

Hello,

My name is Maria Daly and I am here to represent Rittenhouse Women's Wellness Center in Philadelphia. We are supporting the HHS Unification and believe that, if this process is successful, it will benefit women across the state.

In general, we have found that women's health is a complex issue. Our practice incorporates primary care, gynecology, psychology, nutrition and aesthetic skin care for women and most of our employees are also women. With this perspective, it is clear to us that having multiple needs met in one location is the best possible scenario for any woman, whether she has children, is in school, has a career, is struggling with chronic illness or any other situations. Being able to address multiple needs at one time in one place helps women miss less work or school days; avoid struggles regarding childcare and feel more comfortable addressing problems they may otherwise not spend time on. Whether we like it or not, the burdens of house and children still fall on women in the majority of situations. We are not necessarily unhappy about this – for most of us it is a conscious choice, however – it also becomes a conscious choice of deciding what is more of a priority at any given time – going to see a doctor about a cough we have had for 3 weeks or taking a day off from work to try to get SNAP benefits to feed our children. Decisions like these are occurring in the minds of women all of the time – and usually we choose to put our health second (there are plenty of single mothers who don't even consider this a 'choice'). A successful unification of services could be a gigantic benefit to women who will now need to speak with only one person on only one day to obtain all of the assistance they need. This could mean that on the next day – we can go and finally see a doctor.

However – there is also the potential of going backwards and breaking down access to services if this change is not made with care and time – The merger of departments that occurred in Texas in 2003 was considered problematic in part due to the time frame imposed – in hindsight their one year timeline was far from sufficient and resulted in unmet goals (a big one being an unsuccessful merger of the administrations of these departments). Although thus far this year it appears many of our politicians have forgotten the lessons of history, perhaps Pennsylvania can take a closer look at this failed merger in 2003 and take-away some lessons. With this concern is integrating services into the communities and 'getting rid of the brick-and-mortar' buildings that are currently being used by said departments. I believe that there can be a successful integration into other facilities – perhaps having access points in our major hospitals, for example; but educating the public of where these services will be available has to be a major part of the effort. If we do not know where to access the services our patients need then integration is almost completely useless.

I also believe that public reach-out can benefit many citizens that do not know they need any assistance. Whether we are talking about women who are having drug and alcohol abuse issues or have experienced a sexual assault that they did not know how to address – it is important for people to be aware that there is help available for many situations. I am also hopeful that there will be greater integration of mental health and substance abuse issues. Far too often our institutions that attempt to help patient dealing with drug and alcohol addiction completely ignore the possibility of comorbidity in these patients. Rehab programs need to give patients an opportunity to access mental healthcare – a

field that is so difficult to access – even for patients with commercial insurance. We struggle regularly to find psychiatrists in the city who take health insurance and are able to prescribe appropriate medication for our patients who have depression, bipolar disorder and other complex problems that our internal medicine physicians simply do not have the experience to manage – better access to these services could have a far greater impact on the opioid crisis than simply prescribing maintenance medication that some patients can take for years on end. The industry of maintenance does not have much concern about women who may end up getting pregnant and is not bothered to discuss birth control or family planning with women. Treating these patients as a whole person who have a multitude of psychological and lifestyle needs outside of their addiction may be the key to turning the tide.

However, these hopeful thoughts lead me to another fear: departmental staffing. I have been unfortunate enough to have had to interact with employees from multiple departments in the state who are completely lacking in compassion and the understanding of how their jobs impact people's lives. It worries me that this merger may put people in the position that, instead of the hit or miss process of contacting a multitude of agencies they will wind up having to deal with only one obstructive personality (Kim Davis, the county clerk of Kentucky comes to mind). Perhaps part of this merger should be some kind of employment review of employees engaging in direct contact with people and a possible sensitivity training to improve outcome. There are many kind of trauma that women can experience in life and having yet another traumatic experience while trying to communicate with a state employee is not beneficial to anyone involved. Although I only hope the best for this unification, I am concerned that cuts involved with integration will not address these staffing issues and information distribution.

In summation, although we strongly believe that a successful unification of these departments can benefit women's health in general by streamlining access to care and ancillary services, we do advise proceeding with caution by choosing a timeline that leaves room for correction, reviewing current staff and training and reaching out to the population about how their access to various services will change. We support this 'whole-person' and 'whole family' approach and hope that our perspective can bring some additional insight into the integration process.

I thank the committee for your time.