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THE GENERAL ASSEMBLY OF PENNSYLVANIA

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HOUSE RESOLUTION

No. 363 Session of  
2015

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INTRODUCED BY DONATUCCI, READSHAW, MURT, THOMAS, FREEMAN,  
SCHLOSSBERG, BROWNLEE, FARINA, YOUNGBLOOD, SCHWEYER, BARRAR,  
ROZZI, SCHREIBER, COHEN, MAHONEY, GIBBONS, BRADFORD, FRANKEL  
AND McCARTER, JUNE 1, 2015

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REFERRED TO COMMITTEE ON HUMAN SERVICES, JUNE 1, 2015

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A CONCURRENT RESOLUTION

1 Establishing the Heroin and Opioid Eradication and Treatment  
2 Task Force.

3 WHEREAS, As revealed in the Center for Rural Pennsylvania  
4 2014 report entitled "Heroin: Combating this Growing Epidemic in  
5 Pennsylvania," this Commonwealth finds itself at the epicenter  
6 of a heroin epidemic, the signs of which are evidenced by the  
7 dramatic increase in the number of reported overdose deaths in  
8 nearly every region of this Commonwealth; and

9 WHEREAS, The authors of the report opined that the rise in  
10 heroin and opioid abuse in this Commonwealth has no geographic  
11 boundaries and crosses all socioeconomic groups, ages and races;  
12 and

13 WHEREAS, According to data from the Pennsylvania State  
14 Coroners Association's "Heroin Overdose Death Report, 2009-  
15 2013," heroin and opioid abuse claimed the lives of nearly 3,000  
16 citizens of this Commonwealth during the five-year period; and

17 WHEREAS, According to 2014 data from the Department of

1 Health, the number of drug overdose deaths in this Commonwealth  
2 between 1990 and 2011, per capita, increased by 470%, from 2.7  
3 individuals per hundred thousand to 15.4 individuals per hundred  
4 thousand; and

5 WHEREAS, The Office of National Drug Control Policy (ONDCP)  
6 reported that for the year 2009, the per capita rate of drug-  
7 induced deaths in this Commonwealth, 15.7 per 100,000  
8 individuals, exceeded the national average of 12.8 per 100,000  
9 individuals; and

10 WHEREAS, In the March 2015 National Center for Health  
11 Statistics data brief entitled "Drug-Poisoning Deaths Involving  
12 Heroin: United States 2000-2013," the Centers for Disease  
13 Control and Prevention (CDC) reported that the rate for heroin-  
14 related drug-poisoning deaths nationwide was highest among  
15 adults 25 to 44 years of age; and

16 WHEREAS, According to the CDC data brief, from 2000 through  
17 2010, the average annual rate increase was 10% for adults 18 to  
18 24 years of age, 5% for adults 25 to 44 years of age, and 4% for  
19 adults 45 to 64 years of age; and

20 WHEREAS, From 2010 through 2013, the death rate for adults 18  
21 to 24 years of age increased 2.3-fold from 1.7 to 3.9 per  
22 100,000, for adults 25 to 44 years of age the rate increased  
23 2.8-fold from 1.9 to 5.4 and for adults 45 to 64 years of age  
24 the rate increased 2.7-fold from 1.1 to 3.0; and

25 WHEREAS, The CDC reports that in 2000, non-Hispanic black  
26 persons 45 to 64 years of age had the highest rate for drug-  
27 poisoning deaths involving heroin, 2.0 per 100,000, and in 2013,  
28 non-Hispanic white persons 18 to 44 years of age had the highest  
29 rate, 7.0 per 100,000; and

30 WHEREAS, Data indicates that more people are dying as a

1 direct consequence of illicit drug use in this Commonwealth than  
2 from motor vehicle accidents; and

3 WHEREAS, As reported by the ONDCP, in 2009 there were 1,983  
4 drug-induced deaths in this Commonwealth compared to 1,378  
5 deaths from motor vehicle accidents; and

6 WHEREAS, Analysis of treatment data compiled by the Federal  
7 Substance Abuse and Mental Health Services Administration  
8 between 1992 and 2010 revealed that heroin is the most commonly  
9 cited drug among primary drug treatment admissions in this  
10 Commonwealth; and

11 WHEREAS, The ONDCP reported that in 2010 almost one-third of  
12 drug treatment admissions in this Commonwealth were for heroin;  
13 and

14 WHEREAS, Data from Pennsylvania's Department of Health and  
15 the Department of Drug and Alcohol Programs reveal that while  
16 approximately 52,150 citizens of this Commonwealth were  
17 receiving addiction treatment in 2014, nearly 760,703 remained  
18 untreated; and

19 WHEREAS, The proliferation in heroin is attributed to  
20 increased production in Mexico, Mexican traffickers expanding  
21 their distribution networks into the white powder heroin markets  
22 in the Mid-Atlantic, northeastern and western regions of the  
23 United States and the switch by many abusers of prescription  
24 opioids such as Hydrocodone and OxyContin to heroin as a cheaper  
25 and more easily obtained alternative to prescription drugs; and

26 WHEREAS, Law enforcement officials have reported that a one-  
27 dose bag of heroin costs between \$3 and \$5; and

28 WHEREAS, This cheaper heroin is deadlier and can be up to 70%  
29 pure; and

30 WHEREAS, According to the United States Justice Department's

1 "National Drug Threat Assessment 2009," more than half of heroin  
2 arrests nationwide happen in Mid-Atlantic and northeastern  
3 states: Connecticut, Maine, Massachusetts, New Hampshire, New  
4 Jersey, New York, Pennsylvania, Rhode Island, Vermont, Maryland,  
5 West Virginia and Virginia; and

6 WHEREAS, Many citizens of this Commonwealth, whether in  
7 cities, suburbs or rural communities, are at increased risk of  
8 victimization because of the heroin epidemic; and

9 WHEREAS, Law enforcement cannot police us out of this heroin  
10 epidemic and it is, therefore, necessary and appropriate to  
11 establish the Heroin and Opioid Eradication and Treatment Task  
12 Force to focus exclusively on the heroin epidemic as a public  
13 health crisis in this Commonwealth; therefore be it

14 RESOLVED (the Senate concurring), That the General Assembly  
15 recognize that it is in the public interest to declare a heroin  
16 state of emergency in this Commonwealth and to develop 21st  
17 century evidence-based solutions and strategies to eradicate  
18 heroin from communities Statewide; and be it further

19 RESOLVED, That the Heroin and Opioid Eradication and  
20 Treatment Task Force be established for the explicit purpose of  
21 studying current trends, policies and laws concerning heroin and  
22 opioid abuse; and be it further

23 RESOLVED, That the primary focus of the task force be to  
24 confront the heroin epidemic as a public health crisis and  
25 evaluate the policies, laws and activities relating to heroin  
26 use, drug abuse, addiction and prevention in this Commonwealth,  
27 other states and, if deemed appropriate, in foreign  
28 jurisdictions; and be it further

29 RESOLVED, That the task force shall study and investigate:

30 (1) Causes of abuse, addiction and prevention efforts:

1           (2) Availability of and need for treatment centers in  
2 this Commonwealth and alternative treatment options;

3           (3) Issues related to prescribing and marketing  
4 practices;

5           (4) Standards to accurately track heroin overdoses and  
6 overdoses that result in death; and

7           (5) Medical and health care implications of injection  
8 heroin use; and be it further

9       RESOLVED, That the task force develop recommendations for  
10 comprehensive legislation and strategies to create more  
11 effective policies crafted to combat the threat of the heroin  
12 crisis to public health and the general welfare of the residents  
13 of this Commonwealth including recommendations and strategies to  
14 provide for uniform Statewide tracking of heroin overdoses and  
15 heroin overdose deaths; and be it further

16       RESOLVED, That the task force consist of the following  
17 members:

18           (1) the Secretary of Drug and Alcohol Programs who shall  
19 serve as chair and who shall be responsible for overall  
20 supervision of the activities of the task force or a  
21 designee;

22           (2) the Secretary of Health or a designee;

23           (3) the Attorney General or a designee, who shall serve  
24 ex officio;

25           (4) the Commissioner of Pennsylvania State Police or a  
26 designee, who shall serve ex officio;

27           (5) two members of the House of Representatives, with  
28 one appointed by the Majority Leader and one appointed by the  
29 Minority Leader;

30           (6) two members of the Senate, with one appointed by the

1 Majority Leader and one appointed by the Minority Leader;

2 (7) eight public members appointed as follows:

3 (i) the Speaker of the House of Representatives and  
4 the President pro tempore of the Senate shall each  
5 appoint two public members;

6 (ii) the Minority Leader of the House of  
7 Representatives and the Minority Leader of the Senate  
8 shall each appoint two public members;

9 and be it further

10 RESOLVED, That the Chief Justice of the Supreme Court may  
11 appoint a member who shall be a judge of a court of common  
12 pleas; and be it further

13 RESOLVED, That at least one public member shall be an elected  
14 local official; and be it further

15 RESOLVED, That the public members include individuals  
16 experienced in heroin abuse, addiction and treatment, emergency  
17 department physicians and interested laypersons, including self-  
18 advocates; and be it further

19 RESOLVED, That vacancies in the membership of public members  
20 of the task force be filled in the same manner as the original  
21 appointments; and be it further

22 RESOLVED, That the public members be appointed no more than  
23 45 days after the final adoption of this concurrent resolution;  
24 and be it further

25 RESOLVED, That the task force organize as soon as practicable  
26 but no later than 15 days after appointment of a majority of the  
27 public members; and be it further

28 RESOLVED, That the task force meet and hold hearings at such  
29 places as the chair in consultation with members of the task  
30 force designate during the sessions or recesses of the General

1 Assembly; and be it further

2       RESOLVED, That public members of the task force not be  
3 compensated for their service but shall be reimbursed for  
4 expenses incurred in the discharge of their official duties in  
5 accordance with Commonwealth policy in effect for agencies under  
6 the jurisdiction of the Governor; and be it further

7       RESOLVED, That the standing committees of the Senate and the  
8 standing committees of the House of Representatives with  
9 jurisdiction over public health, human services, judicial  
10 matters and insurance provide professional and clerical staff to  
11 the task force to effectuate the purposes of this concurrent  
12 resolution; and be it further

13       RESOLVED, That the task force seek the services and expertise  
14 of any State, county or local agency, board or commission to  
15 effectuate the purposes of this concurrent resolution; and be it  
16 further

17       RESOLVED, That the task force consult with associations,  
18 organizations, educational or academic institutions and  
19 individuals with expertise in or knowledge of heroin abuse,  
20 addiction and treatment; and be it further

21       RESOLVED, That the task force submit a report of its findings  
22 and recommendations to the General Assembly no later than six  
23 months after the organization of the task force.