COMMONWEALTH OF PENNSYLVANIA
HOUSE OF REPRESENTATIVES
APPROPRIATIONS COMMITTEE HEARING

STATE CAPITOL
HARRISBURG, PA

MAIN BUILDING
ROOM 140

TUESDAY, MARCH 8, 2016
9:33 A.M.

BUDGET HEARING
DEPARTMENT OF HEALTH
DEPARTMENT OF DRUG & ALCOHOL PROGRAMS

BEFORE:
HONORABLE WILLIAM ADOLPH, MAJORITY CHAIRMAN
HONORABLE KAREN BOBACK
HONORABLE GARY DAY
HONORABLE GEORGE DUNBAR
HONORABLE KEITH GREINER
HONORABLE SETH GROVE
HONORABLE SUE HELM
HONORABLE WARREN KAMPF
HONORABLE FRED KELLER
HONORABLE TOM KILLION
HONORABLE JIM MARSHALL
HONORABLE KURT MASSER
HONORABLE DAVE MILLARD
HONORABLE DUANE MILNE
HONORABLE MARK MUSTIO
HONORABLE MIKE PEIFER
HONORABLE CURT SONNEY
HONORABLE JOSEPH MARKOSEK, MINORITY CHAIRMAN
HONORABLE LESLIE ACOSTA
HONORABLE MATTHEW BRADFORD
HONORABLE TIM BRIGGS
HONORABLE DONNA BULLOCK
HONORABLE MARY JO DALEY
HONORABLE MADELEINE DEAN
HONORABLE MARIA DONATUCCI
HONORABLE STEPHEN KINSEY
HONORABLE MICHAEL O'BRIEN
HONORABLE MARK ROZZI
HONORABLE KEVIN SCHREIBER
HONORABLE PETER SCHWEYER

ALSO IN ATTENDANCE:
HONORABLE BERNIE O'NEILL
HONORABLE STEVE BARRAR
HONORABLE JUDY WARD
HONORABLE DAVE ZIMMERMAN
HONORABLE MATT BAKER
HONORABLE RICK SACCONE
HONORABLE MIKE TOBASH
HONORABLE WILL TALLMAN
HONORABLE CRAIG STAATS
HONORABLE CRIS DUSH
HONORABLE STAN SAYLOR
HONORABLE KRISTIN PHILLIPS-HILL
HONORABLE KERRY BENNINGHOFF
HONORABLE MICHAEL DRISCOLL
HONORABLE BRYAN BARBIN
HONORABLE FLO FABRIZIO
HONORABLE VANESSA LOWERY BROWN
HONORABLE DAN FRANKEL
HONORABLE WILLIAM KORTZ
HONORABLE DOM COSTA
HONORABLE CHRIS SAINATO
HONORABLE MIKE LONGIETTI
HONORABLE JAMES ROEBUCK
HONORABLE STEVE McCARTER

COMMITTEE STAFF PRESENT:
DAVID DONLEY, MAJORITY EXECUTIVE DIRECTOR
RITCHIE LaFAVER, MAJORITY DEPUTY EXECUTIVE DIRECTOR
CURT SCHRODER, MAJORITY CHIEF COUNSEL
MIRIAM FOX, MINORITY EXECUTIVE DIRECTOR
TARA TREES, MINORITY CHIEF COUNSEL

* * * * * *

SUMMER A. MILLER, COURT REPORTER
SMCOURTREPORTING@gmail.com

I N D E X

TESTIFIERS

P R O C E E D I N G S

MAJORITY CHAIRMAN ADOLPH: Good morning, everyone. If I could have your attention, please. I would like to reconvene the House Appropriations Committee for our budget hearings for the fiscal year '16-'17. I would like to welcome everyone.

We'll just go over a couple housekeeping items, like we always do. We have a pretty crowded room today, so I would ask everyone, just take a couple seconds, check your iPhones, your iPads, any type of electronic equipment that you may have on you and make sure that they're turned off. This hearing is being televised and that those electronic equipment interferes with the telecast.

I would ask the testifiers, if you would, when you're speaking, making a statement, or answering a question to pull the mic as close to you as possible. They're not real powerful and we have a big room and the members would like to hear your answers.

What we would like to do is go through some brief introductions. My name is Bill Adolph. I'm the Republican chair of the House Appropriations Committee. I reside in Springfield, Delaware County, the 165th Legislative District.

MINORITY CHAIRMAN MARKOSEK: Thank you.

Good morning, everybody. I'm State Representative Joe Markosek, 25th Legislative District. I'm the Democratic chairman of the House Appropriations Committee and my district encompasses the eastern suburbs of Allegheny County.

MS. FOX: I'm Miriam Fox, executive director of the House Appropriations Committee Democrats.

REPRESENTATIVE FABRIZIO: I'm Flo Fabrizio, Democratic chairman of the Health Committee. I'm from Erie. And also considered a suburb of Canada sometimes.

REPRESENTATIVE DEAN: Good morning and welcome. I'm Madeleine Dean from Montgomery County, the 153rd.

REPRESENTATIVE DALEY: Good morning, I am Mary Joe Daley, Montgomery County, the 148th District.

REPRESENTATIVE BULLOCK: Good morning, Donna Bullock, Philadelphia County, 195th District.

REPRESENTATIVE ROZZI: Good morning, Mark Rozzi, 126th District, Berks County.

REPRESENTATIVE ACOSTA: Good morning, Leslie Acosta, Philadelphia County, 197th District.

REPRESENTATIVE DONATUCCI: Good morning, Maria Donatucci, 185th District, Philadelphia and

Delaware Counties.

REPRESENTATIVE O'BRIEN: Philadelphia is segregated over here in the corner.

Good morning, Mike O'Brien, Philadelphia, 175th District.

REPRESENTATIVE SCHWEYER: Good morning, Peter Schweyer, Lehigh County, 22nd District, city of Allentown.

REPRESENTATIVE SCHREIBER: Good morning, Kevin Schreiber, York County, 95th District.

REPRESENTATIVE BOBACK: Representative Karen Boback, House District 117, Lackawanna, Luzerne, and Wyoming Counties.

REPRESENTATIVE MILNE: Good morning, Duane Milne from Chester County.

MR. DONLEY: Hi, Dave Donley, Republican staff executive director to the committee.

MR. SCHRODER: Good morning, Curt Schroder, Republican chief counsel of the Appropriations Committee.

REPRESENTATIVE BAKER: Good morning, ladies and gentlemen, Matt Baker, chairman of the Health Committee -- Republican majority chair, also representing Tioga, Bradford, and Potter Counties.

When superimposed, my district for the

southeast, it encompasses 62 House seats, so it's one of the largest districts in the state and very interested in hearing about rural health issues. Thank you very much.

REPRESENTATIVE MUSTIO: He only gets one vote though.

Mark Mustio, Allegheny County.

REPRESENTATIVE HELM: Good morning, Sue Helm, 104th District of Dauphin and Lebanon Counties.

REPRESENTATIVE DAY: Good morning, Gary Day, parts of Lehigh and Berks Counties, and I also serve on the Health Committee.

REPRESENTATIVE KILLION: Tom Killion, Delaware County.

REPRESENTATIVE MILLARD: David Millard, Columbia County.

REPRESENTATIVE DUNBAR: Good morning, George Dunbar, Westmoreland County, 56th District.

REPRESENTATIVE MASSER: Good morning, Kurt Masser, Northumberland, Montour, and Cumberland Counties.

REPRESENTATIVE KELLER: Good morning, Fred Keller, 85th District, Union and Snyder Counties.

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

REPRESENTATIVE KAMPF: Warren Kampf, Chester and Montgomery Counties.

REPRESENTATIVE MARSHALL: Good morning, Jim Marshall, 14th District, parts of Beaver and parts of Butler Counties.

REPRESENTATIVE GREINER: Good morning, Keith Greiner, 43rd District, Lancaster County.

REPRESENTATIVE WARD: Good morning, Judy Ward, Blair County, 80th District, and I'm on the Health Committee.

REPRESENTATIVE PEIFER: Good morning, Mike Peifer, 139th District, Pike and Wayne Counties.

MAJORITY CHAIRMAN ADOLPH: Thank you.

We do that just so the testifiers understand the diversity, the area that this committee covers. There's 37 members of the House Appropriations Committee and they do cover just about every county in the Commonwealth.

Also with us today, which is customary of Chairman Markosek and I, we ask the chairs of the standing committees in the House -- and with us today is Representative Baker and Representative Fabrizio, which we certainly welcome their expertise in their field.

We also have members that also find these issues very interesting and are very active in these

issues as the legislation flows through the House. And with us we also have Representative Barrar and Representative Driscoll, as well as Representative O'Neill, and Representative Ward also introduced herself as she was going through the line, okay.

Before Chairman Markosek and I start off with the questions and comments, I'm glad to see with us today Secretary Karen Murphy, Department of Health; Physician General Rachel Levine, Department of Health; Secretary Gary Tennis, Drug and Alcohol; and Jennifer Smith, deputy secretary, Drug and Alcohol.

I don't know if you guys flipped a coin, who wants to go first? It's --

SECRETARY TENNIS: I've been nominated by my esteemed colleague to go first.

MAJORITY CHAIRMAN ADOLPH: You've been nominated, is that because you're the tallest, Gary, is that the reason?

SECRETARY TENNIS: I thought ladies first, but that's -- I'm an old guy, so that doesn't apply anymore.

MAJORITY CHAIRMAN ADOLPH: Okay. Very good.

SECRETARY TENNIS: Thank you, Mr. Chairman.

MAJORITY CHAIRMAN ADOLPH: The mic is yours.

SECRETARY TENNIS: Do you want me to start in?

MAJORITY CHAIRMAN ADOLPH: Yes, please.

SECRETARY TENNIS: So we are in the middle of the worst drug overdose crisis in the history of not only the nation, but in all of recorded history. This is the worst health-care crisis of any kind since the great flu epidemic of 1918 and the numbers are shocking. Probably, were it any other disease, it would be the headline every single day.

But 2013, around 2400 -- the CDC numbers for 2014 are at 2700. We know from talking to coroners that those numbers are going to go up again in 2015 and based on the -- extrapolating from a few coroners who keep very up-to-date figures, we are on a pace again in 2016 to go up again. So we are not -- we do not have this situation turned around yet.

I want to thank the general assembly for a couple of things right now and you all in particular for Act 139. Those -- in Act 139, you permitted police and family to carry naloxone and it's a good Samaritan bill as well. That has saved -- and some of you might have seen the police that gathered at the rotunda last

week. We're up to about 650 saves by police officers alone. The naloxone -- you have saved a lot of lives. As bad as it is, the numbers could have been worse.

We also know that saving a life is not enough, that once we get the person -- the overdose reversed with naloxone -- and naloxone has no -- there's no contraindications ever to use naloxone. It's an unpleasant experience for the person. But once the life is saved, we've got in engage them in the emergency departments and get them from there to treatment. And that's been kind of -- that's been a huge, huge priority for us.

That leads into -- in this area of drug and alcohol treatment in terms of the big picture. Federally, we fund about 10 percent of the need to treat drug and alcohol addiction as a disease. Pennsylvania, because of laws like Act 106 and Act 152 -- and thank you to those of you here who voted for those bills long ago -- we're able to treat more, but we're still grossly undertreated.

As we have descended into this overdose crisis, Congress has cut drug and alcohol block grant funding -- that's for prevention and treatment -- over the last 10 years, has cut this by 25 percent. So we've had -- we face the situation where resources have

diminished as the crisis has blossomed.

In the last year, finally -- and I thank you for the five million that you provided over to our department. For the first time in 10 years, we've reversed those -- instead of cuts, we got an increase. Medicaid expansion also increased dramatically the resources that are potentially available to drug and alcohol treatment. So we're trying to grow our infrastructure, that takes time.

So when we get somebody who gets an overdose reversed, they go into the emergency department and then we teach the hospitals or we set up the mechanisms to get them from there to treatment. They then find that there aren't enough detox beds. So as you solve one problem in this chain or you strengthen up one of the weak links in the chain, you expose other ones.

So we are attempting to move on all fronts, all the way back to the beginning of the problem with prescribing guidelines. And you'll hear -- and Dr. Levine and I have been working hard on that. She's taken the primary leadership on that and done a beautiful job. And to the intensive work that my fellow secretary here has been really just doing everything possible to get the prescription monitoring program

going as quickly as it can be done. All the way up to the naloxone reversals, again, making sure we have all the full continuum of treatment available.

We also need to strengthen prevention. I don't want to leave that out. That has also diminished. Federal funding for things like evidence-based programs like Student Assistance Programs that we know work, that money was cut by the federal government and here we are.

So I want to thank you. I know I've talked to many of you and worked with many of you. You've been strong allies for us. We stand available to work with you.

Most of our police departments still don't have naloxone. Your county, Chairman Adolph, led the way. Jack Whelan is a personal hero of mine because he had every police department up in his county -- and in Delaware County alone, they've got almost 200 of those 635 saves. So you have powerful leadership there with your DA and your police chiefs.

Some counties are up and running, some are not. We're working with urgency because we consider it to be a life-and-death matter for police to carry naloxone. And we consider it to be a life-and-death matter for once they're in the emergency departments and stabilized, that we get them to detox and we get them to

the right level of treatment.

As you know, Chairman, I could probably tie up the whole two hours talking. I will stop now and turn it over to my fellow secretary.

MAJORITY CHAIRMAN ADOLPH: Thank you, Mr. Secretary.

SECRETARY MURPHY: Thank you, Secretary Tennis.

And thank you to Chairman Adolph, Chairman Markosek, and our oversight chairs, Representatives Fabrizio and Baker, for all the great work that you do, and to the House Appropriations Committee, I'm happy to be here today.

I echo Secretary Tennis' words. I think you'll recall last year I said that the prescription drug abuse and heroin problem was the worst public health crisis I had ever seen in my 40 years in health care. And working over the last year, that has only strengthened my sentiments. So today we would like to share with you our priorities of our department.

Dr. Levine and I oversee the entire population. We get up every morning and think, "what can we do to improve the health of all Pennsylvanians." And I look forward to discussing our priorities with you.

MAJORITY CHAIRMAN ADOLPH: Okay. Thank you.

Just a couple comments -- and I know she's sitting in this room right now, I just want to have a little shout-out and thank you to Debby Beck for the outstanding work that she's done. Every legislator in Pennsylvania relies on Debby's advocacy for some of these programs and she's outstanding.

SECRETARY TENNIS: I just want to say also at a national level, I work as chair of the National Alliance. She's also a tremendous resource in Congress as well.

MAJORITY CHAIRMAN ADOLPH: I'm sure she is.

This is budget hearings, okay? And we could sit here and talk about policies that are working, you know, and great programs out there, but I'm sure Chairman Markosek knows exactly where I'm going, I'm sure Secretary Murphy knows exactly where we're going because we discussed this ahead of time.

But I need to say it over and over again because there's certain budgetary line items that for me is a nonstarter to be blue-lined -- vetoed then blue-lined and then not in the '16-'17 proposal. And there's nine line items that have been in the state

budget, some for 20-some years, some for 2 or 3 years, okay. But I'm sure there's Republicans and Democrats on this committee and in the general assembly that are completely confused every time a Governor figures this a way to start negotiating. Well, quite frankly, I do not believe that.

Whether it was Governor Corbett or whether it was Governor Rendell or whoever we were working with, I think just because this was a legislative initiative started by a piece of legislation by -- whether it was a Republican legislator or a Democrat legislator, it was bipartisan support for these line items. And I'll just go through a couple of them.

And my question to you, Dr. Murphy, is that -- did the Governor talk to you about the veto and blue-line of diabetes programs, regional cancer institutes, TB screening, services for children with special needs, adult cystic fibrosis, Cooley's anemia, hemophilia, lupus, sickle cell, regional poison centers, trama prevention, epilepsy support services, biotechnology research, Tourette syndrome, and I could go on and on, okay?

Together, together they don't add up to a lot of money, but it sends the wrong message. It sends the wrong message to the families and agencies that need

these and also sets the tone for negotiations the wrong way.

I need some reinforcement. Tell me how these agencies are doing without their money. It's now March, okay? The Governor vetoed them in June, blue-lined them in December, and his proposal for '16-'17 has them zeroed out. Why -- if my neighbors or a doctor from a regional cancer institute calls me up and says, where's our funding, how can I talk to them and say, don't worry about it, it will be in there, other than I'm saying, I'm not voting for a budget that doesn't have these type of line items in there? And I'm not taking it out on you, Dr. Murphy, but it's passion that I'm talking about. I've known how hard it was to get these line items in the budget and with one quick blue line, they're gone.

SECRETARY MURPHY: Chairman, we share your passion for the health of Pennsylvanians and I can assure you that in terms of working with the Department of Health, the Governor has also shared the passion for Pennsylvanians. And we are committed to working to fund those items and to work with the legislature to get those funded over the next year.

MAJORITY CHAIRMAN ADOLPH: I just have to get it on the record, okay?

SECRETARY MURPHY: Yes.

MAJORITY CHAIRMAN ADOLPH: You know, I'm not going to support a budget that does not have these line items in there, okay? I don't think we need to start new programs even though they're needed, without funding what has been working, something that's been proven. That's my comment.

I'm looking forward to working with you. I have not been reinforced, okay, especially when I saw '16-'17 with them zeroed out again. And this is not the first time, not the first, but this is the most important in my opinion because it's a little money that serves an awful lot of people.

Chairman Markosek.

MINORITY CHAIRMAN MARKOSEK: Thank you, Chairman Adolph.

And just on a side note, I would like to announce that today is Representative Kevin Schreiber's birthday. But I -- and I didn't mean to lighten the burden here at all because I share --

REPRESENTATIVE SCHREIBER: Thanks, Chairman. I do appreciate you using this opportunity to mention that.

MINORITY CHAIRMAN MARKOSEK: But I do share Chairman Adolph's passion for those items as well.

And I think all of you and -- you know, I've said it myself, but take that back to the Governor, that I think everybody on this committee supports the replacement funding for those items.

But I do want to, ladies and gentleman, welcome you here today. And thank you for the work that you've done relative to the heroin epidemic that really is an epidemic. It's just --

You had a very wonderful event last week where you honored police officers from around the Commonwealth and I happen to have several of them from my district who were here. In fact, we introduced some of them here at the hearing last week. They were out there from Monroeville and Pitcairn, communities in my district. And they were all officers who had administered naloxone and saved a life.

Since that time, I've heard from EMS folks in my district, and I'll swear about -- many of them have done the same thing as well. They're not police officers, but they have performed that duty too. And, Secretary, you mentioned there's about 650 overdoses that were reversed, that is shocking, a shocking statistic. And it appears that it's, unfortunately, on the upswing rather than something that's going to go down right away. But we want to work

with all of you to make sure that that statistic next year when we're here, maybe we can report a different statistic.

But you know, Narcan is not the ultimate solution to the problem. We understand that. It's kind of a Band-Aid, but it affords some people a second chance, but we need to do more.

Getting back to the budget, the Governor has proposed for the coming year budget 34 million for heroin treatment within the Department of Human Services. Can you detail your role in that effort that would move that over to the Department of Human Services?

SECRETARY TENNIS: There's a strong team effort on this problem and we've been talking a little bit about the work between the Department of Health and our department and we do work with the Department of Human Services, Dr. David Kelley, Dr. Dale Adair. We share between agencies a bit. And we, you know -- we're there. We would be serving in kind of a critical support role, you know, particularly as to licensure issues, addressing those kinds of things. We're in support of it.

Secretary Dallas has really done remarkable work as secretary of that department in areas

that have affected us. For example, getting people signed up on to Medicaid. We have somebody who needs drug and alcohol treatment, when they get signed up into behavioral health managed care, they -- instead of taking six weeks, that takes about two weeks now, so that's a huge difference in terms of more resources. Those are federally matched dollars.

New programs, we're trying to get new programs to grow as quickly as possible. And they have to get certified, it's something called a promise number. And those time frames have gone down from six months to a matter of weeks.

So those kinds of efforts -- and I guess my point -- that might seem a little bit nonresponsive, but my point is that we work very much hand in hand on various issues. And that is a DHS initiative, but we support it and we will be working with them to support that initiative.

MINORITY CHAIRMAN MARKOSEK: Okay. Thank you.

I'll just include there, because I know a lot of our members have questions, but you know, again, Narcan is not the solution. It gives folks a second chance, but we need to work together with the proper funding to find a solution to this very horrible

problem. Thank you.

SECRETARY TENNIS: Thank you, Chairman.

MAJORITY CHAIRMAN ADOLPH: Thank you, Chairman.

Joining us is Representatives Zimmerman and Diamond.

And the next question will be by Chairman Baker.

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

Good morning, again. Could you -- and please, any of you feel free to answer this question regarding the status and disposition of the ABC-MAP Program. I know there's been a lot of work on them. We had a very good discussion on the floor of the House regarding the implementation of this legislation when it passed and there's been a lot of good work on this. I believe the board now has been completed, as I understand it.

And so the question regarding this very important program to monitor opiate. Potential abuses, when will the database be operational? Have you hired any staff yet relative to that? And have you had a chance to have any discussion with the Governor to consider the program a critical health and safety

exception so that we can get the money out there into that program and get it as operational and as expeditiously as possible?

It's a very, very important program, as you know. I applaud your work and acknowledgment that drug abuse is at a critical level and it's one of the biggest threats, if not the biggest threat to Pennsylvanians right now and perhaps to all of America. Unfortunately, Americans have an insatiable appetite for drugs. And could you -- either one of you or all of you, if you want to, comment on that?

SECRETARY MURPHY: Sure. I'd be happy to.

I agree that it is the largest public health threat, as I said in my opening remarks. The prescription drug monitoring program will be up and running by August. And I -- what we have really dedicated ourselves to is ensuring the selection of a high quality system. We announced last week that the software vender -- the procurement had been completed. We have hired a director of the program and other staff that I think you'll be very happy with when you see their backgrounds and what they will bring to Pennsylvania with the prescription drug monitoring program.

I want to be clear, because to Chairman Markosek's point, there is not a single answer to this. And the prescription drug monitoring program, the purpose of this is really to identify people at risk for therapy, to get them into treatment. And we are going to work very hard at accessing treatment, expanding treatment, and working with our physicians and our prescribers across the Commonwealth to ensure that we identify those people that are in need of help.

I'm also happy to report we do have the funding for the prescription drug monitoring program. We also secured a $3.1 million federal grant from the federal government that we will use to do innovative practices with the prescription drug monitoring program. And we also secured another Hal Rogers Grant to support the program. So we're very grateful that we are adequately funded at this point and we are looking forward to getting started.

As you mentioned also, Representative Baker, we did -- the legislation actually calls for one meeting of the board. We've had seven meetings over the last several months and it really is an effort to prepare for the prescription monitoring program and also to educate the board on this very critical issue.

SECRETARY TENNIS: Mr. Chairman, I just

want to say -- and I know where you're coming from and all the members here about wanting to get people to treatment. In every state -- actually, you mentioned Deb Beck. She and I are on the National Alliance together. Our biggest project has been prescription monitoring programs.

Every state has neglected up until now, has pretty much neglected the issue of what happens after we find the person that is engaging in drug-seeking behavior. It's likely to be one of our folks with addiction. And really, this has been, kind of across the country, a bit of a nationally failed policy in the sense of -- not failed in the sense -- you want to have it. It stops new people -- it's good to identify when someone is doing this, but they fail to use it the way Secretary Murphy is talking about, which is an intervention tool. This is a chance to identify someone with drug and alcohol problems and get them there. Because of that, in every state when they have done these, there's been a pretty sharp uptake in the heroin use as people are kind of thrown to the street and they're desperate and they end up shifting to heroin pretty quickly.

I can tell you because I've been in many, many meetings with Secretary Murphy on this, I could not

ask for more in terms of someone who's committed to making sure that this prescription drug monitoring program is going to be the best in the nation in terms of putting a robust set of hands on our people when they're discovered with the disease, to get a good intervention, get them to a proper assessment, and make sure they get to the right level of care. That is -- in fact, I think I got a call in one of our meetings -- what name could we put on this that really reflects that this is an addiction intervention tool and not a "gotcha" kind of a tool.

So I just want you to know from my own personal experience that this is a very strong -- for those who want to get people into a treatment, who care about this, that that is the orientation that the Department of Health -- I'm witnessing it firsthand -- is bringing to the project.

REPRESENTATIVE BAKER: So just to clarify, it's my understanding the three-year $1 1/2 million contract that was executed -- and you have a $3.1 million federal grant. Has the money already been sent out and paid for this under the contract, the $1 1/2 million contract?

SECRETARY MURPHY: Let me clarify. The procurement just went through last week and the $3.1

million grant is over a three-year period.

REPRESENTATIVE BAKER: Okay.

SECRETARY MURPHY: But we do have that secure funding. We do have the access to the 900-and-some thousand dollars a year from the federal grant.

REPRESENTATIVE BAKER: Okay. So is the funding being held up to fully implement this program?

SECRETARY MURPHY: No.

REPRESENTATIVE BAKER: So the impasse and budget negotiations that are transpiring, it really -- this can go forward?

SECRETARY MURPHY: Yes.

REPRESENTATIVE BAKER: Thank you. Thank you.

With respect to -- and feel free to comment on the treatment side of it and the intervention side of it -- naloxone, Vivitrol -- and what is the most efficacious in terms of treatment and access and affordability? If you could just comment on that issue because I think there was a bit of confusion regarding this issue earlier. I know I had a meeting with John Hanger before he left about the Vivitrol issue, and has that been worked out?

PHYSICIAN GENERAL LEVINE: Sure. Thank

you very much.

I'm pleased to be working with Secretary Murphy and with Secretary Tennis on all aspects of the opioid problem and echo their thoughts about its seriousness.

In terms of treatment, really all forms of treatment are necessary. So -- and there are various treatment modalities. There is abstinence-based treatment, rehabilitation treatment, and there's also medication-assisted treatment that you were referring to. And so all of those treatment modalities are necessary.

It's important to get past the stigma that can be associated with medication-assisted treatment, that somehow it's not worthy or it's not real recovery, it is. And there are three forms of medication-assisted treatment. There is methadone, there is buprenorphine, sometimes known as -- one form is called suboxone and then there is Vivitrol, which is long-acting naltrexone. It's a little bit different than naloxone.

There are different patients that will require different types of treatments. So some patients do better with abstinence-based rehab treatment and some patients do better with medication-assisted treatment.

And so we're in favor of all the different types of treatment.

There has been a pivot certainly from the federal government towards understanding the importance of the medication-assisted treatment. And so the money that was discussed in terms of Department of Human Services would be to support what they are calling substance abuse disorder health homes that would drive medication-assisted treatment, but with the other treatment.

The medication is an assist. You also need the other forms of treatment, the counseling, the therapy. Medication by itself is no magic answer. So all of the treatment, whether it's methadone, suboxone, buprenorphine, or Vivitrol will all require the counseling and the therapy that will be necessary.

So the administration has been working -- as Secretary Tennis said, all hands on deck, all the different agencies and departments -- on all of these aspects, including the importance of emphasizing all the different types of treatment that are necessary.

REPRESENTATIVE BAKER: And just lastly -- and I thank the Chairman for his indulgence. We had a task force that has been working assiduously to address this issue of heroin addiction and opiate addiction. I

know Doyle -- Representative Doyle Heffley is introducing bills, many of our members are introducing bills. There's five or six so far. I think the Senate is going to follow with companion bills.

And recently there was a heroin task force that made recommendations out of New York State, just across the border from me. And I know some of you are aware of my concerns about how we need to, perhaps, look at some other possibilities addressing this issue, and some of them have to do with funding for detox and rehabilitation facilities, possibly early drug education beginning as early as the third grade. And for the currently addicted, the report out of New York is suggesting very forward-thinking initiatives that would allow those with addiction problems to be detained on an emergency medical basis in a hospital for 72 hours. And the task force also recommended a required 72-hour hold by hospitals for anyone who's been administered the heroin overdose antidote Narcan.

And from a criminal justice standpoint, other issues, they're recommending measures against drug dealers by prohibiting their enrollment in the state's judicial diversion program and maintaining a state prison sentence. They also recommend a felony death-by-dealer statute to hold heroin dealers

criminally responsible for overdose deaths they cause, and then also a civil action for recourse.

Are we looking at any of those issues in addition to what we've already talked about?

SECRETARY TENNIS: They may have gotten some of them from us.

You all have done a really nice job. We have a drug delivery resulting in death statute which you all, I think -- it's been a few years, but it's, you know -- we have a number of those items.

So we do always look and we kind of have a sharp lookout into all the states to see what they're doing that we can copy from.

That issue about getting people from the emergency departments to treatment, my staff kind of did a 50-state search. We found that some of the best things that were going on were in some of our counties.

So just so you'll know what we're doing on that issue, a couple of years ago, I started an overdose task force. We have -- one of the subcommittees was a warm hand-off subcommittee. Deb Beck -- again, her name keeps coming up -- is chair of that committee. We sent out a directive to our SCAs, our county drug and alcohol directors. These are our priority population, you need to let your emergency

rooms know where to send somebody.

Chairman Baker, that was not enough. It did not have the impact we were looking at.

So just about a month or two ago, we modified our contract with the SCAs and we gave them five different protocols for how warm hand-off has to occur. And we're holding the SCA -- we're telling the SCAs, we're expecting you to do this even if you have to pull back a little bit of funding to have a case manager or whatever. And the proposals involve having hospital staff trained to do interventions, hand-off. SCA is going to send somebody in. A treatment provider can have a contract to go in and do that.

You know, basically, what you really want in the emergency department is somebody, ideally, actually in recovery themselves, but doesn't have to be, but somebody whose job is to successfully and effectively intervene with somebody. So when they encounter the resistence, when they encounter the bewildered and really shocked state of mind of an overdose survivor -- the naloxone reversals are brutal -- that they know how to really engage that person in an effective way. So we're trying to do it on that basis. We will see.

I mean, what I would ask for respectfully

is just a little bit -- and we'll be talking about this, I know, in the next day or two -- is let us, you know -- this is a huge -- I want you to go know, this is a huge -- I share your sense of urgency and priority about getting them from the emergency departments to treatment. We think we are coming up with something that has a good chance of working. I'm humble enough to know that you don't know, but we're working on that. I'm not sure, also, with our hospitals, whether they are set up to actually hold somebody who walks out against medical advice.

Getting back to the other issues in terms of resources, every time I've been in front of this committee I have said we're short on long-term residential. Because of that funding that went away over 10 years, a lot of our long-term residential capacity went away.

In the drug-free realm, that is what folks with heroin addiction need. They can't get better -- or maybe a few can. You can't get the outcomes you want in a 14-day or a 28-day program for somebody who's been on the street with a needle-injecting heroin addiction. They need long-term residential and we're fighting to get that. We're urging our treatment programs to open it up. We're meeting with behavioral health managed

care organizations saying please approve that level because you're supposed to follow clinical criteria.

It's required by law. The federal parity law requires that people get the proper level of care, so that's a big priority. But as Dr. Levine said, we're trying to expand all levels of care, MAT, drug-free, long-term. Right now we're so short on resources compared to need that we need to avoid the battle between that back and forth and say we need to expand it all.

REPRESENTATIVE BAKER: Thank you very much. I look forward to those conversations we're going to have this afternoon.

SECRETARY TENNIS: You bet.

REPRESENTATIVE BAKER: I just want to share that the police officers, the hospital folks, the emergency services folks, they treat these folks and then they're released and then they're not really necessarily helped. So a 72-hour hold or even -- I know we discussed involuntary commitment. Do we need a bill similar to that in Florida or can we use our Mental Health Procedures Act for involuntary commitment for treatment? I look forward to those discussions going forward.

Thank you very much, Mr. Chairman.

MAJORITY CHAIRMAN ADOLPH: Thank you, Chairman.

Chairman Flo Fabrizio.

REPRESENTATIVE FABRIZIO: Thank you, Mr. Chairman.

Secretary Tennis, apparently you've -- I was concerned about the warm hand-off and I think you've kind of elaborated and expanded on the question I was going to ask.

But ultimately, short of our passing legislation forcing, as Chairman Baker said, a 72-hour period, 48-hour holding period, I don't know what -- is there anything in your opinion that can ensure that we move these people that have been saved into treatment programs, that we as legislators can do?

SECRETARY TENNIS: Well, as always, I mean, I think what we are now experiencing as we are starting to find some emergency rooms doing a better job, is that when they call to get a detox bed, they can't find one. So it's, I think, ultimately -- it's always going to be about resources.

REPRESENTATIVE FABRIZIO: And that follows up on my next question. How many detox centers do we have in the Commonwealth? Where are they, do you have any idea?

SECRETARY TENNIS: I have known the answer to that question and I will -- my deputy secretary is going to get you that number in a moment, but I am terrible with the numbers.

I know we have 975 detox beds overall in the state.

REPRESENTATIVE FABRIZIO: Thirteen million people with a heroin overdose epidemic, right?

SECRETARY TENNIS: And the detox is just the beginning, so once they're detoxed the last thing we want to do is just detox them and then put them back on the street again. They need -- you're just getting them ready for treatment and then they need to go into residential rehab.

We have a little over 7,000 residential rehab beds. Right now in this crisis, that really needs to be expanded, especially the long-term.

REPRESENTATIVE FABRIZIO: Okay. Thank you.

MAJORITY CHAIRMAN ADOLPH: Thank you.

Just a -- and please don't anyone take this personal. I'm looking at the schedule ahead, I'm looking at the number of members that have questions, if we can try to get right to the point with both the questions and answers, I think we'll try to stay on

schedule here. Please don't take it personal, especially the next person who asks a question. Thank you.

Good friend, Representative Sue Helm.

REPRESENTATIVE HELM: Thank you, Mr. Chairman.

And welcome. My first question is for Secretary Tennis. And since I have a gambling place in my district and also am on the gaming committee, I just would like to talk about the compulsive gambling treatment fund.

SECRETARY TENNIS: Yes.

REPRESENTATIVE HELM: The funds are to be used for public education awareness and training regarding the issue of compulsive and problem gambling, as well as funding for treatment and prevention programs. Can you elaborate on specific activities or programs that the fund supports and how are these funds allocated and how many people were served with the funds in the last two years and how many are projected to be served this year?

SECRETARY TENNIS: Well, in our report, we have -- excuse me, one second. Thank you.

You know, what I'm going to do, I'm going to get you a better answer if it's okay with you, I have

Dr. Ken Martz who's been overseeing this. If the Chairman doesn't mind -- or we can get you a more detailed answer in writing on that.

MAJORITY CHAIRMAN ADOLPH: Yes. If you can send the result of the answers to Chairman Markosek and my office and we'll get it to all the members.

REPRESENTATIVE HELM: That will be fine.

Then I'll ask a question to Secretary Murphy or Dr. Levine about the tobacco cessation program because I do have people calling me about that.

Could you just tell me what impact the budget, with the budget impasse, has on the program and did any county have to furlough their program or not service any people because of the budget impasse?

SECRETARY MURPHY: We haven't been notified that a county has terminated their tobacco cessation program.

REPRESENTATIVE HELM: Okay. Well, has Medicaid expansion, which expanded medical services including tobacco cessation to more than 550 adults, had an impact on the member services through your department's cessation program?

I mean, I have people calling me about this. I'm surprised that you haven't heard about, basically, that people teach the program are very

concerned that it might not go on.

SECRETARY MURPHY: We do agree with that. We do -- I mean, in terms of hearing of programs that are nearing the end, we do hear that there are services that will be challenged.

REPRESENTATIVE HELM: All right. Well, thank you.

SECRETARY TENNIS: Just real quickly, Representative Helm.

We have got a 2015 compulsive and problem gambling problem report that we'll get to you and it lays out the exact numbers that you're -- so we'll schedule a time to go over that.

REPRESENTATIVE HELM: Okay. Sounds good.

MAJORITY CHAIRMAN ADOLPH: Thank you.

Representative Dean.

REPRESENTATIVE DEAN: Good morning, again, and welcome. I'm over here.

Like our chairman, I want to share what I said last year at these Appropriations hearings about what are called the traditional legislative add backs, which -- I've been sitting in this committee a few years and I still don't get how that's a possibility.

So I share and implore -- and maybe you could respond to this, Secretary -- that our Governor

and past Governors and future Governors stop doing it this way. Because what we're talking about are nine-plus line items totaling less than -- what is it, less than $10 million in the 30-plus billion-dollar budget. And now compounded, not only are these out, but they have suffered an eight-month budget impasse because of our collective failure. There's no one person to blame there. The legislature, the administration, we all have failed Pennsylvania with this budget process.

But I mean, think about it, it's diabetes programs for $102,000, $102,000; regional cancer centers, 600,000; services for children with special needs, $31,000 -- I can go down and down -- ALS funding, $357,000; Tourette syndrome, $153,000; biotechnology research, $6 million; epilepsy support, 561.

We've said it before in a bipartisan way, we wish this was not the process. And I want -- I ask our Governor to please turn the table on this and make sure these are actually funded and not something that is subject to veto, subject to add back. Because as I said, these are people waiting for this very important set of resources. I've met with many of their families.

So maybe you could comment on that and then I want to turn to the heroin issue. Is there anything you could say, Secretary?

SECRETARY MURPHY: I am committed to working with the legislature to fund these items and I know the Governor is deeply concerned about the health of Pennsylvanians and we will be working together with the legislature to get those items funded.

REPRESENTATIVE DEAN: I appreciate that and I'm hoping that with the new budget that we don't do it this backward way.

Having said that, however, I want to put in perspective something that I think is critically important and that is the $5 million that the Governor did put in last budget and did put in this budget for additional services to address heroin and opioid addiction. It's quite the reverse of what I just talked about, so I want to compliment the Governor for that foresight.

SECRETARY TENNIS: I want to compliment him too. It's been badly needed and I so appreciate that he did put that in and I appreciate that you all approved it, so thanks to him and thanks to you. It's -- this could hardly be more severe, badly needed right now.

REPRESENTATIVE DEAN: And I'm so impressed with both secretaries, how you have told us last year and this year of the urgency. It is -- as you

said and I've quoted you all year long, Secretary -- it is the number one public health issue facing this state. And of course, across the country, but this state seems to suffer it in very high numbers, higher than nationwide.

And I want to, again, contrast what the Governor did with the $5 million to what had happened with the majority budget that passed and was vetoed in June. It showed no increase for this urgent, urgent issue. I want to repeat that. The budget that passed and was vetoed in June showed no increase for the number one public health issue facing this state. No wonder it was vetoed.

So if we take a look -- and I so admire all of you and the work you're doing on this issue.

I just got a text from my staffer back home, here's yet again this week's police report. Every single week we get a police report and there's either one, two, three, or four overdose incidents. I'm talking in Abington Township, Pennsylvania -- one, two, three, or four. We had two on the report just this morning. One saved with naloxone I believe, and the other wasn't needed, but the police intervened and the person was returned to his home. One was returned to a hospital, taken to a hospital.

We're seeing it every single day and I'm so proud that our police department is carrying and using very effectively the naloxone, but the numbers are pretty troubling. Even though I'm glad the legislature passed the bill, I guess it was Act 139.

SECRETARY TENNIS: 139, yes.

REPRESENTATIVE DEAN: As of last year's report, I think about 84 percent of police departments aren't yet carrying it. Now hopefully that number is going down. What is the plan to get all police departments across the state?

SECRETARY TENNIS: Well, we -- part of -- one of our big motivations for the event last week was to get more publicity and get other police departments to have a look at this. We've -- because police departments and mayors are free to choose right now what they want to do, it's been a city-by-city effort.

My communications and policy director Jason Snyder, who put together that event last week, and I traveled out all the way to Pittsburgh to meet with Chief McLay because Pittsburgh still doesn't have it. Now they say they're going to do it, but every day's delay is -- means more death. So we are we're working, kind of picking off where are the most overdoses, where are the biggest cities, and focusing in on them and

going from there. So one of the things -- this is really just been kind of a city by city, municipality by municipality, grinding out kind of effort. So it's something that we spend a good part of every day pushing it out.

If any legislators -- and let me make this offer to you -- if any legislators would work with us, we will let you know which township, which municipalities you have that are not carrying naloxone and we would like to work with you. We found it's been very effective to work with Senators and State Reps in your local areas.

And you're doing great in Montgomery County, you've got strong law enforcement, a strong DA. But in some parts particularly -- and I'll just say -- in the western part of the state, it's been a much heavier lift to get police departments to pick this up. So we're looking for help and we're doing everything we can.

REPRESENTATIVE DEAN: I guess my final question is -- I was looking at these staggering numbers, maybe you could tell me how it is. In Pennsylvania, number of -- this is 2014 numbers -- drug overdose deaths, the percentage increase was 12, almost a 13 percent increase in Pennsylvania in a single year.

Nationwide it was 6 1/2 percent, which is staggering and awful also, but we're suffering almost twice that level. What's the reason? When's going on in Pennsylvania?

SECRETARY TENNIS: Well, we have -- there are a couple of possible reasons.

One of the things -- and I get in trouble for saying this, but I have been kind of making a lot of noise about making sure all reporting gets done properly. I don't think that's the full answer though.

We do have a larger percentage of the population -- I'll state in practical terms. A lot to Pennsylvanians retire to warmer climates. When they get really old, they come back here and we have a lot more prescribing, opioid prescribing going on for folks that are in the end-of-life years coming back to Pennsylvania. We have a much larger percentage.

As far as what's going on, the overall increase -- but this would apply across the country -- it's a little bit like the horse is out of the barn. It used to be none of our kids would think of touching heroin. They would not -- it was just something that was off the radar screen as a possibility. But now that it's in our schools and they know people who are doing it, they're less -- the fear about it, kind of even the stigma around the use is down a bit.

So we have a heavy lift here. I mean, I don't need to tell you, you're talking about it too. We have a serious problem.

One of the things we have to do is strengthen our K to 12 drug and alcohol education. That has withered away from lack of funding. Our Student Assistance Programs which teach teachers and counselors how to identify at-risk kids and really wrap strong services around them. These are the ones that are getting in trouble. The federal government cut that money and then school districts cut that money. So we need -- we still have them, but they're really at a fraction of what they used to be.

We used to have one of the strongest Student Assistance Programs in the nation in Pennsylvania and that is not something we can say anymore. So when we don't have those kind of programs, it leaves us -- at full strength -- it leaves us vulnerable to this kind of epidemic. And we either are going to step up and strength on them and put the resources in -- and I know that's hard. I know that means more revenues, that's really hard, but we have -- these are our kids. You know, we have to find the way to get those programs up to where we know they can be most effective.

REPRESENTATIVE DEAN: I'm mindful that Nancy Reagan died this week and she had the campaign "Just Say No" to drugs. Is any of the five million that we have -- the Governor has and we have provided going toward education? And what a different world it is from the time Nancy Reagan was making that claim.

SECRETARY TENNIS: That five million was targeted, both by the general assembly and the Governor, to aiming toward those who are at the greatest risk of overdose. So it's going to things like long-term, to build up capacity for long-term residential, which we are severely missing, and expanding medication-assisted treatment. So we are we're really focusing that on the back end. I do know -- and case management for warm hand-off, to strength on the warm hand-off procedures. So we're kind of -- that's kind of going at where the -- we're trying to turn the dial on the deaths right now.

We, the federal government -- the President has proposed to put a lot more money into drug and alcohol. We're asking -- I mean, I'm asking our Congress people to put that money in the block grant, so we can use some of that for prevention and we can use it for the areas of treatment.

Every state is different. I don't think there's a one size fits all, which is the President's

proposal -- it's a little bit more of a one size fits all. And I appreciate the resources, but we would like it to come to our block grant, so we can do things like build Student Assistance Programs.

REPRESENTATIVE DEAN: I want to thank you for your time, thank you for your work, and tell you that I and I know everybody on this committee wants to make sure we give you the resources to turn this tide so that next year we come and we talk about declining numbers and saving more lives and getting more people treatment. I really --

SECRETARY TENNIS: Representative, I know you've been engaged with this issue since I first started in this job four years ago and I appreciate your commitment to it.

REPRESENTATIVE DEAN: Thank you. Thank you.

Thanks, Mr. Chairman.

MAJORITY CHAIRMAN ADOLPH: Thank you.

Representative Duane Milne.

REPRESENTATIVE MILNE: Thank you, Mr. Chairman.

Let me direct my question to Drs. Murphy and Levine. And I want to raise a question about vaccination policy here in Pennsylvania.

Certainly, one of the centerpiece maxims of health care is that an ounce of prevention is worth a pound of cure, and it certainly does, I think, in a lot of policy and clinical decisions. So in that spirit and as a father of a young child actually, I was a little disheartened to learn -- doing some research on this topic because it's obviously been a little bit in the news about benefits and the potential cost of vaccinations. But one of the disheartening points I came across -- and this is according to the Pew Charitable Trust research, so a very value-free, imperial-driven kind of organization with it's basic research -- is that Pennsylvania has the second lowest vaccination rates of children entering kindergarten in the nation. I'm just wondering if you could first maybe comment on that finding.

SECRETARY MURPHY: I'd be happy to. We, too -- when both Dr. Levine and I started our positions, we were extremely concerned about the low rate of immunizations in Pennsylvania, so we embarked upon a several step process to improve those immunization rates.

So we have amended -- one of the problems when we looked at the regulations, which were very old, is we had -- the State of Pennsylvania had a provisional

period for immunizations that allowed children to enter kindergarten and remain without being fully immunized until the end of March. We have revised those regulations and we are now taking them -- the provisional period -- down to five days. We have also started a public education campaign to educate parents on the importance of immunizing children.

The provisional status was critical for us because really, when we looked at our immunization rates, it wasn't the philosophical and medical exemptions that were causing our rates to be lower than what we would like.

So it was really that we have 15 percent of children in that provisional period. So lowering that provisional period will increase our immunizations rates. We have also completely reinstituted new policies on data collection so that we're sure.

Secretary Tennis mentioned data. Data is so important, quality data collection is so important for us to make our decisions and for you to make your decisions as well. So we have completely revised our policies on data collection to be sure that we're collecting accurate data from the schools.

We've partnered with the school nurses. We have extended hours in the state health centers for

children in need to receive immunizations. So we're hoping that over the next couple of years that you're going to see a significant increase in children who are immunized in Pennsylvania when they start school.

REPRESENTATIVE MILNE: Very good. And then I assume -- and you alluded to it -- that, obviously, to continue with outreach and education efforts will move forward.

Could you speak a little bit about the time and policy dollars that have been invested in outreach and education efforts to raise awareness of the requirements for vaccination, the benefits of vaccination? And specifically I'm thinking in terms, of course, front and center, why we're here today, the budget. So maybe perhaps going back three fiscal years, what has been roughly the kind of dollars we have put towards outreach and education efforts and what's the proposal for '16-'17?

SECRETARY MURPHY: So we will go back over the last three years and provide you with that information.

We are using our -- while the appropriation for our state health centers includes using those community nurses to go out and do outreach and education -- and we invest in 60 health centers

throughout the state. And we also utilize our social media and our outreach which has been to this group of parents is the best and most efficacious way to reach and distribute the message. We have also been messaging with school nurses, which we have a program with school nurses and have proposed a new standard of care with school nursing.

So we can get you all that -- we'll get you the dollars that are dedicated to that.

REPRESENTATIVE MILNE: Very good. Thank you very much for being here this morning.

Thank you, Mr. Chairman.

MAJORITY CHAIRMAN ADOLPH: Thank you, Representative.

Representative Daley.

REPRESENTATIVE DALEY: Thanks, Mr. Chairman.

Secretary Tennis, I've now listened to you talk a couple times about data, and our staff provided us with a county map of Pennsylvania with heroin and other drug-related deaths in 2014.

SECRETARY TENNIS: That's right.

REPRESENTATIVE DALEY: And I'm kind of -- I'm happy to see that my county in Montgomery did not report anything and we know that there's a discrepancy

because the numbers are off by about 3,000 from what the CDC has. So there's 13 counties altogether that didn't report anything in 2014. Do you by any chance know if that number has changed since that time?

SECRETARY TENNIS: Well, I know that the initial overdose data was really gathered by Susan Shanaman actually spending her weekends calling coroners. Then the DEA -- excuse me, the Philly-Camden HIDTA and the DEA in Philadelphia then undertook to go after that information a little more aggressively which led to better data.

I don't -- as far as your coroner and, you know, a couple of others that didn't report initially, I don't know what the status of that is and I don't know that there's currently a legal requirement that they report that. But I do believe that the DEA was able to get that information from them.

REPRESENTATIVE DALEY: Okay. So is it something the state would still be interested in, having that information from the coroners?

SECRETARY TENNIS: Oh, yes.

REPRESENTATIVE DALEY: County by county?

SECRETARY TENNIS: We need up-to-date data.

You know, when we formed the overdose

task force, our aim was to get real-time information from coroners and health care over to law enforcement to track down drug trends so that law enforcement could go in and target. If there was some particular drug, they could go after it or if there were markers on it, they could go in and shut off the supply, and in reverse, that law enforcement could be speaking to health-care providers. We were trying to set that up.

Philadelphia-Camden HIDTA got money from the federal government to give a health-care policy and analyst that's housed in the Department of Health Epidemiology and a criminal justice analyst that's housed in state police to help move that ball forward. That's proven to be a heavier lift than we thought.

We have varying data reporting systems. They are all a little different, some are fast and some are slow, they kind of cut in at the same time. So we're not even close to there in terms of getting kind of the level of quick and reliable data that we need to get.

We do have data sources, but they're just varied and coming in at different angles.

REPRESENTATIVE DALEY: Interesting, need to have a further conversation about that.

I was just -- you know, we're surrounded

by red, which is 100 or more deaths, and pink, which is 50 to 99 deaths. Clearly, it makes me very interested in Montgomery County, but I also think that statewide data would be really helpful, so maybe we could talk about that offline. Thanks.

MAJORITY CHAIRMAN ADOLPH: Thank you, Representative.

I would like to acknowledge the presence of Representative Dan Frankel who has joined us.

And the next question will be by Representative Mike Peifer.

REPRESENTATIVE PEIFER: Thank you, Mr. Chairman.

Thank you all for being here today.

Secretary Murphy, I'm just looking at some of your financial lines here. We're looking at specifically the line of vital statistics, the line of -- the state laboratory line item, and of course, the state health centers. These lines all have double dignity increases. Vital statistics line item is going up 18 percent, the state laboratories are going up 15, and the state health-care centers are going up 14. Could you just expand on why these increases are double dignity in nature?

SECRETARY MURPHY: Yes, I can. Thank

you.

Public health spending investment in Pennsylvania is 42nd in the country. So in terms -- that means that we are 42nd in the country in investing in our public health. The three departments that you mentioned -- the state health centers increase, you may recall there was a modernization plan that resulted in several of the state health centers closing. That was reversed by a court order last year and we are now in the process of reopening all of those state health centers. The state laboratory has been considerably underfunded for many years and this investment is required in order for us to maintain our federal licensure and our ability to go out and license other laboratories and perform other tests. And our vital records department -- our vital records system is woefully outdated and requires automation of death certificates. We now have birth certificates, but we need to do the death certificates.

So those line items are a matter of increasing to enhance the services to the Commonwealth.

REPRESENTATIVE PEIFER: So I guess you kind of answered my question.

So are we required by the federal government or CDC to have our own state laboratory? I

mean, I guess, is that something that we -- the next question would be, you know, have we ever looked at privatizing it? If we're at a level that's insufficient now, maybe we should go the private route or it might be the time to look at it.

SECRETARY MURPHY: Dr. Levine and I have been spending a great deal of time looking at what is the best way to offer laboratory services in the Commonwealth. We're required by -- every state in the country has a public health laboratory. We're required by state law to perform certain public health tests. But we will be -- we are looking at the laboratory to see what is the most efficient way that we could improve the services to those in the Commonwealth in the area of laboratory services.

REPRESENTATIVE PEIFER: And I'm assuming we get a substantial amount of money from the federal government for this laboratory as well?

SECRETARY MURPHY: We do.

REPRESENTATIVE PEIFER: My next line of questions has to do with our clinical laboratories.

Back in 2013, we passed Act 122 where we would put our clinical laboratories across the state kind of on an equal playing field. I know you've had some help with that implementation of that law. Could

you just explain how that -- explain why we delayed that implementation?

SECRETARY MURPHY: Sure. And Dr. Levine has done some great work in that area. I'll let her share with you.

PHYSICIAN GENERAL LEVINE: Thank you.

The Bureau of Laboratory reports to me, so I would share Dr. Murphy's comments on the necessity of the state lab, that all of the states and territories have a state laboratory. It does receive federal funding, but also requires state support to run efficiently and to do the important public health work that it does, including Act 122.

So as you know, Act 122 was passed to fix the inequitable treatment of in-state and out-of-state laboratories under Pennsylvania law and it provided for licensure by out-of-state laboratories for out-of-state laboratories that test Pennsylvania specimens, prohibition on specimen collectors and civil fining authority for the laboratory. The Department of Health staged the -- has been staging the implementation of Act 122. There were letters that went out, frequently asked questions that went out, and in the last six months to a year, we have made significant progress on the implementation of Act 122.

So the department has developed a complaint form which is currently, actually, right now available on our website for the public or anybody else to file a complaint with our laboratory that they're concerned that Act 122 will be violated. We have received some complaints and actually initial letters about those complaints to the possible offenders have actually gone out. And the physician or laboratory that receives those letters then has 35 days to respond.

The laboratory will review the responses and if necessary, schedule on online review and then the results of the online review will be discussed with legal to determine if the laboratory or physician's office is in compliance or if it's not, and then civil monetary penalties could be pursued.

So we have made tremendous progress. The complaint form is online, the initial letters to potential offenders have gone out, and we're working on firming up all the policies and procedures for reviews and then to determine the results of those reviews.

REPRESENTATIVE PEIFER: So once you get a complaint, you know, is there like an on-site visit? I guess there's obviously a follow-up to that, but are you actually out there? I'm concerned --

PHYSICIAN GENERAL LEVINE: Sure.

REPRESENTATIVE PEIFER: -- a little bit about the statutory authority that you have to enforce this law and you know, again, it was 2013, so it's been a couple years now. And I do understand that there were some issues initially, which you said you wanted to work through, but at some point we need, really, to protect those, you know, licensed laboratories that are out there and doing the right thing in our Commonwealth.

PHYSICIAN GENERAL LEVINE: Absolutely.

So we have received some complaints, those have been logged. The letters to the alleged offenders have been sent out. We'll now be waiting for the response from the alleged offenders. With the legal department we will review those responses to determine if an on-site review is necessary. If the on-site review is necessary, the reviewers will go out and then we'll put all of that together and decide what the outcome should be.

REPRESENTATIVE PEIFER: Where's the teeth to this law? I mean, what happens if they -- you know, again, this law was passed in 2013, it's now 2016. We're sending letters, giving them 35 days to, you know, to correct -- a corrective action letter I guess you could call it. Are we issuing fines or citations for this activity or is that the next level?

PHYSICIAN GENERAL LEVINE: That would be the next level.

REPRESENTATIVE PEIFER: Okay. So we've not issued any fines --

PHYSICIAN GENERAL LEVINE: No.

REPRESENTATIVE PEIFER: -- or citations to anyone at this point?

PHYSICIAN GENERAL LEVINE: No. We're in the evaluation process of the alleged offenders.

REPRESENTATIVE PEIFER: You know, it does concern me that we're allowing -- we've passed a law and a lot of times, the implementation of these laws when we pass them, there's a 90-day -- 120 days. We understand the parties may have concerns and it may take some time to educate the people involved, but at some point, this law has been on the books for three years and I'd really like to see the department out there, you know, enforcing the law with some teeth.

PHYSICIAN GENERAL LEVINE: So as Secretary Murphy had mentioned, the laboratory has been severely underfunded and understaffed. So as any --

REPRESENTATIVE PEIFER: Is there anyone -- in this budget increase, is there anything for law enforcement or enforcement of this?

PHYSICIAN GENERAL LEVINE: They

actually -- the physicians would be -- so we could hire more reviewers to be able to go out and do those reviews.

REPRESENTATIVE PEIFER: Okay. Great.

Thank you, Mr. Chairman.

Thank you all.

MAJORITY CHAIRMAN ADOLPH: Thank you, Representative.

Representative Acosta.

REPRESENTATIVE ACOSTA: Good morning and welcome.

I have two questions for the secretary -- I'm sorry. I'm over here. I have a question in regards to the ABC-MAP Program. It was enacted by Act 191 in 2014; is that correct? I know that you are requesting an increase of 47 percent which is about one million. And currently DOH is finalizing a contract to develop a database, an electronic database. Can you walk us through the process to tell us exactly what that database will do for this program?

SECRETARY MURPHY: Certainly. The database -- we have a database in Pennsylvania right now that is in the Attorney General's Office. The idea of moving ABC-MAP to Department of Health is to really put a focus on improving the health of people that have

prescription drug abuse problems.

So the database will -- each dispenser and prescriber is required to register with the database. The idea is that physicians and practitioners will be able to access this database to determine if the patient has received prescriptions from other places. Because a lot of times what happens, frequently what happens with people who have problems with drug addiction is they'll go to one or more physicians. So this idea of a database, the database is really to inform the practitioner that the patient perhaps has a problem that requires treatment. It will also give us the data that will help us potentially recognize early problem areas such as geographic areas.

You know, we talked a little bit about rural health. I was going to counter before that many of our rural areas are really plagued with the prescription drug and heroin problem.

So this database will give us the information that we need, hopefully, to enhance the treatment of those people who are in need.

REPRESENTATIVE ACOSTA: Thank you. Thank you, Secretary.

I have one more question and that's for the Secretary.

Secretary Tennis, how are you today?

SECRETARY TENNIS: Good. How are you?

REPRESENTATIVE ACOSTA: I want to talk about the needle exchange program.

As you know, the moral and ethical and legal debate over establishing and containing these needle exchange programs seems to be very controversial. On one hand, you have the opponents of the needle exchange program arguing that it increases drug use, in increases crime, discarded needles -- which is a public health issue -- addresses only one multipronged drug addiction problem, is self-destructive -- it's a self-destructive element in low wealth communities. But then you have proponents that argue that it can cut the death rate and the spread of HIV and hepatitis caused by sharing dirty needles.

The question I have, Secretary, is are we really addressing the less tangible issues that leads people into drug dependence? If so, what post-plan is in place to deal with the needle exchange programs, that includes education, prevention, intervention, and treatment services?

SECRETARY TENNIS: Well, these needle exchange programs can be in addition to the things that -- the proponents will talk about, and I think

rightfully so, to treat hepatitis C, that's like $65,000. So if you have somebody infected with hepatitis C and they're sharing a needle and you're having a rampant number of people getting hep C -- right now it's the one I'm thinking about, but I mean HIV, obviously, other diseases as well. This is an extraordinary cost.

But the piece about the needle sharing that I think -- what I'm most interested in is that it's an opportunity for engagement of the individual with addiction and engagement -- these are people who have really hit bottom. They're often homeless, they're in desperate straights. The good needle exchange programs learn how to engage those individuals when they get the needles, develop that relationship, and get them into treatment. And that's what I'm most interested in. I think ultimately --

You know, somebody also, in addition to spreading hep C, we know that folks that are untreated on the streets are also committing a fair number of criminal offenses a day. We have such a strong interest in getting them to treatment. Needle exchange programs can be effective for that.

So we have many of them. We have them in our big cities and that's really with an understanding

with law enforcement that they know that this is a public health service and they're not coming after them.

I don't know if I'm honing in on your question properly or not.

REPRESENTATIVE ACOSTA: You are kind of, sort of. You are addressing the issue of -- you know, so I think part of it is education, prevention, intervention, and treatment services have to be all -- there has been a collaborative effort to be able to address the real underlying problem of this drug addiction that often plagues low wealth communities.

The other question I have for you is how many of these needle exchange programs do we have across the Commonwealth of Pennsylvania?

SECRETARY TENNIS: Well, I'm familiar with Pittsburgh prevention point and they run a program. I'm familiar with the Prevention Point Philadelphia. I don't -- I think there might be one other county that has them and I don't have all the details.

Our agency is not involved with those except -- I mean, I'm glad they're there doing it. They are also giving out naloxone on the street. But those are the two major initiatives in Pennsylvania.

REPRESENTATIVE ACOSTA: Okay. Thank you, Secretary.

Thank you, Chairman.

MAJORITY CHAIRMAN ADOLPH: Thank you.

Representative Warren Kampf.

REPRESENTATIVE KAMPF: Secretaries, Deputy, General, a couple of questions.

Secretary Murphy, just to maybe give our viewers a sense of the scope of your department, my reading is that you have under your secretary 1,327 employees; does that sound about right?

SECRETARY MURPHY: Sounds about right.

REPRESENTATIVE KAMPF: And all in federal and state dollars, I think '15-'16 was about 895 million?

SECRETARY MURPHY: That's right.

REPRESENTATIVE KAMPF: Okay. And a piece of that is the tobacco settlement money and I think I asked questions about this at last year's hearing. And I guess it's the health priorities piece that I'm interested in.

As I understand that, that money can often go out for drug development, life sciences research. And could you tell me whether the '15-'16 dollars are out the door or -- you know, you've sent out RFPs, what have you?

SECRETARY MURPHY: So the RFPs for the

nonformula funding are out the door. We're waiting for those to return, the proposals to come in.

REPRESENTATIVE KAMPF: Okay. And do you expect it to -- the process to conclude by the end of the fiscal year and the dollars to actually be dispersed?

SECRETARY MURPHY: We anticipate so.

REPRESENTATIVE KAMPF: Okay. All right. I guess with '13-'14, going back a couple years, there was an issue with allocation of dollars. Have all of the moneys that are available to Pennsylvania been dispersed for '13-'14?

SECRETARY MURPHY: Yes.

REPRESENTATIVE KAMPF: Okay. We did notice on your website that only one piece of that was reflected. I think it was either the formula or the nonformula, but not the other one. So I could be wrong about this, but maybe go back and ask someone to check on that.

SECRETARY MURPHY: We certainly will.

REPRESENTATIVE KAMPF: Thank you very much.

Thank you, Mr. Chairman.

MAJORITY CHAIRMAN ADOLPH: Thank you, Representative.

Representative Bullock.

REPRESENTATIVE BULLOCK: Thank you, Mr. Chairman.

Good morning, I'm over here. How are you doing today? Great.

It is estimated that approximately 3.7 million Pennsylvanians live in either rural or urban area that is designated as a health professional shortage area or medically underserved area. We call them health deserts in Philadelphia. I also know that it's particularly difficult to get primary care physicians to work in these areas due to other opportunities that may be available to them and that your department has -- the Health Department has the primary care practitioner appropriation which particularly includes a loan repayment component to encourage these Pennsylvania-trained medical professionals to seek employment at any of these MUAs or HPSAs.

Could you describe that program and how that program helps to recruit and retain qualified candidates and medical professionals into those underserved areas?

SECRETARY MURPHY: The program was designed to do exactly that. It provides loan repayment

for two years for physicians, dentists, and critical practitioners moving into rural areas. We are currently undertaking a workforce, a health-care workforce analysis particularly in the rural areas. We're very concerned about access to health care in rural areas.

When we look at our hospitals and health systems that are in rural areas, over 75 -- we have 42 designated rural hospitals -- over 75 percent of them are financially challenged. So these primary care grants allow for those hospitals to have some access, not what I believe to be adequate. I think we're going to need to work at funding that program in the upcoming years.

We wanted to have the workforce data so that we were able to adequately identify what the needs are, but we will be coming back over the next 18 months to look at an appropriation for physicians in these -- physicians and all practitioners, dentists, nurse practitioners, and physicians assistants in these areas.

REPRESENTATIVE BULLOCK: So in your opinion, you need additional funding to support these programs that you have?

SECRETARY MURPHY: Yes.

REPRESENTATIVE BULLOCK: In addition to your efforts to recruit qualified medical professionals,

physicians assistants, could you share with me the department's current workforce demographics in regards to diversity, where do you stand and where do you think you could use additional efforts to improve diversity in that respect?

SECRETARY MURPHY: Our department is -- we consider it to be a department value. My executive team is with me here today and we, I believe, represent diversity and certainly consider it to be a priority when we're looking for qualified people for our department. So it is a value to us and one that I think we've been able to live up to.

REPRESENTATIVE BULLOCK: Could you share some specific numbers as far as minority and women employees?

SECRETARY MURPHY: I will get back to you with the specific numbers.

REPRESENTATIVE BULLOCK: I appreciate that.

And as far as the Drug and Alcohol Department, do you have any numbers to share as well?

SECRETARY TENNIS: According to the -- the state percentage is 13.9 percent, the drug and alcohol percentage is 19.1 percent in terms of minorities. And that is also a value for our

department.

REPRESENTATIVE BULLOCK: And women, do you have a percentage on women?

SECRETARY TENNIS: We do. Commonwealth overall is 32 percent and DDAP is 49 percent.

REPRESENTATIVE BULLOCK: Great. Thank you. I appreciate that.

Chairman, I have finished with my questions.

MAJORITY CHAIRMAN ADOLPH: Thank you.

Representative George Dunbar.

REPRESENTATIVE DUNBAR: Thank you, Mr. Chairman.

Good afternoon. Whenever we get the budgets or proposed budgets, we tend to look at things -- look for anomalies and things that don't look correct analytically. And as I was going through the Department of Health's budget, there was one thing that kind of jumped out at me. It's in the proposed '16-'17 budget. There was only one single line item that was reduced, just one line item that reduced the '15-'16 numbers, which kind of jumped out at me a little bit. And then, of course, when I looked at it, it's something that, for personal reasons, is very important to me and that's the adult cystic fibrosis line item.

In the '15-'16 budget, it's not a big number, but it is something that is very important. The '15-'16 budget, it was reduced by 41 percent through the line item veto and then that number was then reduced another 22 percent in the Governor's proposed budget for '16-'17.

Understand that to me this is something -- Pennsylvania has become a leader actually in research of cystic fibrosis and they're not just working on treatment, they're actually getting to a cure with the use of drugs Kalydeco, orkambi, and they are actually making headway. Life expectancy in the last decade has increased from 35 to 42 years old, and my question is why the cut?

SECRETARY MURPHY: That was my question also.

So as a former CEO, I do the same thing you did, look at percentage changes and what I was -- the information -- because I was concerned about the line item as well. And in actuality, we took the -- while the number had been increased several years in the budget, the actual spend was exactly what we had it at.

REPRESENTATIVE DUNBAR: I can find ways to spend it, believe me.

SECRETARY MURPHY: There's only --

REPRESENTATIVE DUNBAR: I make a lot of recommendations.

SECRETARY MURPHY: As you well know, this is very prescriptive, so we did not -- it is not a cut to services. It is not -- we put the dollar amount and that historically for the last five years has been the number that was expended.

REPRESENTATIVE DUNBAR: And that was the reduction in '16-'17 or the line item veto?

SECRETARY MURPHY: The reduction in '16-'17.

REPRESENTATIVE DUNBAR: Okay. And the line item veto took out what? Because that was a 41 percent reduction there.

SECRETARY MURPHY: I'll have to get back. I know we confirmed our '16-'17 numbers were in actuality what was -- what we had expended over the last five years. So I will get that information for you.

REPRESENTATIVE DUNBAR: I would appreciate it.

SECRETARY MURPHY: Sure.

REPRESENTATIVE DUNBAR: Thank you.

MAJORITY CHAIRMAN ADOLPH: Thank you, Representative.

Representative Schweyer.

REPRESENTATIVE SCHWEYER: Thank you, Mr. Chairman.

Good morning, everyone. And thank you for not only being here today, but thank you for the incredible effort that you do to keep our community safe and healthy.

Far too often when we think about health care, we think about hospitals and insurance companies and prescription drugs, and we talk about the environmental factors, the community factors, the public health risks, and how much cheaper it is for us to do that and frankly how much higher of quality of life the person has by not getting sick in the first place as opposed to going to a hospital. And so my questions are going to be -- a couple of them, I'm going to make them quick, but they're all about community health and public health.

The first to you, Dr. Murphy, is local health departments were not subjected to a line item in the Governor's budget, but the funding has been flat from '14-'15 all the way up through the proposed '16-'17 budget.

I represent the city of Allentown. We have a municipal health bureau. The city of Bethlehem right next to us has a municipal health bureau and I

know we are not the only ones. And that is a significant concern to me not only because, you know, we're trying to do more with less, but now not only the heroin epidemic, which we've talked about a lot, but one thing we haven't talked about much in this hearing is lead.

And so I'd like you to tell me a little bit about some of the options that we might have either in the budget or that you're thinking that we can really get after, in particular the issue of lead-based paint, lead abatement in their homes, and those sorts of things.

SECRETARY MURPHY: Lead in Pennsylvania has been a public health problem for decades. We have, as you all know, one of the oldest infrastructures in the country.

In looking at the number of children actually this year reported in our lead report had actually declined in terms of raw numbers. But there's -- we have been studying this intensely, quite intensely. The issue is -- it is the lead-based paint. The number to eradicate -- and that's really -- the lead paint abatement has to take place.

We do not believe that funding -- we can apply for HUD funding, might be 2 or 3 million dollars.

We think the problem in the Commonwealth to really remove the lead-based paint for this year alone would have been about 15 to 18 million dollars.

REPRESENTATIVE SCHWEYER: 15 to 18?

SECRETARY MURPHY: Yes. That is our calculation based on what we've been told is the average abatement cost. We multiplied the number of kids tested positive.

So I think we have to look for a shared responsibility. This can't just be the government's answer, but I think really the owners. Many of the locations that these children are living in are rental properties and those owners have to be held accountable for the abatement.

So the Department of Health is also going out with community health nurses trying to alert when a child tests positive to identify the sources of the lead-based paint, but many times the family doesn't have the resources to actually perform the abatement.

So I think it's going to be a combination of funding where we can, but also holding the property owners accountable.

REPRESENTATIVE SCHWEYER: The second point is a perfectly fair point, but in Allentown, we've lost -- and some of this was federal -- $380,000 of

federal Lead and Healthy Homes funding which was past due dollars, but we also lost $90,000 on lead testing and screening when the department moved to the eight county model. And so I believe that may need to be revisited.

You know, the city is growing. We're at 125,000 people. Our school district and number of children we have in our city is growing every year. And we are one of the oldest communities with just an astronomical issue with lead-based paint. So I would appreciate any effort that you can help with trying to figure out a way to target those communities a little bit better.

Moving on quickly, one of the concerns I have gotten from a number of organizations in my district has been the potential -- the legislation that would transfer the tobacco cessation prevention dollars from DOH to DDAP, I believe it's House Bill 1844. Have the departments taken positions on this bill?

SECRETARY TENNIS: We've been looking at that and giving it a lot of consideration. I think that we really think the Department of Health is doing a fine job with it. I would like to have our agency focus on this overdose crisis. And you know, we appreciate the legislators concern and high regard, you know, it's

very, very much appreciated, but we prefer to let that stay where it is.

REPRESENTATIVE SCHWEYER: Yeah. I'm of the opinion if it isn't broke, don't fix it. And it seems like a solution in search of the problem, quite frankly. So I appreciate hearing the department's position on that.

One last one, and then I'll wrap up, Mr. Chairman, and that is just a longstanding issue that has been of concern of mine.

We've talked about this privately way back in the early days of the Governor's administration. Dual diagnosis for servicemen and women with PTSD and a drug and alcohol diagnosis, how there have been attempts in the past. What I know of the ones in Allentown with the Veterans' Sanctuary program and others that are near and dear to my heart -- that had some of our returning servicemen and women who were suffering from PTSD and a D&A issue. Any opportunity that we could look again to those sorts of models again in working with organizations like Treatment Trends?

SECRETARY TENNIS: And you're referring to Treatment Trends that does a beautiful job and there's another one the name is just jumping -- in Bucks County that's jumping out of my mind, but we're looking

at getting more resources. We have made veterans a priority population. I think the -- there had been an assumption maybe a few years ago that any veterans could go to the VA, but those resources aren't always available and they're not all the optimal.

So we are -- treatment -- you all have funded Treatment Trends and they still have funding available, so we've actually reached out to all of our veterans court judges and all of our SCAs saying they have resources available. We have a lot of folks -- our veterans are returning after injuries and they're being overprescribed opioids and they have PTSD. So Treatment Trends and the program in Bucks County -- the name that should be called out but I'm forgetting -- New Vitae is the one in Bucks, but we need one in western Pennsylvania as well and we're looking closely at getting more resources. Senator Brown has been a champion over on the other side of the building to get funding for that.

REPRESENTATIVE SCHWEYER: Very good. Thank you all very much again. Thank you for your efforts.

Thank you, Mr. Chairman.

MAJORITY CHAIRMAN ADOLPH: Thank you, Representative.

Representative Kurt Masser.

REPRESENTATIVE MASSER: Thank you. Thank you, Mr. Chairman.

I wanted to go on education on the drug epidemic. What are we doing as far as education goes trying to reach out to people? I think that's a key part of addressing the epidemic.

SECRETARY TENNIS: You bet. So the way the funding system works in Pennsylvania is our funding goes out to the SCAs and then they're there to do prevention. Part of the education is K to 12 education, but we're also -- and they're supposed to be doing some of that funding, some of that also goes to Pennsylvania Commission on Crime and Delinquency. We are looking at doing broader education.

We've -- I have a new -- I have a communications director who's sitting behind me, Jason Snyder, who is deeply, deeply committed to developing a strong campaign on this. He is deeply committed because he lost his two younger brothers to overdose and this is now his life's work. I always say that he's -- we're very fortunate to have him. We are working on trying to figure out how we can put together the PSAs and try to get in with some of that free PSAs market at that level. I'm really interested in getting our K to 12 -- because

I guess we all focus on our kids -- K to 12 programs stronger.

REPRESENTATIVE MASSER: I appreciate the efforts and I've been trying to do some efforts myself and going out into the communities. I'm going to mention Deb again, Deb Beck has been a wonderful tool for this Commonwealth. She has been so key.

But I look at it like the tobacco ads that you see, they're so prominent now. They're so powerful with personal messages, whether it's the woman looking into the neonatal unit to her baby and saying "talk to her through the hole" or the woman putting on her wig. I think it's powerful, powerful messages that if we had personal stories like this, it would wake some kids up to say, no, I'm not going to take that first hit or what have you. But I just think that those tobacco ads are so powerful and I would urge you to just take a look at them and talk about maybe looking at something like that.

SECRETARY TENNIS: I think that's a good example because that's a tremendous success story -- is what we did with the tobacco, particularly for underage, but for all ages.

We have -- you know, one of the things is we're a tiny agency. I have like 75, 76 employees. Our

strength is in working across departments. And just as an example, we've -- Commonwealth Prevention Alliance put together a powerful poster of different individuals and it said, "prescription drugs, anyone can become addicted." It does a lot of things. It fights back against the stigma that's a deadly additive in a number of ways, keeping people from seeking treatment, driving bad policies. But it also is a warning that prescription -- when you are taking prescription opioids, you're at risk for addiction. It's a good, well-based, well-researched document.

We, for example -- I reached across to Secretary Richards in Pennsylvania Department of Transportation saying, can we get these posters put up in the rest areas across the state? We reached across to the Pennsylvania Turnpike Commission, can we get these put up in the service centers across the state?

Our budget isn't much, so we have to -- we kind of have to be scrappy and find every opportunity we can. We're in a conversation in my agency right now about the huge number of state employees we have, how can we be getting better prevention education information out to them? This is a struggle everyone's wrestling with.

You know, prevention works at different

levels. So you refer to the macro level which is this broad education like those advertisements. The more intermediate level is something like K to 12 education where you're targeting specific individual prevention levels like Student Assistance Programs. You need a comprehensive prevention structure and I've tasked my prevention division and they're in the process of working with Penn State's epicenter to come up with a statewide needs assessment and a broad prevention program to address the needs of this current crisis. What we did before was not enough.

REPRESENTATIVE MASSER: I appreciate that. If you could give numbers and just say, listen, we'd love to do this, we don't have it budgeted, but this is what it would cost us.

SECRETARY TENNIS: That's my thinking. It was when we come up with a comprehensive plan and they're working away at it -- is to put a dollar figure on it and then we will be out -- rest assured, we'll be coming back asking for that.

REPRESENTATIVE MASSER: Thank you. I'm going to switch gears to Act 148 of 2014, which extended the newborn screening regimen to include six lyso --

PHYSICIAN GENERAL LEVINE: Lysosomal storage diseases.

REPRESENTATIVE MASSER: Lysosomal, that's why I'm in the restaurant business. I can say burger and pot pie easier than those, right?

So per Act 148, the screenings were to be effective in 60 days. However, implementation was delayed until the labs were equipped to process the new screenings. The Governor reduced House Bill 1460 funding for this line item by a hundred thousand dollars, that was provided to annualize funding for a new treatment referral center that started in fiscal year '14-'15.

Has Act 148 added -- that added six storage disorders to the newborn screening regimen being implemented and when did that happen?

PHYSICIAN GENERAL LEVINE: Sure. We have been working over the course of the last year on the implementation for the lysosomal storage diseases. There are six of them. And the Department of Health works very closely with the Newborn Screening Advisory Committee and the physicians who are experts in this field to work out the implementation.

One of the issues was technology to be able to do the testing. The Department of Health actually contracts with PerkinElmer, a testing facility, and it took them a significant amount of time to be able

to develop the resources to do the testings. We actually went to the Newborn Screenings Advisory Committee in December and discussed the newborn screening for all of those -- for all of the lysosomal storage diseases.

The Newborn Screening Advisory Committee had a specific point of view -- that one of the conditions called Pompe's disease is HRSA recommended. It is on their recommended testing and so they supported making that a mandatory test. For the other five lysosomal storage diseases, the Newborn Screening Advisory Committee was very vocal that it was -- that those were not on the HRSA recommended testing and so we had to negotiate with them significantly. So we placed them on the secondary list so -- the follow-up list for testing.

So at this time, we have implemented the testing for Pompe's disease, that started in February when PerkinElmer was ready to do the testing. The other five are on the follow-up list so that hospitals or physicians or families can opt to do that testing or can opt not to do that testing. And that was in accordance with our negotiation and discussions with the newborn advisory committee.

REPRESENTATIVE MASSER: Now on the piece

that was blue-lined, that was what's important to me. It was Geisinger, a very rural hospital. And is that -- why was that one picked out to be the one that was blue-lined?

PHYSICIAN GENERAL LEVINE: I think we'd have to get back to you on that issue, in terms of the blue-lining of Geisinger.

REPRESENTATIVE MASSER: Because it's very concerning because as you know, Geisinger is -- if a newborn needed to be screened, the next available center is going to be hundreds of miles away.

PHYSICIAN GENERAL LEVINE: Sure.

REPRESENTATIVE MASSER: Is full year funding provided to all follow-up treatment referral centers including the center that was established, including Geisinger? So if you can get to me with those answers.

PHYSICIAN GENERAL LEVINE: We will check on that for you, absolutely.

REPRESENTATIVE MASSER: I certainly would appreciate it. Thank you.

Thank you, Mr. Chairman.

MAJORITY CHAIRMAN ADOLPH: Thank you, Representative.

Representative Maria Donatucci.

REPRESENTATIVE DONATUCCI: Thank you, Mr. Chairman.

Here I am. Good morning, and welcome to everybody.

SECRETARY TENNIS: Good morning.

REPRESENTATIVE DONATUCCI: The medication-assisted treatment, which includes behavioral therapy, was already discussed by Dr. Murphy. It was also briefly discussed during the hearing with the Department of Corrections. Can you tell us if these programs have been successful in Pennsylvania's correctional system and do you have any stats to share with us on that?

SECRETARY TENNIS: We don't have the stats for the Department of Corrections programs, that would probably be better -- we can work with them to get those to you.

They can be -- so medication-assisted treatment means so many different things. Sometimes when I hear the term, I'm a little frustrated because using naltrexone -- which can be either the Vivitrol, the shot that lasts for 30 days, or the oral -- is a different strategy -- is a different kind of medication support than using methadone or buprenorphine or suboxone. They're very different.

We know that these -- you know, the critical issue on all of these is making sure that the treatment -- the medication is not the treatment. It's a support, it's an assistance that helps for some people, maybe doesn't help for others. But the critical issue is to make sure the treatment piece is right.

When I meet with the maker of Vivitrol, you know, the first question I have is, you don't think this is a substitute for treatment. And they say absolutely not. They know, everybody who really understands this issue knows you've got to get the treatment piece, the counseling piece done in accordance with the clinical -- the individualized clinical needs of the patient based on the Pennsylvania Client Placement Criteria. You can't go short on the treatment or it won't work. That's sort of the ultimate thing that we drive toward.

Sometimes we find in some areas -- like if we have doctors prescribing suboxone, we want to make sure that they're making sure that their patients are getting counseling as well. It's not enough just to give out the medication.

REPRESENTATIVE DONATUCCI: And that brings me to the next question. And you were aware of this situation because it came up while we were talking

in a discussion that we had.

I had a problem in my district, a doctor with a medicated-assisted program was doing the unthinkable. He was giving out the same doses to a 5-foot, 100-pound woman as he was to a 6-foot, 250-pound man. Now maybe that was happening because we also found out that he was dispensing more medication than needed so they could sell it to ensure that he was being paid. I think you're aware of that situation. I found out about it in hindsight because my neighbor's daughter was on the program. She overdosed three times, twice being revived, the last time being fatal.

How many of these programs do we have in the state like this? How many are private, how many are maybe hospital-affiliated? And then I'm wondering who monitors them and what resources are needed to make sure that something like this doesn't happen again?

SECRETARY TENNIS: Well, it depends. You're referring to the suboxone-prescribing physicians.

So just for everybody's benefit, the DEA gives out a license you take an eight-hour online course that authorizes you. You get a DEA permit to prescribe suboxone for up to a hundred patients. Under the DEA guidelines, you're supposed to make sure the person goes to treatment. That's a guideline, it's not a mandate,

but it should be a mandate. You should -- if you're giving out suboxone to somebody, if you're prescribing it, number one, you should know what you're doing; number two, you should be making sure they go to treatment.

We have -- I have it in here, but I'm not remembering the precise number. We will get you the information about the precise number of suboxone doctors.

We have some that do a very good job. We have -- on my Methadone Death and Incident Review Team, ASAM psychiatrists, one who uses suboxone, does his own counseling, does a fine job. We have other -- okay, 1900 doctors in Pennsylvania are certified by the DEA to prescribe suboxone. So if they make sure they get to treatment and if the person gets the right level, it can be the right thing for some people.

In terms of -- my agency does not have regulatory authority over those doctors. Now we do know -- and I file with them. I've gotten reports about doctors that have gone over the top along the lines you said and I know the one is in jail now. So some of these cases need to either go to the state medical board or to law enforcement depending on, kind of, the egregiousness of the situation.

REPRESENTATIVE DONATUCCI: Thank you. I think he may be the one that's in jail from what --

SECRETARY TENNIS: I believe that's correct.

REPRESENTATIVE DONATUCCI: Yeah. I think so, yeah.

SECRETARY TENNIS: I'm not sure.

REPRESENTATIVE DONATUCCI: Which I'm glad, so thank you.

MAJORITY CHAIRMAN ADOLPH: Thank you, Representative.

Representative Seth Grove.

REPRESENTATIVE GROVE: Thank you, Chairman.

Good afternoon. Thank you for coming in and testifying.

I'm going to start with Secretary Tennis.

The DDAP allocation, state dollars going to the counties, last budget year were there any amounts lapsed back to the general fund at all?

SECRETARY TENNIS: I do not believe -- I'm going -- give me one second. I believe the answer is no, but I'm going to look. No.

REPRESENTATIVE GROVE: Okay. And that's been a consistent track record for a while now, correct?

SECRETARY TENNIS: That's correct.

REPRESENTATIVE GROVE: Counties are utilizing those dollars for drug and alcohol?

SECRETARY TENNIS: They are and needing more.

REPRESENTATIVE GROVE: Yes. With the waiver program or the block grant program that was implemented a number of years ago, at the county level, counties based on your data, had the counties used -- pulled that money into other silos or are they continuing to use that for drug and alcohol?

SECRETARY TENNIS: Well, we were worried about that. I mean, I was worried about that and I will continue to worry about it, but so far in most counties it's been fine.

REPRESENTATIVE GROVE: Okay.

SECRETARY TENNIS: The drug and alcohol has done all right. I think that's probably because of our current crisis. I think that when we get through this -- and we will -- I'm going to be fretting about it because this area is such a stigmatized disease that, historically -- now it's kind of in the community, so it's got everybody's attention. But it's in every single community and everybody is feeling the pain right now, so we're getting the attention.

When this gets back to where it usually is, then it's going to be a county by county struggle so --

REPRESENTATIVE GROVE: With the heroin epidemic, have counties shifted other funds into drug and alcohol to help with that?

SECRETARY TENNIS: In some cases, yes. I know in Allegheny County, I know that some has been shifted. We don't -- it's actually -- those block grant dollars are actually DHS dollars, so they would have more up-to-date information. But I do know anecdotally from talking to county human services and county health commissioners that in Allegheny County some has shifted. I think it's probably a county by county situation.

REPRESENTATIVE GROVE: Okay. That's good to hear.

Do you know the drug and alcohol benefits provided around the Medicaid expansion plan?

SECRETARY TENNIS: Under Act 152 -- thank you, general assembly and Deb Beck and others.

Under Act 152, Medicaid in Pennsylvania covers all levels of treatment, including residential rehab at all levels of treatment. So the benefit for the Medicaid expansion population is the same as it was with the old Medicaid population. It's covered, should

be based on the Pennsylvania client -- by statute, under Act 152 it says everybody on Medicaid gets the level and length -- level of care and length of stay they clinically need based on the Pennsylvania Client Placement Criteria. That's all laid out in Act 152, and in Act 63 prior to that, lays that all out. So anybody on Medicaid should be able by law -- they should be able to get the level of care and length of stay that they need.

REPRESENTATIVE GROVE: All right. So within the county and DDAP budget, there were costs shifted from county levels up to the Medicaid. Do you know how many individuals were shifted from payment under DDAP up to Medicaid expansion?

SECRETARY TENNIS: Okay, so there is -- well, I know that there are, overall -- that Medicaid expansion added half a million new Pennsylvanians -- are on the rolls. How many of those got treatment? I don't know. It is a new funding of treatment for our system so that is something we've been most grateful for.

At the same time, according to the federal government, we have historically funded treatment and prevention at about 13 percent of need. So we are far, far short of hitting the mark of getting to the point.

Medicaid expansion is a boost, but we were here and the reason we're in the crisis is because that's where we were. In order to properly address this disease, we need to be much, much higher. So Medicaid expansion is a help, but we need those block grant dollars.

We were talking about prevention, that's critical too. And just to be clear, every dollar -- you've heard me say this many times -- every dollar invested in treatment is going to reduce our criminal justice cost by $7. Folks left to deteriorate long enough end up in the criminal justice system. Hepatitis C treatment, that's $60,000. It is imprudent financially and fiscally, aside from the humanitarian aspect, to consider cutting funding to this. This needs to be -- we need to keep ramping up. We are dealing with the worst health care crisis in a century. And it's causing --

REPRESENTATIVE GROVE: Can you provide data of that shift? I would like to see that provided through data, if you could find that.

SECRETARY TENNIS: You know, I don't know -- we'll do our best.

REPRESENTATIVE GROVE: You should be able to work with DHS and pull over those costs within those

line items and stuff.

SECRETARY TENNIS: We'll dig in on that. We'll dig in on that.

REPRESENTATIVE GROVE: Okay, I appreciate that.

The GO-TIME initiative, $9,950 this fiscal year, savings of $4.7 million through December 1st, 2020, was the maximizing Medicaid funds for offenders project. Your budget has a cost savings. DHS's capitation line shows an increase of $12 million which GO-TIME is supposed to save money. Is there a requirement under GO-TIME projects to reflect the total impact in the project including costs posed on other agencies?

SECRETARY TENNIS: Our GO-TIME dollars does reflect that. When somebody is shifted over to Medicaid under Health Choices, they are either getting -- 100 percent of them are getting a 60-percent federal match and then those in Medicaid expansion are either getting 100 percent or I don't know if we're down to the 90-percent federal match. So this in terms of state dollars, our GO-TIME figures are --

REPRESENTATIVE GROVE: Yours are, but DHS it shows an increase. Is it possible --

SECRETARY TENNIS: Not traced to this.

REPRESENTATIVE GROVE: Well, it is according to DHS. This cost, it ends up being a $12 million cost increase to DHS. That's what they're reporting.

SECRETARY TENNIS: From our county Medicaid project?

REPRESENTATIVE GROVE: From -- yes. Yes. The maximizing Medicaid funds for offenders project, they're showing a $12 million increase.

SECRETARY TENNIS: Well, we'll go back and look at that and get back to you.

The one thing I will say to you is what's happening now under that project, there's another piece that you can't capture. These individuals, these are drug-and-alcohol addicted individuals in our county jails and are coming out of jail, and I guarantee you as somebody who's spent his life working on crime and public safety, if they are not treated, they will reoffend in your communities. They will hurt people in your communities, they will be locked up again, and they will do that. They will go in and out that revolving door until we finally decide we are going to do the treatment.

So we're getting these individuals on Medicaid dollars at 60-percent federal match or

90-percent federal match dollars into treatment coming out of county jail with remarkably successful rates. That means less crime in your communities. It's a matter of crime and public safety. It's a matter of public health. It's a matter of humanitarian need for treating this disease instead of throwing people into cages and it's also a matter of fiscal prudence. It's cheaper to treat than it is to keep locking people up over and over and over again. It's the only way to go. It's from a financial -- from any perspective you look at it, it's the only way to go.

REPRESENTATIVE GROVE: I would also note, I believe corrections has a cost reduction under their GO-TIME projects for this, but it would be nice to see a project that overlaps multiple agencies -- how it impacts at that micro level as well as micro level, just a comment.

SECRETARY TENNIS: We will dig into that and get back to you.

REPRESENTATIVE GROVE: I appreciate that.

Secretary Murphy, you have filed a lot of Act 146 waivers. Well, the amount actually you were sending to PDE. A lot of these did not have an account balance. It listed as available balance and commitments moving forward. Could you just provide a quick overview

of what you utilized the Act 146 dollars for when you applied for them?

SECRETARY MURPHY: I will provide you with detailed information on that.

REPRESENTATIVE GROVE: Afterwards?

SECRETARY MURPHY: Afterwards, yes. Because the list is quite long.

REPRESENTATIVE GROVE: It is, it is. Some are state, some are federal.

With the passage of the '15-'16 budget minus the vetoed allocations, have you gone through and reconciled those Act 146 waivers that were spent with the state dollars coming in?

SECRETARY MURPHY: Yes.

REPRESENTATIVE GROVE: Are those allocations now available, maybe lapsing back into the general fund, or what's the plan on the usage of those dollars?

SECRETARY MURPHY: We don't -- actually identified, I think we have a little bit over a million dollars right now and we've identified those. They'll probably be done by the end of the year. They'll probably be spent by the end of the year.

REPRESENTATIVE GROVE: Okay. Were these waivers used as maintaining level funding during the

impasse? Were they used -- did you have contracts that carried over? What was the main use for those dollars?

SECRETARY MURPHY: Again, I'll get you the specifics because the list is quite long, but I can tell you in general categories, our surveyors, for example, who go to nursing homes, they have mandated travel that they have to do. The mission critical functions of the department is what we use the waivers for.

REPRESENTATIVE GROVE: Okay. And most should be covered by your GGO line that were approved, so a lot of those dollars should be rectified. And we don't have a starting point because it is available balance, which I get, money fluctuates, but just for our benefit.

SECRETARY MURPHY: Sure.

REPRESENTATIVE GROVE: If you do apply for them, just give us a snapshot of what you're looking at. I get -- I think everybody here gets that. It is a snapshot in time and money moves, but it would be nice to see a starting point for that moving forward. I do appreciate that.

Thank you, Mr. Chairman.

MAJORITY CHAIRMAN ADOLPH: Thank you, Representative.

Representative Karen Boback.

REPRESENTATIVE BOBACK: Thank you, Mr. Chairman.

I'm going to go back to the lead poisoning question as a follow-up.

I do realize that the department's Healthy Homes and Lead Poisoning Prevention consists of three programs. And of course, I would summarize the programs as teaching, tracking, and of course, the big one, monitoring childhood lead activity through the Pennsylvania National Electronic Disease Surveillance System and I understand that receives all lead reports on Pennsylvania children. And of course, lead right now, very hot topic not just in our state, but across the nation.

So my question is does the department offer testing for lead poisoning? Where does it start? Is it a doctor that finds a child is sick and reports it to the department? Is it a mother that moves into an apartment and all of a sudden, the child is sick? She's concerned, she's seeing chipped paint. Where does this start?

SECRETARY MURPHY: The testing in Pennsylvania is performed at a lab ordered by the child's primary care physician. The testing is mandated

by Medical Assistance, so all children 1 to 2 years old on Medical Assistance. And we can tell statistically that we're reaching a high number of those children that are being screened for lead. So the department will pay for a child to have a test if they are uninsured and not able to cover the test, but that's a very, very small number. Most of the lead tests are paid for by the Medical Assistance program.

The children are screened at healthy screenings when they're 1 to 2 years old. When -- if the mother were to notice the symptoms, such as lethargy, symptoms like allergy -- would present to the physician and then the test would be performed.

We are not testing all children. As I said, we are mandating tests by Medical Assistance. We are looking at -- the department is looking at the recommendations of doing a wider array of children to be tested.

Targeted testing is what the CDC is recommending. In Pennsylvania that probably would not be effective because the housing is really -- the lead paint is really dispersed all over the Commonwealth. So we probably wouldn't be able to recommend targeted testing.

We would probably say test more for a

period of time and see what happens with the lead level. But also would ask to consider the abatement issue because not only is it important that we have to identify these children, but we really do have to remove the cause. So we need the funding for the abatement, some funding stream for abatement is very important.

REPRESENTATIVE BOBACK: And along these same lines, we all know the problem with drugs and that has been our entire session, talking about the drug epidemic. So I'm going to go into meth labs now and our concern for children and people who are exposed.

When you see it on TV, people are evacuated, you see people coming out of apartments, homes, homes next door, and yet, when you have people going into the homes, they're in space suits. Now that tells me there's something wrong here. There's something that is dangerous with exposure to meth, especially with our children -- and I would include everybody with that.

So what do you do with a home, an apartment, a car that had meth in it because is that an abatement issue? Who's responsible? And as with lead, what happens with people moving back into these homes? Are they made aware? Because quite frankly, I think the Department of Health, you should make aware that this

was a meth home or this has been cleaned or this was a lead-contaminated room. Because as you said before, people move out, the abatement is a cost, but who knows the next family that's going to go in? And I understand that you're the medical advisers -- that with meth, it absorbs into the walls and the floors, so how long does that last before another family moves in? So what's done by the Department of Health? Do you condemn the building until abatement or --

SECRETARY MURPHY: No. We don't have the authority.

REPRESENTATIVE BOBACK: Who does?

SECRETARY MURPHY: It's actually against -- it is against the law right now to have lead-based paint. They probably are governed by county and city ordinances. And that would be -- who would be able to effectuate for lead anyway, I don't know meth.

If you --

SECRETARY TENNIS: I do know -- I think we need to get back to you. We need to look into what the local law enforcement does, what the local counties do.

I have certainly heard of instances with meth labs where the premises have been torn down because of exactly what you are talking about. And it's

actually interesting that you bring the issue up because we are starting to see, particularly across the northern tier, starting to see this coming. We are not even through the worst of one epidemic and now we're seeing this cropping up in some of our rural counties.

So we will -- we need to check across a couple of agencies and find out what's going on. But I'm aware, coming out of law enforcement, of houses being torn down.

REPRESENTATIVE BOBACK: Yes. And please keep on top of that because once again, someone moves from another region, are they allowed or is it even conscionable to allow them to go into a home that's been contaminated with either lead or meth?

Thank you and I do appreciate you staying on top of that. Thank you.

Thank you, Mr. Chairman.

MAJORITY CHAIRMAN ADOLPH: Thank you, Representative.

Before we finish up here, I just wanted to make an announcement that Chairman Gene DiGirolamo tried to get here, but unfortunately, had a little medical procedure that he's dealing with and was unable to be here. I know all three of you have worked with the chairman over the course of the last couple years.

Thank you for your testimony. We certainly do appreciate it, looking forward to working with you between now and the end of June.

SECRETARY TENNIS: Thank you very much.

MAJORITY CHAIRMAN ADOLPH: Thank you.

PHYSICIAN GENERAL LEVINE: Thank you.

MAJORITY CHAIRMAN ADOLPH: For the members' information, we will reconvene at 11:45 with PEMA. We will reconvene at 11:45. Thank you.

(The hearing concluded at 11:37 A.M.)

C E R T I F I C A T I O N

I hereby certify that I was present upon the hearing of the above-entitled matter and there reported stenographically the proceedings had and the testimony produced; and I further certify that this copy is a correct transcript of the same.

Dated in Lebanon, Pennsylvania this 7th day of April 2016.

_____

Summer A. Miller, Court Reporter
Notary Public