





**CAPITOL OFFICE** 220 Irvis Office Building P.O. Box 202055 Harrisburg, PA 17120-2055 (717) 787-5142

239 Longfellow St. Vandergrift, PA 15690 (724) 567-6982 **DISTRICT OFFICES** 620 N. Chestnut St. Derry, PA 15627 (724) 694-5298

Latrobe Municipal Building 901 Jefferson St. Latrobe, PA 15650 (724) 539-7560

## HEALTH CARE REPORT

## Quality health care should be affordable

The House Democratic Policy Committee held a hearing on affordable health care earlier this year. The hearing was one of several meetings held in which legislators discussed ways to improve our health care system across the commonwealth. Those who testified provided practical suggestions for expanding our health care system while maintaining high quality.

I believe it is imperative that we find ways to provide the best health care while ensuring affordability to all Pennsylvanians. Medicaid expansion has helped many of our hospitals become more viable. Another lower-cost option that offers high-quality health care is telemedicine.

Telemedicine is a two-way, real-time interactive communication between the patient and the physician or health care practitioner at a distant site. Medical professionals have found the use of audio and video equipment to be extremely cost efficient. I am



supporting S.B. 780, which if passed, would provide guidelines outlining who can use the telemedicine services, as well as provide clarity around insurance company reimbursements for those services. Payments would be established between the provider and the insurer. The legislation has been referred to the House Professional Licensure Committee.

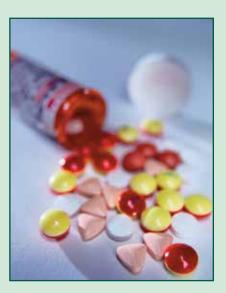
We want a great health care system in Pennsylvania, but it needs to be expanded to reach people throughout the commonwealth. In order to do so, we have to come up with creative solutions that will provide our residents with the best health care in the world.

## 2018-19 budget includes money to continue to fight opioids

In June we passed a 2018-19 state budget. I am happy to report that the budget includes money for continued support to fight Pennsylvania's heroin and opioid abuse epidemic.

## Here is a breakdown of the money allotted to fight the opioid epidemic:

- Approximately \$4.5 million has been appropriated in new funding for an initiative to provide home visitation services to nearly 800 families affected by substance use disorder.
- The budget allows current programs to be maintained including grants to single county authorities, 45 statewide Centers of Excellence, and the prescription drug monitoring program within the Department of Health and Human Services.
- \$2 million in grants will be used via the Pennsylvania Commission on Crime and Delinquency to establish or expand drug courts.





## **Opioid-Related Legislation**

I voted for the following legislation to support the fight against the opioid epidemic in Pennsylvania:

**S.B. 978** – The Opioid Epidemic/Drug Disposal after Hospice Care bill changed the law to allow hospice workers to dispose of a deceased patient's pharmaceutical controlled substances. Previously, only a member of the hospice patient's household was able to dispose of a patient's pharmaceutical controlled substances while the home hospice provider could not do so unless otherwise authorized by state law to dispose of the decedent's personal property. The bill was signed into law on June 28 as Act 69 of 2018.

**H.B. 1539** – Would remove the legal restrictions that prevent grandparents from receiving benefits and assistance given to parents or foster parents. In the wake of the opioid epidemic, many



grandparents are serving as temporary primary caretakers. H.B. 1539 provides a way for grandparents to obtain temporary guardianship and the legal right to make basic, parental decisions, including enrolling a child in school or taking them to the doctor while at the same time protecting the rights of parents. The bill passed the House and is now in the Senate.

**H.B. 17** – Would clarify that a parent or guardian may give consent to drug or alcohol addiction treatment on behalf of a minor child. The bill was signed into law on June 28 as Act 47 of 2018.

**H.B. 353** – Would require the electronic prescribing of opioid medications as a means to prevent the diversion of controlled substances into the wrong hands. The current required method of prescribing opioids – handwritten prescriptions – can be easily lost, stolen or sold. The bill has been presented to the Senate Appropriations Committee.

**H.B. 1043** – Would provide for registration and regulation of pain management clinics to help prevent the diversion, misuse and abuse of controlled substances. The bill has been presented to the Senate Health and Human Services Committee.

**H.B. 713** – Would provide involuntary emergency examination and treatment for individuals with substance use disorder (SUD) who overdosed. The bill was presented to the House Appropriations Committee.



# Battling the opioid crisis

In January 2108, a statewide emergency was declared to bolster



the state's response to the opioid and heroin crisis in Pennsylvania. We have been working hard to fight opioid prescription drug abuse, but much more needs to be done. Most recently, I voted for H.B. 1987, which would limit the use of fentanyl, an extremely powerful opioid used as pain medication, until the use of opioids and heroin declines. This bill would restrict the use of fentanyl to palliative care, medical emergencies, surgical procedures and cancer patients, and would amend the Controlled Substance, Drug, Device and Cosmetic Act. The bill passed the House in June and moved to the Senate for full consideration.

## Medical form to allow patients to refuse opioids now available

In accordance with Act 126 of 2016, the Department of Health recently released a twopage form, the Pennsylvania Patient Non-Opioid Directive, which allows patients to refuse opioid therapy (Oxycodone, Vicodin or morphine) by just checking a box.

I had voted for Senate Bill 1368, which became Act 126 of 2016, because I am committed to finding ways to reduce opioid addiction in Pennsylvania. The law provides the critical information to all prescribers, practitioners and health care facilities that a patient has declined to be administered an opioid drug or offered a prescription for an opioid drug lacking abusedeterrent properties.

You can find the form on the Department of Health website at https://bit.ly/2Kf4IF9.



#### HEALTH CARE REPORT

## Help for suicide prevention

In Pennsylvania, suicide is the 11th-leading cause of death, with an average of one person dying every four hours, according to the American Foundation for Suicide Prevention. Nationally, suicide rates are 13 per 100,000 of the population, but in the commonwealth, the rate is at 14. Two years ago, a new law was enacted requiring licensees of the State Board of Social Workers to complete one hour of continuing education in the assessment, treatment and management of suicide risks as a portion of the total continuing education required for license renewal.

The legislation covers psychologists, social workers, therapists and counselors. It doesn't increase training hours, but simply would require one of the hours to be suicide prevention training. It's important to make sure our professionals have the skills to deal with suicide when they need to intervene or console during a difficult situation.

Several resources are available to anyone who may be suicidal. The National Suicide Prevention Lifeline is (800) 273-8255.

## Legislation would help our emergency personnel should they face a crisis

I am supporting legislation in the House that would create a Mental Wellness and Stress Management program for Pennsylvania's first responders.

Due to the demands of this high-risk job, some emergency responders suffer from depression, anxiety, suicidal thoughts and lack of sleep, yet they don't have adequate access to the therapeutical resources to help them cope. This legislation would establish a mental wellness and stress management protocol within the state's Department of Health to protect Emergency Medical Services workers living with post-traumatic stress and/or brain injuries. They would be offered a peer-to-peer support program, a toll-free helpline, a Critical Incident Stress Management Program and trauma awareness training. The bill also would increase funding to the Emergency Medical Services Operation Fund.

I support this bill because I believe in doing all I can to help our emergency personnel who fearlessly aid our communities in times of distress. This bill has been referred to the Veterans Affairs and Emergency Preparedness Committee.



## **Combatting Lyme disease**

For three straight years, Pennsylvania has led the nation in confirmed cases of Lyme disease. Deer ticks have been found in each of Pennsylvania's 67 counties, according to the state Department of Health.



In an effort to address this issue, the current budget includes \$2.5 million in funding to support increased education, prevention and surveillance activities across the state.

Additionally, the Health Department launched the "Don't Let a Tick Make You Sick" campaign to raise awareness about the disease. The House also introduced H.R. 761 to urge the federal government to allocate funds for Lyme disease. The resolution was voted out of the House Health Committee.

According to 2016 statistics, Pennsylvania had approximately 12,200 cases of Lyme disease, which is about 40 percent of the nation's cases. As you know, it's important to remind individuals to use insect repellent with DEET, wear long sleeve shirts and long pants, check for – and promptly and properly remove – any ticks, and shower shortly after exposure. Transmitted through a tick bite, the disease can be treated with antibiotics if detected early.

If untreated, the disease can spread to joints, the heart and the nervous system. Symptoms of untreated cases may include migratory pain or arthritis, impaired motor and sensory skills and an enlarged heart.

For more information, visit www.health.pa.gov.



**Joseph A. Petrarca** 220 Irvis Office Building

P.O. Box 202055

Harrisburg, PA 17120-2055 Website: www.pahouse.com/Petrarca Email: petrarca@pahouse.net Facebook: www.facebook.com/RepJoePetrarca

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## **Health Legislative Update**

As your state representative, it is my duty to keep you informed of what is happening in Harrisburg. Here's my health update from the Capitol.



#### Below is a list of health-related bills and where they currently stand:

**H.B. 1805** – Would create a Certified Surgical Technologists standard for newly practicing surgical technologists and require them to meet a minimum threshold competency



requirement to prevent surgical site infections, protect patients and save lives. The bill is currently before the House Health Committee.



**H.B. 562** – Would increase the eligibility for breast and cervical cancer screenings through the Department of Health's "Healthy Women Program." The bill is currently before the House Rules Committee.

**H.B. 2135** – Would allow the State Board of Nursing to approve graduates of foreign professional nursing education programs to sit for the RN licensure examination, provided such programs are determined to be equivalent to what is required in the commonwealth. The bill is currently before the House Professional Licensure Committee.

**S.B. 530** – I supported this bill which updates the licensure requirements and scope of practice for clinical social work. Two years ago, the Social Workers, Marriage and Family Therapists and Professional Counselors Act was passed. The goal is to update the requirements to provide better

treatment for individuals who need the services of a clinical social worker, to clarify who may provide the services, and to define who may call themselves a licensed clinical social worker. The bill was signed into law on June 29 as Act 76 of 2018.

**H.B. 2042** – Would protect the rights of professionals with mental health disabilities by preventing licensing boards from investigating a licensed professional merely on the basis of that professional's present or past mental capacity. The bill is currently before the House Professional Licensure Committee.

**S.B. 892** – I supported this bill which amended the Chiropractic Practice Act and allows for an exemption to allow chiropractic interns and students to perform chiropractic activities under the supervision of a licensee, instructor or supervisor. The bill was signed into law on June 28 as Act 67 of 2018.

**S.B. 25** – Would modernize the Professional Nursing Law for Advanced Practice Registered Nurses by expanding access to high-quality health care by removing archaic restrictions on APRNs that no longer reflect modern medicine and health care delivery. The bill is currently before the House Professional Licensure Committee.





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