

**Testimony on behalf of the
Pennsylvania Chapter, American Academy of Pediatrics**

**Re: HB 235, Creation of the Opioid Abuse Child Impact Task
Force**

Good morning Chairman Watson, Chairman Conklin and members of the Committee. It is an honor to speak at this hearing today.

My name is Dr. Karla Swatski, and I am a Pediatric physician practicing in Bryn Mawr, PA. I am here today on behalf of the PA Chapter of the American Academy of Pediatrics and its 2,200 member pediatricians, who are dedicated to promoting the health and well-being of children in the Commonwealth, to share the Academy's support for House Bill 235 which creates the Opioid Abuse Child Impact Task Force Act. We were pleased that the House of Representatives passed this important legislation unanimously early this month, and we will work with you as needed to facilitate passage in the Senate.

We all know that opioid abuse has reached epidemic proportions across the country and Pennsylvania is no exception. We commend the General Assembly for expeditiously responding with multiple legislative proposals to address the opioid crisis. We also praise Chairman Watson for her efforts and encourage the General Assembly to continue working with Governor Wolf and his administration to reverse the tide of opioid addiction.

As opioid use among pregnant women has increased, the rate of infants in the United States experiencing opioid withdrawal increased proportionally. Newborn opioid withdrawal symptoms are noted in over half of the babies born to mothers addicted to, or treated with, opioids while pregnant. In 2000, the incidence of

newborn opioid withdrawal, called neonatal abstinence syndrome, was 1 in approximately every 670 hospital births. By 2012 the incidence climbed to 1 in every 165 hospital births. Pediatricians who care for newborns believe the current ratio is even higher. The effect on the newborn can be profound. Symptoms and signs may develop within days of birth and include excessive or continuous high pitched crying; sleep disturbance; tremors; muscle rigidity, seizures; elevated temperature; distressed breathing; vomiting, diarrhea, and excessive weight loss. Babies experiencing withdrawal have symptoms that typically last 2 to 4 weeks. Associated healthcare charges are estimated to be \$1.5 billion.

Under HB 235, an Opioid Abuse Child Impact Task Force will be created, and charged with:

1. Identifying strategies for prevention of substance-exposed infants.
2. Recommendations to improve outcomes for pregnant women and parenting women recovering from addiction
3. Promoting health and safety of these children who are at risk for abuse and neglect and placement in foster care because of parental substance abuse.
4. Ensuring PA compliance with Federal Law "CAPTA"-The Child Abuse Prevention and Treatment Act. Compliance with CAPTA comes in identifying exposed infants and developing a multidisciplinary plan of safe care.

These goals are synergistic with the American Academy of Pediatrics' Policy Statement published in the March 2017 issue of *Pediatrics*. That policy, entitled "A Public Health Response To Opioid Use In Pregnancy", recommends a multifaceted approach to maternal substance use in pregnancy. We would offer this policy as a reasonable template for the Task Force to follow as it considers making recommendations.

The overarching premise of this policy statement is to approach this crisis from a public health rather than a punitive perspective. Several states have taken the approach of prosecuting and incarcerating pregnant women with substance use disorders. Not only is this unnecessary, this approach has demonstrated no proven benefits for maternal or infant health. Further, it may lead to avoidance of prenatal care and a decreased willingness to engage in substance use disorder treatment programs.

The AAP statement on opioid use in pregnancy outlines aspects of a public health response that include:

- a focus on preventing unintended pregnancies and improving access to contraception;
- universal screening for alcohol and other drug use in women of childbearing age;
- knowledge and informed consent of maternal drug testing and reporting practices;
- improved access to comprehensive obstetric care, including opioid replacement therapy;
- gender-specific substance use treatment programs; and
- improved funding for social services and child welfare systems.

The PA-AAP was pleased to see that the legislation requires the Task Force to include expertise in both pediatric and obstetric medicine. We stand ready to play our part in combatting this crisis through participation in the Task Force, and by serving as a resource to its members, the General Assembly and the Commonwealth.

PA-AAP is dedicated to efforts to improve children's health and well-being and looks forward to having one of its members as a representative on the Task Force. Dr. David Turkewitz, a past president of the Academy, provided testimony to the Task Force on Child Protection in 2012, and he currently serves as an appointee to the Children's Advocacy Center Advisory Committee established by

Act 28. Given his clinical, advocacy and experience working with the legislature, Dr. Turkewitz would be an outstanding contributor to the Opioid Abuse Child Impact Task Force

I thank you for your time, and for your consideration of Dr. Turkewitz, as well as other pediatrician colleagues and pediatric professionals, as we all work together to alleviate the problems created by this epidemic, and to protect the health of the Commonwealth's children.

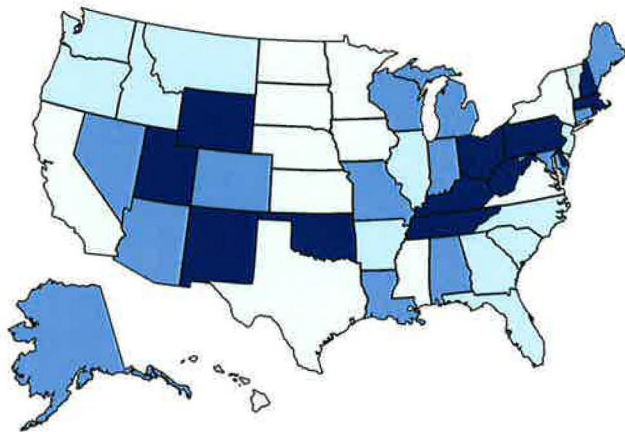


The Opioid Epidemic: By the Numbers

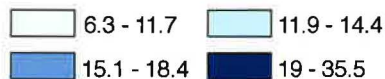
Our nation is in the midst of an unprecedented opioid epidemic. More people died from drug overdoses in 2014 than in any year on record, and the majority of drug overdose deaths (more than six out of ten) involved an opioid.¹ Since 1999, the rate of overdose deaths involving opioids—including prescription opioid pain relievers and heroin—nearly quadrupled, and over 165,000 people have died from prescription opioid overdoses.² Prescription pain medication deaths remain far too high, and in 2014, the most recent year on record, there was a sharp increase in heroin-involved deaths and an increase in deaths involving synthetic opioids such as fentanyl.

Prevention, treatment, research, and effective responses to rapidly reverse opioid overdoses are critical to fighting the epidemic—a top priority for the U.S. Department of Health and Human Services (HHS). In March 2015, HHS Secretary Sylvia M. Burwell announced an initiative targeting three priority areas to tackle the opioid epidemic and help save lives. These include: improving prescribing practices, expanding access to and the use of medication-assisted treatment, and expanding the use of naloxone.

Drug overdose death rates, United States, 2014*



Drug overdose deaths per 100,000 population



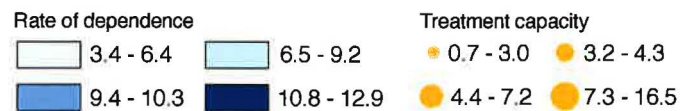
*Age-adjusted death rate per 100,000 population

Source: CDC National Vital Statistics System

Rate of Past Year Opioid Abuse or Dependence* and Rate of Medication-Assisted Treatment Capacity with Methadone or Buprenorphine



Rate per 1,000 persons aged 12 years and older



*Opioid abuse or dependence includes prescription opioids and/or heroin

Source: AJPH 2015;105(8):e55-63.

Economic Impact of the Opioid Epidemic:

\$ 55 billion in health and social costs related to prescription opioid abuse each year¹

\$ 20 billion in emergency department and inpatient care for opioid poisonings²

Source: Pain Med. 2011;12(4):657-67.¹
2013;14(10):1534-47.²

On an average day in the U.S.:

More than 650,000 opioid prescriptions dispensed¹

3,900 people initiate nonmedical use of prescription opioids²

580 people initiate heroin use²

78 people die from an opioid-related overdose*³

*Opioid-related overdoses include those involving prescription opioids and illicit opioids such as heroin

Source: IMS Health National Prescription Audit¹ / SAMHSA National Survey on Drug Use and Health² / CDC National Vital Statistics System³

1. CDC, MMWR, 2015; 64:1-5.
2. CDC Vital Signs, 60(43):1487-1492



HHS Opioid Initiative: One Year Later

The HHS Opioid Initiative targets three key areas that build on efforts to address the opioid epidemic and seek to expand evidence-informed strategies that have the greatest potential for impact. As demonstrated below, much progress has been made in the last year; however, our ability to do more to turn the tide of the opioid epidemic is significantly limited without adequate funding to support expanding access for individuals with opioid use disorder to seek and complete treatment, and sustain recovery.

To help achieve the goals of the Opioid Initiative, the President's budget requests \$1.1 billion in new mandatory and discretionary investments over FY 2017 and FY 2018 to expand access to treatment, and prevent opioid misuse and abuse.

The Administration looks forward to working with the Congress to secure the funding needed to provide families and communities with the support they need for opioid abuse prevention and to ensure that treatment is available for those who seek it.

Progress to Date

Opioid Prescribing Practices

In 2014, more than 240 million prescriptions were written for prescription opioids, which is more than enough to give every American adult their own bottle of pills. Raising further alarm, four in five new heroin users started out by misusing prescription opioids.

- The Centers for Disease Control and Prevention (CDC) in March 2016 released its Guideline for Prescribing Opioids for Chronic Pain to provide recommendations for the prescribing of opioid pain medication for patients 18 and older in primary care settings.
- As of March 2016, CDC has awarded over \$30 million to 29 states to improve safe prescribing practices, such as enhancing Prescription Drug Monitoring Programs (PDMPs), through its Prescription Drug Overdose (PDO) grants. CDC has recently released a funding announcement, which could expand to 50 states by the end of FY 2016.
- In January 2016, the Centers for Medicare and Medicaid Services (CMS) released an Informational Bulletin on Medicaid best practices for addressing prescription drug overdoses, misuse and addiction.
- In October 2015, the Administration announced that over 40 provider groups committed to training prescribers in safe prescribing. Since then, more than 60 medical schools and 191 nursing schools have committed to requiring their students to take some form of prescriber education in line with the CDC Guideline. In addition, the President issued a memorandum requiring all federal health care professionals who prescribe opioids to be appropriately trained.

Medication-Assisted Treatment (MAT)

MAT is a proven, effective treatment for individuals with an opioid use disorder. MAT has been shown to increase treatment retention, and to reduce opioid use, risk behaviors that transmit HIV and hepatitis C virus, recidivism, and mortality.

- In 2015 the Substance Abuse and Mental Health Administration (SAMHSA) made awards totaling \$10.7 million to 11 high-burden states through their Medication-Assisted Treatment for Prescription Drug and Opioid Addiction program. Applications for the next round were due in May 2016, and awards will be made to an additional 11 states.
- The Health Resources and Services Administration (HRSA) awarded \$94 million to 271 health centers in March 2016 to improve and expand substance use disorder treatment in underserved areas.
- In December 2015, the Agency for Healthcare Research and Quality announced up to \$12 million will be available over several years to fund research projects to support implementation of MAT in rural primary care practices.
- SAMHSA published a notice of proposed rule-making in March 2016 seeking to expand access to treatment through an increase in the number of patients a qualified physician may treat with buprenorphine.
- The U.S. Food and Drug Administration (FDA) in May 2016 approved Probuphine, the first buprenorphine implant for the maintenance treatment of opioid dependence.

Naloxone

Quickly responding to an opioid overdose with the lifesaving reversal drug naloxone is critical. Expanding access to naloxone for first responders and individuals likely to witness an overdose and training health care providers to prescribe naloxone to at-risk patients are essential actions to reverse the epidemic.

- HHS agencies continue to expand access to naloxone through grants to high-need, rural, and tribal communities. For example, in September 2015 HRSA awarded \$1.8 million in grant funding to support expanding access to naloxone in 18 rural communities.
- FDA approved a "user-friendly" intranasal formulation of naloxone in November 2015. This followed FDA's approval of an auto-injector formulation of naloxone in April 2014.
- In April 2014, SAMHSA sent a letter to State agencies that administer the Substance Abuse Block Grants (SABG) to clarify that at a State's discretion, SABG funds could be used to purchase naloxone and cover costs associated with dissemination of overdose kits.

Next Steps

Opioid Prescribing Practices

While actions to address prescription opioid abuse must target both prescribers and high-risk patients, prescribers are the gatekeepers for preventing inappropriate access and providing appropriate pain treatment. The Administration continues to support mandatory prescriber education on the use of opioids for pain management. In addition, the FY 2017 President's Budget request includes:

- \$80 million, an increase of \$13 million, to support improved uptake of CDC's new Guideline among providers and ongoing support to all 50 states and D.C. through CDC's prescription drug overdose activities.
- \$5 million in funding for the Office of the National Coordinator for Health IT (ONC) to harmonize technical standards in support of integration of PDMPs with health IT systems, improve clinical decision-making, and further the adoption of electronic prescribing of controlled substances.

Medication-Assisted Treatment (MAT)

While quality MAT is proven to be an effective treatment, the majority of people with an opioid use disorder do not receive it. The FY 2017 President's Budget request includes:

- \$920 million over two years for SAMHSA's State Targeted Response Cooperative Agreements to support expanding access to MAT for opioid use disorders.
- \$15.9 million for SAMHSA's Pregnant and Postpartum Women (PPW) program, which takes a family-centered approach and provides comprehensive residential substance use disorder treatment, prevention, and recovery support services for pregnant and postpartum women and their families.
- \$50 million over two years in National Health Service Corps funding to support nearly 900 health professionals to provide substance use disorder treatment services, including MAT, in areas across the country most in need of behavioral health providers.
- \$30 million over two years for SAMHSA to evaluate the effectiveness of treatment programs employing MAT under real-world conditions and help identify opportunities to improve treatment for patients with opioid use disorders.
- \$10 million for a Buprenorphine Prescribing Authority Demonstration to expand access to buprenorphine by allowing nurse practitioners and physician assistants to make prescriptions if allowed by State law, in partnership with the U.S. Department of Justice.

Naloxone

Overdose deaths involving synthetic opioids, including fentanyl, increased by 80% from 2013 to 2014. Adding to the urgency to increase access to overdose reversal drugs, multiple doses of naloxone may be needed to reverse a fentanyl overdose, given its higher potency compared with other opioids. The FY 2017 President's Budget request includes:

- \$12 million for SAMHSA's Grants to Prevent Prescription Opioid and Heroin Overdose-Related Deaths, which will help equip first responders with naloxone and provide education on its use.
- \$10 million for HRSA's Rural Opioid Overdose Reversal Grant Program to enable 30 rural communities to purchase naloxone to rapidly reverse the effects of opioid overdoses, and to train licensed health care professionals and emergency responders on its use.

Killing More than Pain

Opioid overdoses were involved in more than 33,000 deaths in 2015—more than any year on record. Nearly half of all opioid overdose deaths involve a prescription opioid, which can be found in millions of households across the country. In fact, the U.S. consumes the majority of the world's prescription opioid supply.

According to the Centers for Disease Control and Prevention (CDC), there are more opioid prescriptions reported in some states than there are people living in those states.

Commonly Misused Prescription Opioid Drugs in the United States

- **Oxycodone** - Found in brands such as OxyContin, Percocet, Oxecta, and Roxicodone. *Kicker* is one of the common street names for this drug.
- **Fentanyl** - Including Actiq, Duragesic, Fentora, and Sublimaze. Street names for fentanyl or for fentanyl-laced heroin include *Apache*, *China White*, *Dance Fever*, *Friend*, *Goodfella*, *Jackpot*, *Murder 8*, *TNT*, *Tango*, and *Cash*.
- **Hydrocodone** – Found in Vicodin, Zohydro, Hysingla Co-gesic, Liquicet, Lorcet, Dolacet, Anexsia, Zydone, and Xodol. Vic is a common street name for the pill version. Cough syrup forms have nicknames such as *Robo* or *Tuss*.
- **Codeine, like hydrocodone** - Sometimes found in cough syrup form, so it may be called syrup on the street. Brands of acetaminophen, such as Tylenol, that include codeine might be called *schoolboy* or *Cody*.
- **Morphine** - Including brands such as AVINza or Kadian. It may be referred to as *Mister blue* or *dreamer*.

How Opioids Cause Addiction

Opioids cause a temporary "high" by creating artificial endorphins—hormones normally made in the body to decrease pain. Continued opioid use can make the brain stop producing its own endorphins and build up tolerance. This, in turn, leads people to take increasingly higher doses to feel good and avoid severe, flu-like withdrawal symptoms.

When a prescription runs out, someone who has become addicted to opioids may start buying them from street dealers or turn to another illegal and even more dangerous form—heroin. Studies show four out of five new heroin users started by misusing prescription painkillers. See *Prescription Pain Medicine & Heroin: The Link Parents Need to Know for more information*.

The Opioid Epidemic's Effect on Children & Teens

- **Addiction doesn't care.** Opioid misuse harms children and teens in many ways. Families may be broken apart when a parent is arrested for buying illegal opioids and goes to jail. Parents who become addicted often neglect to properly care for their children; getting and taking the drug takes over their priorities. Heartbreaking news reports describe tragic examples of babies who died of thirst or starvation, for example, after their parents overdosed.
- **Prenatal exposure.** Federal reports show a fivefold increase in the number of children born with neonatal abstinence syndrome (NAS) since 2000 after opioid exposure during their mother's pregnancy. Facing lengthy hospital stays, babies with NAS are more likely to have low birthweight, respiratory complications, feeding difficulties and seizures, as well as developmental problems that affect learning and behavior.
- **Poisoning and overdose.** Children and teens hospitalized for opioid poisoning tripled between 1997 and 2012. While most of the overdose patients were teens, the largest overall increase in poisonings was among the youngest children—toddlers and preschoolers. A study published in *Pediatrics* found that children whose mothers are prescribed opioids face a much higher overdose risk compared to children whose mothers received a non-steroidal anti-inflammatory drug, such as ibuprofen, for pain.

Source:  healthychildren.org
Powered by pediatricians. Trusted by parents.
from the American Academy of Pediatrics