

COMMONWEALTH OF PENNSYLVANIA  
HOUSE OF REPRESENTATIVES

APPROPRIATIONS COMMITTEE HEARING

STATE CAPITOL  
HARRISBURG, PA

MAIN BUILDING  
HOUSE FLOOR

MARCH 3, 2022  
10:10 A.M.

PRESENTATION OF THE DEPARTMENT OF HEALTH  
AND DEPARTMENT OF DRUG AND ALCOHOL PROGRAMS

BEFORE :

HONORABLE STANLEY SAYLOR, MAJORITY CHAIRMAN  
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 CLINT OWLETT  
HONORABLE GREG ROTHMAN  
HONORABLE LOUIS SCHMITT  
HONORABLE MEGHAN SCHROEDER  
HONORABLE JAMES STRUZZI  
HONORABLE JESSE TOPPER  
HONORABLE RYAN WARNER  
HONORABLE JEFF WHEELAND  
HONORABLE DAVE ZIMMERMAN  
HONORABLE MATT BRADFORD, DEMOCRATIC CHAIRMAN  
HONORABLE DONNA BULLOCK  
HONORABLE MORGAN CEPHAS  
HONORABLE MANUEL GUZMAN  
HONORABLE PATTY KIM  
HONORABLE EMILY KINKEAD  
HONORABLE STEPHEN KINSEY  
HONORABLE LEANNE KRUEGER

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BEFORE: (cont.)

HONORABLE KYLE MULLINS  
HONORABLE BENJAMIN SANCHEZ  
HONORABLE PETER SCHWEYER  
HONORABLE JOE WEBSTER

ALSO IN ATTENDANCE:

HONORABLE FRANK FARRY  
HONORABLE BRIDGET KOSIEROWSKI

COMMITTEE STAFF PRESENT:

DAVID DONLEY  
MAJORITY EXECUTIVE DIRECTOR  
RITCHIE LaFAVER  
MAJORITY DEPUTY EXECUTIVE DIRECTOR  
ANNE BALOGA  
MINORITY EXECUTIVE DIRECTOR  
TARA TREES  
MINORITY CHIEF COUNSEL

\* \* \* \* \*

*Pennsylvania House of Representatives  
Commonwealth of Pennsylvania*

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SUBMITTED WRITTEN TESTIMONY

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(See submitted written testimony and handouts online.)

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Summer A. Miller, Court Reporter  
SMCourtreporting@gmail.com

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## 1 P R O C E E D I N G S

2 \* \* \*

3 MAJORITY CHAIRMAN SAYLOR: Good morning,  
4 everyone.5 We have the Department of Health here and  
6 the Department of Drug and Alcohol here. And I'm going to  
7 ask Secretary Klinepeter and Secretary Smith to introduce  
8 the staff they have here.9 Once you've done your introductions of your  
10 staff, we will swear you all in and we'll start with  
11 questions.12 So whichever Secretary wants to start. You  
13 might want to pull it as close as possible to you for the  
14 TV, sometimes it's tough to hear.15 ACTING SECRETARY KLINEPETER: There we go.  
16 Excellent.17 Well, thank you very much. We appreciate the  
18 opportunity to be here and answer all of your questions  
19 today.20 I'm joined by Physician General Dr. Denise  
21 Johnson, Executive Deputy Secretary Peter Blank, and our  
22 chief financial officer, Andrea Rice.23 SECRETARY SMITH: Good morning. From the  
24 Department of Drug and Alcohol Programs, I have with me  
25 Deputy Secretary Ellen DiDomenico and Bureau Director

1 Jennifer Newell.

2 MAJORITY CHAIRMAN SAYLOR: Very good.

3 If you would all rise and we'll swear you  
4 in. Raise your right hand.

5 Do you swear or affirm the testimony you're  
6 about to give is true to the best of your knowledge,  
7 information, and belief?

8 If so, say "I do."

9 (Affirmative answers.)

10

11 KEARA KLINEPETER, PETER BLANK, DENISE  
12 JOHNSON, M.D., FACOG, FACHE, ANDREA RACE, JENNIFER SMITH,  
13 ELLEN DiDOMENICO, and JENNIFER NEWELL, called as witnesses,  
14 being duly sworn, testified as follows:

15

16 MAJORITY CHAIRMAN SAYLOR: Thank you.

17 And we'll start off with our first  
18 questioner, which is Representative Torren Ecker.

19 DEMOCRATIC CHAIRMAN BRADFORD: Chairman, if  
20 I could real quick?

21 I just -- I thought we'd be remiss if we  
22 didn't recognize a certain person's birthday today. I  
23 understand it is your birthday, Chairman Saylor.

24 And with that, we have a --

25 (Applause.)

1 MAJORITY CHAIRMAN SAYLOR: Thank you. Thank  
2 you very much. I'll blow out the candle here.

3 DEMOCRATIC CHAIRMAN BRADFORD: We're wishing  
4 for a speedy hearing.

5 (Laughter.)

6 MAJORITY CHAIRMAN SAYLOR: I would concur on  
7 that.

8 We'll get the Secretaries back to work.

9 All right. We'll go to Representative  
10 Torren Ecker.

11 REPRESENTATIVE ECKER: Thank you, Mr.  
12 Chairman.

13 And thank you, folks, for being here. I  
14 appreciate the opportunity. I'm going to get right into  
15 it.

16 So this is for the Department of Health.  
17 Secretary, the federal government provided a lot of money  
18 as it pertained to the pandemic. Specifically, I believe  
19 they gave over -- according to CDC data -- roughly \$1.7  
20 billion and that doesn't include some of the money that  
21 went directly to Philadelphia. Of that 1.7 billion, I  
22 think the bulk of that went to the epidemiology and  
23 laboratory capacity.

24 Could you provide us a brief overview of how  
25 that funding is being used for the ELC?

1                   ACTING SECRETARY KLINEPETER: Absolutely.

2                   So our enhanced Laboratory Capacity Grant is  
3 a long-standing grant that we've had with the federal  
4 government that typically is used to provide dollars to the  
5 state to provide epidemiological capabilities, as well as  
6 investments in our public health lab.

7                   During the COVID-19 pandemic, the federal  
8 government significantly increased the amount of dollars  
9 flowing through that grant channel. As you mentioned, ELC  
10 has been just about shy of a billion dollars that has come  
11 to the Department of Health. We've been using those  
12 dollars to provide rapid response in long-term care  
13 facilities to increase our epidemiological staff, to  
14 provide testing in schools, long-term care facilities, and  
15 free testing resources to the community. We've made  
16 significant investments in our public health laboratory and  
17 more.

18                   REPRESENTATIVE ECKER: And I appreciate that  
19 Madam Secretary.

20                   And I know -- I guess one of the questions I  
21 have with this, since this is a lot of money, is who in the  
22 department is making the decisions? Is it the Governor's  
23 decision? Because I know last year, I believe our caucus  
24 had reached out to use some of this money for testing and  
25 long-term health care, or long-term --



1                   ACTING SECRETARY KLINEPETER: Care.

2                   REPRESENTATIVE ECKER: -- health facilities  
3 for COVID testing and PPE. And I think there was some push  
4 back originally from the department not to use that, then  
5 two months later, there was. So if you could, just shed  
6 some light on who's making the decisions to use this money.

7                   ACTING SECRETARY KLINEPETER: Absolutely.

8                   So ELC is a highly formulaic grant, if you  
9 will. So the CDC tells the Department of Health, in large  
10 part, how to spend these dollars. There's a little bit of  
11 flexibility within the big buckets that they provide, but  
12 ultimately, we are accountable to the CDC, and we don't  
13 have ultimate discretion over how these dollars are spent.

14                   So our ELC -- or epi team, our  
15 epidemiological team, puts together a proposal that we send  
16 to the CDC. Executive Deputy Secretary Blank and I approve  
17 that, and ultimately, the CDC has to approve the use of  
18 those funds.

19                   When there's changes within that, the CDC  
20 has to further approve those.

21                   REPRESENTATIVE ECKER: So I assume some of  
22 this money is siloed -- I think even you alluded to it --  
23 for certain things. You talked about public health notices  
24 and those kinds of things. So do you get any discretion  
25 within those silos themselves? And is that a decision

1 you're making, the Governor is making? How do you come  
2 about those decisions?

3 ACTING SECRETARY KLINEPETER: There's some  
4 discretion, but it is highly restricted and any changes  
5 have to be approved by the CDC. When there are changes  
6 made, Executive Deputy Secretary Blank or I approve those  
7 changes, but they don't typically go up to the Governor.

8 REPRESENTATIVE ECKER: Okay.

9 And I'm going to go back to the public  
10 health announcements because it's something that I think --  
11 it's just something that I see all the time. Look, I know  
12 the department, I believe, is using some of that money for  
13 the commercial advertising for the vaccine, I believe. I'm  
14 guessing it's coming from that fund.

15 I'm just wondering, how much money is being  
16 spent on those TV commercials and advocacy for the vaccine?

17 ACTING SECRETARY KLINEPETER: So the vaccine  
18 dollars actually are -- and the vaccine communication  
19 dollars are separate from the ELC. That comes down through  
20 a different grant than the federal government.

21 DCED is effectuating those dollars and that  
22 grant campaign.

23 CFO -- I'm not sure if we have the exact  
24 dollar figure available at the moment.

25 MAJORITY CHAIRMAN SAYLOR: Madam

1 Secretary -- and I will -- I just want -- sorry to take a  
2 second here.

3                   They're having a problem hearing you. So  
4 you might want to move the microphone as close as possible.  
5 With the mask, it really kind of -- for the TV listening  
6 audience, it makes it very difficult. Sorry about that.

7                   ACTING SECRETARY KLINEPETER: Sure.

8                   REPRESENTATIVE ECKER: Please proceed.

9 Thank you.

10                   MS. RACE: Hi. Yes, thank you.

11                   We do not have that level of detail with us  
12 at the table today, but we're happy to get back to you with  
13 that information.

14                   REPRESENTATIVE ECKER: Okay.

15                   And, look, I mean, you're going to get a lot  
16 of questions, I think, on some of these budget line items,  
17 so I'd really appreciate that.

18                   Look, I have constituents asking me about  
19 that particular issue, so that's why I'm asking that today.

20                   ACTING SECRETARY KLINEPETER: Absolutely.

21                   REPRESENTATIVE ECKER: And I'd really -- I  
22 think folks want to know how our money is being spent and  
23 if it's being spent wisely. So if you can provide that  
24 information, it would be really greatly appreciated.

25                   Thank you, Madam Secretary.

1                   And you guys got off the hook with me, so  
2 thanks.

3                   MAJORITY CHAIRMAN SAYLOR: Next is  
4 Representative Bullock.

5                   REPRESENTATIVE BULLOCK: Thank you, Mr.  
6 Chairman.

7                   And good morning, Secretary Smith and  
8 Secretary Klinepeter. My question is for Secretary  
9 Klinepeter.

10                  Last year, the Pennsylvania Legislative  
11 Black Caucus worked very closely with the Department of  
12 Health in regards to our WIC, Women Infant and Children,  
13 contracts. And through a series of starts and stops, there  
14 had been some complications with how that contract was  
15 awarded, who it was awarded to, and in the end, it was  
16 decided not to go through that process last year.

17                  Can you share with me how that sort of --  
18 those challenges last year that may have impacted the WIC  
19 budgets and the services provided to those families?

20                  ACTING SECRETARY KLINEPETER: Sure.

21                  So I would offer at the outset that we  
22 genuinely appreciate the partnership that you have provided  
23 to us, the feedback that we've received. And I think the  
24 WIC program as a whole is on a much better footing at this  
25 time. And sincerely, that is in large part due to your

1 partnership, along with several other members of the  
2 general assembly.

3           So at this time, as you know, we have a new  
4 director coming into the WIC program. We've also formed an  
5 advisory council who I think will help us to formulate the  
6 next steps with a competitive procurement process. We've  
7 said that we would still like to move forward with that  
8 process, but we do want to make sure that we're getting  
9 good stakeholder input as part of that.

10           The services to the WIC participants were  
11 never impacted as a result of the start and stop that you  
12 referenced with the competitive RAF process. In fact, we  
13 went through a rather rigorous process over the course of  
14 the fall to ensure that all of the local agencies were made  
15 whole by any investments they may have made. And  
16 fundamentally, the women, infants, and children were not  
17 impacted by those starts and stops. And we've been most  
18 focused, since the stop of the RAF, on increasing  
19 participation in WIC.

20           REPRESENTATIVE BULLOCK: Can you share what  
21 that number was to make those other agencies whole?

22           ACTING SECRETARY KLINEPETER: You know, I  
23 don't have that readily available, but we're happy to  
24 follow up with you on that.

25           REPRESENTATIVE BULLOCK: Sure.

1           And furthermore on the WIC program, as we  
2 welcome in the new WIC bureau executive director and some  
3 of the other changes, the advisory board, what efforts are  
4 you leading to modernize the WIC system? Like one of the  
5 issues was making sure that benefits get to children and  
6 families in an efficient way using modern technology. So  
7 what steps are we taking to get there?

8           ACTING SECRETARY KLINEPETER: Absolutely.

9           So we are in -- we've already moved WIC to  
10 an EBT capability that is chip based. So there's a card  
11 instead of having a physical check at this time.

12           We're also looking into moving WIC to being  
13 a full online service so that it's even more readily  
14 available for women, infant, and children. There are some  
15 constraints to that, though, based on broadband  
16 availability in communities. And so we're in the process  
17 of assessing right now if that's going to be the best move  
18 for the program. And we anticipate that in the course of  
19 the coming year, once we have the new director on board, we  
20 have the advisory committee, we're able to get their input,  
21 that we'll be able to make the final decision about whether  
22 that's the right step for the program.

23           REPRESENTATIVE BULLOCK: Great. Thank you.

24 I think that would be a great step forward. And I look  
25 forward to seeing how that rolls out and assists our

1 families.

2 Can you tell me where we are as far as  
3 enrollment? Is it a program that's underutilized? What  
4 efforts are we implementing to increase enrollment, to  
5 bring more families into the process? And maybe, how was  
6 that impacted by the pandemic?

7 ACTING SECRETARY KLINEPETER: Absolutely.

8 So Pennsylvania actually has the seventh  
9 highest rate of enrollment in the nation. So we are a  
10 top 10 program. But nonetheless, we're really focused on  
11 the participation numbers.

12 So in January, we had 155,196 participants.  
13 That is a relatively stable number in the last quarter.  
14 But overall, we're really focused on increasing that  
15 participation. We do that by working with our local  
16 agencies so that they have strong communications plans that  
17 are relevant to the local community, as well as, you know,  
18 Dr. Johnson and I certainly try to be a champion for the  
19 program publicly.

20 REPRESENTATIVE BULLOCK: What's the  
21 difference between participation and enrollment, as a  
22 definition?

23 ACTING SECRETARY KLINEPETER: Sure.  
24 Enrollment is individuals who have active -- who have  
25 signed up for the benefit, but participants are people who

1 within the last 30 days have actually used the benefit that  
2 is available to them, and we have that digital record of  
3 them using their chip.

4 REPRESENTATIVE BULLOCK: What are the  
5 barriers that you've identified to participation?

6 ACTING SECRETARY KLINEPETER: Yeah. I think  
7 one of the big ones is stigma. And so often -- that's why  
8 we were very proud of moving to this online system that  
9 doesn't have, you know, this kind of archaic, you know,  
10 cutout check, but instead it looks much more like a credit  
11 card.

12 And so we're really trying to encourage  
13 folks that this has been an incredible two years for  
14 Pennsylvanians. You know, folks have seen challenges that  
15 they've never seen before. If this is something that is  
16 appropriate for your family, the most important thing is  
17 having the right food and nutrition for yourself and your  
18 children, and we strongly encourage people to take  
19 advantage of this resource.

20 REPRESENTATIVE BULLOCK: I think that's a  
21 great tool and resource for those families, so I appreciate  
22 you working with the Pennsylvania Legislative Black Caucus  
23 to make sure we're working with trusted community partners  
24 to get those resources out, but also listening to the  
25 stakeholders and getting the WIC program into a space where



1 it's more user-friendly and accessible to those families  
2 much in need.

3 Thank you very much for answering those  
4 questions.

5 ACTING SECRETARY KLINEPETER: Thanks, Rep  
6 Bullock.

7 MAJORITY CHAIRMAN SAYLOR: Our next  
8 questioner is Representative Johnathan Hershey.

9 REPRESENTATIVE HERSHEY: Thank you,  
10 Chairman.

11 And thank you all for being here this  
12 morning.

13 My question is for Secretary Klinepeter as  
14 well. And I'm going to follow up on my colleague from  
15 Adams County briefly, and then launch into a little bit of  
16 a different issue.

17 But I'm curious about these COVID  
18 commercials, the vaccine commercials that we've been  
19 seeing. And I've had a lot of constituents ask me about  
20 this as well with the idea being that if people are going  
21 to get vaccinated with 95 percent of Pennsylvanians  
22 receiving at least one dose, why we are still spending  
23 money on these commercials when people have made that  
24 decision by this point?

25 So I'm curious, do you believe that that is

1 the best way to promote the vaccines and whether there's a  
2 better way to target this outreach to communities that have  
3 lower rates of vaccination?

4 ACTING SECRETARY KLINEPETER: Yeah,  
5 absolutely. That's a great question.

6 So what we have seen so far -- and DCED  
7 really has been an extraordinary champion for this, along  
8 with Dr. Johnson. And so I don't have the data at my  
9 fingertips, but I've gotten presentations from them before  
10 about the impact that paid media campaigns have actually  
11 had on direct actions that Pennsylvanians have shown.

12 We can certainly follow up with your office  
13 with those details, or if you have yet to speak with DCED,  
14 perhaps ask them about it. But we know that those targeted  
15 ads are effective at increasing vaccination rates among  
16 Pennsylvanians.

17 We also have broadened the most recent  
18 campaign to be around vaccination, masking, and testing.  
19 And so we're really moving into this next phase of the  
20 pandemic that focuses on broader public health messaging.

21 So, yes, the vaccine and boosters are the  
22 most effective tool you can use to protect yourself and  
23 your family, but in some instances, masking is still  
24 appropriate and testing is always appropriate if you're not  
25 feeling well.

1 REPRESENTATIVE HERSHEY: Okay.

2 And then changing subjects quickly, I want  
3 to talk about the biotech research line elimination because  
4 we were very pleased to see, as a committee, that things  
5 like diabetes, cancer institutes, lupus, some of these  
6 other lines for research were added back in. And Secretary  
7 Beam actually said that she did recognize last year a  
8 pattern of these lines being eliminated, then later being  
9 added back in. And I know we've talked about that at  
10 length.

11 So I'm curious why biotech was specifically  
12 targeted for elimination?

13 ACTING SECRETARY KLINEPETER: Yeah. So I  
14 think generally those are lines that are certainly a  
15 starting place for the discussion. You know, the  
16 Governor's budget is a proposal. And if that's an area  
17 that you and your constituents are particularly interested  
18 in, we would be glad to better understand that need. And  
19 work with you to, you know, see if we can include it.

20 REPRESENTATIVE HERSHEY: Okay.

21 And again, we're happy to see that some of  
22 the other lines are level-funded because these are targeted  
23 investments that we can make as Commonwealth --

24 ACTING SECRETARY KLINEPETER: Absolutely.

25 REPRESENTATIVE HERSHEY: -- in some of these

1 programs.

2                   And going back to that vaccine promotion for  
3 a minute, you know, we're wondering if some of that money  
4 can't be better spent in some of these lines that are  
5 targeted investments when, again, people have made that  
6 decision whether they want to be vaccinated or not.

7                   ACTING SECRETARY KLINEPETER: Yeah.

8                   So let me be clear, though, the dollars that  
9 we are spending on the advertisements, those are federal  
10 dollars that are given to the department for very specific  
11 reasons. So we can't take those dollars that are being  
12 used to pay for campaigns related to vaccination or  
13 otherwise, and reapportion them to biotech or something  
14 else. So that is not a capability that we have.

15                   So I just want to be really specific that we  
16 can't just, like, move those dollars around.

17                   REPRESENTATIVE HERSHEY: Sure. And I  
18 appreciate that clarification.

19                   And certainly, we will probably be  
20 advocating for bringing that biotech line back on board.

21                   So thank you for your time.

22                   Thank you, Chairman.

23                   ACTING SECRETARY KLINEPETER: Thank you,  
24 sir.

25                   MAJORITY CHAIRMAN SAYLOR: Our next

1 questioner is Representative Stephen Kinsey.

2                   REPRESENTATIVE KINSEY: Thank you, Mr.  
3 Chairman.

4                   And thank you, Secretaries and your staff,  
5 for being here this morning.

6                   Madam Secretary, I want to talk about safe  
7 staffing, and in particular, I want to talk about hospitals  
8 first, and then I'll talk about in other facilities as  
9 well.

10                   But my office has been flooded by nurses who  
11 have been advocating for minimum safe staffing standards,  
12 known as the safe staffing ratio. And this is primary, not  
13 just in bedside, but throughout the hospital settings.

14                   Studies have known that these ratios in  
15 hospitals save lives, reduce errors, decrease  
16 complications, recruit nurses back to bedside, and improve  
17 patient satisfaction while also reducing nurse fatigue and  
18 burnout. We notice that other industries such a day care  
19 centers, schools, drug and alcohol facilities have minimum  
20 standards set by the Commonwealth, but yet, there are no  
21 minimum safety standards at the moment for the hospital.

22                   It's my understanding that your department  
23 has been discussing or looking into hospital regulations.  
24 Can you give an update as to what has taken place thus far  
25 within your department?



1 you know, the regulatory process is a very long and  
2 deliberative one. And so while we're moving through that  
3 deliberative process, that hasn't stopped us from engaging  
4 frontline health care workers or supporting them more  
5 directly in the immediate.

6           So a couple of things that we've done,  
7 first, we were very supportive of House Bill 253 that  
8 passed and provided \$250 million at the end of January for  
9 our heroic frontline health care workers, including our EMS  
10 workers.

11           And then we've been working very  
12 diligently -- every other week we have meetings with every  
13 hospital who wants to participate and EMS providers, where  
14 we've worked to help them -- through the course of the  
15 Omicron surge -- figure out how to load balance across  
16 their facilities, share best practices, and overall try to  
17 improve morale among the frontline staff.

18           And so those are a couple of the immediate  
19 things that we're doing to support our frontline health  
20 care workers as the deliberative process unfolds.

21           REPRESENTATIVE KINSEY: Great. Thank you.

22           I want to jump to another topic. And this  
23 is the health care workers.

24           You know, I come from a background of  
25 working with people with intellectual disabilities. I

1 represent the City of Philadelphia. And one of the things  
2 that we've seen over the course of time -- and this is even  
3 prior to the pandemic, but has been -- we've seen it in  
4 greater detail with the pandemic, and that is the lack of  
5 getting individuals to work in the health care industry.  
6 And one of the issues that I also understand is that there  
7 are folks who have gone on to college, they've incurred  
8 student loan, and there's -- if I'm not mistaken -- an  
9 opportunity to get a loan forgiveness.

10 Is that operated through the Department of  
11 Health or does that come through PASSHE or...

12 ACTING SECRETARY KLINEPETER: Yeah.

13 So first, I just want to say that I share  
14 your passion for this. My mom is a psychiatric nurse  
15 practitioner. She spent 20 years teaching nursing at Penn  
16 State. And so the health care pipeline is in my blood, in  
17 my family, and I also really care deeply about it, as I  
18 know Dr. Johnson and the whole department do too.

19 So there's a couple different mechanisms for  
20 loan forgiveness programs. And House Bill 253, as you  
21 know, there was an additional, I believe it was \$30 million  
22 that were added for nurse loan repayment programs. But the  
23 Department of Health also effectuates a standing loan  
24 forgiveness program. Those loan forgiveness grants are  
25 awarded to primary care medical providers, mental health



1 providers, and dental health care providers.

2           Year over year, we're able to provide  
3 about -- awards to about 25 percent of those applicants.  
4 The main reason we don't award more is we don't have  
5 sufficient funds to support them.

6           And over the course of COVID, we've had 205  
7 applicants. The two RAFs before COVID, we had 211 and 226  
8 applicants, respectively.

9           REPRESENTATIVE KINSEY: That's impressive.  
10 So I appreciate you sharing that.

11           I'm going to close out -- I know that my  
12 time is ending -- I'm going to close out and switch by  
13 making a statement.

14           My colleague, Representative Bullock, in her  
15 conversation with you talked about the WIC contract. I  
16 just want to share my concern with how we are contracting  
17 out.

18           Sickle Cell Association, we had  
19 Philadelphia, Pittsburgh, Erie, and Harrisburg, and that  
20 contract was sent out to an organization that's not from  
21 this state. And it just brought up great concern for me  
22 and some of the members, especially in Philadelphia, when  
23 we had a black organization that was doing the work in that  
24 community and they lost a contract. And now that company  
25 might be going out of business. So I hope that we can

1 revisit and have a conversation with getting Sickle Cell  
2 Association of Philadelphia back into the loop because  
3 they're doing great work serving the people there.

4 Thank you very much.

5 ACTING SECRETARY KLINEPETER: Thanks, sir.

6 MAJORITY CHAIRMAN SAYLOR: Our next  
7 questioner is Representative Lou Schmitt.

8 REPRESENTATIVE SCHMITT: Thank you, Mr.  
9 Chairman.

10 And good morning to everybody.

11 ACTING SECRETARY KLINEPETER: Good morning.

12 REPRESENTATIVE SCHMITT: This is for  
13 Secretary Klinepeter.

14 When I found out that the Governor's budget  
15 proposal proposed a new \$5 million appropriation to the  
16 Department of Health for gene therapy research, I was  
17 pretty excited about that and intrigued and interested.  
18 You hear all kinds of things about gene therapy research  
19 and it apparently holds great promise for improving the  
20 human condition. And I saw there's a \$5 million request  
21 for an appropriation. I'm going to find out what this is  
22 all about.

23 So I went through and I read through your  
24 materials that you submitted, got to the end, and I  
25 thought, "I must have missed it. So maybe I'll go back and

1 read it a second time." So I went back and read it a  
2 second time, looking for the gene therapy research  
3 language. And I got to the end again and I thought, "Well,  
4 maybe they didn't put it in there. It's \$5 million, there  
5 should be something in there." So I went back a third time  
6 and I got to page 145 and this is what I found: "This  
7 appropriation provides funding for gene and immunotherapy  
8 research to develop targeted cancer therapies and position  
9 Pennsylvania as an international leader in this growing  
10 area of pioneering research," period. That was all that I  
11 could possibly find that was related to this.

12 Now that's 28 words. That's \$178,571.43 per  
13 word. That's got to be some of the most expensive wording  
14 in any budget request in history. I mean, for \$5 million,  
15 could have thrown in some punctuation, a semicolon -- I'm  
16 not asking for anything fancy. I would have taken a comma.  
17 I mean, throw us a bone, give us something here.

18 Please tell me that there's more to  
19 this \$5 million request than that 28 words. I mean, we  
20 have to go back to the taxpayers and answer to them. What  
21 will the people of Pennsylvania, the hardworking taxpayers  
22 of Pennsylvania, get for their \$5 million in tax money?

23 I mean, tell me that you've got more to this  
24 than one sentence.

25 ACTING SECRETARY KLINEPETER: Thank you for

1 the question, sir.

2 So the Governor has prioritized gene therapy  
3 as an emerging area, as you noted. And I think this is an  
4 opportunity for us to engage the legislature, as well as  
5 the premier academic medical centers that we have in  
6 Pennsylvania, to determine what the best path forward is to  
7 spend these dollars.

8 And so I'd love to have a further discussion  
9 with you about what you think the priorities should be  
10 within that \$5 million bucket and how we can most prudently  
11 use Pennsylvania taxpayer dollars.

12 REPRESENTATIVE SCHMITT: Well, I'm not the  
13 one that's here asking for the \$5 million; you are. So I  
14 would like you to tell us what this is.

15 ACTING SECRETARY KLINEPETER: It is an  
16 opportunity for us to make a strategic investment in an  
17 important area in health care.

18 REPRESENTATIVE SCHMITT: And how is that  
19 going to work?

20 ACTING SECRETARY KLINEPETER: The department  
21 looks forward to continuing to solidify what the \$5 million  
22 can be used for to make an important investment in gene  
23 therapy which benefits patients who have debilitating  
24 diseases like cancer.

25 REPRESENTATIVE SCHMITT: Don't you think you

1 ought to solidify what it is before you come in and ask us  
2 for \$5 million?

3 ACTING SECRETARY KLINEPETER: It's a  
4 collaborative process, sir.

5 REPRESENTATIVE SCHMITT: Not with us, it's  
6 not. We need to know what you want and how it's going to  
7 be used. We have to explain ourselves to the taxpayers. I  
8 don't know what this is. I have no idea. And we're going  
9 to do something to solidify it down the road? That's not  
10 acceptable.

11 Any response?

12 ACTING SECRETARY KLINEPETER: No, sir. I  
13 think I've said my piece.

14 REPRESENTATIVE SCHMITT: No further  
15 questions.

16 MAJORITY CHAIRMAN SAYLOR: Representative  
17 Kinkead.

18 REPRESENTATIVE KINKEAD: Thank you, Mr.  
19 Chairman.

20 Thank you, Secretaries, for being here  
21 today.

22 I first want to start with a conversation  
23 with DDAP about what -- so the Governor had implemented an  
24 emergency order around opioids, and because of recent  
25 constitutional amendments, his order has expired.

1                   What impact has that had on our ability to  
2 respond to the opioid crisis?

3                   SECRETARY SMITH: Yeah. Thanks for that  
4 question, and I'll try to keep it as brief as I can so that  
5 you have the opportunity to ask more.

6                   So the end of the disaster declaration did  
7 bring the end to what we had referred to as the Opioid  
8 Command Center. It was a group of about 17 agencies or  
9 entities that we brought together each week to specifically  
10 address the opioid crisis.

11                   As you pointed out, it was, again, out of  
12 our control in terms of the end of disaster declaration.  
13 So we decided to use this as an opportunity to shift course  
14 slightly. And that course shift allowed us to expand the  
15 scope of our work beyond just opioids.

16                   And so shifting away from the Opioid Command  
17 Center, we formed what we call the Interagency Substance  
18 Use Response Team. Still the same group of agencies  
19 involved in those discussions, but a more short-term,  
20 action-oriented focus for that group. And the scope is now  
21 beyond just opioids.

22                   As you and many of your colleagues know,  
23 opioids aren't the primary substance of concern in some  
24 geographic areas of Pennsylvania. For example, in the  
25 northeast, methamphetamines are a huge concern.

1           So shifting the focus from opioids allowed  
2 us to broaden that focus a little bit, think more  
3 thoughtfully about the trends that we're seeing and the  
4 ways that we are more immediately addressing the needs.

5           Very quickly to follow up on that, some  
6 people say, "Okay, well, if you shifted to a short-term  
7 focus, what about the long-term focus?"

8           At the same time that we shifted to the  
9 response team strategy, we were also formulating, within  
10 the Administration, what we call the Behavioral Health Task  
11 Force, which is a group of agencies focused on long-term  
12 planning and visioning around behavioral health more  
13 broadly. And so there is a component of that Behavioral  
14 Health Task Force focused on substance use disorder that  
15 has more long-term, system-wide impact planning activities.

16           REPRESENTATIVE KINKEAD: Does the end of the  
17 emergency declaration have any impact on your funding and  
18 your ability to respond to it, to the opioid crisis or to  
19 any of this?

20           SECRETARY SMITH: From a funding  
21 perspective, the majority of our department's funding comes  
22 from the federal government through either the Block Grant  
23 or discretionary funds. So those funding streams are not  
24 tied to a state disaster declaration. So fortunately, the  
25 funding was still available to us from the federal

1 government.

2 REPRESENTATIVE KINKEAD: Okay. Thank you.

3 Turning to the Department of Health, I have  
4 a really concerning story that -- I lost one of my  
5 constituents in a really unfortunate way.

6 She went into the hospital for, really, a  
7 routine surgery that required her to go to a nursing home  
8 facility for rehab. While she was there, she ended up  
9 being cut off from all contact with her family. There was  
10 a COVID outbreak in the nursing facility. She ended up  
11 being readmitted to the hospital with severe dehydration,  
12 sores in her mouth and throat. She couldn't eat anything  
13 but ice cream and sherbet.

14 And at no point in time in the five weeks  
15 that she was in this nursing home facility did she actually  
16 receive the rehabilitative care that she was there for.  
17 And she ended up passing away in a circumstance that I  
18 think was wholly preventable, had she actually gotten the  
19 care that she needed. She ended up contracting COVID  
20 despite being fully vaccinated.

21 And I'm wondering what your department is  
22 doing in order to make sure that we are actually providing  
23 bedside care and making sure that when people enter these  
24 facilities, they're receiving the care that we are  
25 supposedly paying for.



1                   ACTING SECRETARY KLINEPETER: Absolutely.

2                   So if I could first just offer that I'm so  
3 sorry to hear about the loss of your constituent. Every  
4 loss of life, particularly related to COVID, is tragic, but  
5 that is a particularly poignant story, and I'm sincerely  
6 sorry to hear about that loss.

7                   So the Department of Health, as you know,  
8 doesn't run nursing homes; we regulate them. And so we do  
9 have a variety of different mechanisms by which we oversee  
10 the facilities. Some of that is routine surveys that we  
11 provide.

12                   And I'm happy to turn it over to EDS Blank  
13 to provide you some of the statistics, if you'd like, for  
14 this year.

15                   But every nursing home has two surveys a  
16 year. One is announced, one is unannounced. And then  
17 every time we get a complaint, we go in physically to the  
18 facility and we investigate that specific complaint.

19                   And so if there is ever an instance where an  
20 individual is not receiving the care that they deserve and  
21 that we absolutely demand of them, you can file a complaint  
22 with the Department of Health, it can be anonymous, and we  
23 go in and investigate. We get thousands of these a year,  
24 and we do follow up on every single one of them.

25                   REPRESENTATIVE KINKEAD: Thank you.

1                   Mr. Chairman, I see my time has expired, but  
2 may I have time for just one more question?

3                   (Inaudible.)

4                   REPRESENTATIVE KINKEAD: Thank you.

5                   Talking about how you oversee nursing  
6 facilities, can you talk about what the department is doing  
7 to ensure that staff levels are trained for mental health  
8 and addiction treatment, as we're seeing nursing facilities  
9 be required to do a lot more than just, you know, what they  
10 have traditionally done?

11                   ACTING SECRETARY KLINEPETER: Yeah. So I  
12 think that's an excellent question. And it goes to really  
13 thinking about what this next phase of the pandemic and  
14 eventually, you know, down the road, what type of care is  
15 going to be required of Pennsylvanians. And I think your  
16 point is really an astute one that a lot of times  
17 individuals who go into skilled rehabilitation need  
18 different types of psychiatric or drug treatment.

19                   And right now, we're really focused on just  
20 increasing the overall staffing ratio. We have proposed  
21 regulations out that would increase the staffing ratio to  
22 four-to-one. As you know, the Biden Administration just  
23 announced they're going to be moving in this direction.

24                   But I think you bring up a good point that  
25 I'd love to take back to the team and talk with them about;

1 how can we be thinking about the training of the workforce  
2 for more holistic care to some of our most vulnerable  
3 Pennsylvanians?

4 REPRESENTATIVE KINKEAD: Thank you. I  
5 appreciate it.

6 Thank you, Mr. Chairman.

7 MAJORITY CHAIRMAN SAYLOR: Next is  
8 Representative Clint Owlett.

9 REPRESENTATIVE OWLETT: Thank you, Mr.  
10 Chairman.

11 And that was a great segue into my  
12 questions. In light of this new announcement from CMS,  
13 that they're going to look at the staffing ratios for our  
14 long-term care facilities, can we expect you to withdraw  
15 your proposal to change that here in Pennsylvania?

16 ACTING SECRETARY KLINEPETER: Thanks. I  
17 appreciate the question.

18 So we are not planning on withdrawing our  
19 proposal at this time. The federal government is going to  
20 take a year to study what the proposed staffing ratios they  
21 would like to propose. We're not quite sure what that's  
22 going to be, but we're in the process of working with our  
23 legal team right now so that our regulatory language would  
24 reflect any necessary updates based on the feds.

25 REPRESENTATIVE OWLETT: Okay.

1                   In light of that, I have a few questions,  
2 and a few of my colleagues do as well, about the proposal  
3 that you have.

4                   And on page 22 and 23 of the hearing  
5 materials that have been provided to us, which show your  
6 request for the quality assurance, an increase of six  
7 positions, and that includes \$234,000 for the personal  
8 long-term care regulations. These increases are  
9 interesting because on page 7 and 8 of the regulatory  
10 analysis that was provided during the IRRC process -- and  
11 I'll quote here. It says, "The Department of Health does  
12 not expect there to be any increase in cost associated with  
13 this responsibility to license and survey long-term care  
14 nursing facilities. Rather, the proposed amendment will  
15 result in a streamlined licensing and inspection process  
16 for both the department and long-term care facilities."

17                   So my question is this: If back when you  
18 did this and this proposal, you see streamlining happening,  
19 why is there an increase in this line item instead of a  
20 decrease from back in July?

21                   ACTING SECRETARY KLINEPETER: Yeah.

22                   So the Department of Health put in a request  
23 for an increased number of surveyors to do the type of  
24 surveys that Representative Kinkead was just talking about.

25                   I'm going to defer to EDS Blank or CFO Race

1 for details on that specific line item.

2 EXECUTIVE DEPUTY SECRETARY BLANK: Yeah.

3 Thanks, Representative.

4 And so when it comes to the additional staff  
5 complement to our quality assurance deputies, specific to  
6 these long-term care regulations, as you're aware, we are  
7 proposing these regulations in packages. So the first two  
8 that were proposed -- and we received public comment on --  
9 included those RAFs. And for those specific updates, there  
10 was no increase that you noted.

11 However, the third package which we just  
12 delivered to IRRC and the standing committees that  
13 yesterday, which will be available for public comment very  
14 shortly, does have some changes to the regulations. And if  
15 they were accepted, we would want to see those complement  
16 positions added to really help the department understand  
17 better change of ownership and really dig into some of the  
18 financials of nursing home operators in the state. And  
19 that's really mirrored in the Biden plan as well, of trying  
20 to make sure that whoever is operating these facilities is  
21 doing so prudently and with, you know, patient safety in  
22 mind and less so with profits in mind.

23 And so that's where those additional  
24 complement positions --

25 REPRESENTATIVE OWLETT: Well, I guess that's

1 my question. What happened from July to now? That's  
2 the -- why was that not in the July report?

3 ACTING SECRETARY KLINEPETER: Yeah, so I can  
4 speak to that.

5 So I think as we have gone through the,  
6 again, deliberative regulatory process and we've received  
7 feedback from stakeholders, we really identified change of  
8 ownership as an area that we want to focus on.

9 I was really excited to see that the Biden  
10 Administration is going to come out with this national  
11 database of private equity owners. We know in Pennsylvania  
12 that facilities that are owned by private equity have worse  
13 quality scores for patients and more complaints.

14 And so this is an area that, you know --  
15 it's an emerging area. I think nationally there's a lot of  
16 attention here, and we want to prioritize it.

17 REPRESENTATIVE OWLETT: Let's talk about  
18 some of the numbers, and really the increase in the amount  
19 of hours and staffing from 2.7 to 4.1 per day, which would  
20 make Pennsylvania on the highest end of this. It seems  
21 that we're farming a lot of this work out to DHS, and we'll  
22 certainly talk about that with DHS when they come in here.

23 But my question is this: Is it still your  
24 position that it's going to cost around \$386 million per  
25 year, as it says on page 6 in the RAF?

1           ACTING SECRETARY KLINEPETER: So I think we  
2 are anticipating that the cost will certainly be  
3 significant. I also think generally you can't put a price  
4 on the safety of residents.

5           REPRESENTATIVE OWLETT: Well, I totally  
6 agree with that.

7           ACTING SECRETARY KLINEPETER: Yeah.

8           REPRESENTATIVE OWLETT: But we're in a  
9 budget hearing --

10          ACTING SECRETARY KLINEPETER: Sure.

11          REPRESENTATIVE OWLETT: -- so we're trying  
12 to look at the numbers. So I'm just curious --

13          ACTING SECRETARY KLINEPETER: Yeah. So --

14          REPRESENTATIVE OWLETT: -- I mean, looking  
15 at the -- I mean, these numbers that you were using, the  
16 \$386 million, correct me if I'm wrong, but that was, you  
17 were using data from January 2020, right?

18          ACTING SECRETARY KLINEPETER: Yeah. And I  
19 think we have an updated number, if I can hand it off to  
20 CFO Race.

21          REPRESENTATIVE OWLETT: So if it was data  
22 from January 2020, we have seen incredible amounts of  
23 inflation all across the board in everything, wages and --  
24 I mean, it's unbelievable what we've seen in a couple of  
25 years here.

1                   So I guess what I would love to know is what  
2 is the new number? And what is the new number that this is  
3 going to cost, so that as we go through the budgeting  
4 process -- I mean, this is a regulation that you're  
5 proposing. We need to know that.

6                   ACTING SECRETARY KLINEPETER: Yeah.

7                   REPRESENTATIVE OWLETT: And our long-term  
8 care facilities, because I'm not sure that all of it is  
9 going to be covered. So we need to make sure that we are  
10 prepared for this.

11                   So what is the, given the new data --

12                   ACTING SECRETARY KLINEPETER: Yeah.

13                   REPRESENTATIVE OWLETT: -- and this will be  
14 my last question -- given the new data that's out there,  
15 what is the cost?

16                   MS. RACE: Thank you for the question.

17                   So as Executive Dep Secretary Blank noted,  
18 we are working on the next revision of the regulations and  
19 we have updated all the fiscals, and of course, that  
20 includes collaboration with other departments. So you will  
21 see a new revised number that would have some  
22 considerations for the inflationary factors, especially  
23 around staffing wages.

24                   I don't have that detail with me today, but  
25 we'll definitely keep it on our list for follow up when



1 it's complete.

2 REPRESENTATIVE OWLETT: When do we think  
3 that's going to happen?

4 MS. RACE: I would think it's very soon,  
5 within the --

6 REPRESENTATIVE OWLETT: As in like a week, a  
7 month?

8 MS. RACE: -- coming weeks.

9 Yes, I do believe it will be weeks.

10 REPRESENTATIVE OWLETT: So you don't know  
11 what it is --

12 MS. RACE: I don't have it with me.

13 REPRESENTATIVE OWLETT: Could you call  
14 somebody and get back with us today? I mean, that would be  
15 wonderful, if we could have that today.

16 MS. RACE: I can check on --

17 REPRESENTATIVE OWLETT: I mean, I think you  
18 probably know what it is, if it's going to go out in a  
19 week. Somebody at that table knows what that number is.  
20 It's a big number. We would like to know what that is, if  
21 possible.

22 MS. RACE: I can take that back.

23 REPRESENTATIVE OWLETT: And sometimes we  
24 don't get answers back, but if you could, please prioritize  
25 that. That would be great.

1 Thank you, Mr. Chairman.

2 (Interruption.)

3 MAJORITY CHAIRMAN SAYLOR: So we'll --  
4 again, speak closer to the mics if you would, please.

5 Our next questioner --

6 And by the way, if you would direct that to  
7 Representative Bradford and Representative -- myself, to  
8 get that answer for those questions.

9 ACTING SECRETARY KLINEPETER: We will, sir.

10 MAJORITY CHAIRMAN SAYLOR: Very good.

11 Our next questioner is Representative  
12 Guzman -- or I'm sorry, Representative Sanchez.

13 REPRESENTATIVE SANCHEZ: Thank you, Mr.  
14 Chairman.

15 Good morning, Madam Secretaries and the  
16 entire team, and thank you for being here today.

17 My first question is for the Department of  
18 Health.

19 As you, I'm sure, are aware, the Centers for  
20 Disease Control and the Agency for Toxic Substances and  
21 Disease Registry is conducting a multisite PFAS study down  
22 in my neck of the woods which is Abington Township, but  
23 also the area surrounding the former Willow Grove Air Base  
24 for, which has contaminated the aquifer with these PFAS,  
25 forever chemicals, and have filtered into surrounding

1 townships -- Horsham, Upper Dublin, Abington again.

2           Could you -- would you care to comment on  
3 that study? And I know the Department of Health has been  
4 instrumental in helping us execute that.

5           ACTING SECRETARY KLINEPETER: Yeah. I  
6 appreciate that very much, sir.

7           So the department is working with the  
8 Research Triangle Institute International in administering  
9 a national health study involving PFAS exposure. We're  
10 also partnering with Temple and Brown Universities in this  
11 study, which as you noted, is being funded by the CDC and  
12 ATSDR.

13           The study is specifically examining the  
14 health of residents exposed to PFAS through their drinking  
15 water. It's a multisite study that will collect  
16 information on health conditions, including autoimmune  
17 diseases, cancer, and more.

18           I'm happy to turn it over to EDS Blank, if  
19 you have anything else you'd like to add.

20           EXECUTIVE DEPUTY SECRETARY BLANK: Yeah.

21           I think we've seen great progress so far to  
22 date. And we're recruiting families at the moment to  
23 participate in this study in those jurisdictions that  
24 Acting Secretary Klinepeter mentioned.

25           The study does have, the partners, the RTI

1 and others, have a robust website kind of giving those  
2 updates in real time. So I'm happy to share that link with  
3 you and your staff if you'd like to kind of follow up on  
4 how that study is progressing.

5 I will say that we're pleased that CDC and  
6 the federal government have kind of looked to Pennsylvania  
7 to take a lead in this space and really work across the  
8 nation on such a critical environmental health issue.

9 REPRESENTATIVE SANCHEZ: And I thank you for  
10 that.

11 And we have been promoting it, so we have  
12 the website, but hopefully you can promote that out to many  
13 other offices in the area.

14 And I, myself, look forward to -- you know,  
15 having drank the water my entire life in that region, I  
16 look forward to also getting tested and maybe having my  
17 children tested to see if any of that is accumulating.

18 And relevant to the same topic, the  
19 Department of Environmental Protection is, now has a  
20 comment period for regulations on setting the maximum  
21 contaminant limit in Pennsylvania, potentially setting  
22 that. So this would certainly be informative for that.

23 If I can shift direction for now to -- I had  
24 the opportunity yesterday with the Department of  
25 Agriculture to discuss the Farm Show and their success in

1 pulling that off in what hopefully is the tail end, or  
2 toward the end, of a global pandemic.

3           And it came to light that the Department of  
4 Health was instrumental in helping them plan and prepare  
5 for this. So would you care to comment on those efforts  
6 and what was done to make that a success?

7           ACTING SECRETARY KLINEPETER: Sure.

8           So we're glad to partner with the Department  
9 of Agriculture every year on the Farm Show. Typically, we  
10 provide flu vaccinations. This year we provided flu and  
11 COVID vaccinations. We were successful in vaccinating  
12 hundreds of people for both the flu as well as COVID --  
13 first, second doses, and booster shots.

14           Overall, our staff were actually very  
15 excited to do the event and glad that they participated.

16           REPRESENTATIVE SANCHEZ: And on yet another  
17 topic, I know Representative Kinsey addressed this, I'm  
18 sure others will, but I appreciate any efforts in the  
19 department in the recruitment and retention of nurses and  
20 those others in the health care profession.

21           You know, we've seen many troubles with  
22 them, obviously, in keeping those folks in place.  
23 Literally, the backbone of our health systems. So anything  
24 you can do in that regard to continue, you know, would be  
25 most appreciated.



1 sir.

2 MAJORITY CHAIRMAN SAYLOR: Our next  
3 questioner is Representative James Struzzi.

4 REPRESENTATIVE STRUZZI: Good morning.  
5 Thank you for being here.

6 ACTING SECRETARY KLINEPETER: Good morning,  
7 sir.

8 REPRESENTATIVE STRUZZI: I would like to  
9 continue the line of questioning along the long-term care  
10 regulations. I understand, you know, you're going to get  
11 us a number, but, you know, that \$386 million most likely  
12 has increased in the past two years.

13 And I want to be clear that we are all --  
14 you know, we all want the best for nursing care patients  
15 and for the medical staffs on hand. But again, this is a  
16 big number and we need to really understand. At least, I  
17 want to understand, you know, how that's going to be  
18 utilized.

19 So throughout the regulatory analysis form,  
20 on page 6 you state that DHS does not have sufficient data  
21 to determine who will bear the burden of the remaining  
22 costs not covered by MA, but believes that at least some of  
23 this amount will have to be borne by the regulatory  
24 community.

25 That's concerning to me at a time when, you

1 know, workforce demands, especially in the health care  
2 industry, are not being met. Our nursing homes are  
3 stressed as it is. Can you explain what that means and who  
4 you think will then bear the burden of these additional  
5 costs?

6 ACTING SECRETARY KLINEPETER: Yeah.

7 So the department is most focused on  
8 partnering with DHS and the Governor's Office to make --  
9 ensure that the maximum amount of funding we can provide is  
10 provided.

11 So I believe in this budget, it's  
12 91.25 million. That's half the amount because it's only  
13 required for half the year since the regs won't take effect  
14 as proposed until July 1st, 2023. And so, to the extent  
15 that we need to further refine that analysis to bear the  
16 burden of it as much as possible, we're certainly  
17 interested in further analysis to determine how we can best  
18 support the industry.

19 I would also offer that we've done a  
20 tremendous amount to support the industry outside of direct  
21 costs to staffing. We have provided millions of pieces of  
22 PPE to the industry, rapid responses over the course of  
23 COVID, and more. And so, definitely sensitive to what the  
24 industry is going through. We've tried to be the best  
25 partner we can to them. And so, fundamentally, though, we



1 feel like this is best for residents.

2 REPRESENTATIVE STRUZZI: Okay.

3 And then also curious, the staffing ratio,  
4 the 4.1 -- and I understand you said that there's going to  
5 be some federal regulations coming out along those lines as  
6 well. But why 4.1? Why not, you know, 8 hours, 12 hours,  
7 24? How do you arrive at that number?

8 ACTING SECRETARY KLINEPETER: Sure.

9 Well, EDS Blank led the development of that  
10 work, so I'm happy to hand it off to him.

11 REPRESENTATIVE STRUZZI: Okay.

12 EXECUTIVE DEPUTY SECRETARY BLANK: Yeah.

13 Thanks, Acting Secretary.

14 And so, Representative, appreciate the  
15 question.

16 And so when we're looking at, you know,  
17 hours of direct resident care per day, 4.1 has been  
18 discussed in research since the early 2000s. And so that  
19 first came up in a CMS study which we, again, included in  
20 the regulations. But on top of that, there's been further  
21 research done that really points to that number.

22 Again, this is a minimum number. So four  
23 hours a day of individuals in a nursing home getting  
24 nursing care. And so we established that as the minimum.  
25 Some facilities can go above that. But that continued to

1 come out in research since that CMS study as the gold  
2 standard for really what patient safety should be. And  
3 again, I think the goal of this regulatory overhaul is  
4 really to focus on patient safety and resident safety.

5 And so that's what we're proposing, and  
6 happy to share some of those studies. I believe the  
7 proposed regulations included some of those materials, but  
8 I'm happy to follow up with additional studies and research  
9 as well, if that's helpful.

10 REPRESENTATIVE STRUZZI: Sure. That would  
11 be appreciated. Thank you.

12 And then just a little bit more on this  
13 subject. During the Department of Aging's budget hearing,  
14 we asked Secretary Torres about the cost savings that his  
15 long-term care ombudsman said these proposed regulations  
16 would achieve. We're still waiting for an answer to that  
17 question from the secretary. But he said that the  
18 4.1 minimum staffing hours that the federal government and  
19 CMS recommends were somewhat confusing, I guess, because in  
20 the RAF, you state that when updating the federal  
21 regulations in 2016, CMS declined to impose a standard  
22 minimum staffing ratio, citing insufficient information.

23 So I would assume, then, that this is an  
24 ongoing process to get to the right number. I guess the  
25 concern is that mandating these ratios can have unintended

1 consequences.

2 Any comments on that?

3 ACTING SECRETARY KLINEPETER: Well, we  
4 already have a mandated staffing ratio, I would offer. So  
5 what we're trying to do is update that ratio in light of  
6 the cataclasmic changes and events that we've seen occur  
7 during the course of COVID.

8 And so from our perspective, we are updating  
9 a regulation, which is incredibly outdated at this time.  
10 And again, if there's further comments that folks have,  
11 we're open to them during open comment period.

12 REPRESENTATIVE STRUZZI: Okay. Thank you.  
13 And I appreciate that. I see my time is almost up.

14 I'm sorry, I didn't have any questions for  
15 Secretary Smith, but I appreciate the work that you and  
16 your team do. As you know, drug addiction and mental  
17 issues are very important to me, and I want to make sure  
18 that we continue to move in the right direction.

19 So thank you both for your work and your  
20 time here today. Thank you.

21 ACTING SECRETARY KLINEPETER: Thank you,  
22 sir.

23 MAJORITY CHAIRMAN SAYLOR: Our next  
24 questioner is Peter Schweyer.

25 REPRESENTATIVE SCHWEYER: Thank you, Mr.

1 Chairman.

2                   And good morning, everyone. Thank you, both  
3 of your departments, for all of the incredible work that  
4 you do throughout our communities, throughout the  
5 Commonwealth. It's obviously been extraordinarily  
6 difficult over the last couple of years in particular. And  
7 on behalf of my constituents -- but I know I echo the  
8 sentiments of everybody up here -- thank you all for what  
9 you do.

10                   I'd like to have a conversation about our  
11 local, municipal, and countywide health bureaus.

12                   I represent the City of Allentown which is  
13 one of, I believe, five municipal health bureaus, and we  
14 have an outstanding department. And not only do they  
15 provide testing for STDs and AIDS, they do testing for --  
16 they do flu shots, they do lead paint abatement, in  
17 addition to obviously everything throughout the pandemic  
18 with vaccinations and testing.

19                   And I have a long-term concern. Whereas,  
20 it's great that other counties and other areas of the  
21 Commonwealth are looking to do this -- because frankly, I  
22 think local health concerns are best addressed by  
23 municipalities and counties -- I'm worried that our funding  
24 is not going to keep up as more and more counties and  
25 municipalities get online.

1                   I believe the 315 money is sort of keeping  
2 up and maybe they're going to be about the same, at least  
3 all those individual counties are going to be held  
4 harmless.

5                   Can you talk about that a little bit,  
6 please?

7                   ACTING SECRETARY KLINEPETER: Absolutely.

8                   And so, first the Allentown Health  
9 Department is wonderful. They are a fantastic local health  
10 partner. The department enjoys a very collaborative  
11 working relationship with all of our local health  
12 departments, but definitely, Allentown is a great one. So  
13 I appreciate you lifting them up.

14                   So overall, the department and the Governor  
15 is proposing fully funding Act 315 this year, which would  
16 be \$6 per capita per health department. In prior years,  
17 health departments have not been fully funded. So in  
18 fiscal year '21, our local health departments received  
19 87.5 percent of their eligible reimbursement, but that  
20 number has been as low as 83.3 percent. And so overall, we  
21 agree with you, the fully funding of our local health  
22 departments is incredibly important so that they can  
23 effectuate the good mission that you just outlined. And  
24 the Wolf Administration is very supportive of fully funding  
25 them.

1                   REPRESENTATIVE SCHWEYER: So whereas it  
2 appears -- and I just kind of want to point this out for  
3 everyone maybe looking at a budget book -- it appears that  
4 that number is going up, but it's only going up because --

5                   If I'm not mistaken, Delaware County has  
6 gone online and as a result, we need to fund them. So  
7 places like Allentown, Wilkes-Barre, other areas that  
8 have -- Bethlehem -- that have local and county health  
9 departments aren't getting an increase. They're kept at  
10 the same level even though the line item is going up  
11 because more areas are going to this model. Is that  
12 correct?

13                   ACTING SECRETARY KLINEPETER: So we are  
14 proposing a slight increase because previously they were  
15 funded at 87.5 percent, which CFO Race probably has the  
16 exact number for you there. So we are proposing that  
17 slight increase, but quite frankly, they need this money.

18                   REPRESENTATIVE SCHWEYER: Yes, they do.

19                   ACTING SECRETARY KLINEPETER: I mean, if  
20 nothing has proven the value of local public health, it is  
21 certainly the pandemic. So if you have further questions  
22 about the budget, happy to turn it over to CFO Race.

23                   REPRESENTATIVE SCHWEYER: I do, because the  
24 Act 12 money is the area of concern.

25                   ACTING SECRETARY KLINEPETER: Sure.

1                   REPRESENTATIVE SCHWEYER: That is the  
2 environmental -- I want to make sure I have my notes  
3 right -- the inspections, the environmental inspections,  
4 and those sorts of things.

5                   ACTING SECRETARY KLINEPETER: Yeah.

6                   REPRESENTATIVE SCHWEYER: That has not kept  
7 pace with the addition of Delco, if I'm not mistaken. At  
8 least, in the Governor's perspective -- proposed budget.  
9 If I'm not mistaken, please correct me if I'm wrong.

10                  ACTING SECRETARY KLINEPETER: You're right.

11                  REPRESENTATIVE SCHWEYER: Okay.

12                         So the question is, as we move forward, I  
13 know other municipalities and other towns and counties are  
14 looking at this, there's more than just the 315 money that  
15 goes to fund our municipalities. Are there other line  
16 items in addition to the Act 12 money that we should be  
17 looking at as a bump as we are looking to bring more and  
18 more areas online?

19                         ACTING SECRETARY KLINEPETER: So in addition  
20 to 315 and Act 12, there's also a tremendous amount of  
21 federal dollars that the department has provided to our  
22 local health departments. Allentown has received  
23 12.6 million and change, for example. But overall, we've  
24 provided over \$244 million in COVID-19-related funds.

25                         Now, that is one-time funding, or, you know,

1 over a series of a short number of years. But those are  
2 really important dollars to make significant long-term  
3 investments in things like data infrastructure, in lab  
4 capabilities, and bringing staff online to respond to the  
5 immediate surge in cases and need.

6 REPRESENTATIVE SCHWEYER: Okay, very good.

7 I just, sort of moving forward, just as a  
8 concept, as we -- I genuinely believe we need to be  
9 encouraging more and more local municipalities to do it, to  
10 do this. Not only are there cultural sensitivity  
11 concerns -- Allentown has high Latino and Syrian  
12 populations, that's very unique to Pennsylvania.

13 But in addition, they're just the boot on  
14 the ground, the folks that are on the front lines.

15 Thank you for acknowledging the good work  
16 that Allentown does. And I have no doubt that Bethlehem,  
17 Wilkes-Barre, Philly, all the other places that have, are  
18 doing similar things. But we need to be mindful that we  
19 can't take the same pie and cut pieces smaller and smaller.  
20 As we move forward, we're going to need to continue to  
21 expand all of those line items that support them. And so  
22 just continue to put a plug in for them.

23 Mr. Chairman, thank you very much. My time  
24 is up.

25 I want to, once again, thank you all for all



1 you've down over the last couple of years. It's been an  
2 extraordinary effort. Thank you.

3 MAJORITY CHAIRMAN SAYLOR: Our next  
4 questioner is Meghan Schroeder.

5 REPRESENTATIVE SCHROEDER: Thank you,  
6 Chairman.

7 Good morning, everyone. Thanks for being  
8 here.

9 And my question is for you, Secretary  
10 Klinepeter. And it's actually about something we haven't  
11 talked about yet today, but I feel is very important,  
12 especially post-COVID, is postpartum depression and  
13 anxiety. This is a very important conversation, I think,  
14 even prior to COVID, but even more now than ever. I think  
15 a lot of women didn't take advantage of some of the  
16 services that are out there. We weren't able to reach  
17 those moms that were having babies.

18 So I guess, in this space, what are you  
19 doing with screening, new ideas about outreaching to those  
20 moms that need health?

21 ACTING SECRETARY KLINEPETER: Yeah. So I  
22 really appreciate it. I'm not sure if you know, I am 24  
23 weeks pregnant myself.

24 REPRESENTATIVE SCHROEDER: I heard.  
25 Congratulations.

1                   ACTING SECRETARY KLINEPETER: And so this is  
2 an issue near and dear to my heart at the moment, and I  
3 know for Dr. Johnson, as well, as an OB/GYN. So I  
4 appreciate you lifting up the well-being of moms.

5                   So I think one of the most important things  
6 that the department is doing is putting funding towards  
7 ensuring that those screenings are happening and that  
8 that's access to primary care in folks' communities so --  
9 I'm sorry?

10                  REPRESENTATIVE SCHROEDER: No, I was just  
11 going to say, so when you're saying screenings, do you mean  
12 the Edinburgh test or the well visits with moms going to  
13 take their kids and their babies to their checkups during  
14 the first year?

15                  ACTING SECRETARY KLINEPETER: Certainly both  
16 are very important. And I think ensuring access to both is  
17 incredibly valuable.

18                  I'm not sure if, Dr. Johnson, if you'd like  
19 the add anything, or Pete?

20                  PHYSICIAN GENERAL JOHNSON: Are you able to  
21 hear me okay?

22                  REPRESENTATIVE SCHROEDER: Yes.

23                  PHYSICIAN GENERAL JOHNSON: Great.

24                  So, yes, thank you. As Secretary Klinepeter  
25 said, we are very passionate about this issue.

1                   We know that with the Maternal Mortality  
2 Review Committee, we saw that in that postpartum time, we  
3 saw more maternal deaths as well. And so there's a real  
4 focus in that postpartum area.

5                   So besides making sure that people have  
6 access to screenings, one of the great collaborative  
7 efforts that has recently come on board is the extension of  
8 Medicaid to one year postpartum because we know that  
9 mothers struggle -- not only struggle in that six weeks,  
10 but we also saw more maternal deaths in that year  
11 postpartum.

12                   REPRESENTATIVE SCHROEDER: 42 weeks, right?  
13 That's the big window that we want to help moms?

14                   PHYSICIAN GENERAL JOHNSON: Exactly.

15                   REPRESENTATIVE SCHROEDER: But I was also  
16 trying to go more into, what are we doing outside the box?  
17 Like, how is Pennsylvania going to be a leader on this?

18                   I've talked to health care professionals  
19 across the state, there's new pilot programs that we're  
20 trying to do to talk to moms and maybe text message them  
21 when they leave the hospital with their birthing unit or  
22 the nurses there or the doulas or different creative ways  
23 that we can actually help moms. Because I feel like a lot  
24 of times we're talking about very specific, maybe, areas of  
25 the state. I just think all moms' mental health matters

1 and when we talk about these things, we have to talk as a  
2 united voice, having each other's backs as moms. And I  
3 just, I don't feel like it's always been that conversation  
4 up until maybe recently, and I just want to continue that.

5           But is there any other ways, maybe, that  
6 we're trying to offer maybe birthing, like, encourage  
7 hospitals to encouraging birthing classes to talk about  
8 mental health before baby comes, not after. Because I  
9 think a lot of parents classes talk about afterwards. But  
10 I think it's really important for partners and families to  
11 know what to look out for their moms that are going through  
12 mental health issues postpartum or miscarriages or, you  
13 know, stillbirths all those things.

14           PHYSICIAN GENERAL JOHNSON: Yes. And thank  
15 you for mentioning those. And I think all of the above.

16           There certainly are some great pilot  
17 programs that are happening across the state with using  
18 telemedicine to check in with moms immediately afterwards.  
19 We've seen those. We've also had some pilot programs  
20 around doula services, so supporting moms during pregnancy  
21 and afterwards and really looking to be able to scale up  
22 those sort of activities.

23           We also note, again, from the Maternal  
24 Mortality Review Committee report that there's a need to  
25 increase the support and identification of moms that have

1 mental health disorders during their pregnancy and  
2 afterwards. And so that is going to be one of the main  
3 focuses for implementation across the state to make sure  
4 that we are screening universally during pregnancy and  
5 afterwards, but then also, that we're providing those  
6 supports that these families need.

7 REPRESENTATIVE SCHROEDER: Okay.

8 And I think sometimes everything doesn't  
9 have to have a legislative fix or a bunch of money to be  
10 thrown into something, unless you really are thoughtful  
11 about what we're doing with it.

12 And to leave you with the well visit  
13 screenings, I think when moms are having babies and they go  
14 for their well visits, getting their shots, the last thing  
15 they're thinking about is their own mental health. They  
16 are stressed, they are not eating, sleeping. I think that  
17 there should be another place that we can actually talk to  
18 Mom. I think that's just a box check, but it's a helpful  
19 box check. But we could be doing better.

20 And I just, again, want to leave everyone  
21 with this, like, all moms' mental health matters. We  
22 should all be helping all moms. So --

23 But thank you very much for being here, and  
24 I look forward to working maybe more with your department  
25 about maybe getting out there and getting resources,

1 especially post-COVID to these moms that really didn't come  
2 forward. We saw it in the numbers.

3 ACTING SECRETARY KLINEPETER: Absolutely.

4 REPRESENTATIVE SCHROEDER: They did not come  
5 forward during COVID, that they needed help.

6 ACTING SECRETARY KLINEPETER: Absolutely.

7 PHYSICIAN GENERAL JOHNSON: Thank you.

8 REPRESENTATIVE SCHROEDER: Thank you for  
9 making that a priority.

10 ACTING SECRETARY KLINEPETER: Thank you so  
11 much.

12 REPRESENTATIVE SCHROEDER: Thank you,  
13 Chairman.

14 MAJORITY CHAIRMAN SAYLOR: Our next  
15 questioner is Representative Mullins.

16 REPRESENTATIVE MULLINS: Thank you, Mr.  
17 Chairman.

18 Madam Secretary and your team, thank you  
19 very much for being here today. It's good to see you.

20 On February 14th, the Department of Health  
21 transitioned to a new vendor for the Prescription Drug  
22 Monitoring Program, PDMP, and Representative Kosierowski,  
23 who is here by virtue in her service on the House Health  
24 Committee, but also shares Lackawanna County with me, is  
25 here. And we've been contacted by a number of local

1 pharmacists describing their difficulties and concerns with  
2 this transition.

3           As you know, the PDMD was passed by the  
4 legislature to allow physicians and pharmacists to access a  
5 database to help ensure patients are only getting their  
6 prescribed drugs, and thus, reduce the opportunity for pill  
7 shopping and for these controlled substances to end up in  
8 illicit markets.

9           I checked with these pharmacists as recently  
10 as this morning to see if things have gotten better with  
11 the backlogs and the technical issues and some out-of-date  
12 information, and unanswered technical support calls still  
13 remain.

14           And regionally, in our neck of the woods,  
15 this couldn't have come at a worse time. A local pharmacy  
16 chain was bought out. And so those patients, their  
17 patients, have nowhere really else to turn but to other  
18 local pharmacists who have to make a decision. You know,  
19 accept these new patients and dispense these serious drugs  
20 without current system information or play it safe and turn  
21 away a patient who may be in real need for pain management  
22 drugs.

23           ACTING SECRETARY KLINEPETER: Yeah.

24           REPRESENTATIVE MULLINS: So we're just  
25 wondering if the department can address this and if we can

1 do anything to support that mission, and if you've got a  
2 time line on that.

3 ACTING SECRETARY KLINEPETER: Yeah.

4 So first let me say, I'm happy, literally,  
5 later today, to get on the phone with you guys and your  
6 constituent who's still having an issue.

7 You know, when we do major system  
8 transitions like this, they're not going to go perfectly.  
9 But I think we thought we had a lot of kinks ironed out,  
10 and so I appreciate you bringing up that we don't. And we  
11 will work immediately to fix that.

12 So Dave will get with your office  
13 immediately, and we'll follow up with you and  
14 Representative Kosierowski.

15 REPRESENTATIVE MULLINS: Extremely grateful,  
16 not just for -- it wasn't like a one-off issue.

17 ACTING SECRETARY KLINEPETER: Yeah.

18 REPRESENTATIVE MULLINS: It was a number of  
19 local pharmacists which is why we wanted to elevate it and  
20 just give you that kind of up-to-date information.

21 Turning to the disease and disorder line  
22 items within the budget. These are, you know, often  
23 personal to so many of us. My father was recently  
24 diagnosed and battles ALS, Lou Gehrig's disease. And you  
25 know, I am delighted that these line items were not



1 proposed to be eliminated, but rather, as can happen from  
2 budget year to budget year, and then are ultimately  
3 negotiated back in. But rather, I'm glad to see that they  
4 were level funded, but I think we can do better. And I'm  
5 not sure that would not be something opposed by the  
6 department, and I will do my very best, both for my dad and  
7 for everyone else affected or who has family members  
8 affected by any of these very tough diseases or disorders.

9           And so speaking of something being  
10 personal -- I still have a little bit of time left here.  
11 Representative Kosierowski, you know, twice in her life,  
12 twice in her son's life, he had childhood cancer. And so I  
13 know that drives her passion and her service in so many  
14 policy areas.

15           And one specific thing, one specific action  
16 that we can take as a legislature is moving on Senate  
17 Bill 74, Senator Scott Martin's bill. And I know we're  
18 interested in doing all we can to support that here in the  
19 House. That would establish a tax credit for pediatric  
20 cancer research.

21           I'm not sure if that mission fits anywhere  
22 neatly in our annual spending plan, so I believe that  
23 there's a real good intention and possibility contained  
24 within that bill. I know it's not the department's purview  
25 to advise upon or manage state tax credits. I know there's

1 often a reluctance to take on more of those from a revenue  
2 perspective.

3           But this is a -- this would be a very  
4 worthwhile consideration, of course, of the department.  
5 I'd hope you'd be able to advise and provide comment and  
6 ultimately support. And I would hope that my colleagues  
7 would be able to do the same.

8           So not really a question, but rather putting  
9 a few of those things on your radar and letting you know  
10 what we intend to do.

11           So thank you for your service. Thanks for  
12 your time. I appreciate it.

13           ACTING SECRETARY KLINEPETER: Thank you,  
14 sir. We'll follow up with your office today.

15           REPRESENTATIVE MULLINS: Thank you.

16           REPRESENTATIVE TOPPER: The Chair thanks the  
17 gentleman and now recognizes the gentleman from Chester,  
18 Mr. Lawrence.

19           REPRESENTATIVE LAWRENCE: Thank you, Mr.  
20 Chairman.

21           I'd like to thank everyone for being here  
22 today before the committee.

23           Secretary Smith, this question is for you.  
24 I'm looking at an article from September 29th, 2021, from  
25 *Spotlight PA* entitled, "*Delayed and Denied.*" And I'm just

1 going to read a little bit of the article here for  
2 background.

3           It says, "The failure by Governor Tom Wolf's  
4 administration to clarify federal rules around addiction  
5 treatment, funding, and medical marijuana caused greater  
6 confusion and serious consequences than previously  
7 disclosed, a Spotlight PA investigation has found.

8           "On September 2019, the federal agency that  
9 pays out hundreds of millions of dollars to Pennsylvania  
10 each year to combat the addiction crisis began warning  
11 recipients not to permit, quote, 'marijuana use' for the  
12 purposes of treating substance use or mental disorders.  
13 That's particularly serious here in Pennsylvania, which is  
14 one of the few states that has enforced cannabis as a  
15 treatment option for these disorders.

16           "Rules weren't as restrictive as they might  
17 have seemed, however, and a few months ago, on January 1st,  
18 2020, federal officials sent new guidance to the Department  
19 of Drug and Alcohol Programs that said people could still  
20 use medical marijuana as long as they worked towards  
21 alternative treatment options.

22           "But for 17 months, the Wolf Administration  
23 didn't communicate these changes with local drug and  
24 alcohol offices, specifically responsible for delivering  
25 these services to Pennsylvanians."

1           The article then goes on to cite two  
2 specific examples where this 17-month delay led to some  
3 serious issues. First, it mentions in Bucks County, a  
4 local drug and alcohol office believed it wasn't allowed to  
5 fund someone's addiction treatment if they used medical  
6 marijuana for anxiety, excuse me, that understanding  
7 wrongly led to Tyler Cordeiro, a 24-year-old Bucks County  
8 man, to be denied funding assistance since September 2020.  
9 He died of an overdose a few weeks later.

10           In Chester County, uncertainty over the  
11 rules led officials to avoid a grant program aimed at  
12 expanding and improving initiatives that provide  
13 alternatives to jail, potentially costing the county  
14 several hundred thousand dollars.

15           DDAP had guidance that would have clearly  
16 shown that Chester County was eligible as long as it  
17 encouraged medical marijuana patients to explore  
18 alternatives as well. But DDAP, your department, did not  
19 share the January 2020 federal clarification until late  
20 May, early June 2021, a commission spokesperson said. This  
21 led to incorrect guidance being provided to Chester County,  
22 which as a result, never received or even applied for this  
23 funding.

24           So I want to know why DDAP sat on this  
25 federal guidance for 17 months and didn't share it with

1 other state and county agencies.

2           SECRETARY SMITH: Thank you for asking that  
3 question and for giving me the opportunity to set the  
4 record straight based on, perhaps, some inaccuracies or  
5 misleading by reporting by *Spotlight PA*.

6           So let me lay out the situation for you. In  
7 terms of -- federal government requirements around this  
8 issue were issued under the Trump Administration in  
9 November, December of 2019. And at that time, they added  
10 language into all of their grant agreements, including our  
11 Block Grant as well as all of the discretionary grants that  
12 we receive that prohibited providers from allowing the use  
13 of medical marijuana to treat any behavioral health  
14 conditions. So if they wanted to receive federal funding,  
15 they could not allow the treatment to continue for medical  
16 marijuana usage for behavioral health conditions.

17           So that was issued to states. There was  
18 very little clarification put in writing from the federal  
19 government about exactly what that meant. So we worked  
20 very closely in communicating with our single county  
21 authorities in referring them to SAMHSA specifically to  
22 address their concerns through their solicitors, because we  
23 could not get official guidance from the federal government  
24 that was distributable to our stakeholders. The federal  
25 government did hold a conference call with states with

1 restricted attendees where they verbally talked about how  
2 they would interrupt or not interrupt these. But we could  
3 not get that officially on SAMHSA letterhead for  
4 distribution to our providers. So we encouraged them to  
5 work directly with SAMHSA to get that clarification.

6           When the change in administration occurred,  
7 there was a changed interpretation of that language by the  
8 Biden Administration. As a result, they did issue revised  
9 guidance in 2021. As soon as we received that revised  
10 guidance, we updated our guidance and pushed it out to all  
11 of our single county authorities.

12           REPRESENTATIVE LAWRENCE: So it seems like  
13 you would contend that the article is misleading, because  
14 the article quotes, and I believe they cite specific  
15 e-mails, that says this information, the change, federal  
16 government's change of heart, was communicated to DDAP on  
17 January 1st, 2020. And it seems like you're disputing the  
18 accuracy of that. Again, I'm giving you the opportunity to  
19 speak to this.

20           SECRETARY SMITH: Certainly, and I  
21 appreciate that.

22           So there was an e-mail that contained that  
23 information. However, it was not on SAMHSA letterhead and  
24 it was not giving us permission to distribute that  
25 information beyond the attendees of the call, which was

1 restricted to one individual from each state.

2 REPRESENTATIVE LAWRENCE: Very good. I  
3 yield my time back, my time is up.

4 Thank you, Mr. Chairman.

5 REPRESENTATIVE TOPPER: The Chair thanks the  
6 gentleman, recognizes the lady from Philadelphia,  
7 Ms. Cephas.

8 REPRESENTATIVE CEPHAS: Thank you, Chairman.

9 And good morning. First and foremost, I  
10 just want to thank you for all the work that you've done  
11 for the Commonwealth of Pennsylvania. Without your  
12 leadership during this, you know, extremely difficult time,  
13 we would not see the trends that we see today. So I do  
14 want to commend you for those efforts.

15 So as you can imagine, I want to talk about  
16 the issue of maternal mortality. You know, there was a  
17 report released between 2013 and 2018, we saw a 21 percent  
18 increase here in the Commonwealth of Pennsylvania related  
19 to this issue. We saw that one of the leading causes was  
20 accidental poisoning which included drug overdoses.

21 But since then, you know, to you-all's  
22 credit, we've seen a significant investment and intentional  
23 focus on this issue where, you know, we did not even have  
24 to come fighting for you all to expand Medicaid up to a  
25 year postpartum. So I do want to applaud you for that.

1           You also saw the significance in expanding  
2 our perinatal workforce by, you know, ensuring that we were  
3 able to certify and license doula care. You also put  
4 additional investments in home visiting. So you really  
5 have been leading as a department in these issues, you  
6 know, when you compare other states.

7           But as I'm sure you can imagine, fast  
8 forward to COVID-19, something that we had no expectation  
9 of, we saw -- there was a recent statistic from the  
10 National Center for Health that stated that there was a  
11 14 percent rise just in the first year of COVID-19. And  
12 again, I always talk about, with there being that  
13 20 percent increase prior to COVID, fast forwarding to  
14 increased isolation, moms having to navigate an already  
15 difficult health care system and also having to navigate,  
16 you know, being a parent, juggling work, figuring out, you  
17 know, where to get a vaccine, where to get testing. I'm  
18 not surprised in -- although startled -- but not surprised  
19 in seeing that increase.

20           So I just kind of want to get a sense from  
21 your perspective, what are you seeing here in the  
22 Commonwealth of Pennsylvania as it relates to our rates  
23 during COVID-19? Are you still seeing -- are you -- I  
24 can't imagine that you're not still seeing the uptick, but  
25 is it that drastic?



1                   ACTING SECRETARY KLINEPETER: Sure.

2                   I really appreciate you bringing up this  
3 important issue. I'm happy to hand it off to Dr. Johnson  
4 who's really been leading so much of this incredible work.

5                   PHYSICIAN GENERAL JOHNSON: So thank you  
6 very much for that, Representative.

7                   Are you specifically talking about the  
8 overdoses, the increases in overdoses?

9                   REPRESENTATIVE CEPHAS: No, specifically  
10 talking about the maternal mortality rates. Are we  
11 trending similar to that 14 percent increase that we're  
12 seeing nationally, during this COVID-19 period?

13                   And again, you might not know the answer  
14 because you just have a lot of data that you're analyzing.  
15 But I just kind of want to get a sneak peek as to, have you  
16 seen that same trend that's happening nationally?

17                   PHYSICIAN GENERAL JOHNSON: Yes, thank you  
18 for that.

19                   As you know, that maternal mortality data  
20 does lag quite a bit.

21                   REPRESENTATIVE CEPHAS: Right.

22                   PHYSICIAN GENERAL JOHNSON: In order to  
23 identify whether or not we are seeing those increases, we  
24 also have to analyze some of that data. So I don't really  
25 have that yet.

1                   But we know that maternal mortality rates,  
2 unfortunately in this country and this state --

3                   REPRESENTATIVE CEPHAS: Right.

4                   PHYSICIAN GENERAL JOHNSON: -- have been  
5 going up instead of going down. So that's a serious  
6 concern for us.

7                   And as you state, the Mortality Review  
8 Committee has identified some areas that we really need to  
9 get focused on to help to decrease those rates, especially  
10 around moms that suffer with mental health disorders as  
11 well as substance use disorder.

12                   REPRESENTATIVE CEPHAS: Right.

13                   I mean, because as you see, this is a  
14 bipartisan issue just with questions as it relates to moms  
15 coming from both sides of the aisle. I really want to use  
16 this moment in time as an opportunity to move as much as  
17 possible. Because again, we don't agree on much, but when  
18 we find some alignment, we really need to take advantage of  
19 it.

20                   And I know the review committee just  
21 released a report with a series of recommendations. Can  
22 you give me the top three things that you feel like we  
23 could do collectively to move the needle on this issue?  
24 And again, you've already been doing a significant amount  
25 of work in this space, it's -- the question is really, you

1 know, where do we go next? Where do we focus on next?

2 I mean, the issue of mental health was  
3 brought up. Increasing, again, home visiting to ensure  
4 moms are okay. There's technology being developed to  
5 provide extra support around telehealth.

6 So just from your perspective, top three  
7 things that we need to -- not pivot to, but begin shifting  
8 our focus to.

9 PHYSICIAN GENERAL JOHNSON: Well, certainly,  
10 the number one reason that we've seen are accident  
11 poisonings, as was stated. So we really need to make sure  
12 moms have access to treatment for substance use disorder  
13 and that we identify those moms without stigma so that  
14 they'll enter into treatment. So that's certainly a top  
15 priority for us.

16 And then mental health disorders affect  
17 everything in terms of their health attainment. And so,  
18 again, identifying those moms that are suffering and making  
19 sure that we offer them support. Those two areas would  
20 have the biggest impact.

21 REPRESENTATIVE CEPHAS: I appreciate that.  
22 Thank you.

23 REPRESENTATIVE TOPPER: The Chair thanks the  
24 lady and now recognizes the gentleman from Lycoming, Mr.  
25 Wheeland.

1                   REPRESENTATIVE WHEELAND: Thank you, Mr.  
2 Chairman.

3                   And good morning, everyone, again.

4                   Madam Secretary, good morning again.

5                   I hope you do find time to come up to  
6 Evangelical Community Hospital in Lewisburg with your  
7 passion for rural health and community hospitals. Look  
8 forward to that visit.

9                   ACTING SECRETARY KLINEPETER: Thank you,  
10 sir, me too.

11                  REPRESENTATIVE WHEELAND: Please don't feel  
12 that I'm singling your department out because I've been  
13 asking this question of many of the departments pre- versus  
14 post-COVID. There is a sincere frustration amongst our  
15 citizenry about services being performed by all sorts of  
16 different departments within, contained within the  
17 Commonwealth.

18                  So how many of your employees are working  
19 from home, and how many are working in the office?

20                  ACTING SECRETARY KLINEPETER: So we  
21 have 22 percent of our employees part-time teleworking,  
22 42 percent full-time, and 36 percent are not teleworking at  
23 all. Those are mostly our staff who work in our public  
24 health laboratory, in vital record offices, that type of  
25 thing.

1                   REPRESENTATIVE WHEELAND: Okay.

2                   And I think we probably could all agree that  
3 just about everybody else is back to work, and I think  
4 that's where the frustration level is coming from the  
5 citizenry, where government is lagging behind. They have  
6 to go back to work, and it seems like state workers don't  
7 have to go back to work. And I'm telling you it's  
8 percolating, and we really do need to get that back -- get  
9 the service level back, basically.

10                   Have you measured productivity among your  
11 staff that are teleworking?

12                   ACTING SECRETARY KLINEPETER: Yeah. If I  
13 could just offer, though -- so the Department of Health,  
14 there were hundreds of employees who continued over the  
15 course of the pandemic to show up to our state health  
16 centers, who were at PEMA on the front lines working during  
17 the pandemic. And so I just, I owe a debt of gratitude to  
18 all of my colleagues who did that, in instances where, you  
19 know, they were providing true frontline health care  
20 services, just like folks in hospitals or nursing homes,  
21 and very grateful to my colleagues who did that.

22                   REPRESENTATIVE WHEELAND: And rightfully so,  
23 I should say. And again, I think it covers a lot of  
24 entities --

25                   ACTING SECRETARY KLINEPETER: Yeah.

1                   REPRESENTATIVE WHEELAND:  -- frontline  
2 workers all the way down to grocery store workers.

3                   ACTING SECRETARY KLINEPETER:  Exactly,  
4 couldn't agree more.

5                   But, yeah, we have measured their  
6 productivity.  Fifty-eight percent of employees feel that  
7 their productivity, feel strongly that their productivity  
8 has improved; 29 percent feel their productivity has  
9 improved.  So overall 87 percent reflected that  
10 productivity has improved.

11                   I think we've seen that managers are  
12 tracking that as well.  Seventy-nine percent of employees  
13 are regularly reviewing their performance with their  
14 supervisor, and 82 percent of employees have agreed to  
15 productivity standards with employers.  Since I looked at  
16 these numbers, most recently about a week ago, we are  
17 working to increase those numbers to get it closer  
18 to 100 percent.

19                   REPRESENTATIVE WHEELAND:  And that's an  
20 internal.  Have you or any of your staff looked externally  
21 to the people that count on you for services and surveyed  
22 them?

23                   ACTING SECRETARY KLINEPETER:  Yeah.  So we  
24 actually do a customer satisfaction survey every year.  
25 That is being distributed right now and we'll have the

1 results of it, I believe it's this summer. So that goes  
2 out to -- I actually made it a point to send it to  
3 hospitals and nursing homes which was not a targeted area  
4 of focus previously, but then that's also something that  
5 can be sent to folks who show up in vital records office,  
6 state health centers, that type of thing.

7 REPRESENTATIVE WHEELAND: Okay. And again,  
8 to be certain, I'm not picking on your --

9 ACTING SECRETARY KLINEPETER: Understood.

10 REPRESENTATIVE WHEELAND: -- department, but  
11 I think I can speak for all state reps and state senators,  
12 if you were to chat with our staff back in our district  
13 offices, there's a significant frustration level with folks  
14 not being at their desks or not being connected, so to  
15 speak.

16 So did your department provide quantifiable  
17 data to Governor's office to support, like in his speech,  
18 where he said that things are fine? Did you provide any of  
19 the data to the Governor?

20 ACTING SECRETARY KLINEPETER: I'm sorry,  
21 could you just be more specific about what the Governor  
22 said?

23 REPRESENTATIVE WHEELAND: Let's see, he said  
24 that he has implemented a telework policy that has  
25 increased productivity. That's a quote.

1                   ACTING SECRETARY KLINEPETER: So the  
2 Governor's office, from the Office of Administration, has  
3 distributed this survey. Our staff responded to it.  
4 That's how the data was collected that assessed  
5 productivity.

6                   REPRESENTATIVE WHEELAND: Okay.

7                   And last two questions, real quickly, has  
8 there been a cost savings to your department by doing this  
9 telework, at-home work?

10                  ACTING SECRETARY KLINEPETER: I'm not sure  
11 that we have fully assessed that yet, but as soon as we do,  
12 we're happy to follow up.

13                  Again, I think the Administration as a whole  
14 is looking to do that assessment.

15                  REPRESENTATIVE WHEELAND: And of course,  
16 then, obviously, has there been an expense? You know, I  
17 think that would be interesting too to find out if there  
18 were additional expenses to providing that.

19                  ACTING SECRETARY KLINEPETER: I think we  
20 learned at the last cabinet meeting that there was a cost  
21 decrease to the Commonwealth as a whole as a result of  
22 increased energy efficiency. So I know that the Governor's  
23 green council is very proud of that. I believe there was  
24 a 6 percent cost reduction over the course of the pandemic.  
25 So that may be another area for follow-up too, but I know



1 that's not a comprehensive answer.

2 REPRESENTATIVE WHEELAND: If you could  
3 provide this committee with that information, once it's  
4 obtained, I'm sure that both chairmen would appreciate  
5 that.

6 ACTING SECRETARY KLINEPETER: Absolutely,  
7 sir.

8 REPRESENTATIVE WHEELAND: Thank you so much.

9 REPRESENTATIVE TOPPER: The Chair thanks the  
10 gentleman and recognizes the gentleman from Berks, Mr.  
11 Guzman.

12 REPRESENTATIVE GUZMAN: Thank you, Mr.  
13 Chair.

14 And thank you, Madam Secretary and team DOH  
15 and DDAP, for your time this morning.

16 First off, I just want to say, Dr. Johnson,  
17 it's good to see you. I've been seeing you all over Hulu  
18 and all over social media, so I appreciate that. And I,  
19 for one, appreciate the department's efforts in doing that  
20 because, unfortunately, we still have a large population, a  
21 large percentage of Latinos, specifically, who are hesitant  
22 in wanting to take the COVID-19 vaccine. And so I, for  
23 one, just appreciate the department's effort in seeing  
24 someone of color speak about the efficacy of the COVID-19  
25 vaccine and why folks should take it.

1           But going -- so going into my questions, one  
2 of the things that was a frustration for me as a first-term  
3 member going into figuring out how to be a member of the  
4 House and also dealing with the pandemic was being a  
5 trusted messenger to my community regarding COVID-19 and  
6 the vaccine itself and the virus specifically. And one of  
7 the frustrations that I found with the Department of Health  
8 during that period was the lack of culturally competent  
9 messaging from the department.

10           So can you speak to what the department is  
11 doing now moving forward to increase our culturally  
12 competent messaging to ensure that these very complicated  
13 and complex issues, when we're talking about medicine and  
14 medical issues, are being expressed in the ways that people  
15 in my communities can understand?

16           PHYSICIAN GENERAL JOHNSON: Thank you very  
17 much for that, Representative.

18           I think you hit really all the high points.  
19 I think that we really need to make sure that we're  
20 focusing on those trusted messengers because we know that  
21 hearing from the Department of Health or the government  
22 does not resonate with everyone.

23           And so we've made some deliberate efforts to  
24 make sure that materials that are available now for  
25 communities are culturally appropriate. We have them

1 available in multiple different languages, but we also are  
2 engaging stakeholders at the local level and helping to  
3 resource them to be able to carry that message in their  
4 communities.

5           So in addition to those resources that are  
6 available on our websites, we also have grant funding  
7 that's available to help to resource them to be able to  
8 carry those messages.

9           REPRESENTATIVE GUZMAN: Well, I hope that  
10 that continues to stay at the forefront of the department's  
11 purview. Obviously, we don't want another pandemic to  
12 happen where we're in the same situation, where we're  
13 trying to scramble to figure out what the correct messaging  
14 strategy is.

15           But I want to pivot to a local issue that's  
16 happening in Berks County and in the City of Reading  
17 specifically. Obviously, before the pandemic, we were  
18 dealing with a huge prevalence of teen pregnancy. And in  
19 Berks County, we have a great organization called Berks  
20 Teens Matter. And they did a study back in 2019 that  
21 states in part, "Addressing teen pregnancy is a major  
22 concern in Berks County and in Reading. According to Berks  
23 Teens Matter, the birth rate per 1,000 women ages 15 to 19  
24 in Pennsylvania is 19. That number for Berks County is 36  
25 and for the City of Reading, it's 68."

1           This is especially alarming when 67 percent  
2 of teen mothers who move out of their families' households  
3 live in poverty and only 10 percent get a two-year degree  
4 and 50 percent of teen mothers receive a high school  
5 diploma by the time they're 22 years old.

6           So I'd love to hear from you all, what is  
7 the department doing -- obviously, COVID-19 has been a huge  
8 issue that we've been dealing with, but what has the  
9 department been doing in the meantime to really help us  
10 stem teen pregnancies? And the second part of my question  
11 is, what are we doing to support these young mothers to  
12 help break cycles of poverty within our communities?

13           PHYSICIAN GENERAL JOHNSON: So certainly  
14 teen pregnancy, and especially the disparities in teen  
15 pregnancy, is a very important issue for the department.  
16 Our state health centers have multiple programs that they  
17 implement within their communities to address that. But  
18 there are also other things that we're starting to do.

19           We're really excited that our Office of  
20 Health Equity has now engaged some community health  
21 organizers that are going to be deployed across the  
22 Commonwealth, and the function of these community health  
23 organizers are to work in collaboration with our state  
24 health centers, but also with the local community group --  
25 so that would be schools or faith-based organizations -- to

1 address the root causes of some of the poor health outcomes  
2 within those communities.

3           So in addition to our state health centers,  
4 we do have also the community health organizers that are  
5 going to be working with those organizations within the  
6 communities to address the specific issues.

7           REPRESENTATIVE GUZMAN: Well, definitely  
8 something that we need to continue to be on top of.

9           And I have very few seconds here on my time,  
10 so I want to make sure I squeeze in my last question.

11           Obviously, the opioid pandemic is something  
12 that we're still continuing to deal with. Another wrinkle  
13 to that, though, of course, is -- I've seen a huge  
14 prevalence in brown and black people overdosing in this  
15 opioid pandemic. So it's not just happening in rural  
16 Pennsylvania, it's happening in Reading, it's happening in  
17 Philadelphia, it's happening in Lancaster, Allentown,  
18 et cetera.

19           So can you talk to us in terms of what is  
20 the department doing to make sure that communities like  
21 mine are getting access to these lifesaving measures and  
22 what is the department doing to help stem brown and black  
23 people from overdosing from opioids?

24           Thank you.

25           PHYSICIAN GENERAL JOHNSON: So thank you,

1 Representative.

2           As you well mentioned, especially over this  
3 last year of the pandemic, we have seen an increase in  
4 overdoses and the impacts affecting brown and black  
5 individuals at a higher rate than we've seen before.  
6 Certainly, we have to continue the efforts that we've had  
7 around the opioid overdoses, but we need to make sure that  
8 we increase access to treatment for all communities.

9           Other things that we need to do are we need  
10 to continue and expand harm reduction efforts. In addition  
11 to addressing stigma, I think there are legislations that  
12 have been proposed for syringe services. Syringe services  
13 have been operating in more than 30 states, more than 400  
14 programs, and we know that a person who utilizes these  
15 services is five times more likely to enter treatment,  
16 50 percent less likely to contract HIV or hepatitis. And  
17 so this is something that can save lives, and it also can  
18 improve lives and get people into treatment.

19           The other piece of legislation I think is  
20 being proposed and moving through are the fentanyl test  
21 strips. We know that we are seeing more and more illicit  
22 drugs that are contaminated with fentanyl, and many people  
23 don't know that there's fentanyl in there. Many states  
24 have legalized fentanyl test strips where individuals can  
25 identify that drugs are contaminated with fentanyl and can

1 decrease the overdose deaths utilizing those. So those are  
2 things that we can do to expand to all communities in the  
3 Commonwealth.

4 REPRESENTATIVE GUZMAN: Legislation that we  
5 can pass right now to save lives in Pennsylvania.

6 Thank you, Mr. Chair.

7 REPRESENTATIVE TOPPER: The Chair thanks the  
8 gentleman and now recognizes for a question for DDAP the  
9 gentleman from Carbon, Mr. Heffley.

10 REPRESENTATIVE HEFFLEY: Thank you.

11 Thank you, Secretary Smith, for being here  
12 today. I wanted to just follow up on a couple of things.

13 In 2017, this body passed legislation to,  
14 for DDAP to --

15 SECRETARY SMITH: Promulgate?

16 REPRESENTATIVE HEFFLEY: -- promulgate  
17 regulations to provide licensure for recovery houses. And  
18 it took quite a few years to get these regulations in  
19 place. And I believe 2022 is when they're going to be  
20 started.

21 Do you -- can you provide us with an update  
22 of where the process stands and how many of these recovery  
23 houses have since applied for a license?

24 SECRETARY SMITH: Yeah. Thanks for asking  
25 the question despite the difficult word to pronounce.

1           These regulations have been a labor of love,  
2 I think, for a lot of us. It took significant effort  
3 getting the legislation passed in 2017, and then developing  
4 the regulations, putting them out for public comment. We  
5 had a couple of attempts submitting them to the Independent  
6 Regulatory Review Commission, or the IRRC. Ultimately, in  
7 October, those regulations were approved and officially  
8 published in the PA Code in December.

9           So shortly thereafter, we began accepting  
10 applications for recovery houses that would like to become  
11 licensed. And they have until June of this year until any  
12 kind of complaints would be investigated or any kind of  
13 penalties would be issued for houses that don't have a  
14 license.

15           So where we stand in that process is we have  
16 one completely licensed recovery house at this point up in  
17 Monroe County, so you're probably very familiar with that.  
18 We're in the process of licensing about five more, on track  
19 for, you know, within the next couple of weeks here. We  
20 have 25 additional applications that are under review and  
21 then another 60 applications that are in the queue awaiting  
22 review and action.

23           So it was a slow start in terms of getting  
24 those applications rolling in, but we are starting to see  
25 more and more houses applying for them.



1                   REPRESENTATIVE HEFFLEY: So the license  
2 would allow them to then bring in people and get reimbursed  
3 through Medicaid.

4                   I think, right now, the number is  
5 approximately 500 recovery houses throughout the  
6 Commonwealth and 25 licensed. Could be -- we could be  
7 running into some what of a shortage in recovery houses.  
8 Recovery houses play an important role in the process of  
9 addiction and recovery.

10                  SECRETARY SMITH: Certainly.

11                  REPRESENTATIVE HEFFLEY: And the regulations  
12 were brought about because there were several issues --

13                  SECRETARY SMITH: Yes.

14                  REPRESENTATIVE HEFFLEY: -- that were  
15 discussed in communities with people, you know, homes not  
16 being very well-run, people weren't getting the treatment  
17 that they needed.

18                  SECRETARY SMITH: Yes.

19                  REPRESENTATIVE HEFFLEY: And then there were  
20 also issues in the community where some of these houses  
21 that weren't operating correctly. So we want to make sure  
22 that regulations are in place, but that we're also going to  
23 make sure that we have enough providers to provide that  
24 very necessary treatment.

25                  And the other thing I want to follow up with

1 was last session, or this session, we passed Justin's Law,  
2 which would require recovery houses to contact their, the  
3 emergency contact if somebody leaves. There's been several  
4 issues where people have left recovery houses, family,  
5 friends, and loved ones didn't know and they wound up  
6 overdosing.

7                   And that, those regulations are in -- are  
8 being adopted as well in this process?

9                   SECRETARY SMITH: Yes.

10                  REPRESENTATIVE HEFFLEY: All right.

11                  Well, thank you for your testimony. I do  
12 have some concerns with the amount of homes, or recovery  
13 houses that are applying. I think we need to continue to  
14 work with them to get them to apply and make sure the  
15 regulations are, in fact, not too burdensome, but at the  
16 same time addressing the concerns that we have.

17                  SECRETARY SMITH: We share your concern.

18                  We've been working on a communication  
19 strategy to continue to engage those houses, both through  
20 LISTSERVs that many of them are a part of, as well as  
21 through our single county authorities and the managed care  
22 organizations.

23                  So we are working over the next couple of  
24 months, they'll be hit with some communications and  
25 reminders and ways to access the licensure process a number

1 of different times. We also have monthly webinars that we  
2 offer for those entities to join and ask any questions,  
3 hear a little bit about the process.

4                   Honestly, Representative, I think a lot of  
5 the hesitation is fear of not knowing what that process  
6 looks like and thinking that it might be more daunting than  
7 what it really is. So I suspect that once we begin to get  
8 more houses licensed that can speak to their experience,  
9 having gone through the process, I do expect we'll see some  
10 uptick in other houses being interested.

11                   REPRESENTATIVE HEFFLEY: All right. Thank  
12 you, and I would like to work with you on that, and then  
13 just continue to review the process that we can make sure  
14 that there's not that shortage of care.

15                   Thank you very much.

16                   SECRETARY SMITH: Absolutely. Thanks.

17                   REPRESENTATIVE TOPPER: The Chair thanks the  
18 gentleman and recognizes the lady from Delaware,  
19 Ms. Krueger.

20                   REPRESENTATIVE KRUEGER: Thank you, Mr.  
21 Chairman.

22                   Thank you, everyone, so much for joining us  
23 here today.

24                   So, Secretary Klinepeter, my question is for  
25 you. Being from Delaware County, we've been working

1 tirelessly with your team on the creation of our new health  
2 department. And my understanding is that we are almost  
3 there. It's a process that our county council started  
4 right before the pandemic started, and I know that your  
5 team has been incredibly helpful along the way. It's been  
6 a long time since Pennsylvania certified a new health  
7 department. So thank you so much for all of your support.

8                   So my first question for you is, what is the  
9 current budget request for the Delaware County Health  
10 Department this year?

11                   ACTING SECRETARY KLINEPETER: Yeah. So we  
12 have set aside -- forgive me. I'm trying to find the right  
13 table.

14                   I am so sorry, Representative Krueger. I am  
15 losing my place in the book.

16                   EDS Blank, do you have that?

17                   EXECUTIVE DEPUTY SECRETARY BLANK: I  
18 apologize. CFO Race had to run out for one minute, but as  
19 soon as she is back, she has that information. We can --

20                   REPRESENTATIVE KRUEGER: Okay. Great.

21                   Yeah, I saw the overall line item, but I  
22 didn't see the breakout by county. So when you've got  
23 that --

24                   ACTING SECRETARY KLINEPETER: Sure.

25                   REPRESENTATIVE KRUEGER: -- even if it's a

1 little bit later in the questioning, I'd appreciate it.

2 So my understanding and speaking to the  
3 folks on the ground who have been standing up this new  
4 health department is that the current reimbursement rate,  
5 as provided by law, is up to 50 percent of allowable costs  
6 up to the maximum of \$6 per year. And I know that my  
7 colleague from Lehigh County was asking questions about  
8 this as well.

9 But last year, the actual amount was  
10 only \$4.81. So can you explain the discrepancy between  
11 what's permissible and the actual amount that was pushed  
12 out?

13 ACTING SECRETARY KLINEPETER: Yeah.

14 So this year we are proposing the full  
15 amount, which is \$6 per capita. Of course, that is a  
16 proposal that is ultimately up to a collaborative dialogue  
17 with the legislature.

18 REPRESENTATIVE KRUEGER: Wonderful. I'm  
19 glad to hear that.

20 And did you find the Delaware County number  
21 yet?

22 MS. RACE: Do you want the amount that's  
23 included as part of the proposed --

24 REPRESENTATIVE KRUEGER: Yes, for the new  
25 Delaware County Health Department.

1 MS. RACE: Yeah. So it would be proposed at  
2 a \$6 per capita rate, and the range is about 3.4 million.  
3 We do need to take another look at -- now that we have  
4 final census numbers. So I can take a look at that and get  
5 back to you with a final once we revise it. But it's  
6 pretty close.

7 REPRESENTATIVE KRUEGER: So somewhere  
8 around 3.4 million specifically for the Delaware County  
9 Health Department?

10 MS. RACE: Yes.

11 REPRESENTATIVE KRUEGER: Wonderful.

12 And again, thank you so much for helping us  
13 get to this point in the process. We're the most populated  
14 county in the whole country that didn't have a health  
15 department at the start of the pandemic, and it's been a  
16 Herculean effort to get there.

17 So another question, I heard you say earlier  
18 in response to someone's question that nursing facilities  
19 that are owned or operated by hedge funds have lower  
20 outcomes, or poorer outcomes, and that this is something  
21 that the Biden Administration is investigating. Is that  
22 also true for hospitals that are operated by hedge funds?  
23 Do you have any data on that?

24 ACTING SECRETARY KLINEPETER: So we did -- I  
25 appreciate the question.

1                   So the internal analysis that the Department  
2 of Health did last year, actually at the request of Senator  
3 Brown, did not yield conclusive evidence that private  
4 equity or hedge fund-backed have worse outcomes. And that  
5 hypothesis actually only held true in our skilled nursing  
6 facilities or our nursing homes.

7                   REPRESENTATIVE KRUEGER: Okay, got it.

8                   Well, I come from a county that has a  
9 hospital system that is operated by a hedge fund. I can  
10 tell you both the complaints that we've heard from the  
11 nurses and doctors on the ground, as well as patients, lead  
12 me to believe that there are likely poorer outcomes in our  
13 health system. Now, it is currently being evaluated for  
14 sale to a nonprofit health system, which all of us in  
15 Delaware County are hoping goes through.

16                   But as you update hospital regulations, is  
17 this something your department plans to look at?

18                   ACTING SECRETARY KLINEPETER: Yeah,  
19 certainly.

20                   And I think even in the interim, just given  
21 the dynamic on the ground in Delaware County, yesterday we  
22 released innovative hospital guidance. So as the community  
23 is thinking about what's going to work best for them,  
24 perhaps it is, you know, a classic one-, two-,  
25 three-hundred bed, inpatient-bed hospital, but there are

1 different models of care delivery out there.

2           So we released guidance yesterday that is  
3 supportive of a micro-hospital -- so that would have 10  
4 acute care beds or less and may not have surgical services  
5 and outpatient ED -- which is a concept that -- what used  
6 to be Tyler Memorial up in Tunkhannock, Pennsylvania,  
7 implemented. So they maintain an emergency department, but  
8 not the full suite of inpatient or surgical services, but  
9 it's a campus of another hospital that's located within 35  
10 miles. And then also a tele-emergency department, where an  
11 advanced practitioner staffs the emergency department 24/7  
12 and there's a telecommunication capability with a  
13 physician.

14           And so even as we're working on the hospital  
15 regulations, we're looking at that change of ownership  
16 component. We aren't waiting on delaying innovative care  
17 delivery models that communities like Delaware can  
18 consider.

19           REPRESENTATIVE KRUEGER: Thank you. And I  
20 appreciate the innovation, but Crozer-Chester is the only  
21 trauma center in Delaware County, so I wouldn't want  
22 telemedicine in an incidence where they're dealing with  
23 someone facing a stroke or a heart attack or a gunshot  
24 wound.

25           So anything you can do to help us keep this



1 hospital system serving people in Delaware County would be  
2 really helpful.

3 Thanks so much.

4 ACTING SECRETARY KLINEPETER: Absolutely.

5 REPRESENTATIVE TOPPER: The Chair thanks the  
6 lady, recognizing the gentleman from Susquehanna,  
7 Mr. Fritz.

8 REPRESENTATIVE FRITZ: Thank you, Mr.  
9 Chairman.

10 And good morning, Madam Secretary and the  
11 rest of the DOH team.

12 Madam Secretary, let's talk hydraulic  
13 fracturing. In December 2020, the Wolf Administration  
14 announced a 2.6 million contract for the University of  
15 Pittsburgh for two studies on the health effects of  
16 fracking. On page 11 of your department's fiscal  
17 year '22-'23 budget shows a \$666,000 reduction in the GGO  
18 for a study related to environmental impact of fracking --  
19 which may mean that we have some outcomes to discuss. But  
20 before we drill into that, I'm curious, Madam secretary,  
21 why would we spend millions of taxpayer dollars studying  
22 hydraulic fracturing when we already have completed studies  
23 from respected sources? And I'll cite, Yale, the  
24 University of Texas, and right here in the Commonwealth in  
25 the form of a peer-reviewed study conducted by scientists

1 at Penn State University, a study that concluded that  
2 hydraulic fracturing is not a threat. And in fact, it  
3 identified an overall trend of improving water quality in  
4 Bradford County, one of Pennsylvania's top natural gas  
5 producing counties.

6 So the question is, Madam Secretary, why are  
7 we spending millions of dollars to conduct a study when  
8 we've already had thorough and conclusive studies in that  
9 very arena?

10 ACTING SECRETARY KLINEPETER: Sure. Thanks,  
11 Representative Fritz. Good to see you.

12 So we have dedicated \$2.5 million in funding  
13 to two different research studies in collaboration with the  
14 University of Pittsburgh. Those studies are focused on  
15 childhood cancers and the Ewings family of tumors. The  
16 second study involves the association between acute health  
17 effects such as asthma and adverse birth outcomes and  
18 exposure to oil and natural gas production.

19 So the -- I'm not familiar with the specific  
20 studies you cited. I'm happy to take a look at them and  
21 provide your office a more detailed synopsis of how our  
22 study is different than those ones. And I think that's  
23 probably the best I can offer at the moment.

24 REPRESENTATIVE FRITZ: Okay.

25 So your department has identified some

1 specific health phenomena in a particular region, correct?

2 ACTING SECRETARY KLINEPETER: That's a  
3 hypothesis.

4 REPRESENTATIVE FRITZ: Okay.

5 So I'm from the northeast, and I have plenty  
6 of love for the southwest, but let's be objective. We're  
7 focusing on one industry when the region targeted by the  
8 study has a history of industrial mining and waste  
9 legacies, including a uranium waste site. How can we  
10 single out one particular cause?

11 ACTING SECRETARY KLINEPETER: Well, that's  
12 why we're doing the study, sir, to see if there is a  
13 causation or even a correlation between the health factors  
14 that have been identified and the actions of the industry.

15 And I would note that both of these studies  
16 have industry leaders and experts on the panel that's  
17 overseeing them.

18 REPRESENTATIVE FRITZ: So, Madam Secretary,  
19 based on that drawdown, we believe that that study has  
20 concluded, or is concluding. Do you have an executive  
21 summary of any outcomes?

22 ACTING SECRETARY KLINEPETER: It has not  
23 concluded yet. We're anticipating it concluding later this  
24 year. And we're happy to provide you the results at that  
25 time. I would offer, if you'd like further updates, to

1 contact the University of Pittsburgh since they're the  
2 principal investigator.

3 REPRESENTATIVE FRITZ: Okay, okay.

4 So along the same line, Madam Secretary, of  
5 the 2.6 million in study costs, 2.4 million or 92 percent  
6 is for salaries and administrative expenses. Is this in  
7 line with other health studies by your department?

8 ACTING SECRETARY KLINEPETER: I'd have to  
9 confirm that percent, but I think generally that is  
10 probably accurate.

11 You know, the types of scientists and data  
12 experts who work on these are highly trained and skilled  
13 individuals. So that sounds right to me, but happy to  
14 follow up.

15 REPRESENTATIVE FRITZ: Wonderful.

16 Madam Secretary, I represent Susquehanna  
17 County. Have you ever been to Susquehanna County?

18 ACTING SECRETARY KLINEPETER: Many times.

19 REPRESENTATIVE FRITZ: Wonderful. And out  
20 of 14 staff members, raise of hands, how many have been to  
21 Susquehanna County?

22 (Hands raised.)

23 REPRESENTATIVE FRITZ: Okay. We've got a  
24 few of you. Wonderful.

25 Well, you understand and you know that

1 Susquehanna County is beautiful, serene, bucolic, and  
2 undisturbed country. And I stress those very points  
3 because Susquehanna County just happens to be the  
4 Commonwealth's second highest producing natural gas county.

5           And let me assert, the natural gas industry  
6 has been an absolute godsend. My constituents of  
7 Susquehanna County have access to and are living the  
8 American dream.

9           So please come up, and I'll offer my  
10 colleagues as well, please come up. We'll go on a tour.  
11 You'll see smiles on faces, refurbished farms with new  
12 machinery, nice trucks in the driveway. Visit Susquehanna  
13 County Career and Tech Center. You're going to see young  
14 folks, high schoolers with enthusiasm and optimism for  
15 rewarding careers. Visit any diner, you'll talk to locals,  
16 and they will sing the praises of the industry. Go to one  
17 of our many volunteer fire companies and you're going to  
18 see they have updated equipment thanks to the generosity of  
19 natural gas companies.

20           Madam Secretary, you're the third person to  
21 sit in that chair in as many years, and I'm hoping that  
22 under your management that we can halt the disparagement,  
23 the disparagement of an industry that is a game changer for  
24 my community and for this Commonwealth as a whole. Please  
25 allow Pennsylvania to have a promising future. Let's move

1 our Commonwealth forward.

2 Thank you very much for your time.

3 Mr. Chairman, thank you.

4 MAJORITY CHAIRMAN SAYLOR: Our next  
5 questioner is Representative Lee James.

6 REPRESENTATIVE JAMES: Thank you, Mr.  
7 Chairman. I didn't have a warning I was next.

8 Panel, wonderful. Welcome to our beautiful  
9 place where we come to work.

10 I would like to spend some time discussing  
11 rural health initiatives.

12 ACTING SECRETARY KLINEPETER: Great.

13 REPRESENTATIVE JAMES: I come from Venango  
14 County which is in Northwestern Pennsylvania, and we like  
15 our lifestyle out there. I noticed, or actually read, your  
16 piece from yesterday on three initiatives which you, I  
17 think, have intended to be statewide. However, I would  
18 like you to focus for a moment on how this can help us in  
19 rural Pennsylvania. And for folks who aren't familiar with  
20 the study, or the paper, the three issues are -- and you've  
21 named them already, but I'm going to repeat -- outpatient  
22 emergency department, the micro-hospital -- pretty  
23 interesting -- and possibly, the most interesting one is  
24 tele-emergency department, 24 hours a day.

25 Could you comment on those for me, please?

1 And tell me also how we're going to pay for all this.

2 ACTING SECRETARY KLINEPETER: Sure. So I'm  
3 excited to talk about this, sir.

4 My background, actually, I started working  
5 at the department working on the Pennsylvania Rural Health  
6 Model. And so rural health is an extraordinary passion of  
7 mine, and I'm really excited.

8 So the only one of those models that's  
9 actually eligible statewide is the micro-hospital. The  
10 other two are targeted for our rural communities  
11 specifically.

12 Now, we have taken a pretty broad definition  
13 of rural, in the sense that we take it down to the census  
14 tract level. So where most of the times the department  
15 defines rural at a county level, we've tried to be more  
16 specific and expand access because there are parts of, you  
17 know, let's say, Chester County, that are actually quite  
18 rural -- not as rural as Venango, maybe, but, you know,  
19 they still have to drive a half hour, 40 minutes to the  
20 next hospital. And so --

21 REPRESENTATIVE JAMES: I think we have more  
22 deer than people, but yes.

23 (Laughter.)

24 ACTING SECRETARY KLINEPETER: Fair, sir,  
25 fair.

1           So the outpatient ED and tele-ED concept are  
2 really aimed at our rural communities, however rural they  
3 may be, in order to preserve access to care.

4           So the outpatient emergency department is  
5 available to hospitals that want to preserve care,  
6 particularly for that emergency department capability. So  
7 it's not intended to supplement, you know, a Level IV trauma  
8 center or something like that. But in the instance of  
9 Tyler Memorial Hospital up in Tunkhannock -- I don't know  
10 where Rep. Fritz went -- but, you know, the corporate owner  
11 had actually announced that they were going to close the  
12 hospital. And instead, we convinced them that there was  
13 this different way to continue to deliver emergency  
14 department care in that community.

15           So now, that hospital -- what used to be the  
16 hospital -- is a campus of a different hospital, Regional  
17 Hospital at Scranton. And they continue to operate as a  
18 campus, so there is still an emergency department still in  
19 that community, which if there wasn't, you would have had  
20 to drive an hour to get to an emergency department, which  
21 in a life, you know, crisis is too far.

22           REPRESENTATIVE JAMES: Let me interrupt you,  
23 please.

24           I think we see eye to eye on the need for  
25 these new -- well, that would be redundant -- these



1 innovations.

2                   Could you address, real briefly, how they're  
3 to be paid for? Is this the responsibility of the hospital  
4 or user fee?

5                   ACTING SECRETARY KLINEPETER: So, yeah --  
6 no. So the hospital has the option to implement something  
7 like this and then they would continue to be paid by  
8 Medicare, Medicaid, and private insurers just like they are  
9 today. It's just the types of services they're offering is  
10 different.

11                   REPRESENTATIVE JAMES: Okay.

12                   Could you, then, expand and tell us a little  
13 bit about the current state, the state of health, for  
14 hospitals across the Commonwealth?

15                   ACTING SECRETARY KLINEPETER: Sure. Yeah.  
16 So this is an area that keeps me up at night.

17                   So as you know, previously there were about  
18 two-thirds of Pennsylvania hospitals that were at risk of  
19 closure in the sense that they had an operating margin  
20 of 2 percent or less. And I don't think that given the  
21 cost of -- and the need of and the cost of temporary staff,  
22 some of which, you know, had been paying \$250 for an RN,  
23 who absolutely deserves those wages, but it does create a  
24 challenge for the hospital community.

25                   And so we will see what year-end financials

1 look like on July 1st, but I think this is why it was  
2 really important to the department to put out this  
3 innovative hospital guidance to provide alternative ways of  
4 continuing to deliver care in the community. Because I do  
5 worry that there's going to be an option where a hospital  
6 has to close or they have to find someone to buy them. And  
7 if you can't find somebody reputable to buy you, you know,  
8 we have seen instances in Pennsylvania where hospitals have  
9 then closed two years later anyway.

10                   And so we're really trying to avoid that  
11 situation. That doesn't best serve Pennsylvanians, and  
12 we're trying to use the policy and regulatory flexibilities  
13 that we have to ensure that there's going to be access to  
14 care.

15                   REPRESENTATIVE JAMES: Mr. Chairman, can I  
16 ask one more question?

17                   MAJORITY CHAIRMAN SAYLOR: Yes, go ahead.

18                   REPRESENTATIVE JAMES: Thank you, wanted to  
19 be sure.

20                   So changing gears here for just a minute,  
21 for years -- certainly in Western Pennsylvania, but  
22 possibly in Eastern PA as well -- there's been a consistent  
23 growth in large hospital systems. And these hospitals grow  
24 horizontally by acquiring other hospitals; they also grow  
25 vertically by affiliating with insurers, health insurers.

1           So I wonder if you would be kind enough to  
2 comment on the growth of these large systems, and whether  
3 or not you think it's a good idea. I mean, I'm a free  
4 enterprise guy, but are they getting too big?

5           ACTING SECRETARY KLINEPETER: Well, sir, I'm  
6 not sure I'm qualified to comment on whether they're too  
7 big. What I can tell you is that the Department of Health  
8 cares deeply about maintaining access to care. So in some  
9 instances, you know, I've seen the rural health landscape  
10 change rapidly in the last five years. I think we're down  
11 to 13 or 16 independent rural hospitals in the state, where  
12 that number, 15 years ago, was double that.

13           And so we are seeing a lot of acquisitions,  
14 but again, I think oftentimes, the option is to be acquired  
15 or to close. And that's why we're trying to provide these  
16 different care delivery models that have a lower overhead  
17 rate, that have a more sustainable way of delivering care  
18 to the community, in a way that makes sense for the  
19 community.

20           And so our goal is to try for those  
21 community hospitals that want to remain a community  
22 hospital. They might not have the exact same footprint or  
23 offer all the same services, but it's an option for them to  
24 remain independent.

25           REPRESENTATIVE JAMES: Thank you very much.

1 Thank you, Mr. Chairman.

2 MAJORITY CHAIRMAN SAYLOR: You're welcome.

3 Our next questioner is Representative Zach  
4 Mako.

5 REPRESENTATIVE MAKO: Thank you, Mr.  
6 Chairman, Secretaries.

7 So my question is for Secretary Smith, I'm  
8 going to give you a little love.

9 So I've got a couple quick questions about  
10 the Compulsive Gambling Treatment Fund. So my  
11 understanding is that this is used for public education,  
12 awareness, and training regarding gambling, and it's also  
13 used for treatment and prevention programs.

14 Can you just touch on some of those specific  
15 programs that you use? And how are these funds allocated  
16 to those programs?

17 SECRETARY SMITH: Sure, thanks for that  
18 question. It's an unusual one. Surprisingly, we don't get  
19 asked about gambling too much.

20 REPRESENTATIVE MAKO: I like to keep you on  
21 your toes.

22 SECRETARY SMITH: It's exciting, yeah.

23 Okay, so the state gaming fund actually  
24 allocates two different portions of funds to our department  
25 for different purposes. One piece of that funding

1 allocation comes to assist with the treatment of drug and  
2 alcohol-related issues. And then the other portion of  
3 those funds comes for gambling-related services, so  
4 prevention, treatment, awareness.

5           So some of the things we use those dollars  
6 to do in the gambling space, one is related to media  
7 advertising and outreach, particularly of the 1-800-GAMBLER  
8 number. And that's a collaboration with the Pennsylvania  
9 Lottery, the Gaming Control Board, the Council on  
10 Compulsive Gambling of Pennsylvania who administers the  
11 hotline. But then we also use those dollars, and our  
12 single county authorities use those dollars to implement  
13 prevention strategies. So there are certain prevention  
14 curriculum that are geared specifically towards problem  
15 gambling. And then we also use those dollars to pay for  
16 treatment.

17           So in the drug and alcohol space, the  
18 department doesn't contract directly with treatment  
19 providers; that differs in the problem gambling space. So  
20 we actually pay directly for provider services.

21           We've done a lot of outreach in terms of  
22 trying to expand that treatment provider network over the  
23 last several years. I would say three years ago, we  
24 struggled to meet the need. We didn't have enough  
25 counselors that were certified to provide, specifically,

1 trouble gambling counseling services. We've worked long  
2 and hard to really improve those numbers, and now we are at  
3 a much, much better place in terms of meeting the need,  
4 which is good because the need is growing.

5 REPRESENTATIVE MAKO: And just listening to  
6 your response, so I guess you push the money out to the  
7 counties and then go from there.

8 So do you have a number on -- you said the  
9 need is growing? Do you have a number on how many people  
10 in, like, the last two years that you've served?

11 SECRETARY SMITH: Yeah, let me find it here.

12 So in fiscal year '19 -- oh, let me pause on  
13 that just a second because I think that's related to our  
14 hotline. Yeah, let me find the treatment number, just one  
15 second here.

16 REPRESENTATIVE MAKO: We're good, we're  
17 green.

18 SECRETARY SMITH: Okay, here's the numbers I  
19 was looking. Yeah, so in fiscal year '18-'19, we saw 181  
20 admissions to treatment. In fiscal year '19-'20, that rose  
21 to 209, and in fiscal year '20-'21 that rose to 241.

22 REPRESENTATIVE MAKO: I imagine with the  
23 pandemic and everything you saw, some of these service  
24 providers go away; is that true? Are they still trying to  
25 open back up?

1                   SECRETARY SMITH: No. In terms of  
2 providers, I don't think we really saw any diminished  
3 service, and that was due to our ability to approve the use  
4 of telehealth as a method of delivering service. Yeah.

5                   REPRESENTATIVE MAKO: And just cause -- I  
6 would not be asking this if we weren't a government entity,  
7 but do you have a breakdown of men and women and the  
8 issues, the systemic issues?

9                   SECRETARY SMITH: Yeah. I'll throw just a  
10 couple statistics out for everyone's benefit.

11                   The largest age group of those seeking  
12 treatment is the 25 to 34 age group. Not surprisingly,  
13 it's predominantly male-focused, mostly white, non-Hispanic  
14 individuals, and many in the lower income bracket. So  
15 those making between zero and \$20,000 a year.

16                   There's more detailed information as well in  
17 the report published on our website, if you're interested.

18                   REPRESENTATIVE MAKO: Yeah. And we can  
19 contact later too.

20                   SECRETARY SMITH: Certainly.

21                   REPRESENTATIVE MAKO: See what we can do to  
22 best help these individuals, so I appreciate it, ma'am.  
23 Thank you very much.

24                   SECRETARY SMITH: Thanks for asking.

25                   REPRESENTATIVE MAKO: Thank you for coming

1 out today.

2 MAJORITY CHAIRMAN SAYLOR: Our next  
3 questioner is Representative Greiner.

4 REPRESENTATIVE GREINER: Thank you, Mr.  
5 Chairman.

6 And thank you, Secretary.

7 I want to stick to a theme that I have  
8 throughout this, throughout these last couple weeks with  
9 the budget, and that has to do with the GGO operating lines  
10 and the budget book, the Governor's. I'm probably just  
11 going -- I'm going to do most of the speaking to start.

12 When you look at the '22-'23 budget, when  
13 you look at the GGO budget, quality assurance line, state  
14 lab, state health centers, the Governor's budget calls for  
15 a 13.3 percent increase or more than \$11 million. And when  
16 you look at these lines and you look at the average  
17 increases over the last five years, we're talking  
18 almost 8 percent, 7.7 it looks like.

19 And we have these extra monies, we're trying  
20 to put a responsible budget together, and yet, when you  
21 look at the Governor's annual increase in his book for the  
22 following four years, we're talking a budget that's  
23 basically flatlined. There's really no increase other than  
24 for quality assurance in '23 and '24. I mean, just as a  
25 heads-up on that, you probably know that.



1           So guess what I'm asking, is do you agree  
2 with the Governor's prediction? And there's a lot of great  
3 topics. I mean, it's an important agency.

4           ACTING SECRETARY KLINEPETER: I agree.

5           REPRESENTATIVE GREINER: Inflation is  
6 going -- inflation is crazy. Do you believe the  
7 prediction, the Governor's prediction, that there's going  
8 to be zero growth in the following -- I mean, we're  
9 talking, you know, we're talking almost a -- you know, if  
10 we approve the budget as it is, it's 13 percent just in one  
11 year. Do you believe it's zero percent then the following  
12 four years?

13          ACTING SECRETARY KLINEPETER: Yeah. So I  
14 appreciate the question.

15          And I would just like to highlight that  
16 where we're asking for the increases in complement were cut  
17 across quality assurance, our state public health lab,  
18 GGO -- which we're actually using all those GGO positions  
19 for administrative and fiscal functions to help manage the  
20 \$1.7 billion in federal funds that have come in to the  
21 department -- and then vital statistics, which is mostly  
22 going towards our forward facing staff who do birth and  
23 death certificates.

24          REPRESENTATIVE GREINER: So then, you're  
25 going to -- and I guess those people -- we're not --

1 they're just temporary then, we're going to get rid of  
2 those people then afterwards just to be able to handle the  
3 current fiscal --

4                   So then, with salary and benefits -- my  
5 point is, the out years aren't accurate -- I mean, in my  
6 mind. I don't see how -- I mean, we have a responsibility  
7 here. We have these monies, we want to be -- you know, we  
8 can't spend money like drunken sailors up here. We have a  
9 responsibility to taxpayers to make sure we do things  
10 right.

11                   ACTING SECRETARY KLINEPETER: Yeah.

12                   REPRESENTATIVE GREINER: And this isn't -- I  
13 mean, this is, to me, a very fuzzy amount.

14                   I mean, I get that you're asking for -- the  
15 Governor is asking for a large increase this year. I  
16 understand that, and we'll have to talk about that, but  
17 these out years, to say that we're not going to have any  
18 increases, I don't think is correct.

19                   Now let me ask you a question. Your own  
20 department, I believe, talked about an average increase of  
21 three years. I mean, I think, if I'm not mistaken here.  
22 Your own department's estimate of 3 percent, you know,  
23 through the next several years -- that's what you talked  
24 about.

25                   Now, the Governor's budgets don't reflect

1 that. I mean, which -- who -- what am I -- we have to make  
2 decisions based on projections.

3 And I'm going to be very upfront with you,  
4 common sense would probably say it's going to be at least 3  
5 percent. I agree with the IFO. They're probably the most  
6 neutral entity here in this body. What am I looking at? I  
7 mean, how do I reconcile that difference as a state  
8 representative?

9 ACTING SECRETARY KLINEPETER: Sure.

10 CFO Race, do you want to speak to the out  
11 years?

12 MS. RACE: Yeah, happy to. Thank you.

13 I did take a look at those when I came on  
14 board a few weeks ago. And took a look at exactly what  
15 you're speaking about. But if you even go back a little  
16 further, looking at the Department of Health spending, it  
17 is relatively consistent on all the main state  
18 appropriation lines. In addition, we've had a lot of  
19 influx of federal funding, and at times that federal  
20 funding can offset some state funding.

21 This is all a way to say that, you know,  
22 when you're budgeting from an accounting perspective,  
23 you're doing the best you can with the information you have  
24 at the time, and you're trying to think about a range  
25 that's reasonable. And I can tell you, I think if you look

1 across years, it is not totally unreasonable to leave it  
2 flat when you're thinking about a projection. And even if  
3 you were to consider perhaps adjusting it, I don't think  
4 it's like material enough, where we would need to maybe  
5 change our presentation. But it is something we can  
6 consider going forward.

7 REPRESENTATIVE GREINER: I would -- I say  
8 this respectfully, as a CPA, I do think it is disingenuous  
9 to put a budget book together with zero percent increase in  
10 growth when a department such as yours, people have a lot  
11 of needs -- we've been hearing today and have heard that --  
12 I don't think that's a responsible way to look at it. And  
13 then what makes it even...

14 Look, your own budget, your own people --  
15 you had 3 percent in your own book, and I'm just being up  
16 front with you. And then yet, in this environment, this  
17 inflationary environment, I'm just saying, I think we need  
18 to be pragmatic, and I think we need to be a little bit  
19 more accurate in our process.

20 And like I said, it's not all about this  
21 year. I mean, I'm just being honest with you, and we have  
22 to -- you know, this body, as an Appropriations Committee,  
23 has to be cognizant of that, and I think we are.

24 Thank you.

25 MAJORITY CHAIRMAN SAYLOR: Our next

1 questioner is Representative Zimmerman.

2                   REPRESENTATIVE ZIMMERMAN: Thank you, Mr.  
3 Chairman.

4                   And thank you, Secretaries and staff, for  
5 joining us today.

6                   I'm going to start off with a comment and  
7 then just a couple questions. And some of my colleagues  
8 have already addressed a little bit of the questions I'm  
9 going to ask related more to drug and alcohol.

10                   So kind of prepandemic, myself and my county  
11 DA and one of the drug and alcohol abuse centers and  
12 several other professionals, we did a number of drug talks  
13 at firehouses and some churches and pretty much packed  
14 those places. And so, there's no question, you know, most  
15 every family has been affected by this issue, one way,  
16 shape, or form.

17                   And you know, after the pandemic kind of  
18 hit, it seemed like there was a lot less conversation about  
19 the issue. But I think you would agree that it hasn't gone  
20 away. If anything, maybe it's gotten even worse.

21                   So my questions, they're going to be all  
22 around, you know, some of the funding that has been, you  
23 know, provided and so forth. But so Pennsylvania did  
24 receive 98 million in additional substance abuse block  
25 grant, or SABG funds, from the federal Consolidated

1 Appropriations Act and the American Rescue Plan Act. On  
2 February 4 -- or February 18th, actually, 2022, so just  
3 weeks ago, DDAP announced that \$15 million in provider  
4 stabilization payments, and the remainder is unspent.

5 Can you talk a little bit about that?

6 SECRETARY SMITH: I'm sorry. Can you ask  
7 the question again?

8 REPRESENTATIVE ZIMMERMAN: Well, let me just  
9 ask a bit more of it and that might help.

10 SECRETARY SMITH: Okay.

11 REPRESENTATIVE ZIMMERMAN: But also, your  
12 department received nearly 100 million in additional  
13 federal substance abuse block grant funds last year,  
14 additional to what was received here in February. It's my  
15 understanding that the federal government approved a  
16 spending plan back in April of 2021, but it was only two  
17 weeks ago that you announced 15 million in stabilization  
18 payments for providers.

19 SECRETARY SMITH: Sure.

20 REPRESENTATIVE ZIMMERMAN: I guess my  
21 question is, what took so long to make those payments?

22 SECRETARY SMITH: Yeah. That's a great  
23 question. Thank you for qualifying.

24 REPRESENTATIVE ZIMMERMAN: Yes.

25 SECRETARY SMITH: I just wasn't sure exactly

1 what you were asking.

2           So the way that the federal funding works  
3 coming to the Department of Drug and Alcohol Programs is  
4 that we receive a notice of award from the federal  
5 government. But after we receive that notice of award, we  
6 then have to provide a document specifying how we intend to  
7 use those funds, that must then be approved by the federal  
8 government before we can actually spend the dollars.

9           REPRESENTATIVE ZIMMERMAN: Okay.

10           SECRETARY SMITH: So even though the  
11 announcements and notices of award come, typically, it  
12 takes a month or more for states to submit those proposals  
13 to the federal government, and then a month or more for  
14 those proposals to then be reviewed and approved by the  
15 federal government.

16           So in the case of the provider stabilization  
17 dollars, while we had the notice of award early in 2021, we  
18 actually didn't get approval from SAMHSA, our governing  
19 body, until August of 2021.

20           And then the reason that there was some  
21 delay specifically related to those stabilization dollars,  
22 was that, as I had explained to Representative Mako in my  
23 answer to his question, DDAP does currently not have  
24 contracts or any direct arrangements with our drug and  
25 alcohol treatment providers. So there was no existing

1 funding mechanism for us to push those dollars out to  
2 providers. So we had to develop not only a system to  
3 receive applications from them, but also get approval on  
4 the contract language and agreements.

5           So we were able to do that. Once we put the  
6 application process out, we had given a two-week turnaround  
7 time for those applications. We immediately heard from  
8 providers that they felt they needed more time to apply.  
9 So we extended the deadline to receive those applications,  
10 so that caused a bit of delay.

11           Once we did receive the applications and  
12 closed that period, we recognized that while we did our  
13 best to put a bunch of safeguards in place for when they  
14 submitted the application, there were still providers who  
15 did not provide accurate data for us or complete data, and  
16 so we had to follow back up with those providers to obtain  
17 that information.

18           The reason we had to do all of that before  
19 we could calculate the allocation was because there was one  
20 pot of dollars and those dollars were being spread based on  
21 a formula across those eligible applicants, so we needed to  
22 know who all the applicants were before we could assign the  
23 dollars amounts.

24           And then we recently published what we  
25 expected those dollars amounts to be and are in the process



1 currently of executing the contracts and requiring  
2 signatures back from providers. And we've had some  
3 challenges there too.

4           So the benefit in all the challenges we've  
5 experienced is that now we know where the pitfalls are, we  
6 know what to do, so when we're ready to do something  
7 similar, the process should go a lot more smoothly, both  
8 from the provider perspective and from ours.

9           REPRESENTATIVE ZIMMERMAN: Really appreciate  
10 that. And just kind of to finalize, so you see these  
11 dollars going out over what time line? And is there a  
12 deadline to actually get them out to where they need to go?

13           SECRETARY SMITH: Yeah.

14           Ellen, do you want to address the time line?

15           DEPUTY SECRETARY DiDOMENICO: Yeah.

16           The really specific thing that we have in  
17 terms of the time line at this point is the ability to get  
18 these dollars out before the end of the current fiscal  
19 year. Because if we do not get these dollars out to these  
20 providers -- and I will say, even as recently as of  
21 yesterday, we are still having some concerns with some of  
22 the providers around the accuracy of their EIN numbers or  
23 their SAP numbers or other kinds of things, they don't  
24 match in the system. So we're really still struggling with  
25 what the providers have given back to us. And we have to

1 get accurate to be able to finalize those contracts. We've  
2 also had some providers who have sent contracts back who  
3 were not signed by an appropriate, eligible individual to  
4 sign their contracts.

5 So we're working on some of those things.  
6 But our real deadline is that we want these dollars out the  
7 door before the end of the current fiscal year.

8 REPRESENTATIVE ZIMMERMAN: Thank you.

9 Thank you, Mr. Chair.

10 MAJORITY CHAIRMAN SAYLOR: Our next  
11 questioner is Representative Jesse Topper.

12 REPRESENTATIVE TOPPER: Thank you, Mr.  
13 Chairman.

14 I appreciate everyone coming today.

15 And, Secretary Klinepeter, I have a question  
16 for you and your staff in regards to Act 68 of 2017, which  
17 required the Department of Health to publish regulations to  
18 implement the safe baby boxes policy, which is, as you  
19 know, the incubators that can be used in some hospitals and  
20 EMS stations, and we expanded that in 2017, kind of an  
21 issue. But I was the sponsor of that bill, so it's kind of  
22 my issue.

23 And I've had some EMS providers that have  
24 been asking me about that. I know we sent a letter, a  
25 couple of us, to the department.

1           So if you could provide an update in regards  
2 to where we are in terms of those regulations. If you're  
3 looking at other states around us, I know Ohio has this  
4 program as well, and how we can best implement this as  
5 quickly as possible.

6           ACTING SECRETARY KLINEPETER: Yeah,  
7 absolutely. I'm happy to hand it off to EDS Blank for an  
8 update there.

9           EXECUTIVE DEPUTY SECRETARY BLANK: Yeah,  
10 thanks, Acting Secretary.

11           Thanks, Representative, for the question.

12           So our team is actively looking at those  
13 other states. And I believe, you know, thanks to your  
14 continued efforts, we are looking at that, at promulgating  
15 those regulations.

16           I believe it's going to be on our spring  
17 agenda as well for later this year, so we are working  
18 through that process, looking at what other states have  
19 done, getting input and feedback from our Bureau of EMS, as  
20 well as, you know, providers across the state. So we're  
21 actively looking into it and should be able to provide a  
22 better time line later this year.

23           REPRESENTATIVE TOPPER: How has that process  
24 been going in terms of getting the feedback? What have  
25 been the responses that you've heard?

1           I'm kind of anxious to hear from some of the  
2 stakeholder groups. Just -- and I know you can't get into  
3 too many specifics, but some of the general ideas that  
4 you've heard. I mean, has it been positively received? I  
5 mean, the delay has not been because of negative feedback,  
6 or has that been part of it? What are some of your  
7 thoughts?

8           EXECUTIVE DEPUTY SECRETARY BLANK: Yeah,  
9 we've heard certainly from folks that have implemented this  
10 in other states, individuals who have kind of designed some  
11 of these types of baby boxes, you know. And so we've -- it  
12 hasn't been negative feedback, but we just want to make  
13 sure that we're thorough in listening to, you know,  
14 everyone.

15           This is a new regulation, as you know, here  
16 in the Commonwealth, so it's not updating anything new.  
17 We're looking at kind of starting from scratch. So that's  
18 what we're really focused on, is making sure we get this  
19 right the first time.

20           But happy -- again, if you have constituents  
21 or others that are interested in providing that feedback,  
22 happy to take a meeting and kind of learn from what you're  
23 hearing as well.

24           REPRESENTATIVE TOPPER: I mean, I want --  
25 the idea of the legislation was to turn it over to the

1 experts. I'm certainly no expert in the field, but I did  
2 have a constituent who was the first one who brought it to  
3 me. When you first hear the idea, it kind of sounds out in  
4 left field a little bit, but as you dig more into the issue  
5 and understand, you know, that we were losing children,  
6 whether it be mothers who perhaps had an addiction issue,  
7 were worried about prosecution, didn't know what to do and  
8 all of a sudden, babies are being left in the doorsteps of  
9 churches, of ambulance halls, of police stations, and  
10 nobody knew what to do. And the idea that this came about  
11 and has been successful in other states certainly intrigued  
12 me.

13 I understand that, you know, we had some  
14 things happen since 2017, but I would really appreciate  
15 that being a focus for the spring. If you could keep this  
16 committee and me specifically updated on how those  
17 regulations are going, I would really appreciate it.

18 Thank you.

19 Thank you, Mr. Chairman.

20 MAJORITY CHAIRMAN SAYLOR: Representative  
21 Lawrence has a follow-up question from previously, so I'm  
22 going to recognize him for a second round, and then we'll  
23 wrap this up.

24 REPRESENTATIVE LAWRENCE: Thank you, Mr.  
25 Chairman.

1                   Secretary Klinepeter, I want to take this  
2 opportunity to thank you for your collaboration and  
3 assistance over the past few months as it relates to the  
4 situation at Jennersville Hospital in southern Chester  
5 County. I've certainly had my differences with the Wolf  
6 Administration, but I have to say that I greatly  
7 appreciated your willingness to engage directly on this  
8 issue, which really is a top priority of mine, especially  
9 reopening the emergency room there at Jennersville. As you  
10 know, the next closest emergency room is 45 minutes away  
11 and Jennersville's closure has had a tremendous impact on  
12 our local ambulance services, EMS folks, and especially,  
13 frankly, patient outcomes.

14                   We've talked a little bit today about some  
15 of the guidance that was released by the Department of  
16 Health yesterday with regard to kind of these concepts of  
17 micro-hospitals, outpatient emergency departments. These  
18 are not, I think these are not new concepts nationally, but  
19 I think they might be new concepts here in Pennsylvania.

20                   Could you talk a little bit about how these  
21 concepts could be helpful in delivering high quality  
22 medical care in a situation like we're facing at  
23 Jennersville?

24                   ACTING SECRETARY KLINEPETER: Absolutely.  
25 And I appreciate the opportunity with you and your office.

1 Maintaining access to care across the Commonwealth is a  
2 priority for the department, and we've really appreciated  
3 your hands-on approach to it as well, and look forward to  
4 continuing to partner with you.

5           So one of the capabilities that we talked  
6 about earlier and spent a little bit of time on was the  
7 outpatient ED. So let me pivot and talk a little bit more  
8 about the tele-ED. So this is a telehealth capability  
9 where the emergency department is actually staffed by  
10 advanced practitioners, so nurse practitioners, PAs, the  
11 like. And this is a -- and then the PA, the NP, whoever,  
12 can use a telemed connectivity to talk to a physician if  
13 need be. And there's a physician on call 24/7 to come into  
14 the emergency department if a patient wishes to see someone  
15 in person.

16           Now, this is a model that's been used in  
17 critical access hospitals across the nation for decades.  
18 It is extremely well studied and demonstrates a reduction  
19 in the cost of services, an increase in improvement in  
20 patient outcomes, and an improvement in staff morale as  
21 well.

22           So overall, all three of these concepts -- I  
23 think we've talked the most about a micro-hospital or an  
24 outpatient ED in your district -- but all three of them are  
25 really great options to ensure that there's access to

1 essential services in the community. And all three have  
2 good data behind them that demonstrate an increase to safe,  
3 affordable care.

4 REPRESENTATIVE LAWRENCE: So when we hear  
5 that term "micro-hospital," right, I mean, I think about  
6 micro-machines, right -- they were big when I was a kid,  
7 really tiny, little cars. I was really into that at one  
8 point in my life, haven't thought about them in a long  
9 time.

10 So we're not necessarily talking about, I  
11 think, like a phone booth or something that is micro in and  
12 of itself. Maybe you could elaborate a little bit on what  
13 that structure could look like?

14 ACTING SECRETARY KLINEPETER: Yeah.

15 So if you imagine a hospital -- and  
16 hospitals look different in all different parts of the  
17 Commonwealth, right? But let's take UPMC Pinnacle, which  
18 is right down the street here in Harrisburg. It has, you  
19 know, whatever, eight, ten floors. I should probably  
20 figure out what floor labor and delivery is on. But a  
21 micro-hospital, you know, might only be a facility that is  
22 one floor. It would have ten inpatient rooms. They would  
23 be required to still provide, you know, x-rays and CT  
24 scans, but it's really just a smaller footprint for the  
25 hospital.





1 Smith, it's been a pleasure working with you over the  
2 years. And that's not a goodbye, by the way, here.

3 SECRETARY SMITH: Okay. Is that my pink  
4 slip?

5 (Laughter.)

6 MAJORITY CHAIRMAN SAYLOR: But I wanted you  
7 to know that you've been great to work with and everything  
8 else over the years.

9 I guess a question -- we've seen a lot of  
10 money pour in for mental health and drugs and everything  
11 else over the last couple of years here with this pandemic.  
12 Could you -- you don't have to if you don't have it with  
13 you today, but send to the committee, Chairman Bradford and  
14 myself. What happened from the beginning of the pandemic  
15 until now in drug overdoses? Are they slowing down?

16 I know my county coroner for a while there,  
17 I felt like she was in the press every day announcing  
18 another five, ten, fifteen...

19 SECRETARY SMITH: Yes.

20 MAJORITY CHAIRMAN SAYLOR: So just kind of  
21 an update on how things are moving in Pennsylvania because  
22 I think it's critical for -- as you heard today, our  
23 concern for what can we do to stem this tide. And it would  
24 just give at least the general assembly and the members an  
25 idea of where we go financially and otherwise with where we

1 need to direct things.

2 SECRETARY SMITH: Yeah. I'll give you a few  
3 statistics, and then we can follow up. There's actually an  
4 interactive dashboard that the Department of Health worked  
5 so hard to put into place that you can sort and pull data  
6 by county, by type of substance abuse, and all kinds of  
7 great stuff. So we'll make sure that all the members have  
8 access to that so that they can pull it at any time, if  
9 they're interested in it.

10 Generally speaking, I'll step back for just  
11 a second, in 2017, in Pennsylvania, we lost about 5,400  
12 individuals to overdose death. And that was what we  
13 referred to as the peak of the opioid crisis.

14 In 2018, we saw an 18 percent decline in  
15 those deaths, thanks in large part to the commitment of the  
16 Wolf Administration, through the disaster declaration, as  
17 well as our community and provider commitments and  
18 collaboration.

19 In 2019, those numbers held fairly stable at  
20 where the 2018 numbers had been. And that was when we  
21 started to see proliferation of fentanyl in a lot of  
22 substances which is a much more deadly substance than  
23 heroin.

24 Then in 2020, thanks to the pandemic, we saw  
25 a significant spike again in overdose deaths, so right

1 around the 5,000 mark of Pennsylvanians lost. It was not a  
2 surprise to us. What we know and hear happened during the  
3 pandemic as a result of the isolation, financial  
4 instability, job loss, et cetera, we saw a number of  
5 individuals who had been in recovery seeing a recurrence of  
6 use. And unfortunately, that proved to be fatal.

7           So some lessons that we learned through  
8 COVID and our continuing a listening tour across the state  
9 to hear more specifically from communities, is we know that  
10 there is a need to not just continue to kind of press the  
11 gas pedal on prevention and to make treatment accessible,  
12 but to really focus on recovery too.

13           So this is a lifelong disease. People who  
14 portray themselves as individuals in recovery still have  
15 this medical condition and struggle with it every single  
16 day. And we need to ensure that we're providing proper  
17 supports to them to ensure that we're minimizing the risk  
18 of recurrence of use and potential fatality.

19           So lots more information I can share with  
20 you about what we're doing in the recovery space, but back  
21 to the overdose death numbers, where we stand for 2021, as  
22 of the last numbers I saw, we're about 4,300. So it's less  
23 than what we saw in 2020, still not ideally where we'd like  
24 to be. And that number will likely increase. There is a  
25 significant lag in receiving data from coroners and medical

1 examiners. So it will be well into the fall, winter months  
2 until we have a more finalized number. But we don't  
3 anticipate that it will exceed the 2020 figures. But we  
4 can keep you posted.

5 MAJORITY CHAIRMAN SAYLOR: Very good.

6 Thank you very much.

7 To Secretary Klinepeter, I appreciate you  
8 being here today. I wish you good luck with everything,  
9 especially finding out what floor you need to go to.

10 (Laughter.)

11 ACTING SECRETARY KLINEPETER: Appreciate  
12 that very much.

13 MAJORITY CHAIRMAN SAYLOR: Maybe a staffer  
14 will give you a hand today and make a phone call for you.

15 (Laughter.)

16 MAJORITY CHAIRMAN SAYLOR: Also to our  
17 Physician General, thank you for being here as well. We  
18 really appreciate all of you, all the staff and everybody  
19 else for being here.

20 And with that, we're going to adjourn.

21 And I want to announce that we will  
22 reconvene on Monday, March 7th for 10 a.m. for the  
23 Department of Education.

24 And with this, we'll close this hearing out.  
25 This meeting is adjourned.

1 (The hearing concluded at 12:37 p.m.)

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C E R T I F I C A T I O N

9

10 I hereby certify that the proceedings are  
11 contained fully and accurately in the notes taken by me on  
12 the within proceedings, and that this copy is a correct  
13 transcript of the same.

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*Summer A. Miller*

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Summer A. Miller, Court Reporter  
Notary Public

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My commission expires:  
November 13, 2022