and ASAM PPC |
| 5) Emergency Departments and Substance Use Disorder Services | 13) Close Coordination of Health Insurance Coverages |
| 6) Navigators | 14) Length of Stay in Residential Treatment |
| 7) Regulatory Barriers | 15) IMD Exclusion |
| 8) Advocacy for Best Evidence Care | 16) Physicians Health Plans |
| | 17) Workforce |
| | 18) Leave a Card |
| | 19) Follow-up |

Advisory Committee recommendations reflect the general consensus of the members; not all recommendations receive unanimous endorsement. Nonetheless, it would be a disservice if a report were to present only those recommendations that had full Advisory Committee support.

The full report is available on our website, <http://jsg.legis.state.pa.us/>