



**Pennsylvania Department of Health**  
**2018-19 Budget, Opening Remarks for Public Record**  
**Pennsylvania House of Representatives**  
**Appropriations Committee**  
**Rachel Levine, MD, Acting Secretary**  
*March 1, 2018*

Good morning. Thank you, Chairman Saylor, Chairman Markosek, our oversight Chairs, and members of the House Appropriations Committee and others here today, for the invitation to speak with you regarding Governor Wolf's proposed 2018-19 budget for the Department of Health, as a component of the new Department of Health and Human Services (DHHS).

As you know, the Department of Health's primary mission is to improve the health of all 12 million Pennsylvanians. We are committed to fulfilling this mission by responsibly directing our resources to achieve this goal. The department, in its effort to provide the best services possible for the commonwealth, has been working in conjunction, coordination, cooperation and in communication with its sister agencies, Drug & Alcohol Programs, Aging and Human Services. Governor Wolf's proposed budget continues to build a stronger commonwealth, while supporting essential programs to create a healthier Pennsylvania.

Let us begin by looking at the opioid addiction crisis. We, not only as a commonwealth, but as a nation, have never seen a public health crisis as devastating as this one. My work as the Physician General, and now as the Acting Secretary of Health, has only served to reinforce that sentiment. Since 2002, there have been more deaths annually caused by drug overdoses than auto accidents, and the most recent data from 2016 shows that there were over 4,800 Pennsylvanians who had opioid overdose as a contributing factor to their death. I know that you are all hearing from your constituents about the tragic loss of life and pain to families this dreadful epidemic has caused. I continue to applaud the work of the General Assembly and the Wolf Administration to tackle this crisis head on, and we continue to work to implement those efforts and continue those already in place.

Along with our sister agencies, the Department of Health is working on this crisis from two fronts, reversing an overdose in progress so we can get that person into treatment, and early intervention in identifying addictive behaviors and patterns.

I strongly applaud the work that the General Assembly has done in conjunction with the Wolf Administration to help confront this epidemic head on. In addition to this vital partnership, on January 10, Governor Wolf took bold action, declaring this crisis a disaster emergency.

As such, the Department of Health, in conjunction with the Pennsylvania Emergency Management Agency, State Police, Commission on Crime and Delinquency and departments of

Drug and Alcohol Programs, Human Services, State, Aging, Insurance amongst others, is working in partnership on 13 objectives to help address this crisis head on.

Starting as Physician General, and now as Acting Secretary, one of my priorities has been what I refer to as Opioid Stewardship. Opioid Stewardship is the prescribing, dispensing, and use of opioids in a safe, appropriate and responsible manner. We have worked with the medical schools in the commonwealth to develop new curriculum for prescription of narcotic pain killers for medical students, and with the Pennsylvania Medical Society on Continuing Medical Education on the same topic for existing physicians, which, through the legislature's help, was bolstered through the passage of Acts 122, 124 and 125 of 2016.

Following implementation of the Achieving Better Care by Monitoring All Prescriptions (ABC-MAP) Prescription Drug Monitoring Program (PDMP), the program has seen over 97,000 registered users, who perform 1.1 million patient searches each month.

Since the start of the program, the PDMP office has signed a Memorandum of Understanding with the National Association of Boards of Pharmacy to allow for inter-state data sharing. The PDMP office is now connected with 13 additional states and the District of Columbia, sharing data access across state lines. This is most important for the licensed prescribers and dispensers that work close to bordering state lines, allowing them to check the neighboring states' PDMPs to see if their patients are doctor shopping across state borders.

The PDMP program applied for and was awarded two separate grants from the Centers for Disease Control and Prevention (CDC). The first grant received is the CDC's Prescription Drug Overdose Prevention for States Program supplemental grant, which is being used to support integration of electronic health records and computer systems from pharmacies into the PDMP.

The second grant is the CDC's Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality Grant. The intent of this grant is to increase the timeliness of both fatal and non-fatal overdose reporting, and through its findings, conduct preventive outreach and education efforts. Through this grant, we have started to collect hospital and EMS data of all overdoses and death data from July through December 2016. Additionally, through the grant, we have started to collaborate with Pennsylvania Medical Examiners and Coroners to collect data on overdose deaths. We have received a supplemental CDC grant this year to further assist medical examiners and coroners with toxicology testing and other resource needs.

Staff develop quarterly and annual performance measures as part of the grant requirements. Some of the successful measures we have seen after the launch of PDMP system include an 86 percent decrease in patients who went to five or more prescribers and pharmacies for Schedule II controlled substances, and an 84 percent decrease for patients who went to five to nine doctors and pharmacies for Schedule II and III substances. We have seen a complete elimination of patients going to 10 or more doctors and pharmacies for the same substances. Additionally, we have noted that the number of youth who received prescriptions for painkillers with a morphine milligram equivalent greater than 100 mg per day decreased by 30 percent.

Last year's budget included \$5 million, to be carried over into the 2018-19 budget cycle, for the opioid antagonist Naloxone, distributed through the Pennsylvania Commission on Crime and Delinquency to police agencies and other first responders. I am pleased to report that since the Wolf Administration started distribution of Naloxone to law enforcement and first responders following my standing order for Naloxone, over 6,400 lives have been saved.

The department is continually working with the Department of Drug and Alcohol Programs to further develop and implement the "warm hand-off" process, whereby overdose survivors are taken directly from the emergency department to a licensed drug treatment provider. So far, this new process has been aided greatly by the Department of Human Services and the Centers of Excellence that were opened last year.

A critical part of this warm hand-off initiative is the Pennsylvania Coordinated Medication Assisted Treatment (PacMAT) program. The PacMAT initiative will expand access to medication-assisted treatment to uninsured, underinsured, and privately insured patients who are suffering from opioid use disorder (OUD). Four organizations have been identified to participate in the first phase of this initiative. Each of the organizations will receive funding to assist them in building a hub and spoke model of medication-assisted therapy (MAT) services. The hub will be a centralized addiction specialist physician-led team that will provide support and other services to the spokes. The spokes will be made up of primary care practices that will provide MAT to patients in their community. Last fall we were pleased to announce the first round of grantees, including UPMC, Hershey Medical Center, WellSpan Health and Geisinger Medical Center, and we hope to receive funding to expand the program to the Eastern half of the commonwealth this year.

We have also been the recipient of over \$26 million in federal grants for the 21<sup>st</sup> Century CURES program, with this funding to be spread out over twelve different program areas, including:

- Further integration of electronic health records into the PDMP;
- Treatment for the uninsured and under insured through DDAP;
- Evidence based programs (EBP) training for treatment providers;
- Warm Handoff Training for hospital Emergency Departments;
- Drug court treatment and support;
- The PacMAT program;
- Workforce enhancement for special populations;
- School-based student assistance focused on improving the identification and referral of students for assessment and treatment by providing training to school personnel;
- Public awareness campaigns to increase the general public's understanding of Substance Use Disorders (SUD);
- Opioid Use Disorder and SUD Education, dedicated toward improving the quality of prescribing practices through prescriber education, and;
- Data Collection and Analysis, with this data becoming available via an online dashboard to stakeholders and the public to ensure our response to this crisis is data driven.

We are proud to announce that we have applied for a second year of funding under the 21<sup>st</sup> Century CURES program, and hope to be able to make an announcement regarding that funding in the upcoming weeks.

You are all aware of my commitment to bringing innovative ideas to the commonwealth, and it is our hope that a budget is reached that addresses the structural deficit and allows the department to build on the progress made in the past year by continuing to improve the health of all Pennsylvanians with smart investments – several of which I have discussed here today.

We welcome your questions today so that we can discuss these and the creation of the new department in greater detail. I look forward to continuing to work with you on these important health matters.

Thank you.