



**House Appropriations Committee  
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Testimony of:

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Good morning Chairman Saylor, Chairman Bradford, and members of the House Appropriations Committee. I am very pleased to be with you this afternoon to discuss Governor Wolf's budget proposal for the Department of Health.

As you know, on Tuesday February 4<sup>th</sup>, Governor Wolf presented his budget proposal before the General Assembly. The Governor laid out an ambitious agenda which would help advance our vision of a healthy Pennsylvania for all. Aligned with this vision, we are focused on our mission to promote healthy behaviors, prevent injury and disease, and to assure the safe delivery of quality health care for all people in Pennsylvania.

Before that, I want to discuss Pennsylvania's preparedness surrounding the novel Coronavirus, COVID-19. First, Pennsylvania has had no confirmed cases. The department has been working diligently along with the federal Centers for Disease Control and Prevention (CDC), other Commonwealth agencies, and our county and municipal health departments in an incident command structure since the first cases were confirmed in the U.S. Our team has interfaced with hospitals, emergency personnel, schools and other important stakeholders to ensure appropriate safeguards and measures are taken in monitoring of potential cases and protection of those in the broader public. Those on this panel, and the broader public watching at home, should know that our team has and will continue to work tirelessly to limit the spread of COVID-19 in Pennsylvania. It is important to remember that at this time the risk for Pennsylvanians to contract COVID-19 is very low. In fact, you are much more likely to catch the flu, and unfortunately, there have been more than 84,000 confirmed cases of the flu and 47 flu-associated deaths since October 2019 in Pennsylvania alone.

Additionally, we must reject the stigmatization of individuals in the Asian-American community during this time. I would also note that if a broader pandemic were to materialize with COVID-19 or other communicable diseases, the ability to declare a Public Health Emergency Declaration would be a helpful tool to more efficiently manage the Commonwealth's disease response.

As we continue our work protecting against COVID-19, we must also continue our vigilance on the opioid crisis. As you know, the Governor has renewed his initial disaster declaration for the 8<sup>th</sup> time, which continues to allow the use of critical response infrastructure to combat this crisis. This hard work has paid off as Pennsylvania has seen a reduction in the number of overdose deaths. That is not a cause to rest because one individual's death due to overdose is one death too many. We will continue our efforts and will continue to partner with you and your colleagues in the General Assembly on strategies by utilizing a three-pronged approach – prevention, rescue, and treatment - to reduce stigma and save lives.

Prevention is critical. Our focus has been on proper opioid stewardship through our Prescription Drug Monitoring Program, or PDMP. Since the PDMP was brought under the jurisdiction of DOH in 2016, we have seen a 32% decrease in opioid prescribing as well as decreases in inappropriate opioid prescribing practices. This includes a 49% reduction in the number of individuals receiving a high dosage of opioids since 2016, and a 50% reduction in number of individuals with greater than 30 days overlapping opioid/benzodiazepine prescriptions. The PDMP program also facilitates educational programs for prescribers through trainings and educational modules – educating more than 6,300 healthcare providers either online or in-person

since 2017. We have also created the Patient Advocacy Program. This program serves as a centralized response team to coordinate health care resources for opioid-dependent patients in need. The Program collaborates with other federal and state agencies to ensure that high-risk patients are helped and placed under the care of a health care provider. Since September 2019, we have responded to four closures of pain practices/clinics to help patients quickly reestablish care and prevent withdrawal. We provided assistance to 74 patients and majority of them reported positive feedback after they reestablished a connection with a new provider. Our other stewardship efforts include development of 12 medical specialty specific prescribing guidelines on the safe and effective use of opioids in the treatment of pain. Additionally, we have developed Medical School Core Competencies on management of prescription drug misuse and use as well as to ensure that all future medical health professionals are equipped to provide Medication-Assisted Treatment (MAT) with buprenorphine to treat opioid use disorder. As a result of coordinated prevention efforts, we have seen an 18 percent decrease in drug-related overdose deaths in 2018.

The second part of our strategy to combat the opioid crisis is the rescue component. Our main effort in this area is widening the availability of naloxone to prevent overdose deaths. Partnering with the PA Commission on Crime & Delinquency, over 37,221 kits of naloxone have been provided to nearly 1,800 first responder agencies across the Commonwealth, including law enforcement, fire fighters, EMS agencies, probation and parole officers, drug treatment providers, school and library personnel, shelters, among others. In addition, over 13,000 kits were distributed since 2018 through naloxone distribution days and at the PA Farm Show. The standing order for both the public and emergency responders are still active to allow Pennsylvanians to get naloxone for themselves or their family members at their local pharmacy. Overall, these efforts have resulted in more than 11,000 reported overdose reversals statewide; 11,000 people who are alive today because of our collective efforts and have a chance to get into treatment.

The third portion of our strategy is treatment. After an overdose, it is critical that a warm-handoff is made from the emergency department to a treatment facility. At the department of Health, we have worked to enhance access to quality, evidence-based, Medication-Assisted Treatment, or MAT, through the PA Coordinated Medication-Assisted Treatment program, or PacMAT. Through our PacMAT program we have increased access to MAT across the state, given providers greater flexibility in the provision of MAT, helped many Pennsylvanians find recovery, and increased the number of providers by over 400 who obtain their waiver to prescribe MAT. MAT is the gold-standard of care in treating opioid use disorder and we need more providers prescribing this valuable treatment.

Another effort to increase the number of providers with their waiver certification was the MAT summits hosted across the state by the Opioid Command Center. The purpose of the summits was to promote awareness of MAT, share strategies for successful treatment, and increase the number of healthcare providers using the waiver to prescribe buprenorphine in their practices. The summits also offered the waiver training to participants. These initiatives to expand access to MAT are integral to our continued efforts to get those with a substance use disorder into treatment and to minimize the number of lives lost to the opioid crisis. We will continue to work with our partners in Pennsylvania and at the federal level to expand the availability of MAT to those who so desperately need it.

While these interventions have been working, we need to push further. That is why I am pleased to note our work with a bi-partisan group of legislators on the introduction of legislation to expand the availability of a traditional harm-reduction measure – syringe services programs. I want to be very clear that this is not safe injection sites. What we are proposing is allowing the expansion of proven programs offering safe, sterile syringes to individuals seeking them in tandem with information on safe syringe disposal, overdose prevention, and access to treatment options. These programs already exist in 38 states across the country and are supported by the CDC, U.S. Department of Health and Human Services, and the U.S. Surgeon General. These programs offer another pathway to a warm-handoff into treatment through an empathetic, trust-building process, but also have been proven to reduce the spread of HIV and Hepatitis C infections. I hope that you accept this proposal with an open mind and a willingness to work together on additional strategies to combat the spread of preventable chronic diseases while also working to add new pathways to addiction treatment.

In addition to our tireless work on the opioid epidemic, we continue to advance several critical public health initiatives. In fact, there is much to celebrate here in Pennsylvania, specifically through our collaborative efforts with the General Assembly. For example, through Act 108 of 2019, Pennsylvania authorized the first-in-the-nation Rural Health Redesign Center Authority; creating an authority to oversee our innovative model to change the way rural hospitals are paid from the fee-for-service model to a global budget. This approach allows rural hospitals to be paid in a stable, predictable manner, enabling hospitals to better plan for the types of health services needed in their communities, remain financially viable, and keep their doors open.

Further, the passage of Tobacco 21 legislation, extending the smoking age to 21, both at the state and federal level is a monumental public health victory in combatting nicotine addiction both through cigarettes and e-cigarettes. Unfortunately, e-cigarettes have inflamed nicotine addiction among young people across Pennsylvania through products containing high nicotine levels. It is our hope that increasing the smoking age will help curb some of these unfortunate outcomes.

We are also very proud of the hard work of our WIC team who have successfully rolled out e-WIC across Pennsylvania through a very quick time frame. One year prior to a federal mandate, our team worked with retailers and participants to transition from paper WIC checks to EBT cards for participants. This transition will help to reduce stigma for WIC participants, improve their shopping experience, and reduce red-tape for retailers. In the coming months, our team also anticipates the release of a Request for Application to begin the procurement process for our local WIC agency providers.

Our medical marijuana program, regarded as a national model, continues to expand under the parameters of Act 16 of 2016. To date, the program has issued permits to 25 grower/processors and 50 dispensary organizations, operating 77 dispensary facilities. It has registered over 220,000 patients, approved over 1,200 practitioners, and validated over 2 million patient dispensing events with more than 6 million products sold. We will continue to work with additional permittees to approve their operation to increase access to products for Pennsylvania medical marijuana patients.

As always, there are areas to improve. Thanks to the work of the legislature the passage of Act 24 of 2018, created the Maternal Mortality Review Committee, or MMRC. This committee is

tasked with the review of every death of mothers during pregnancy and up to one-year postpartum. That review results in a finding on why these deaths are occurring and offer recommendations to prevent future deaths. We know that maternal deaths are rising in Pennsylvania and the U.S., as a whole. Worse yet, black or African American women are dying at a rate over three times that of white women during complications surrounding pregnancy. This is a significant and unacceptable disparity, and the work of the MMRC will help highlight opportunities to reduce the rate of maternal deaths in Pennsylvania.

Following recommendations of the Nursing Home Taskforce and the Auditor General's report, the department has implemented strategies to improve care for residents of nursing homes. The department took those recommendations seriously and have worked to better identify patterns in nursing home surveys, enhance interagency collaboration, more judiciously issue sanctions, and improve transparency surrounding our surveys. In addition, many findings have also helped to inform the drafting of updates to our nursing home regulations, which we plan begin promulgation of in 2020. Also, to compensate healthcare workers and all workers appropriately to the dignity of their work, I agree with the Governor's call to increase the minimum wage.

Similarly, with the Governor's focus on Lead-Free PA, the department is working hard to protect children from lead poisoning. Through our compilation of lead testing data reported by labs statewide, we are able to share information with our partners in the Department of Human Services to match data with Medical Assistance claims to help DHS ensure that all children in the MA program are being screened appropriately. Locally, our Community Health Nurses monitor elevated blood lead levels in children under seven and work with those families to ensure follow ups with pediatricians, provide education on lead exposure sources, and on risk mitigation strategies. We can also do more on this issue by partnering together on legislation to provide for universal lead testing for children.

As Governor Wolf highlighted in his budget address this year, too many Pennsylvanians have been lost because of gun violence. This is a public health issue, just as it is a public safety issue, and we need a public health focus to help solve this problem. To work towards this goal, the Division of Health Risk Reduction, within the Bureau of Health Promotion and Risk Reduction, has been expanded and renamed the Division of Violence Prevention. This aligns with the Governor's Executive Order 2019-06 on Reducing Gun Violence. This does not change our purpose or activities within this division – rather it clarifies and expands them. The programs within this division currently serve violence and injury prevention initiatives and renaming the division is our next step in the effort to prevent gun violence.

Also, thanks to Governor Wolf's leadership, we are advancing studies on environmental health. The first is a case control study of childhood cancers, including Ewing Sarcoma, in response to concerns raised about the prevalence of rare cancers in the Southwestern area of the state, and will use data from the cancer registry and cancer referral centers to determine control population characteristics and gather data from controls and interviews. This study is designed to show if those persons being diagnosed with Ewing Sarcoma tumors or childhood cancers are more often exposed to natural gas fracking development than those who have not had a similar exposure. The other study will look at the acute conditions, such as asthma and birth outcomes, that have previously showed some relationship to certain industries in existing published research. Doing this specifically in Southwestern Pennsylvania will serve to potentially replicate study findings

from other regions using similar methodology and will greatly add to the understanding of the potential health effects related to natural gas development.

Our vision of a healthy Pennsylvania for all must start with a plan and to achieve this vision, we have leaned heavily on our Office of Operational Excellence, or OpEx, in the creation of our new 2020-2023 Strategic Plan. Our new strategic plan lays out key targets for the department which are to: Maintain and enhance emergency services and public health preparedness; Continually develop our talents to significantly advance public health in Pennsylvania; Promote public health with awareness, prevention and improvement of outcomes where the need is greatest; Use data, measures, and technology to enable public health performance; and Improve staff, customer, and partner experience with consistent, efficient, and effective services and work processes.

This office has worked to instill lean principles not just in the creation of our Strategic Plan, but in projects throughout our agency. OpEx led the effort on 42 performance improvement initiatives from 2018 to 2020. One such large effort was leading the effort towards Public Health Accreditation Board national accreditation, which was achieved in 2019. This accreditation not only validates our hard work in measuring up to our peer states, but accreditation also puts PA at a competitive advantage for grants both federally and through large foundations such as the Robert Wood Johnson Foundation.

Again, while we have accomplished much together, I look forward to continuing to work with you as a partner to advance public health and achieve our goal of a healthy Pennsylvania for all. I thank you for your interest in these important public health issues and am happy to take any questions you may have at this time.