



Pennsylvania Attorney General Josh Shapiro

Testimony submitted to the Center for Rural Pennsylvania

For the hearing entitled

“Pennsylvania’s Heroin/Opioid Crisis and the COVID-19 Pandemic”

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Chairman Yaw, and all members of the Center for Rural Pennsylvania, thank you for inviting me to participate today.

While you and this Center has remained focused on the opioid epidemic, too much of our public discussion has lost sight of it. The opioid epidemic has, in a way, become once again a quiet crisis in Pennsylvania. So much attention has understandably been diverted to addressing the COVID-19 pandemic and its effect on the health, safety, and economic wellbeing of our families and communities. It has even likely led to increased substance abuse.

Yet while there is a light at the end of the tunnel for the coronavirus, with highly effective vaccines now being distributed, there is no similar silver bullet in our arsenal to defeat the opioid epidemic. It is incumbent upon all public officials and community leaders to bring the same sense of urgency to addressing opioid addiction as we have with the pandemic, so that we can combat it in a meaningful way that saves lives and stops the suffering affecting far too many across our Commonwealth. I applaud the Center for Rural Pennsylvania is keeping its focus on this critical issue.

My office has been hard at work addressing the crisis on every front we can. When I came into office in January 2017, I made the opioid epidemic a top priority. I directed every part of our agency to redouble their efforts to stop the flow of illegal opioids into our communities and to collaborate to identify and implement innovative strategies to treat and prevent addiction.

We have much to be proud of. Since taking office, we have arrested over 6,500 drug dealers across Pennsylvania, averaging four per day. We now arrest 50% more doctors, nurses, and other medical professionals for illegally diverting prescription opioids to the black market than before I took office — thanks to funding from the General Assembly and better prescription database laws. We have shut down major drug pipelines in every corner of the state, and built and strengthened key partnerships across law enforcement, including much stronger partnerships with federal agencies, to make our work more effective.

But as we all know, we cannot arrest our way out of a crisis of addiction. That's why we operate prescription drug takebacks that have removed over 181 tons of unused prescription opioids from our communities since 2017. It's why we educate tens of thousands of Pennsylvanians each year on prescription and illegal drugs. And it's why I launched the Pennsylvania Law Enforcement Treatment Initiative, partnering with county District Attorneys and local police departments to help establish innovative pathways to treatment without the threat of arrest. That program will continue to expand in rural communities this spring.

For a time, thanks to these and other efforts from agencies and individuals across Pennsylvania, we seemed to have turned the corner. After years of unchecked growth, overdose fatalities were finally decreasing.

Unfortunately, as we have seen in our economy and other indicators, the pandemic has pushed communities that were already struggling even closer to the edge. It exacerbated the causes that lead many to opioids. Pennsylvanians living in rural areas have been hit harder than most by the pressure on rural health systems, broadband, and an economic downturn that has impacted some communities much more than others. Overdose deaths are once again on the rise across our Commonwealth. Perhaps it's counter-intuitive, but the coronavirus is actually easier to beat than opioid addiction. We also must beat COVID in order to redouble our efforts to fight opioid addiction. There is no path to the investment, intervention, treatment, law enforcement and support needed to beat the opioid crisis while a pandemic rages on. There is a proven plan for COVID: if we all wear masks, practice social distancing, and get vaccinated, we can eliminate it.

But there's no surefire way for taking on opioid addiction. There's no mask to wear to prevent doctors from prescribing too many doses of painkillers to their patients; no social distancing that can help those suffering from addiction to successfully recover; and no vaccine to stop us from becoming addicted in the future. It is more complex and beating the pandemic will help get the opioid crisis under control.

These crises aren't just different because of how their underlying diseases work. While the world is unified around ending the coronavirus, even as we can disagree about exact measures, there are too many companies that have made billions of dollars off of the opioid epidemic, and bad actors that continue to profit by pushing pills to encourage addiction or taking advantage of those seeking treatment. But we're not letting them get away with it. We're taking them to court, and we're winning.

Just last week, I announced a \$573 million settlement against McKinsey, one of the world's largest consulting firms, for its role in helping opioid companies promote their drugs and boost their profits by selling and ultimately getting more people addicted to opioids. McKinsey only cared about making money at the expense of the most vulnerable, while every community in Pennsylvania suffered. I took action to hold them accountable for their greed and the devastation they pushed for profit.

This is one piece of our broader work to hold these opioid companies accountable, and I promise – there will be more to come. Working alongside my fellow state Attorneys General, we are continuing to drive towards a global settlement worth billions of dollars with the big three distributors along with Johnson & Johnson. We're working to get resources to help us fight this diseases from Purdue Pharma and the Sackler family which drove this crisis. And we're looking at others across the pharmaceutical industry who may have violated the law and profited off of the suffering of Pennsylvanians.

While holding these companies accountable and putting some of their profits back into stopping this epidemic, we cannot lose sight of the fact that the crisis isn't about dollars and cents—it's about the life and health of regular Pennsylvanians. We need to step up our efforts on addiction treatment and prevention to reduce the human toll this crisis is taking on our communities every day.

Back in 2017, I called for a [10-point plan](#) to help prevent addiction and increase access to treatment. Four years later, there remains work to do. I applaud Senator Yaw and your colleagues in the General Assembly for continuing to draft important legislation. Last session alone, you passed SB 432, which enhances prescription drug monitoring, and SB 572, which will help identify individuals in need of treatment and prevent diversion by requiring new patients who need a prescribed opioid regimen to enter into treatment agreements with a prescriber.

I know you're hard at work again this session on still more important legislation. As you know, I prefer to focus on enforcement and leave the legislating to the lawmakers. But, since you asked me during my testimony to make additional legislative recommendations to address the crisis, may I humbly suggest the following additional steps that the legislative and the executive branches could:

Invest in treatment. Especially in rural areas, access to high-quality treatment is scarce. From a business perspective, treatment providers need to know that they will have sufficient, stable funding, or else it doesn't make sense for them to try to open a treatment

center in an area that's currently under-served. We must leverage federal, state, and local resources to identify opportunities, fund them, and strictly monitor them to ensure that they're providing high-quality services and not just taking advantage of people who are at their lowest. I sincerely hope that the federal government will include financial assistance to state and local governments in its coronavirus response package. If they do, it is incumbent upon state and local leaders to ensure that opioid treatment receives all the funding it needs to succeed across Pennsylvania.

Enhance Access to Medication-Assisted Treatment: Even though all doctors are free to prescribe opioids, doctors have to jump through unnecessary and outdated regulatory hoops to be able to prescribe buprenorphine to their patients who are suffering from addiction. This so-called "X-Waiver" has severely limited the number of buprenorphine prescribers here in Pennsylvania. Buprenorphine is a lifesaving drug, and Medication-Assisted Treatment is an evidence-based method for helping people enter recovery. In the final days of the Trump Administration, the Department of Health and Human Services finally lifted this federal requirement. I ask the legislature and the Department of Health to take every step possible to leverage the new, relaxed federal guidelines to make these life-saving drugs as widely available as possible in our Commonwealth.

Reduce insurance barriers to treatment. Support the removal of prior authorization, step therapy and other administrative barriers for medications used to treat opioid use disorder.

Enforce parity laws. No one should be denied addiction or mental health treatment by their insurance company, or forced to jump through hoops that don't exist for physical health treatment. Again, drug addiction is a disease, not a crime, and insurance companies need to start treating it like any other disease. State and federal laws prohibit these added barriers, demanding parity between physical health coverage and coverage for mental health and substance use disorders. Unfortunately, these companies have been skirting these laws for far too long. Strict enforcement of mental health and substance use disorder parity laws is long overdue. My agency, along with the Departments of Health, Insurance, and others are working hard on this issue, but additional resources and legislation giving our agencies greater investigative authority would make enforcement swifter and more effective. We also need to educate providers and consumers about their parity rights.

Increase access to harm reduction services. Programs like syringe exchanges have proven successful in some of our hardest-hit areas, but are inaccessible to those suffering from addiction in rural communities. We should take steps to make these types of services available to all Pennsylvanians, no matter where their live.

There remains much work to be done. But I take hope from our response to the coronavirus. While the pandemic has been absolutely terrible, it has shown us what we're capable of if we all work together, formulate a common plan, and concentrate on executing it. The opioid

epidemic cannot slip off our radar. We're still losing 13 Pennsylvanians per day to addiction and overdose. That's 13 too many.

I want to thank the Center for Rural Pennsylvania for its continued attention to this issue. With your leadership, we can save hundreds of lives every year. I look forward to continuing to do my part to use my agency's resources to address this crisis, and I am eager to work together to find new ways to help those suffering from addiction and stem the tide of illegal opioids flowing into our Commonwealth.

Thank you for your time, and I'm happy to answer any questions you have.