

COMMONWEALTH OF PENNSYLVANIA  
HOUSE OF REPRESENTATIVES  
APPROPRIATIONS COMMITTEE HEARING  
BUDGET HEARING

STATE CAPITOL  
MAJORITY CAUCUS ROOM  
HARRISBURG, PENNSYLVANIA

WEDNESDAY, FEBRUARY 20, 2008, 11:30 A.M.

VOLUME III OF VI

PRESENTATION BY DEPARTMENT OF HEALTH

BEFORE:

HONORABLE DWIGHT EVANS, CHAIRMAN  
HONORABLE MARIO J. CIVERA, JR., CHAIRMAN  
HONORABLE STEPHEN E. BARRAR  
HONORABLE STEVEN W. CAPPELLI  
HONORABLE H. SCOTT CONKLIN  
HONORABLE BRIAN ELLIS  
HONORABLE DAN B. FRANKEL  
HONORABLE JOHN T. GALLOWAY  
HONORABLE WILLIAM F. KELLER  
HONORABLE BRYAN R. LENTZ  
HONORABLE TIM MAHONEY  
HONORABLE KATHY M. MANDERINO  
HONORABLE MICHAEL P. MCGEEHAN  
HONORABLE RON MILLER  
HONORABLE JOHN MYERS  
HONORABLE CHERELLE PARKER  
HONORABLE SCOTT A. PETRI  
HONORABLE DAVE REED  
HONORABLE DOUGLAS G. REICHLEY  
HONORABLE DANTE SANTONI, JR.

1 BEFORE: (cont'd.)  
2 HONORABLE MARIO M. SCAVELLO  
3 HONORABLE JOSHUA D. SHAPIRO  
4 HONORABLE JOHN SIPTROTH  
5 HONORABLE DON WALKO  
6 HONORABLE JAKE WHEATLEY, JR.

7  
8 ALSO PRESENT:  
9 MIRIAM FOX  
10 EDWARD NOLAN

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JEAN M. DAVIS, REPORTER  
NOTARY PUBLIC

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NAME	PAGE
SECRETARY CALVIN B. JOHNSON, M.D., M.P.H.	4

1           CHAIRMAN EVANS: I would like to reconvene  
2 the House Appropriations Committee.

3           We now have the Secretary of Health that is  
4 before the House Appropriations Committee.

5           Mr. Secretary, would you like to introduce  
6 the people with you?

7           SECRETARY JOHNSON: Yes, sir, Mr. Chairman.

8           To my left, Mr. Chairman, is Terri Matio, who  
9 is our Bureau Director for Administrative and  
10 Financial Services in the department, and he handles  
11 our budget. And to my right is Brian Ebersole, who  
12 is my special assistant.

13           CHAIRMAN EVANS: We also have with us, in  
14 partner with this committee, the Chairperson of the  
15 Aging and Youth Committee. That is Chairperson  
16 Phyllis Mundy, as well as Chairperson Tim Hennessey.  
17 They are the chairs -- one is the Republican chair  
18 and the other one is the chair of the Aging and Youth  
19 Committee. They have been joining us this day on  
20 Aging as well as with Health. So they will be  
21 joining us in the questioning.

22           What I would like to start off with is the  
23 issue around the primary-care access, which is  
24 connected to the Governor's health initiative. Can  
25 you talk a little bit about that particular

1 initiative?

2 SECRETARY JOHNSON: Yes, sir, Mr. Chairman,  
3 and thank you, as always, for this opportunity to  
4 come before you.

5 The primary care, and starting with  
6 primary-care access, which is something that is very  
7 close to my heart as a pediatrician, the primary-care  
8 access is a part of the Governor's Prescription for  
9 Pennsylvania, and health-care-reform initiatives is  
10 something that was funded by the Legislature to get  
11 it started last year and is in the Governor's  
12 proposal again this year.

13 It consists of a number of items. One is a  
14 broadening of mobile access to primary care, using  
15 mobile wellness clinics. It has a focus on the  
16 preventive aspects of health care, which is so  
17 crucial to, one, ensuring and maintaining a healthy  
18 population, and two, to controlling costs and rising  
19 costs of health care, being proactive and getting in  
20 front of illness. Two of those awards have been  
21 awarded from last year's budget, and they will be in  
22 western Pennsylvania and in southwestern  
23 Pennsylvania.

24 And it also consists of a component of  
25 increasing access to freestanding and stationary

1 health-care centers, such as federally qualified  
2 health-care centers and nurse-managed health-care  
3 centers, an opportunity to, again, expand and broaden  
4 the provider reach to folks who in the past  
5 traditionally have not had the same access to health  
6 care.

7           So we are going beyond having just  
8 primary-care physicians in some of these areas where  
9 we have physician shortages and including access to  
10 nurse-managed health-care centers, and again,  
11 federally qualified health-care centers.

12           Another piece of that focuses on this issue  
13 that we have heard about for so long and comes in  
14 cycles, this issue of the shortage of nurses and  
15 clinically-trained nurses, and so we are looking to  
16 increase the pipeline of that as well.

17           And then another piece focuses on the rural  
18 health-care side of things, again, providing greater  
19 access in parts of the Commonwealth that we know have  
20 decreased access to certain health-care sites and  
21 certain health-care services.

22           CHAIRMAN EVANS: Thank you.

23           I'm going to go to the chair of the Aging and  
24 Youth Committee, Chairperson Phyllis Mundy.

25           REPRESENTATIVE MUNDY: Thank you, Mr.

1 Chairman. I appreciate the opportunity to ask  
2 questions today.

3 Good morning, Mr. Secretary.

4 SECRETARY JOHNSON: Good morning,  
5 Representative.

6 REPRESENTATIVE MUNDY: It's nice to see you.

7 I wanted to ask about the Governor's budget  
8 address in which he indicated that he was going to  
9 cut department budgets by \$100 million, and while,  
10 you know, we all support the notion of less  
11 government if there's fat and waste in government, my  
12 concern would be around nursing-home inspections, and  
13 would that cut in your department's complement have  
14 an impact on nursing-home inspections?

15 SECRETARY JOHNSON: Representative, you are  
16 correct that the Governor indicated that he has asked  
17 departments across the Commonwealth to cumulatively  
18 address a \$100 million decrease, and the Department  
19 of Health, obviously, is a part of that. We are  
20 mainly a relatively small part of that in terms of  
21 those cuts.

22 We actually show about an 8 1/2-percent  
23 reduction in our budget. We have been able to do  
24 that by contracting -- constricting, not contracting  
25 out, but contracting in the constricting sense -- a

1 lot of our administrative pieces.

2 As far as our quality assurance role, there  
3 actually in this year has not been, we have been able  
4 to maintain the level funding and actually increase  
5 it slightly for our quality assurance functions.

6 So we do not anticipate any difficulty in  
7 meeting our statutory responsibility and role in  
8 assuring the quality of care and safety of care for  
9 those Pennsylvania residents in nursing homes and  
10 hospital care and certainly other long-term-care  
11 situations and settings. So we are very diligent  
12 about that.

13 REPRESENTATIVE MUNDY: The only follow-up I  
14 would have to that issue is at our November 13  
15 hearing of the Aging and Older Adult Services  
16 Committee regarding the Carlyle Group's acquisition  
17 of Manor Care, your staff indicated that there would  
18 be monitoring of the conditions in the nursing homes  
19 that were being acquired, because obviously the  
20 concern is that in order to make money, there would  
21 need to be staff reductions, which would impact  
22 negatively on those nursing-home residents who depend  
23 on that quality of care.

24 So I'm truly hoping that your complement is  
25 not going to be reduced with regard to quality



1 assurance and especially nursing-home inspections.  
2 Those people are extremely vulnerable, and they rely  
3 on us to protect them.

4 So thank you, Mr. Secretary.

5 SECRETARY JOHNSON: Absolutely,  
6 Representative.

7 And let me just add that with the Governor's  
8 proposed budget, the complement in our quality  
9 assurance will be maintained so that we can carry out  
10 those.

11 And I just want to report to you, since I  
12 have this opportunity, that of those 46 facilities  
13 that were involved in that transaction, we have  
14 completed on-site inspections of 36 of them.

15 REPRESENTATIVE MUNDY: Well, the inspection  
16 next year after this really kicks in and really gets  
17 going is going to be critical.

18 SECRETARY JOHNSON: Absolutely. Looking  
19 forward and maintaining that level of monitoring is  
20 absolutely essential. Thank you.

21 REPRESENTATIVE MUNDY: Thank you.

22 CHAIRMAN EVANS: Representative Scott Petri.

23 REPRESENTATIVE PETRI: Thank you, Mr.  
24 Chairman.

25 Thank you, Mr. Secretary, for appearing

1 today.

2 I want to follow up a little bit. You did  
3 mention an 8 1/2-percent cut in the department, but  
4 in fairness, the GGO line item is actually going up  
5 5.3 percent, correct? Or is proposed to anyway.

6 So the general staffing is an increase, and  
7 the only way you really get to an 8.5-percent  
8 decrease in your budget is by cutting 60 percent of  
9 the antiviral stockpile; regional cancer institute,  
10 16.67; renal-health dialysis, a 31-percent cut;  
11 arthritis outreach, an 18-percent cut; sickle cell,  
12 19 percent; lupus, 9 percent, and just on and on  
13 and on. The way you do it, the way you get to an  
14 8 1/2-percent cut is you cut a lot of health programs  
15 out. Isn't that true?

16 SECRETARY JOHNSON: That's not completely  
17 accurate, Representative, and let me clarify a couple  
18 of those pieces.

19 For example, with the antiviral stockpile  
20 that you mentioned, and you remember that I came  
21 before you last year making a budget request of about  
22 \$14 million for that, and this year we made a budget  
23 request of \$5 million to ensure that Pennsylvania has  
24 the adequate supply of antivirals in the event of a  
25 potential pandemic.

1           Now, the reductions that you see actually in  
2 that are reductions that are a result of us taking  
3 advantage of Federal discounts for the purchase of  
4 those. So it's really not a cut in anything that was  
5 put before the Legislature before in terms of  
6 antiviral purchases, but the quantity remains the  
7 same, and our ability to cover Pennsylvania's  
8 population remains the same.

9           As far as the renal program, the end-stage  
10 Renal Disease Program, the savings that we are able  
11 to realize there that contributed significantly to  
12 that 8 1/2 percent I mentioned actually came from  
13 savings that were realized through Medicare Part D  
14 and the shifting of a lot of pharmaceuticals.

15           In fact, as you probably recall, the largest  
16 part of that appropriation actually goes to  
17 pharmaceutical medications for end-stage renal  
18 disease patients. That's a heavy burden for any  
19 patient to carry and that's a heavy burden for any  
20 payer to carry, and so we have been able to realize  
21 significant reductions in that as well.

22           The other pieces that you mentioned certainly  
23 have been reductions that have gone back to  
24 previous-year levels of funding for many of those  
25 programs.

1           And I do want to let you know, Representative  
2 Petri, that we are constantly in contact with all of  
3 those programs that we support to gauge whether and  
4 how any kind of changes in funding are affecting  
5 them, and so we are very diligent about that.

6           REPRESENTATIVE PETRI: Well, that, I guess,  
7 begs the question then, since you have been in  
8 contact with them, do you support all those cuts that  
9 we talked about, whether it's hemophilia, lupus,  
10 sickle cell, hepatitis, trauma, et cetera? Would you  
11 support those as being prudent at this time?

12           SECRETARY JOHNSON: I think that this budget  
13 that the Governor has put forward is a budget that  
14 preserves in many ways the level of service that we  
15 have provided and can provide to Pennsylvanians, that  
16 allows us to focus on our mission of prevention and  
17 protection of the public's health and also allows us  
18 to continue to operate and function and put efforts  
19 toward those kinds of vital investments in the future  
20 of the people of the Commonwealth from an economic,  
21 from a health perspective, and an overall growth  
22 perspective.

23           So it's a budget that we certainly support  
24 and that, moving forward, we believe continues to  
25 protect the health of Pennsylvanians.

1           REPRESENTATIVE PETRI: Last year, there was a  
2 Fiscal Code bill that changed the way certain  
3 services were provided for prevention and cessation  
4 money in the counties, where 49 primary contractors  
5 were consolidated into 8 new regional prime  
6 contractors.

7           If you could provide a list to the Chairman  
8 of this committee of the prorations for '06-07 and  
9 the projected prorations for '07 and '08 so that we  
10 can see which counties are impacted, that would be  
11 appreciated.

12           SECRETARY JOHNSON: Sure.

13           REPRESENTATIVE PETRI: But I want your  
14 comment generally on, what do you think the impact  
15 has been at the local level of these changes on small  
16 community-based programs?

17           SECRETARY JOHNSON: Well, it's really hard to  
18 know at this point.

19           As you recall from last year, that what was a  
20 reworking of our mechanism for distributing those  
21 funds to try and make it more uniform and more  
22 standardized in terms of the prevention efforts and  
23 programs that we put forward, that allowed us to  
24 improve the quality of the kind of prevention efforts  
25 we put forward and also allowed us to better monitor

1 and evaluate the effect of those programs, it was  
2 modified along the way in the process and ultimately  
3 ended up a little different than we had originally  
4 put forward, that preserved funding for certain areas  
5 of the Commonwealth in specific programs.

6 It's too early to tell at this point really  
7 what kind of impact. I mean, we are not even a full  
8 year actually into that. It's a little early to tell  
9 at this point, but we would be happy to provide you  
10 with that information, and we will watch closely to  
11 let you know what we believe is the ultimate impact  
12 for that.

13 REPRESENTATIVE PETRI: The last area of  
14 questioning.

15 I have a number of letters, including one  
16 from one of my colleagues in Bucks County, Gene  
17 DiGirolamo, addressed to the Department of Health,  
18 and one from Chairman Kenney with a list of other  
19 people that are in opposition to the new Health  
20 Department proposed regulations on confidentiality of  
21 drug and alcohol patient records.

22 I don't have a response from the Department  
23 of Health. Perhaps there is one. But what is your  
24 position with regard to these new proposed  
25 regulations in light of the significant opposition,

1 which includes counties, the Pennsylvania Bar  
2 Association, a number of Representatives, a number of  
3 Senators, most of the providers like Livingrin and  
4 other people who provide treatment. Do we have a  
5 response forthcoming?

6 SECRETARY JOHNSON: You absolutely do have a  
7 response forthcoming, but what you probably don't  
8 have in front of you are some of the responses  
9 supporting the move, which is actually not a new  
10 regulation but an amendment to an existing regulation  
11 around confidentiality.

12 There's no question about it that this is an  
13 issue that for some time has been a very concerning,  
14 a very emotional, a very real, and a very contentious  
15 issue in terms of ensuring that patients have the  
16 appropriate protections and clients who are receiving  
17 drug and alcohol treatment in many different forms  
18 have the appropriate protections of their personal  
19 information and their medical information.

20 But it also is an issue of their ability to  
21 continue to receive those services and have them in  
22 fact reimbursed in a fair way that does not violate  
23 their rights and does not violate their  
24 confidentiality.

25 So the Administration had concerns that the

1 current regulations limited the ability for that to  
2 happen, and so in this amendment, and obviously I  
3 can't go into the detail of it now, but this process  
4 is taking place, as all regulatory changes do that  
5 involve the public input and the public hearing of  
6 the issues.

7           These regulations still protect, this  
8 amendment to these regulations still very much  
9 protects the patient's confidentiality, because no  
10 information can go anywhere without a patient's  
11 consent.

12           But all that is to say, again, I can't go  
13 into all of it right now for time purposes, but I'm  
14 well aware of all of the concern and the opposition  
15 that has been expressed to it, and the process  
16 continues where all of this will be vetted and fully  
17 vetted, sir.

18           REPRESENTATIVE PETRI: Thank you very much.

19           CHAIRMAN EVANS: Representative Dave Reed.

20           REPRESENTATIVE REED: Thank you, Mr.

21 Chairman, and thank you, Mr. Secretary, for appearing  
22 before the committee today.

23           I want to hit upon a couple of the areas of  
24 the Prescription for Pennsylvania program that have  
25 already been appropriated for in the '07-08 budget



1 process.

2 In the current budget year, we appropriated  
3 about \$2 million for the health-care-associated  
4 infections program. It is my understanding that that  
5 \$2 million was to be used for 28 positions associated  
6 with that program.

7 According to the most recent complement  
8 report, where we are told the up-to-date expenditure  
9 levels of those line items, we see that only two  
10 positions have been filled so far. Do you anticipate  
11 those other 26 positions being filled before the end  
12 of the fiscal year, and if not, would we lapse those  
13 funds into the next fiscal year?

14 SECRETARY JOHNSON: I anticipate a number of  
15 those positions being filled.

16 As you know, the legislation required certain  
17 milestones to be met or deadlines to be met by  
18 institutions, the first one of which was December 31  
19 of last year, where infection control plans had to be  
20 submitted to the department and the review of those  
21 plans and then subsequent reporting February 14 to  
22 the National Health Information database. So there  
23 is a ramping-up process involved in all this.

24 So certainly it would not be prudent and was  
25 not feasible to, and I don't even think possible in

1 the Commonwealth, to hire 28 en masse like that. But  
2 we continue with moving forward with the hiring of  
3 that staff and our ability to meet the needs and  
4 monitor the hospital-acquired infections, as well as  
5 the operational aspects of it.

6 REPRESENTATIVE REED: When we look at the  
7 proposed budget proposal for '08-09, we see that the  
8 Governor is requesting a 32-percent increase in that  
9 appropriation, from \$2 million to \$2.644 million, and  
10 given the fact that we have 26 of those positions  
11 currently unfulfilled, could you explain just a  
12 little bit of the wisdom behind increasing that line  
13 item when we haven't spent most of that money to  
14 begin with?

15 It would almost seem as though we are  
16 increasing the salary range for positions that have  
17 never been hired as of yet. Should we not spend that  
18 initial \$2 million and then come back at a later date  
19 and look at a possible increase in that line item?

20 SECRETARY JOHNSON: Let me just add one brief  
21 update, and that is that six positions are currently  
22 filled.

23 REPRESENTATIVE REED: Okay, six.

24 SECRETARY JOHNSON: And actually -- yes --  
25 and actually positions are being filled, you know,

1 almost weekly and monthly as we move forward.

2 The funding that you see actually goes to  
3 essentially provide salary and benefits for those  
4 that we anticipate being hired.

5 If we were not to include some level of  
6 proactive thinking and budget planning for hiring  
7 throughout the year, we could find ourselves in the  
8 position, which is exactly where we cannot afford to  
9 be, in having this program, this vital program, where  
10 Pennsylvania is a national leader in monitoring and  
11 preventing health-care-associated infections and not  
12 be able to manage that program, of having  
13 insufficient resources and insufficient staff.

14 This is a program that, as I said, is a  
15 ramping-up process, but when it is up in full swing,  
16 it is going to be a very active and very vibrant  
17 program that is going to require a lot of monitoring  
18 and a lot of staff support to do that.

19 So part of what you are seeing is our best  
20 judgment in terms of anticipating the needs as we  
21 build the program going forward.

22 REPRESENTATIVE REED: Okay. So what you are  
23 telling me is that 32-percent increase is going to  
24 represent a change in the entry salary for those  
25 positions. If they were hired last year, you had one

1 increased salary; if they are hired in the next  
2 fiscal year you are looking at, I guess you are  
3 anticipating an increase to remain competitive in  
4 those salaries and benefits.

5 SECRETARY JOHNSON: Well, certainly the  
6 increased cost of providing benefits, which is  
7 something that certainly we have no control over.

8 REPRESENTATIVE REED: Okay.

9 My second question deals with, again under  
10 the Prescription for Pennsylvania, the Primary Care  
11 Access Program, and from the most recent report, we  
12 see that the original \$2.9 billion that was  
13 appropriated last year for that program, about  
14 \$960,000, \$100,000 has been committed but nothing had  
15 been actually spent.

16 Have any of those dollars been spent so far,  
17 and if not, under those committed funds, what have  
18 those funds been committed for?

19 SECRETARY JOHNSON: Representative, I thought  
20 I heard you say \$2.9 billion---

21 REPRESENTATIVE REED: \$2.9 million; I am  
22 sorry.

23 SECRETARY JOHNSON: You got me very excited  
24 for just a moment there, and I was going to leave you  
25 alone if that's the case, because I won't ask for any

1 more.

2 But some of those dollars actually, yes, have  
3 been committed. I mentioned the funding for two out  
4 of the three mobile wellness clinics that were  
5 proposed as a part of that.

6 There has also been, I mentioned funding for  
7 five FQHCs, or nurse-managed care centers. One of  
8 those has been funded, and these have all been  
9 through an RFA process, a competitive bidding  
10 process, which, as you know under our procurement  
11 rules in the Commonwealth, can also take some time.

12 And then there has also been an expenditure  
13 on -- on at least one other program that is not in  
14 front of me right now.

15 REPRESENTATIVE REED: Okay.

16 SECRETARY JOHNSON: I'm sorry. So some of  
17 those funds have been expended. We will follow up  
18 with you to make sure that you have a delineation of  
19 the amount of funds that have been expended.

20 REPRESENTATIVE REED: Do you anticipate any  
21 of those funds lapsing into the next fiscal year?

22 SECRETARY JOHNSON: I doubt it.

23 REPRESENTATIVE REED: Okay.

24 SECRETARY JOHNSON: I doubt it.

25 I mean, again, the RFA process goes forward.

1 One the RFAs are awarded, those funds can be, in many  
2 instances, significantly put up front, and not also  
3 just all buildings. So I think that we can probably  
4 get most of those out the door.

5 REPRESENTATIVE REED: Okay. One final  
6 question.

7 SECRETARY JOHNSON: Yes, sir.

8 REPRESENTATIVE REED: Could you just give me  
9 a brief explanation of how the new Primary Care  
10 Access Program differs from the Primary Health Care  
11 Practitioner Program?

12 SECRETARY JOHNSON: Just in layman's terms?

13 REPRESENTATIVE REED: It's broader?

14 SECRETARY JOHNSON: It's broader. It  
15 includes pieces that aren't part of the Primary  
16 Health Care Practitioner Program.

17 The Primary Health Care Practitioner Program  
18 primarily seeks to put health-care practitioners in  
19 areas where there is significant need.

20 This, the Primary Care Access Program, goes  
21 beyond just the placing of practitioners but also  
22 speaks to infrastructure as well, and that is when I  
23 talked about those kinds of clinics, the mobile  
24 clinics. And it also speaks to, I'm thinking into  
25 the longer term in the future, of how we improve the

1 pipeline of practitioners that are available.

2           So it is really an enhancement upon what we  
3 already had, have had for some time in the  
4 department. And then we actually have been  
5 successful with them. We have a history to show that  
6 placements do improve access, and this just builds on  
7 that and makes it even better.

8           REPRESENTATIVE REED: Okay. Thank you, Mr.  
9 Secretary.

10           CHAIRMAN EVANS: Representative Cherelle  
11 Parker.

12           REPRESENTATIVE PARKER: Mr. Chairman, no  
13 gavel will be needed this time, not for the Health  
14 Department.

15           Good afternoon, Mr. Secretary. Thank you for  
16 being here.

17           A few questions, and I'm sure the first one,  
18 coming from the Philadelphia region, is not a  
19 surprise to you. It's about the challenge that many  
20 of our hospitals are facing as it relates to the  
21 obstetric units closing.

22           And I just wanted to know, you know, what are  
23 we doing for those hospitals that are actually  
24 squeezed, since we are having closings surrounding  
25 them and they are increasing their volume?

1           And two, are we requiring that hospitals  
2 notify the community at large or get some sort of  
3 community notification set into place prior to them  
4 actually closing a unit?

5           And three, I wanted to find out about  
6 requiring all hospitals to accept all insurance  
7 programs as it relates to a condition of their  
8 licensing. Is there anything or any regs that we can  
9 put into place, or are they already in place, that  
10 would ensure that Pennsylvanians, despite the types  
11 of insurance plans that they have, that they have  
12 access to the care that they need?

13           SECRETARY JOHNSON: Okay, Representative.  
14 I'm going to start with, I think, your second  
15 question first, and you may have to remind me along  
16 the way of the other questions.

17           But to start answering your second question,  
18 let me start by just saying and telling you what the  
19 department's role is from a statutory and regulatory  
20 perspective.

21           We are the ones, obviously as you indicated,  
22 the licensers of hospitals and services in these  
23 facilities, and so our role when an institution is  
24 closing or shutting down a service is to ensure that  
25 it is an orderly shutdown, and what that means is



1 that there is no abandonment of any patients, that  
2 steps have been taken and plans have been made to  
3 orderly transition those patients to alternative  
4 providers so that there will be no break in the  
5 continuity of care.

6 We require that, depending on the service or  
7 overall facility shutdown, 60 to 90 days' notice from  
8 the facility.

9 REPRESENTATIVE PARKER: What about the  
10 insurance plans?

11 SECRETARY JOHNSON: There is no regulatory  
12 authority that we have which we can use to require  
13 institutions to accept or reject any particular  
14 insurance coverage.

15 What we do have a role in and the authority  
16 to do is ensure that when an insurance contract is  
17 entered into, that the stipulations of that contract  
18 are met and upheld by the insurer so that the  
19 patient's rights are not violated and the patient  
20 gets what they are contracted to get in terms of  
21 service.

22 So we do not currently have any kind of  
23 authority to determine who or to delineate who in  
24 fact should be accepted as an insurer and who should  
25 not be by a facility.

1           And I'm sorry, the first question?

2           REPRESENTATIVE PARKER: The first one is, has  
3 the network of hospitals surrounding those units that  
4 have closed, the networks that are still available,  
5 has the department worked with them and then  
6 organized in a structured fashion to say, we believe  
7 that you will receive an increase in X amount of  
8 numbers as it relates to this unit, Chestnut Hill?  
9 For example, with Chestnut Hill closing, Einstein  
10 Hospital, you'll be receiving more patients. Or if  
11 it was then Fox Chase, well, in the northeast, this  
12 hospital will get more? What kind of coordinated  
13 approach are you using to make sure that those  
14 hospitals are prepared for the increased volume in  
15 terms of the number of women needing care?

16           SECRETARY JOHNSON: That's an excellent  
17 question and an important question, and we have  
18 worked with institutions in the past and we continue  
19 to work more and more with them as we see more of  
20 these issues developing.

21           For example, some of the issues that these  
22 institutions face who may be receiving the patients  
23 as a result of a closure of a service or a facility  
24 does fall in our jurisdiction in terms of bed  
25 capacity, for example, or a newborn nursery or NICU

1 capacity. And since we regulate and license the  
2 number of beds any particular NICU has, when a  
3 hospital knows that they will be getting an increase  
4 of births, perhaps an increase of some high-risk  
5 births where they may need to expand their NICU bed  
6 capacity, we work with them to try and address those  
7 issues.

8           And we want to continue to work with  
9 facilities. We recognize that this is a real  
10 significant issue. It's an issue around a payment  
11 and reimbursement structure. It's an issue around  
12 malpractice in insurance premiums, in some respect,  
13 and the disproportionate amount that obstetricians  
14 pay. With respect to that, that contributes to all  
15 of this, and we as an Administration recognize that.  
16 And, you know, beyond the department's role in  
17 ensuring the quality of care, we as an Administration  
18 certainly are looking at addressing this as a policy  
19 issue as well across departments and across agencies.

20           So that is part of the specific Department of  
21 Health's role, paying very close attention to it, but  
22 recognizing that there is a need to continue to go  
23 forward and support the institutions that are there  
24 and able to continue to serve the residents of the  
25 southeast.

1           And quite frankly, this isn't just a  
2 southeast problem. I know the southeast has  
3 experienced it first and foremost and is probably the  
4 hardest hit in many ways, but we are seeing these  
5 same kinds of challenges present themselves in other  
6 parts of the Commonwealth as well.

7           REPRESENTATIVE PARKER: Thank you.

8           My final question, Mr. Secretary, is in  
9 regard to breast cancer.

10           I want you to just give us an overview of, I  
11 believe it was in November of 2007, the Department of  
12 Health cancelled the RFAs in regard to breast-feeding  
13 initiation and its duration. Could you tell us like  
14 about why you cancelled the RFA, and what does that  
15 mean for our support for breast-feeding initiatives  
16 across the Commonwealth?

17           SECRETARY JOHNSON: Absolutely.

18           What you are referring to was an extremely  
19 difficult decision for me to make personally and  
20 certainly for my staff to be involved in as well, and  
21 what you are referring to is our decision to not fund  
22 a brand new program that we were starting, and an RFA  
23 that had gone out had not been decided upon; it had  
24 not been fully awarded. We pulled it back before any  
25 awards had been made, and we made that decision for a

1 couple of reasons.

2 One, to ensure that we weren't getting ahead  
3 of ourselves in terms of aligning and ensuring that  
4 we have our priorities and our programs aligned in a  
5 way that is most supportive and complimentary to  
6 existing programs in an environment where, I mean,  
7 the reason that we are here today talking about very  
8 difficult budgetary issues and knowing that we would  
9 have limited funding to do all the wonderful things  
10 that we want to do. And so kind of putting the  
11 brakes on that and ensuring that our priorities are  
12 aligned.

13 Part of the reason I made the decision to  
14 pull that one was because it was a program that had  
15 not yet begun, and so there would be no services to  
16 any individuals that we would be pulling.

17 Now, you asked about our commitment to  
18 breast-feeding overall in the Commonwealth, and I  
19 want to assure you that I personally, as a  
20 pediatrician and here professionally as the Secretary  
21 of Health in this department, I have a very strong  
22 commitment to supporting and encouraging and  
23 promoting breast-feeding among Pennsylvania mothers.  
24 And we have a number of programs, that I won't go  
25 into now but I would be happy to provide to you, that

1 have been in place for some time that support that.  
2 This would have been one more.

3 And, you know, it's not gone forever. I hope  
4 to revive that, but this just was not the time. I  
5 had to make that decision; this was not the time to  
6 do that.

7 REPRESENTATIVE PARKER: Thank you, Mr.  
8 Secretary.

9 Mr. Chair, that ends my questions.

10 CHAIRMAN EVANS: Thank you.

11 I want to make a note of someone who is here,  
12 who is also a sitting Chairman and is joining us.  
13 That would be the Health and Human Services  
14 Committee, Representative George Kenney, who is the  
15 Republican chair, and Representative Frank Oliver is  
16 the Chairman of that committee. I don't know if he  
17 has any questions.

18 Do you have any questions, Mr. Chairman?

19 REPRESENTATIVE KENNEY: I will defer to my  
20 colleagues.

21 Well, thank you, Mr. Chairman.

22 Dr. Johnson, just a couple questions to  
23 follow up really on the health-prevention side.

24 Representative Petri spoke to you about the  
25 Department of Health's regulation 10-186,

1 confidentiality of patient records and information  
2 within the drug and alcohol community, abuse  
3 community.

4 IRRC sent you a letter or sent the department  
5 a letter last week, and they recommended that the  
6 department consider withdrawing this proposed  
7 regulation to provide the council -- the council,  
8 referring to the Pennsylvania Advisory Council on  
9 Drug and Alcohol Abuse, which is the recognized  
10 advisory council within your department, which we in  
11 the General Assembly thought you would confer with  
12 prior to moving these regulations.

13 Chairman Oliver and myself and a number of  
14 other colleagues had mentioned that you went outside  
15 your statutory authority to just issue a regulation  
16 without conferring with the council, and IRRC has  
17 said, why don't you step back and go talk to the  
18 council like you are supposed to and withdraw this  
19 recommendation and resolve any remaining concerns  
20 before you submit final form. Would you do that?

21 SECRETARY JOHNSON: In a word, yes,  
22 Representative Kenney, and let me just more fully  
23 respond to that.

24 I did get the letter from IRRC and have gone  
25 through it, have not read it in full detail but

1 certainly did read that recommendation that we hold  
2 on the regs, withdraw the regs, or alternatively go  
3 back and ensure that the council does get the full  
4 opportunity to review these regs, and that is  
5 absolutely right and appropriate.

6 And I want to assure you and the members of  
7 the General Assembly that that was fully the  
8 intention of the department, and I have actually  
9 spoken to the council members to assure them of that.

10 However, it did not happen the way that it  
11 was supposed to, and I assure you it was not an  
12 intentional effort to side step the Drug and Alcohol  
13 Advisory Council, a council that this Governor  
14 revived after being dormant for a number of years.

15 We hold them in high regard and certainly  
16 value their judgment, their input, and their advice.  
17 So I have assured the council members already that  
18 this reg will not go anywhere without them having the  
19 full opportunity to review it, to vet it, and advise  
20 on it.

21 REPRESENTATIVE KENNEY: Okay, but will you  
22 withdraw this proposed regulation until that happens?

23 SECRETARY JOHNSON: Well, I need to go  
24 through it fully and, again, read IRRC's  
25 recommendation.



1           What I read was a recommendation to withdraw  
2 the reg or alternatively to move in the process in a  
3 way that ensures that the council has the  
4 opportunity.

5           So I'm not yet prepared to make the  
6 determination on that, but what I am ready to say  
7 very fully, and the Administration has said very  
8 clearly, is that this is not meant to be anything but  
9 a very transparent and a very public process, and to  
10 the extent that it has not been so far, those issues  
11 will be rectified.

12           So the Advisory Council, the particular issue  
13 here, they will have the full opportunity to vet  
14 these regs, and again, this has been and will  
15 continue to be, even more so, a very open and public  
16 and transparent process for these regs. I think it  
17 is too important an issue and vital an issue to too  
18 many Pennsylvanians to not occur in that way.

19           REPRESENTATIVE KENNEY: And just so I--- And  
20 the need for the reg is, you believe, or the  
21 department or the Governor's Office believes that  
22 removing this confidentiality regulation will open up  
23 more access and provide more services to those  
24 Pennsylvanians with drug and alcohol issues?

25           SECRETARY JOHNSON: Yes.

1           REPRESENTATIVE KENNEY: Do you think they  
2 will come forward more readily under this reg, your  
3 proposed reg, than under the present regulation?

4           SECRETARY JOHNSON: Well, I just want to  
5 clarify a couple of things.

6           This is not solely my belief or the  
7 Governor's belief or the Administration's belief. As  
8 well, many constituents have come to us and indicated  
9 that they have treatment barriers because of the  
10 existing confidentiality regs.

11           And I also want to clarify that this is not  
12 removing confidentiality in total. What this is is  
13 amending the current confidentiality. There are  
14 Federal confidentiality protections that remain in  
15 place, and there are still State confidentiality  
16 protections that will remain in place. This is  
17 looking at amending them.

18           For example, Representative, there have been  
19 instances that have been brought to our attention of  
20 clients who have sought care, have had that denied by  
21 their third-party payer, and then when they, as they  
22 have the right to do through our department to grieve  
23 that, to file a grievance against that, have been  
24 unable to support their grievance because of the  
25 inability to get access to their records. That is

1 just one example.

2 So I think what it says is, and my intention  
3 is not, obviously, to try and lay out both sides of  
4 this issue here in this forum, because this isn't the  
5 most appropriate in terms of time and place---

6 REPRESENTATIVE KENNEY: No; I appreciate  
7 that.

8 SECRETARY JOHNSON: ---but it is an issue  
9 that has more than one side to it, and I think that  
10 it's important to ensure that we improve a system in  
11 Pennsylvania that I think all of us would agree can  
12 be improved to ensure that people who have drug and  
13 alcohol issues and challenges can get the best care  
14 that they possibly can here in Pennsylvania.

15 I think it is incumbent upon us to put this  
16 out on the table and address these issues and ensure  
17 that everyone who seeks treatment has their  
18 confidentiality protected to the utmost, and everyone  
19 who seeks treatment can get the treatment that they  
20 need and get it paid for appropriately as well.

21 REPRESENTATIVE KENNEY: Well, thank you, and  
22 I look forward, as Chairman, the Republican Chairman  
23 of the Health and Human Services Committee in the  
24 House, along with my colleague, Chairman Oliver, to  
25 working with you and the department to get the best

1 regulation possible on the books to ensure that  
2 Pennsylvanians, as you said, dealing with health and  
3 drug-abuse issues get the care they need.

4           Just real quick: "The department ensures" --  
5 and now I'm reading under the program elements under  
6 prevention programs -- "The department ensures that  
7 all residents of the Commonwealth are served through  
8 an infectious disease surveillance investigation and  
9 control system," and one of the diseases you  
10 mentioned is hepatitis. Could you tell me just  
11 briefly, are the number of cases of hepatitis going  
12 up or going down in the Commonwealth of Pennsylvania?

13           SECRETARY JOHNSON: There are a number of  
14 hepatitis's. Hepatitis A is one. Hepatitis C may be  
15 the one you are referring to, I'm not quite sure,  
16 but---

17           REPRESENTATIVE KENNEY: Well, A, and A, B, C.  
18 I mean, which are moving--- Here is my concern, that  
19 you-- Well, go ahead and give me your answer and  
20 then I'll tell you my concern.

21           SECRETARY JOHNSON: Well, if you are talking  
22 about Hepatitis C, which can be a chronic liver  
23 disease, we have seen that the incidents over the  
24 last 2 years have decreased some. I don't have it in  
25 front of me where that has been a significant, you

1 know, a statistically significant decrease or not,  
2 but there are still a significant number of cases  
3 that are reported each year.

4 REPRESENTATIVE KENNEY: And from the Budget  
5 Book you presented, Hepatitis screening and  
6 prevention, you provide zero dollars. Is that  
7 correct?

8 SECRETARY JOHNSON: Yes. We do not have any  
9 State dollars for Hepatitis screening.

10 REPRESENTATIVE KENNEY: Well, how would you  
11 describe the problem? Minimal? Medium?  
12 Significant?

13 SECRETARY JOHNSON: That's a broad  
14 qualitative description to give.

15 I think that, it is certainly a chronic  
16 disease that affects many Pennsylvanians. It's a  
17 disease that needs our attention. It's a disease  
18 that we work Federally to try and secure dollars for  
19 to support.

20 But, you know, in many ways, unfortunately,  
21 it's not unlike other chronic conditions that we have  
22 in the Commonwealth, such as heart disease, where we  
23 also don't have State dollars and historically have  
24 not had State dollars to support, you know, the  
25 prevention and activities for that as well.

1           So I think you raise a very good point,  
2 Representative Kenney, that the health needs of the  
3 citizens in the Commonwealth are tremendous, and I  
4 think we constantly need to be vigilant and  
5 determined to kind of meet those with the resources  
6 that we have available to us.

7           And I'm never satisfied, quite frankly, with  
8 what--- Well, I shouldn't say never, but I'm often  
9 not satisfied with the kinds of resources that we  
10 have in any way. I'm always asking for more and  
11 would love to see more, but that's just the nature of  
12 what I do. And I'm not the only one; I imagine you  
13 as well. So that is how I would characterize it.

14           REPRESENTATIVE KENNEY: Okay. But unlike---  
15 Heart disease isn't an infectious disease, so, you  
16 know, it's a far stretch. I understand---

17           SECRETARY JOHNSON: But it's preventable in  
18 many ways as well.

19           REPRESENTATIVE KENNEY: I know, but---

20           SECRETARY JOHNSON: I understand your point.

21           REPRESENTATIVE KENNEY: But we don't do  
22 surveillance.

23           But we do the AIDS program. You cut these---  
24 You put \$9.5 million into the AIDS program. Is that  
25 correct?

1           SECRETARY JOHNSON: I believe so, yes.

2           REPRESENTATIVE KENNEY: Are those numbers  
3 going up or down?

4           SECRETARY JOHNSON: HIV/AIDS numbers, the  
5 incidents of AIDS diagnoses have been slightly  
6 declining in Pennsylvania, of new diagnoses.

7           What is significant about that to know is  
8 that, one, deaths have also been decreasing, which  
9 means that people are living longer with AIDS. But  
10 also, if you slice below that number, you do see some  
11 increases in certain groups and certain populations.

12           For example, African-American women, we are  
13 seeing some increases in terms of incidents of  
14 infection and disease, and other minority groups,  
15 injection drug users and others. So there are groups  
16 within that overall decline that we still see  
17 increases.

18           And I also just want to add that there is  
19 some overlap in terms of some HIV and STD funding  
20 that we use to support some of our Hepatitis C  
21 involvement activities, but it is not a separate, as  
22 you indicated, not a separate funding item.

23           REPRESENTATIVE KENNEY: But there is some  
24 overlap. And I would agree.

25           SECRETARY JOHNSON: Yes, there is some

1 overlap.

2 REPRESENTATIVE KENNEY: I guess I was leading  
3 to the point, we spend \$9 1/2 million that you define  
4 under AIDS, but when you go to Hepatitis screening  
5 and prevention, there is zero. So there has to be  
6 some balance---

7 SECRETARY JOHNSON: Yeah. I mean, again,  
8 there certainly is overlap, and I think that our  
9 folks in our communicable disease area and our  
10 community health area who deal with this every day do  
11 phenomenal jobs in terms of meeting the very needs of  
12 the constituents that they see with the various  
13 conditions that they have using the funding streams  
14 that are available.

15 So we try at every opportunity that we can to  
16 make sure that like funding or overlapping funding is  
17 used to deal with those particular health issues.

18 REPRESENTATIVE KENNEY: And just a comment,  
19 Mr. Chairman.

20 If we could find more money for newborn  
21 screening, I would appreciate your support on that.  
22 It is an issue the Centers For Disease Control has  
23 said to the States, that we should be testing for  
24 more health risk in children when they are born. I  
25 think the House has taken that step and the bill is



1 in the Senate, and I would hope the department would  
2 also join us in looking for more dollars to, you  
3 know, reach out to these infants and, you know,  
4 promote a better and a more healthier Pennsylvania.

5 So thank you, Mr. Chairman.

6 CHAIRMAN EVANS: Thank you, Mr. Chairman.

7 I, too, want to make note, as I did about  
8 Representative Art Hershey yesterday, who is the  
9 Republican chair of Agriculture, just like  
10 Representative George Kenney, in all the good  
11 services he has provided, not just to his district  
12 and the city of Philadelphia but to the entire  
13 Commonwealth of Pennsylvania as well as to this  
14 committee.

15 Representative Kenney, Chairman Kenney, and I  
16 both served on this committee together, so I want to  
17 thank you personally for all that you have provided.  
18 And I know through the rest of the year, you are  
19 going to stay very active.

20 REPRESENTATIVE KENNEY: I do have a few more  
21 months left, Mr. Chairman.

22 CHAIRMAN EVANS: Because I'm going to be  
23 counting on you.

24 REPRESENTATIVE KENNEY: Yes, you are.

25 CHAIRMAN EVANS: I just wanted to put that in

1 there.

2 REPRESENTATIVE KENNEY: I want you to write a  
3 few more editorials about me, Mr. Chairman.

4 CHAIRMAN EVANS: Hey, I'll write them today  
5 for you.

6 Representative Scott Conklin.

7 REPRESENTATIVE CONKLIN: Thank you, Mr.  
8 Chairman.

9 First of all, Mr. Secretary, I want to thank  
10 you for being here. You have been able to handle  
11 yourself very well again, as always.

12 SECRETARY JOHNSON: Thank you.

13 REPRESENTATIVE CONKLIN: And for full  
14 disclosure, in light of many of the political things  
15 that are going on today, I want to make it perfectly  
16 clear, the question I'm going to ask is plagiarism.  
17 It was asked to me, so before anybody accuses me of  
18 using somebody else's words, I want to make it known.

19 A gentleman by the name of Mr. Thomas stopped  
20 me, and I do represent a university community, and he  
21 actually had two questions, and one of them will be a  
22 follow-up to Mr. Kenney's question.

23 The first question is that his concern is  
24 that in light of the new gaming revenue that is  
25 coming in, he has a great deal of concern on campus

1 about not only drug addiction, not only binge  
2 drinking, which, again, has increased at many of our  
3 universities, but also gambling addiction as well.  
4 His question was, are we going to put increased  
5 resources into the gambling in helping those  
6 students?

7           And two is just a follow-up to Mr. Kenney,  
8 another question he wanted to know, and it was very  
9 interesting that it was asked: With the decrease in  
10 AIDS and the decrease of deaths, his fear is that we  
11 are going to look at that as a way to decrease  
12 funding of AIDS awareness, especially in our  
13 universities and in our cities, and he is asking that  
14 we do not do that, and I do agree with him as well  
15 that we do not do that, that we keep up the fight  
16 until every last person that we can make sure is  
17 secure.

18           So if you could please answer those two.

19           SECRETARY JOHNSON: Absolutely.

20           As you know, Representative, the department's  
21 role around gaming primarily involves ensuring that  
22 there's a hotline service available for anyone who  
23 wants to call to seek counseling advice or treatment,  
24 to ensuring that information is available and  
25 distributed to educate around the issue of problem

1 gaming and the resources available to it, and then  
2 also training and ensuring that treatment is  
3 available for our Commonwealth residents.

4           The university population and student  
5 population is in some ways a unique population around  
6 that, and I'm glad you pointed that out. And we  
7 actually have engaged -- and I will have to get back  
8 to you with the status of that -- engaged with a  
9 Pennsylvania university to actually do some research  
10 work and survey around elucidating more information  
11 about the issue of problem gambling among our student  
12 population in the Commonwealth, and what that will do  
13 for us is help us to identify and target resources to  
14 them.

15           So they are not under the radar for us and we  
16 are paying attention to that, and we would be happy  
17 to follow up through the chair with more specific  
18 information on that activity for you.

19           And as far as your second issue, we share the  
20 same concern with you, and I think that has kind of  
21 been the history of health-care resource funding and  
22 beyond, in that when a problem starts to get better  
23 and you start seeing less of it, then funding  
24 priorities tend to shift, and certainly with HIV and  
25 AIDS, that is something that, you know, we learned

1 some very hard lessons as a nation and a world in the  
2 early eighties and mid-eighties about HIV disease and  
3 AIDS disease, and those are lessons that we cannot  
4 forget just because we have become so much better in  
5 terms of treating, in terms of diagnosing in many  
6 ways, and helping folks with the disease and  
7 prolonging the conversion to AIDS.

8           But those are hard lessons to learn, and we  
9 can't let that allow, hopefully, our funding  
10 priorities to shift. We agree with you that we need  
11 to stay vigilant about this, because if we take our  
12 eye off of this ball, we will see that nice graph --  
13 well, I won't call it a nice graph -- but that graph  
14 in Pennsylvania that shows decreasing AIDS incidents  
15 turn around. And the same with HIV infection as  
16 well. That is something that, as you well know, is  
17 something that someone can have and never know about  
18 it and continue to infect and spread the disease.

19           So these are very critical issues that we  
20 have to keep our eye on the ball, so thank you for  
21 raising that issue.

22           REPRESENTATIVE CONKLIN: Thank you.

23           CHAIRMAN EVANS: Representative Jake  
24 Wheatley.

25           REPRESENTATIVE WHEATLEY: Thank you, Mr.

1 Chairman, and thank you, Mr. Secretary and your  
2 staff, for being here.

3 I wanted to go first to something that has  
4 been worrying me since we passed the gaming bill, and  
5 that is this whole thing around making sure that the  
6 Commonwealth is prepared and positioned to take  
7 advantage or to service problem gamblers.

8 A study that came out recently in my area  
9 talked about my region not being prepared, out of  
10 160-some service providers not being prepared to  
11 really deal with this population of people, and I am  
12 wondering what your department has done as it relates  
13 to the compulsive gambling moneys that I guess you  
14 guys oversee and are responsible for the training  
15 component, and I believe you also have some  
16 certification components that you are responsible  
17 for, to making sure the Commonwealth is prepared and  
18 positioned to handle any increase in problem  
19 gamblers. So can you tell me what has been done so  
20 far?

21 SECRETARY JOHNSON: Yes, sir.

22 And you are absolutely right. We, by law,  
23 are to receive as the Department of Health \$1.5  
24 million, or I think it is .001 percent of the total  
25 gaming revenues to focus on the activities that we

1 are responsible for, that I had delineated a few  
2 minutes ago.

3           We received that, and essentially in advance  
4 of that first \$1.5 million in, I believe it was  
5 December of last year. Prior to that, we had begun  
6 planning, and I don't want to leave the impression  
7 that we didn't begin planning until the money was in  
8 the bank, but we had used the existing resources that  
9 we had to begin setting up the necessary  
10 infrastructure, and that is really what is necessary  
11 to deal with problem gambling, just as with any other  
12 addiction or any other service that you provide  
13 having an adequate infrastructure in place, and so we  
14 had begun that process.

15           Specifically, in the interests of time,  
16 what we have in place is we have a  
17 24-hour-a-day/7-day-a-week hotline that is available  
18 to anyone in the Commonwealth who wants to call it,  
19 who may have an addiction issue. That has been up  
20 and fully functional since July of last year.

21           REPRESENTATIVE WHEATLEY: And just-- I'm  
22 sorry. Is this different than what the Gaming  
23 Commission has as a hotline, or is it the same  
24 hotline?

25           SECRETARY JOHNSON: There right now are a

1 number of hotlines---

2 REPRESENTATIVE WHEATLEY: There's a number?

3 SECRETARY JOHNSON: Yes, for addiction  
4 services and support in the Commonwealth.

5 We are working with every entity that has a  
6 line or is responsible for a line here in the  
7 Commonwealth to figure out the best way to meld them  
8 into one, if possible, again, to eliminate or  
9 minimize any confusion among those who are seeking  
10 services and operate the most efficiently. So we are  
11 in touch and in contact with them, recognizing that  
12 there are multiple lines out there.

13 We also, as I indicated, are responsible for  
14 ensuring that information is available and  
15 disseminated around that. So there are, we have  
16 brochures and pamphlets and other educational  
17 materials that are downloadable and that also are in  
18 hard copy as well.

19 And then we are also responsible for the  
20 provider training to ensure that there is a treatment  
21 network available, and that is where that  
22 certification piece that you talked about comes into.  
23 Trainings have been taking place, trainings continue  
24 to be available, and to date there have been, I  
25 believe, 86 counselors trained through the



1 department's specific training curriculum. Now, that  
2 does not count -- which is a necessary process on the  
3 way to full certification -- and that does not count  
4 additional counselors that are trained and available  
5 as a part of the overall network throughout the  
6 Commonwealth that have engaged in other training  
7 curricula that are also available in the  
8 Commonwealth.

9           So all that is to say that activities have  
10 been taking place, infrastructure is being built, and  
11 the network continues to grow every day as the gaming  
12 industry, again, grows as well to be able to meet the  
13 needs of Pennsylvanians who need the services.

14           REPRESENTATIVE WHEATLEY: I can appreciate  
15 that update, and I'm not quite sure--- And again, I  
16 should back up and say that I know that you and your  
17 staff and your department is doing a great job in  
18 trying to get this up and running.

19           SECRETARY JOHNSON: Thank you.

20           REPRESENTATIVE WHEATLEY: And I believe the  
21 advance, at least in the Budget Book, was it \$61  
22 million that came? I mean, not \$61 million, but  
23 \$61,000 that came---

24           SECRETARY JOHNSON: No; we got \$1.5 million.

25           REPRESENTATIVE WHEATLEY: You got \$1.5

1 million?

2           SECRETARY JOHNSON: We got \$1.5 million in  
3 December, yes.

4           REPRESENTATIVE WHEATLEY: Okay. And from  
5 reading those comments, you just brought someone---  
6 Oh, I'm jumping ahead of myself. I'm sorry, Mr.  
7 Chairman. The next question I have is on the Office  
8 of Equity, so if you would give me one second.

9           I know that your department is trying to  
10 bring this all on line, but I'm not quite sure if we  
11 are prepared to handle or if we have projected what  
12 the increase in problem gaming or people who are  
13 going to have this addiction, what that means, and  
14 are the counties who have these facilities prepared  
15 and ready to take on this new problem?

16           And I know that it is more than just your  
17 department that is going to have to fix this,  
18 especially since you are only dealing with \$1.5  
19 million, but I want to make sure that I'm clear if  
20 the State is doing what it needs to be doing, you  
21 know, doing to cover this. So that is really my  
22 perspective on that.

23           And then because others have already talked  
24 about the HIV/AIDS, I'm not going to get into that,  
25 but I do believe that as part of our conversation

1 last year we talked about this whole thing around  
2 healthy people from 2010 and this whole thing, all  
3 these diseases and issues that are preventable, and  
4 making sure that this Commonwealth was doing all it  
5 could to close the disparity gaps in health between  
6 people of color, citizens of color, and others. And  
7 I'm not quite sure if we are keeping a scorecard of  
8 how we are doing and if we are seeing some advances  
9 that closes these gaps, but that is something that I  
10 am interested in, and I would love to have some  
11 follow-up conversation with your department about  
12 what specifically we are doing to do that.

13           And again I want to congratulate the Governor  
14 for bringing on the Department of Health Equity, and  
15 I understand you just brought someone on this week to  
16 oversee it, from your comments, and I'm interested to  
17 know how you are going to use all the data from your  
18 various departments, going back to this whole notion  
19 of looking at your data to figure out where are the  
20 root causes for some of these things and trying to  
21 get a coordinated plan to try to have set goals of  
22 how we will close gaps in health disparity.

23           So those are like my concerns, and I have  
24 been consistent in saying this for the last 5 years,  
25 and I know you get tired of me talking to you about

1 it, but those are my concerns.

2           And then finally, Mr. Chairman, on this whole  
3 thing around violence in Philadelphia and all  
4 throughout the Commonwealth and Pittsburgh and York  
5 and Lancaster and Harrisburg, I know that your  
6 department has done a pilot in Philadelphia, and I  
7 was on your back about trying to get one in  
8 Pittsburgh, the injury reporting and intervention  
9 system. Can you just tell me where that is right now  
10 and how we can be helpful?

11           SECRETARY JOHNSON: Yes, sir. Thank you.

12           And let me just quickly say about the health  
13 equity piece, that last year you saw and the  
14 Legislature -- thank you -- appropriated \$500,000  
15 toward health-equity strategies. The Governor has  
16 proposed an additional \$500,000 this year for that to  
17 do just what you are talking about.

18           And we are keeping a scorecard. It is  
19 process now, it is process measures, but moving  
20 toward being able to, one, ensure that we knock down  
21 some very, very low-hanging fruit and very apparent  
22 barriers in the Commonwealth with the growing  
23 diversity of the population in the Commonwealth.

24           One of the most significant barriers to  
25 adequate care, appropriate care, and quality care is

1 language, and so funding is there to go to providing  
2 language, appropriate language interpreters, for  
3 clinical services. That will, I think, have a  
4 tremendous impact on the health care of a broad range  
5 of our population.

6           There also is funding in there to address,  
7 which is a more longer-term issue and also more of an  
8 infrastructure issue, and that is the pipeline of  
9 culturally confident providers and also more diverse  
10 providers, and so providing funding to institutions  
11 to increase their education around cultural  
12 competency so that the providers you see coming out  
13 in Pennsylvania are more equipped and better equipped  
14 to deal with the diverse population that we have here  
15 in Pennsylvania, but again, also ensuring that we are  
16 supporting in any way possible a more diverse  
17 workforce that will reflect the population, the  
18 larger population in the Commonwealth.

19           And then to the violence issue. Yes, we have  
20 had for 3 years now an injury reporting and  
21 intervention system in Philadelphia based on the data  
22 that that was the place with the highest number of  
23 firearm discharge injuries from a hospital setting.

24           You are right; Allegheny County, institutions  
25 in Allegheny County, are right behind them in many

1 ways, and so it is certainly our desire and intention  
2 to make this more than a pilot.

3           We are learning quite a bit from what we have  
4 been doing in Philadelphia, and we have some, I  
5 think, very positive results to show from it. I  
6 think that there have been lives saved and real  
7 interventions that have taken place.

8           And Pennsylvania -- I just want to end by  
9 saying this -- that Pennsylvania is the only place,  
10 again to my knowledge, and I challenge folks to tell  
11 me I am wrong and I have yet to be told that I'm  
12 wrong, that Pennsylvania is the only place in this  
13 country, the only State in this country, that has  
14 this kind of program that deals directly with  
15 identifying and gathering specific information about  
16 these interpersonal injuries that are 100 percent  
17 preventable, but not stopping there and going the  
18 next step and then intervening to break the cycle of  
19 violence.

20           And I think we are going to continue to show  
21 some real success, but in order to do that, I think  
22 we have to continue to improve the program and also  
23 expand the program. So we will be happy to follow up  
24 with you about that.

25           REPRESENTATIVE WHEATLEY: Thank you, Mr.

1 Secretary.

2 Thank you, Mr. Chairman.

3 CHAIRMAN EVANS: Representative Doug  
4 Reichley.

5 REPRESENTATIVE REICHLEY: Thank you, Mr.  
6 Chairman.

7 Thank you, Dr. Johnson. I noticed that I  
8 think I'm standing between you and everybody else's  
9 lunch, so we're going to make this brief, okay?

10 I don't think the Chairman deliberately put  
11 me down here like that, but we'll see.

12 I have a couple of questions for you. First  
13 off, we had introduced legislation last year to  
14 create a stroke treatment task force that went  
15 through a couple different permutations, through the  
16 Senate actually, and I believe that is still the  
17 number one disabler and the number three killer, I  
18 believe, and it has a particular impact on the  
19 African-American community.

20 I am asking, are you able to tell us here  
21 today to what degree you can support -- and I know we  
22 are going to reintroduce the bill, frankly, in the  
23 next couple of weeks -- your support to have that  
24 created for identifying best practices to deal with  
25 stroke illnesses and improved treatment throughout

1 Pennsylvania?

2 SECRETARY JOHNSON: Certainly.

3 Representative Reichley, you are absolutely  
4 right in terms of your characterization of stroke.  
5 Quite honestly, I would have to review the  
6 legislation before I could answer your question more  
7 specifically. But I would be happy to do that and  
8 get back to you on that.

9 REPRESENTATIVE REICHLEY: On the issue of  
10 designating stroke centers, I know that we have had a  
11 number of hospitals that are JCAHO certified in terms  
12 of being identified as a premier level of stroke  
13 treatment, but a number of hospitals have sort of  
14 added that on to their programs. Is there the  
15 capacity for creating a stroke center system  
16 throughout the State?

17 SECRETARY JOHNSON: Can you be more specific  
18 in terms of what you mean by capacity to do it?

19 REPRESENTATIVE REICHLEY: I think that the  
20 ability of the department to work with particularly  
21 the more rural hospitals to advise them on a  
22 best-practice methodology to say, look, UPMC is a  
23 recognized JCAHO-certified stroke treatment center,  
24 and we should develop and coordinate practices  
25 between Johnstown and Erie and whatever else there



1 might be, that you develop a series of steps or  
2 protocols so that your stroke patients have a  
3 guaranteed way of getting to the best treatment  
4 possible and in as fast a manner as possible.

5           SECRETARY JOHNSON: Right. I mean, I think  
6 that what you are characterizing is one of the key  
7 points and key issues around that type of piece and  
8 it is in terms of individual hospital capacity and  
9 what that means in terms of directing patients and  
10 redirecting patients. Certainly the models are  
11 around that type of thing for other conditions and  
12 others where it has not worked as effectively.

13           So again, I certainly am very willing to and  
14 would like to, but I need to review that legislation  
15 again and the specifics and refresh myself and my  
16 staff on the particular issues around that.

17           REPRESENTATIVE REICHLEY: That's fine.

18           Really the last area I want to ask you about  
19 is this issue of -- I'm trying to get the right name  
20 for it under your budget here -- the health literacy.  
21 What is health literacy?

22           SECRETARY JOHNSON: Health literacy, in a  
23 couple of words, is one's ability to understand and  
24 interpret and then apply health information and  
25 health instructions.

1           It can be as very basic as being able to  
2 understand that prescription that has been written  
3 for you by your provider in order to get it filled,  
4 or to correctly take the medication that has been  
5 prescribed to you, and it can be less concrete and  
6 more complicated in terms of your ability to  
7 articulate what may be happening to you that is  
8 critical to your health to the appropriate  
9 health-care practitioner.

10           It's actually a significant issue in this  
11 State and nationally in terms of the literacy rate of  
12 Americans, and what the consequences of it are are  
13 numerous, but they certainly can be increased illness  
14 and premature death because of the inability to  
15 appropriately and in the most effective way access  
16 and utilize the health-care system.

17           REPRESENTATIVE REICHLEY: Well, with all due  
18 respect, Mr. Secretary---

19           SECRETARY JOHNSON: In more than a few  
20 words---

21           REPRESENTATIVE REICHLEY: I'm sorry. Go  
22 ahead.

23           SECRETARY JOHNSON: Sorry; I said it is more  
24 than a few words. I apologize.

25           REPRESENTATIVE REICHLEY: That's all right.

1           I mean, Representative Mundy initially  
2 brought up the issue of cuts in your funding to be  
3 able to provide a requisite level of staff, but  
4 your quality assurance line item went up by over  
5 \$1 million. The bulk of the cuts were programs that  
6 had been negotiated and requested by both Republican  
7 and Democrat members through the last few budgets and  
8 then have now been cut again by the Governor.

9           What you have suggested with the health  
10 literacy line item, quite frankly, sounds like common  
11 sense, that what most doctors and hospitals would be  
12 telling their patients now in terms of how to utilize  
13 prescriptions in the correct way and how to avoid  
14 coming back in.

15           So I'm curious, within the budget, you have  
16 allocated \$500,000 for this program. As of the  
17 middle of February, \$830 had been spent from this  
18 year's line item of roughly \$500,000. So I guess I'm  
19 curious, do we really need to have that money spent  
20 for a program which is more common sense, and  
21 couldn't you utilize that \$500,000 for the AIDS and  
22 Hepatitis awareness and screening program? Couldn't  
23 you put that \$500,000 back into any one of the  
24 numbers of programs we have looked at here or for  
25 stroke treatment protocols to be developed, or to

1 mobile dental vans to assist with particularly  
2 inner-city populations which have a woeful lack of  
3 dentists who are providing dental services to  
4 school-age children? So why do we need a health  
5 literacy program for \$500,000 which is, to me,  
6 redundant to what is going on already?

7           SECRETARY JOHNSON: Representative, I would  
8 have to respectfully disagree with you that this is  
9 really nothing more than common sense, and if I have  
10 left that impression, then I have probably not done a  
11 good job in articulating what it really is.

12           As someone who has stood on the front lines  
13 in emergency departments in urban centers and taking  
14 care of patients and tried to deliver care to  
15 patients, I have firsthand experience with the great  
16 chasm that exists, and it may seemingly not exist,  
17 but it does in fact exist between that point of care,  
18 that information delivery of that point of care, and  
19 the actual implementation and execution of the  
20 information or the therapy that is provided.

21           It's real, this is very real, and I'd be  
22 happy to follow up with you to talk more about it.  
23 But there are countless examples of how individuals  
24 and groups have suffered in terms of their health  
25 status, and sometimes it has cost them their lives

1 because of failure to effectively communicate or  
2 articulate what needs to be diagnosed or what has  
3 been diagnosed and the appropriate therapy that goes  
4 with it. So this is something that I think is very  
5 much worth an investment in this Commonwealth,  
6 because it affects so many people in this  
7 Commonwealth.

8           And you are partially right; on the surface,  
9 it does seem like common sense, but the barriers that  
10 exist to access to care and the quality of care are  
11 so real for so many people that this kind of specific  
12 and targeted and direct effort, I think, is worth an  
13 investment, just like many other more, I think more  
14 readily tangible or understandable acute or chronic  
15 diseases are.

16           REPRESENTATIVE REICHLEY: I will just close  
17 with a comment then.

18           And I understand your statement. Obviously  
19 we have a disagreement about the necessity of this,  
20 but if this is such a valuable program, why has only  
21 \$830 been spent out of an appropriated line item of  
22 \$500,000 in this current fiscal year?

23           And it sort of goes along with Representative  
24 Reed's criticism of the hospital-acquired-infections  
25 program. If this is such a necessity, if we are

1 trying to prevent patient deaths in hospitals, if we  
2 appropriated \$2 million within this fiscal year, why  
3 has only \$64,000 been spent?

4 And if the Administration is serious about  
5 what it feels are the really important programs they  
6 have enacted in some legislation, why are we not  
7 seeing the expenditure of the dollars along that way?

8 Thank you, Mr. Chairman. Thank you, Mr.  
9 Secretary.

10 SECRETARY JOHNSON: If I could just give a  
11 one-sentence response to that.

12 And again, we will be happy to follow up that  
13 part of the implementation of this has involved  
14 negotiations of agreements and contracts, which  
15 again, unfortunately, takes time.

16 I think that you would be less concerned if  
17 you knew some of the details of the process that has  
18 gone on to get this initiative up and running. This  
19 is something brand new for the Commonwealth, to  
20 engage in this in a concentrated and a very targeted  
21 way.

22 And so I understand your concerns  
23 wholeheartedly and it is a very legitimate question,  
24 and hopefully we can provide a responsible and  
25 legitimate answer to it.

1           CHAIRMAN EVANS: Representative Santoni.

2           REPRESENTATIVE SANTONI: Good afternoon.

3 Thank you, Mr. Chairman.

4           I have two questions, and I know we are  
5 running late and we want to get out of here and break  
6 for lunch, so two questions.

7           And the first one I think you might have  
8 dealt with, and I apologize if I am going over the  
9 same ground. I did miss a little bit of your  
10 testimony. It has to do with the Governor's  
11 Prescription for Pennsylvania, and maybe, just  
12 briefly, what some of those funds were utilized for  
13 to advance the health-care needs of our citizens,  
14 maybe more specifically the long-term effects of  
15 helping our health-care system here.

16           SECRETARY JOHNSON: I will try and be very  
17 brief and just focus on some of the pieces that we  
18 are responsible for implementing.

19           One that has been talked about some has been  
20 primary-care access and increasing availability of  
21 health-care services and care, quality care, for  
22 people in the Commonwealth, which means talking about  
23 our folks who live in rural parts of the  
24 Commonwealth, as well as broadening the provider base  
25 so that nurse practitioners and nurse-managed

1 health-care centers can be some of the sources of  
2 provided care, actually include some mobile wellness  
3 clinics which are focusing on primary care, wellness  
4 care, and prevention as a core.

5           The health literacy piece, we just talked  
6 about.

7           Also, health equity strategies that we talked  
8 about with Representative Wheatley, which gets at  
9 eliminating disparities, the real disparities that  
10 exist in health care and health status and  
11 health-care delivery.

12           And also, a large part of that also focuses  
13 on the health-care-associated-infections piece, which  
14 is centered right now around our hospitals, with the  
15 goal of eliminating hospital-acquired infections but  
16 will also be more inclusive of broader health-care  
17 settings, including nursing homes, not just  
18 hospitals, where infections that are acquired in  
19 those settings are in many instances preventable and,  
20 when they do exist, cause increased illness and  
21 sometimes death and also cause significantly  
22 increased costs to the system.

23           So that's kind of a quick litany of some of  
24 the pieces that that funding is going towards.

25           REPRESENTATIVE SANTONI: Thank you. I



1 appreciate that.

2           And my other question, sort of to switch  
3 gears, I asked this question yesterday at the  
4 Department of Agriculture to Secretary Wolff, and it  
5 has to do with the recall of the beef, and the reason  
6 I'm concerned is because it has made it's way into  
7 our restaurants and our schools, and that concerns me  
8 in Berks County where I'm from.

9           Some schools have been notified that they  
10 could have some of that tainted beef, and I guess my  
11 question to you is what your department's  
12 responsibilities are and what you are doing, if  
13 anything, with regard to that issue.

14           SECRETARY JOHNSON: Sure. We are working  
15 actually with, as we do in many instances, with the  
16 Department of Agriculture, who in many ways has  
17 primary responsibility around this issue.

18           One of the pieces with this is -- and I want  
19 to emphasize, because this is significant, as you  
20 indicated, the recall of beef products -- that the  
21 recall is not premised on any specific negative  
22 health consequence or occurrence that has taken place  
23 but on the fact that these were beef products that  
24 did not go through the required level of inspection  
25 and assessment when the type of animals or the type

1 of cows, the downer cows, that were being used are  
2 used. That's an important piece, I think, to know.

3 So we work very closely, again, with the  
4 Department of Agriculture. We work through our  
5 community health component, with the schools and  
6 other institutions where they may be receiving some  
7 of this and have concerns about that.

8 So we have primarily an informational support  
9 role around this to make sure that clear information  
10 is provided and working with the Department of  
11 Agriculture to ensure that if any of these products  
12 are identified in any Pennsylvania institutions or  
13 facilities, that it is removed and dealt with  
14 appropriately.

15 REPRESENTATIVE SANTONI: Thank you,  
16 Mr. Secretary, and no more questions, Mr. Chairman.

17 CHAIRMAN EVANS: Representative Scavello.

18 REPRESENTATIVE SCAVELLO: Thank you, Mr.  
19 Chairman, and thank you, Mr. Secretary.

20 I would like to follow up on Representative  
21 Wheatley's question in regard to compulsive gambling.

22 Has your department checked with other States  
23 that went into slots to see what occurred in some of  
24 those States?

25 SECRETARY JOHNSON: Yes, sir.

1           REPRESENTATIVE SCAVELLO: Like, for example,  
2 the State of Delaware, which is our neighbor?

3           SECRETARY JOHNSON: I certainly know we have  
4 talked with Jersey, New Jersey, probably Delaware. I  
5 don't have the list in front of me of the States, but  
6 yes, we certainly have talked with a number of  
7 States.

8           REPRESENTATIVE SCAVELLO: And so compared to  
9 Jersey, it wouldn't really be a good comparison for  
10 us, because they are kind of in one location whereas  
11 Delaware might be in different locations with their  
12 facilities.

13           And why I bring that up, in Delaware they had  
14 two Gamblers Anonymous counselors in the whole State  
15 before they went into slots. In 2006, they had 16,  
16 and from what I heard, they were looking for two  
17 others. If those types of numbers are accurate, you  
18 know, I'm looking at that 1.5, 1.7 number that you  
19 are looking for this year, and as the industry  
20 continues to grow in Pennsylvania, all right, I think  
21 that we are really going to have a major problem,  
22 especially, you know, that we are going to be, you  
23 know, with 14 locations, within an hour from a casino  
24 in the Commonwealth no matter where you are.

25           So I just throw that out there, because it is

1 a concern. I have one right in the middle of my  
2 district, so I'm really concerned.

3 SECRETARY JOHNSON: Right.

4 REPRESENTATIVE SCAVELLO: And my other  
5 comment is in regard to tobacco settlement prevention  
6 and cessation.

7 Included in the Fiscal Code bill that  
8 accompanied the budget this year is language that  
9 allowed for consolidation of the 49 primary  
10 contractors to 8 new regional primary contractors.  
11 And if you could make this available to the  
12 committee, a comparison of the county allocations of  
13 the prevention and cessation money for fiscal year  
14 2006-2007 and for fiscal year 2007-2008, in order to  
15 have a better understanding of the funding levels  
16 provided to our counties under the new per capita  
17 methodology.

18 And in considering the new and more regional  
19 primary contract approach, would you explain the  
20 impact that you are seeing at the local level for  
21 small community-based programs?

22 SECRETARY JOHNSON: We will be happy to  
23 provide you with that information, and it is truly  
24 too early for us to be able to really, I think, speak  
25 meaningfully about the impact that it has had on the

1 programs. I mean, it is less than a year that that  
2 piece has taken place.

3 So we will be happy, again, to share that  
4 initial information that you requested for you, and  
5 as we are able to better assess the actual impact it  
6 is having at the local level and on the community  
7 providers, share that with you as well.

8 And just to the funding issue around the  
9 gambling treatment, I just want to clarify that that  
10 \$1.5 million, which I think you do know, is for  
11 reimbursement to providers, and the 1.7 that you  
12 mentioned shows a \$200 increase over that---

13 REPRESENTATIVE SCAVELLO: Yeah.

14 SECRETARY JOHNSON: ---based on that .001  
15 percent that I mentioned around a percent of gaming  
16 revenues.

17 REPRESENTATIVE SCAVELLO: Is it enough, and  
18 that is what I keep wondering. You know, do you  
19 think we have enough there? Or that line, if it  
20 needs to be adjusted, that is why I throw that out  
21 there.

22 SECRETARY JOHNSON: Well, I think that's  
23 something that we are being very vigilant about, and  
24 we will try, you know, to keep our eyes as far ahead  
25 as possible on that.

1           I certainly know now that what we do have is  
2 we do have that funding available to reimburse  
3 providers. We do not have that full provider network  
4 to take that full reimbursement. But I think you  
5 raise a very legitimate issue, that it is certainly  
6 something, the need is certainly something that we  
7 have to continue to keep a very close eye on and be  
8 ready to respond to very quickly in terms of  
9 increasing capacity if we need to.

10           REPRESENTATIVE SCAVELLO: Okay. Thank you.

11           One last comment. Tobacco use is a leading  
12 preventable cause of death and causes billions of  
13 dollars in costs to the health-care system, and in  
14 the Governor's budget we reduced it. And I see more  
15 and more children smoking. I don't know if you have  
16 looked at those numbers or not. Is---

17           SECRETARY JOHNSON: Representative, I'm not  
18 sure which you are referring to, because we actually  
19 this year, based on--- That funding that we use for  
20 prevention and cessation is based on the tobacco  
21 revenues as part of the Master Settlement Agreement,  
22 and it actually has gone up this year. We have a  
23 little increase in revenues this year.

24           REPRESENTATIVE SCAVELLO: From my  
25 understanding, at the local level it has been

1 reduced, from what I saw, and if that's not accurate,  
2 then I need to go back to my numbers.

3 SECRETARY JOHNSON: No. If we could follow up  
4 with you to just clarify that, I certainly would like  
5 to know where you are seeing that.

6 But if I could take this opportunity, since  
7 you opened that door, to speak about some of the real  
8 progress that has been seen---

9 REPRESENTATIVE SCAVELLO: Okay.

10 SECRETARY JOHNSON: ---in terms of that, and  
11 I certainly would like to share that information with  
12 the committee.

13 But we are seeing, you know, a 3-percent  
14 decrease over the last 4 years in terms of adults who  
15 smoke, which is not insignificant. I mean, that  
16 translates into hundreds of thousands of Pennsylvania  
17 adults who have stopped smoking.

18 We are also seeing an increase -- and this is  
19 very important, which bodes for the future -- an  
20 increase in the percentage of adults, by about 6  
21 percent, those adults who are trying to quit, are  
22 trying to quit, and obviously that's a first critical  
23 step.

24 And lastly, I will just say this: that  
25 there's a significant decrease in terms of our young

1 folks.

2 REPRESENTATIVE SCAVELLO: That's important.

3 SECRETARY JOHNSON: In terms of smoking in  
4 high schoolers, from 2000, for example, we had  
5 27.6 percent of our high schoolers had smoked a  
6 cigarette in the last 30 days. In 2006, that was  
7 down 10 percent to 17.5---

8 REPRESENTATIVE SCAVELLO: That's great.

9 SECRETARY JOHNSON: ---and then middle  
10 schoolers, from 13.1 percent to 4 percent in that  
11 same period of time.

12 So we are seeing something that is real  
13 meaningful, that I think these efforts and this  
14 program have worked and continue to work. But  
15 again, just like other things we have talked about,  
16 we can't take our eye off the ball, so thank you for  
17 that.

18 REPRESENTATIVE SCAVELLO: Thank you very  
19 much.

20 CHAIRMAN EVANS: I would like to thank you,  
21 Mr. Secretary, you and your staff, for coming before  
22 the House Appropriations Committee. I appreciate the  
23 opportunities that you have given the members to ask  
24 you questions about the Governor's proposed budget  
25 for this particular year.



1           I want to announce to the members that we  
2 will reconvene at 1:50, an hour from now. We have a  
3 few comments before the Auditor General comes before  
4 us -- at 1:50.

5           Thank you again, and this meeting has now  
6 been adjourned.

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8           (The hearing concluded at 12:50 p.m.)

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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.

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Jean M. Davis, Reporter  
Notary Public