



Pennsylvania Department of Health
Confirmation Remarks
Senate of Pennsylvania
Rachel Levine, MD, Acting Secretary
March 19, 2018

Good morning. Thank you, Sens. Baker and Schwank, for the invitation to speak with you regarding my nomination for Secretary of Health. As you are aware, when Governor Wolf took office in 2015, I was nominated and unanimously approved for the position of Physician General. Prior to that appointment, I served as vice-chair for clinical affairs for the Department of Pediatrics at the Pennsylvania State Hershey Children's Hospital-Milton S. Hershey Medical Center, as well as chief of the Division of Adolescent Medicine and Eating Disorders.

Following Secretary of Health Karen Murphy's departure last year, Governor Wolf nominated me to her position, and I have been proudly serving in the position of Acting Secretary since Dr. Murphy's departure.

I continue to act as national and international lecturer and author on adolescent medicine, eating disorders and transgender medicine while leading efforts to improve the quality of life for Pennsylvania residents as Acting Secretary of Health.

I would like to take the opportunity to highlight some of my goals for the department, and some of the actions we have taken and plan to undertake as secretary.

I have several main objectives and goals. First and foremost is continuing my work on addressing the opioid crisis in the commonwealth. Through programs such as the Prescription Drug Monitoring Program, extensive interagency cooperation and work with the General Assembly, we have started to make advancement towards ending this epidemic, but there is still much work that needs to be done, and I hope to continue our meaningful impact in collaboration and partnership moving forward.

Another specific role I am filling is as an active participant in the day-to-day operations of the Opioid Command Center, formed as part of Governor Wolf's 90-day opioid epidemic disaster declaration made in January. My work as a leader of the United Command Center involves chairing weekly meetings, directing implementation of the 13 original declaration initiatives, monitoring progress, and working to add new initiatives to this incredibly important work.

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.

Along with our sister agencies, the Department of Health is working on this crisis from three fronts, reversing an overdose in progress so we can get that person into treatment, early intervention in identifying addictive behaviors and patterns, and prevention by working toward education and ending the stigma that surrounds opioid use disorder.

I strongly applaud the work that the General Assembly has done in conjunction with the Wolf Administration to help confront this epidemic 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 prescription, dispensing, and use of opioid 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 state's PDMPs to see if their patients are doctor shopping across state borders.

Under my fiscal stewardship, the PDMP program applied for and was awarded two separate grants from the Centers for Disease Control and Prevention (CDC), one to support integration of electronic health records and computer systems from pharmacies into the PDMP; the other to increase the timeliness of both fatal and non-fatal overdoses reporting.

We have already seen success in a substantial decrease in the number of patients who are "doctor shopping" for opioids.

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 established 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 receiving funding to assist in building a hub-and-spoke model of medication assisted therapy (MAT) services. The hub is the centralized addiction specialist physician-led team providing support and other services to the spokes, made up of primary care practices that provide MAT to patients in their community. Last fall we were pleased to announce the first round of grantees, including Allegheny Health Network, Geisinger Clinic, Pennsylvania State University College of Medicine and WellSpan Health, and we hope to receive funding to expand the program to the Eastern half of the commonwealth this year. UPMC is also participating in PacMAT using SAMSHA federal grant funds at four locations.

We have also been the recipient of over \$26 million in federal grants for the 21st Century CURES program, with this funding to be spread out over twelve different program areas, and have applied for a second year of funding under the 21st Century CURES program, which we hope to announce the successful award of very soon.

In addition to the extensive work on the opioid crisis, we are also working on continuing our plan of addressing concerns with the declining number of health care facilities in rural regions of the commonwealth. These hospitals are on a precarious decline in fiscal stability, and through our Deputy of Innovation we are working with hospitals and payors to create new payment and delivery of services models with the end goal of ensuring long-term fiscal stability.

Ensuring proper and adequate access to care for all Pennsylvanians is of paramount importance. We are redeveloping the Office of Health Equity to ensure that all citizens have proper, adequate and quality health care access, regardless of geographical location, economic barriers or any other social determinants of health care inequality.

It’s not for me to take credit for the accomplishments of the dedicated staff at the Department of Health, yet, I feel compelled to say how motivating this group of professionals is. None more so that the Office of Medical Marijuana.

In April 2016 we stood with Governor Wolf as he signed Act 16 into law, creating Pennsylvania’s medical marijuana program. I am proud to sit here today to say that in 22 months, we have created a new industry in Pennsylvania, delivering much needed relief to tens of thousands of Pennsylvanians who suffer from chronic pain, veterans who suffer from PTSD, cancer patients and others.

A next step is the creation and implementation of Chapter 20 regulations, allowing Pennsylvania to become a true leader in the medicinal marijuana field, with research institutions conducting comprehensive studies to further establish medicinal benefits.

Thank you for your help and input in launching an industry in Pennsylvania that is not only job-creating and revenue-generating, but for which we are already being hailed across the nation as a leader. This vital industry is only going to grow more robust as we move forward into the second round of applications for growers, processors and dispensaries.

Not all initiatives are as visible as medical marijuana, but are still important to me and to many Pennsylvanians. I am committed to focusing on *every* initiative that can make a difference in the healthy lives of Pennsylvanians.

From reducing wait times and improving customer service for receipt of birth and death certificates, to providing free flu shot clinics and implementing recommendations from the Lyme Disease Report, to continuing to fight the opioid epidemic with every tool we have available, I am committing to do all that I can as secretary to help Pennsylvanians lead healthy, full lives.

Thank you.