



**Testimony of Richard Edley, President and CEO,
Rehabilitation and Community Providers Association (RCPA)**

**Before the Pennsylvania Senate Committees on Health and Human Services, Aging and Youth, Intergovernmental Operations, and the Health and Human Services Subcommittee of the Appropriations Committee
Reading Hospital, Reading, PA
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Good morning to all of the Chairs and members of the committees. My name is Richard Edley and I am here representing the Rehabilitation and Community Providers Association (RCPA), a statewide association representing over 330 providers of health and human services across the Commonwealth, and our member organizations serve well over 1 million Pennsylvanians annually. RCPA is among the largest and most diverse state health and human services trade associations in the nation. RCPA members offer mental health, drug and alcohol, intellectual and developmental disabilities, brain injury, medical rehabilitation, physical disabilities and aging services through all settings and levels of care for individuals of all ages.

I want to express my appreciation to all of the committees for holding this joint hearing. My testimony today deals with the proposed consolidation of the Departments of Human Services, Health, Aging, and Drug and Alcohol into one Department of Health and Human Services (DHHS).

RCPA is supportive of a new and unified Department of Health and Human Services. Our association views the proposed consolidation as an opportunity to modernize and streamline an outdated system, and to find efficiencies – all of which should lead to better service and potentially freeing up dollars for better use in the community. RCPA was founded under similar circumstances. Approximately four years ago, RCPA was established as a result of a merger between two associations – the Pennsylvania Community Providers Association (PCPA) and the Pennsylvania Association of Rehabilitation Facilities (PARF). The Boards of Directors for PCPA and PARF decided that both associations were providing duplicative services to members and could better serve their constituents by merging the associations into a new, unified organization — RCPA. As a provider community we, too, believe that bringing all these groups under one unified structure and vision brings about better information sharing and collaboration. After over four years of this new structure, RCPA has been able to create a new vision and meet these goals.

So we are supportive of the consolidation proposal based upon what we have heard from the administration and from RCPA's own history. Of course, as with any stakeholder group, and as we have heard the past few weeks of discussion and testimony, we share some concerns. One concern is whether this merger will be fully vetted and ready to go in such a short time frame, if this proposal will be a part of the final budget. While RCPA appreciates that the Administration has stated that this consolidation is not just about cost savings, RCPA too has questions regarding the ability to truly gain these savings, especially in year one.

In a new merger, RCPA is concerned that drug and alcohol services continue to be a focal point for a new, unified DHHS. RCPA staff have been in meetings with administration officials and we have been told that the Governor will appoint a cabinet-level position to oversee drug and alcohol issues. That is certainly a good step, and it is assumed that we will see a more formal proposal and detail from the Administration regarding this new cabinet-level position. Our members are naturally focused on this particular issue in light of the opioid epidemic that is permeating the Commonwealth.

In terms of addressing these issues and gaining stakeholder input and involvement, Secretary Dallas made a presentation to RCPA's Board of Directors about the consolidation proposal and had a good, open discussion with us. I, along with representatives from other state associations, have also met with the Governor's staff about the consolidation, and have been assured that these will be ongoing discussions. Another meeting has already been set for later this month.

We are pleased with this outreach and effort and encourage the Administration to continue to create stakeholder work groups and/or task forces as needed to collaborate and create the best unified agency possible. By creating work groups and task forces, and collaborating with health and human service providers, counties, managed care organizations, consumers, and other interested parties, these work groups and task forces will be able to provide necessary feedback regarding: best management practices, streamlining reporting requirements, revamping/repealing burdensome and costly regulations, and recommending other efficiencies for additional system-wide cost savings.

The Administration has asked RCPA and its members to provide comments and suggestions about efficiencies; however, the presentations at these meetings have thus far been more about organizational structure and not yet about specific recommendations. RCPA strongly recommends that a more formal and structured collaboration with the aforementioned groups be convened to help create a unified Health and Human Services organization that transforms and organizes service delivery to those we all serve and truly creates the efficiencies we are all referring to.

As stated previously, RCPA contends that merging the agencies is a positive move; however, our association has been asked by numerous legislators whether we can gain efficiencies and cost savings under the current agency structure. Of course the answer to that inquiry is – yes. Under the current agency structure, efficiencies and cost savings can be realized by analyzing current regulations and reporting guidelines that health and human service providers must abide by. Intellectual and developmental disabilities, mental health, drug and alcohol, and rehabilitation providers are among the most heavily regulated businesses in the country. Health and human service providers must undergo duplicative audits and in some cases are licensed by multiple state agencies. While consolidating might be the best option, there are things that the Commonwealth can do now under the current structure to help maximize efficiencies such as streamlining the licensing process or reducing the number of audits, for example, if a provider is nationally accredited.

Under the current agency structure, however, while the Commonwealth could achieve efficiencies and cost savings by making a number of small but effective changes, this would require an overhaul of the current bureau structure in the agencies and a revamp of a multitude of regulations currently in place. So our contention is that the question should really be: What is the *best* way to achieve these efficiencies? We believe that answer is through the consolidation of the departments.

In conclusion, RCPA is supportive of a new and unified Department of Health and Human Services, and encourages the Administration and members of the General Assembly to continue to seek feedback from health and human service providers, consumers of those services, and other stakeholders. If a consolidation occurs, then let's take a serious and hard look at how we can streamline services, and reduce over-burdensome regulations and unfunded mandates. While I have also outlined some basic concerns in this testimony, we do not believe any are insurmountable with good planning and stakeholder discussion and input. We stand ready to work with the Administration and the General Assembly to do what is in the best interest of everyone involved.

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