



Pennsylvania Department of Health
2019-2020 Budget, Opening Remarks
Pennsylvania House of Representatives
Appropriations Committee
Rachel Levine, MD, Secretary
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Good afternoon, I am pleased to appear before the House Appropriations Committee to discuss Governor Wolf's proposed fiscal year 2019-2020 budget for the Department of Health. First, I would like to thank Chairman Saylor, Chairman Bradford, our oversight Chairs Representatives Rapp and Frankel as well as members of the House Appropriations Committee and the staff for the invitation to appear before this Committee. I am excited to present our budget priorities, to discuss our achievements during the past year, and to highlight our challenges and plans for a coordinated effort across the commonwealth to address these issues in the new fiscal year.

The Department of Health is charged with improving the health of Pennsylvania's 12 million citizens, and, with the support of Governor Wolf, is committed to fulfilling this mission through the effective and efficient utilization of our allocated resources. The Governor's 2019-2020 budget will give us the tools we need to continue our efforts to address priorities and support the programs that are so essential to ensuring the health of our citizens and communities.

As in the past, the department continues to work in close collaboration with several sister agencies including the Departments of Drug and Alcohol Programs, Aging and Human Services. We appreciate their cooperation and contributions in working with us to create a healthier Pennsylvania.

As I did last year, I will start with the most serious health issue facing our commonwealth and perhaps our nation; the opioid and heroin epidemic. I have been intimately involved with this emergency, first as Physician General and now as Secretary of Health. We are achieving notable success through our efforts, but unfortunately this serious problem is ongoing.

Under the leadership of Governor Wolf and with the tremendous support of the General Assembly, the department and our sister agencies are confronting this crisis through prevention, rescue and treatment efforts. We have implemented comprehensive programs to get people suffering from opioid-use disorder into treatment programs. Most importantly, we have developed programs and strategies for early intervention in identifying the practices, behaviors and patterns that lead to substance-use disorder.

On January 10, 2018, Governor Wolf took bold action of issuing a Proclamation of Disaster Emergency for the opioid crisis. Under the emergency declaration, the department is operating in close partnership through the Opioid Command Center with 17 state agencies, commissions and row offices, including: the Pennsylvania Emergency Management Agency; Pennsylvania State Police; Pennsylvania Commission on Crime and Delinquency; Office of the State Fire Commissioner; Board of Probation and Parole; Office of the Attorney General; as well as the departments of Drug and Alcohol Programs, Human Services, Corrections, State, Aging, Education, Military and Veteran Affairs, Labor and Industry and Insurance in a coordinated effort to confront this epidemic head on.

I am very pleased to report that efforts in what I refer to as Opioid Stewardship have begun to produce outstanding results. Opioid Stewardship is the prescription, dispensing and use of opioids in a safe, appropriate and responsible manner. We have worked with the medical schools in the commonwealth to develop new curricula for the prescription of narcotic pain killers, and with the Pennsylvania Medical Society on continuing medical education on the same topic for physicians, which, through the legislature's help, was bolstered through the passage of Acts 122, 124 and 125 of 2016.

We launched the Achieving Better Care by Monitoring All Prescriptions (ABC-MAP) Prescription Drug Monitoring Program (PDMP) system on August 25, 2016, on a voluntary basis for the licensed prescribers, dispensers and their delegates to start querying the system for their patients. In January 2017, the system became mandatory for all prescribers and dispensers.

Since the launch, as of June 30, 2018, there are over 90,000 registered users of the PDMP system who conduct 1.6 million patient searches each month. Some of the success stories after the launch are:

- Multiple provider episodes , where patients commonly referred to as 'doctor shoppers' were going to 10+ prescribers and 10+ pharmacies in three months for Schedule II, III and IV controlled substances, were completely eliminated,
- Number of patients who went to 5+ prescribers and 5+ pharmacies in three months for Schedule II controlled substances decreased by 89%,
- Number of individuals that received prescriptions for pain killers with a morphine milligram equivalent (MME) greater than 90 MME/day decreased by 25.61%, and
- Number of Opioids (all schedules) – excluding buprenorphine decreased by 21.15% in Pennsylvania.

With the new amendments that went into effect on January 1, 2017, the PDMP office has continued to conduct outreach communications to the pharmacies, health care entities, medical professional societies, prescribers, dispensers and state licensing boards to educate them about the new data submission and query requirements and to provide various resources and tools that can help them make sound clinical decisions.

The program office developed an education workgroup and through a university collaboration, created seven educational modules for prescribers and dispensers. This education is available to the prescribers for free either via face-to-face sessions or online through TRAIN PA. Since the

launch of this initiative, over 1,600 health care providers have been educated and over 1,700 health care providers have used online training.

A critical part of the “treatment” phase of our opioid strategy is to immediately get a person who has suffered an overdose into a treatment program. Our department is continuing to work with the Department of Drug and Alcohol Programs to further develop and implement the “warm hand-off” process, whereby overdose survivors are taken directly from the emergency department to a licensed drug-treatment provider. So far, this process has been aided greatly by the Department of Human Services and its Centers of Excellence that were established in 2016.

Following the success of last year, we will join the Department of Drug and Alcohol Programs (DDAP) in holding eight Warm Handoff Summits in March and April of 2019. These summits will feature practical examples of proven warm hand-off tools and pathways, networking and data sharing.

An important part of this warm hand-off initiative is the Pennsylvania Coordinated Medication Assisted Treatment, or (PacMAT), program. The PacMAT initiative expands access to medication-assisted treatment to uninsured, underinsured and privately insured patients who are suffering from opioid-use disorder. Organizations receive funding to assist them in building a hub and spoke model of medication assisted therapy (MAT) services. The hub is a centralized addiction specialist physician led team that provides support and other services to the spokes. The spokes are made up of primary care practices that provide MAT to patients in their community. The first round of grantees included Allegheny Health Network, Geisinger Clinic, Pennsylvania State University College of Medicine and WellSpan Health. In 2018, the program was expanded with the addition of Temple University Health Systems, UPMC Pinnacle in Harrisburg, UPMC Center for High Value Healthcare and The Wright Center in Scranton.

Additional initiatives include:

- Development and implementation of real-time surveillance for neonatal abstinence syndrome (NAS) among birthing facilities.
- On-boarding 44 county coroners and medical examiners to provide overdose death data in a rapid manner to the department.
- Improving NAS and non-fatal opioid overdose surveillance.
- Improving fatal overdose reporting.
- Launching Data Dashboard 2.0 in partnership with the University of Pittsburgh Graduate School of Public Health, utilizing grant funding from the Aetna Foundation.
- Collaborating with Bloomberg Philanthropies and Vital Strategies on efforts to combat the opioid epidemic.

The department has achieved great success in securing federal funds to assist our efforts.

- The commonwealth received a second year of funding of \$26 million under the federal 21st Century CURES program. This funding is used to support the department and DDAP's efforts in PDMP, education, warm hand off and many other areas.
- The department secured three Centers for Disease Control and Prevention (CDC) grants that end in August 2019 for implementation of prescription drug overdose prevention strategies, electronic medical record and pharmacy systems integration, and fatal and non-fatal opioid surveillance in Pennsylvania.
- The department secured a one-year supplemental grant from CDC for medical examiners and coroners to conduct rapid opioid surveillance.
- Additionally, the department secured two Bureau of Justice Assistance (BJA) federal grants to enhance the current features of the PDMP system and increase compliance as well as plan, develop and implement an infrastructure that will allow coroners and medical examiners to share death data seamlessly.

In April of 2016, we stood with Governor Wolf as he signed Act 16 into law, creating Pennsylvania's medical marijuana program. We now have a high quality, efficient and compliant program in Pennsylvania, providing patient access to medical marijuana through a safe and effective method of delivery. More than 116,000 patients have registered for medical marijuana and greater than 83,000 have already been seen and certified by a medical doctor. We have nearly 1,500 physicians registered, and over 1,000 have completed the required training to become approved practitioners in our program.

Through two phases, we have granted all 25 grower /processor and 50 dispensary permits in the commercial segment. Of those issued permits we have operationalized 12 grower/processors and 45 dispensary locations while continuing to work with others to become operational. I am pleased to report that on February 15, 2018, medical marijuana became available to patients at dispensaries across the Commonwealth. To date, almost 600,000 doses have been dispensed resulting in \$132 million in gross sales. The commonwealth recorded \$2.1 million in tax revenue from grower/processors.

In May 2018, the Medical Marijuana Advisory Board completed its report of the program and made 21 recommendations, including the addition of four medical conditions to our approved list and the addition of dry leaf as an approved form of medication. I approved all of the Board's recommendations to ensure we have a program that meets our patients' needs.

Currently, there are twenty-one (21) approved serious medical conditions for which practitioners may now certify patients to use medical marijuana. These include conditions such as Opioid Use Disorder (OUD), giving those suffering with OUD another treatment option, and severe chronic or intractable pain, a condition accounting for the vast majority of practitioner-issued certifications. This is particularly noteworthy during a time when both physicians and patients are seeking alternatives to opioid-based medications.

As part of Pennsylvania's medical marijuana research program (under the 2018 amendments to the Medical Marijuana Act), we certified eight Commonwealth medical schools as

Academic Clinical Research Centers, opening the door to medical marijuana clinical research within Pennsylvania. This is particularly vital because medical marijuana research is limited by the federal government. This research component sets Pennsylvania apart from the rest of the nation and allows Pennsylvania's premiere medical schools to shape future treatment protocols for patients, not just in Pennsylvania, but across the nation. A second round of applications for the medical marijuana research initiative will open on March 7th.

For reference the eight medical schools certified as Academic Clinical Research Centers are:

- Drexel University College of Medicine, Philadelphia;
- Lewis Katz School of Medicine at Temple University, Philadelphia;
- Penn State College of Medicine, Hershey;
- Sidney Kimmel Medical College at Thomas Jefferson University, Philadelphia;
- The Perelman School of Medicine at the University of Pennsylvania, Philadelphia;
- University of Pittsburgh School of Medicine, Pittsburgh;
- Lake Erie College of Osteopathic Medicine-Erie (LECOM); and
- Philadelphia College of Osteopathic Medicine, Philadelphia.

I sincerely thank you, because with your help and input we have launched an industry which meets the medical and therapeutic needs of our citizens with serious medical conditions, while supporting economic development and job growth within our communities. Our innovation in implementation, management and research is keeping Pennsylvania on track to be a true leader and trusted adviser in the medical marijuana field.

Another important initiative of Governor Wolf's is Lyme disease prevention. Lyme disease affects thousands of Pennsylvanians each year. In 2017, Pennsylvania reported 11,900 confirmed and probable cases, with a corresponding incidence rate of 93 cases per 100,000 population. Pennsylvania is among the top 10 states in the U.S. with respect to both total cases and incidence rate. The incidence of Lyme disease varies by location, season and year. Multiple factors can impact Lyme incidence, including changes in weather patterns, migration of tick populations, fluctuations in population of animals that ticks feed on, and movement of people into suburban and rural areas where they are more likely to be exposed to ticks.

Lyme disease is endemic to Pennsylvania and prevention is our primary tool to protect our citizens. The 2019-20 executive budget continues funding to address Lyme and other tick-borne diseases at the same level. This funding will dedicate resources to our surveillance efforts to help us target resources and educate residents on prevention. An interagency workgroup is dedicated to improving surveillance, education and prevention. The department is implementing activities in line with the recommendations from the Lyme Disease workgroup. We continue to conduct human surveillance for Lyme disease. Alternate surveillance methods will be explored so that the most accurate information can be collected in a sustainable and efficient manner. Summary Lyme reports are and will continue to be available on the department's website. Citizens can also create custom reports using the online tool, EDDIE. The department will collect information regarding knowledge about Lyme Disease, risk factors, and prevention methods among a sample of Pennsylvanians with confirmed or probable Lyme disease.

Continuing the Wolf Administration's focus on health care in less populated areas of the commonwealth, we have noted that since 1990, health outcomes in rural communities across

America have deteriorated. While people living in urban areas have experienced better health outcomes and improved access to care, those in rural areas face ongoing health challenges.

I am pleased to say that the Wolf Administration developed the Pennsylvania Rural Health Model to transform how rural hospitals serve their communities while helping them to remain financially viable. We are continuing with this vital project, working with rural hospitals and insurance companies alike to bring this essential project to fruition.

This year, the department was able to coordinate the sign-up of hospitals and payers for participation in the Pennsylvania Rural Health Model. Participating hospitals began to be paid via the global budget in January 2019. In the last legislative session, The legislature showed interest in this program by passing legislation in the Senate and introducing it in the House of Representatives. We very much appreciate the support of the General Assembly in this effort. The goals of this new rural health model are to improve the quality of locally-delivered care, improve population health, and enable rural hospitals to move toward greater financial sustainability through an all-payer global budget model. We believe that the Pennsylvania Rural Health Redesign Center will help the incredibly committed rural health care leaders and health care workers improve the overall health of their communities.

Similarly, there is a pressing need for renewed efforts in the area of maternal health. There is an alarming rate of maternal deaths in Pennsylvania as well as across the nation. More specifically, maternal mortality is more prevalent in minority populations and we need to understand why. The Maternal Mortality Review Committee was created to review maternal deaths, identify root causes of preventable deaths, and make recommendations to prevent future maternal deaths. This committee is a result of Act 24 signed into law by the Governor in May 2018. We will continue to convene this committee with the goal of reversing the trend of maternal mortality in Pennsylvania.

Other child and maternal health initiatives include a plan to collaborate with the Department of Human Services on the Perinatal Quality Collaborative to develop a statewide network to improve the quality of care for mothers and babies. Initially, it will focus on pregnant women with opioid use disorder. Additionally, we will continue to support universal childhood lead testing legislation that would require the health care provider make reasonable efforts to ensure children are tested between nine and 12 months and again at age two.

In addition to lead contamination, environmental issues and their resulting health concerns have become increasingly complex over the last decade, challenging our capacity to respond. responsive monitoring and oversight of environmental contaminants received \$1.4 million to provide staffing and expertise for environmental health related investigation and response, which includes 10 positions. This will allow the department to address existing and emerging environmental health issues and recommend steps to reduce their impact.

I would like to touch on our efforts in emergency preparedness. We are working on increasing environmental health response capabilities, particularly around nuclear and radiological incidents. Additionally, we continue our support of a Public Health Emergency Declaration

legislation to give the Governor and the Health Secretary the authority to declare a public health emergency for increments of 90 days. This legislation will allow state agencies to nimbly respond to outbreaks of disease and other sudden health crises in order to protect the public. We continue to develop internal response capability by rostering emergency response teams for different functions such as shelter medical teams and epidemiological response teams.

One of the most important roles of the department is the issuance of vital records. Some Pennsylvanians continue to wait an unacceptable period of time for these documents, so they can go on vacation, enroll in school, get health insurance, or close out the affairs of a loved one who has passed. I am happy to report that the \$2.35 million investment that the General Assembly made through the 2018-2019 budget has resulted in significant improvements to the process and has greatly reduced our processing times. We have reduced average historical processing time for on-line orders by seven weeks and reduced the average processing time of clean mail order birth certificate requests by 20 weeks. General processing times do not include those applications that require resolution to issues such as inaccurate payment, lack of signature, ineligibility or suspected fraud.

Approximately 40 percent of online orders are processed within one business day of receipt. The remaining records require manual intervention. The processing times to fulfill request for birth certificates that require amendment/corrections is as follows: Newborns to 6 months – 1 week; regular corrections (children and adult) – 10 weeks; and adoptions – 3 weeks. New workflows in this area are expected to result in 2 to 3-week processing times by the end of the first quarter of 2019.

Orders received in person are generally processed same day if the order is received by 2:30 pm. Otherwise, processing is next day if the customer requests to pick up the order. The processing time for all birth certificate orders, except those that involve amendments/corrections or having issues, is one week or less. The processing times for death certificates are generally one to four weeks.

Thank you again for your time today. I look forward to continuing to work with you on these important health matters and would be happy to take any questions at this time.