



**pennsylvania**  
DEPARTMENT OF HEALTH

Center for Rural Pennsylvania  
Senator Yaw  
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Secretary of Health

Good Morning Chairman Yaw, Vice Chair Everett, members of the Center for Rural Pennsylvania, as well as members and guests who are here today. On behalf of myself and Governor Wolf, I would like to thank you for the opportunity today to provide an update on our efforts dealing with the heroin and opioid crisis here in the Commonwealth.

Before I discuss our Medical Marijuana Program and its potential place in fighting this epidemic, I want to bring the committee up to speed with our efforts thus far. The Department of Health recently received \$5.1 million from the Centers for Disease Control and Prevention as part of a cooperative agreement for emergency response to continue to fight the opioid crisis. This funding is in addition to the 55.9 million in SAMHSA funding awarded to the Department of Drug and Alcohol Programs.

The \$5.1 million in funding will assist the Opioid Operational Command Center in ensuring the entire commonwealth is working to address this crisis. Much of this funding will be used to strengthen the state's data collection and analysis, which will help us as we engage with local municipalities and other key stakeholders to address the opioid crisis. Some of our specific areas of focus will include pharmacy outreach and education; public information campaigns conducted by local health departments; hiring epidemiologists and data staff to continue to assist in data collection; enhancing data collection with additional data sources; working to collect fatal overdose data from our county coroners; increasing syndromic surveillance to monitor and track opioid overdoses; training for first responders and physicians; and outreach regarding Hepatitis and HIV.

Since Gov. Wolf signed the first 90-day Heroin and Opioid Disaster Declaration in January, numerous initiatives have been put in place, including:

- Expanded access to the Prescription Drug Monitoring Program (PDMP) to other commonwealth departments for clinical decision-making purposes. Numerous local and state departments have already gained access to the database, and 17 states are now connected to Pennsylvania's PDMP.
- Creation of prescribing guidelines for workers' compensation, bringing the total number of guidelines to eleven.
- Waived fees for birth certificates for individuals with opioid use disorders, allowing them definitive identification and thus access to treatment and benefits. To date, 761 birth certificates fees have been waived through this process to help get people into treatment faster. The waiving of a 20-dollar fee may not seem like a big deal as we sit here, but to someone trying to get into treatment and in need of identification, this has the potential to be lifesaving.
- Implementing – at the request of various EMS agencies and public health entities – a Naloxone leave behind program which allows EMS providers to leave this critical medication behind with family or friends after reversing an opioid overdose. To date, hundreds of doses have been left behind on emergency scenes.
- Added non-fatal overdoses and neonatal abstinence syndrome (NAS) as reportable conditions. Close to 85 percent of our hospitals and birthing centers in the state are now reporting with more with 1,449 NAS cases reported to date. Note that some may be not be reporting because they have no cases, which is the preferred circumstance.

- Waived annual licensing requirements for high-performing drug and alcohol treatment facilities and have already seen 289 eligible facilities apply for and receive two-year licenses, ensuring continued, high-quality treatment for OUD sufferers.

The Governor's Opioid Data Dashboard was created to help the public gain access to information about what resources are available locally, and where those resources need to be deployed.

Most recently, the Opioid Command center has implemented what we refer to as "EpiCenter alerts" to communicate unusually high numbers of emergency room visits for overdoses to state and local partners, including first responders, hospitals, county drug and alcohol staff, etc.

Now let's look at where our Medical Marijuana Program may be of assistance in our efforts. The medical marijuana program was signed into law by Governor Tom Wolf on April 17, 2016. More than 70,000 patients in Pennsylvania have registered to participate, with nearly 44,000 having been certified for the program. More than 1,200 physicians have registered and nearly 800 of have been approved as practitioners. Patients and practitioners in Pennsylvania may see this program as a viable alternative to the highly addictive prescription opioid course of action.

Act 16 of 2016 Chapter 12, establishes the Medical Marijuana Advisory Board. The Board, which I have the pleasure of Chairing, was responsible for submitting a written report to the Governor, the Senate and the House of Representatives. The report was to include recommendations and findings on several topics. One of the topics addressed was whether to change, add or reduce the types of medical conditions which qualify as serious medical conditions under this act. Section 1202 states that after receiving the report of the advisory board, at the discretion of the secretary, myself, the Department may promulgate regulations to effectuate recommendations made by the Board.

The Board completed their final report and adopted it unanimously at a public meeting held April 9, 2018 in accordance with the Act. There was a total of 21 recommendations and the Wolf Administration announced on April 16, 2018, that the Department would implement all of the recommendations made by the Board. I issued notice in the Pennsylvania Bulletin on May 12, 2018, that those recommendations would take effect May 17, 2018.

As a result of promulgating the regulations, effective May 17, 2018, the list of serious medical conditions for which a patient may be certified to use medical marijuana has expanded to include: Opioid use disorder for which conventional therapeutic interventions are contraindicated or ineffective, or for which adjunctive therapy is indicated in combination with primary therapeutic interventions.

I strongly agree with this recommendation because being able to conduct research on the use of medical marijuana for addiction treatment is a top priority, particularly in light of the current opioid crisis. In Pennsylvania, research under Chapter 20 of the Act will be designed to study the efficacy and utility of medical marijuana as medication for the qualifying serious medical conditions. Current data correlate well with patient's individual experiences; however, formal controlled research trials are often requested as an outcome of observational studies but are very challenging to undertake based on Marijuana's federal classification The Commonwealth's

Chapter 20 research initiative provides a unique opportunity for us to thoroughly research the effects of medical marijuana.

In addition to using medical marijuana as part of a treatment strategy for opioid use disorder, medical marijuana for pain relief can keep some patients away from opioids entirely. Studies show that states with medical marijuana programs are seeing a reduction in the use of opioids, and patients are reporting relief from their symptoms, most notably in the area of pain management. It's worth noting that nearly half of Pennsylvania's registered patient population have a pain-based certification.

In summary, opioid use disorder as a new serious medical condition not only provides another tool in the toolbox for practitioners, it also puts Pennsylvania at the forefront for conducting cutting edge research at a time when physicians are looking for alternatives to addictive opioids.