

TESTIMONY: Committee on Energy and Commerce Member Day Hearing on Efforts to Combat the Opioid Crisis – St. Joseph’s Regional Medical Center, Alternatives to Opioids Program

Congressman Bill Pascrell, Jr.

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Chairman Burgess, Ranking Member Green, thank you for holding this hearing today. I don’t have to tell you or anyone here that opioid abuse and misuse is one of our country’s fastest-growing problems. It is also one of the most vexing problems we face; and there are no simple answers. Prescription drugs serve a valid medical purpose, but many of them carry a high risk of addiction and abuse. Many of my colleagues have good ideas about steps we can take to address opioid abuse and misuse, so I commend you for giving us the opportunity to share them.

Today, I would like to share some information about a program that was developed and is in-use at my hometown hospital St. Joseph’s Regional Medical Center in Paterson, New Jersey. As the busiest emergency department in the state of New Jersey, St. Joe’s commitment to reducing abuse can serve as a model for emergency departments across the state and across the country.

We need to recognize that emergency departments are in a unique position with respect to prescription drug abuse. On one hand, a component of many of their patients’ treatment involves acute pain that legitimately needs to be addressed. But emergency departments – because of the short-term nature of the care they provide – are also more susceptible to doctor shopping than many other health care settings.

To prevent addiction where it often starts – with a valid prescription in the emergency room – St. Joe’s initiated a first-of-its kind Alternatives to Opioids (ALTO) program. This new approach utilizes protocols primarily targeting five common conditions. The alternative therapies offered through the St. Joe’s ALTO program include targeted non-opioid medications, trigger point injections, nitrous oxide, and ultrasound guided nerve blocks to tailor patient pain management needs and avoid opioids whenever possible.

In the first year of operations, the ALTO program decreased Emergency Department opioid prescriptions by more than 50 percent. The goal is not to eliminate opioids altogether, because these drugs remain an important part of pain management. However, the ALTO program reserves their use for severe pain, end of life pain, and surgical conditions. As a result, only about 25 percent of the acute pain patients treated with non-opioid protocols since the program’s launch eventually needed opioids.

I believe that the initial successes of this program make it worthy of broader implementation and study. That is why Senator Booker and I plan to introduce legislation to establish a national demonstration program to test pain management protocols that limit the use of opioids in hospital-based emergency departments.

It is my hope that strategies that provide alternatives to opioids can become a larger part of the discussion on how to combat the opioid epidemic; and that this Committee will review and consider my legislation upon its introduction.

Thank you.