COMMONWEALTH OF PENNSYLVANIA
HOUSE OF REPRESENTATIVES

APPROPRIATIONS COMMITTEE HEARING

STATE CAPITOL
MAIN BUILDING
ROOM 140
HARRISBURG, PENNSYLVANIA

MONDAY, FEBRUARY 24, 2020

PRESENTATION FROM
DEPARTMENT OF HEALTH AND
DEPARTMENT OF DRUG & ALCOHOL PROGRAMS

BEFORE:

HONORABLE STANLEY SAYLOR, MAJORITY CHAIRMAN
HONORABLE MATT BRADFORD, MINORITY CHAIRMAN
HONORABLE ROSEMARY BROWN
HONORABLE SHERYL DELOZIER
HONORABLE GEORGE DUNBAR
HONORABLE JONATHAN FRITZ
HONORABLE MATT GABLER
HONORABLE KEITH GREINER
HONORABLE SETH GROVE
HONORABLE MARCIA HAHN
HONORABLE DOYLE HEFFLEY
HONORABLE JOHN LAWRENCE
HONORABLE JASON ORTITAY
HONORABLE CLINT OWLETT
HONORABLE CHRIS QUINN
HONORABLE GREG ROTHMAN
HONORABLE JAMES STRUZZI
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HONORABLE DONNA BULLOCK
HONORABLE MORGAN CEPHAS
HONORABLE CAROLYN COMITTA
HONORABLE AUSTIN DAVIS
HONORABLE ELIZABETH FIEDLER
HONORABLE MARTY FLYNN
HONORABLE EDWARD GAINEY
HONORABLE PATTY KIM
HONORABLE STEPHEN KINSEY
HONORABLE LEANNE KRUEGER
HONORABLE STEPHEN McCARTER
HONORABLE BENJAMIN SANCHEZ
HONORABLE PETER SCHWEYER

ALSO IN ATTENDANCE:

DAVID DONLEY, REPUBLICAN EXECUTIVE DIRECTOR
RITCHIE LaFAVER, REPUBLICAN EXECUTIVE DIRECTOR
ANN BALOGA, DEMOCRATIC EXECUTIVE DIRECTOR
TARA TREES, DEMOCRATIC CHIEF COUNSEL
HONORABLE MARY JO DALEY
HONORABLE PAM DeLISSIO
HONORABLE CRIS DUSH
HONORABLE DAN FRANKEL
HONORABLE JOE HOHENSTEIN
HONORABLE MARY ISAACSON
HONORABLE SARA INNAMORATO
HONORABLE DARYL METCALFE
HONORABLE TOM MURT
HONORABLE KATHY RAPP
HONORABLE GREG VITALI
HONORABLE DAVE ZIMMERMAN

JEAN M. DAVIS, REPORTER
NOTARY PUBLIC

I N D E X
TESTIFIERS

P R O C E E D I N G S

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REPRESENTATIVE DUNBAR: Good afternoon.

We're going to get started. First off, we are ready to start the hearing for DDAP and the Department of Health.

Secretary Smith and Secretary Levine, if you could introduce everybody who is with you.

SECRETARY JENNIFER SMITH: Sure. Yes.

Good morning. This is my Deputy Secretary, Ellen DiDomenico.

DEPUTY SECRETARY ELLEN DiDOMENICO: Good afternoon, everyone.

SECRETARY RACHEL LEVINE: This is my Executive Deputy Secretary, Sarah Boateng.

REPRESENTATIVE DUNBAR: Okay. Anybody who is going to testify, could you please stand and raise your right hand to be sworn in?

(Witnesses sworn en masse.)

REPRESENTATIVE DUNBAR: Please have a seat.

As we have been doing, we have been waiving opening statements and getting right to questions, if that's okay with everybody here.

SECRETARY RACHEL LEVINE: Yes.

SECRETARY JENNIFER SMITH: Perfect.

REPRESENTATIVE DUNBAR: And as you can tell, Representative Saylor is a bit under the weather so I'm going to be filling in and Representative Gainey is going to help on the other side of the aisle temporarily as well.

So our first questions will come from Representative Hahn.

REPRESENTATIVE HAHN: Thank you, Chairman.

Good afternoon, Secretaries, Deputy Secretaries. Good to see you.

Secretary Smith, I'm starting out with DDAP today.

SECRETARY JENNIFER SMITH: Sounds good.

REPRESENTATIVE HAHN: All right. The Department contracts with the Single County Authorities to provide prevention, intervention, treatment, and recovery-oriented services. Are they required to contract with evidence-based and evidence-informed programs or do they contract with any provider they want to contract with?

SECRETARY JENNIFER SMITH: That's a great question. We do contract with 47 different Single County Authorities. Those 47 Single County Authorities represent all 67 counties across the Commonwealth. So they are responsible for doing a localized needs assessment and then strategic plan. And that is across the full continuum of

care, so in prevention, intervention, treatment, and recovery support services.

So over the last several years, we've been moving in the direction of ensuring that our funding is being used for, if not evidence-based, at least evidence-informed programming. So there used to be a wonderful list out on SAMHSA's website that indicated what kinds of programs fell into those categories.

SAMHSA changed their perspective a little bit on what that list looked like and had pulled the list down for a little while. So that caused some confusion amongst folks as to what kinds of programs were able to be supported through our Federal funding. But that website is now functional again. It has been restructured a bit.

REPRESENTATIVE HAHN: But they're not required -- if a program is not on that list that they're evidence-based, they're not required to contract with them?

SECRETARY JENNIFER SMITH: So if those programs are not part of that list, then they would need to seek our approval in order to utilize the funds for that programming. So one of the reasons that we went that route is because there were counties utilizing our funding for programs like scare tactics. And that is not an evidence-based program. And so we have put out some specific guidance around those programs in particular. It doesn't prohibit the Single

County Authority from utilizing those programs. It prohibits them from utilizing our funding to support those programs.

REPRESENTATIVE HAHN: Do the CSAs provide outcome measures to show that the programs are having good outcomes and then to continue or are they required to change if they don't have any evidence-based outcomes?

SECRETARY JENNIFER SMITH: Yeah. So they are required to report to us in terms of how many folks they're serving, how many programs they're providing, and the sourcing of all the funding that's being utilized.

So we're in the process right now of implementing a new process called a strategic prevention framework, which establishes how they do their needs assessment process, the planning process, the evaluations, and the study of those outcomes.

So we've piloted with -- and I don't know the exact number of counties that we've piloted with in terms of implementing that new process. Oh, they're all doing it now. Okay. So all different levels of implementation, but that will be a more stringent requirement in terms of what they're reporting to us without outcomes and justifying the funding that they're using to support the programs.

REPRESENTATIVE HAHN: Okay. Is there medication-assisted treatment in all 67 counties?

SECRETARY JENNIFER SMITH: Yes. Absolutely.

REPRESENTATIVE HAHN: Okay. And are they required to provide the same information? Do they do as good a job as any of the other treatments, better, or worse?

SECRETARY JENNIFER SMITH: So let me just give a quick clarifying statement. Medication-assisted treatment is not a thing. It's not an entity. It is a type of treatment that can be delivered to individuals who have substance use disorder. So it's really basically just medication that's utilized by some individuals to support their path through treatment and into recovery.

REPRESENTATIVE HAHN: But is that -- is there any data as far as like a relapse? So if someone is taking the medicine treatment other than -- is there some type of data that shows that it helps or doesn't help?

SECRETARY JENNIFER SMITH: Yeah, there is. I don't have the statistics right at my fingertips.

Dr. Levine might. She looked like she was paging through her statistics here.

We do have some good information though that has come to us from the Managed Care Organizations who fund our medical assistance clients. We'd be happy to share that data with you. One of the largest entities is CCBH. They cover the bulk of the Commonwealth actually. And they have some pretty interesting statistics in terms of how many

folks are utilizing medication as part of their treatment regimen and the data does, in fact, show that engagement in treatment is longer for individuals with opioid use disorder who are on some form of medication-assisted treatment.

We'd be happy to share that data with you.

REPRESENTATIVE HAHN: Okay. Thank you.

SECRETARY JENNIFER SMITH: Um-hmm.

REPRESENTATIVE HAHN: Secretary, did you have that information?

SECRETARY RACHEL LEVINE: Sure. Thank you.

I would like to support Secretary Smith's comments about the utility of medication-assisted treatment, sometimes in this case called medication for opioid use disorder, for patients with the disease of addiction to opioids, with opioid use disorder. And so that is really the standard of care as recommended by SAMHSA and Health and Human Services and the Federal Government utilize throughout the states for patients suffering with opioid use disorder.

There was a recent article that I wanted to highlight. The article is from JAMA, the Journal of the American Medical Association. It was published on February 5th, 2020, so it's hot off the press.

And this article is called, Comparative Effectiveness of Different Treatment Pathways for Opioid Use Disorder.

And so this was a retrospective analysis using this large data warehouse where they looked at actually over 40,000 individuals with opioid use disorder. And their conclusion was -- and I'm quoting the abstract of the article -- only treatment with Buprenorphine or Methadone was associated with a reduced risk of overdose during a three-month and twelve-month followup. Treatment with Buprenorphine -- that's the brand name; one brand name of that is Suboxone, but there are other brand names -- or Methadone was associated with a reduction in serious opioid-related acute care during that three- and twelve-month followup.

So there are many articles in the reference section of this article. But this is the most recent as of approximately two or three weeks ago, which outlines that for patients with opioid use disorder, the standard of care is to have medication-assisted treatment. That can include Methadone, that can include Buprenorphine medications, and can include long-acting Naltrexone, which is called Vivitrol, although in this article long-acting Naltrexone was not as effective as Buprenorphine and Methadone.

Now the standard is to include other aspects of treatment if possible with the medication. The medication assists the treatment. So that would include various types of counseling. That would include Case Management services,

etc. That would be the gold standard. But it highlights the importance of the use of medication-assisted treatment, or MOUD, given the current opioid crisis that we're facing.

We have worked to expand that, as the Secretary was referring to, throughout Pennsylvania with 45 Centers of Excellence for patients with Medicaid, with satellites. There are now 70 sites for the Centers of Excellence as well as 9 programs called PacMAT, or Pennsylvania Coordinated Medication Assisted Treatment, P-a-c-M-A-T.

Those now include Temple, the Wright Center in Scranton, Lehigh Valley Health System, Penn State Health System, UPMC Pinnacle, Wellspan, UPMC in Pittsburgh and Allegheny. So you can see some of our finest academic institutions that live a hub and spokes model to expand evidence-based quality MAT throughout the State.

REPRESENTATIVE DUNBAR: Thank you, Representative.

Thank you, Secretary.

Next will be Representative McCarter.

REPRESENTATIVE McCARTER: Thank you very much, Mr. Chairman.

Again, thank you very much for being here today. And I thought I would try to give you an opportunity today because I know there's a health issue that obviously many Pennsylvanians and people throughout the country are very

concerned with at the present moment, that being the COVID-19 epidemic potentially.

First of all, let me thank you very much for the press briefing last week for Legislators and for their offices and updating us on the situation last week. But as you said, I think in that press conference or that briefing last week, the situation is evolving and changing very quickly and we all need to be aware of that.

So I thought it would be a good opportunity today for you to update us a little bit more as to how you see the situation as it's evolving now to where over 30 countries have been impacted and the likelihood is that we will see that in a greater form here in the United States as well and possibly in Pennsylvania.

So would you comment a little bit on that situation and the likelihood of it reaching Pennsylvania in the near future and how people should be preparing for that?

SECRETARY RACHEL LEVINE: Thank you very much for the opportunity. I really welcome the opportunity to talk about this novel Coronavirus.

To repeat a couple of things that I said during the briefing that we had, Coronavirus, its name comes from how it looks under an electron microscope. There are many different types of Coronaviruses. Many upper respiratory infections and colds we get are from a Coronavirus. But

there are some Coronaviruses that seem to start to infect people starting with animals. And that's how this seems to have started.

Two previous Coronaviruses that started in a similar way that affected the world were SARS in the early 2000s and MERS earlier this decade, which were significant but not as significant as it appears as this outbreak.

The infection is now called COVID-19 by the World Health Association Organization and by the CDC and Health and Human Services.

It seems to have infected people coming from an animal in China, in Wuhan, China, from what are called wet markets, where they have many different types of wild animals that are actually then sold. They are living at that time. They're sold. They're butchered for food. And that could include bats. It can include animals called Crivitz, Pangolins, swine, many different types of animals.

Unfortunately that type of market is a breeding ground of viruses that can then go and infect people. And it's still not clear -- probably a bat, but it's still not clear what led to this Coronavirus and how it started.

This has obviously caused significant issues in Wuhan, China, and Hubei Provence in China. But as you mentioned, it is now reaching many different countries and actually many different continents.

As of this morning worldwide, there were 79,524 cases worldwide. There have been 2,626 deaths. That includes infections primarily in China but also 833 infections in South Korea, 215 now in Italy, so another continent, 61 Iran, 154 in Japan. So it has become a worldwide phenomenon now in many different countries and poses a significant health threat to the United States as well as globally.

In the United States there are now 53 cases. That includes actually 36 cases from the Diamond Princess Cruise Ship. And so we actually even doubled -- it went up today from this morning to now.

In Pennsylvania, we have had no cases of COVID-19. We have tested a number of individuals according to the CDC guidelines and all of those tests were negative. We have tracked individuals that have come from China working very closely with our county and municipal Health Department partners.

We have been in constant contact with our county and municipal Health Department Agencies, as well as with other states and the CDC as we continue to track this global phenomenon. But some of the new information, even from last week, is the spread to South Korea, the spread to Italy, to Iran, Japan, and the level that it is spreading.

There are two parameters of viruses, especially

novel viruses, that you have to look at. One is, how infectious is it? How many people who are exposed to a person who is contagious will get it? And then the other is how serious it is, how many people will die from that. So you can plot that on a graph.

The worst-case scenario of any virus would be Smallpox. Smallpox is -- which has been eradicated from the world. Smallpox is tremendously infectious and tremendously lethal. That would be the absolute worst-case scenario.

Where we are now is a virus that is more contagious than the flu, but not nearly as much as Smallpox or Measles. And it has approximately a 20 times death rate than the flu. So it has a death rate of approximately 2 to 2.5 percent of people who get it will die of various complications. The flu is approximately 0.1.

So you can see that this poses a significant risk globally as well as the United States. So we are in incident command mode with the Department of Health. And so we have incident commanders that report to me as the Secretary of Health. And of course, I report to the Governor. And I updated the Governor this morning on COVID-19. And then there are also, of course, Federal agencies that we are working with very closely. And so that includes the CDC and Health and Human Services. And so that is kind of the hierarchy. So we are watching this extremely

closely for possible transmission by the community in the United States and in Pennsylvania. And we are watching it, you know, every moment of every day.

REPRESENTATIVE McCARTER: Thank you very much for your update. I appreciate that.

Thank you, Mr. Chairman.

REPRESENTATIVE DUNBAR: Thank you, Representative.

And I wanted to note that we have been joined by members that are not on the Appropriations Committee, Representative Zimmerman, Representative Daley, Representative DeLissio, Representative Innamorato.

Next question will come from Representative Rothman.

REPRESENTATIVE ROTHMAN: Thank you.

Over here. Secretary, thank you for being here.

In the past two years -- and I think the number is going to be 85 million this year in Federal opiate grants -- you have proposed 1.5 million for Drug Court operations. Cumberland County, where I represent, has an outstanding Opiate Court that has had great results.

I'm curious to know how we're going to fund these, can we help get Cumberland County funding, and how many other counties have or are considering Drug Courts and what do we do to create more of them.

SECRETARY RACHEL LEVINE: Thank you for that question. May I defer to my colleagues at DDAP? because the grant flows through DDAP.

REPRESENTATIVE ROTHMAN: Sure.

DEPUTY SECRETARY ELLEN DiDOMENICO: Thank you.

Yes, we are working very closely with a number of counties around Drug Courts. And I want to distinguish between two things. So we have funded in almost every county that has a Drug Court the ability for those counties to use the treatment dollars that we make available to them for individuals being served within the Drug Courts. The dollars that you're referencing specifically were for the operations of Drug Courts.

So we are now working with a number of counties. And actually we are working with a program in Cumberland County to help fund the actual Drug Court operations. What we mean by that is the work that happens at the Case Management kind of level, so the ability for someone to be able to track those individuals who are being served within the Drug Courts and to make sure that they connect to all the resources that they need.

So all of our Single County Authorities have the ability to use dollars to treat individuals who would be present in all parts of the Criminal Justice System, including those that are involved in local Drug Courts.

We also work with Pennsylvania Commission on Crime and Delinquency to do some of the application work to be able to fund those courts specifically and continue to work with them to be able to make sure that those dollars are used most effectively across the Commonwealth.

REPRESENTATIVE ROTHMAN: Thank you.

SECRETARY JENNIFER SMITH: I would just add that, you know, we really appreciate -- is this Judge Brewbaker's opiate court? Yes. We really appreciate her work and all that she has done there. And as long as the dollars continue to flow to us from the Federal Government, we're hoping that we can continue to sustain funding to those kinds of organizations and hopefully even expand them further across the Commonwealth.

REPRESENTATIVE ROTHMAN: Yes, we're very proud of what they are doing there.

SECRETARY JENNIFER SMITH: You should be.

REPRESENTATIVE ROTHMAN: It's been very effective.

Thank you.

REPRESENTATIVE DUNBAR: Thank you, Representative.

Next will be Representative Bullock.

REPRESENTATIVE BULLOCK: Thank you, Mr. Chairman.

Good afternoon. I'm actually going to skip over

my usual question because as I review your departments, both of your departments fare pretty well when hiring and recruiting women as well as communities of color and other minority groups, so I want to thank you for your efforts there.

My two sets of questions do focus on keeping Pennsylvanians safe, the first being Governor Wolf's initiative around gun violence and your Department's response to that, Secretary -- Dr. Levine. The division of violence prevention within a Department of Health is not funded, nor does it state that it has any additional staffing.

But could you share with me how that particular division will be working with the Governor and helping to keep Pennsylvanians safe and particularly looking at gun violence as a public health issue? And I know you are very much committed to that.

The second round of questions is also for Dr. Levine on another issue that I think you've been very committed to, which is maternal mortality. And as we look at Pennsylvania we have unfortunately a high maternal mortality rate with 11.1 deaths per 100,000 live births. And when you look at communities of color, particularly black women, that rate rises to 24.7 deaths per 100,000. We have established through Act 24 of 2018 the Maternal

Mortality Review Committee. Can you please just talk about the progress of the committee and the work that it's doing to reduce these numbers?

SECRETARY RACHEL LEVINE: Thank you for those questions.

First in terms of gun violence, it's absolutely clear that we have to look at gun violence to ensure the health and safety of people in Pennsylvania as a public health issue and look at it through that public health lens. It is one of the leading causes of premature death in the United States. And even in Pennsylvania in 2017, there were 1,636 deaths due to firearms according to the CDC.

So as you know, the Governor signed an Executive Order on reducing gun violence, assigning tasks to many different departments as well as the Commission on Gun Violence Prevention through the Pennsylvania Commission of Crime and Delinquency.

So one thing we do is that we participate robustly in the Special Council on Gun Violence. I have a seat on that Commission and Council and I will be there tomorrow actually for one of the meetings. We participate fully using our experience in public health to inform that Council.

We have established a Division of Violence Prevention and particularly focusing on gun violence within

the Department of Health in our Bureau of Health Promotion and Risk Reduction. So there is not specific funding in this budget, although we'll continue to work with the Governor's Budget Office on that. But we are working to fill those positions actually from some complement that we already have.

So we will be filling those positions. We'll be starting to recruit quite soon to stand that division up as soon as possible. We are establishing a Gun Violence Data Dashboard to better understand the scope, frequency, geography, and populations that might be affected by violence and particularly of gun violence. We are hoping later in the spring to have the first iteration of that Gun Violence Data Dashboard.

In addition, we were asked to develop a Multidisciplinary Suicide Death Review Team, similar to the Maternal Mortality Team that you have described. We would look forward to working with you in the Legislature on legislation to support that. As you know, we have a decentralized coroner system with many different coroners in all the counties to be able to get that data and work with the coroners. It would be very helpful for us to have legislation authorizing that so that we can in a timely way and efficiently get the data we need for the suicide death review from our coroners.

In terms of your second question, as you stated, Act 24 of 2018 established the Maternal Mortality Review Committee, and as you appropriately pointed out, maternal deaths have been rising in the United States, including in Pennsylvania, where the only developed country where maternal deaths, maternal mortality, has been rising. And as you also pointed out, there is such a significant disparity.

In Pennsylvania it has been pretty much level for Caucasian women. And it has been going up significantly for women of color, particularly African-American women. So it's a health equity issue for us.

The Maternal Mortality Review Committee will review all pregnancy-associated deaths in the Commonwealth, not including Philadelphia, which has its own committee, regardless of cause of death, so it includes drug-related deaths, homicides, suicide, but also other medically related deaths or specifically pregnancy-related deaths.

That Committee has been established. We had our first meeting in February of 2019. The Committee established its mission and vision in July. It began reviewing pregnancy-associated cases. And I want to point out in September of 2019, we received a $2.25 million grant from the CDC over five years through the CDC enhancing reviews and surveillance to eliminate the maternal mortality

program. So we are working to hire staff now to further expand the Maternal Mortality Review Committee. We have members from throughout the Commonwealth, experts in this field, according to the dictates of the legislation. And the next meeting is in March.

We also have established -- we launched in coordination with the Jewish Health Care Foundation what's called a PQC, or Perinatal Quality Collaborative. It includes membership from DDAP, the Department of Health, Department of Human Services, and many other constituents and it's going to look at maternal mortality, opiate use disorder among pregnant women, and babies born with Neonatal Abstinence Syndrome.

REPRESENTATIVE BULLOCK: Thank you, Secretary Levine. And thank you for all of your work on this.

SECRETARY RACHEL LEVINE: Thank you.

REPRESENTATIVE DUNBAR: Thank you, Representative.

And, Secretary, we do appreciate the information but we have a lot of questions.

SECRETARY RACHEL LEVINE: Okay.

REPRESENTATIVE DUNBAR: If once the red light goes on, if we can find a stopping point, it would be greatly appreciated. I didn't want to interrupt you during the Coronavirus. I would have felt bad about that. But if

we could find a stopping point, it's always appreciated.

I also wanted to mention we have been joined by Representative Hohenstein. And next for questions will be Representative Brown.

REPRESENTATIVE BROWN: Thank you, Mr. Chairman.

And thank you, Madame Secretary and all of you, for being here this afternoon.

As we continue on the conversation of health crises, unfortunately we had the Coronavirus discussion a little bit. And I know, Secretary, that you will understand I'm going to talk to you again about Lyme Disease and tick-borne illness. Yourself and your staff have had many meetings with me in regards to this issue and my concerns. And it definitely is still a very serious and growing concern in Pennsylvania.

Some of the most recent numbers I've seen have shown there's been a 300 percent increase in Lyme Disease in the northeastern states. So it is something that I believe we really have made some progress on together. And we are moving forward.

But the East Stroudsburg University tick lab, which we established the free tick testing program two years ago and actually put in a line item last year, has had some great results and I just wanted to point this out just for the record and for the members that since April of 2019 to

February 24th of this year, there's been 12,333 ticks that have been tested. Of those ticks tested, 51.5 percent of them tested positive for either Lyme Disease or anaplasmosis. So that's over half obviously. And so there's a great concern.

But it's providing some wonderful information for us as far as for the patient/doctor relationship as a tool. And it's also giving us some pathogen information and science information that we need. What's concerning to me is, as I see that need and I see the proposed budget by the Governor, having the 3 million moved down to 2.5 million, your thoughts on that?

SECRETARY RACHEL LEVINE: Sure. So you are correct. Lyme Disease continues to be a very significant public health problem here in Pennsylvania. And we have been very pleased to collaborate with your office and to collaborate with East Stroudsburg.

I believe that the 2.5 is exactly the same as the Governor put into the budget last year. And I believe that through legislative additions and your office, the extra $500,000 was add ed.

I think it was added to DHS's budget the first year and last year to our budget. The budget is just a starting point. We'd be pleased to collaborate with your office. And if you and the Legislature add that $500,000

for continuing to work with East Stroudsburg University, we will renew that contract and we are very pleased to continue to work with them because they're doing great work.

REPRESENTATIVE BROWN: They are doing great work, which is why I'm surprised why this would be pulled out, so to speak. Can you give me some more details why it was pulled out?

SECRETARY RACHEL LEVINE: I don't think there was any specific reason why it was pulled out. I think that last year it was a legislative add so the expectation might be that this year it's a legislative add. But there was no specific policy reason why that contract was not included.

REPRESENTATIVE BROWN: Right. So are we continuing to have conversations with East Stroudsburg University, with the Department of Health, with DEP, in a combined effort?

SECRETARY RACHEL LEVINE: Yes.

REPRESENTATIVE BROWN: Okay.

SECRETARY RACHEL LEVINE: And they have received or are receiving that money through our process. All that contract was worked out. We'd be pleased to do that again. I don't think -- there was not a -- there was no specific again policy initiative why that specific money wasn't included. I think that the expectation might be that it will be the same as last year as a legislative addition.

REPRESENTATIVE BROWN: Okay. So there would be no conversations that the 500,000 could come out of the 2.5 million that's currently allocated?

SECRETARY RACHEL LEVINE: That would limit our ability to use that money for our continued activities. So right now that money is going towards surveillance. It's going towards prevention and education. So accounting would be 942,000 to education and outreach, 118,000 for testing capabilities, 423,000 for planning and prevention, the 500 to East Stroudsburg, as you mentioned, 912,000 for surveillance. That includes work with DEP in terms of their tick surveillance, in terms of numbers of ticks in different counties, and $105,000 for administration. So that's the 3 million.

REPRESENTATIVE BROWN: Okay.

SECRETARY RACHEL LEVINE: If you take 500 out of the 2.5, then some of that activity will be less.

REPRESENTATIVE BROWN: Do you know for the tick testing that the DEP or their surveillance that they are doing, is there any replication or anything there that we might not need to do the DEP surveillance in that manner and we could utilize the testing that East Stroudsburg University is doing on the surveillance?

SECRETARY RACHEL LEVINE: I'd have to go back to my staff and talk about some of the details of the DEP

surveillance. I've seen them do their tick. I mean, they are often looking for the numbers of ticks in different counties, which is not something that East Stroudsburg would be doing.

REPRESENTATIVE BROWN: Right.

SECRETARY RACHEL LEVINE: So they're not -- my understanding is they're not so much testing the tick as they are doing surveillance of the tick population.

REPRESENTATIVE BROWN: Okay.

SECRETARY RACHEL LEVINE: But I'd have to get details from my staff and get back to your office.

REPRESENTATIVE BROWN: Okay. Thank you, Madam Secretary.

SECRETARY RACHEL LEVINE: Thank you.

REPRESENTATIVE BROWN: Thank you, Mr. Chairman.

REPRESENTATIVE DUNBAR: Thank you.

Next will be Representative Fiedler.

REPRESENTATIVE FIEDLER: Hi. Thank you for being here this afternoon. I want to switch gears a little bit and ask you about a different health issue.

A few months ago, a Philadelphia teacher made national news when she announced that she had been diagnosed with Mesothelioma. And many people wondered if her diagnosis was a result of conditions in schools that she had taught in for 28 years. I think it's fair to say we all

want our children and our educators to spend their days in safe and healthy buildings.

And I have to say, as the daughter of two public school teachers, the fact that any teacher wonders if a diagnosis like that is the result of their lifelong commitment to educating the next generation, I know for many of us it's heartbreaking.

Asbestos fibers when disturbed and inhaled can cause serious lung diseases and cancer, as we know. And there is asbestosis in possibly hundreds of schools across the Commonwealth that can and in some cases already has had a health impact on the lives of students and educators and staff across our state.

Can you talk to us about what is being done to make sure that our schools are not poisoning our students and our teachers?

And I do want to note that, obviously, the Governor recently proposed using $1 billion to remediate asbestosis and lead in our schools. And that's something that I absolutely support and I think that is a number that is in line with the size of this crisis and the public health emergency. But if you could talk with us about that, please.

SECRETARY RACHEL LEVINE: Sure. Thank you for that question.

So as you pointed out, asbestosis is an extremely toxic fiber. It can cause mesothelioma, a specific cancer of the lining of the lung. It can also cause mesothelioma in other types of tissues. And also it can cause asbestosis, which is a serious lung disease.

And it really is a significant environmental issue in schools in Philadelphia and in many parts of Pennsylvania. So the Department of Health, we were pleased to stand with the Governor as he announced action and proposed action against, quote, unquote, as he said, toxic schools to protect our children. We would be very pleased to partner with the Governor's Office and the department of DEP as well as the Department of Education in terms of making schools safer.

And you mentioned the funding mechanism that the Governor was proposing. So we would be very pleased to partner in all of that. It's not a specific. I don't have a specific division or bureau that would be looking at that but we are pleased to help in any way we can.

REPRESENTATIVE FIEDLER: Thank you for that.

And could you talk with us specifically about what's being done on the health challenges related to lead poisoning, which we know is an issue both in schools but also at homes, at daycare facilities? Could you talk about the work that's being done to make sure that people in

Pennsylvania are safe from lead poisoning, please?

SECRETARY RACHEL LEVINE: Absolutely.

So as you pointed out, there is a lot of concern about the effect of lead poisoning on children in Pennsylvania. There is no safe level of lead. It's a toxic substance no matter what the level is. And we are concerned about the number of proportions of Pennsylvania children who have been exposed to lead, although that number has been -- the lead levels have been going down over the last number of years.

Homes built before 1978 are likely to contain lead-based paint. And if that is aerosolized or eaten then it can cause lead poisoning. We currently receive Federal funding from HUD to implement the Lead Hazard Control Program where we are looking at trying to remediate 186 homes and make the lead safe.

In addition, we receive funding from the CDC for the Childhood Lead Poisoning Prevention Program. In addition, our community health nurses will follow up with any child that has a lead level greater than or equal to 5, which is the lower level, at least right now, set by the CDC to talk about sources, potential sources of lead contamination with those children.

We did publish the 2018 Childhood Lead Surveillance Report in January, so a month ago. And we had

some extra data linkage. We have actually an epidemiology research associate to perform this extra data analysis. And so that will continue when we do the 2019.

And the Governor has talked about working through various mechanisms to remediate lead, both in the schools through the same program that you talked about, but also we'd love to remediate more homes. And that would be part of his initiative for using potentially the Shale Tax to fund, to restore Pennsylvania and that initiative, and using that money from a Shale Tax to help remediate more houses in Pennsylvania.

One legislation that we have asked for and we'd love the Legislature to consider is universal lead testing of children. Right now the only children really that get tested for lead have Medicaid or CHIP. And if we can have universal testing, it would help us understand the true burden of lead poisoning in Pennsylvania.

REPRESENTATIVE FIEDLER: Thank you very much.

REPRESENTATIVE DUNBAR: Thank you.

Next will be Representative Struzzi.

REPRESENTATIVE STRUZZI: Thank you, Mr. Chairman.

Good afternoon .

SECRETARY RACHEL LEVINE: Good afternoon.

REPRESENTATIVE STRUZZI: I have questions for both of you, but we'll start with Secretary Smith first. My

question relates to recovery, houses which I think are key in the recovery process. You hear a lot of stories about people suffering through addiction being mistreated in recovery houses. And so Act 59 of 2017 required your agency to regulate recovery houses.

SECRETARY JENNIFER SMITH: Yes.

REPRESENTATIVE STRUZZI: So my question is -- and maybe there's some misinformation out there. But your website right now says that you're working to get the program up and running. And you do have an augmentation of 450,000 in this year's budget and then 900,000 in next year's budget.

So with that said, where are we in regulating recovery houses?

SECRETARY JENNIFER SMITH: Yes, that's a great question. And I'll try to be really brief with my answer to give you time to ask Dr. Levine her questions.

So in terms of where we stand with licensing recovery houses, the way the legislation passed did not require our department to put those draft regulations out for public comment. But because we understand what a critically important task this is, we opted to put those draft regulations out for public comment because we really want to ensure that the houses that we will be looking to license had some input in terms of what that regulatory

process was going to look like.

What we didn't want to do was enable no houses to become certified because that is a really critical service that we have to offer. So those went out for public comment. We got very differing opinions in exchange, you know, in return. Some said these aren't nearly strict enough. Some said these take things way too far.

And so we had to take some time to really balance out what that was going to look like. So we anticipate this week those regulations will be leaving my office to begin that final review process before heading to ERC. So we are hopeful that those regulations will be in place by the end of the fiscal year.

In terms of where we are with the process, however, we have already organizationally created positions that will be used to license these homes. We will be posting and hiring for those positions within the next month. We're also working on developing the online application tool that will be used to both submit applications as well as to receive payment.

And that's where those augmentations come into play, where we expect to begin receiving, quote, unquote, revenues in terms of the licensing fees that are required for those homes.

So we are still working our way through the

process, but certainly within the next couple of months you'll start to see those regulations working their way through the review process. And we will begin having staff trained so that as soon as the regulations are finalized we're ready to go.

We've also developed a LISTSERV that you can join via our website for any houses that are looking to become licensed so that they can stay up to date. And we will be communicating much more frequently with those entities as the time gets closer so that they know what they need to be submitting, who they need to be submitting it to, and so that we're offering technical assistance to them through that process.

REPRESENTATIVE STRUZZI: All right. Great. I appreciate that information.

My other question relates to medical marijuana and alternative treatments for opiate use and addiction, I guess. We've had medical marijuana in place for some time now. I believe we expanded it to treat 23 different afflictions. Your thoughts on that. Are we doing enough with that? Is there a readily accessible facility to help people with this?

And I also have a question -- I know we've had this conversation -- there's other alternative treatments out there, CBD, now hemp in some cases, and kratom, if I'm

pronouncing it correctly. But your thoughts on these alternative treatments. Are they effective and are we doing enough to help people with that?

SECRETARY RACHEL LEVINE: Sure.

So in terms of medical marijuana, I think that we have really one of the best medical marijuana programs in the country. It is very medically based. It's for 23 serious medical conditions. We had very tight oversight over the grower processes and dispensaries as well as the laboratories.

And we have a new program, the Chapter 20 Program, which is up and running. We just announced four new sets of clinical registrants to be working with academic research centers. And we definitely need more research. Research has been limited because of how it's scheduled. We need more research to be able to see the total effect of medical marijuana.

For CBD, I have concerns about the CBD from hemp because it's an unregulated industry. So I mean, there's CBD from medical marijuana. There's CBD from hemp. The problem is that that's a result of the Federal Farm Bill and it's completely unregulated so I have concerns.

And I believe there's a hearing coming up about that. We do not -- are not in favor of kratom. There are some significant concerns about toxicities, particularly

liver toxicity is associated with kratom, and we do not approve of that use.

REPRESENTATIVE STRUZZI: Thank you for the good short answers.

REPRESENTATIVE DUNBAR: Thank you, Representative.

Next will be Representative Krueger.

REPRESENTATIVE KRUEGER: Thank you, Mr. Chairman.

Thank you so much for joining us here today. I've got a follow-up question for Secretary Smith about recovery houses based on the question from my colleague.

I've talked to a number of providers in Delaware County where we're facing a crisis just like so many places across the Commonwealth. And I'm curious, once these new regulations are enacted, are there any new funding streams that will be available for licensed recovery houses once the license exists?

SECRETARY JENNIFER SMITH: Yeah, that's a great question.

So if you take a look at the legislation that many of you, thank you, all helped to pass, the requirement for the recovery houses that have to be licensed are those who are going to receive referrals from state entities or want to receive State or Federal dollars.

So there are currently some recovery houses -- I

believe that number is somewhere between 40 and 60 current recovery houses that receive some form of Federal or State dollars through our Single County Authorities. If those entities want to continue to receive those funds, they will need to become licensed recovery houses.

So it isn't so much that there's necessarily a new funding stream available for these entities. It's that if they want to continue to receive those funds, they would be required to be licensed entities.

REPRESENTATIVE KRUEGER: So presumably to receive the same funding that they are receiving now?

SECRETARY JENNIFER SMITH: That's correct.

REPRESENTATIVE KRUEGER: But there's not necessarily a new appropriation tied to the regulations being enacted?

SECRETARY JENNIFER SMITH: That's correct.

REPRESENTATIVE KRUEGER: Okay.

And another question. We've talked a lot in this Chamber about Medicaid and the impact of Medicaid expansion. I know in my district there's folks who have been able to get access to treatment by being involved in Medicaid.

Can you give us some updated statistics on how many folks are accessing Medicaid in order to get substance use treatment?

SECRETARY JENNIFER SMITH: Sure. I'd be happy to

share with you what I have. And I'm sure that Secretary Miller from the Department of Human Services will be happy to share additional details as well if you have further questions.

So in 2018, which is the latest data that I have here, individuals on Medical Assistance with an opiate use disorder diagnosis stood at 124,000 individuals. Individuals who are on Medical Assistance and receiving medication-assisted treatment in 2018 was not quite 150,000 individuals. Individuals receiving Naloxone prescriptions, which is that lifesaving overdose reversal drug, was 17,000. And in terms of the numbers of pregnant women who are on Medicaid diagnosed with an opiate use disorder and receiving the evidence-based medication-assisted treatment in the last quarter of 2017 was at 60 percent.

And all of those numbers that I mentioned have been climbing since 2015. I will say that in general the admission to treatment of the individuals that our dollars fund -- so this is not Medicaid dollars. These are dollars that go towards uninsured individuals. Those admissions to treatment have actually been dropping.

And the reason that those numbers are dropping is because the admissions that the Medicaid program is reporting are increasing. So in fact total numbers of admissions are on the rise but we're seeing a larger

proportion of those admissions through the Medical Assistance Program.

REPRESENTATIVE KRUEGER: And can either of you tell me what's the current number of individuals on Medical Assistance in Pennsylvania right now?

SECRETARY JENNIFER SMITH: I don't know the answer. 2.8, Ellen says.

REPRESENTATIVE KRUEGER: Okay. So a significant percentage of the population is receiving treatment.

And then one last question for Dr. Levine. I saw funding outlined in your budget for a study on public health impacts of fracking.

SECRETARY RACHEL LEVINE: Um-hmm.

REPRESENTATIVE KRUEGER: Can you tell us about this study? When will it start? Who is responsible? How will we find out the results and, you know, how -- this is something that a number of us in the Legislature have talked about for a long time. There's certainly lots of speculation on public health impacts especially on women who are pregnant and children. What's the Department going to be doing on this and when?

SECRETARY RACHEL LEVINE: Thank you.

So since 2015, we have been looking at health effects of fracking. So what we did at the beginning was establish an enhanced complaint registry where anybody

having potential health effects would call us and we would have a robust analysis and database. And then we had some collaboration actually with Colorado, which also has a significant fracking industry.

But unfortunately we did not get as many calls as we were hoping for. We did try many different ways to get more people who might be having concerns call us. There had been some concerns about when they'd call the Department of Health in prior years before 2015 that maybe the response was not as robust as it could be.

But so we got some information but not nearly as much to do data analysis. So we worked this year and it was approved in the fall to do two separate studies on potential health effects of fracking.

One is a study on acute effects. And so that would be acute effects such as asthma, also birth outcomes, etc., and this is going to be in the southwest. And the second, really the first in the country to do a study, a retrospective study, is looking at childhood cancers. So that includes a cancer called Ewing sarcoma, but it's not only Ewing sarcoma, among different counties in the southwest.

We have finished our internal scope of work for that study. We have $1.3 million in this year's budget for that study. I believe it's $1.3 million a year. It will be

for three years to do it, so a total of $3.9 million. And we are in discussions with an academic partner in the southwest -- but the contract is not signed yet so I can't name it -- that we'll work with on that study. And then we're hoping to finish that study by end of term.

And this would be really one of the most robust studies done by any State Government on acute effects and then specifically childhood cancers.

REPRESENTATIVE KRUEGER: Thank you for your leadership on these issues.

SECRETARY RACHEL LEVINE: Thank you.

REPRESENTATIVE DUNBAR: Thank you, Representative.

And a quick followup. I had a constituent ask me about the same situation. I am from the southwest. And they were wondering if the Environmental Health Project was going to be involved in this.

SECRETARY RACHEL LEVINE: No. We are not working with other external stakeholders. We'll be working with an academic partner, a major academic partner in the southwest, in terms of that study.

REPRESENTATIVE DUNBAR: That's good.

SECRETARY RACHEL LEVINE: But nothing that's been signed or sealed yet, so I can't name the specific partner. And so we'll be outlining a scope of work and then working

with their experts on the study. This is going to be a retrospective study looking at medical records, as well as other types of records, and trying to correlate it again with acute -- some examples are asthma and birth outcomes, but there will be others and then this unique study looking at childhood cancers.

REPRESENTATIVE DUNBAR: Great. Thank you so much.

SECRETARY RACHEL LEVINE: Sure.

REPRESENTATIVE DUNBAR: Next will be Representative Topper.

REPRESENTATIVE TOPPER: Good afternoon.

Dr. Levine, I have a question concerning hospitals and especially in rural districts like my own. Something that we've noticed and I think possibly going on statewide is an issue where we have patients who are being seen in hospitals, that are being treated in hospitals, and at the end of their treatment they're really not able to live on their own or really to be released, but also there's not much more that the hospital can do. There seems to be that in-between stage for hospitals.

Is that an issue that we're seeing in terms of patients that are maybe through behavioral health or they've been treated, they've been cared for, but no longer will the hospitals, you know, be reimbursed but there's also nowhere

to go? Is that a situation that is statewide and, if so, are there any conversations about ways that we can possibly address that?

SECRETARY RACHEL LEVINE: Sure.

So I think that is an issue statewide. I think that you'll find that hospitals, since for the most part they're paid by DRGs in terms of the diagnosis, are trying to get people better and to discharge them more quickly. I think that that's a general rule in hospitals throughout the state. And I think it's more a challenge in rural areas because of lack of other care.

I think that other types of facilities are being looked at to take care of those patients, such as rehabilitation hospitals. So you can have rehabilitation for orthopedic issues or rehab hospitals that will take care of cardiac parents, cancer patients, etc.

And then also we have an expanding home health industry. And so we regulate all of that. And I think that the goal is that patients would be sent home, but also with home health care or rehab.

I think it's a particular challenge in rural areas because there might not be as many home health care agencies in rural areas as there might be in suburban and urban areas and also, you know, in terms of the number of rehab facilities. But I think that the idea is to go from

acute care to subacute care, whether that's in rehab or at home.

EXECUTIVE DEPUTY SECRETARY SARAH BOATENG: And I'll only add to that that it's not only will the agencies that are limited, but it's the direct care workers themselves, the individuals who work at those agencies. We have a direct care worker shortage here in Pennsylvania.

The Department of Aging as well as Health have participated in putting out some ideas around how to address that shortage. But it's the challenge of having the employees particularly in rural areas who can provide that care in the communities.

SECRETARY RACHEL LEVINE: And one more point is one of the reasons why we have a dearth of direct care workers is they don't get paid well. And sometimes they get paid at a minimum wage. So one way to improve that would actually be through the Governor's proposal to increase the minimum wage to a living wage. And that would actually help more people become direct care workers because then they could support their family.

REPRESENTATIVE TOPPER: What about within the hospitals themselves? I mean, are we finding that they are short-staffed? Are they fully staffed? I mean, you know, as I look at it, there certainly are options for continued, you know, home care and skilled workers there. But also if

some of these individuals are already in the facility, if hospitals can also expand a little bit of what they can do, I mean, are they capable of that? Is it just a matter of whether they're getting reimbursed for it or not?

SECRETARY RACHEL LEVINE: I think one of the issues that this relates to is rural health hospitals, rural hospitals in general. Rural hospitals are under siege throughout the country and in Pennsylvania because it's very hard for them to survive in that fee-for-service environment.

And so that is really the basis of our rural hospital initiative. And thank you for the Legislature and thank all of you for unanimously passing the Rural Health Redesign Center. So this is a very innovative program. It was actually the brainchild of a predecessor, Dr. Karen Murphy, to save rural hospitals so they no longer have to live on a fee-for-service basis and they will work on a global budget which would help them be able to take care of people without having to worry that they're going to have a large deficit and eventually have to close.

I mean, we've even seen some hospitals close in the last couple months that are rural hospitals. So we have this initiative. The Rural Health Redesign Center will be up and running by May.

REPRESENTATIVE TOPPER: So with that being said,

real quick, with that initiative, I mean, you just said we've seen some hospitals close. Do you feel that it's just the initiative didn't have time to work or was it simply those were going to close anyway? I mean, is there more that we can do there?

SECRETARY RACHEL LEVINE: Well, the goal is to expand the initiative. It's been running one year. And we had five hospitals. We recruited eight more so now there's 13 hospitals. The goal is 30 hospitals. We would love your participation in terms of recruiting hospitals to the model. It's takes a real leap to --

REPRESENTATIVE TOPPER: Well, you have mine.

SECRETARY RACHEL LEVINE: Thank you.

REPRESENTATIVE TOPPER: So that's good.

SECRETARY RACHEL LEVINE: It takes a real leap to go from the traditional fee for service to a global budget. And we'd love to work with you on recruiting more hospitals.

REPRESENTATIVE TOPPER: Thank you.

SECRETARY RACHEL LEVINE: Thank you.

REPRESENTATIVE TOPPER: Thank you, Mr. Chairman.

REPRESENTATIVE DUNBAR: Thank you, Representative.

Next will be Representative Comitta.

REPRESENTATIVE COMITTA: Thank you, Mr. Chairman.

Good afternoon, Madam Secretary and your capable

team.

SECRETARY RACHEL LEVINE: Good afternoon.

REPRESENTATIVE COMITTA: I have some questions for Secretary Smith regarding families and individuals impacted by substance abuse. One major reason that people don't seek drug and alcohol treatment is the fear of what their family and friends might say. And I'm wondering what the Department is doing to help decrease this stigma.

SECRETARY JENNIFER SMITH: That's a great question. So with some of the Federal funding that we have received over the last several years, we have done some traditional media campaign work in terms of advertising our hotline.

We also partnered with Independence Blue Cross and Penn State University on an anti-stigma campaign called Someone You Know, which was a means of recognizing individuals who are in recovery and their stories. And we utilized that platform to have some community conversations across the State talking about stigma in general and educating people about substance use disorder as a disease.

And we saw some benefits from all of those things. But our feeling was a little bit like, what's the next step? Where do we go next? And so what we're going to be doing over the next about a year and a half is partnering with an entity called The Public Goods Project and the

Douglas Pollock Center, which is an addiction research center out of Penn State University on what we're calling a Behavior Change Campaign. And so this is a mechanism of utilizing social media influencers to actually effect behavior change.

The Public Goods Project is an entity that did similar work, piloted this with the mental health space and about five other states and saw an 8 percent change in behavior and attitude.

So this will be the first time that they're doing a substance use disorder specific campaign but the model is very similar. So it will be about a 15-month endeavor and we're just about ready to kick that off. And it will include an outcome study as evaluated by Penn State University.

So in addition to doing the actual campaign itself and partnering with that entity, we'll also have a nice outcome study to accompany it that hopefully other states will be able to benefit from as well.

REPRESENTATIVE COMITTA: That sounds great.

So following on that, we know that families are severely impacted when their loved one struggles with an addiction, any addiction. What is DDAP doing to support initiatives that aim to support these families?

SECRETARY JENNIFER SMITH: Another great

question. So we just recently put out a funding announcement specifically around offering funding to support families as a result of addiction. So I believe that's still outstanding actually.

I'll let Ellen talk about that.

DEPUTY SECRETARY ELLEN DiDOMENICO: I'll just give you an update because we're really pretty excited. We had two funding announcements out that closed last week. And we received -- one of them was for exactly that, looking at recovery supports for programs that would also serve the family members, not just those individuals in recovery, and also a second one around employment opportunities for individuals in recovery. Between those two applications that were available, we received over 60 applicants statewide.

So it's going to take us a little bit longer to review those than we had hoped. But we think that really speaks very, very well to the interest across the Commonwealth in terms of wanting to support individuals and their families in recovery.

REPRESENTATIVE COMITTA: Well, thank you so much for your good work helping the individuals who are suffering from addiction and the families who love them.

Thank you.

REPRESENTATIVE DUNBAR: Thank you,

Representative.

Next will be Representative Greiner.

REPRESENTATIVE GREINER: Thank you, Mr. Chairman.

Thank you for coming today, Secretaries. Glad to have you. I'm going to switch gears to a topic that affects government overall and that's regulation. And specifically I want to talk about the surgery centers.

I know the last couple years there's been some tax questions on them, but mine is more based on, you know, the ambulatory surgery centers are governed by health rules that were created back in the 1990s. So, you know, we're talking about 25 years ago.

And since that time, you know, the regulatory process doesn't seem to be quite as nimble. I mean, these surgery centers have been -- you know, there's great advances in technology, which you know. And I do think they serve an advantage here in the Commonwealth.

And just two years ago, two, two and a half years ago, the Department of Health and the surgery centers were collaboratively updated, you know, a piece of regulation, extending the length of stay in a surgery center. And, you know, for a long time Pennsylvania has been very restrictive in this area.

I'm just wondering, you know, Medicare is not quick to approve certain procedures. We have people from

the Commonwealth that are going to -- you know, I live in Lancaster County. They go to Maryland or Delaware or something like that.

And I was just wondering, you know, unless you know otherwise, it seems like they've been pretty successful. The infection rates are low and what have you. Is there going to be an opportunity moving forward for the Department to work with the Legislature and also, I guess, the industry to help with some of the regulatory challenges that are occurring right now?

SECRETARY RACHEL LEVINE: I'll start.

You're entirely correct. The last date of staff regulations were promulgated in 1999 and so things have changed in 20 years, 21 years, so it is really challenging.

We have a very ambitious regulatory agenda. The hospital regulations have not been updated since 1984. And the nursing home or long-term care regulations have not been updated since the late '90s as well. And we also have to promulgate the final medical marijuana. So we have a very ambitious regulatory agenda.

ASF is in that queue but, as you know, as you said, the regulatory process is not nimble. To that end, we have a very robust exceptions process. And I'm going to let Sarah kind of talk about that process and how we've improved that process.

EXECUTIVE DEPUTY SECRETARY SARAH BOATENG: Yes.

So there's a unique piece of the Health Care Facilities Act that allows the facility to request an exception to the regulation that moves through a process at the Department of Health; for example, vascular procedures or something that was of great interest to ambulatory surgical facilities. So we created a document that outlined really what we'd be seeking in an exception so that a facility could use that as a road map as they were preparing that documentation to streamline that process and turn those around quicker for facilities.

Through that effort as well as through the Governor's commitment to lean in performance improvement, we actually have asked our Director of Operational Excellence, Brian Lentes, to apply lean principles to the exception process. That project is ongoing right now. This way we can ensure that when facilities need to, as we work to promulgate new regulations, use that process to get those answers quickly, that they are clear, and they can start doing procedures that are deemed appropriate to be done ambulatory.

REPRESENTATIVE GREINER: When did that start? I mean, when did that process start because, I mean -- just recently probably?

EXECUTIVE DEPUTY SECRETARY SARAH BOATENG: Well,

the exceptions process existed. It's from the Health Care Facilities Act. The vascular guideline publication was, oh, maybe a year ago or so.

REPRESENTATIVE GREINER: Yeah. I was going to say -- but the timetable can be long with Medicare and what have you. You know what I'm saying? People say they want something done. If it's not done in a timely fashion, people want to go elsewhere to get their procedure or surgery done or something like that.

EXECUTIVE DEPUTY SECRETARY SARAH BOATENG: Yes.

The pain and mechanism would be beyond the Department of Health. It would be CMS who is saying they're not going to pay for a procedure in this particular location. That's beyond us. But we have the regulatory ability to provide an exception when appropriate.

REPRESENTATIVE GREINER: Like I said, when I asked the question, I mean, I think you answered me. It's hospitals. It's surgery centers. It's everything. It's somewhat the nature of government. We tend to be more -- it takes us time to steer this battleship.

I appreciate the answers and you taking the time to be here today. Thank you.

EXECUTIVE DEPUTY SECRETARY SARAH BOATENG: Sure.

REPRESENTATIVE GREINER: Thank you, Mr. Chairman.

SECRETARY RACHEL LEVINE: I just want to say that

we have implemented Act 70 of 2017 and we're pleased to work with the Legislature on other innovative processes.

REPRESENTATIVE DUNBAR: Thank you.

Next will be Representative Kinsey.

REPRESENTATIVE KINSEY: Thank you, Mr. Chairman.

Good afternoon, Secretaries. I want to direct my question to Secretary Levine. And I want to talk about hospitals. I know that the topic came up earlier, but I want to talk a little bit more specific.

There's been great concerns I think we're seeing across the Commonwealth where we're seeing hospitals closing. Of course, I represent the city of Philadelphia and there was great concern when Hahnemann announced that they were closing. I understand that in addition to Hahnemann, you have Elwood City, you also have UPMC, that's proposing, I think, to close later this year. And then we just found out recently that Mercy in Philadelphia is talking about partial services.

And, Secretary Levine, I think that my question is, as we see this shift where more and more hospitals are closing, do you believe that the closure is probably due to some extent with Medicaid rates? Is that the primary driver of these closures? That's one part of the question.

Then the second part is, I know that -- and again I can refer to the city of Philadelphia with the purchasing

of the Hahnemann facility. Do you think that we need title regulations to ensure that viable entities are buying our Pennsylvania hospitals?

And I think lastly, you know, I mean, it's easy for us to speculate, but I guess my question to you, especially with your expertise, are we just seeing like the market adjusting in regards to increased emphasis on outpatient services as opposed to inpatient services? If you can sort of talk on those topics, please.

SECRETARY RACHEL LEVINE: Sure.

I think all of those things are true. And thank you for your question. I think that when you look at hospital closures, you do have to look at some specifics. So I think the problems facing rural hospitals such as UPMC Sunbury and some other rural hospitals is different than Hahnemann in urban Philadelphia.

I think that the rural hospitals are going to struggle in a fee-for-service environment. And we eventually want to sign as many as possible to our rural health initiative so that they will be actually on a global budget so they don't have to work on a fee-for-service basis and can look at more population health.

In terms of urban hospitals, I think that urban hospitals that are predominantly public hospitals, Medicaid hospitals are going to struggle. We have no public

hospitals in Pennsylvania. I trained in New Orleans at Tulane where I did my medical school training. And they had Charity Hospital at that time. Charity had closed and now they have a new Charity Hospital. Chicago has Cook County and Atlanta has Grady. California -- LA has LA. They are public hospitals and they don't really have -- they're supported by the City and the State. And they don't have to worry about billing. We don't have any public hospitals like that supported by the City and the State.

And so it's going to be very challenging for hospitals such as, obviously, Hahnemann, to live in that environment. So I think that innovative payment reform will be a very interesting discussion including, of course, the Department of Human Services and the Department of Health and other agencies about different ways that can happen.

I think that shift, in addition, from inpatient to outpatient also is something that needs to be looked at. There are hospitals in some suburban and rural areas that are looking to become more, quote, unquote, micro hospitals or small-footprint hospitals. One health care agency calls them neighborhood hospitals, one health care system where they have an ER, they have outpatient facilities, and then they have a smaller inpatient footprint. And we actually put out guidance about, quote, unquote, micro hospitals. And I think that's interesting if you're going to look at an

urban area.

I also think that the issues in terms of private equity for-profit hospitals in an urban area like Philadelphia is challenging. And I think that -- and the same with Elwood City. So I think that -- I mean there are some for-profit hospitals that do a fantastic job. But when private equity gets involved and they're really looking to squeeze out a profit and there have been some -- I want to be politically correct here -- bad actors that have been involved, specific owners, I think that's a real challenge and I think we'd be pleased to work, you know, with the Governor's Office and the Legislature on ways to regulate that better.

REPRESENTATIVE KINSEY: I appreciate you sharing that. And, Dr. Levine, Einstein Hospital sits in my Legislative District. However, they also closed years ago what was called Germantown Hospital and Women's Hospital. You know, they're surrounding sort of like the northwest section of Philadelphia. I just think that it would be incumbent upon us to maybe have these discussions to look at the future, especially as we see this trend of hospitals closing.

So I appreciate your offer to sit down. You know, maybe we can gather some of the -- and I'm thinking some of the urban hospitals at least to start. I recognize

this concern is with rural hospitals as well but maybe bring in some of the urban hospitals to sort of see if there's a collective fashion where we can work together --

SECRETARY RACHEL LEVINE: Absolutely.

REPRESENTATIVE KINSEY: -- and maybe look at, you know, some public support to create even a footprint of a public hospital. But thank you very much for your sharing that.

SECRETARY RACHEL LEVINE: Of course.

REPRESENTATIVE KINSEY: Thank you, Mr. Chairman.

REPRESENTATIVE DUNBAR: Thank you, Representative.

Next will be Representative White.

REPRESENTATIVE WHITE: Thank you very much, Secretary, for being here with us today.

I just had a question regarding the work that you're doing when it comes to the Pennsylvania Confidentiality Needs Assessment and the Stakeholder Education Project. Does that sound familiar?

SECRETARY JENNIFER SMITH: Yes.

REPRESENTATIVE WHITE: Okay. Great.

How does the -- you know, how much does this project cost as of right now? What's the projection?

SECRETARY JENNIFER SMITH: So in terms of the way that this project is being carried out, it's actually being

funded through Bloomsburg Philanthropies as part of the $10 million of resources that they dedicated to Pennsylvania over three years. So the staff member dedicated to this project is actually funded through those dollars. So it is not costing the Commonwealth staff dollars in order to undertake this effort.

REPRESENTATIVE WHITE: When the project is complete and the results from the needs assessment are developed and the education materials, I think, that are supposed to be produced from it, are those going to be reports that are Pennsylvania-department-produced materials?

SECRETARY JENNIFER SMITH: Yes.

So let me explain a little bit about how this arrangement works.

REPRESENTATIVE WHITE: Okay.

SECRETARY JENNIFER SMITH: So the staff member that is working on this project was actually jointly hired by Vital Strategies, which is the organization that's helping to implement some of the Bloomsburg projects, but jointly hired by Vital Strategies and the Department of Drug and Alcohol Programs. So that individual actually sits in our office and reports to us on a daily basis.

REPRESENTATIVE WHITE: Okay.

SECRETARY JENNIFER SMITH: So even though she's being funded through Bloomsburg Philanthropies, her work is

being directed by the Department and, of course, guided by Vital Strategies.

REPRESENTATIVE WHITE: Okay.

SECRETARY JENNIFER SMITH: So at the end of her work in terms of gathering information and listening to stakeholder input, she will be using all of that information in conjunction with the George Washington Report, which is already available, that analyzes our current confidentiality regulations around substance use disorder. She will be pulling all of those things together and providing to us some recommendations for continued action.

So as a result of her project, we will have a menu of options to move forward with. And those options could be anything from we simply need to provide --

REPRESENTATIVE WHITE: I guess I just wanted to make sure that I understood correctly in terms of the end product.

SECRETARY JENNIFER SMITH: Sure.

REPRESENTATIVE WHITE: You know, the end result of your coordination with this organization who we know -- you know, obviously, you're sharing with us that it's Bloomsburg funded and, you know, I'd like to hear about your efficacy concerns in terms of the fact that the man is running for President and if maybe the influence of policy within our own Pennsylvania departments is of any concern to

you. But as it pertains to these, the end products, the materials that are going to be produced by your Department and then effectively put out to the public, you know -- these are going to be official documents from your Department?

SECRETARY JENNIFER SMITH: Yes.

REPRESENTATIVE WHITE: And are they going to tell anybody, the public, the Vital Strategies that had influence over the end product?

SECRETARY JENNIFER SMITH: I'm certainly not a communications or a copyright expert. But my understanding is that any materials developed would be branded both with our Department's logo as well as Vital Strategies.

REPRESENTATIVE WHITE: Okay.

And any reference to Bloomsburg involved in that as well?

SECRETARY JENNIFER SMITH: That would be up to my legal team. I don't know the answer to that question. I'm not a lawyer.

REPRESENTATIVE WHITE: Okay. No problem. I was just wondering.

Then I have one other question for you regarding Kensington in Philadelphia.

SECRETARY JENNIFER SMITH: Sure.

REPRESENTATIVE WHITE: You know, it's my

understanding that there are counselors in Lancaster County who are actually getting their student loans paid off within two years. And these are counselors for drug- and alcohol-dependent persons. But unfortunately when I called to find out what percentage of those weekly calls that you guys do with all of the emergency funding from the Federal Government when it comes to the opiate epidemic, when I called up to find out what percentage of your calls are dedicated to Kensington, the open-air drug market in Philadelphia, I was told zero, that there is zero amount of time specifically dedicated during those calls that are for Philadelphia's open air-drug market. And that raised major, major concerns for me.

I just wanted to hear what your response to that is and what is going on in terms of Philadelphia and the drug epidemic and how you're -- you know, how you're making sure that those dollars are being utilized effectively, especially when people's student loans are getting paid off that aren't even people -- you know, when you can utilize those dollars more efficiently to get more people helping our drug-dependent and drug-addicted persons in Philadelphia.

SECRETARY JENNIFER SMITH: Sure.

So there's a lot to unpack in that question that you just asked.

REPRESENTATIVE WHITE: Well, there's a lot of concerns, so thank you.

SECRETARY JENNIFER SMITH: We'd be happy to maybe schedule an additional meeting with you to talk through whatever I can't answer very quickly. So we'll be happy to send you some information around the loan repayment program so that you can understand what that is and what that does. But more specifically, your question around -- I believe you're referring to the Governor's Opioid Command Center --

REPRESENTATIVE WHITE: Yes.

SECRETARY JENNIFER SMITH: -- which was established as part of the Disaster Declaration and meets every Monday, if not in between, as required. So there is no dedicated funding specifically to a jurisdiction as part of those calls. There are 17 different State agencies that participate every week on those phone calls.

REPRESENTATIVE WHITE: Um-hmm.

SECRETARY JENNIFER SMITH: So the issues that we discuss depend on the priorities that we have for discussion purposes. I can assure you that the bulk of the topics that we are discussing and how funding is spent would absolutely directly benefit Kensington or Philadelphia more broadly.

I can also tell you that outside of those calls, our Department spends a very significant amount of time talking about how do we help the individuals who live in the

Philadelphia area, because that is Ground Zero for the opioid crisis. So taking a look at how their dollars are currently being spent, where all of the dollars are being spent, how they're being purposed, and making sure that we can assist the city in directing those priorities.

So there's lots of time and conversations around that topic, not necessarily just in the Opioid Command Center calls though.

SECRETARY RACHEL LEVINE: And if I may add, I mean, Philadelphia, of course, has its own Health Department which does not report to the Pennsylvania Health Department, but we talk with Commissioner Farley every month to coordinate.

EXECUTIVE DEPUTY SECRETARY SARAH BOATENG: Just two weeks ago there was a specific presentation at the Command Center, almost the entire meeting, from a gentleman who works exclusively in Kensington. And it was a very important presentation. You know, he really talked about the great majority of overdoses happening in that eight-block area, that part of the city. So that conversation did happen at the Command Center just recently.

REPRESENTATIVE WHITE: Thank you.

REPRESENTATIVE DUNBAR: Thank you.

Next will be Representative Kim .

REPRESENTATIVE KIM: Thank you, Mr. Chairman.

I have one question and it's directed to Dr. Levine.

SECRETARY RACHEL LEVINE: Okay.

REPRESENTATIVE KIM: Back in January I saw an article that caught my eye. And I wanted to read a small, short excerpt of it and then get your thoughts on it.

SECRETARY RACHEL LEVINE: Okay.

REPRESENTATIVE KIM: It says, a new study suggests that raising the minimum wage might lower the suicide rate. The Federal minimum wage is $7.25, though many states have set it higher. Between 1990 and 2015, raising the minimum wage by $1 in each state might have saved more than 27,000 lives according to a report published back in January in the Journal of Epidemiology and Community Health. An increase of $2 in each state's minimum wage could have prevented more than 57,000 suicides. This is a quote. This is a way that you can, it seems, improve the well-being of people working at lower-wage jobs and their dependents, says John Kaufman, the lead author on the study and an epidemiology doctor of students at Emery University.

Without you looking at the study, can you give me your take on the correlation between poverty and public health care?

SECRETARY RACHEL LEVINE: Sure. Thank you.

I think there's a significant correlation and

it's been shown in many different avenues between poverty and public health. It has to do with what we would call social determinants of health are the other aspects of society that we don't usually think of -- we usually talk about hospitals, we talk about health systems, we talk about medicines -- that significantly impact individuals' health. One is economic security and economic opportunity. The others would be nutrition, the environment, housing, schools, transportation.

All of those actually to me are health issues because they impact public health. There are studies after studies that have been published that show an association between poverty and lack of economic opportunity with significant negative health outcomes, both from a mental health point of view, depression, suicide, substance abuse, other negative mental health issues, but also other issues, heart disease, lung disease, etc.

So that's why to me increasing the minimum wage to a living wage is actually a health issue. Everything kind of comes down to public health.

REPRESENTATIVE KIM: Thank you for your answer.

REPRESENTATIVE DUNBAR: Thank you, Representative.

Next will be Representative Lawrence.

REPRESENTATIVE LAWRENCE: Thank you, Mr.

Chairman.

Thank you, Secretary Levine. The Department of Health is responsible for overseeing Pennsylvania's Medical Marijuana Program, including licensing growers and dispensaries. The process by which licenses to grow and sell medical marijuana were issued has been shrouded in secrecy. The Department of Health has waged a yearlong crusade against right-to-know requests asking how the State chose to hand out these very valuable licenses.

A January 29th PennLive article detailed the Department of Health's latest appeal to the Pennsylvania Supreme Court. This time the order of the Commonwealth Court issued back in June ruled the Office of Open Records was justified in requiring the Department that you oversee release names and information regarding those running and financing medical marijuana operations and the identities of the individuals who review the first application of medical marijuana permits.

I think the Department's position here is really remarkable. Why the veil of secrecy? What is the Department of Health trying to hide by refusing to release information that multiple courts have ordered sunshine to the general public?

SECRETARY RACHEL LEVINE: So I'll defer to my attorneys in terms of some of the specific legal issues. A

lot of it has to do with the contracts and the applications and the type of, quote, unquote, proprietary information that are in those applications, that if we released the information, if we released a lot of the names, then we could get sued by them.

My understanding from our attorneys is that in some ways if we release the information, we'd get sued, and if we didn't release the information, we'd get sued. And so the overall tenor has --

REPRESENTATIVE LAWRENCE: With all due respect, the State is sued all the time for all sorts of reasons.

SECRETARY RACHEL LEVINE: I understand.

REPRESENTATIVE LAWRENCE: And the concept that -- I mean, we have folks bid for all sorts of contracts: The Lottery, PennDOT, anything, you name it. I mean, wouldn't you agree that a State license to grow or dispense medical marijuana is of significant value?

SECRETARY RACHEL LEVINE: A State contract to grow or dispense medical marijuana?

REPRESENTATIVE LAWRENCE: State license.

SECRETARY RACHEL LEVINE: State license.

REPRESENTATIVE LAWRENCE: That's of significant value, wouldn't you agree?

SECRETARY RACHEL LEVINE: Yes.

REPRESENTATIVE LAWRENCE: All right.

So isn't it in the public interest to know who reviewed the applications, if not simply to ensure there wasn't self-dealing?

SECRETARY RACHEL LEVINE: **We do not usually release the names of the reviewers of different contracts. So this is really -- our process followed all of the same processes that any type of contract has, any type of request for applications, that we have different State officials review them. We don't routinely release the names of those State officials.**

REPRESENTATIVE LAWRENCE: **But I believe --**

SECRETARY RACHEL LEVINE: **But in the end, in terms of releasing the names, in the end, we did release the names. The Court asked us to release the names of the reviewers and we did. So there are a couple of different lawsuits that have happened. When the Court asked us to release the name of the reviewers, we did.**

In terms of some of the proprietary information in the contracts that have also been -- and the applications, a lot of it had been redacted by the applicants. And the view from our attorneys has been that that would violate their confidentiality and so the State has taken --

REPRESENTATIVE LAWRENCE: **So I read that in the article. I thought that was even more remarkable. The**

State is allowing the applicants to say what should and shouldn't be shielded from the Pennsylvania taxpayers, citizens, and the Office of Open Records?

SECRETARY RACHEL LEVINE: Again, I'll defer to my attorneys.

REPRESENTATIVE LAWRENCE: Don't -- you're in charge of this Department. I think that's a remarkable statement. Why the latest appeal to the Supreme Court? Why wouldn't you simply release the information that multiple courts and the Office of Open Records have repeatedly asked you to release?

SECRETARY RACHEL LEVINE: We'd be glad to meet with you to discuss that with our attorneys.

REPRESENTATIVE LAWRENCE: I think that's a remarkable statement.

Mr. Chairman, I have no more questions.

REPRESENTATIVE DUNBAR: Thank you, Representative.

We'll continue our journey across the back row and go to Representative Sanchez.

REPRESENTATIVE SANCHEZ: Thank you, Mr. Chairman.

Madam Secretary, I have several questions for you. I want to start with the WIC funding. As you probably know, it's been declining due to declining participation, federally funded to the tune of about 3.7 million since

Fiscal Year 2014. Does the Department have any specific plans to engage the eligible mothers and children and kind of reverse that trend, assuming the need is probably there and the importance of nutrition?

SECRETARY RACHEL LEVINE: Thank you.

As you pointed out, WIC is such an important program. What can be more important than providing nutrition for pregnant women, infants, and children. And remember, I'm a pediatrician in my initial training so I know how absolutely critical that is.

We have been working very hard to continue an excellent WIC Program in Pennsylvania. As you noted though, the number of participants, the number of different individuals in Pennsylvania participating in the program, has declined. Unfortunately, that's actually a national trend. The WIC participation has declined all over the country.

A lot of ideas about why that's so. Some of it might be more patients have Medicaid and can get other care in other ways, other types of benefits, but we think that there's other reasons as well. I mean, one thing that actually in the last three or four years that's concerning is that many individuals are afraid to apply for any type of Federal benefit because they will be on a Federal database and then ICE can access that database and it could be

immigration issues, so you don't have to be a citizen actually to get WIC.

But we are working with our 24 WIC agencies to try to recruit more patients. We have programs to try to recruit more patients in. And more families in terms of that are affected by the opioid crisis. We have just put out our eWIC Cards so that you no longer have to have what a lot of people thought were stigmatizing WIC checks that everybody could see. Now it looks like any other type of credit card. And we are working with our WIC agencies to try to improve participation.

REPRESENTATIVE SANCHEZ: Thank you for that answer. Thank you for those efforts.

I'm going to switch gears here to an entirely different topic.

SECRETARY RACHEL LEVINE: Sure.

REPRESENTATIVE SANCHEZ: Jumping back to medical marijuana. I've been told by some of the dispensaries that they're unhappy with your software system, the MJ Freeway Software System. Is there a timeline on when that contract is up, when it might be out for bid next? Is there something more functional, you know, and also something that allows them to calculate sales tax? There's been a whole litany of complaints.

SECRETARY RACHEL LEVINE: So we have also heard

the complaints about MJ Freeway. We work really closely with MJ Freeway to try to make sure that it is an efficient and functional system. I'll have to check and see when the next RFA is for our system and we will put that out for bid again. But I think that the people that bid at the time, MJ Freeway won the bid. So we are working with them to improve their efficiency and to improve their performance and will continue to try to hold them accountable.

REPRESENTATIVE SANCHEZ: Thank you.

And then switching to the consumer or the patient side of that equation. We've also heard complaints from some of the patients that their cards don't scan properly in the stores, they have difficulties with the application process, some of which, you know, they're being assisted with by the dispensaries, but they're also being turned away and they have trouble reaching the Call Center at times.

Are there efforts or reinvestments that the Department is exploring?

SECRETARY RACHEL LEVINE: Yes.

EXECUTIVE DEPUTY SECRETARY SARAH BOATENG: Do you want me to answer that?

SECRETARY RACHEL LEVINE: Yes.

EXECUTIVE DEPUTY SECRETARY SARAH BOATENG: Yes, thank you for bringing those questions up.

I think it's important to put this into context,

that the Medical Marijuana Program here in Pennsylvania has provided really important medicine to hundreds and thousands of Pennsylvanians. So the program grew rapidly and quickly in two years. We have individuals who work in our Bureau with the Medical Marijuana Program whose job is specifically to help advocate for patients and be there as a resource.

And we are working right now to bring on a new call center vendor who will really be that front door to help resolve what might be more minor issues, password reset, challenges understanding how to navigate a website if you're not very web savvy so that that front door is right there for patients, and that only if necessary to be elevated to that level Tier 2, which is where most folks are starting right now.

So we're hoping with that front door, people will have a more customer service friendly experience and those questions and challenges that they're having will be resolved quickly.

REPRESENTATIVE SANCHEZ: Thank you.

And I see my time has expired. So thank you for those answers. I appreciate it.

REPRESENTATIVE DUNBAR: Thank you.

Next will be Representative Delozier.

REPRESENTATIVE DELOZIER: Thank you, Mr. Chairman.

Thank you all for being here and answering the many questions.

I have a question, Secretary Smith, dealing with drug and alcohol.

SECRETARY JENNIFER SMITH: Okay.

REPRESENTATIVE DELOZIER: Obviously with the opioid crisis, as Representative Rothman mentioned earlier, in Cumberland County we're very proud. We have both the Drug Court and the Opioid Court which we believe work very well.

But when I was taking a look at some of the numbers across the board, because some of the measurements that you had, the program measures, which I think is great that we're able to measure what it is that's being -- who is being served, for outpatient treatment, I was taking a look at the three-year comparative. We have '17-'18. There were -- the typical length of stay was 77 days. And for '18-'19 and '19-'20, it was 44 days. So my question is, is this good or bad? because to me I would think that the additional treatment -- are people just not finishing? Why the change? It's pretty significant. It's like 43 percent, that reduction, and from my understanding, treatment needs longer time in. So why the step back?

SECRETARY JENNIFER SMITH: First, I appreciate that you're looking at the program measures. That's very

exciting to us.

Unfortunately, what I have to share is you have to really be cognizant of what you're looking at with our program measures.

REPRESENTATIVE DELOZIER: Okay.

SECRETARY JENNIFER SMITH: These program measures are specific to the individuals for which we provide funding, which would be the uninsured population. So this is not average length of stay or average days in treatment for individuals on the Medicaid Program or for individuals with private insurance. Our Department does not have access to those numbers.

REPRESENTATIVE DELOZIER: Okay.

SECRETARY JENNIFER SMITH: In some cases some of the Medicaid data is actually reported under the Department of Human Services under some of the Medicaid data. There is some information there. This information is very specific to just the clients that are funded through our State funding or our Federal Block Grant funding.

REPRESENTATIVE DELOZIER: Okay.

SECRETARY JENNIFER SMITH: That's why the trends can look a little funny because sometimes if more and more individuals are enrolling in the Medicaid Program and our population is diminishing or perhaps we're only paying for two or three days' worth of treatment for an individual and

then they're flipping over to a Medicaid funded service, that can really throw off some of the averages that you see here.

REPRESENTATIVE DELOZIER: Okay. But still the ability to -- so basically then if we have this data, it's not able to -- because I'm looking at 77 to 44, assuming the same. And so what you're telling me is that that's irrelevant so it doesn't matter what we do year to year because it's never going to be the same audience?

SECRETARY JENNIFER SMITH: It is very difficult to utilize program measures that we have access to as a department to paint the entire picture for the drug and alcohol treatment system.

REPRESENTATIVE DELOZIER: Okay.

SECRETARY JENNIFER SMITH: Because we do not have access to full data that would paint the entire private insurance and Medicaid pictures.

REPRESENTATIVE DELOZIER: Okay. Because I thought the Centers of Excellence -- the whole idea was to get longer levels -- or lengths of treatment.

SECRETARY JENNIFER SMITH: Yes.

REPRESENTATIVE DELOZIER: And so now we're showing that they're getting less time?

SECRETARY JENNIFER SMITH: Yes. That's correct.

REPRESENTATIVE DELOZIER: Okay.

SECRETARY JENNIFER SMITH: So the Centers of Excellence are actually administered through the Department of Human Services.

REPRESENTATIVE DELOZIER: Okay.

SECRETARY JENNIFER SMITH: And so their data would be reflected through the Medicaid data. And they have data to show that lengths of engagement have been longer as a result of those programs.

REPRESENTATIVE DELOZIER: Okay.

And one other question before time runs out here. The individual that's in recovery -- and I know that Secretary Levine talked about the medical treatment. So I just want to clarify something. Is the -- an individual in treatment, recovery, are they required to maintain a certain amount of outpatient time and treatment in order to continue getting MAT or are they able to, like, just go to one counseling session, kind of fudge it a little bit, and then still receive the MAT?

SECRETARY JENNIFER SMITH: So, again --

REPRESENTATIVE DELOZIER: Are they required to get -- continue counseling for a duration?

SECRETARY JENNIFER SMITH: Sure. I can understand what you're asking. It's important to remember that we're talking about a medication which could be prescribed by a primary care physician or it could be

administered through what we call a licensed treatment provider. So there are licensing requirements through our Department if they are medications being administered in those licensed facilities. There are requirements around counseling.

If medication, however, is being prescribed to an individual with a substance use disorder outside of our licensed facilities, we would not have jurisdiction over monitoring whether there are any requirements by that provider in terms of issuing that prescription to a patient.

REPRESENTATIVE DELOZIER: Okay.

Because the whole point as we move through this is that, you know, there's resources out there and we want people to get the right treatment in order to break the cycle.

SECRETARY JENNIFER SMITH: Absolutely.

REPRESENTATIVE DELOZIER: And not be addicted to drugs or alcohol.

And I just would put a plug in there before time runs out as to -- with the Drug Courts. We've been very proud of what Judge Mazlin and Judge Brewbaker have been able to do within Cumberland County. And I've sat in on a lot of those graduations for the Drug Courts and it's pretty amazing to watch how low some folks will have to go in order for them to decide to change their lives so I would advocate

for those types of programs.

Thank you.

REPRESENTATIVE DUNBAR: Thank you, Representative.

Next will be Representative Schweyer.

REPRESENTATIVE SCHWEYER: Thank you, Mr. Chairman.

Secretaries, how are you all today? Thank you all for being here.

At this point in time in the hearing, I think all of us are playing a little cleanup with a couple of random things. So three things I would like to quickly touch upon if I could.

First, I represent the city of Allentown and Allentown is one of four municipal health bureaus that we have in the Commonwealth. In fact, three of the four come from Northeast PA, with Bethlehem and Wilkes-Barre joining the city of York. Years ago, from my time on City Council, I remember that our per capita total was about $7.50 between Act 315 and Act 12 for support for our local health bureau.

If the information I got today was correct, we're down to about $4.50 per capita. A city the size of Allentown, that translates to about $360,000 less for our health bureau operations.

Now, I talked to our director today. I

understand that they're applying for categorical grants to do more and more stuff. Vicky Kistler is as good as they come and she's really pushing the agenda as much as she can. But at the same time, there's only so much that they can do through grants. And the remainder of that $360,000 reduction over time, not in the last budget to be clear, is being backfilled by local real estate taxes.

So it's one of those things that -- if my numbers are correct, about 40 percent of all Pennsylvania citizens are covered under a local and county health bureau, not the State, yet the State support for two out of every five Pennsylvanians, including every Allentown resident, is dropping.

Is there anything that we should be doing moving forward to try to invest in our local county health bureaus?

SECRETARY RACHEL LEVINE: So you're correct.

I mean, there are six county and four Health Departments, of course, and Allentown is one. And really since 2011 they have not been fully funded under the formula of Act 315. And, you know, if the Department of Health works with them to the best of our ability in terms of funding challenges, we participate with them and support them in terms of finding CDC grants and other types of Federal grants to support activities and actively work with them, actually Pennsylvania is about 42nd among 50 states in

terms of public health funding both for us and our community municipal Health Departments. We would be pleased to have discussions with the Legislature in terms of more specific funding for public health in general, including for our county municipal Health Department partners.

REPRESENTATIVE SCHWEYER: Well, count me in on those conversations as a matter of not only local concern for Allentown but also all of us. Allentown residents certainly eat in suburban areas and vice versa and food inspections, not to mention lead, STD prevention, go right down the line. All the things that our county health and local health bureaus are doing are very important and then take the pressure off of you to be able to deliver those services more effectively. So I would welcome that conversation.

Moving forward, again, Part 2 of my three unrelated questions. I'm going to say the Master Settlement Agreement funding for tobacco prevention and control is still at 4.5 percent, if I'm not mistaken, at $14.7 million I think is the number.

Can we talk about that a little bit there? Should we be doing more for tobacco cessation using the MSA dollars since that's sort of what it was originally earmarked for?

SECRETARY RACHEL LEVINE: Well, the Tobacco

Program funds many things. Overall, I think that we have good funding in terms of tobacco prevention. We have many different programs for tobacco cessation and prevention. We continue to make strides. We're so pleased to collaborate with the Legislature and Tobacco 21. Who would have known that the Federal Government, you know, a month later would sign Tobacco 21 for the entire United States.

That's such a significant step for Pennsylvania and the entire country in terms of tobacco prevention. Of course, we have lots of challenges in terms of youth vaping. Tobacco 21 applies to vaping but there are some new challenges in terms of that that we would be pleased to work with you on.

So it's not as much of a funding issue than it is, you know, working to limit tobacco use and nicotine use through vaping in young people.

REPRESENTATIVE SCHWEYER: Unless you're one of those organizations that also relies on it, which some of our organizations do. But I appreciate that. I'm happy to work with you on that item. I have two daughters at home. One of them is going to be 13 on April 28th and right in that wheelhouse of, you know, middle school kids starting to do things that they shouldn't do.

Lastly, kind of again completely random and off topic of most things that we've talked about, prehospital

EMS physicians. I understand that, you know, whether they're EMS or paramedic companies or what have you, they have their doctors onboard. I understand that they are still required to have CPR requirements for them even though trauma or ER docs are no longer.

Is that something that you would consider on a regulatory change to try to provide that relief for that very small group of doctors?

SECRETARY RACHEL LEVINE: So we would be glad to discuss that --

REPRESENTATIVE SCHWEYER: Okay.

SECRETARY RACHEL LEVINE: -- in terms of some of the Federal requirements. We'd be glad to have that discussion.

REPRESENTATIVE SCHWEYER: Okay. Very good.

Thank you.

SECRETARY RACHEL LEVINE: Sure.

REPRESENTATIVE SCHWEYER: Thank you, Mr. Chairman.

REPRESENTATIVE DUNBAR: Thank you, Representative.

Next will be Representative Owlett.

REPRESENTATIVE OWLETT: Over on this side.

Thank you, Mr. Chairman.

I have a couple questions on the program measures

as well. This is only my third budget. The biggest budget I ever did before this was Owlett Custom Builder, which this is a lot more complicated.

I had a couple questions. Looking at the increases year over year from '17-'18 to '18-'19 was $33 million, almost 34. And this is for our Single County Authorities. It says we served 560 less people. You had talked about this. Part of this was the medical or the MA expansion. Did everybody receive treatment that was seeking it even in our rural counties? I understand this is the uninsured, right?

SECRETARY JENNIFER SMITH: Yes.

So our funding goes to both the uninsured as well as the underinsured. And what we mean by underinsured would be individuals perhaps who have private insurance but have extremely high co-pays and deductibles.

So one of the benefits of being in a state like Pennsylvania, even though our overdose death rate is exceptionally high and, you know, our per capita rate of individuals with addiction is very, very high, because of Medicaid expansion, that has enabled a lot of the dollars coming to us from the special Federal grants around opioids to be repurposed for things other than just treatment.

So, you know, we have --

REPRESENTATIVE OWLETT: So that's the 33 million

that you're talking about?

SECRETARY JENNIFER SMITH: So over the course of the last two and a half years, we've gotten a total of $230 million coming to the State. And a percentage of that has gone directly to our Single County Authorities. Funding has more than doubled going to them.

So in terms of, you know, what that looks like year after year, it's a little bit difficult to parse out because the Federal -- the special Federal Grant funding that's coming to us does not coincide with the State fiscal year. And so there's some overlap in terms of one year it looks like we got a whole lot of money and the next year we didn't get as much. But it's just because of the way that those grant periods run.

So we can get you some more detail about what that timeline looks like, how much they got each year, and what was the source of that funding.

REPRESENTATIVE OWLETT: Okay.

SECRETARY JENNIFER SMITH: There's also out on our website you can click county by county and see the funding streams that those counties have received over the last year or so. And it breaks it down by Federal block grant dollars and then what we call STR and SOR, which were two different and distinct Federal Grant awardees coming to our State.

REPRESENTATIVE OWLETT: Okay. So I'm not crazy here. We served 560 less people and spent $34 million more and then next year we're going to serve 280 people more and spend $50 million more? Is that -- like, help me understand that.

DEPUTY SECRETARY ELLEN DiDOMENICO: Sure.

It's a combination of a variety of things that isn't just treatment. So when we think about how we're appropriately spending the Federal dollars to have the most robust and quality treatment system that we can, we are definitely putting dollars out there that go right to treatment costs. But we're also doing work that is related to improving the quality of treatment. And so those numbers don't exactly equate to a per-person number because they are very different projects.

REPRESENTATIVE OWLETT: Right.

DEPUTY SECRETARY ELLEN DiDOMENICO: So the numbers that you're seeing are the exact numbers of individuals for whom treatment was paid for. But we are doing far more services -- we spoke earlier about the particular applications that we received in the last week to fund what we would call recovery support services.

Those are services that are not provided by licensed treatment providers and are not within the treatment realm but we believe are critical services to

ensure people succeed in their recovery. So these are Case Management services. These are connections to housing. These are connections to things like employment opportunities. These might even be services that support the family members in a broader array. All of those things that we know are a part of getting to a better outcome for each individual who is beginning their path towards recovery.

And so the numbers in those one line items look very, very different than sort of the bigger picture that's really expressed in that.

REPRESENTATIVE OWLETT: Okay.

DEPUTY SECRETARY ELLEN DiDOMENICO: Does that help?

REPRESENTATIVE OWLETT: It helps some. I think I just want to make sure that we are continuing to serve those that need to be served.

DEPUTY SECRETARY ELLEN DiDOMENICO: Absolutely.

REPRESENTATIVE OWLETT: And if it's for underinsured or non-insured folks, I just want to make sure that folks out there know that there are services there. According to this, there's a lot of money that could be put toward this.

DEPUTY SECRETARY ELLEN DiDOMENICO: Yes.

REPRESENTATIVE OWLETT: I know we have a great

relationship with our coroner in Bradford County. And he e-mails us every time we have a drug-related death. And it's heartbreaking every time I read that report. So the need is there.

DEPUTY SECRETARY ELLEN DiDOMENICO: Yes.

REPRESENTATIVE OWLETT: And I just want people to know that hopefully we're utilizing this money well because it's a lot of money. I mean, we're talking $50 million. You know, that's a lot of money.

DEPUTY SECRETARY ELLEN DiDOMENICO: I'd make two additional points just in terms of trying to paint that entire picture.

REPRESENTATIVE OWLETT: Sure.

DEPUTY SECRETARY ELLEN DiDOMENICO: One is that we have told all of our Single County Authorities that should they hit a point at any point in the year where they do not have sufficient dollars to provide for anyone walking in the door for treatment to please let us know because we have some ability to move dollars around. And so we do do that. A couple of times a year we shift dollars because it may be specific funding streams to fund certain services that someone needs in one county but not in another. So that's one piece of it.

REPRESENTATIVE OWLETT: Okay.

DEPUTY SECRETARY ELLEN DiDOMENICO: We also

really kind of think about this in this really, really bigger picture and say that there are a lot of support services that might be needed that are not just a part of those treatment dollars.

REPRESENTATIVE OWLETT: Great.

I would appreciate that. You said something about reaching out and giving us the county by county breakdown. I would really appreciate that.

DEPUTY SECRETARY ELLEN DiDOMENICO: Yes. We'll send you another document that we just recently developed for Pennsylvania. It's only about three or four pages long and it outlines how exactly we're spending the Federal dollars and has some nice high-level outcomes. We'll make sure we send that around to you as well.

REPRESENTATIVE OWLETT: Thank you.

DEPUTY SECRETARY ELLEN DiDOMENICO: Sure.

REPRESENTATIVE OWLETT: Thank you, Mr. Chairman.

REPRESENTATIVE DUNBAR: Thank you, Representative.

Next will be Representative Gainey.

REPRESENTATIVE GAINEY: Hello.

Thank you for everything you do. You know, when we talked about the opioids and everything, you've been a winner, a champion. Before I say anything, I just want to congratulate you on the great work that you've done.

On this Gun Task Force that we talk about that the Governor is creating, my question is, you know, we've had a lot of children have to deal with the after-effects of gun violence, whether that's street shootings or school shootings.

In this Task Force is there going to be any component that talks about dealing with our children in regards to the psychological damage that is done because of gun violence, whether that's losing a loved one or being affiliated with it because it happened in a setting in which they were there? What will be done to make sure -- because we know if not, they grow up with different triggers that alert them to a couple things, one, PTSD, others become copycats and, third, wanting revenge.

Is there anything that's going to deal with family members that are impacted by the gun violence as a way of reducing the amount of gun violence we have in our community?

SECRETARY RACHEL LEVINE: Sure.

The Council will be releasing their final report soon and I think that that will be a very important part. It gets to what we, in the public health world, call ACEs, or Adverse Childhood Experiences. And so that would be -- obviously witnessing gun violence would be a horrible adverse childhood experience, which can have lifelong

consequences both for kids' mental health as well as their physical health. And there really needs to be mental health services and other support services for those children and those families.

REPRESENTATIVE GAINEY: And in regards to the decrease we've seen in opioid death, I just wanted to know, is there -- what do you think is the difference? What's made the difference? If you had to say, well, I know there's not -- we all know there's not a magic wand or a magic pill, but what I'm saying is that, what have we invested in that you could see the rate of return has been able to reduce the amount of overdose deaths that we've seen when we were spiking a couple years ago?

SECRETARY RACHEL LEVINE: We'll both say something.

REPRESENTATIVE GAINEY: And one more in case I don't get it in. When it comes to the deaths of, you know, African-Americans, the babies, are there any organizations that you're working with in the city of Pittsburgh? Are you dealing with a Head Start or New Voices? Is there anybody that's dealing with a lot of these moms that can really be a benefit to reducing the amount? Just curious about that.

SECRETARY JENNIFER SMITH: So I'll really quickly answer the question about opioid overdose deaths. And I'm going to kind of boil it down to a really simple concept.

I think it's collaboration and reduction of stigma. I think it all boils down to that. When all of these entities at local, state, and Federal levels, private, public, work together and look towards their own solutions that are most appropriate, I think that's the reason that we've seen a decline in overdose deaths. I don't think it's one particular program.

With a state that's so geographically diverse and ethnically diverse, there isn't one answer that's going to do it. I think it's the fact that we're all working together and that it's impacted so many families across the Commonwealth that we're finally understanding it as the disease that it is and looking to work together to come to solutions.

REPRESENTATIVE GAINEY: So you believe that removing the stigma opens hearts to deal with and to ask for more help, get the help that they need, so a lot of it has to do around the stigma that was attached to them to the reason why they suffered instead of asking for help? That's your belief?

SECRETARY JENNIFER SMITH: I do believe that, yes, and around softening the hearts of the individuals who need to provide open access to the services that are needed for those suffering from addiction.

REPRESENTATIVE GAINEY: Sure.

SECRETARY RACHEL LEVINE: My perspective I think is on terms -- from my viewpoint is in terms of the Command Center. I think that the Disaster Declarations from the Governor and the Command Center has really been a game changer. We have 17 different agencies all working together. We have tremendous prevention activities, DDAP-led prevention activities in the community, our work in terms of decreasing opioid prescriptions, opioid stewardship programs. We have robust rescue efforts in terms of distribution of Naloxone, both to first responders and the public. And then an expansion of treatment, particularly evidence-based medication-assisted treatment, throughout the State as we were alluding to.

And I think if you put that all together in our local collaboration with the robust Federal funding, all of that together has led to the success.

REPRESENTATIVE GAINEY: And in regards to black infant mortality, I just want to know if you're working with any organizations that deal with that targeted population in the southwest, mainly the city the Pittsburgh, but Allegheny County.

SECRETARY JENNIFER SMITH: Yes. I'll highlight three organizations and then some other work that we're doing.

REPRESENTATIVE GAINEY: Okay.

SECRETARY JENNIFER SMITH: So we work. We've met with New Voices here in Harrisburg many weeks back to talk about this work. We work closely with the Jewish Health Care Foundation and, of course, Magee.

I do want to highlight that we have taken some of our Maternal Health Block Grant dollars to pay for implicit bias training providers who work in the space of maternal health. We recognize that it's an important piece for the people who are providing this care to understand what implicit biases they might have and then reflect that in the care that they're providing.

REPRESENTATIVE GAINEY: The time is going to be up. I just got one more.

I really want to stress and we really need to talk with New Voices and Head Start in regards because I know that they target dealing with African-American women with babies. And there's nothing like that cultural confidence piece that really comes from, not through, education that can really help these moms to deal with some of the struggles that they may be going through to reduce what we want to see the reduction in.

Thank you.

REPRESENTATIVE DUNBAR: Thank you, Representative.

Next will be Representative Gabler.

REPRESENTATIVE GABLER: Thank you, Mr. Chairman.

Up here, Secretary. Thank you.

I have a question for the Department of Health. And I want to preface this by saying that I think that one of our responsibilities in this budget process is to look at the limited resources we have, figure out how we can do the most good, and make sure that we are respecting the taxpayers in the process.

And so I wanted to ask a question about a pilot program that recently came to my attention. The Department of Health recently approved a pilot program under which a tobacco cessation provider provides Chantix to Medicaid recipients. However, these products are already covered for Medicaid recipients and the cost is included in the Healthchoices capitated rate, which, of course, is a line item in the Department of Human Services budget.

And just for the benefit of those watching, of course, the capitated rates under Healthchoices means that we, as a State, pay an outside entity to essentially take financial responsibility for the health care of a given population . And then that's taken care of by budgeting for that in that way.

So the concern that I have is why would we approve a program under the Department of Health where Chantix would be provided to the same population that we're

already paying a capitated rate for under the Department of Human Services? Are we not talking between departments in the way we need to to make sure that we're not duplicating the same service twice on behalf of the taxpayer?

SECRETARY RACHEL LEVINE: So we do absolutely collaborate with the Department of Human Services. I'm not familiar specifically with this program off the top of my head. I'd be pleased to talk with our staff and find out the details about the program and all the information and then we will meet with your office to discuss it.

REPRESENTATIVE GABLER: I would appreciate that.

I think that's something that we definitely need to drill down into. I think there's certainly a concern. And certainly we've got a large state, many departments, many bureaucracies, but certainly if the right hand doesn't know what the left hand is doing, that can create concern. And certainly on behalf of the taxpayer, we've got to make sure that we're not paying for the same service twice.

And so I'd appreciate a followup on that.

That's all the questions I have.

SECRETARY LEVINE: Thank you.

REPRESENTATIVE GABLER: I appreciate it.

Thank you.

REPRESENTATIVE DUNBAR: Thank you, Representative.

Next will be the Minority Chairman of the Health Committee, Chairman Frankel.

REPRESENTATIVE FRANKEL: Thank you, Mr. Chairman.

And thank you, Secretaries, for being here and for the great work you do. I join my colleagues in gratitude for all you do for our Commonwealth.

I wanted to go back to a couple of things with respect to the opioid crisis. And one of them is, I think -- and I talked about this last year. And I think one of you addressed the issue of medication-assisted treatment and that it's basically kind of a way characterized by one of you -- I don't know if it was like a three- or four-month type of treatment. I think for many people it is a much more long-term type of treatment and in some cases a lifetime treatment that I think we need to remove the stigma from.

And also I think, you know, back away from -- I think some of the stigma is also being placed onto providers who are getting out of the business. So that's a very difficult time sometimes for somebody who is trying to recover, to find a provider who is willing to prescribe. I don't know what we're doing about that. So that's one issue.

The other issue, you know, Naloxone availability has been a game changer and obviously, you know, leads to

people who go to medication-assisted treatment. One of the things that we're seeing -- and there's an article that my colleague Representative Innamorato sent to me earlier, an article in the Post-Gazette earlier this year, about the lack of State funding and how shortages, I guess, spotty in some regions, but particularly in Western Pennsylvania, shortage availability of Naloxone and also the inability of any pharmacist being able to make any money off of this as well.

And I was struck by -- I think one of the things he said in it -- if I got this right and I don't know who said it -- they said that there were 17,000 Naloxone prescriptions out there and 150,000 folks utilizing it or accessing it. That doesn't make sense -- or in recovery, I mean people in recovery. So those numbers kind of jump out at me when you blend it into this issue of Naloxone availability.

SECRETARY JENNIFER SMITH: Yes.

REPRESENTATIVE FRANKEL: Since time is limited, I also wanted to ask Secretary Levine to answer one other thing that we both have been engaged in. And that's the issue, an update, I think, on vaccinations across the State. You know, we've both been trying to amend the very, very, very lax standard for exempting a child from vaccinations for philosophical or religious exemption, just signing a

piece of paper. We want to put, you know, some information behind that and require people to discuss the exemptions and the consequences of exemptions with their health care providers, a simple adjustment to that, a current very lax exemption.

So just given a very short period of time, I thought I'd put emphasis on that. Let's start with the Naloxone issue and the medical assisted treatment.

SECRETARY JENNIFER SMITH: Sounds good. And I'll be super quick.

So the numbers that I was giving you were quoted from the Medical Assistance Program only. And the Naloxone numbers were for prescriptions filled through the Medical Assistance Program. So that does not indicate how many doses of Naloxone we as a State have distributed across the Commonwealth.

For a couple of years, Governor Wolf had about $1.5 million in his budget of State funds that specifically went towards dedicated free Naloxone for the public. You will not see that line item in this budget. And that's because of receiving so much Federal funding. We are utilizing the Federal funding to fund those Naloxone efforts. And so we have about $5.4 million dedicated specifically to Naloxone distribution in the communities.

REPRESENTATIVE FRANKEL: Okay.

SECRETARY JENNIFER SMITH: And that distribution happens in a number of different ways. So there are some free Naloxone giveaways that we coordinate through the Department of Health and their Health Centers. We have what we call centralized coordinating entities in every county that are responsible for making requests to the State through PCCD for Naloxone, so that's a second mechanism. And then there are ways that our Department directly funds some specific Naloxone asks from different communities.

So I can get you some more information on specifically where the Naloxone has been going, which counties it's going to, how much has gone there, if you're interested in that kind of data.

REPRESENTATIVE FRANKEL: And you would state that there is no unmet need at this point for that?

SECRETARY RACHEL LEVINE: That is correct. There is no unmet need. We talked with Prevention Point in Pittsburgh where that article came from and we resolved their issues.

SECRETARY JENNIFER SMITH: Yes. I think the challenge is more in terms of the version of Naloxone that they would like to have is different from the kind of Naloxone that we are able to give through the standing order. If you'd like more information, we can share that.

Very quickly on that medication-assisted

treatment front, I would love for us to be able to stop having a debate between whether it's medication-assisted treatment or drug-free treatment. In my world, treatment is treatment. And if you're a treatment facility, you should be able to offer whatever treatment is clinically appropriate for the individuals that walk in your doors. Sometimes that means offering them medication and sometimes it doesn't. It depends on the individual.

I really hope that we get to a place in the State where we don't have to talk about, well, does this person or does this facility offer medication or doesn't offer medication? Every facility that offers good treatment should have the capability of providing whatever the individual needs that walks through their door.

I appreciate you asking that question and your support of that method of treatment.

SECRETARY RACHEL LEVINE: So I'm going to briefly do all three.

One is that we have really worked to have the Naloxone available to the public as well as to all First Responders through the mechanisms that Secretary Smith was saying. They actually have handed out almost 14,000 kits of Naloxone through the community health centers, our community health centers in Pittsburgh and Philly, etc. In addition to the standing order through pharmacies, in addition to the

Naloxone that's been given to EMS, since 2016, law enforcement has 7,000 reversals. In the last number of years, EMS has administered 32,000 doses of Naloxone. So there is no shortage. We'll make sure that anybody who needs Naloxone has Naloxone.

I would agree 100 percent in terms of medication-assisted treatment and its availability. We have worked through the Centers of Excellence, the PacMAT Programs, and many other programs to expand access to Buprenorphine medications.

We also worked with the medical schools that by the end of this year every graduating medical student in Pennsylvania will have gotten the training necessary for their waiver for Buprenorphine so that it's really incorporated into medical practice.

And then finally in terms of immunizations, you know, I think that we have made progress by changing the provisional period with schools by which immunizations had to be up to date. So we are above the herd immunity level but we still have too many kids that don't have their immunizations and we have pockets of kids where they are under-immunized, which puts us at risk for local outbreaks of measles and other.

So we'd love to work with you in terms of legislation to try to improve our immunization rights in any

way possible.

REPRESENTATIVE FRANKEL: Thank you.

REPRESENTATIVE DUNBAR: Thank you, Representative.

Next will be Representative Heffley.

REPRESENTATIVE HEFFLEY: Thank you, Mr. Chairman.

I just want to say kudos on getting the Naloxone out there readily available. I had a young man in my office the other week who was saved by Naloxone and is now living in recovery. I think it's a wonderful program.

A question that I have -- and I just want to commend the Administration of Washington, D.C., for continuing to provide us with increases in funding. It's much needed on this front.

DDAP has implemented a voluntary resource for substance use professionals to communicate the availability of beds in treatment. Yet I still hear from our local SCAs and from folks that are looking for treatment that they have to wait. So if they want to get in treatment, they would try to develop Warm Handoff Programs but yet we can't find available beds. We can't find the treatment that they need. And, unfortunately, there have been deaths related to the fact that people are waiting to get into treatment.

With that said, we have a bill that had passed the House unanimously regarding bed registry. Currently

there is a -- PEMA has a bed registry that is used for emergency services. It's also used for long-term care. Also there's programs that are available through the PDMP to provide that type of information.

What we're hearing is twofold. One is that in rural counties like Carbon County, we have no outpatient providers other than our SCA doing the best they can, but we have no outpatient providers. We have no inpatient. So people are having to travel an hour to get treatment.

So the question is twofold. What can we do to better utilize the programs that we have right now in PEMA? And we've had meetings with your staff in regards to that. And if you would send a letter because the Federal Government seems to be very supportive in wanting to combat the opioid epidemic. Could we find out from the Federal Government whether we could utilize that program to enhance a better bed registry to get people that need treatment into treatment right away since the need is there and people are dying while they wait for treatment?

And secondly, how can we better -- what can you do from the Department to better serve the rural counties where we have no outpatient providers to come in? So these are my two questions.

SECRETARY JENNIFER SMITH: Thank you, Representative.

And I want to say that I appreciate your tireless efforts in this space. Truly an advocate. I really appreciate that you're willing to work with the Administration in terms of crafting legislation that you think will be very helpful to people.

So I want to address the question in sort of a slightly different manner, which is to really get at the bigger issue of capacity. So bed registries are a nice thing to have where there's an abundance of capacity and folks are just looking to locate where that capacity exists.

I think from our perspective the bigger issue is that folks are on wait lists because there aren't necessarily providers in their area that are offering services for the type of insurance that they have.

So the really big issue in Pennsylvania is that we've got providers who for financial reasons have capped the number of individuals that they are willing to accept who are publicly funded, whether that's Medical Assistance or whether that's funded through our Block Grant dollars.

And so some of the things that we're needing to work on is making sure that we're providing adequate reimbursement rates for those providers so that they can begin either raising or lifting altogether the caps that they have for individuals seeking treatment who are publicly funded clients. And so, you know, the need for a bed

registry sort of runs even deeper than just locating where facilities are. I think that's the easy part. The hard part is locating and building capacity for the individuals based on the funding source that they're utilizing and making sure that it's in close proximity to where they live.

REPRESENTATIVE HEFFLEY: And I would say that having a bed registry that would complement that and from what I had seen of the bed registry that PEMA already has, there are categories where we could list what type of insurance would be acceptable to those facilities.

I think we also direly need it for mental health. I mean, there's so many people that have a dual diagnosis and people are sitting in emergency rooms sometimes seven to ten days in an ER getting no treatment at all and driving up the cost of everything because they don't have a way to find those beds.

So I look forward to continuing to work with you. I know it's been frustrating. I know the bill is over in the House. I would really like to see that letter to the Federal Government asking if we could expand upon PEMA.

But I just want to mention the other crisis that I'm hearing from my -- from our providers is meth. And I just feel that right now as a State or as a Commonwealth, you know, we're very unprepared to deal with that crisis just as we were unprepared to deal with the heroin crisis.

And it's really going to kind of ramp up here and become a huge health issue.

Thank you.

REPRESENTATIVE DUNBAR: Thank you, Representative.

Next will be Representative Flynn.

REPRESENTATIVE FLYNN: Thank you, Mr. Chairman.

My question is for Secretary Levine. I was wondering what is the timeline for the Department to release the new hospital regulations for public comment?

SECRETARY RACHEL LEVINE: So thank you for that question. As I pointed out, the last time the hospital regulations were released was in 1984. Things have changed a lot since 1984. We have been working on those regulations over the last number of years. The Governor's Office has asked us to split it into packages as opposed to one enormous regulation. We have done that.

An update in terms of the timeline of the first packet?

EXECUTIVE DEPUTY SECRETARY SARAH BOATENG: Yes.

We're working on a timeline to promulgate all six groupings before the end of this Administration. So Group 1 has gone back and forth from the Department to the Governor's Office and back. And so those packages will roll out one after the other until the entire package is

promulgated and then all of the dates will line up to effectuate the change.

SECRETARY RACHEL LEVINE: So we're looking to get it all done by the end of our term.

REPRESENTATIVE FLYNN: I've heard numerous concerns from anesthesiologists in my district and they're very concerned about, you know, potential changes in the laws. Is the Department aware of their concerns and, if so, what steps are you guys taking to address them?

SECRETARY RACHEL LEVINE: Sure.

And one of the packets will address the issues in terms of anesthesiologists and CRNAs. We are well aware of the different issues involved. We have met both with the anesthesiologists. We have met with the CRNAs. And we'll be working to try to craft and thread the needle in terms of the right policy in terms of that. And that will be in the regulations. It's not in the first packet. It will be later on. So we have met with the anesthesiologists and we have met with the CRNAs as well.

REPRESENTATIVE FLYNN: Thank you.

REPRESENTATIVE DUNBAR: Thank you, Representative.

Next will be Representative Warner.

REPRESENTATIVE WARNER: Thank you, Mr. Chairman.

Secretaries, thank you very much for being here

with us today. And I also thank you for your patience in this very long hearing.

I want to discuss something that hasn't been talked about today. We talked a lot about the opioid epidemic and rightfully so. That is a major issue in our State. But another issue that I see that is very dire is our EMS services. Right. It just so happened to be that this morning before the hearing I saw in a newspaper article from the Morning Call that the State's EMS is stretched so thin in Pennsylvania that in some places ambulance calls go unanswered.

I can tell you firsthand in the municipality that I live in, which is about 30 miles south of Pittsburgh, that it is not uncommon for a 30-minute wait time for an ambulance. I've experienced this firsthand waiting for an ambulance for my son.

Again, I'm not trying to push aside any of the other things that we discussed today, but if we can't get people to a hospital or get to them in time, everything else that we've discussed kind of seems pointless.

So the question is, what is the Department doing to stem the rapid decline of EMS coverage in the Commonwealth?

SECRETARY RACHEL LEVINE: Thank you for that question. I saw the same article.

So there are a number of different issues. That's kind of the perfect storm of different issues. There are absolutely rural staffing shortages. Now, despite an increase in the number of new EMTs that are being certified each year, certain parts of the Commonwealth, especially in rural areas, have been affected by a shortage of EMS providers, which is impacting care, as you had talked about.

We are pleased to work with the Legislature. I know there's been a number of different bills, House Bill 1869, that would allow the Department greater flexibility in terms of addressing workforce shortages. And House Bill 1838, which would increase the EMS operating fund, would create more resources for the Department to be able to address that. So there are a number of different ways that we would like to do that. And we're pleased to work with the Legislature. It is absolutely an issue in terms of reimbursement to EMS and the ability to keep them open and staffed in rural areas.

So there's a lot of different things that we can do. A lot of it's not something that we can just do in the Department, but we're pleased to work with you in the Legislature.

REPRESENTATIVE WARNER: Yes. Thank you.

I also know that one of their concerns is -- and I don't mean to get into a debate on this -- but they do

have a concern about a $15 hour minimum wage putting them out of business, especially in the rural areas with a lower cost of living. I just want to mention that.

I want to get to one other thing real quickly while I have time. Another thing, it's what I consider a health epidemic, what I consider a silent epidemic only because the people that have this disease appear healthy to everybody, and that is the overwhelming increase of food allergies in our society.

Since 2000, food allergies have increased over 50 percent in children. There's roughly an average of two children in every classroom with food allergies. And currently a food allergy sends someone to the emergency room every three minutes in the United States.

With that being said, again, the same question, what is the Department of Health doing? Is there anything proactive, anything that you guys are looking at to help stem the epidemic of food allergies in the Commonwealth?

SECRETARY RACHEL LEVINE: So I'm not really prepared to be able to answer that question today. But we're pleased to talk with our staff and to look further into that and then we're pleased to meet with your office to discuss what the Department can do.

Again, I'm a pediatrician so I am aware of food allergies in children. There are a number of different

manifestations of that. But the most severe can be an anaphylactic response requiring epinephrine and EMS, etc., so we're pleased to investigate what the Department could do to help and then we'll meet with your office.

REPRESENTATIVE WARNER: Yeah. Thank you.

I would definitely appreciate the Department taking a further look at it. I just wanted to note in 2018 we passed Act 93, which expanded the use of epinephrine auto injectors throughout the Commonwealth. It pretty much gave authority to anybody to be able to get a prescription for it.

SECRETARY RACHEL LEVINE: Thank you.

REPRESENTATIVE WARNER: But I do have a concern that on the Department's -- on your website, you have a website, you have a listing there, life-threatening allergies, and it apparently has not been updated for some time. And there are some bills mentioned from 2010, 2012, where we had given bus drivers and schools different authorities for epinephrine auto injectors. But Act 93 that pretty much allows anyone in the Commonwealth of Pennsylvania to acquire one is not mentioned there .

And again, I'm just advocating on behalf of those with food allergies. It is what I call a quiet epidemic. And I would also like the Department of Health to take a closer, more serious look at it.

SECRETARY RACHEL LEVINE: Absolutely.

REPRESENTATIVE WARNER: Thank you.

SECRETARY RACHEL LEVINE: Thank you.

And we'll fix our website.

REPRESENTATIVE WARNER: Thank you.

REPRESENTATIVE DUNBAR: Thank you, Representative.

Next will be the Chairman of the Human Services Committee, Chairman Murt.

CHAIRMAN MURT: Thank you, Mr. Chairman.

I have a question. But before I ask the question, I just want to talk about stigma for a little bit. I thank you for bringing that up. Stigma for these issues is as deadly as the disease of addiction. And I like to say the disease of addictions because it is a disease and the states that treat addictions as a disease have been the most successful in this struggle. So I think it's important that we, as I said, treat it as a disease and not as a character flaw or a human failing or anything like that. It truly is a disease.

One of the things that will help this is mental health and addiction parity. There is the law of the land. Yet the way that it plays out in the Commonwealth and many other states is not so pretty. It's ugly as a matter of fact. And promising somebody two or three visits with a

therapist or a psychologist and once in a while to a psychiatrist to get the right balance in the mix of medications and face-to-face therapy and so forth is a great thing, but you shouldn't feel grateful if somebody says, well, if you need three more visits or five more visits, you just fill out all those forms and you're going to be fine. Doesn't work like that.

We're working on mental health parity in the Insurance Committee right now. House Bill 1696 should be kicked out in March and we have plenty of time to get it through the House and the Senate. This is a very, very important bill. We've worked with all the stakeholders on this. And this is going to go a long way in helping the Commonwealth of Pennsylvania finally achieve some measure of mental health parity.

My real question has to do with our veterans. Our Commonwealth is home to thousands of men and women who have served in the armed forces, myself included. I served in Iraq for 14 months in combat. We're one of the top states in the veterans population.

Sadly, statistics tell us that almost every hour, the statistics tell us 22 veterans a day take their lives. And I think that's low. I think it's higher than that, to be very honest with you.

And I would like to know, Secretary, if you don't

mind, what outreach and what kind of coordination is being done to assist veterans, not just with substance abuse disorders but also posttraumatic stress and suicide?

Thank you.

SECRETARY JENNIFER SMITH: Yes.

Thank you for that question. Something that we've talked a little bit about together in our meetings. So we share that same passion and concern around veterans. And first and foremost, thank you for your service, sir, to the nation.

So in terms of some of the specific collaboration that we've had with the Department of Military and Veterans Affairs, in late summer, early fall of 2019, DMVA launched an educational media campaign that was geared specifically towards veterans. And that campaign utilized $500,000 of our grant funding, which is tied to opioids specifically. And that campaign used radio, TV, and digital advertisements to highlight some of the unique challenges that veterans face. So personalizing those messages to them, encouraging them to reach out for help and providing what those resources look like in terms of help.

I can tell you that in Fiscal Year '18-'19 through our funding sources, there was $148,000 spent on veterans, which is a huge increase from the year prior. In '17-'18, only $5,500 was spent on veterans'

treatment-related services.

Now, again, these are dollars for the under or uninsured. So it's not representative of Medical Assistance funding or private pay insurance funding. But just for that veterans' population, that was a huge increase over that year's time. And what those dollars pay for are not just treatment services but also really crucial case management and housing services and recovery support services.

So we recognize that this is a population for whom those wrap-around services and the need for very intense recovery supports are critical to their continued recovery. I can also tell you that we have some really great facilities here in Pennsylvania that specifically provide programming for veterans seeking treatment.

The Retreat at Lancaster and Treatment Trends are world-class facilities here that provide specific PTSD and SUD co-occurring treatment. There's also a program called Just For Today that provides excellent recovery support services for veterans that we're supportive of. And then as a Department, we serve on numerous Advisory Councils related to veterans as well as the PA Cares Task Force and a specific policy academy that was centered around veterans.

So we've done a lot of work in our space specific to substance use disorder and how that impacts veterans.

CHAIRMAN MURT: I appreciate that.

And just for everyone's edification, homelessness, unemployment, suicide amongst veterans is significantly higher than it is for the general population. I know you know that, Secretary, so thank you for your support.

SECRETARY JENNIFER SMITH: Thank you.

CHAIRMAN MURT: Thank you, Mr. Chairman.

REPRESENTATIVE DUNBAR: Thank you, Mr. Chairman.

And now will be the Chairman of the Health Committee, Chairman Rapp.

REPRESENTATIVE RAPP: Thank you, Mr. Chairman.

And thank you, Secretary Levine and the other Secretaries, for being here.

Many of my questions have been answered today. I think there was a lot of really good information put forth. But I do have one question. Hopefully we end on a high note here.

In the Governor's Budget, the information I have was that rural health under health innovation was cut some 20 million to 9 million which is more than 50 percent. So my question, Dr. Levine -- I'm sure you can answer this -- is that money, do you know, is that going to the Rural Health Initiative and could you expand a little bit on the funding for the Rural Health Initiative and the benefits that that will bring to rural Pennsylvania and rural health

care?

Thank you.

SECRETARY RACHEL LEVINE: Sure.

In terms of a cut --

REPRESENTATIVE RAPP: I thought it was an easy question.

SECRETARY RACHEL LEVINE: Sorry.

EXECUTIVE DEPUTY SECRETARY SARAH BOATENG: So the primary funding for the Pennsylvania Rural Health Model comes from a partnership with CMMI, the Centers for Medicare and Medicaid Services. So they in total made up to $25 million available to the State over the course of many years. So the bulk of that funding was upfront. And so the appropriation allowed us to bring those dollars in.

The money right now is used by the Department to support the in-house employees and workers who work alongside the hospitals. It also pays for some of the methodology work and to get those global budgets put in place.

As this transitions out of the Department and goes to the Rural Health Redesign Center, our goal is to transition that relationship that CMMI has with the Department of Health to that independent authority to administer any of the funding that might continue to come from CMMI. But really the benefit of having that authority,

that outside group, will allow it to also contract with other states who might want to execute a model similar to this and also receive private foundation dollars to support the effort.

SECRETARY RACHEL LEVINE: So I just wanted to thank you. I couldn't quite hear what you were saying. But the Rural Health Redesign Center is in the process of being set up. There are actually several different Legislative members that will be added to the Board, but it will be up and running, shovel ready, so to speak, by May 26th. We'll have our first official board meeting, although we'll have some ex-officio board meetings even beforehand.

The funding, as Sarah was saying, will continue to have some money from CMMI, but eventually the Rural Health Redesign Center will be self-funded, looking for foundation grants and other types of grants as well as consulting fees from working with other states.

REPRESENTATIVE RAPP: Thank you so much.

Thank you, Mr. Chairman.

REPRESENTATIVE DUNBAR: Thank you, Chairman.

Chairman Bradford, any comments?

MINORITY CHAIRMAN BRADFORD: No.

REPRESENTATIVE DUNBAR: Before we close, I did have a couple questions. I had my name on the list before Stan left so I'm going to ask my questions.

During the Governor's budget address -- I'm paraphrasing a little bit -- one of the first things he had said was that when we work together, we can do great things as far as the budget is concerned. And I agree with that. But then when I look at the budget, I get somewhat dismayed when I see we're playing the same games with different program eliminations. Diabetes, regional cancer centers, Lupus, regional poison control, trauma, epilepsy, Tourette Syndrome, ALS, leukemia all get zeroed out.

And I heard you say earlier, Dr. Levine, about legislative adds. And at the same time though, anemia, hemophilia, and Sickle Cell don't get eliminated. I don't know why they have special preference disease categories that they don't get eliminated.

And I don't know how something can be a legislative add. It's like we're playing this game and we're dancing this dance. I'm just tired of it myself.

My question to you is, I'm sure you do support us funding these things totally?

SECRETARY RACHEL LEVINE: So, you know, I understand your thoughts. The Governor's Budget is sort of a starting point for our negotiation and our collaboration. We will work with you to --

REPRESENTATIVE DUNBAR: And I understand that. But to me, I look at it if it's a balanced -- it's a budget

that's out of balance when we start because we know these are all going back in. And all I'm asking is maybe use your influence with him so we don't play this dance again in future years.

I'm sure you have more influence than I do in that regard.

SECRETARY RACHEL LEVINE: Thank you.

REPRESENTATIVE DUNBAR: And, you know, these are not partisan issues. I'm sure we all want these things in there. I don't think any of us are opposed to this idea.

Can we just stop the dance?

SECRETARY RACHEL LEVINE: Thank you for your thoughts, sir.

REPRESENTATIVE DUNBAR: Secondarily -- very good answer.

SECRETARY RACHEL LEVINE: Thank you, sir.

REPRESENTATIVE DUNBAR: I appreciate your involvement in the performance-based budgeting hearings. And we spoke then about these measurements, and the idea behind this was to help decision-makers in the decision-making process. There was some things that I saw on the Department of Health that I did want to bring up and I thought it would be better to bring it up in this setting as opposed to the PBB hearing.

And this deals strictly with the Administration,

their performance, and specifically overtime costs. If you go to the hearing -- if you go to the PBB book it would be page 40 if you want to reference it later. But overtime costs in 2015, that year end was 424,000. Last year it's up to 2.3 million, which is like a 500 percent increase.

There is some genuine concern there about those costs and what's going on. If you break it down, in 2015 for every employee, it would be $373 extra by overtime. Now it's $2,229. What's going on?

SECRETARY LEVINE: Sure. We can explain that, sir.

EXECUTIVE DEPUTY SECRETARY SARAH BOATENG: So I first want to echo your comments around performance-based budgeting. This was the first year that the Department of Health participated in that effort. And while it was an effort, I really do think that we learned a lot from the experience. And I think the report that was put out really shows the return on investment in public health funding and gives us some areas to look at.

You rightfully point out the area of overtime. So the bulk of those dollars are overtime paid in our Quality Assurance Deputate. So these are facility surveyors who go on hospital, nursing home, complaint surveys. So we have State responsibilities there. We also act as agents of CMS. And so a combination of things has led to that type of

overtime.

So we've had a significant increase in the amount of facilities that we have here in Pennsylvania, including new home care agencies, home health agencies. And we've also had a significant challenge in recruiting the clinical people that we need to do that work.

So a lot of our health care colleagues face the nursing shortage that we have here in Pennsylvania. We simply don't have enough trained nurses here in Pennsylvania to meet demand. And we see that at the Department of Health as well. So we have had challenges recruiting additional staff to fill those open complement slots. And yet the work is still there and it's absolutely necessary work. If there's a complaint, we must go there. That results in overtime for some of our staff.

REPRESENTATIVE DUNBAR: And I don't doubt that the work has to get done. I also have concerns in the fact that your turnover rate is close to 19 percent. I don't know why. Maybe you can help elaborate. But that is certainly something that can drive overtime costs up as well.

SECRETARY RACHEL LEVINE: That is also absolutely one of the factors. So we have, you know, a system in terms of payment in terms of the Civil Service rates that we pay. So we have difficulties in recruiting, but we also have

difficulties in retention where we train an excellent nurse in terms of Quality Assurance and then one of our excellent health systems recruits that nurse and pays her much more than we can possibly pay her in the Civil Service system, him or her, and that leads to people leaving.

So we have actually worked to improve that. We have worked with HR, who has worked with our QA and our Deputy Secretary for Quality Assurance in terms of recruitment. We actually have lots of different activities to try to recruit and retain excellence nurses. And we have improved our complement so we're hoping that the overtime will start to go down. But it has been a challenge.

REPRESENTATIVE DUNBAR: Yeah. And I'm hopeful that we continue to monitor this as we go forward.

SECRETARY RACHEL LEVINE: Absolutely.

REPRESENTATIVE DUNBAR: With that, we'll conclude. I appreciate your endurance. And we will adjourn today and we'll reconvene tomorrow morning at 10 o'clock with the Department of Transportation.

SECRETARY RACHEL LEVINE: Thank you.

EXECUTIVE DEPUTY DIRECTOR SARAH BOATENG: Thank you.

SECRETARY JENNIFER SMITH: Thank you.

DEPUTY SECRETARY ELLEN DiDOMENICO: Thank you.

REPRESENTATIVE DUNBAR: Thank you.

(Whereupon, the hearing adjourned.)

I hereby certify that the proceedings and evidence are contained fully and accurately in the notes taken by me on the within proceedings and that this is a correct transcript of the same.

Jean M. Davis
Notary Public