REHABILITATION & COMMUNITY PROVIDERS ASSOCIATION

Senate Health and Human Services Committee
Hearing: "The Role of Prescribed Narcotics in Medication-Assisted Therapy for Addiction Management"
Jason Snyder, SUD Treatment Services Policy Director, Behavioral Health Division
Rehabilitation and Community Providers Association (RCPA)

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

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. Our addiction treatment provider members account for about 400 of the state's approximately 800 DDAP licensed facilities. They represent the entire treatment continuum – outpatient, including methadone and buprenorphine programs, intensive outpatient, partial hospitalization programs, and every residential level of care.

It is not lost on me that I am the only one here testifying today who is not a doctor. That said, I consider it a privilege and responsibility to represent not only the provider community but, perhaps even more importantly, to be here as a member of the recovery community.

I 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. I also am a Certified Recovery Specialist. 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, which makes me the last living child of my parents.

In my years of recovery, I've had an opportunity to work with and meet a lot of recovering people as well as grieving families; visit a lot of treatment facilities; and learn and, frankly, unlearn a lot of things. In preparation for today's hearing, I visited two more facilities, two RCPA members – Berks Counseling Center in Berks County and Hanover Treatment Services in York County. We spent hours at each location meeting with physicians, nurses, counselors and patients to discuss the critical importance of medication in treating addiction.

I want to briefly share with you a sampling of what I heard from two of those patients.

Robart is 48 years old. Between 1996 and 2020, he spent 20 years incarcerated. Twenty of 24 years in prison because of a heroin addiction that led to crimes, including 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.

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 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. She's repaired relationships. She operates a successful cleaning business. She proudly jokes that people trust her with the keys to their homes and businesses, whereas this was certainly not the case in the past.

These experiences are irrefutable evidence of the life-saving and transforming power of medication to treat opioid use disorder. These patients' stories include acknowledgment of the role that counseling and recovery supports play in their recovery. Each of them also said that the only way they have been able to stay on this path is with the help of medication.

Our treatment provider members are strong advocates for the use of medication and 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.

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

- Medication alone is treatment and prevents overdose deaths, more so than behavioral therapies alone.
- 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.
- Individuals must have the freedom to choose the treatment path that works best for them to find the recovery that they seek.

The danger in trying to force a particular brand of treatment or recovery that limits 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 guilt, the shame, the questions, the lost opportunities, and the anguish and the longing in the soul at the fact that they will never speak to or touch their child again for the rest of their lives on this earth.

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. I look forward to answering your questions and having a deeper discussion.