COMMONWEALTH OF PENNSYLVANIA
HOUSE OF REPRESENTATIVES

HOUSE APPROPRIATIONS COMMITTEE
BUDGET HEARING

MAIN CAPITOL
HOUSE CHAMBER

WEDNESDAY, FEBRUARY 24, 2021
3:30 P.M.

DEPARTMENT OF
DRUG & ALCOHOL PROGRAMS

BEFORE:

HONORABLE STANLEY SAYLOR, MAJORITY CHAIRMAN
HONORABLE MATT BRADFORD, MINORITY CHAIRMAN
HONORABLE ROSEMARY BROWN
HONORABLE LYNDA SCHLEGEL-CULVER
HONORABLE TORREN ECKER
HONORABLE JONATHAN FRITZ
HONORABLE KEITH GREINER
HONORABLE DOYLE HEFFLEY
HONORABLE JOHNATHAN HERSHEY
HONORABLE LEE JAMES
HONORABLE JOHN LAWRENCE
HONORABLE ZACH MAKO
HONORABLE NATALIE MIHALEK
HONORABLE TIM O'NEAL
HONORABLE CLINT OWLETT
HONORABLE CHRIS QUINN
HONORABLE GREG ROTHMAN
HONORABLE MEGHAN SCHROEDER
HONORABLE JAMES STRUZZI
HONORABLE JESSE TOPPER
HONORABLE RYAN WARNER
HONORABLE JEFF WHEELAND
HONORABLE DAVE ZIMMERMAN

BEFORE: (continued)

HONORABLE AMEN BROWN
HONORABLE DONNA BULLOCK
HONORABLE MORGAN CEPHAS
HONORABLE AUSTIN DAVIS
HONORABLE ELIZABETH FIEDLER
HONORABLE MARTY FLYNN
HONORABLE ED GAINEY
HONORABLE PATTY KIM
HONORABLE EMILY KINKEAD
HONORABLE STEPHEN KINSEY
HONORABLE LEANNE KRUEGER
HONORABLE BENJAMIN SANCHEZ
HONORABLE PETER SCHWEYER
HONORABLE JOE WEBSTER

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HONORABLE TIM TWARDZIK
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HONORABLE MARK LONGIETTI
HONORABLE DANILO BURGOS
HONORABLE NAPOLEON NELSON
HONORABLE DAN FRANKEL
HONORABLE BOB MERSKI
HONORABLE PERRY WARREN

Commonwealth of Pennsylvania

COMMITTEE STAFF PRESENT:

DAVID DONLEY
REPUBLICAN EXECUTIVE DIRECTOR
RITCHIE LAFAVER
REPUBLICAN DEPUTY EXECUTIVE DIRECTOR

ANN BALOGA
DEMOCRATIC EXECUTIVE DIRECTOR
TARA TREES
DEMOCRATIC CHIEF COUNSEL

1 I N D E X

2 TESTIFIERS

3 * * *

5 JENNIFER SMITH
SECRETARY,
6 DEPARTMENT OF DRUG & ALCOHOL PROGRAMS 5

8 ELLEN DIDOMENICO
DEPUTY SECRETARY,
DEPARTMENT OF DRUG & ALCOHOL PROGRAMS 18

10 JENNIFER NEWELL
BUREAU DIRECTOR
11 DEPARTMENT OF DRUG & ALCOHOL PROGRAMS ....

14 SUBMITTED WRITTEN TESTIMONY

15 * * *

16 (See submitted written testimony.
and handouts online.)

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1 P R O C E E D I N G S
2 * * *
3 MAJORITY CHAIRMAN SAYLOR: All righty.
4 If everybody would take their seats,
5 please. We have a 4:30 time limit, so Secretary
6 Smith scan get to her next appointment or
7 meeting. So we're changing things up a little.
8 I will let you know. All members at this point,
9 we will have -- at this point, we only have a
10 little less than an hour to get questions in. So
11 there may be members who are not going to get
12 questions today. So I just want to make members
13 aware of that.
14 So let's see, Secretary Smith, are you
15 there?
16 SECRETARY SMITH: I'm here, Chairman.
17 Good afternoon.
18 MAJORITY CHAIRMAN SAYLOR: You have with
19 you Deputy Secretary Ellen DiDomenico.
20 SECRETARY SMITH: DiDomenico.
21 MAJORITY CHAIRMAN SAYLOR: Thank you.
22 And Jennifer Newell.
23 SECRETARY SMITH: Newell, uh-huh.
24 MAJORITY CHAIRMAN SAYLOR: Yep. Sorry
25 about that name pronunciation. That's

1 Pennsylvania Dutch. I have a little tough time
2 with those names.
3 But if you would, Madam Secretary, and
4 the rest of you, Ellen and Jennifer, if you would
5 raise your right hand and I will swear you in and
6 we'll get started.
7 (Whereupon, testifiers were sworn en masse)
8 MAJORITY CHAIRMAN SAYLOR: Thank you,
9 Madam Secretary. And to help you out, we're
10 going to get moving rather quickly here. The
11 first question is going to come from
12 Representative Doyle Heffley.
13 REPRESENTATIVE HEFFLEY: Thank you,
14 Mr. Chairman. And thank you Madam Secretary.
15 The question that I have is in regards
16 to open beds and beds registry and how we connect
17 those individuals that are looking for treatment,
18 both inpatient and outpatient, how we connect
19 them to the beds that are available. This body
20 had passed legislation the last two sessions, I
21 believe unanimously, for a bed registry. And I
22 want to continue to look into those
23 opportunities. Right now, you have a voluntary
24 tool in resources for substance use professionals
25 to community bed availability between the

1 providers and the SCAs and other treatment
2 referral services. This website is not open to
3 the public.
4 What percentage of providers and beds
5 are currently listed on the PA Open Beds website?
6 SECRETARY SMITH: Hi, Representative.
7 It's good to see you.
8 I have to admit that your voice, the
9 volume was really, really low. So I'm pretty
10 sure I caught all of your question, but if my
11 answer isn't comprehensive enough, you'll have to
12 let me know.
13 So in terms of the bed registry, the
14 open bed site that you're referring to is
15 unfortunately not being utilized as widely as it
16 had been the last time we spoke, but what I will
17 say in terms of connection to treatment is that
18 our hotline, which was also connected with our
19 single-county authorities is really the most
20 important mechanism for folks to access treatment
21 services, because these are the entities that
22 know, really, on a daily basis where capacity
23 exists with their provider networks.
24 And so even with a bed registry type of
25 tool, without it being absolutely realtime, there

1 's still a need for singly county authorities or
2 hotlines to really kind of comb through providers
3 and figure out whether open beds are really
4 available or not available.
5 And the benefit that we have in
6 Pennsylvania is that our single-county
7 authorities have really, really close
8 relationships with their providers and they
9 pretty much know on a regular basis what is and
10 is not available. And funneling folks through
11 the single-county authority also has the ability
12 of connecting them to services outside of
13 treatment, making sure that they're receiving
14 case management service, perhaps connecting them
15 to housing, transportation, employment, child
16 care, all those extra things --
17 REPRESENTATIVE HEFFLEY: But there's
18 still --
19 Secretary SMITH: -- that folks might
20 need.
21 REPRESENTATIVE HEFFLEY: There's still a
22 disconnect and wait sometimes for treatment. And
23 I know we had sat in on a -- in a meeting; I
24 believe you were there, as well. Looking at some
25 of the tools that are out there right now, we do

1 have bed registry, every hospital has -- is a
2 part of it. It's run by the federal government
3 and that's for emergency disasters or a hurricane
4 or something where you have a mass injury type
5 event. So the EMS and first responders would
6 know where to take patients if it's a head injury
7 or if it's a burn, what beds are available where.
8 So that already exist, right. And I believe the
9 discussion that we had had was whether or not we
10 could use that in a way to provide information to
11 SCA so they could readily and easily -- much
12 easier than now -- find available beds.
13 And I think the question that we had
14 raised at that time was would the Federal
15 government allow for that system to be expanded
16 to become -- for treatment, both inpatient and
17 outpatient?
18 Did the Department ever send a letter or
19 inquire with the federal government whether that
20 system that they currently pay for, which I
21 believe is run through PEMA, and I think HAP is
22 involved in that, as well, could be expanded?
23 I think that was the discussion that we
24 had, whether the federal dollars could be used in
25 that way. Did we ever get clarity from the

1 federal government of whether we could expand?
2 It was a wonderful system, just an
3 incredible amount of information that was
4 imbedded in the provider's computer system so
5 they didn't even have to enter it. And it was
6 realtime because it was updated automatically.
7 Did we ever find out from the federal
8 government whether we would be able to expand
9 that type of -- use that system in that expanded
10 capacity?
11
12 SECRETARY SMITH: Yeah. So we partnered
13 with the Department of Health to inquire about
14 the possibility of that use. And it is my
15 understanding that the answer was it was not
16 available for us to utilize.
17 REPRESENTATIVE HEFFLEY: All right.
18 Thank you. And I think we're going to continue
19 to work on that.
20 I'll definitely look at talking with our
21 federal partners because there's nothing more
22 heartbreaking, even as we go through this
23 pandemic, we're still dealing with addiction.
24 We've seen, you know, the deaths were lower this
25 year, but I still think we're waiting for a

1 couple months to come in for the reporting.
2 Just to change the subject real quick,
3 one of the things that I'm hearing from our SCAs,
4 from our police departments and law enforcement,
5 is the emergence of meth. I know we've been
6 focused so much on opioids. And that's still an
7 epidemic, and we still have a lot to do with
8 that, but looking forward, what is DDAP doing now
9 to address the issue of the availability of meth?
10 Because it's a different type of addiction. It's
11 a different type of detox. And I just want to
12 make sure that we're going to really be paying
13 attention to that now, so in two or three years
14 we're not dealing with what we dealt with a few
15 years ago in the opioid epidemic.
16 Thank you, and my time is out.
17 SECRETARY SMITH: Thank you,
18 Representative. That's a great question.
19 And if you recall last year, I talked
20 about the emergence of this particular trend.
21 And in Pennsylvania, we're one of, I think really
22 the only state that has now hosted two years of a
23 psychostimulants symposium, where we pull folks
24 from all over the State, professionals and folks
25 who want to learn about these trends related to

1 stimulants and give information about what
2 treatment looks like, how law enforcement can be
3 involved, how folks present themselves and we
4 hear information from the DEA and the State
5 Police about seizures. So you are absolutely
6 right that we started to see a trend over a year
7 ago with increased use of particularly
8 methamphetamine and cocaine.
9 We actually started to see seizures of
10 those drugs increasing several years prior to
11 that. And what we know is that there's a really
12 strong correlation between drug seizures, and
13 then what follows is the usage of those
14 particular substances and folks presenting
15 themselves for treatment with those substance use
16 issues. So what we're seeing right now is just a
17 tremendous increase in what we call polysubstance
18 use, which just means the utilization of multiple
19 types of substances.
20 And what we're seeing most commonly now
21 is a combination of either methamphetamine with
22 heroin or Fentanyl or cocaine with heroin and
23 Fentanyl. And this is just a really, really
24 deadly combination, and unfortunately, a
25 combination that's very, very difficult to treat.

1 So all the work that we do around pushing out in
2 the lock zone, which is that lifesaving overdose
3 reversal drug for opioids may or may not be
4 successful with some of these individuals who are
5 utilizing multiple substances. It also affects
6 the treatment that's available to them. Folks
7 who are addicted to opioids, we have the
8 opportunity to utilize medication-assisted
9 treatment. For individuals utilizing stimulants,
10 we have yet to see a really proven tried and true
11 method of treating them with medication, which
12 means they need to enter some kind of -- most
13 cases, inpatient residential program.
14 So it really does have to alter the way
15 we're thinking. And what we've done is, in
16 addition to educating folks, raising awareness,
17 making sure law enforcement and first responders
18 are aware of these things and know how to treat
19 these individuals, we're also ramping up our
20 training for the field. We've made sure that
21 some of the methods that are proven to be most
22 effective for treating these types of individuals
23 have been rolled out to our provider community.
24 We're looking at the prevention world
25 and making sure that our SCAs are purchasing and

1 utilizing prevention programs that either
2 incorporate this polysubstance use, or in some
3 cases they're using programs that are specific to
4 addressing stimulants. So there's a whole host
5 of activities that we're doing to really prepare
6 for this. We are aware of it, and believe that
7 it, in combination with COVID-19, is what has
8 contributed to the increase in overdose deaths in
9 calendar year 2020.
10 MAJORITY CHAIRMAN SAYLOR: Very good.
11 We're going to move to Representative Cephas.
12 REPRESENTATIVE CEPHAS: Thank you,
13 Chairman, and good afternoon.
14 I want to focus my question and the
15 discussion I'm going to have on the issue of
16 maternal mortality and the role that the
17 Department plays in addressing it. As we know,
18 maternal mortality's definition is when a
19 pregnant individual loses their life, either
20 during pregnancy or up to a year post-partum.
21 And we see nationally that this has been a
22 conversation that has been elevated recently due
23 to an article -- articles from the Time Magazine,
24 due to a series of documentaries, one by Serena
25 Williams about her complications. It's been

1 elevated to, you know, a large issue on both
2 sides of the aisle.
3 So it is a bipartisan issue. There has
4 been significant grants put to the issue recently
5 here in Pennsylvania. One of my Republican
6 colleagues ushered legislation to establish a
7 maternal mortality review committee here in the
8 Commonwealth of Pennsylvania.
9 But unfortunately, about two or three
10 years ago, a constituent of mine, Lashawna
11 Gilmore -- we are around the same age -- she's 34
12 years old, African-American woman, lost her life
13 during pregnancy. So as much as we're paying
14 attention to the issue, as much as we're shifting
15 policy to really address these challenges, we are
16 still nowhere near out of the woods when it comes
17 to reversing our trends here in Pennsylvania. So
18 with that, I wanted to focus on the report that
19 the MMRC just recently issued regarding
20 pregnancy-associated deaths.
21 Based on their data and their findings
22 here in the Commonwealth of Pennsylvania, we've
23 seen our rates increase across the Commonwealth.
24 And 40 percent of those deaths are due to
25 accidental poisoning, which includes drug

1 overdoses. So can you speak to what your
2 Department is doing to reverse those trends,
3 specifically as it relates to poisoning,
4 accidental poisoning deaths?
5 SECRETARY SMITH: Absolutely. Thanks
6 for the question. And my condolences on the loss
7 of your friend.
8 So I'm going to talk a little bit about
9 a couple of things, and I will ask my Deputy
10 Secretary to jump in if I miss anything or she
11 has anything to add. This is a little bit of a
12 passion for her.
13 So in terms of what we're doing to
14 address the issue, we have a lot of federal
15 funding coming to our Department, as I think most
16 of you know. That is coming through a grant
17 called the State Opioid Response. That's a grant
18 through the HHS and the Samsa [phonetic] arm of
19 HHS. And one of the grant opportunities that we
20 provided was focused on pregnant and parenting
21 women, specifically. And that particular grant
22 ended up being able to serve 500 mother and baby
23 combinations just during the first year of the
24 grant.
25 So there's a lot of efforts in terms of

1 how we're spending those federal dollars. We
2 continue to participate in various Commonwealth
3 work groups that are focused on bringing multiple
4 sister agencies together, so Department of
5 Health, Department of Human Services, and working
6 to address issues like NAS, FASD, the health and
7 well-being of mothers, both before and after
8 birth.
9 One of the really exciting initiatives
10 that we used some grant funding for was the
11 creation of a Perinatal Quality Collaborative,
12 and this is the thing that my Deputy Secretary is
13 particularly excited about. So I'll talk a
14 little bit about it and then, Ellen, you're
15 welcome to jump in if I miss anything.
16 So this is an initiative that works to
17 reduce -- specifically reduce maternal mortality
18 and improve the care for pregnant and post-partum
19 women, as well as their newborns who are affected
20 by opioids. And what this project really does is
21 pulls together teams, that creates learning
22 sessions, they work together to launch different
23 quality improvement projects. They are able to
24 access coaching and resources to specifically
25 improve the programs that they have in place.

1 And it's, again, specifically around maternal
2 mortality, around the health and safety of both
3 mother and baby.
4 So during the grant period that we
5 issued, we were able to have a collaborative of
6 60 different birth sites. And that 60 different
7 sites represented 86 percent of the live births
8 in Pennsylvania. It included 14 commercial and
9 Medicaid health plans involved in that
10 collaboration. There were over 200 people that
11 attended various learning sessions. There were
12 over 100 different quality improvement projects
13 implemented. And then there was also a specific
14 pilot that was created to provide immediate
15 long-term contraception to women post-birth.
16 So at this point, we've dedicated about
17 $1.9 million to that project and are looking to
18 dedicate an additional $700,000.
19 Ellen, is there anything you want to
20 add?
21 DEPUTY SECRETARY DIDOMENICO: If I
22 could. Thank you for the question. This really
23 is an area that is so critical for the
24 Commonwealth. One of the things that I think has
25 made this project so much different than the

1 other kinds of work that we sometimes do is
2 rather than just focusing on how we impact an
3 individual woman -- certainly still important --
4 and her child -- certainly still important -- is
5 we've looked at this from the opportunity to
6 really change some of what's happening at a
7 systemic level. So we're looking at the
8 opportunities to have healthcare providers
9 intimately involved in looking at their data and
10 wanting to make a difference in terms of what
11 that looks like.
12 Intimately involved in having the payers
13 looking at their data and wanting to make sure
14 that when they're looking at their numbers,
15 they're realizing places that they may be able to
16 make some differences. And I think it's that
17 focus that really gives us the opportunity to
18 think about a real systemic change, where certain
19 populations don't fall through the cracks, where
20 we can really focus everyone in terms of working
21 towards a common goal of having much better
22 outcomes for our pregnant women, much better
23 outcomes after birth, and then really begin to
24 look at how we can support, particularly, those
25 infants born with substance abuse or who were a

1 product of a pregnancy that involved substance
2 use and thinking about how we can give them the
3 best treatment from day one. And sometimes for a
4 very long time to get to a very good place in
5 terms of both their social, emotional, and
6 physical well-being. So it really is a project
7 that we are very excited about and are looking to
8 really expand that as we see these numbers around
9 all kind of maternal outcomes, but really most of
10 it related to opioid use and alcohol use during
11 pregnancy.
12 REPRESENTATIVE CEPHAS: Well, thank you
13 very much for your response and your efforts in
14 this area. I mean, as I stated before, our
15 numbers were already going into the wrong
16 direction, so when you add on COVID-19 with
17 increased isolation, increased reliance on
18 tele-medicine, as well as at-home births, it just
19 adds an additional layer and it's extremely
20 nerve-wracking to just see where our data will go
21 post COVID-19, so please just keep up your
22 efforts. And anything that we can do as a
23 General Assembly, please let us know.
24 Thank you, Chairman.
25 MAJORITY CHAIRMAN SAYLOR: You're

1 welcome.
2 Just Madam Secretary, if you would keep
3 your answers a little shorter if you can since
4 you have very limited time and we're trying to
5 fit everybody in.
6 SECRETARY SMITH: Yes, sir.
7 MAJORITY CHAIRMAN SAYLOR: I do
8 appreciate sometimes they do need a long
9 explanation, sometimes.
10 But next is Representative Greg Rothman.
11 REPRESENTATIVE ROTHMAN: Madam
12 Secretary, thank you for being here. And thank
13 you for the great work you and your Department
14 have done. During the pandemic and lockdown,
15 drug and alcohol abuse have spiked while, at
16 least according to your report, opiate deaths are
17 down. I wanted to just talk to you in general
18 about how your Department met the needs during
19 the pandemic. And if you have any thoughts about
20 tele-medicine and virtual access to addiction
21 services, including opiates addiction medications
22 during the lockdown, and if you believe there's
23 any evidence of the effectiveness of in-person
24 treatment versus tele-medicine treatment.
25 SECRETARY SMITH: Well, you packed a lot

1 in there right after the Chairman asked me to
2 keep it brief. I'll do my best to keep it brief.
3 And if you need some more information, I'd be
4 happy to follow up with you after the hearing.
5 So in terms of adaptations that we made during
6 COVID, we were very fortunate that the federal
7 government stepped in very quickly and made some
8 changes on their end to allow for increased
9 access, specifically to medication delivered
10 through our opioid treatment programs. Some
11 people known them as methadone clinics.
12 These are the places where folks often
13 will go daily to receive medication dosages. If
14 they don't go daily, sometimes they get an
15 allotment of take-home medications. But the
16 largest amount of take-home medication that they
17 were permitted pre-COVID was 14 days. So at a
18 minimum, these folks were coming back at least
19 every two weeks to receive their medication and
20 other services.
21 So the federal government very quickly
22 relaxed and allowed for the expansion of those
23 take-homes from 14 days to a maximum of 28 days.
24 They also allowed for individuals who previously
25 had been considered less stable in their

1 definition to now receive take-home medication.
2 So right after they made those changes, within
3 days, we suspended our State level regulations to
4 enable providers to take advantage of those
5 expansions.
6 They also allowed for the waiver of
7 face-to-face assessment requirements. And so
8 that allowed some of our providers to utilize
9 tele-health services to do assessments.
10 REPRESENTATIVE ROTHMAN: Would your
11 Department be able to send us, or send our
12 Committee what your opinions are as far as the
13 effectiveness of in-person versus virtual?
14 Because I know our time is limited.
15 SECRETARY SMITH: Sure.
16 REPRESENTATIVE ROTHMAN: And I did have
17 another question for you. The Wolf Fetterman
18 Administration has made the legalization of
19 recreational marijuana a budget priority. I'm
20 curious of your professional opinion on whether
21 we as a General Assembly and the Commonwealth
22 should legalize marijuana for recreational use.
23 SECRETARY SMITH: Great question. And
24 probably I'm one of the most -- have the most
25 difficult time answering that one. So I will

1 answer it this way. I whole-heartedly believe
2 that we need to move towards decriminalizing
3 offenses. I whole-heartedly believe in expunging
4 records of individuals who have those charges on
5 their record. I think if the General Assembly is
6 interested in pursuing the legalization of
7 recreational marijuana, my request is that we
8 really ensure there's preventative measures
9 include in that legislation to allow for expanded
10 prevention efforts, specifically around
11 marijuana. I also would request that we follow
12 the lead that some other states like Colorado
13 have taken in terms of requiring monitoring of
14 the program and specifically statistics related
15 to increased usage, how it affects motor-vehicle
16 accidents, how it affects suicide rates, all
17 those types of things --
18 REPRESENTATIVE ROTHMAN: Do you --
19 SECRETARY SMITH: -- because I think
20 it's important to watch those.
21 REPRESENTATIVE ROTHMAN: I read that the
22 CDC says that 1 in 10 marijuana users become
23 addicted; and for people who begin using it at
24 younger than age 18, it actual becomes one in 6.
25 Do you believe that -- and again, it's your

1 professional opinion, do you believe that people
2 who start using marijuana under the age of 18 are
3 more likely to become addicted to -- I mean, is
4 it -- I think the term is gateway drug. Do you
5 believe it's a gateway drug?
6 SECRETARY SMITH: I don't know that I
7 can say for sure it's a gateway drug. What I can
8 say is the data shows us that many individuals
9 who come into our treatment system as an adult
10 report having used marijuana as some point in
11 their life. In some cases, it's currently. We
12 see a large number of treatment admissions where
13 they're reporting use of multiple substances.
14 One of those substances is marijuana.
15 REPRESENTATIVE ROTHMAN: Thank you so
16 much for your time. And keep up the good work.
17 SECRETARY SMITH: Thank you.
18 THE COURT: Next is Representative Steve
19 Kinsey.
20 REPRESENTATIVE KINSEY: Thank you,
21 Mr. Chairman. And welcome Madam Secretary.
22 Madam Secretary, I'll be very brief.
23 I've been approached by constituents and
24 professionals in the city of Philadelphia and
25 we've had brief discussions on the PCMAT Program.

1 Can you briefly explain the Pennsylvania
2 Coordinated Medication Assistance Treatment
3 Program? And I'm curious to find out, because in
4 our discussion we were talking about that this is
5 a program that's designed to provide like a
6 holistic approach, deal with the opioid addiction
7 as well as others that are taking place.
8 Can you just briefly explain that
9 program?
10 SECRETARY SMITH: Sure. Thanks. Yeah,
11 the Pennsylvania Coordinated Medication Assisted
12 Treatment, PCMAT.
13 REPRESENTATIVE KINSEY: Yeah.
14 SECRETARY SMITH: This was a program
15 that was really the brain child of former Health
16 Secretary Dr. Levine and it's often referred to
17 as a hub and spoke model. You'll hear that
18 sometimes in other states. What it really means
19 though is it's a program that's geared to allow
20 physicians to treat their patients who have
21 opioid use disorder within their current
22 practice, who may not specialize in the treatment
23 of substance use disorder.
24 So those doctors would be considered our
25 spokes. And the hub would be some individual or

1 group of individuals within that health care
2 network attached to the spokes that does have
3 that -- and is able to provide that constant
4 consultation and advice to the spokes in terms of
5 treating those patients.
6 So the reason we established the model
7 was because we were hearing that there was
8 hesitancy by some doctors who didn't specialize
9 in the treatment of substance use disorder.
10 There was a hesitancy for them to prescribe
11 medication to their patients, patients that they
12 already had on their caseload who had a diagnosis
13 of substance abuse. They just didn't feel
14 comfortable doing that. And so this hub and
15 spoke model allows them constant access to
16 experts and to resources that they otherwise
17 wouldn't have had.
18 So it's really expanding the reach of
19 medication-assisted treatment across the State of
20 Pennsylvania. And if you're looking for
21 additional information, we'd be happy to send you
22 a little write-up about the program and maybe
23 some statistics --
24 REPRESENTATIVE KINSEY: Okay.
25 SECRETARY SMITH: -- about what's

1 happening and where it is.
2 REPRESENTATIVE KINSEY: Sure. I would
3 appreciate that. And also, just very quickly, is
4 this program funded by federal dollars or a
5 combination of State and federal dollars?
6 SECRETARY SMITH: It's funded through
7 federal dollars through the grants that we are
8 receiving from the federal government.
9 REPRESENTATIVE KINSEY: Thank you very
10 much, Madam Secretary.
11 Thank you, Mr. Chairman.
12 MAJORITY CHAIRMAN SAYLOR:
13 Representative Struzzi.
14 REPRESENTATIVE STRUZZI: Thank you,
15 Mr. Chairman. And good afternoon, Madam
16 Secretary.
17 SECRETARY SMITH: Hello.
18 REPRESENTATIVE STRUZZI: I'd like to
19 talk a little bit about opioid deaths. Looking
20 at the numbers from 2020 -- and I believe we had
21 this discussion in Committee, that we really
22 expected overdose deaths to increase with the
23 amount of stress that's on people, being stuck at
24 home, depression and mental health and things
25 like that. But looking at the numbers, it

1 actually went down from 2019 to 2020. It went
2 from 4,458 in 2019 to 3,954 in 2020, which is
3 basically a reduction of 504 deaths or 11.3
4 percent.
5 And I can tell you that we have seen
6 similar numbers in Indiana County, sort of
7 staying level with 2019 into 2020. But I think
8 the real concern, when you start to look at these
9 numbers and you start to ask questions, which I
10 did when I saw the Indiana County numbers, while
11 deaths have remained somewhat consistent or
12 declined, overdoses actually doubled. And to me,
13 that's the real concern.
14 And the reason I asked this question of
15 our single-county authority folks, the Armstrong
16 Indiana Drug and Alcohol Task Force, I said why,
17 if the overdose -- overdoses doubled, why did the
18 deaths stay consistent? And the reason is
19 Narcan. So that to me is a big concern because
20 if we didn't have medical personnel available
21 with Narcan or whatever the facility was that
22 they were in, we would have seen those deaths
23 double in 2020.
24 Now, my question is, are you seeing
25 similar numbers, statistics, concerns around the

1 State? And what are your plans to address this?
2 And how are you working with the single-county
3 authorities and emergency responders to be
4 prepared?
5 SECRETARY SMITH: Yeah, great question.
6 And I hate to be the bearer of bad news, but I do
7 believe the number that you have right now for
8 2020 is definitely not the final number. We
9 absolutely expect to see the final death counts
10 for 2020 up much closer to where we were at the
11 peek of the crisis in 2017, when we had about
12 5400 deaths.
13 So the reason that the number right now
14 is low is because those are only the confirmed
15 deaths. And there's quite a bit of lag time, and
16 of course COVID has contributed tremendously to
17 increasing that lag time, for medical examiners
18 and coroners, in order to get toxicology reports
19 back, to finalize all their paperwork, and to
20 enter it into the system. So sometimes it takes
21 six, maybe even nine months after the actual
22 death has occurred for them to report that to us.
23 So while we're seeing numbers now that
24 look pretty close to 2019, the numbers are only
25 going to continue to climb, and we really believe

1 there's still a significant amount of reporting
2 to be done for the last quarter of calendar year
3 2022 -- or 2020, excuse me. So I think we are
4 going to see that number rise, unfortunately.
5 We have though -- you are correct in
6 that we have seen overdoses, that don't resolve
7 in death, but overdoses in general, we have seen
8 those rise. I do believe that the permeation of
9 Naloxone into communities is absolutely a
10 critical component leading to that. I think we
11 have to continue our focus there. In fact, we're
12 dedicating another $9 million and providing
13 Naloxone and a whole host of different and
14 innovative ways in partnership with the
15 Pennsylvania Commission on Crime and Delinquency.
16 If you're interested in that strategy,
17 we'd be happy to send you what that's going to
18 look like in terms of different pockets within
19 communities that we're targeting. But that's one
20 really important piece. The other important
21 piece is that we continued to market our hotline
22 really heavily during the pandemic. And our SCAs
23 were absolutely on the top of their game in terms
24 of getting folks connected directly to those
25 treatment resources and working to keep them

1 engaged.
2 So we're going to continue that work.
3 I'm hopeful that in 2021, we can see those
4 numbers turn the other direction again and head
5 downward, but we definitely have a lot of work to
6 do. And naloxone is a key component there.
7 REPRESENTATIVE Struzzi: Well, I
8 appreciate that. And I appreciate your work and
9 your attention to this. Unfortunately, I believe
10 the numbers are going to continue to increase in
11 2021. And unfortunately, we've seen that
12 already, I think, in Indiana County. So continue
13 to do the due diligence and make sure that these
14 providers have the tools they need to save
15 people's lives and do everything we can to be
16 preventative.
17 So thank you for your time.
18 SECRETARY SMITH: Thank you.
19 MAJORITY CHAIRMAN SAYLOR: Next is
20 Representative Meghan Schroeder.
21 REPRESENTATIVE SCHROEDER: Thank you,
22 Chairperson.
23 Good afternoon, Secretary Smith. Thanks
24 for being here.
25 SECRETARY SMITH: Hello.

1 REPRESENTATIVE SCHROEDER: Hello.
2 My questioning is more about Act 59 of
3 2017, which requires your Department to regulate
4 drug and alcohol recovery houses that receive
5 public funds. The licensing program was supposed
6 to begin June 2020. At your Department's budget
7 hearing last year, you indicated that you
8 expected to send the regulations to IRRC by the
9 end of January 2020.
10 Why did that not occur? And there may
11 be some merit to the delays related to the
12 current pandemic, but Act 59 passed in December
13 of 2017. So the Department had more than 2 1/2
14 years to implement the program.
15 What caused the delay?
16 SECRETARY SMITH: Yeah, I appreciate the
17 frustration I hear in your voice. And I think we
18 as a Department have experienced some of that
19 frustration, too. So certainly COVID contributed
20 a little bit towards the end of the process. But
21 early in the process, the reason that it took
22 longer than expected was although we were not
23 required to go through a public comment period
24 for these regulations, we were permitted to jump
25 right to IRC.

1 We opted not to do that because there
2 was such an interest from the stakeholder
3 community about their ability to meet these
4 requirements. There had been a number of them
5 involved in stakeholder planning years prior to
6 the passage of these -- of the legislation, and
7 so there was just a lot of interest and concern
8 and we felt it was really most appropriate to
9 give them the opportunity to look at our draft
10 regulations. So we did opt to put them out for
11 public comment.
12 We received a lot of comments as a
13 result of that. And so it did take us quite a
14 bit of time to get through those, to make some
15 alterations, to determine whether or not we could
16 make some alterations based on their feedback.
17 And then, as I said, COVID absolutely contributed
18 a bit to the delay. I am happy to report,
19 though, that this week we are working to schedule
20 with the Oversight Chairs in the House and the
21 Senate, delivery of those final regulations for
22 review. So we expect that to happen next week.
23 REPRESENTATIVE SCHROEDER: And I can
24 appreciate that. And the question really comes
25 because page 8 of your testimony states that now

1 that the designated legislative standing
2 committees have been published in the
3 Pennsylvania Bulletin, we will soon be reaching
4 out to scheduled delivery of the final amended
5 regulations.
6 SECRETARY SMITH: Yes.
7 REPRESENTATIVE SCHROEDER: So are you
8 saying that the delay of the regulations was due
9 to not knowing which standing was responsible for
10 oversight of DDAP?
11 SECRETARY SMITH: It was a few days
12 worth of delay where we were ready to submit, but
13 because there wasn't -- the committees weren't
14 formally published on the website, we didn't have
15 the opportunity to reach out to the Oversight
16 Chairs because we didn't know who they were.
17 SECRETARY SMITH: But that was a very
18 small contributing factor. Yeah.
19 REPRESENTATIVE SCHROEDER: Okay. Well,
20 you know, standing committee designations for the
21 prior legislative sessions were published in the
22 Pennsylvania Bulletin on February 9th of 2019.
23 The Human Services Committee was responsible for
24 DDAP then as it is now, right?
25 SECRETARY SMITH: Yes.

1 REPRESENTATIVE SCHROEDER: Okay. Just
2 wanted to make sure. And because I have some
3 more time, I just have one quick question about
4 something you said last year.
5 Between 40 and 60 recovery houses
6 receive public funds; is that still an accurate
7 number?
8 SECRETARY SMITH: Ellen -- I'm looking
9 to you; is that still correct?
10 DEPUTY SECRETARY DIDOMENICO: Yes.
11 That's still the number of those that receive
12 funding from our single-county authorities. The
13 legislation, of course, will allow us to really
14 increase the numbers through licensure and other
15 funding. And we're continuing to look for other
16 funding opportunities for the single-county
17 authorities.
18 SECRETARY SMITH: Okay. How many of
19 those would you anticipate would comply with the
20 licensing program?
21 DEPUTY SECRETARY DIDOMENICO: They will
22 all need to comply with the licensing program if
23 they want to continue to receive the public
24 funding.
25 REPRESENTATIVE SCHROEDER: Okay. So

1 once the regulations are effective, what is the
2 timeline for licensing recovery houses?
3 DEPUTY SECRETARY DIDOMENICO: As soon as
4 -- as soon as we finish the publication of the
5 regulations, we will begin to accept applications
6 for licensing. The legislation provided a fee
7 for that, so that will need to be paid by those
8 providers, as well. We already have staff on
9 board and partially trained to begin to
10 immediately look at doing the on-site inspections
11 and other things that would be required to
12 actually obtain the licenses.
13 REPRESENTATIVE SCHROEDER: Okay. Do you
14 know what the fee will cost like for the recovery
15 house for certification of license? Was that set
16 yet?
17 SECRETARY SMITH: Yes, it is.
18 DEPUTY SECRETARY DIDOMENICO: It was,
19 yeah.
20 SECRETARY SMITH: And I can't remember
21 because we talked about it changing a couple of
22 times.
23 DEPUTY SECRETARY DIDOMENICO: Yes.
24 REPRESENTATIVE SCHROEDER: That's fine.
25 While you look for that, I just -- one more

1 question.

2 Are there plans in place to make sure

3 that there is not a gap between when the

4 regulations are effective and when recovery

5 houses can actually become licensed?

6 So is there going to be any management

7 of that?

8 DEPUTY SECRETARY DIDOMENICO: Yes.

9 REPRESENTATIVE SCHROEDER: Okay. Great.

10 SECRETARY SMITH: Yeah. We've already

11 hired staff. We've already created the system by

12 which they submit their application. And we do

13 believe that the recovery houses that receive

14 dollars now, they all have an intention of

15 applying for and receiving a license.

16 REPRESENTATIVE SCHROEDER: Okay.

17 SECRETARY SMITH: In addition to those,

18 there are several hundred more that have

19 indicated interest in also wanting to be

20 licensed. So we believe that we are ready to go

21 as soon as those regulations --

22 REPRESENTATIVE SCHROEDER: Okay. Great.

23 Did you -- if you don't have the fee information

24 now -- I see my time is up -- if you could send

25 that to the Committee. That would be very

1 helpful.

2 SECRETARY SMITH: We will, yes. If I

3 find it while we're still talking, I will shout

4 it out, too, maybe if you're still listening in.

5 REPRESENTATIVE SCHROEDER: Thank you so

6 much.

7 SECRETARY SMITH: You're welcome.

8 MAJORITY CHAIRMAN SAYLOR: Next is

9 Representatives James.

10 REPRESENTATIVE JAMES: Thank you,

11 Mr. Chairman, Madam Secretary.

12 SECRETARY SMITH: Hello.

13 REPRESENTATIVE JAMES: A couple of quick

14 questions, maybe only one. Back home -- this is

15 -- I'm from Venango County out west. Back home,

16 there's discussion -- let's put it that way --

17 among people who are involved in this line of

18 work that there is a refined CBD oil that becomes

19 a very potential chemical substance comfortable

20 to meth.

21 Is there any truth in this? Do you have

22 any helpful comments about this?

23 SECRETARY SMITH: I can't say that I

24 have heard about that. Ellen or Jenn, have you?

25 DEPUY Secretary Ellen: We have seen

1 some newspaper articles about that, but I don't
2 think we have any independent collaboration or
3 confirmation of that.
4 REPRESENTATIVE JAMES: All right. If I
5 hear more --
6 SECRETARY SMITH: We can check into that
7 more for you, though. We'll ask some questions
8 of some of our partners.
9 REPRESENTATIVE JAMES: That would be
10 fine. And if I hear anymore, I will get back to
11 you.
12 SECRETARY SMITH: Thank you.
13 REPRESENTATIVE JAMES: Well, then, I do
14 have one more question since that one was so
15 brief. There's also some discussion about the
16 diversion of Suboxone, which is, if I understand
17 it correctly -- oh, I actually wrote this down.
18 It's a mixed opioid agonist/antagonist drug --
19 DEPUTY SECRETARY DIDOMENICO: Yes.
20 REPRESENTATIVE JAMES: -- designed to
21 lessen the effects of opioid substance
22 dependency. How's that? Is that true? Is there
23 a problem with that diversion of Suboxone in
24 areas of Pennsylvania?
25 SECRETARY SMITH: So for those not

1 familiar, Suboxone is one of three FDA-approved
2 medications to treat opioid use disorder. And so
3 for many, many years, there was a lot of concern
4 on the part of law enforcement and some community
5 members about the potential diversion of that
6 medication, which is often either in pill form,
7 sometimes in the form of like film that dissolves
8 on the tongue. And I think there was a lot of
9 credibility to those concerns and issues several
10 years ago.
11 I'm not sure that the concern is nearly
12 as great today. And I'll tell you why that is.
13 Pennsylvania, unfortunately, is one of the places
14 in the nation where you can find some of the
15 cheapest and most pure heroin on the street. And
16 because of that, the diversion of medications
17 like Suboxone, which doesn't nearly have the same
18 effect for individuals who are looking to receive
19 a high, really there's not enough of a cost
20 difference to just folks wanting to look for that
21 diverted medication when they can, in fact, but
22 heroin on the street for the same price or
23 cheaper.
24 And so I think it has not become as much
25 of an issue. I also think that it's important

1 for us to remember that it is a medication to
2 treat opioid use disorder. And so from the harm
3 reduction standpoint, I don't want to hear that
4 the potential risk and concern about diversion is
5 standing in the way of us being able to get that
6 medication out to as many people as possible who
7 really need it.
8 So you know, it's definitely a balance
9 of making sure that we're not getting it into the
10 wrong hands. We don't want people taking it who
11 it hasn't been prescribed for, just like any
12 other medication, but I think given the crises
13 and given the fact that we know that deaths are
14 continuing to rise again, we really need to focus
15 our attention on making sure that these
16 medications are available as widely as they
17 possibly can be. We can do what we can to
18 mitigate the risks, but I don't want those
19 concerns to stand in the way of individuals
20 accessing their medication.
21 REPRESENTATIVE JAMES: That makes sense,
22 Madam Secretary.
23 Mr. Chairman, that concludes my
24 questioning.
25 MAJORITY CHAIRMAN SAYLOR: Madam

1 Secretary, I thank you for your testimony today
2 and coming before the Committee and answering the
3 questions. We'll let you get on your way to your
4 next meeting. That's all the questions that
5 members have indicated they have.
6 So again, thank you for the great job
7 you're doing over there.
8 SECRETARY SMITH: Thank you, Chairman.
9 And I'll quickly add, the recovery house
10 application fee is $250.
11 MAJORITY CHAIRMAN SAYLOR: Very good.
12 The Representative says thank you.
13 With that, we will adjourn and we will
14 reconvene tomorrow morning at 10:00 a.m. when we
15 will have the Department of Health here.
16 Thank you.
17 SECRETARY SMITH: Thanks so much.
18 DEPUTY SECRETARY DIDOMENICO: Thank you.
19 MAJORITY CHAIRMAN SAYLOR: Madam
20 Secretary, if you're still there, I do want to
21 thank you for being so generous with your time
22 from the point of we've rescheduled you and being
23 here today. I apologize for messing up your
24 schedule.
25 (Whereupon, the hearing concluded.)

1 C E R T I F I C A T E
2
3 I hereby certify that the proceedings
4 are contained fully and accurately in the notes
5 taken by me from audio of the within proceedings
6 and that this is a correct transcript of the
7 same.
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11 ____________________________
12 Tracy L. Powell
13 Court Reporter
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