Committee on Energy and Commerce
Subcommittee on Oversight and Investigations

Hearing on
"A Public Health Emergency: State Efforts to Curb the Opioid Crisis"

January 14, 2020

Ms. Jennifer Smith, Secretary, Pennsylvania Department of Drug and Alcohol Programs

The Honorable Brett Guthrie (R-KY)

1. As you may be aware, section 7063 of the SUPPORT Act (P.L. 115-271) encourages public-private partnerships to assist with addressing the opioid crisis, specifically for infants with Neonatal Abstinence Syndrome (NAS) and their mothers. While section 7063 is specific to the Substance Abuse and Mental Health Services Administration (SAMHSA) efforts, could you provide information on how your state is using public-private partnerships. In addition, please provide areas of need for where the federal government can work with other entities to better leverage community resources.

   - The Administration is assessing the potential for a public-private partnership related to residential pediatric recovery centers. We are surveying clinicians to determine areas of need for infants diagnosed with NAS and their mothers when discharge from the hospital is possible. Additionally, starting in 2018 the Department of Health (DOH) began collecting data from hospitals of the incidence of NAS in their facility. DOH epidemiologists analyzed this data and published a report in August 2019. You can find this report on the DOH website: https://www.health.pa.gov/topics/Documents/Diseases%20and%20Conditions/2018%20NAS%20REPORT.pdf.
     Starting in January 2020 the Department transitioned this data collection to our Newborn Screening Reporting system to create a system for follow up by our Newborn Screening nursing staff. By using the Newborn Screening reporting system, DOH is better able to track referrals made for follow-up services and identify whether there are outstanding gaps in services or needs for families of babies born with NAS. DOH will continue to monitor data and resources to determine opportunities for future partnerships.
     Pennsylvania is in a second year of a Perinatal Quality Collaborative with three specific aims: Reduce maternal mortality and morbidity, improve identification of and care for pregnant and postpartum women with OUD and improve identification of and care for opioid exposed newborns. The collaborative is working with 60 birth sites and 12 health plans to identify processes that need improvement and quickly adopt best practices to achieve the identified aims.

2. Are treatment programs in your state able to share substance use disorder medical records so that they can coordinate care for patients with opioid use disorder?

- Through state regulation, Pennsylvania places additional confidentiality requirements on substance use disorder (SUD) records above and beyond those requirements imposed by 42 CFR Part 2. The Department of Drug and Alcohol Programs (DDAP) has heard from its stakeholders that these additional requirements create issues in coordinating care for patients with opioid use disorder between specific entities (e.g. insurers and providers). Other stakeholder groups see the requirements as key to protecting individuals with SUD from stigma and discrimination. DDAP is currently undertaking an exhaustive Stakeholder Survey to better understand knowledge, beliefs, practices and barriers related to Pennsylvania's substance use confidentiality policies. It is our hope that this work will lead to a better understanding of issues related to substance use disorder records.

    a. Is your state struggling with getting patients to outpatient treatment centers due to the inability of providers to see a patient's full substance use disorder medical record?

        - In our experience, Pennsylvania not seen difficulty in having clients enroll in outpatient treatment due to concerns of confidentiality of prior treatment. Clients who give consent to enroll in outpatient treatment also give consent to release of records from another provider for purposes of referral and care planning consistent with applicable regulations.

    b. Are there policies that Congress can fix to help states with improving outcomes for substance use disorder and lower the costs of increased Medicaid spending in emergency departments?

        - Current policies around DATA-waived practitioners create roadblocks and impediments to beginning treatment when individuals present at the emergency department (ED). Specifically, the limits that surround a practitioner's ability to provide medication without the patient continuing to present at the ED is inefficient and drives costs. In other settings the need for the DATA-waiver create impediments to treatment which also drive patients to EDs. It is important that treatment can be initiated at a variety of access points, including the ED. Removing requirements for practitioners to obtain the additional waiver will reduce costs and allow for immediate access to SUD treatment. Improved access to services will lead to fewer patients relying on EDs for treatment. This treatment is better provided in a more cost-effective outpatient setting which will have a better understanding of the needs of this population. Making better use of community-based treatment, by eliminating policy burdens, will result in better continuity of care, reduce the likelihood of relapse, and limit ED use.

3. Do you think it makes sense to revise the 42 CFR privacy regulations to allow doctors to communicate about patients with substance use disorder, in other words to treat privacy

issues around substance use disorder the same way we treat other mental health disorders or physical medical conditions?

- According to the Centers for Disease Control and Prevention's National Center for Health Statistics, Pennsylvania ranks #3 in the nation for age-adjusted drug overdose death rates. We recognize that the protections provided in 42 CFR Part 2 have always been designed to encourage individuals to seek treatment for substance use disorder (SUD) without fear that their information will be disclosed unnecessarily without their knowledge. Considering this devastating overdose statistic, however, it is imperative to explore rulemaking that evolves alongside advances in health information technology to remove barriers and address interoperability issues – particularly as Part 2 was promulgated 45 years ago.

  In balancing these two seemingly distinct issues, we ultimately view stigma as being at the heart of both. While protecting a population that still experiences widespread stigma – from their peers, healthcare providers, policymakers, and even toward themselves – the additional releases currently required by Part 2 perpetuate the message, in turn, that SUD is a shameful condition that should still be treated in secret, unlike other medical diseases like diabetes, cancer, and HIV. During a time of unprecedented federal funding that has been funneled to states to improve public awareness, treatment accessibility, and care coordination for patients with SUD, confidentiality regulations must strike the right balance between respecting a patient's desire for privacy, while removing appropriate administrative barriers for all providers to care for their patients.

4. In Fiscal Year (FY) 2019 and FY 2020, Congress approved funding for the Centers for Disease Control and Prevention's (CDC) Overdose to Action OD2A grants, which primarily go to states, but has a requirement that 20 percent of the prevention funds go to local health departments. How is your state working with local jurisdictions to ensure that these funds reach local communities?

   - The Department of Health is in the process of providing grants to 9 local health departments to fund local prevention and response activities related to the opioid epidemic. The Department is utilizing 30 percent (approximately $2.5 million) of the CDC OD2A grant for this purpose. The local health departments proposed activities based on the specific needs of their communities. Examples of funded activities include establishing Overdose Fatality Review Teams, overdose surveillance, Police Assisting in Recovery Program, EMS and law enforcement home visits, and various education targeting prescribers, pharmacists, parents, families, seniors, veterans, colleges and universities, and the general population.

5. How is your state partnering with localities to ensure that they can help inform the state's strategy in addressing opioid misuse?

- To better understand how the funding has made an impact on a local level, it is important to detail how Pennsylvania's drug and alcohol system is structured. Local government entities are critical partners in the provision of prevention, intervention, treatment and treatment-related services in Pennsylvania. DDAP has contractual agreements with forty-seven (47) Single County Authorities (SCAs). These county or county affiliated agencies plan, administer, and evaluate services at the local level. To date, SCAs have received more than $57 million for treatment services and more than $13 million for prevention programming. The statewide needs assessment, overdose death data, and treatment data indicate that all areas of the state have been affected by the opioid crisis; therefore, all 47 SCAs have received funding to address their local needs for both treatment and prevention services. SCAs are responsible for contracting with and funding services to non-governmental agencies such as treatment and prevention providers at the local level. Each SCA determines what licensed treatment providers or prevention and recovery support services will meet their identified local needs.
  In addition to funding provided directly to our sister state agencies and SCAs, Pennsylvania also uses various competitive processes to obtain contracted services for identified agency needs at the local level. Pennsylvania is a very diverse state and many challenges we face are related to socioeconomic factors. During his first term, Governor Wolf signed an executive order strengthening protections for vulnerable populations. As such, he has challenged his administration to actively review regulations and services to these populations. This has resulted in the Administration administering contracts with new recovery support programs like 16 local programs focused on assisting individuals with stable housing while engaged in MAT, nine programs supporting pregnant women and women with children, programs to support employment efforts for those in recovery and local initiatives that work with police, and first responders to support individuals' connections to treatment after arrest or overdose all with the support of our federal funding.
  Finally, in addition to providing grant funding to nine local health departments (from previous question), the Department of Health also provides funding to Coroners and Medical Examiners for their participation in sharing timely and comprehensive data on overdose deaths. To date, the Department has provided over $1 million in funding to Coroners and Medical Examiners and is currently providing a total of $608,000 per year through August 2022. As of today, 54 out of 67 Coroners and Medical Examiners share overdose death data with the Department.

6. How are your state and local health departments working in partnership once the state receives grant dollars to ensure local communities have the resources that they need to address substance misuse and prevent substance use disorders and overdoses?

- Through a combination of state and federal funding, the commonwealth distributed nearly 13,000 naloxone kits free of charge directly to Pennsylvanians through local health departments across three days in December 2018 and September 2019. The commonwealth continues to discuss opportunities with localities on best methods to distribute naloxone.

The Department of Health maintains a syndromic surveillance system for monitoring disease indicators in near real-time. This system is connected to 164/168 (98%) emergency departments around the state. It captures visits related to suspected drug overdoses, including those related to over-the-counter, prescription and illicit drugs. Once a statistically significant number of events are detected, the relevant local communities (e.g. health centers, EMS, police, SCAs) receive an EpiCenter alert on the spike. Localities then use this data to better respond to significant overdose events.

7. We know that many of the interventions needed to address substance use disorder rely on a strong public health workforce, but there is currently a workforce shortage in the behavioral health space. What types of professionals are needed in your state to help address the opioid crisis, and to prevent future crises, as well?

   - Another key factor in the nation's ability to adequately address the crisis and provide appropriate healthcare depends on the viability of the addiction treatment workforce. Workforce shortages are already present across Pennsylvania due to factors such as low wages, emotional burnout, and costly education and training requirements. These shortages include the professionals who provide the direct counseling for individuals with SUD as well as health care professionals such as physicians and nursing staff. Demands on the addiction treatment workforce will increase as more people move toward treatment and recovery. We suggest the federal government consider strategies to expand workforce capacity and proficiency. Policies that promote entry into this workforce can also serve the dual purpose of employing individuals in recovery. Pennsylvania has taken a small step in this direction by using grant dollars to institute the loan repayment program, a collaboration between DDAP and the Department of Health launching the state's first loan repayment program for health care professionals serving individuals with opioid use disorder. The program supports the supply and distribution of health care practitioners where there is high use of opioids and a shortage of providers exists. Applicants must be a practitioner in an eligible discipline with two years of employment and must agree to practice in the field for an additional two years. Federal grant funding has allowed us to creatively address a rural workforce shortage by awarding more than 90 individuals from 23 different counties.

8. The federal government has appropriated millions of dollars to fund Prescription Drug Monitoring Programs (PDMP) through the Hal Rogers program and others. According to the White House Office of the National Drug Control Policy (ONDCP) PDMPs are "a tool that can be used to address prescription drug diversion and abuse." What challenges still exist with PDMPs?

   - Integrating with Electronic Health Records (EHRs) and Pharmacy Management Systems in a cost-effective, sustainable way remains a challenge. Integration helps minimize any workflow disruption by providing near-instant and seamless access to critical prescription history information to prescribers and pharmacists. With the help of federal funding, the Department has made significant progress with integrating the PDMP, and has

successfully integrated with 29 health systems, 25 independent hospitals, 205 private practices, and 1,611 pharmacies.
Additionally, while PDMP data alone has been tremendously useful for understanding the opioid crisis and driving prevention programs, to get the full picture the Department needs data on fatal and non-fatal overdoses that occur in Pennsylvania. The issue is that Coroners and Medical Examiners are not required to submit toxicology and autopsy results on overdose deaths, which are critical for understanding the nature of the death and which drugs were involved. Furthermore, the Department is not able to collect identified information on overdoses that present to emergency departments. The ability to collect identified fatal and non-fatal overdose data and link it to PDMP data would allow the Department to better identify the risk factors associated with overdose, better predict where spikes in overdoses will occur, and ultimately make more informed decisions when allocating resources for opioid-crisis prevention and response.

a. How much has your state received and spent on its PDMP to date?

- The PDMP Office was formed in 2016. Since then, it has received approximately $12.2 million in state funds and has been awarded $19 million in federal funds and has spent $8.9 million in state funds and $8.4 million in federal funds. A large portion of the federal funds are still being spent down. It is important to note that this funding does not just support the PDMP system, it also supports several statewide prevention programs, including Continuing Medical Education, Academic Detailing, Patient Advocacy Program, First Responder Training, Overdose Surveillance, as well as funding to local health departments, coroners, and medical examiners.

b. Is there any data or reports that detail the positive outcomes from utilizing a PDMP?

- PDMP Interactive Data Report - https://www.health.pa.gov/topics/programs/PDMP/Pages/Data.aspx
- PA Opioid Data Dashboard - https://data.pa.gov/stories/s/Pennsylvania-Opioids/9q45-nckt/; on the "Preventing Addiction" page.
- PDMP Annual Reports
  - 2016-2017 - https://www.health.pa.gov/topics/Documents/Programs/PDMP/2016-17-ABC-MAP-Annual-Report.pdf
  - 2018 - https://www.health.pa.gov/topics/Documents/Programs/PDMP/2018-ABC-MAP-Annual-Report.pdf

9. Some concerns with PDMPs include a lack of real time data and a lack of interoperability with other states. Do you agree PDMPs face these challenges?
   a. If so, are these challenges preventing prescribers and pharmacists from having access to all of the information needed to make an informed decision about whether to prescribe or dispense?
   b. If so, how can we address these problems and improve PDMPs?

- Interstate sharing of data helps prescribers and pharmacists get a more complete picture of their patients' controlled substance prescription histories. The Pennsylvania PDMP is sharing data with 21 other states, D.C., and the military health system. Most importantly, this includes all surrounding states (as well as Florida), where patients are most likely to travel to and from.
  The PDMP also collects information on all controlled substance dispensations by the subsequent business day. The PDMP has reduced doctor shopping by over 92% since the system launched, which indicates that the current data collection frequency is effective. Moving to real-time data collection would be very costly, may contain errors, and would likely not have significant benefit beyond what has already been accomplished. Though real-time data collection can help deter same-day doctor shopping (i.e., an individual seeing multiple prescribers and filling multiple prescriptions in the same day), such drug-seeking behavior would be associated with the individual's PDMP record by the next day, and all associated prescribers would be alerted by the system, making it very difficult for the individual to repeat this activity in the future.

10. Does your state's PDMP use HIPAA standards or any named federal standard for data transmission?

    - Yes, the PDMP system complies with HIPAA and HITECH regulations and utilizes NIST 800-53 Moderate standards to ensure the protection of PHI and PII.

11. Many states are able to share PDMP data across state lines. However, it is my understanding that even if states are connected to an information hub, those states may not have access to state information for all other states connected to that same hub. Is that an issue that your state faces and/or that you are aware is an issue in other states?
    - For any given state that Pennsylvania wishes to exchange PDMP data with, that state must first grant permission. The Pennsylvania PDMP is currently sharing data with 21 other states, D.C., and the military health system. This includes all surrounding states (as well as Florida), where patients are most likely to travel to and from. There is no evidence to suggest that it is beneficial to query all states and doing so would increase the rate of false-positive patient matches dramatically. The vast majority of non-residents receiving dispensations in Pennsylvania are from a bordering state.

    a. Would states having the ability to access information across all state lines assist in fighting the epidemic?
       - There is no evidence to suggest that it is beneficial to query all states and doing so would increase the rate of false-positive patient matches dramatically. The vast majority of non-residents receiving dispensations in Pennsylvania are from a bordering state

12. What were the circumstances that you believe led to the opioid crisis in your state?

- The opioid crisis in the commonwealth was fueled by the combination of many factors including the overprescribing of opioids, cheaper and more pure heroin, geographic positioning along drug trafficking routes, and finally a relatively stagnant drug and alcohol system that was providing inadequate levels of care and evidence-based treatment options for individuals with opioid use disorder.

13. How does your state ensure that opioid federal grant funds are not diverted for unauthorized purposes?

- Local government entities are critical partners in the provision of prevention, intervention, treatment and treatment-related services in Pennsylvania. DDAP has contractual agreements with forty-seven (47) Single County Authorities (SCAs). These county or county affiliated agencies plan, administer, and evaluate services at the local level. To date, SCAs have received more than $57 million for treatment services and more than $13 million for prevention programming. SCAs are responsible for contracting with and funding services to non-governmental agencies such as treatment and prevention providers at the local level. Each SCA determines what licensed treatment providers or prevention and recovery support services will meet their identified local needs. DDAP monitors each SCA to assure that fiscal and program standards are met. DDAP also partners with other state agencies to implement direct services at the community level. To implement these services, Pennsylvania uses various competitive processes to obtain contracted services for identified agency needs at the local level. This has resulted in contracts with new recovery support programs like 16 local programs focused on assisting individuals with stable housing while engaged in MAT, nine programs supporting pregnant women and women with children, programs to support employment efforts for those in recovery and local initiatives that work with police, and first responders to support individuals' connections to treatment after arrest or overdose all with the support of our federal funding. All these procurements result in contracts which identify the fiscal, reporting and program requirements. DDAP and the other state agencies monitor these contracts for compliance.

14. How does your state ensure that opioid-related federal grant funds are going directly to the communities most affected by the opioid crisis?

- The statewide needs assessment, overdose death data, and treatment data indicate that all areas of the state have been affected by the opioid crisis therefore all 47 SCAs have received funding to address their local needs for both treatment and prevention services. SCAs are responsible for contracting with and funding services to non-governmental agencies such as treatment and prevention providers at the local level. Pennsylvania uses various competitive processes to obtain contracted services for identified needs at the local level. The procurement process may include criteria that limits the applicants to certain high-risk areas of the Commonwealth. An example is the procurement for housing support services for individuals with OUD. Applications were open to providers in 15 rural and 15 urban counties identified as having the highest rates

of OUD and overdose deaths. The criteria help to direct the funding to those communities most affected by the opioid crisis.

The Honorable Bob Latta (R-OH)

1. In addition to the STR and SOR grants, how many other federal grants have your states received related to opioids or substance use disorder prevention and treatment?

   - The below table details the amount of federal funding Pennsylvania has received for prevention, treatment and recovery for opioid use disorder, including the following specific grant funding.

Funding Source	**Amount**
Opioid State Targeted Response (STR)	$53,015,158
State Opioid Response (SOR) & Supplement	$141,052,265
Medication Assisted Treatment – Prescription Drug and Opioid Addiction	$5,700,000
CDC Crisis Response	$5,185,486
CDC Enhanced State Opioid Overdose Surveillance (ESOOS)	$1,666,000
CDC Overdose to Action (OD2A)	$8,448,267
CDC Prevention for States	$6,560,000
U.S. Department of Labor	$4,997,287
BJA Cat. 5 (Prescription Drug Monitoring Program)	$750,000
BJA Cat. 6 (Public Health and Public Safety Collaboration - PDMP)	$1,000,000
BJA Cat. 6 (Department of Corrections)	$996,408
Coverdell Forensic	$230,386
RSAT	$587,463
Comprehensive Opioid Abuse Program	$1,200,000
TOTAL	**$231,388,720**

2. I understand that the various federal grant programs have different requirements, timelines, applications, etc. How does this administrative burden impact your state?

   - Pennsylvania receives grant funding to address the opioid crisis from a list of federal partners (e.g. DOJ, DOL, SAMHSA, CDC) with incongruent funding requirements, data collection mechanisms, and timelines for use. These disparate requirements make it difficult to integrate grant dollars into a cohesive, commonwealth-wide strategy. Pennsylvania spends considerable administrative energy ensuring that the *right* dollars are being used for the *right* projects. This creates an opportunity cost of missed benefits were those resources better allocated. Better coordination for funding at the federal level, coupled with a concerted effort to reduce administrative burdens across grants, would

support greater flexibility in grant use at the state level. With this in mind, we appreciate the benefits of a strong Office of National Drug Control Policy (ONDCP) and continued funding for the HIDTA program. In addition, we appreciate the SUPPORT Act's creation of the Interdepartmental Substance Use Disorders Coordinating Committee (ISUDCC). We are pleased that SAMHSA will be leading the committee and that state alcohol and drug agencies are required to serve on the committee.

While Pennsylvania has made great strides with the federal funding, the focus on collaboration, stakeholder input, and information sharing has allowed us to look at challenges and opportunities associated with the unprecedented funding. There are some challenges, although not insurmountable, the commonwealth has experienced with the limitations of funding. Those challenges include:

Broad issues of Addiction & Polysubstance Use. To date, Federal funding is targeted at opioids. Pennsylvania, like many other states, continues to grapple with broader issues of addiction. Pennsylvania is currently monitoring an increase in stimulant use (e.g. methamphetamine, cocaine) related to the crisis. Federal funding opportunities should recognize that this crisis has shifted over time – and will continue to shift – affording states with greater flexibility to address substances in addition to opioids. We were pleased to see the 2020 Appropriations Package currently includes stimulant abuse as an allowable use of funds for the SOR grant. Over time, we hope that Congress would gradually transition from investments in drug specific grants to SAMHSA's SAPTBG in order to afford states more flexibility to address their own unique needs and circumstances.

Acute Funding for a Chronic Condition. Addiction treatment stakeholders across the commonwealth express a desire for consistent, long-term funding, as addiction is a chronic, relapsing disease. Providers understand that long-term programs that offer a range of treatment and recovery supports are needed. Planning for these programs is difficult when funding mechanisms favor larger, short-term infusions of dollars. Said another way, short-term funding promotes short-term solutions. Funders should consider mechanisms that support a longer horizon. A long-term focus would reduce uncertainty, thus promoting greater flexibility.

Federal Coordination of Effort. Pennsylvania receives grant funding to address the opioid crisis from a list of federal partners (e.g. DOJ, DOL, SAMHSA, CDC) with incongruent funding requirements, data collection mechanisms, and timelines for use. These disparate requirements make it difficult to integrate grant dollars into a cohesive, commonwealth-wide strategy. Pennsylvania spends considerable administrative energy ensuring that the *right* dollars are being used for the *right* projects. This creates an opportunity cost of missed benefits were those resources better allocated. Better coordination for funding at the federal level, coupled with a concerted effort to reduce administrative burdens across grants, would support greater flexibility in grant use at the state level.

a. Would it be helpful for the federal opioids and substance use disorder grants to have more standardized application requirements and processes?

- Pennsylvania is extremely grateful for the significant federal funding over the last several years to address the Opioid Crisis. Efforts to provide greater flexibility in grant use and a long-term focus would allow states to plan for sustainable efforts to address the range of SUD treatment needs. Reducing administrative burdens of multiple requirements will allow states to focus more effort on implementation of quality and effective services and less on meeting a broad range of diverse requirements.