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HOUSE OF REPRESENTATIVES
COMMONWEALTH OF PENNSYLVANIA

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Budget Hearing

Department of Health
Department of Drug & Alcohol Programs

House Appropriations Committee

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Main Capitol Building
Majority Caucus Room 140
Harrisburg, Pennsylvania

Monday, February 24, 2014 - 10:00 a.m.

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1300 Garrison Drive, York, PA 17404

717.764.7801

1 COMMITTEE MEMBERS PRESENT:

2 Honorable William F. Adolph, Majority Chairman
Honorable Ryan Aument
3 Honorable Karen Boback
Honorable Jim Christiana
4 Honorable Gary Day
Honorable Gordon Denlinger
5 Honorable Brian Ellis
Honorable Garth Everett
6 Honorable Glen Grell
Honorable Seth M. Grove
7 Honorable Adam Harris
Honorable Tom Killion
8 Honorable David Millard
Honorable Mark Mustio
9 Honorable Donna Oberlander
Honorable Bernie O'Neill
10 Honorable Mike Peifer
Honorable Scott Petri
11 Honorable Jeffrey Pyle
Honorable Curtis G. Sonney
12 Honorable Joseph F. Markosek, Minority Chairman
Honorable Brendan Boyle
13 Honorable Matthew Bradford
Honorable Michelle Brownlee
14 Honorable Mike Carroll
Honorable Scott Conklin
15 Honorable Madeleine Dean
Honorable Deberah Kula
16 Honorable Tim Mahoney
Honorable Michael H. O'Brien
17 Honorable Cherelle Parker
Honorable John Sabatina
18 Honorable Jake Wheatley

19
20 REPUBLICAN NON-COMMITTEE MEMBERS PRESENT:

21 Honorable Matt Baker
Honorable Sheryl Delozier
Honorable Gene DiGirolamo
22 Honorable Jerry Stern
Honorable Joe Hackett
23 Honorable John Taylor
Honorable Rick Saccone
24 Honorable Mark Keller
Honorable Mindy Fee
25

1 DEMOCRATIC NON-COMMITTEE MEMBERS PRESENT:

2 Honorable Flo Fabrizio
3 Honorable Pam DeLissio
4 Honorable Mark Schlossberg
5 Honorable Paul Costa
6 Honorable Dom Costa
7 Honorable Frank Burns
8 Honorable Tom Caltagirone

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8 STAFF MEMBERS PRESENT:

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10 David Donley
Majority Deputy Executive Director

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12 Daniel Clark, Esquire
Majority Chief Counsel

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14 Miriam Fox
Minority Executive Director

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TESTIFIERS

DEPARTMENT OF HEALTH/DEPARTMENT OF DRUG & ALCOHOL PROGRAMS

Michael Wolf, Secretary
Department of Health

Carrie DeLone, Physician General
Department of Health

Gary Tennis, Secretary
Department of Drug & Alcohol

Cheryl Dondero, Deputy Secretary
Department of Drug & Alcohol Programs

Terry Matulevich, Director
Bureau of Administration & Program Support
Department of Drug & Alcohol Programs

REQUEST FOR INFORMATION

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1 MAJORITY CHAIRMAN ADOLPH: Before we get
2 started, if you would, take the time to check your
3 your iPhones, your iPads, all your electronic
4 devices, to make sure they're off or at least on
5 vibrate. They do interrupt with the television
6 coverage.

7 We're going to take a couple minutes to
8 introduce the committee. My name is Bill Adolph.
9 I represent the 165th Legislative District in
10 Delaware County, and I'm the Republican Chairman of
11 the Appropriations Committee.

12 Chairman.

13 MINORITY CHAIRMAN MARKOSEK: Thank you,
14 Chairman. I'm State Representative Joe Markosek,
15 25th Legislative District. I live in Allegheny
16 County. I represent part of Allegheny County, and
17 I represent a small part of West Moreland County.

18 REPRESENTATIVE BAKER: Representative
19 Matt Baker. I have the honor of representing
20 Bradford and Tioga counties. I also have the honor
21 of being the Chairman of the Health Committee.
22 Good morning.

23 REPRESENTATIVE GRELL: Good morning,
24 everybody. State Representative Glen Grell from
25 Cumberland County, 87th District.

1 REPRESENTATIVE MUSTIO: Good morning.
2 Mark Mustio from Allegheny County, 44th District.

3 REPRESENTATIVE PEIFER: Good morning.
4 Mike Peifer, the 139th District: Pike, Wayne and
5 Monroe counties.

6 REPRESENTATIVE MILLARD: Good morning.
7 David Millard, 109th District, Columbia County.

8 REPRESENTATIVE ELLIS: Good morning.
9 Representative Brian Ellis, Butler County.

10 REPRESENTATIVE CHRISTIANA: Good
11 morning. Jim Christiana, 15th District; Beaver and
12 Washington County.

13 REPRESENTATIVE PYLE: Jeff Pyle, 60th
14 Legislative: Armstrong, Indiana, and soon to be
15 Butler. Good morning.

16 REPRESENTATIVE SONNEY: Good morning.
17 Curt Sonney, Erie County, 4th District.

18 REPRESENTATIVE KILLION: Tom Killion,
19 Delaware and Chester counties.

20 REPRESENTATIVE GROVE: Seth Grove, York
21 County.

22 REPRESENTATIVE DIGIROLAMO: Gene
23 DiGirolamo, 18th in Bucks County; Chairman of the
24 Human Services Committee.

25 REPRESENTATIVE OBERLANDER: Donna

1 Oberlander representing Clarion and part of
2 Armstrong County.

3 REPRESENTATIVE BOBACK: Karen Boback,
4 House District 117: Parts of Luzerne, Wyoming and
5 Columbia counties.

6 REPRESENTATIVE PARKER: Cherelle Parker,
7 Philadelphia County, 200th Legislative District.

8 REPRESENTATIVE BROWNLEE: Good morning.
9 Michelle Brownlee, Philadelphia County, 195th
10 Legislative District.

11 REPRESENTATIVE CONKLIN: Scott Conklin,
12 77th District, Centre County.

13 REPRESENTATIVE CARROLL: Good morning.
14 Michael Carroll, Luzerne and Monroe counties.

15 REPRESENTATIVE KULA: Good morning.
16 Deberah Kula, Fayette and West Moreland counties,
17 52nd District.

18 REPRESENTATIVE SABATINA: Good morning.
19 John Sabatina, Philadelphia County.

20 REPRESENTATIVE DEAN: Good morning.
21 Madeleine Dean, Montgomery County, the 153rd
22 District. REPRESENTATIVE FABRIZIO: I'm Flo
23 Fabrizio, Erie County; Democratic Chairman of the
24 Health Committee.

25 CHAIRMAN MAJORITY ADOLPH: Thank you

1 very much, members. It's nice to have our standing
2 committee chairs, which is the custom, that we do
3 invite the committee chairs of the standing
4 committees. It's nice to have them.

5 Also with us is Representative Jerry
6 Stern, Representative Pam DeLissio and
7 Representative Mike Schlossberg. Thank you for
8 joining us today.

9 Today we have with us the Secretary of
10 the Department of Health, Mike Wolf, and the
11 Secretary of the Department of Drug and Alcohol
12 Programs, Gary Tennis. Good morning, gentlemen.

13 SECRETARY TENNIS: Good morning, sir.

14 SECRETARY WOLF: Good morning.

15 CHAIRMAN MAJORITY ADOLPH: It's kind of
16 a joint hearing, so I'm going to ask the members to
17 address the questions to what secretary and what
18 department it refers to. And I'm going to ask
19 either Secretary for an opening statement, and then
20 also introduce the staff that you have at your
21 desk. I'd ask you to try to remember to keep the
22 mike as close as you can get, and if one of your
23 staffers need to respond for you, to pass the mike
24 along to them. Thank you.

25 SECRETARY TENNIS: Thank you, Chairman.

1 My name is Gary Tennis, Secretary of the Department
2 of Drug and Alcohol. I want to thank you and your
3 fellow chairs and members of your committee for
4 having us here to talk about the work that we're
5 both doing.

6 I also want to thank you all for
7 creating this department; for making it a
8 department-level. I think it couldn't be clearer
9 the need for that. I want you to know that I take,
10 and we in this department take, that new
11 responsibility and that opportunity very, very
12 seriously and are working collaboratively with a
13 number of departments.

14 You all know that prescription drug
15 abuse and overdoses have really become a crisis in
16 the Commonwealth. We've had a lot of agenda items
17 that we needed to do when we came in to create this
18 department, but those are the urgent matters that
19 we're dealing with. So, I could take the whole
20 hour on my opening statement, sir, and I will not
21 do that, but we are really putting our full
22 attention on those matters in a number of ways in
23 kind of a multiple-pronged effort.

24 Thank you, Mr. Chairman.

25 SECRETARY WOLF: Secretary, thank you.

1 Good morning. I am joined today by Doctor Carrie
2 DeLone, the Physician General for the Commonwealth
3 of Pennsylvania. I want to thank Chairman Adolph,
4 Chairman Markosek and the rest of the committee for
5 your attendance here today and the opportunity to
6 come and speak with you. I won't do the formal
7 remarks. I'll just speak to a couple of different
8 items that I'm sure will come up at some point in
9 time during the testimony today.

10 The first thing is, I thank you. The
11 additional funding we received during last year as
12 it related to the community, Community-Based Health
13 Care Program, there was an additional \$4 million we
14 announced last week. Those fundings, I'm happy to
15 answer any questions that you might have. We were
16 able to make this announcement, and we were able to
17 do so very happily.

18 One of the things that we are very
19 focused on at the Department of Health is the whole
20 question around access to care for people. As we
21 move forward with this, and you'll see additional
22 funds are proposed in this year's budget, as we're
23 moving forward, the whole idea of access to care is
24 one that you'll hear us speak to frequently today.

25 As we know, there are approximately

1 2 million people in the state of Pennsylvania the
2 federal government considers medically underserved.
3 As we move forward, we will continue to keep that
4 in mind. We believe that what we have proposed to
5 you, both from a standpoint of additional monies
6 for health care clinics and additional funding for
7 loan repayment assistance for health care
8 practitioners who want to commit to working in
9 primary care, will give us the opportunity to do 70
10 awards to physicians, dentists and other
11 practitioners who agree to work in underserved
12 areas.

13 We also have additional funding that
14 will go into approximately 12 residency slots
15 across the state of Pennsylvania. We think this is
16 the right thing for us to do. It's the right time
17 for us to be engaged in this activity, and we very
18 much are looking forward to answering your
19 questions. Thank you.

20 MAJORITY CHAIRMAN ADOLPH: Thank you,
21 gentlemen. Secretary Tennis, would you like to
22 introduce your --

23 SECRETARY TENNIS: Yes. Thank you for
24 the reminder. On my immediate right is our bureau
25 director for administration who handles our fiscal,

1 Terry Matulevich, who's a veteran of the Office of
2 Drug and Alcohol, and then the bureau and now the
3 department, and somebody we rely on very, very
4 heavily.

5 On my far right is my new deputy
6 secretary, Cheryl Dondero. Kim Bowman was here at
7 my side a year ago. She's back in Chester County.
8 I'm very, very pleased to have another veteran of
9 state government that can help us maneuver through
10 state government in a way that we have not been
11 able to before. Thank you.

12 MAJORITY CHAIRMAN ADOLPH: Thank you.
13 Secretary Wolf, good morning.

14 SECRETARY WOLF: Good morning, sir.

15 CHAIRMAN MAJORITY ADOLPH: My first
16 question is regarding the loss of tobacco
17 settlement money --

18 SECRETARY WOLF: Sure.

19 CHAIRMAN MAJORITY ADOLPH: -- and how
20 that will affect your budget, and what steps have
21 you taken to address that?

22 SECRETARY WOLF: Certainly. Obviously,
23 the whole question around the arbitration was
24 something we were not expecting. We have, I
25 believe, handled it to the best of our abilities.

1 What it meant from us from a programmatic
2 standpoint was very simple. It meant that there'd
3 be no funding for the CURE universities this year.
4 We also had to reduce the scope of what we're
5 engaged in around the tobacco cessation work.

6 I would say, importantly, that we have
7 continued working through that process. We are
8 meeting all the FDA requirements, the CDC
9 requirements, for what the state is bound to do by
10 the funding that we receive around tobacco
11 cessation from other programs.

12 We think we are meeting the core
13 requirements for it, and we're looking forward to
14 having additional funds to spend next year. We're
15 working very hard with our partners to see what
16 kind of creative ideas that we can be engaged in,
17 and we feel like we're doing a good job there.

18 CHAIRMAN MAJORITY ADOLPH: The dollar
19 amount?

20 SECRETARY WOLF: Roughly, it would be
21 38 million for CURE and approximately right around
22 6 and a half million for tobacco, so we lost 45,
23 \$46 million.

24 CHAIRMAN MAJORITY ADOLPH: That seems to
25 be a lot less than the figures that I've heard.

1 I've heard up over \$150 million lost in tobacco
2 money.

3 SECRETARY WOLF: With the recognition
4 that I'm speaking only from the Department of
5 Health's perspective. There were other departments
6 affected by this.

7 CHAIRMAN MAJORITY ADOLPH: I see.

8 SECRETARY WOLF: So, I can only speak to
9 it from our perspective.

10 CHAIRMAN MAJORITY ADOLPH: Thank you.

11 Next question: I believe we talked a
12 little bit about this last year, and, of course,
13 I'm going to address this question to Secretary
14 Zogby as well.

15 There's some line items in the
16 Department of Health that, fortunately, over the
17 last two other administrations, we've always been
18 able to get them back in after the budget process
19 and during the budget process. It adds up to be a
20 little somewhere between seven to \$8 million.
21 These are diabetes programs, sickle cell programs,
22 epilepsy programs.

23 I'm looking at the budget, and I'm
24 looking at these line items. Most of them were
25 zeroed out, but some of them were decreased by 60

1 percent, and then one was left alone. So, at first
2 I thought, whoever's making this decision. The
3 decision was, okay, cut out all those line items
4 that the legislators like, and then they'll get
5 them back in. But, they must have taken a closer
6 look at that, because not all of them were zeroed
7 out. Do you have any explanation for that?

8 SECRETARY WOLF: I think what I would
9 say, Chairman, is a couple of things. Number 1,
10 obviously, as the Administration puts together its
11 budget, tough decisions have to be reached. We
12 also recognize that what we put forward is the
13 beginning of a conversation that will occur over
14 the next several months with this legislative body,
15 with yourselves and with your counterparts in the
16 Senate. We will, of course, always be happy to do
17 the work that is required of us.

18 When the final budget comes through, I
19 think we would say that governing is, we're putting
20 forward some of our priorities; you're going to
21 have your priorities, and we're going to meet
22 somewhere in the middle.

23 CHAIRMAN MAJORITY ADOLPH: Okay. Well,
24 zeroing them out is not meeting us in the middle.
25 I know these programs are successful. I know the

1 families that are involved in these programs.
2 Every year they come up and they lobby the
3 legislature.

4 When you're looking at a 29-billion-
5 dollar budget and some of these line items for
6 500,000, \$50,000, I think it would be nice that we
7 would not have to address this year in and year
8 out. That was my request, and I'm certainly one
9 who's in favor of putting them back in.

10 I wish there was a better answer than
11 just, you know, the government ping-pong. That
12 being the case, I accept your answer, and we'll
13 continue to work to get them back into the budget
14 process.

15 Chairman Markosek.

16 MINORITY CHAIRMAN MARKOSEK: Thank you,
17 Chairman Adolph. Good morning, ladies and
18 gentlemen. My question is for Secretary Wolf.

19 The current budget, the '13-'14 year
20 budget, assumes a closure of 24 of the
21 Commonwealth's 60 state health centers, resulting
22 in an elimination of about 50 positions. I
23 understand there's a court case --

24 SECRETARY WOLF: Correct.

25 MINORITY CHAIRMAN MARKOSEK: -- and I

1 don't expect you to comment on the court case.
2 But, does your current budget request assume those
3 closures? And if the court goes the other way
4 again, or --

5 SECRETARY WOLF: I think two things.
6 Let me go back and address why we're interested in
7 pursuing this, and then let me speak to the
8 question around the lawsuit.

9 So, our core focus, as it related to
10 state health centers, and the idea that we have
11 been driven by is, in the realm of implementing the
12 Affordable Care Act, how do we do a better job of
13 providing services into the community instead of
14 making the community come to us. We're very
15 dedicated to that.

16 In the areas in which we've been able to
17 do that, we've seen some really interesting
18 partnerships that have been formed. We're working
19 a lot more with your collective legislative
20 offices. We're doing more things as it relates to
21 outreach and letting people know.

22 It's been everything from, we've been to
23 more churches; we've been to food banks; we have
24 been to thrift shops. We've been to places where
25 people gather, and that was our focus.

1 Specifically as it relates to the budget
2 and, unfortunately, you referenced the lawsuit that
3 we are under, I really can't get into too many
4 specifics other than to tell you two things:

5 One, we are in the process of
6 negotiation. We believe those negotiations will be
7 fruitful.

8 The second is that the residents in
9 those communities are still being served. We
10 believe that we continue to do the right thing by
11 pushing to get people into the communities. What I
12 would say to you is, we'll be happy to engage in
13 the conversation once the lawsuit is settled so we
14 can answer more of your questions directly.

15 MINORITY CHAIRMAN MARKOSEK: Okay. I
16 guess what I was getting at, do you have a plan B
17 if the lawsuit doesn't go your way?

18 SECRETARY WOLF: I think we're prepared
19 for whatever contingency may come forward. Again,
20 we are in that process of negotiation. We hope
21 that those negotiations will be fruitful for us.

22 MINORITY CHAIRMAN MARKOSEK: Just one
23 other brief question relative to the sickle cell.

24 SECRETARY WOLF: Sure.

25 MINORITY CHAIRMAN MARKOSEK: I believe,

1 and you can correct me if I'm wrong, there was
2 additional money put in over the asked-for last
3 year. But, this year, I believe the Governor has
4 proposed the same money. Will you be looking for
5 the additional money for that as well?

6 SECRETARY WOLF: I think I would say the
7 same thing to you, Chairman, that I said to
8 Chairman Adolph. The Administration has put
9 forward its initial offering, and there will be a
10 great deal of negotiation. As always, we're happy
11 to work with those groups that receive those line
12 items.

13 We understand the good work that they're
14 doing and appreciate the work that has been done
15 for the citizens of Pennsylvania.

16 MINORITY CHAIRMAN MARKOSEK: Thanks. I
17 think the Chairman and I share a lot of the same
18 concerns about those various line items, and we'll
19 work with you in making sure they get properly
20 funded.

21 Thank you, Mr. Chairman.

22 SECRETARY WOLF: Thank you.

23 CHAIRMAN MAJORITY ADOLPH: Thank you,
24 Chairman. We have three chairmen with us today for
25 the standing committees. Just for their

1 information, the protocol will be Chairman
2 DiGirolamo, then Chairman Fabrizio if he has some
3 questions, and then Chairman Baker. Then we'll
4 move on to the Appropriations Committee members.
5 So, without further ado, Chairman DiGirolamo.

6 REPRESENTATIVE DIGIROLAMO: Thank you,
7 Mr. Chair. Good morning to both of you. My
8 questions will be directed to Secretary Tennis.

9 First, I'd like to thank you for the
10 good work you're doing; not only you but your
11 staff. The scope of the problem in Pennsylvania is
12 just absolutely enormous. I still get excited when
13 I say the Department of Drug and Alcohol Programs.

14 I'd like to thank the other members
15 here, Democrat and Republican, who were here when
16 we passed the bill to create the new department
17 back in 2009. The bill got out of the House with
18 only a couple negative votes. Almost everybody
19 here who was there voted for this new department.
20 I know some of the good work that you're doing;
21 absolutely life-saving work.

22 Would you mind giving us a little report
23 on what you're doing? This heroin problem is
24 absolutely epidemic, and as everybody knows, it's
25 being fueled by the prescription drug opiate

1 problem. It's just tragic; 22 deaths out in
2 western Pennsylvania, Allegheny and Westmoreland
3 County; 22 deaths from heroin. The heroin problem
4 is being fueled by the opiate prescription drugs.
5 What are we doing about this, Secretary?

6 SECRETARY TENNIS: Thank you, Mr.
7 Chairman. Yes, it is a huge problem, and it
8 continues to get worse. As you all know, the
9 heroin problem has been fueled by the prescription
10 drug abuse problem; that individuals, because of a
11 change in prescribing practices that occurred in
12 the '90's and it's sort of ramped up steadily and
13 steadily to more and more pain opioid prescribing
14 for pain management, that more and more people are
15 getting addicted to prescription opioids.

16 Ultimately, their lives are spinning out
17 of control. They can no longer afford to get those
18 or are not able to get those opioids, and then they
19 switch to heroin. And as a result, we're seeing an
20 incredible heroin overdose and prescription drug
21 overdose problem, to the extent now that drug
22 overdoses have overtaken car crashes as the leading
23 cause of accidental death in America and in
24 Pennsylvania. So, it is a huge problem. We're
25 working on it in any number of fronts.

1 To try to get to the core of the
2 problem, my co-chair over here, Doctor DeLone, we
3 are co-chairing a group we just started in December
4 of leading pain management doctors, professionals
5 in the area from Penn, Geisinger, Jefferson,
6 University of Pittsburgh, to identify what are best
7 and safest pain management practices specifically
8 with regard to prescribing of opioids, because
9 there are other ways to manage pain other than
10 opioids.

11 We've had our first meeting; it was very
12 productive. I think we've settled on those. This
13 is an example of the kind of collaboration we've
14 had. I think we had five or six departments there
15 that actually have a touch on this issue:
16 Department of Public Welfare, Insurance, State,
17 obviously, Health, Aging; to look at, once we
18 identify what those practices are, what can each of
19 our departments do to promote and drive those
20 practices?

21 That's really the goal. It's that
22 simple. We've got to get the prescribing under
23 control, and that's something, any time I get a
24 microphone in front of me I say, because so many of
25 us have had the experience of going to the dentist

1 for some procedure and being given 20 heavy-duty
2 pain killers when we might have needed two or
3 three, if that, and maybe even having refills on
4 them.

5 Doctors are meant to do no harm, but
6 with a quadrupling of prescription drug overdoses
7 in the last 10 years, that's not being followed.
8 So that's one example.

9 We have an Overdose Rapid Response Task
10 Force that I started. That's federal, state and
11 local; both law enforcement, health and treatment.
12 We've really gathered together emergency
13 responders, folks from emergency departments, DEA,
14 the state A.G.'s Office, the state police, and then
15 we've had the treatment providers association;
16 they're represented as well.

17 What we're trying to do, these areas of
18 health care, law enforcement, treatment tend to be
19 siloed. And what happens as a result is, the
20 information passing from one discipline to the
21 other can take sometimes a month or two, and we
22 unnecessarily lose lives as a result.

23 One example: Fentanyl has popped up,
24 popped up last spring, late spring and early summer
25 in Lebanon County and in a couple of other

1 counties, and that's what really started this
2 thing. We were gonna say, what can we do to get on
3 to fentanyl fast?

4 And the coroners are really a critical
5 part of that group, and they now have a fast-
6 reporting form. If coroners see people who have
7 died of fentanyl overdoses; if we can get that
8 information onto a platform, and the state police
9 have volunteered, they're putting this together for
10 us, this platform with Homeland Security dollars,
11 that information could be made available
12 immediately, like, within days, to law enforcement,
13 they could be sending in undercover officers to
14 make those undercover buys and get the fentanyl off
15 the street.

16 Another example: We have a warm
17 hand-off group that the treatment providers have
18 worked with us on, and we've actually sent out a
19 directive to our county drug and alcohol directors,
20 work with your emergency rooms. If somebody comes
21 in and they survive an overdose, we need to have a
22 more robust response to get them into treatment.
23 Because, many people who die of drugs overdoses
24 have survived previous overdoses and we've missed
25 the opportunity, so we've got a good opportunity to

1 get them into treatment. We've got any number of
2 other -- I don't know where to stop here,
3 Representative.

4 CHAIRMAN MAJORITY ADOLPH: I would
5 suggest now.

6 REPRESENTATIVE DIGIROLAMO: Secretary
7 Tennis, thank you for your good work. You
8 mentioned a coroner's report. I would ask the
9 members to pull their coroner's report. I have
10 from many of the different counties. It's just
11 amazing. Three-quarters or better of the people
12 that die from an accidental drug overdose are dying
13 either because opioids or heroin were involved.

14 In Philadelphia alone last year, 1,000
15 people almost died from an accidental drug
16 overdose, and 750 died because of either heroin or
17 opiate drug prescription.

18 The prescription drug monitoring bill,
19 we've got to get that passed. Me and
20 Representative Baker have been working on that for
21 almost four years. We've got it out of the House.
22 It's over in the Senate. I think that will be
23 really good if we can get that passed. That will
24 really put a dent in the problem.

25 I just circulated a bill, and just a

1 quick comment. It's a Good Samaritan bill for a
2 limited amount of immunity for drug overdoses
3 combined with Narcan, which is an absolute miracle
4 drug when it comes to opiates. I'm doing this with
5 Representative Franklin. Just a quick comment on
6 Narcan and how good it is and how we should be
7 doing something with that.

8 SECRETARY TENNIS: Well, it works. I'm
9 just going to give you one quick example. Quincy,
10 Massachusetts, they actually implemented a plan
11 where it's a city of a hundred thousand. They gave
12 the police department the Narcan nasal cannisters.
13 They trained the police how to use them. It takes
14 about 15 minutes to train them. In three years,
15 they reversed 170 overdoses in a city of a hundred
16 thousand.

17 Now, think of the impact that could have
18 in Pennsylvania and saving lives. You can't get
19 people into recovery if they're dead. We have to
20 save the lives first, so that's got to be our first
21 priority.

22 REPRESENTATIVE DIGIROLAMO: It's a nasal
23 spray. It's easy to give out. So, we're gonna
24 look at that. Just real quick, and I'm gonna leave
25 you with this:

1 A number of weeks ago, I sent both
2 Secretary Wolf and you, Secretary Tennis, some
3 guidelines for physicians; something that the State
4 of Ohio just did. I think that is something
5 critically important that we have to look at here
6 in Pennsylvania; giving guidelines in place for
7 prescribers for these opiates.

8 SECRETARY TENNIS: Yes, I agree.

9 REPRESENTATIVE DIGIROLAMO: Thank you,
10 Mr. Chairman.

11 CHAIRMAN MAJORITY ADOLPH: Thank you,
12 Chairman DiGirolamo. I certainly do appreciate
13 your dedication and your passion to this issue,
14 along with the Secretary. I'm just going to ask
15 all the members and the chairs and the testifiers,
16 if you could keep your questions and the answers as
17 short as possible but to the point. I've already
18 advised the executive director to push back the
19 next group, the LCB. They were supposed to come in
20 here at 11. One question was about 15 minutes
21 long.

22 Chairman Fabrizio.

23 REPRESENTATIVE FABRIZIO: Thank you, Mr.
24 Chairman, and thank you for being here this
25 morning. One quick question for me.

1 Last year the department proposed to
2 modernize the state health centers--This is for
3 Secretary Wolf, I'm sorry--by closing in over them.
4 Could you give us an update on that?

5 SECRETARY WOLF: Sure. Again, what I
6 was saying to Chairman Markosek is, what I can say
7 is, we continue to believe that we're doing the
8 right thing by putting people into the community.
9 One of the challenges that we're facing, and part
10 of the reason we're happy to come back and talk
11 more about this is, there was a lawsuit that was
12 filed in July of this year. We are in the process
13 of negotiation right now. Until that is settled,
14 we really can't talk too much about what has
15 happened because we, essentially, stopped what was
16 occurring.

17 In the meanwhile, our staff has
18 continued to go into communities and has done so.
19 I think we're finding some great successes in those
20 communities in which we've been able to go there.
21 Again, we're happy to come back and have a longer
22 conversation; happy to meet with individual members
23 and talk about this once the lawsuit is settled.

24 REPRESENTATIVE FABRIZIO: Thank you.

25 CHAIRMAN MAJORITY ADOLPH: Thank you,

1 Chairman. Chairman Baker.

2 REPRESENTATIVE BAKER: Thank you,
3 Chairman Adolph. Good morning, everyone.

4 The Secretary of Health Wolf, I'm going
5 to ask you to enunciate on and elaborate on these
6 answers. But if your office could just merely
7 provide me or the Chairman with the information, it
8 would be very helpful, regarding the Primary Health
9 Care Practitioner Program. There's a couple of
10 highlights for the Department of Health that's
11 noteworthy and very, very positive, and that is the
12 increase of \$4 million in funding.

13 What I'd like to see is some specificity
14 with regard to the additional hospital residency
15 grants and to whom those are going to be awarded,
16 as well as the 70 additional loan repayment awards.
17 I'd like to see the dynamics of that and the
18 demographics and where those are going to be
19 allocated eventually.

20 Then the Community-Based Health Care
21 Subsidy Program, the additional \$4 million for
22 health care centers and the 36 existing health care
23 entities that are going to be benefiting from that
24 funding, I'd love to see that information as well
25 if you can provide that to me.

1 One of the important pieces of this was
2 to increase access to quality health care in
3 underserved areas. That includes critical access,
4 hospital areas, underserved rural health areas. I
5 just need to have confirmation that the focus and
6 the intent of that is being pursued and followed up
7 and followed through on and that that money is
8 going where it was intended to go.

9 Secretary Tennis, thank you for your
10 great work on the prescription drug support on my
11 legislation, Prescription Drug Monitoring Program.

12 You mentioned fentanyl. Is that a
13 stand-alone drug that people are abusing, or is
14 that being used in combination with other drugs?
15 Is it laced with heroin or other drugs? Could you
16 just elaborate on that?

17 SECRETARY TENNIS: Yes, Chairman Baker,
18 it's actually both. There is a form of fentanyl
19 that is laced into the heroin to make it more
20 powerful, and it also makes it more deadly. Other
21 individuals are on fentanyl patches that exist, and
22 they can be, basically, cut up and eaten by people
23 that are trying to get fentanyl, in which case,
24 that would be a pure fentanyl situation.

25 REPRESENTATIVE BAKER: Is it your

1 opinion, and I think it is, that the Prescription
2 Drug Monitoring Program, if we can put that finally
3 into place in Pennsylvania, it will actually save
4 lives? I believe there's only two states that
5 don't have such a program in place, and we are way
6 behind on implementing such an important piece of
7 legislation.

8 SECRETARY TENNIS: Pennsylvania badly
9 needs that prescription monitoring program.
10 They're proven to work. We will have a short-term
11 increase in treatment demand, but I think,
12 according to my conversations with Secretary
13 Mackereth, Healthy Pennsylvania will increase
14 access to treatment. That's gonna be badly needed
15 for the short term for those who are currently
16 addicted, but it does dramatically reduce the
17 number of new people getting addicted.

18 REPRESENTATIVE BAKER: Lastly, the
19 Healthy PA Drug Take-Back box initiative is
20 outstanding. I was there with the three of you,
21 with the Governor, when we kicked this program off.
22 It's my understanding, of the 250 take-back boxes
23 that were available, 200 of them have already been
24 accounted for. There's only 50 left. I'm hoping
25 that my area will be able to take advantage of a

1 few of those boxes that are left. We're working
2 with the district attorney's office to do that. I
3 do believe that will --

4 Could you just explain very quickly how
5 that's going to work?

6 SECRETARY TENNIS: This particularly
7 relates to our kids, because they tend to be the
8 ones who will take the prescription opioids out of
9 medicine cabinets. We're basically trying to
10 educate the public that it's no longer safe to
11 leave these in our medicine cabinets, but people
12 don't know where to get rid of them. If you flush
13 them down the toilet, they end up in our water
14 supply and it doesn't filter out; then we all get a
15 little of them, which we don't want.

16 These take-back boxes are placed in
17 police stations under DEA regs. It's a good idea
18 because they're a pot of gold at the end of the
19 rainbow. DAs can apply for them. We have 50 boxes
20 left. But now, Clean Water PA is offering more
21 boxes for Allegheny and Westmoreland County. We
22 have some new boxes coming from there, so we're
23 always looking for more. Ultimately, I would like
24 to see one of these boxes convenient for every
25 Pennsylvanian in the state. And that is the

1 Governor's plan, ultimately. We're going to keep
2 driving on that until that happens.

3 REPRESENTATIVE BAKER: Thank you very
4 much for your good work. Last question:

5 Doctor DeLone, General Delone, thank you
6 for your good work. You've been front and center
7 on all of these issues. In your opinion, what
8 would be the biggest health care challenge or
9 hurdle that you see in Pennsylvania that we need to
10 continue to be diligent on and pursue a resolution
11 for?

12 DR. DeLONE: That is a big question.

13 I think that health care, access to
14 care, quality of care, and affordability and
15 Healthy PA, as a statewide initiative, really needs
16 to occur. We have spent a lot of time with the
17 state innovation model trying to come up with a
18 plan that will improve health care throughout
19 Pennsylvania by having patients enter medical
20 homes, having payment reform; making sure that
21 we're getting quality care rather than volume care.

22 REPRESENTATIVE BAKER: Thank you very,
23 very much. Thank you, Mr. Chairman.

24 CHAIRMAN MAJORITY ADOLPH: Thank you.
25 Representative Cherelle Parker.

1 REPRESENTATIVE PARKER: Thank you, Mr.
2 Chair, and good morning to each of you.

3 Let me just start by saying, Secretary
4 Tennis, I want to just commend you for all of the
5 hard work that your department has put forth since
6 its existence. Representative DiGirolamo clearly
7 has been the champion in our chamber and all of the
8 work since your department has been created.
9 People back home in Philadelphia, my district, and
10 throughout the city, especially the providers, pay
11 very close attention and expect us to pay close
12 attention. So, I just want to offer my support in
13 any way, shape or form of your efforts.

14 My first question is for Secretary Wolf.
15 Secretary Wolf, one of the charges for the
16 Department of Health is to ensure that health
17 services are provided to students in our 500 school
18 districts. Unfortunately, for us in the City of
19 Philadelphia, in 2011, we laid off 100 nurses.

20 This past fall, we had a major tragedy
21 when a sixth grader in one of our public schools
22 died from severe asthma complications. She was
23 sent home because she complained of an illness and,
24 unfortunately, a nurse was not on duty at the
25 school that day.

1 Has the Department of Health
2 investigated that matter at all?

3 SECRETARY WOLF: I would have to go back
4 and ask that question of our staff. The thing I
5 would remind of you as well is, we recognize it was
6 an incredible tragedy for the family, for the
7 school district, for the other kids in that young
8 lady's class.

9 I think it's also a question for us of
10 looking at -- It's a formula funding. And also,
11 then, what are the ratios as well. I think what I
12 would say to you is, we are happily engaged with
13 the legislative body trying to answer those two
14 questions: Are we providing appropriate the
15 funding? Is it being done in an appropriate way?

16 And also, there is that ratio question
17 out there for us to look at, both of which are in
18 statute, and we would have to make some changes
19 there.

20 REPRESENTATIVE PARKER: I'm glad you
21 mentioned the ratios. That was the second part of
22 my question, Mr. Secretary.

23 Would the department recommend changing
24 the ratio under PA law? According to my notes
25 here, we have one nurse for every 1500 students.

1 Should we be moving to something lower?

2 The National Association For School
3 Nurses recommends one nurse for every 750 students,
4 and the ratio's different depending on the needs of
5 the student body, so you clearly hit the nail on
6 the head with that. Again, I want to extend an
7 olive branch to be willing to work with the
8 department, along with my colleagues on both sides
9 of the aisle, in looking at this issue.

10 Obviously, it all comes down to dollars
11 and cents. But when it comes to the health of our
12 students in schools throughout the Commonwealth, it
13 has to make sense to us. So, I would hope that the
14 department would review that to see what the ratios
15 should be in the Commonwealth.

16 In addition to that, I wanted to ask
17 you, and this is clearly a major issue in our
18 district office. My staff has given me a note
19 saying, what is the actual time for the processing
20 of a birth and/or a death certificate? Is there
21 anything that we should expect to improve as it
22 relates to the efficiency changes that you are
23 proposing?

24 SECRETARY WOLF: I guess a couple of
25 things. One, you are correct. There have been

1 some challenges that we have faced as it relates to
2 the issuance of birth and death records. We will
3 always strive to do better. We are working to
4 digitize as much as we can of that process. We
5 have been engaged in that over the last year.

6 But, until everyone can get what they
7 need, something on a more timely basis, and we can
8 do it as quickly as possible, then we shouldn't
9 settle. That's been the attitude that we have
10 taken, and we'll continue to take that attitude.

11 REPRESENTATIVE PARKER: So the notes
12 here, they tell me that the process and time
13 usually takes about six to eight weeks. As you
14 just referenced, if a constituent needs to correct
15 something and/or if they need additional
16 documentation, the process takes even longer. I'm
17 sure, after communicating with colleagues, again,
18 from both sides, the processing of birth and death
19 certificates are major issues and services that
20 people expect to receive from their legislators.
21 So anything we can do to improve that lag time
22 would be greatly appreciated.

23 SECRETARY WOLF: Thank you.

24 REPRESENTATIVE PARKER: Finally, I just
25 wanted to go on record about two issues. One, the

1 Pew Research Center released a report saying 45
2 percent of U.S. adults report living with one or
3 more chronic conditions like diabetes, lupus and/or
4 sickle cell.

5 I just wanted to note that anything that
6 we could be doing to improve our Pennsylvanians'
7 education as it relates to prevention efforts
8 and/or the funding mechanisms needed; that we need
9 to lobby for within the legislative process to
10 ensure that we are working to fund, research. And
11 fund prevention is extremely important, and I feel
12 a little passionately, obviously, about sickle
13 cell, lupus and diabetes because, even within my
14 own office here and in Philadelphia, I have several
15 of my staff members who are impacted by these
16 issues and living with these diseases every day.

17 SECRETARY WOLF: Thank you.

18 REPRESENTATIVE PARKER: Thank you.

19 CHAIRMAN MAJORITY ADOLPH: Thank you,
20 Representative. I'd like to acknowledge the
21 presence of Representative Petri and Representative
22 Harris, members of the Appropriations Committee, as
23 well as Representative Joe Hackett of Delaware
24 County.

25 The next question will be by

1 Representative Donna Oberlander.

2 REPRESENTATIVE OBERLANDER: Thank you,
3 Chairman. Good morning, Secretaries. Good
4 morning, ladies and gentlemen.

5 As you're well aware, Act 122 was signed
6 into law by Governor Tom Corbett in December 2013,
7 coming from legislation to help level the playing
8 field for Pennsylvania businesses; whereas, labs
9 from outside of our state were engaging in
10 prohibited practices that our own companies were
11 not able to do. As I said, the legislation was
12 signed into law in 2013.

13 My question to you, Secretary Wolf, is,
14 can you give us an update on whether or not the
15 department has issued any advisories, taken any
16 enforcement action? Where are we in the
17 implementation of Act 122?

18 SECRETARY WOLF: We have not put
19 anything in writing yet. We are in the process of
20 working with various stakeholders that are involved
21 in this. We recognize and appreciate that the
22 legislature passed Act 122. It was a question for
23 us of making sure that there was an equitable
24 treatment of the question around in-state versus
25 out-of-state labs. That has been fixed.

1 At the same point in time, as always
2 whenever you pass something into law, there's the
3 potential for unintended consequences, and we are
4 working through that process right now to make sure
5 that whatever we put forward in the very near
6 future will be -- everyone will understand what is
7 coming forward, and we're making sure that we're,
8 both, following the letter of the law, but we're
9 also not catching anyone by surprise as to what it
10 is we're gonna be doing.

11 REPRESENTATIVE OBERLANDER: Can you --

12 SECRETARY WOLF: Sure. I'll be happy to
13 expand for a quick second.

14 REPRESENTATIVE OBERLANDER: Please.

15 SECRETARY WOLF: Sorry. I just kind of
16 figured that's what you were going to ask me.

17 It's a question around other potentially
18 impacted, whether it be hospitals, physicians'
19 offices, specific specialties that could be
20 potentially impacted; nursing homes, et cetera.
21 Those are some of the people we're currently
22 working with.

23 REPRESENTATIVE OBERLANDER: Thank you.

24 Can you give me a better timeline of when we can
25 expect something to happen so that our own

1 businesses can see some increase?

2 SECRETARY WOLF: I don't think I can
3 give you a specific timeline today. What we'll do
4 is stay in touch with your office to make sure,
5 when we are able to put materials forward. And
6 we're trying to do so in an as expeditious manner
7 as possible. This is one of the challenges when
8 the piece of legislation includes a --

9 There was not a lot of window for us to
10 work through the process. It was effective-
11 immediately law. Sometimes there are challenges
12 that are involved with the passage of those. We're
13 going through those right now, and we'll try to do
14 this as quickly as possible.

15 REPRESENTATIVE OBERLANDER: Thank you,
16 Secretary. Thank you, Mr. Chairman.

17 SECRETARY WOLF: Thank you.

18 CHAIRMAN MAJORITY ADOLPH: Thank you,
19 Representative. I'd also like to acknowledge the
20 presence of Representative Jake Wheatley who has
21 arrived.

22 The next question will be asked by
23 Representative Dean.

24 REPRESENTATIVE DEAN: Thank you, Mr.
25 Chairman. Good morning, Secretaries. Thank you

1 for the work of your department, and thank you for
2 your work.

3 Secretary Wolf, I just wanted to start
4 and reiterate what both chairmen have talked about,
5 which is the zeroing out of some particular smaller
6 line items, and just voice my protest over using
7 those line items--I'm not saying it's your fault,
8 but whoever is doing this--using them as bargaining
9 chips.

10 Just to be really concrete and specific,
11 lupus, a hundred-thousand-dollar line item, zeroed
12 out; diabetes, a hundred-thousand-dollar line item
13 in a 29-billion-dollar budget, zeroed out; poison
14 control, 700,000; epilepsy support, 500,000;
15 Tourette syndrome, 150,000.

16 Those are relatively small numbers that
17 are really meaningful for the families affected by
18 these disorders and diseases. They will then come
19 into all of our offices. So, we waste so many
20 resources fighting for things that we know we're
21 going to refill, or I pray we're going to refill.
22 And I wonder why we waste time and energy and the
23 angst of those families by doing that. So, I just
24 wanted to reiterate that.

25 Secretary Wolf, to your presentation in

1 terms of access to quality care, I'm wondering what
2 conversations there were leading up to the budget
3 presentation and also leading up to last week's
4 application for waiver, Healthy PA with the federal
5 government, with the Governor, to say, maybe one of
6 the most immediate ways we can get people,
7 Pennsylvanians, access to care would be to opt into
8 Medicaid expansion now while we pursue our waiver
9 application.

10 Did your department have conversations
11 with the Governor like that?

12 SECRETARY WOLF: Most of those
13 conversations are, obviously, with the Department
14 of Public Welfare. I know that Secretary Mackereth
15 will be here later this week, so I'm certain you'll
16 be asking her the exact same question.

17 As it's specific to what the Department
18 of Health is doing, we believe very much and very
19 strongly that one of the areas that we should be
20 focused on at the department is, we have existing
21 programs that are aimed at how do we do a better
22 job of retraining medical professionals, making
23 sure that they can stay here in the state of
24 Pennsylvania. That's one of the things we're
25 doing.

1 Second thing is, how do we do a better
2 job of looking at those underserved communities and
3 helping to put primary care clinics in those
4 places. Again, those are the two things we can do
5 immediately, and have done immediately, and believe
6 that those are two of the right things that we can,
7 at the Department of Health, do.

8 REPRESENTATIVE DEAN: But in terms of
9 the numbers, we're talking about a half a million
10 Pennsylvanians that would be affected by this
11 uninsured folks, so they don't have adequate
12 access.

13 In terms of just dollars to
14 Pennsylvania, it's estimated that we are forfeiting
15 \$7 million a day. We're 55 days into this year.
16 That's \$385 million, federal dollars not flowing
17 into Pennsylvania that would directly impact your
18 work.

19 So, I just ask and urge everybody to,
20 while the Governor pursues his waiver application,
21 opt in now. We could do it in this quarter, and
22 people would be covered in this quarter and they
23 would have access to care.

24 I think it would directly impact, also,
25 the work that you're doing, Secretary Tennis, in

1 terms of helping people with addiction and
2 education and treatment. Maybe if I could shift
3 gears and ask you a little bit about your work.

4 Could you talk about your appropriation,
5 both state and federal, and maybe give us some
6 notion of the numbers? How many people are
7 affected; how many people are we able to treat and
8 help with the prescription or other addictions?

9 SECRETARY TENNIS: Right now, we get a
10 federal block grant of \$58 million. We've taken
11 every opportunity to seek federal discretionary
12 grants. So, we have one for Philadelphia, for
13 example, for homeless women with co-occurring
14 mental illness and drug and alcohol addiction
15 problems, which has given us another couple million
16 dollars a year. We get a state appropriation of
17 41 million. So, most of the funding, actually, for
18 drug and alcohol treatment for public-funded, most
19 of it actually goes through HealthChoices and
20 Medicaid HealthChoices.

21 In the Healthy PA proposal, one of the
22 things that we've been very glad to hear from the
23 Department of Public Welfare about is that those
24 with drug and alcohol addiction will be deemed
25 medically frail, which means, as opposed to getting

1 onto a private health insurance with the premium
2 reimbursed, they will actually go into Medicaid.
3 So that will help us a lot.

4 Nationally, this has been the disease
5 that we have not chosen to really fully take care
6 of. That's one of the reasons why I'm so thankful
7 that the legislature and the Governor have made
8 this a department, because it brings attention to
9 that. Nationally, we fund enough treatment to take
10 care of one person for every 10 people with this
11 disease.

12 Pennsylvania, we do better because we
13 have good insurance laws. It's more like 1 out of
14 8. It will get better under Healthy PA. But as a
15 result, for every dollar we don't spend on
16 treatment, we're spending \$7 in corrections and
17 criminal justice costs. 70 percent of the people
18 in the Department of Corrections are there with
19 untreated addiction. And we know that when we do
20 treatment with clinical integrity, we can reduce
21 recidivism by two-thirds to 70 percent. In
22 Pennsylvania, we've actually done even better. We
23 even have better results.

24 Clinical integrity is a tough issue
25 because, when you're so underfunded, there's a huge

1 pressure on the system financially; a financial
2 pressure for programs that don't necessarily get
3 the money they need to give people. If they need
4 six months' residential treatment for an opioid
5 addiction, for example, they may be able to give 30
6 days or 40 days, so the outcomes suffer.

7 It's really important, so part of our
8 balance is, we're working with Healthy
9 Pennsylvania. We're looking across the system for
10 ways of getting more resources to cover treatment
11 and, at the same time, trying to push the system to
12 get back to where it was, where we could really get
13 people the amount of treatment they need. That
14 really has to do with getting them long enough time
15 in residential to follow the gradual step-down in
16 treatment services, the wraparound services for
17 vocational. We want people to be able to have a
18 job, have a stable living environment. Those
19 things all contribute to good, good recovery
20 outcomes.

21 So, it's an area that there is so much
22 work to do, and it's going to take us years to do
23 it, but we're working on it. We're making
24 progress. I think Healthy PA will be a good step;
25 really, actually, a historic step forward if we

1 really make sure those with drug and alcohol are
2 able to get that full Act 152 benefit. And thank
3 you for the question.

4 REPRESENTATIVE DEAN: No. Thank you for
5 your work. My final question is, in light of --
6 we're increasing some gaming in Pennsylvania, and I
7 know part of your department's mission is the
8 treatment of gambling addiction as well as other
9 addictions. Can you tell us what you're doing in
10 that area?

11 SECRETARY TENNIS: We get about
12 \$5 million for gambling. Most of that money goes
13 to our county drug and alcohol directors where they
14 run prevention and treatment. We have two or three
15 staffers that sort of oversee the quality, making
16 sure it gets done. They work with the county drug
17 and alcohol directors to really look at quality.

18 The bulk of the dollars go into -- our
19 focus is on problem gambling or compulsive
20 gambling. So we kind of work on prevention areas
21 there; to help people self-identify; help people
22 get into treatment at the level they need.

23 REPRESENTATIVE DEAN: All right. Thank
24 you, Mr. Chairman.

25 SECRETARY TENNIS: Thank you.

1 CHAIRMAN MAJORITY ADOLPH: Thank you.
2 Representative Curt Sonney.

3 REPRESENTATIVE SONNEY: Thank you, Mr.
4 Chairman. Gentlemen, thank you both for being
5 here, and ladies.

6 First I have a question for Secretary
7 Wolf. I'd like to follow up a little bit more on
8 Representative Baker's questioning. When you
9 provide that information, if you could also provide
10 us with the money that's gone into the student loan
11 forgiveness. Was that a 10-year payback; the
12 commitment is a 10-year?

13 SECRETARY WOLF: It won't be a 10-year
14 commitment any longer. If you give me one quick
15 second, I believe we're knocking it down to that
16 they work for three to four years in medically-
17 underserved areas, if I remember correctly, and
18 we'll confirm this; and that we're going to put
19 that into a two-year commitment as well.

20 One of the challenges that the state of
21 Pennsylvania has had, especially for an area like
22 yours where we're competing against other states
23 and other state programs. One of our biggest
24 challenges is that, until we're -- we're in that
25 process of redesigning right now. We have not been

1 able to match what other states are doing, and
2 because we have not been able to match what other
3 states are doing, what the federal government is
4 doing, we're losing students.

5 You have a wonderful institution up in
6 your area with the Lake Erie Osteopathic School of
7 Medicine. They do a tremendous job of providing
8 and creating family docs. And we think, if we can
9 do a better job of making sure we're retaining
10 those kind of folks and doing a better job of
11 keeping a relatively small percentage of the
12 medical students here in the state of Pennsylvania
13 to practice in the state of Pennsylvania, we're
14 going to be in much better shape.

15 REPRESENTATIVE SONNEY: The intent was
16 to focus on the rural and the underserved areas.
17 I'd really be interested in knowing how successful
18 we are on keeping them in those areas once we've
19 repaid their loans.

20 SECRETARY WOLF: We'll be happy to get
21 back to you with that specific information.

22 The American Medical Association has
23 said about 70 percent of the physicians, wherever
24 they do their residency, is where they tend to
25 stay. If you look at it and you think of it in

1 that manner, if we're able to keep some percentage
2 around there, I think that would be a very positive
3 step moving forward for us.

4 REPRESENTATIVE SONNEY: I'd be
5 interested to see those numbers. Obviously, the
6 program hasn't been in existence for a terribly
7 long time at this point, so I realize it would be
8 kind of difficult to narrow it down. But I'd
9 really like to know if they're jumping out right
10 away.

11 SECRETARY WOLF: Sure. We'll be happy
12 to.

13 REPRESENTATIVE SONNEY: For Secretary
14 Tennis, we've got a lot of money that goes into
15 trying to treat people with addiction. As kind of
16 a two-part question, we know that recidivism is
17 always a concern. I'd like to know if you could
18 supply some numbers to the committee that kind of
19 breaks it down to how much of an investment is it
20 per person or per addiction to be able to get to
21 that success rate that we're really looking for.

22 SECRETARY TENNIS: That's a great
23 question. It really needs to be individualized
24 because -- When I was talking about clinical
25 integrity, I was really talking about doing a good,

1 individualized drug and alcohol assessment. We
2 have something called the Pennsylvania Client
3 Placement Criteria that says where that individual
4 needs to go, and I'm gonna just to tout the kind of
5 results.

6 The Pennsylvania Commission on Crime and
7 Delinquency, which, pretty much consistently does a
8 beautiful job with everything they do, has a
9 Restrictive Intermediate Punishment Treatment
10 Program. They are about to come out with a study,
11 and for those --

12 We have a number of former prosecutors
13 in the room. The recidivism rates are 13.9 percent
14 for those who get diverted into treatment. These
15 are drug-addicted or alcohol-addicted criminal
16 justice offenders committing pretty serious crimes;
17 they would be almost all coming back. But we're
18 getting the recidivism rate down to 13.9 percent at
19 12 months; about 17 percent at two years after
20 completing the entire program, at which point it
21 pretty much flattens out.

22 For drunk drivers, the recidivism rate
23 is 2.9 percent. The folks that are committing
24 multiple drunk drivings and other offenses are
25 getting better almost entirely in drug and alcohol

1 treatment. And we have a law on the books;
2 unfortunately, not well-enforced. If we were to
3 treat everybody that came in that had a drug and
4 alcohol problem that had drunk drivers, this is the
5 kind of impact we would have.

6 In the Department of Corrections today,
7 5,100 offenders are sitting in there who had a
8 prior DUI. If we had an intervention opportunity
9 to do drug and alcohol treatment, with those kind
10 of recidivism rates, those individuals, for the
11 most part, could be out sober, working their jobs,
12 supporting a family. But instead, they're sitting
13 in the Department of Corrections after having
14 committed mostly violent offenses. So, 5,100 had a
15 DUI before they committed the offense that's got
16 them locked up right now.

17 The potential impact here for this
18 investment, the potential return on the investment,
19 is enormous. The research shows about a 7-dollar
20 return in reduced criminal justice costs for every
21 dollar invested in treatment, and another \$5 in
22 reduced health care costs. So, it's a tremendous
23 return on the investment. This is the one disease
24 we should really be going all out on, taking care
25 of, if we want to make the job of the

1 Appropriations Committee a little easier.

2 REPRESENTATIVE SONNEY: You touched on
3 the fact that they need to complete the programs.
4 So, any information you could give the committee on
5 not a total breakdown, but especially, probably,
6 heroin and alcohol, opiates, what would be the
7 length of those treatment periods that are
8 suggested and the cost per individual to complete
9 those treatments.

10 SECRETARY TENNIS: We'll send you some
11 examples, some scenarios of that. But, I would
12 say, someone with a serious opioid addiction, the
13 sweet spots, depends on the individuals, it's
14 probably going to come in around six months'
15 residential, followed by intensive outpatient with
16 supportive housing and working with the wraparound
17 services.

18 And the cost -- Again, we'll get that to
19 you, but the cost of not doing it is an individual
20 who's going to cycle in and out of our criminal
21 justice system; hurting people all the while,
22 committing several crimes a day.

23 We could reduce our crime rates. If we
24 get to the point where we fully fund this disease,
25 we can reduce our crime rates by more than half.

1 It will take years. It will take us a long time to
2 build up to that point. But if we do it, we will
3 have safer communities, and you'll be spending far
4 less money because of the savings on shutting down
5 prisons and jails and all the other costs from
6 taking care of this.

7 Untreated addiction is what drives crime
8 in Pennsylvania and in the nation, for the most
9 part. That's just a fact. The more we can wrap
10 our arms around that and decide we're going to take
11 care of that, then the more we're going to end up
12 saving a lot of money and having a lot less
13 suffering in our communities; both the 1 out of 4
14 families with the disease and those who are
15 committing crimes, which is a minority of people
16 with addiction, but they're still committing most
17 of the crimes, and a lot fewer crime victims.

18 REPRESENTATIVE SONNEY: Thank you.
19 Thank you, Mr. Chairman.

20 SECRETARY TENNIS: Thank you for that
21 question.

22 CHAIRMAN MAJORITY ADOLPH: Thank you,
23 Representative. Next question will be asked by
24 Representative Jake Wheatley.

25 REPRESENTATIVE WHEATLEY: Thank you, Mr.

1 Chairman. Good morning, Mr. Secretaries.

2 I wasn't going to start with this
3 question, but since you finished with your last
4 one--you said untreated addictions is what drives
5 most of our crime--would you also say that most of
6 these untreated addicted individuals might also
7 have some form of mental or behavioral health
8 issue?

9 SECRETARY TENNIS: That's a great
10 question, Representative. The issue of
11 co-occurring is one that's constantly being looked
12 at and kind of being hashed through by the
13 professionals, by the researchers. I would say, a
14 lot of individuals with addiction have co-occurring
15 mild mental illness such as depression or anxiety
16 disorder.

17 And often, when we do the addiction
18 treatment, when that gets done, when they get
19 recovery, those lesser mental illnesses clean up;
20 those lesser mental diseases. The depression
21 cleans up with the addiction. The anxiety
22 disorders often do. They get the tools to deal
23 with that.

24 On the other hand, then we have another
25 very substantial percentage--I don't know if it's a

1 majority. I would think maybe 30, 40 percent--that
2 might present -- or, actually, probably less than
3 that.

4 I have my expert back here. I'll
5 actually get you the exact numbers; those that
6 present with serious mental illness; the ones that
7 we're targeting in that grant that I mentioned to
8 you that we're doing in Philadelphia; individuals
9 with schizophrenia, Dissociative Identity Disorder,
10 bipolar; those kinds of diseases.

11 We have some folks that have serious
12 mental illness and then they have drug and alcohol
13 problems as well. They are a significant
14 percentage. They require more resources, more
15 treatment, more effort. It's a tricky business
16 doing the treatment, but we have very, very good
17 programs that handle those.

18 So, you're right that it exists, but
19 when people talk about the co-occurring disorder or
20 the dual diagnosis, it really means different
21 things. We need to distinguish between where
22 there's low-grade mental illness that's really spun
23 out of the lifestyle that's really just been
24 wrecked by addiction versus somebody that really
25 brings into the situation a serious mental illness,

1 such as schizophrenia.

2 REPRESENTATIVE WHEATLEY: How much input
3 does your department or the Department of Health
4 have as it relates to policy issues? How much
5 discussion do you sit in with, as we are developing
6 or the Governor is developing policy, that you
7 share your input and your knowledge about the
8 co-occurrence and the lack of the funding and so on
9 and so forth?

10 SECRETARY TENNIS: I've worked with the
11 Governor, actually, since the mid '90's on getting
12 more drug and alcohol treatment. He understands
13 that in the criminal justice system -- The Governor
14 has really empowered this department to move
15 forward on all kinds of initiatives, such as the
16 prescribing practices.

17 We just started an issue to try to look
18 at what the access to treatment is for
19 Spanish-speaking populations, which is less than it
20 is for everybody else. We have been given, really,
21 kind of the green light to move forward in all of
22 the areas that we're identifying. We really feel
23 very much at liberty to pursue these issues.

24 Healthy Pennsylvania is an example
25 where, as that proposal has been put together,

1 we've asked for -- and Secretary Mackereth and the
2 folks putting that together have really been very
3 receptive to the fact that we want to use this
4 opportunity to expand access to treatment. So,
5 under that proposal, because they will be deemed
6 medically frail and Medicaid- eligible, that means
7 it will really be an expanded group of people that
8 are going to be bale to get --

9 REPRESENTATIVE WHEATLEY: Would they
10 have to be seeking employment in order to --

11 SECRETARY TENNIS: No.

12 REPRESENTATIVE WHEATLEY: Okay.

13 SECRETARY TENNIS: No, sir. We've been
14 given a green light to move forward, and we have
15 more to do than we have time to do it with. So
16 we're moving forward on a lot of different
17 important fronts.

18 REPRESENTATIVE WHEATLEY: My final
19 question, and maybe this goes to you or goes to the
20 Secretary of Health. I was recently in a meeting
21 with the Jewish HealthCare Foundation, who, as you
22 all know, are the fiduciary agency for a lot of the
23 HIV/AIDS resources that come into the county. One
24 of the things that they suggested is that the
25 department is going through a process now that may

1 put out either one funding agency for the entire
2 state, or you might cut the state up in various
3 parts.

4 Do you know where you're going as it
5 relates to the funding resources for HIV and AIDS,
6 and how will it impact those providers and
7 fiduciary agencies?

8 SECRETARY WOLF: And we recognize, the
9 organization you referenced is a very strong
10 partner for us. One of the things that they may be
11 referencing as well is a question surrounding that
12 we're combining this year, for the first time in
13 the budget, two line items that have traditionally
14 been separate. We've combined them both because
15 the SPBP Program moved to the Department of Health
16 and we no longer have a necessity for it.

17 But, also, we're doing so at the request
18 of our federal funders. So, at that request, we're
19 doing so. It also allows us to be a little more
20 flexible in the way in which we're spending,
21 particularly the Ryan White grant funding for drug
22 purchases. And we'd be happy to double back to you
23 on any questions surrounding changes as well,
24 Representative.

25 REPRESENTATIVE WHEATLEY: Do you know

1 what time frame you will be --

2 SECRETARY WOLF: Not specifically, no.

3 REPRESENTATIVE WHEATLEY: Okay. Thank
4 you. Thank you, Mr. Chairman.

5 CHAIRMAN MAJORITY ADOLPH: Thank you,
6 Representative. Representative Pyle.

7 REPRESENTATIVE PYLE: Thank you,
8 Chairman. Secretary, Secretary, Doctor, thank you.
9 I'm gonna try to win the Chairman's gold star for
10 quickest interrogation.

11 Have we ever drawn a correlative study
12 between the people we have enrolled in our heroin
13 addiction programs versus who's drawing welfare
14 benefits concurrently? I don't need an answer
15 right now, but I would like that information later.

16 Second, are we still paying mileage to
17 haul these guys to the closest treatment center?
18 Again, Chairman, I can take those answers later.

19 SECRETARY TENNIS: Yes, we are.

20 REPRESENTATIVE PYLE: Thank you,
21 Chairman.

22 SECRETARY TENNIS: Thank you.

23 CHAIRMAN MAJORITY ADOLPH: Thank you,
24 Representative. You did get the award.
25 Representative Sabatina.

1 REPRESENTATIVE SABATINA: Thank you,
2 Chairman. Secretary Tennis and Secretary Wolf,
3 thank you for your testimony today.

4 Secretary Tennis, last year I had begun
5 a conversation with you about Vivitrol. You shared
6 some information with me. I'd like you to expound,
7 what have we learned in the past year about
8 Vivitrol and its effects and its use.

9 The second part of that question is,
10 medicinal marijuana. Has the department conducted
11 or looked at any studies to, I guess, substitute
12 medicinal marijuana instead of opiates and pain
13 killers?

14 SECRETARY TENNIS: On the first question
15 about the Vivitrol, we spoke about it last year.
16 Naltrexone is the actual chemical. What it is,
17 it's injected in a way so that it releases over a
18 month. It's kind of like, a little bit like
19 Antabuse for alcohol, except it doesn't make you
20 sick. You just can't get high off of opioids when
21 you have naltrexone in your system.

22 When you speak with the makers of
23 Vivitrol, they will tell you something that's true,
24 which is, Vivitrol is a good support for somebody
25 when they're coming out of treatment to help them

1 stay clean. It is not a substitute for treatment.
2 There's no research showing that you can do less
3 treatment with Vivitrol.

4 If you do treatment, give people the
5 amount they need, they really get long enough as
6 they should, you can take what are really good
7 outcomes and make them even better. There's a
8 small study of the Department of Corrections, and I
9 regularly talk to John Wetzel about this; it's
10 turned out to be a pretty small number of people.
11 I know the Department of Public Welfare has a pilot
12 they're doing in Philadelphia.

13 I think the trick is this: I think the
14 key issue of Vivitrol is that it has some promise,
15 but we've really got to always keep our eye on the
16 ball in the sense of making sure we're giving the
17 programs; we're funding them to the level so they
18 can get people as much treatment as they need. If
19 we do that and we add Vivitrol, then I think that,
20 to me, holds promise.

21 What I worry about is that people say,
22 well, because we have Vivitrol, we don't need to do
23 treatment. But you do, because it's a disease that
24 exists at all different levels. It's thinking;
25 it's how people relate with each other; it's their

1 lifestyle. There's no chemical; there's no pill or
2 no shot that's going to fix the problem, but it
3 might help. So I think that's it.

4 As far as medical marijuana, we do have
5 a position, and that is, we think that determining
6 medicine should not be something that's really
7 right for the political arena; that I need to let
8 the medical researchers and the scientists look at
9 the studies. If there are studies in other
10 countries that seem to indicate something's
11 effective, by all means the FDA should research it
12 and should run their double-blind studies.

13 But, I don't know of any instances where
14 we decide medicines in the legislature. It just
15 doesn't seem -- What I do, I'm not a doctor, so I
16 can't really have a personal opinion. I have to
17 rely on the experts. So when I go in and look at
18 what has been written about the issue, I see that
19 the studies go both ways right now.

20 Some studies seem to indicate -- For
21 example, some of us have met with the very
22 heart-breaking situations with the kids with
23 epilepsy, and it's just a shattering situation for
24 those parents. But according to the founders of
25 the Epilepsy Foundation, according to the folks

1 that are looking at this issue, the studies kind of
2 are in different places. So, in terms of
3 determining what's effective, what's safe, what the
4 proper dosage is, how to manage side effects, I
5 think we need to demand that the FDA do their job.
6 If this is something that's promising, they should
7 research it, but let's leave it to them to work
8 that out rather than have it thrown around.

9 For those of you who are as old as I am,
10 you might remember Laetrile, when everybody said
11 that was the magic cure for cancer, and everybody
12 wanted to bypass the FDA. Well, it turns out
13 Laetrile didn't work, and a lot of people died for
14 going to conventional medicine for Laetrile. They
15 went to Mexico to get their Laetrile treatments,
16 and they died quicker than they had to.

17 So, to me, it's more a question of
18 process and procedure, and really trying to say,
19 let's leave this to the medical researchers and the
20 experts to come up with -- and demand the FDA do
21 its job.

22 REPRESENTATIVE SABATINA: Thank you,
23 Secretary. Thank you, Mr. Chairman.

24 CHAIRMAN MAJORITY ADOLPH: Thank you.
25 Representative Seth Grove.

1 REPRESENTATIVE GROVE: Ladies and
2 gentlemen, thank you so much. I appreciate it.
3 Secretary Wolf, I'm going to start with you.

4 WIC program, it's been around for a
5 while. It's completely a pass-through through the
6 federal government, correct, so there's very little
7 wiggle room for us to find any cost-savers within
8 that entity?

9 SECRETARY WOLF: That is correct. We
10 partner with the USDA. We serve approximately
11 about 254,000 people on a monthly basis. Right now
12 there are a number of changes that are occurring
13 and looking forward more towards modernization of
14 some of the things that are coming down from the
15 federal level. Particularly, there's one that's
16 coming down in 2016 related to the electronic
17 benefit card.

18 REPRESENTATIVE GROVE: I understand
19 we're going to go through, basically, making it
20 electronic.

21 SECRETARY WOLF: Correct.

22 REPRESENTATIVE GROVE: Hopefully it will
23 reduce costs moving forward.

24 Now, within that program, the department
25 has used sole-source contracts for a while. Is

1 there any movement towards doing an open bid out
2 for RFQ or RFP moving forward to try to find some
3 cost-savings within at least the bidding process?

4 SECRETARY WOLF: Representative, it's a
5 good question. I think it's one we're always
6 looking at; how can we do a better job of making
7 sure we're playing the role of financial steward
8 appropriately. We have worked a great deal with
9 our partners in the local community on how do we do
10 a better job of delivering service into the
11 community, and we'll continue to engage in whatever
12 kind of activities we can surround making sure this
13 program is running as efficiently as possible.
14 Really, our bottom line is making sure that those
15 254,000 people are receiving their benefit on a
16 monthly basis.

17 REPRESENTATIVE GROVE: Excellent. Thank
18 you. I appreciate that.

19 Secretary Tennis, a colleague of mine
20 just showed an article on Colorado. Obviously,
21 they just passed full legalization of marijuana,
22 but then they want to jack up the age for buying
23 cigarettes to 21. I don't know. Maybe they're too
24 involved in one or the other, but I just wanted to
25 point that out. I thought you'd get a laugh out of

1 that.

2 We had a county block grant for about
3 two budget cycles now. Obviously, your department
4 doesn't administer it, but I know you work closely
5 with the county drug and alcohol programs. What's
6 the net result of that? Do you have any data from
7 the counties that are in that and how it's affected
8 their drug and alcohol programs?

9 SECRETARY TENNIS: Oh, the Human
10 Services Block Grant?

11 REPRESENTATIVE GROVE: Yes.

12 SECRETARY TENNIS: Do we have
13 information -- I just know anecdotally that
14 everybody's been so busy with Healthy Pennsylvania,
15 and I've been asking to look at those figures.
16 I've spoken anecdotally to a couple of SCAs who
17 said that, in their counties, the drug and alcohol
18 services are doing just fine in those block grants.
19 We will be looking at that. We're very interested
20 to monitor that.

21 REPRESENTATIVE GROVE: I appreciate
22 that, because I know there was some fear from
23 providers that money would shift and wouldn't end
24 up in drug and alcohol. So, I'm glad you've heard
25 some good anecdotal, at least, comments coming back

1 from that. Thank you.

2 Thank you, Mr. Chairman.

3 CHAIRMAN MAJORITY ADOLPH: Thank you,
4 Representative. Representative Mike Carroll.

5 REPRESENTATIVE CARROLL: Thank you, Mr.
6 Chairman. Mr. Secretaries, thank you. Secretary
7 Wolfe, I'd like to direct my question or two to
8 you, if possible, and to spend my time to talk
9 about the SPBP program, if I could --

10 SECRETARY WOLF: Sure.

11 REPRESENTATIVE CARROLL: -- Mr.
12 Secretary.

13 Could you walk through for me how
14 benefits are being interfaced the Affordable Care
15 Act with respect to copays and wraparound services
16 and just how we're going to measure the two?

17 SECRETARY WOLF: Certainly. I'd be
18 happy to. We're going to continue the SPBP
19 program. We're going to continue to provide the
20 wraparound services for the individuals and
21 continue to pick up the out-of-pocket costs for
22 medications. Our customers should not see any
23 change in what is occurring for them.

24 REPRESENTATIVE CARROLL: Do we have a
25 sense of how long that will continue?

1 SECRETARY WOLF: It's obviously our
2 intent to continue as long as we can. The federal
3 funding that we receive via Ryan White and, also,
4 some of the surplus that we have as it relates to
5 the SPBP program will allow us to continue for
6 quite some time.

7 REPRESENTATIVE CARROLL: Okay. So,
8 then, just to characterize, do you envision any
9 problems on the horizon with respect to the
10 Affordable Care Act and the exchanges in the
11 program?

12 SECRETARY WOLF: No, we do not.

13 REPRESENTATIVE CARROLL: Okay. Thank
14 you very much. Thank you, Mr. Chairman.

15 CHAIRMAN MAJORITY ADOLPH: Thank you,
16 Representative. Representative Glen Grell.

17 REPRESENTATIVE GRELL: Thank you, Mr.
18 Chairman. I'll try to be brief. Two questions for
19 Secretary Wolf.

20 First, if our information is correct, I
21 believe your budget proposal reduces your
22 complement by 22 positions, and I understand those
23 are all currently vacant positions; is that
24 correct?

25 SECRETARY WOLF: I believe that is

1 correct, but we are very comfortable with the
2 staffing level proposed in this year's budget.

3 REPRESENTATIVE GRELL: Okay. So you
4 don't see any problem in being able to --

5 SECRETARY WOLF: No, sir.

6 REPRESENTATIVE GRELL: -- fulfill your
7 mission? In that case, I compliment you for being
8 willing to give up those positions.

9 Secondly, I'd like to ask you about
10 ongoing implementation so far of Act 60, which was
11 the Health Care Facilities Act provisions that
12 allowed for hospitals to fulfill their licensure
13 obligation through other accreditation entities.
14 How is that going, generally? I understand you
15 have identified and certified certain accreditation
16 groups that are now able to do that for you.

17 SECRETARY WOLF: Correct.

18 REPRESENTATIVE GRELL: Generally, how is
19 that going?

20 SECRETARY WOLF: We're very happy with
21 that process. I'd like to publicly thank Chairman
22 Baker for his leadership on that issue.

23 We have moved the process forward. We
24 have signed agreements, principally with The Joint
25 Commission and two other organizations.

1 Approximately 70 percent of the hospitals are
2 taking advantage of that. I would remind you those
3 numbers may change over a period of time.

4 One of the things that act did was also
5 extended out the hospital licensure from two to
6 three years. So if you're a facility that received
7 your license last fall, you don't have to make a
8 decision right away. Essentially, it's pretty much
9 falling down exactly where we expected it to.
10 There were about 75 percent of the hospitals who
11 had some type of outside accreditation prior to the
12 process. We believe that we'll probably wind up in
13 that neighborhood, and the Department of Health
14 will still work with the other approximately 25 to
15 30 percent of the hospitals in the state.

16 REPRESENTATIVE GRELL: I commend you and
17 your department for doing the implementation so
18 well thus far, and I look forward to work with you.
19 Please let us know if there are any glitches or
20 unforeseen circumstances arising from that
21 legislation.

22
23 SECRETARY WOLF: We'll be happy to.

24 REPRESENTATIVE GRELL: Thank you, Mr.
25 Chairman.

1 CHAIRMAN MAJORITY ADOLPH: Thank you.
2 Representative Kula.

3 REPRESENTATIVE KULA: Thank you, Mr.
4 Chairman. Secretary Wolf, just kind of a brief
5 statement to you and a thank you.

6 The community-based health services, we
7 have Wesley Church Health Center in Connellsville
8 and then the Mon Valley Community Health Services
9 in Westmoreland County that do an excellent job. I
10 was very pleased to see of the awarding of a couple
11 grants to each of those.

12 I also want to thank your office for
13 helping us get the flu shots that were needed at
14 Wesley in the fall of this past year. They were
15 short, and your office worked very well with us in
16 getting those extra flu shots.

17 SECRETARY WOLF: Glad to hear that.

18 REPRESENTATIVE KULA: Secretary Tennis,
19 a few years back, probably three years I guess,
20 there was the expansion of the scope of practice of
21 pharmacists signed into law. I had sponsored that
22 bill. That bill afforded pharmacists the
23 opportunity to expand outside of an institutional
24 setting; to enter collaborative agreements with
25 physicians in drug therapy management. I believe

1 the regulations were just adopted recently. It
2 took a little while to get all of those ironed out.

3 But, at that time, it seemed to me it
4 was a great opportunity for physicians and
5 pharmacists to kind of work together in cooperation
6 and maybe alleviate some of the drug problems that
7 we are seeing in prescription drugs.

8 Have you looked into that legislation at
9 all, or are you working with the pharmacies and the
10 physicians to kind of look at that program?

11 SECRETARY TENNIS: We do have a -- And I
12 won't go through it again. We have a prescribing
13 practice group that Physician General DeLone and I
14 are co-chairing. The pharmacists are represented
15 there. I did look at their testimony in front of
16 Chairman DiGirolamo at his hearing a couple weeks
17 ago, and it talked about that. We are definitely
18 looking at how we can hit that at all levels,
19 including the pharmacists.

20 Another project we're doing that's not
21 really part of that is, we're working with Doctor
22 Jan Pringle, University of Pittsburgh School of
23 Pharmacy, to train pharmacist to do a pilot;
24 training pharmacists in something called SBIRT.
25 SBIRT is Screening, Brief Intervention and Referral

1 to Treatment. Pharmacists, it's clear they can do
2 a good job intervening. It's fine to, no, we're
3 not going to prescribe to you, and to turn somebody
4 away because you have good PMP or you know what to
5 do, you know what you're handling.

6 But if you have somebody with an
7 addiction, if you just say, get out of my office,
8 that's not the solution. We need to train our
9 medical professionals in terms of how to identify
10 the problem, or early level addiction, how to
11 intervene themselves; or, if it's a more advanced
12 addiction, how to get them into the appropriate
13 level of specialty care. That's really critical.
14 I see that as part of our joint prescribing
15 practices meeting that we're doing with Health.

16 SECRETARY WOLF: If I could add into it,
17 I think this is one of the areas where we are
18 really looking at having a prescription drug
19 monitoring program. We're very interested in
20 making sure that passes this year.

21 That whole question of making sure that
22 the appropriate information -- sharing is going
23 back and forth between those who are prescribing,
24 those who are dispensing; where appropriate, law
25 enforcement; where appropriate, treatment. There's

1 a lot of questions to be asked and answered there.
2 But we believe very strongly that a more robust
3 prescription drug monitoring program will help us
4 as well there.

5 REPRESENTATIVE KULA: I thank you for
6 that. I know, in working through that legislation
7 it was the intent of everyone to -- Obviously, when
8 you look at the education that goes into every
9 pharmacy student, and to allow them to use that
10 education to the fullest benefit, to everyone, was
11 a driving factor in that legislation. So we thank
12 you for working with that.

13 In Fayette County, coming from western
14 Pennsylvania, we do have a great drug problem and
15 heroin and opiate problem. Senator Kasunic, myself
16 and Representative Mahoney have been meeting
17 regularly with our drug and alcohol and behavioral
18 health people to kind of open a dialogue; not only
19 that group of people, but we've also brought in
20 school administrators. We've also brought in the
21 clergy, and we tried to work to see what all of us
22 can do to alleviate the drug problem that we are
23 seeing not only in our adults but in our students.
24 And where do we start; at what age do we start, and
25 how do we approach that situation?

1 SECRETARY TENNIS: In terms of doing
2 prevention work, we have a K to 12 law on the
3 books. In fact, I think we're in the process of
4 trying to set up a meeting to look at that K to 12.
5 Last year we got an offer to do free LifeSkills
6 Training, which focuses on the 6th, 7th, and 8th
7 grade, and that was offered to any school district
8 that wanted to take it, for free, from a group
9 called Blueprints. That actually reduces drug
10 abuse around 60 to 65 percent for that age group,
11 and that's a good age to make sure they're not
12 starting, because if they start then, they're in
13 deep trouble.

14 The LifeSkills Training was offered. It
15 was picked up by 50 school districts. We'd wished
16 for more, but I know a lot of people have things
17 going on and prevention programs in place.

18 The K to 12 is really K to 12. Part of
19 our job is to reach across with the Department of
20 Education and really take a fresh look at that.

21 There's intervention as well. Like the
22 student assistance programs are an evidence-based,
23 highly effective practice teachers and counselors
24 are trained to spot kids that look like they're
25 getting into trouble. They look like they have an

1 abutting problem, either with drug and alcohol
2 addition or mental illness, maybe something at
3 home, and they're trained to either set up groups
4 in their schools or to get them to specialty care
5 if they need it.

6 A lot of those programs were weakened or
7 went away because they were funded by Safe Schools
8 dollars, federal dollars, and those dollars are
9 gone. Unless the county has the wherewithal to
10 keep it going, then they might be there, but
11 they're not really where they ought to be. That's
12 another project we have to do with the Department
13 of Education.

14 REPRESENTATIVE KULA: And I know our
15 school districts have indicated they want to offer
16 it as much as they can. But with the mandated
17 curriculum from Department of Education, it's very
18 difficult for them to always fit it into their
19 school schedule. But they're working very hard,
20 and we're working very hard to do that. We would
21 make an open invitation for anyone to come to
22 Fayette County to one of our meetings and share in
23 this discussion.

24 SECRETARY TENNIS: I think I just got
25 that invitation about a week ago, and I'll be out

1 there.

2 REPRESENTATIVE KULA: Okay. Thank you.
3 Thank you, Mr. Chairman.

4 CHAIRMAN MAJORITY ADOLPH: Thank you.
5 Representative Karen Boback.

6 REPRESENTATIVE BOBACK: Thank you, Mr.
7 Chairman. This is a follow-up question to
8 Representative Kula's. I was very concerned with
9 LifeSkills education program also. How can you
10 argue? Sixty to 70 percent; you mentioned that
11 that's a success rate for adolescents in the
12 schools that have this program?

13 SECRETARY TENNIS: It's for 6th, 7th and
14 8th graders, and it studies what their use is at
15 that time. It's an excellent program. PCCD,
16 Pennsylvania Commission on Crime and Delinquency,
17 also, as part of their prevention, they provide
18 funding for LifeSkills Training.

19 I've talked to some school
20 superintendents saying, why didn't more pick it up?
21 Some have already got prevention problems that
22 they're invested in and they didn't want to upset
23 the apple cart. I think some, it's the problem we
24 all experience. We have thousands of e-mails in
25 our box or whatever, and we send out notices and

1 maybe we just didn't do a good enough job on our
2 end to make sure it really got on their radar. So,
3 I'm guessing that happened some extent. I don't
4 know.

5 But I do know, in the 50 school
6 districts -- And Philadelphia is one of the ones
7 that's doing it at a lot of the schools, so that's
8 a big chunk right there; to get it there in
9 Philadelphia. It is successful.

10 Now, that doesn't track outcomes after
11 they finish, like when they go through 9, 10th,
12 11th and 12th. So you still need the program
13 going. The LifeSkills Training information is
14 based on what the use is like at those ages, and
15 they are impressive numbers.

16 REPRESENTATIVE BOBACK: May I suggest,
17 then, that in conjunction with the Department of
18 Education, you do a retry, because 50 out of 500
19 school districts, with a program like this that has
20 proven successful, that's just unacceptable. So,
21 if you would work with the Department of Education,
22 I will help you any way I can.

23 SECRETARY TENNIS: Thank you.

24 REPRESENTATIVE BOBACK: Numbers aren't
25 lying in this case. We need preventive programs

1 such as this.

2 So, thank you for your work. Let me
3 know how I can help you. We've got to get the
4 message out.

5 SECRETARY TENNIS: Thank you very much,
6 Representative.

7 CHAIRMAN MAJORITY ADOLPH: Thank you.
8 Representative. Representative Brownlee.

9 REPRESENTATIVE BROWNLEE: Good morning.
10 I'm happy to hear that drug addiction is now being
11 categorized as a disease because, for many years it
12 wasn't categorize as a disease.

13 You're saying untreated addiction is
14 driving crime. For one dollar spent in treatment,
15 I believe, if I could recap, is \$7 saved in
16 corrections. Part of my question was going to be
17 regarding prevention, and Representative Kula and
18 Representative Boback got answers to that, so I
19 want to move on.

20 Over the last few years, there has been
21 talk of federal sequestration. I'd like to know,
22 possibly from both Secretaries, has that
23 sequestration affected your abilities to carry out
24 your mandates?

25 SECRETARY TENNIS: I can start. I have

1 it right here. There was a 5.3 percent
2 sequestration. We absorbed our share of it. We
3 asked our county drug and alcohol directors,
4 because most of our funding goes out to absorb
5 their share so that we weren't just going to pass
6 it on to programming.

7 Am I correct? Do we still have 10
8 vacancies?

9 UNIDENTIFIED VOICE: Yes.

10 SECRETARY TENNIS: Out of our 77
11 positions, we have 10 vacancies. Our department is
12 working very hard. I think we're still getting the
13 job done, but the people are working hard; they
14 are. I feel a lot of gratitude to the folks in the
15 department for the hard work they are putting in.

16 We do need to get back up to speed. We
17 can do more. As you've identified, there's a lot
18 to do. I think the sequestration cuts got
19 restored, so I think we're in a position that we're
20 going to be able to get some of those positions
21 restored.

22 SECRETARY WOLF: The question on
23 sequestration in the Department of Health, we have
24 been able to weather this storm. What we have
25 looked at is, how can we cut down on some of our

1 administrative costs surrounding it. We do receive
2 a significant federal funding at the department,
3 well worth of \$600 million a year.

4 As we have continued that process, we
5 continue to be watching what's going on in
6 Washington D.C., as well as not only sequestration,
7 but what does the Affordable Care Act and its
8 further implementation do to some of the programs
9 that we are responsible for managing.

10 Specific to the last government
11 shutdown, what I would tell you, and it think it
12 speaks very well to the dedication of our staff at
13 the department, the WIC Program kept on moving
14 forward. We were still able to provide services
15 during the government shutdown in October for those
16 254,000 people. We felt it was the right thing to
17 do. We had excess funding available to us that we
18 were able to use, and think it was the right thing
19 for us to do.

20 REPRESENTATIVE BROWNLEE: Thank you.
21 One other question, directed at Secretary Wolf. I
22 believe, in March 2013, Pennsylvania was awarded
23 \$1.6 million of federal grant under ACA. That was
24 to develop a state health care innovation plan.
25 Can you briefly, and for time's sake, explain that

1 to us; very briefly, because I don't want the
2 Chairman --

3 SECRETARY WOLF: I'll be as brief as I
4 can on this one.

5 REPRESENTATIVE BROWNLEE: Thank you.

6 SECRETARY WOLF: We did receive
7 \$1.6 million out of the Center for Medicare and
8 Medicare Innovation. It is something that was done
9 nationally. Pennsylvania was one of 16 states to
10 receive a block of funding. What we did was, we
11 turned around and did, I believe was, 20 plus
12 public meetings, breaking it out into different
13 areas in which we were going to study. It was all
14 under the idea of -- well, really, three ideas.

15 The first idea was, if we could redesign
16 some parts of our health care delivery in state of
17 Pennsylvania, what would that look like?

18 Number 2 was, how do we focus on people
19 who super-utilize their community? I'm not
20 particularly enamored with that term of
21 super-utilizer, but that group of people drive an
22 enormous amount of cost within the system. How can
23 we be doing a better job of focusing on those
24 people?

25 As well, then, also one of the things we

1 looked at was the whole question around the
2 continuity of care between primary care, hospital
3 and specialists.

4 The work groups were able to develop a
5 whole series of recommendations. It's a plan that
6 we put together at the end of December. We'd be
7 happy to share it with the members of the
8 legislature. We're very proud of the work that was
9 done and look forward to applying, hopefully,
10 sometime in the near future for the next round of
11 funding.

12 REPRESENTATIVE BROWNLEE: Thank you. If
13 you can forward that information --

14 SECRETARY WOLF: I'd be happy to.

15 REPRESENTATIVE BROWNLEE: -- to the
16 respective chairs, that would be great.

17 Thank you, Mr. Chairman.

18 CHAIRMAN MAJORITY ADOLPH: Thank you,
19 Representative Jim Christiana.

20 REPRESENTATIVE CHRISTIANA: Thank you,
21 Mr. Chairman. Good morning.

22 First of all, thank you for your
23 commitment to our community hospitals. As the
24 largest employer in Beaver County, our community
25 hospital is very thankful for your attention and

1 your appreciation for what they do and your working
2 relationship.

3 I have one question about the eHealth
4 Partnership Authority. I know, back in 2009, '10,
5 with the stimulus, there was some federal funds
6 allocated for health management exchange. I
7 noticed a slight decrease in the proposed budget.

8 Could you give me an update of where we
9 are on that project and what the timeline for
10 implementation would be? I know that the region of
11 western Pennsylvania has been working on a system
12 for quite some time. How does your state system
13 work in with those regional partnerships, and if
14 you could just provide the community with an
15 update.

16 SECRETARY WOLF: Certainly. I'm also a
17 board member on the eHealth Authority, so it's
18 something that we take very seriously. There was a
19 17-million-dollar grant provided, and the Authority
20 is currently working with approximately 400
21 stakeholders representing both the public and
22 private sectors, trying to help us guide through
23 this process.

24 One of the things we are looking at,
25 from a very holistic -- if you'll allow me to jump

1 up to 30,000 feet, how do we do a better job of
2 sharing information back and forth between
3 patients, providers. That is really what we're
4 trying to do.

5 One of the things we at the Department
6 of Health and Department of Public Welfare are also
7 doing is, how do we go about making sure we can
8 provide -- People have to report back to both
9 departments. If we can help to streamline that
10 process through the eHealth Work, we're happy to do
11 so.

12 I'd be happy to give you breakout of
13 some of the questions around the budget and some of
14 the work that they're doing specifically at the
15 partnership as well.

16 REPRESENTATIVE CHRISTIANA: I definitely
17 would definitely appreciate it. There's serious
18 allocation of funds since 2008, 2009. And then,
19 obviously, in last year's budget and this year's
20 budget, understanding where those dollars are being
21 spent and what the long-term plan is for
22 implementation, I think would be very helpful.

23 SECRETARY WOLF: I'd be happy to share
24 that with you.

25 REPRESENTATIVE CHRISTIANA: All right.

1 Thank you. Thank you, Mr. Chairman.

2 CHAIRMAN MAJORITY ADOLPH: Thank you,
3 Representative.

4 Secretary Tennis, Secretary Wolf, thank
5 you so much for your time and your informative
6 answers. I'm looking forward to working with you
7 between now and June 30th of putting together a
8 budget. Obviously, your departments that you
9 operate are of concern to us as well.

10 SECRETARY TENNIS: Thank you, Mr.
11 Chairman.

12 SECRETARY WOLF: Thank you, Chairman.

13 CHAIRMAN MAJORITY ADOLPH: Thank you.

14 For committee members, we will reconvene
15 at 11:45 for the Liquor Control Board. Thank you.

16 (At 11:35 a.m., the budget hearing
17 concluded).

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C E R T I F I C A T E

I, Karen J. Meister, Reporter, Notary Public, duly commissioned and qualified in and for the County of York, Commonwealth of Pennsylvania, hereby certify that the foregoing is a true and accurate transcript, to the best of my ability, of the budget hearing taken stenographically by me and reduced to computer printout under my supervision.

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Karen J. Meister
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