



**The Committee on Energy and Commerce - Subcommittee on Health:  
“Addressing the Opioid Crisis: Examining the SUPPORT Act Five Years Later”**

Friday, June 9, 2023, at 9:30 a.m. (ET)

Gettysburg National Park Visitor’s Center, 1195 Baltimore Pike, Gettysburg, PA 17325

**Testimony of Dr. Mitchell Crawford, D.O.**

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Subcommittee Chairman Guthrie and members of the House Energy and Commerce Subcommittee on Health: Thank you very much for the opportunity to testify this morning on the impact of the SUPPORT for Patients and Communities Act and what this Congress can do to strengthen the federal government’s response to our Nation’s addiction crisis.

I’d also like to particularly thank Dr. John Joyce, our congressman here in Adams County, for championing the need to deliver affordable, quality healthcare in rural communities – and his advocacy for all-hands-on-deck approach to combat this addiction crisis.

My name is Dr. Mitchell Crawford and I am the Director of Addictions Services for WellSpan Health.

For background, WellSpan Health is an integrated delivery system of more than 20,000 team members serving the communities of central Pennsylvania, including WellSpan Gettysburg Hospital. Our behavioral health network, WellSpan Philhaven, is one of the 20<sup>th</sup> largest such providers in the nation.

WellSpan Health is proud to support your effort to strengthen the federal government’s response to the opioid crisis.

The 115<sup>th</sup> Congress and the Trump Administration deserve credit for the passage of the SUPPORT Act, which contained numerous provisions that have enabled hospitals to better coordinate care, expand access to substance-use disorder (SUD) treatment and offer alternative pain management treatments.

Some of the law's major policy changes include:

- Reauthorizing funding from the Cures Act, which put \$500 million a year toward the opioid crisis, and giving states more flexibility in using the funding;
- Limiting the over-prescription of opioid painkillers and expanding access to addiction treatment;
- Advancing new initiatives to educate and raise awareness about proper pain treatment among health care providers; and
- Increasing penalties for drug manufacturers and distributors related to the overprescribing of opioids.

The SUPPORT Act was an excellent start. But we have so much more work to do.

In 2021, nearly 108,000 Americans died of drug overdoses, 65% of whom died from fentanyl or fentanyl-related substances.

America's addiction crisis cuts across all barriers: age, race, gender and socioeconomic status. It touches nearly every American in some way, including those of us in this room – including me.

I lost my sister, who was a great person and whom I loved dearly, to an overdose in 2015. I was in medical school at the time, and I remember the complicated emotions of watching her

struggle while also, frankly, not knowing how best to help her. Ironically, despite addiction being such a deadly disease when untreated, there is still very limited training on the topic in our medical education systems even today. In the grief from my sister's loss, I vowed to learn how I could help loved ones, friends, and community members going through some of the most challenging times of their lives. Fortunately, I was accepted to continue my medical training at one of our finest institutions of higher education. During my first year of residency, I worked a weekend shift for a friend and colleague so that they could be home to celebrate their birthday. Unfortunately, his mother found him in his room, having died from an overdose that weekend. Shortly after that, the first of one of the many patients I have cared for died from an overdose. Although I have experienced much loss from the disease of addiction, the real tragedy is that my story is not unique.

As mentioned, the losses I experienced motivated me to specialize in treating people with addiction. Thankfully, in my practice I have also witnessed countless patients find long-term recovery, and this has provided me with renewed hope. We have treatment, and treatment works.

Yet, incredibly, federal data suggests that only one in 10 people with any substance use disorder and one in five people with an opioid use disorder seek specialty treatment. And even when an addiction treatment clinic is available, fewer than half of facilities offer any of the opioid addiction medications as an option.

The stark reality is that the number of adults in Central Pennsylvania with behavioral health and/or substance use disorders is increasing and surpassing the capacity of behavioral health and primary care providers to treat them. It is critical that patients have continued access to care, including clinically appropriate controlled substances, especially in the face of a growing overdose

and suicide epidemics exacerbated by the COVID-19 pandemic. We are in the midst of an opioid and addiction epidemic and our friends and neighbors are dying in record numbers.

So, what can we all do?

First, we must continue to fight the stigma attached to addiction treatment.

Even today, behavioral health issues in our society are still treated with a negative stigma and misconceptions, and it needs to stop. There continues to be great disparity in how we view and treat addiction compared to other chronic medical diseases.

Your presence here today puts another chip in that armor of stigma - and I thank you for that. When we speak openly, we normalize the disease of addiction, we make it easier for folks who are struggling to reach out for help.

What can you do as policymakers? Given the urgency of the nation's addiction and overdose crises, we cannot overstate the need to increase the number of health care providers who can treat individuals with addiction. Instead of driving people away from doing this work – we need to encourage them.

You've already taken some big steps.

The DEA used to require clinicians who wanted to prescribe buprenorphine for the treatment of opioid use disorder to undergo an extensive training and registration process for the "X-waiver."

Although this was a revolutionary step in the right direction many years ago, in our current era the extra required training and waiver process likely discouraged additional doctors from prescribing buprenorphine for the treatment of opioid use disorder.



Last December, Congress eliminated that provision – which we hope will increase access to treatment and literally prevent thousands of Americans from dying of opioid overdoses.

Looking ahead, you should eliminate the Institutions for Mental Diseases (IMD) exclusion, which has prohibited federal payments to states for services for adult Medicaid beneficiaries between the ages of 21 and 64 who are treated in facilities that have more than 16 beds, and that provide inpatient or residential behavioral health treatment.

This discriminatory policy was established at a time when SUDs were not considered medical conditions on the same level as physical health conditions – and should be removed.

WellSpan appreciated the recent decision by the Drug Enforcement Administration and Substance Abuse and Mental Health Services Administration to release a temporary rule extending COVID-19 telehealth prescribing flexibilities for buprenorphine and other controlled substances through Nov. 11, 2024.

As part of the SUPPORT for Patients and Communities Act, Congress directed the DEA to create a special registration program for telehealth providers. To date, no program has been established - and Congress should push the agency to meet its statutory mandate.

On a related topic, Congress should make permanent Medicare telehealth flexibilities granted during the COVID-19 public health emergency and extended through 2024 by the Consolidated Appropriations Act.

This extension was welcome news for patients and providers but remains a temporary solution. It is in the best interest of patients that Congress bring certainty to this issue and make telehealth a permanent piece of the health care puzzle.



And finally, you should also double-down on your commitment to fund the Certified Community Behavioral Health Clinic (CCBHC) model – which is designed to ensure access to coordinated comprehensive behavioral health care.

WellSpan's CCBHC, the START Program, is an innovative, one-stop program for patients with behavioral health and substance use disorders, with a focus on rapid access and stabilization.

Instead of waiting weeks and months, the START program has helped community members utilize our services in roughly 3 days on average, with frequent same day or next day access being offered.

Of the 8,500 visits at START over the past two years, 1,900 were at times and during situations where the Emergency Department would have been utilized previously.

Providing the right care in the right place at the right time leads to better outcomes for patients.

I'd like to close by bringing us back to what's most important. We know our friends and neighbors are struggling with addiction, and importantly, we know that treatment works.

Thank you again to the members of the Subcommittee on Health for focusing your efforts on this critically important topic and for the opportunity to be here today.

WellSpan Health looks forward to working with the Committee and the entire Congress to ensure that all Americans have access to high-quality, lifesaving addiction health care services.

Thank you all as well for your service to the citizens of your districts and our Nation. I look forward to your questions.