



**Medication-Assisted Treatment for Opioid Use Disorder
Senate Health and Human Services Committee Hearing
RCPA Testimony
Tuesday, March 17, 2026**

Thank you, Sen. Brooks, Sen. Haywood and the rest of this esteemed committee for the honor of testifying before you today.

My name is Jason Snyder, and I am the policy director for Substance Use Disorder Treatment Services for the Rehabilitation and Community Providers Association. RCPA has more than 400 members, the majority of whom provide human services to more than 1 million Pennsylvanians annually. My work is almost exclusively with our addiction treatment provider members, who comprise about 400 of the state's approximately 800 Department of Drug and Alcohol Program (DDAP) licenses. Our members represent the entire treatment continuum – outpatient, including methadone and buprenorphine programs, intensive outpatient, partial hospitalization programs and every residential level of care.

My experience also includes positions with DDAP, the Department of Human Services and Pinnacle Treatment Centers, a large operator of opioid treatment programs in Pennsylvania and beyond.

I also have the Certified Recovery Specialist credential and am a person in long-term recovery from the disease of addiction, which for me means I have not had a drink or drug in more than 14 years. Before I found recovery, I lost both of my brothers, my only siblings, to drug overdose deaths. Todd at age 28 and Josh, a little more than 2.5 years later, at 25 years old, which makes me the last living child of my parents.

In preparation for today's hearing, I visited two RCPA member facilities – Berks Counseling Center in Berks County and Hanover Treatment Services in York County – where we spent hours at each location meeting with physicians, counselors and patients to discuss the critical importance of medication in treating opioid use disorder.

I want to briefly share with you a sampling of what we heard from two of those patients – irrefutable evidence of the life-saving and transforming power of medication to treat their opioid use disorder.

Robart is 48 years old. Between 1996 – when he was 18 years old and tried heroin for the first time – and 2020, he spent 20 years incarcerated. Twenty of 24 years in prison because of a heroin addiction that led to constant robberies and thefts to support his addiction. During that 24-year span, he spent no more than four months at a time out of prison. With that record, this is a man who just about anybody in this room would bet against.

On July 7, 2026, he will celebrate six years of recovery, which for him means he does not drink or use drugs, thanks in large part to buprenorphine, which he continues to take as prescribed, and a program of recovery that includes outpatient treatment, 12-step fellowship and his religion. I know Robart would be more than happy to personally share with you his story, which today is one of connection to community, not isolation and hopelessness.

I also want to tell you a little about Tracey. She experienced the horrors and trauma of addiction for years as she ran between York County and Baltimore, which has often been referred to as the US heroin capitol. She regularly put her life at risk. She was raped. She tried various detoxes and residential treatment facilities. And she kept using. Today, she has 15 years of recovery, thanks in large part to methadone and her treatment program, which has historically subjected her to 12 random drug screens annually. None of them have been positive for any illicit drugs. She's repaired relationships. She operates a successful cleaning business and proudly jokes that people trust her with the keys to their homes and businesses.

Our provider members are strong advocates for the use of medication, which has been proven to improve retention in treatment, along with behavioral therapies, as the most effective pathway for patients to stop their use of illicit opioids and begin to make the many difficult changes that will enable them to sustain their recovery and achieve their goals. The testimony I heard from the patients those days last month all included acknowledgment of the role that counseling and recovery supports play in their recovery. In one way or another, each of them also said that the only way they have been able to do the work on themselves that they've chosen to do is by using medication, either buprenorphine or methadone.

To be clear, although we believe that medication is most effective when paired with counseling, we also support several other positions, including:

- Medication alone is treatment and will keep people alive, more so than behavioral therapies alone. In research, methadone and buprenorphine were associated with reduced overdose and opioid-related death compared with opioid antagonist therapy (e.g., naltrexone), inpatient treatment, or intensive outpatient behavioral interventions and may be used as first-line treatments for opioid use disorder (Wakeman et al., 2020). In fact, short-term medically managed withdrawal (commonly known as detox) and long-term rehabilitation treatments that don't incorporate continued use of buprenorphine or methadone are no more effective at preventing overdose deaths than no treatment at all (Locklear, 2023).
- Medication must be accessible regardless of whether an individual agrees to counseling or other recovery supports.
- We must not place artificial limits on the amount of time someone uses a medication to treat their addiction. Unfortunately, research indicates that many patients are not continuing to use medication for optimal amounts of time, which increases their risk for death (Hayes et al, 2026).
- Individuals must have the freedom to choose the treatment path that works best for them to find the recovery that they seek (Volkow, 2020).

The danger in trying to force a particular brand of recovery that limits in any way the most effective tool we have for preventing opioid overdose death – either through policy or simply the perpetuation of stigma -- is that through our judgement, we put others' lives in grave danger.

I have time and again seen this very scenario end in death, when friends who could not stop using illicit opioids refused to use medication because of the stigma put upon them by others.

In closing, I want to share one final perspective with you.

My brothers died in 2005 and 2007.

I can assure you that my parents would much rather have their dead sons alive and using a medication to treat their opioid use disorder than lying side by side in a graveyard in Portage, Pa., Cambria County, which is where they are today.

I implore this committee to try to put themselves in the shoes of parents who have lost a child to an overdose death, reflecting on the anguish and the longing at the fact that they will never speak to or touch their loved ones for the rest of their lives on this earth. The guilt and the questions that may subside but never go away.

This committee has great power and influence to help Pennsylvanians give themselves the best chance for recovery and to help those who love them avoid the trauma and grief a preventable drug overdose creates.

Thank you.

Bibliography

Hayes, C., et al. (2026). "Evaluating the optimal duration of medication treatment for opioid use disorder." *Addiction*, 121(4). <https://onlinelibrary.wiley.com/doi/10.1111/add.70211>

Locklear, Mallory. "Treating Opioid Disorder Without Meds More Harmful Than No Treatment at All." *YaleNews*, 19 Dec. 2023, <https://news.yale.edu/2023/12/19/treating-opioid-disorder-without-meds-more-harmful-no-treatment-all>.

Volkow, N. (2020). "Personalizing the Treatment of Substance Use Disorders." *American Journal of Psychiatry*, 177(2). <https://doi.org/10.1176/appi.ajp.2019.19121284>

Wakeman, S., et al. (2020). "Comparative Effectiveness of Different Treatment Pathways for Opioid Use Disorder." *JAMA Network Open*, 3(2). <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2760032>