RCPA 10 YEAR ANNIVERSARY

Trusted Leader. Shaping Policy. Enhancing Lives.

Position on SB 962
Involuntary Commitment to Treatment of Individuals Who Overdose
November 29, 2023

On behalf of its addiction treatment provider members and the nearly 400 licensed facilities they comprise, the Rehabilitation and Community Providers Association (RCPA) opposes SB 962.

SB 962 fails to recognize the basic operational impossibility of keeping Pennsylvanians forced into treatment in any addiction treatment facility against their will. Because facilities are not locked, clients in Pennsylvania are able to leave against medical advice at any time. Not only does this immediately negate the intention of the bill, it puts at grave risk for overdose death any individuals who may have stayed at the facility for a period of time long enough to lower their tolerance. To address these inherent flaws, an involuntary treatment law would require an expensive overhaul of existing treatment facilities, not to mention even more overreaching laws – further reinforcing the perception created by this bill that drug overdose is a criminal act requiring judicial system intervention.

The bill also fails to understand the nuance and delicacy of managing the residential treatment milieu in which patients live and are treated for their disease on a daily basis. Although skilled clinicians – which are difficult to find during this workforce shortage – and peers can have significant effect on the group's ability to function cohesively and cooperatively, therapeutic success can rise and fall on the willingness or unwillingness of even one client. Those who do not willingly enter treatment can disrupt the mood and experience of the entire environment, thereby degrading and compromising the therapeutic experience for those who choose to be there. As well, this bill adds to the already crushing administrative burden placed on treatment providers by managed care, regulators, and other overseers. Forcing an unwilling patient into treatment creates yet another layer of difficulty in delivering quality care to the broader treatment community within the facility.

With the addiction treatment system in the midst of an unprecedented workforce crisis, SB 962 also fails to consider the challenges these facilities have in staffing to regulation in order to treat those who voluntarily want to enter treatment. Forcing individuals into treatment who have not freely chosen to do so further limits access for those who voluntarily seek it. Demonstrating further lack of understanding of how addiction treatment facilities operate, for example, the bill also creates unrealistic deadlines for providers to assess individuals and begin treatment for those forced into it, failing to recognize the operational challenges and flow of an addiction treatment facility, especially in time of a staffing crisis.

In addition, SB 962 creates a complex system of warrants, hearings, attorneys, appeals, involuntary extensions and court orders, creating the perception that overdose from the disease of addiction is a criminal act. Judges with no clinical experience or expertise are given authority to determine severity of the disease, appropriate level of care, and length of stay, all of which require Department of Drug and Alcohol Programs licensure in Pennsylvania's addiction treatment system. The providers are left to shoulder the burden of implementing an involuntary treatment process that has no evidence to support its effectiveness. There have been relatively few studies on the effectiveness of forced addiction treatment; the research that does exist does not demonstrate improved outcomes related to involuntary treatment.

777 E Park Dr, Ste G4 | Harrisburg, PA 17111 | Phone 717-364-3280 | Fax 717-364-3287 | www.paproviders.org

Finding the will to develop programs and policies that are proven to reduce overdose deaths and better engage those with substance use disorder with the treatment system is preferable to a well-intended but misguided law. Enabling safe access to evidence-based medications to treat opioid use disorder, including, for example, immediate buprenorphine induction by emergency medical personnel at the site or instance of overdose or access to low-barrier bridge clinics; providing meaningful, sustainable funding to specially train and embed certified recovery specialists at every potential touchpoint with overdose survivors; and reforming regulations and eliminating administrative burdens that act as barriers to treatment access will prove more effective.

Unlike many involuntary commitment laws across this country, SB 962 looks to the facilities within the addiction treatment system – instead of the jails and prisons within the corrections system – to be the vessels in which involuntary treatment is provided. We also recognize the desperation of families this bill attempts to address and the compassion with which it was likely written. Unfortunately, Pennsylvania's addiction treatment system is not built for involuntary commitment. **On behalf of its addiction treatment provider members and the nearly 400 licensed facilities they comprise, the Rehabilitation and Community Providers Association (RCPA) opposes SB 962 because of:**

- **The enormous burden placed on providers to manage an unfunded, complex involuntary treatment process;**
- **The perpetuation of stigma toward the disease of addiction by introducing the complexity and trauma of the judicial system to the treatment of a disease – not the commission of a crime; and**
- **Scant evidence that this approach reduces overdoses and death.**