NEAL R. GROSS & CO., INC.

RPTS WOJACK

HIF284140

MEMBER DAY: TESTIMONY AND PROPOSALS ON

THE OPIOID CRISIS

WEDNESDAY, OCTOBER 11, 2017

House of Representatives

Subcommittee on Health,

Committee on Energy and Commerce

Washington, D.C.

The Subcommittee met, pursuant to call, at 10:15 a.m., in Room 2322 Rayburn House Office Building, Hon. Michael Burgess [Chairman of the Subcommittee] presiding.

Present: Representatives Burgess, Guthrie, Barton, Upton, Shimkus, Lance, Bilirakis, Bucshon, Brooks, Mullin, Hudson, Carter, Walden (ex officio), Green, Butterfield, Matsui, Lujan, Kennedy, Eshoo, and Pallone (ex officio).

Staff present: Adam Buckalew, Professional Staff Member, Health; Kelly Collins, Staff Assistant; Zachary Dareshori, Staff

Assistant; Jordan Davis, Director of Policy and External Affairs; Paul Eddatel, Chief Counsel, Health; Adam Fromm, Director of Outreach and Coalitions; Caleb Graff, Professional Staff Member, Health; Jay Gulshen, Legislative Clerk, Health; Zach Hunter, Director of Communications; Katie McKeogh, Press Assistant; Alex Miller, Video Production Aide and Press Assistant; Christopher Santini, Counsel, Oversight & Investigations; Kristen Shatynski, Professional Staff Member, Health; Jennifer Sherman, Press Secretary; Jeff Carroll, Minority Staff Director; Waverly Gordon, Minority Health Counsel; Tiffany Guarascio, Minority Deputy Staff Director and Chief Health Advisor; Jordan Lewis, Minority Staff Assistant; Jessica Martinez, Minority Outreach and Member Services Coordinator; Samantha Satchell, Minority Policy Analyst; Andrew Souvall, Minority Director of Communications, Outreach and Member Services; Kimberlee Trzeciak, Minority Senior Health Policy Advisor; and C. J. Young, Minority Press Secretary.

Mr. Burgess. Subcommittee will come to order, and I will recognize myself for an opening statement.

United States of America is in the midst of a fierce battle against an epidemic brought to us by opioids. It does not matter where you live. This crisis has touched every corner of American society.

While New England and the Ohio Valley regions represent states hardest hit by the epidemic, health officials from the South and reaching across the West all report a growing number of overdose deaths in those counties.

The latest figures from the Center for Disease Control and Prevention is astounding. Ninety-one Americans die every day from an overdose.

Now, more than ever, we must come together and strengthen our commitment to fight this malady. I expect today's Members Day will bring to the forefront key insights and potential solutions on this critical issue.

In the previous Congress, the Energy and Commerce Committee led several bipartisan initiatives to help address the opioid epidemic.

The Comprehensive Addiction Recovery Act and the 21st Century Cures Act are now law and providing resources at the state and local levels.

Much-needed policy changes are being implemented the passage

of both CARA -- with the passage of both CARA and Cures.

In fact, as a result of CARA, patients suffering from substance abuse now have greater access to evidence-based treatment, addiction treatment services, and overdose reversal therapies.

Cures, on the other hand, provided $1 billion in grants for states to support an array of prevention treatment and recovery services. I believe these initiatives are making a significant difference.

At the same time, other issues have emerged in this fight. Earlier this year, our committee responded to reports of people overdosing on heroin laced with synthetic opioids -- fentanyl, carfentanyl -- which are 100 to 10,000 times more potent than morphine.

The ready availability of these synthetic opioids have become a public health threat and illegal online pharmacies, primary operating in foreign countries, are exacerbating this epidemic every day for our state and federal officials.

Today's hearing will allow us to gain member perspective on potential ways to complement existing policies and federal regulations to combat the opioid epidemic.

Representatives both on and off the Energy and Commerce Committee will testify about the opioid epidemic, share their stories, and propose legislative solutions for our consideration.

In advance, I want to thank House members for participating in this important discussion and we look forward to hearing from everyone who's going to be before us today.

Let me yield what little time I have left to the vice chairman of the Health Subcommittee, Mr. Guthrie.

Mr. Guthrie. Thank you very much. Obviously, I am going to be brief.

So many families have been devastated by this, and in "Dreamland," which is a book that I read about the opioid crisis -- an important book that I read about the opioid crisis -- had all these different scenarios.

But when you see it in reality, I was in Owensboro one evening and met a mom. The mom was the mother of an athletic student -- an athlete and an honor student -- who had her ACL torn playing soccer, was prescribed painkillers.

After her recovery she was addicted to pain killers. Since she couldn't have access to them, turned to heroin, and passed away due to an overdose.

This is a sad story that is repeated through all groups and all areas and it's something that I am looking forward to hearing all the testimony today to look for ideas to further do what Congress has done through CARA and moving forward as well.

So I thank you, Mr. Chairman, for yielding and I yield back the balance of my time.

Mr. Burgess. The chair now recognizes the ranking member of the subcommittee, Mr. Green, three minutes for an opening statement, please.

Mr. Green. Thank you, Mr. Chairman.

The Centers for Disease Control and Prevention has called for prescription drug overdose abuse in the United States an epidemic, has found drug overdose to be the leading cause of injury death in the United States.

Between 1999 and 2010, the death rate from prescription painkillers more than quadrupled and only continues to rise. In 2015, more than 52,000 people died of drug overdoses in America and about two-thirds of those were linked to opioids.

The toll is only rising. The New York Times' analysis of preliminary data found that 59,000 to 65,000 likely died from overdoses in 2016.

Today, it's estimated that more than 2 million have use disorder and too few of these people are in treatment. The rate of heroin overdoses had increased dramatically in recent years.

Its rise is directly linked to the opioid epidemic. In 2010, approximately 3,000 drug-poisoning deaths were connected to heroin. In 2013, the number jumped to a total of 8,000 overdose deaths and only continues to rise.

There is no community that has not been touched by this crisis and some have been ravaged by it. This committee has taken steps

to address the crisis but so much is needed to combat it when families and communities across the country are being torn apart.

Included in the 21st Century Cares, or the state-targeted response to the opioid crisis grant program, it provided a billion dollars over 2017 to 2018 to states to address the opioid epidemic.

Extending this money is a crucial part of any continued federal efforts to respond to the epidemic. We need an approach that employs proven health -- public health strategies and spans the entire spectrum from prevention to treatment and recovery.

These include robust funding to support prevention, crisis response and expanded access to treatment and long -- lifelong recovery tools.

The Affordable Care Act is a vital part of our efforts to fight against the opioid epidemic. More than 1.5 million Americans with substance abuse use disorders have access to treatment through Medicaid that doesn't -- that didn't before the ACA, thanks to the Medicaid expansion.

Unfortunately, Americans fighting addiction that live in states that refuse to expand their Medicaid programs like Texas were left out in the cold.

For those in the individual market, all plans must include services for substance abuse disorders and mental health, and consumers cannot be denied coverage because of a history of substance abuse, all thanks to the ACA.

This is not a small feat. Prior to the ACA, roughly a third of all individual market policies didn't cover substance abuse treatment.

Repealing the mental substance abuse disorder coverage provision of the ACA will remove at least $5.5 billion annually from the treatment of low-income people with mental and substance abuse disorders.

Going even further is to gut the traditional Medicaid or scrap the Medicaid expansion in states that took the money would be absolutely devastating to our fight against prescription drug and heroin addiction crisis.

We are in the midst of the largest public health crisis that our country has known and this is not time to cut health care safety nets that serve those in recovery.

I am pleased that we have the opportunity to hear from our colleagues about their proposals and to combat the prescription drug epidemic.

We need a comprehensive solution to the crisis that includes real dollars and targets the entire spectrum of addiction, prevention, crisis response for those who fall through the cracks, and expanding access to treatment and proving support for recovery.

We must be guided by science and avoid stigmas and not fall into traps, misconceptions about proven treatment strategies.

I thank the chairman for having this conversation and look forward to advancing new strategies and funding to turn the side of this growing crisis and really help families and communities that desperately need it.

And I yield back my time.

Mr. Burgess. Gentleman yields back. The chair thanks the gentleman. We will actually -- I will just make an organizational note before we move to our first panel.

We are going to be hearing from Energy and Commerce members at the outset. Energy and Commerce members are welcome to give their testimony from the witness table or from the dais, whichever they prefer.

We are going to move to our first panel, which will consist of Chairman Walden, Ranking Member Pallone, Chairman Upton, Ms. Eshoo, and Chairman Latta, and again, you are welcome to testify either from the table or from -- from the dais.

So with that -- so the Chair recognizes the Chairman of the full committee, Mr. Walden.

STATEMENT OF THE HONORABLE GREG WALDEN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF OREGON

The Chairman. I thank the Chairman.

I come here today on behalf of my constituents like I do every day, but I -- I think especially today, with our opportunity for all members to make their case to the Energy and Commerce Committee, first we want to welcome them.

And I think as our colleagues on both sides of the aisle have already said, all of us in all of our communities face these challenges related to drug overdoses.

I held a round table the day before yesterday in Bend, Oregon, where I learned a lot about the problems they're facing and some of the successes they are having, and the importance of the work that we are doing here.

It is a heartbreaking epidemic that has been featured on the front pages of our local newspapers, on national television, as part of the stories from our friends and family members, and with good reason.

Conservative estimates forecast that more than 90 Americans die from opioid abuses overdoses each day -- 90 a day, Mr. Chairman, while more than a thousand are treated each day for abusing opioids.

In 2016 alone, more than 64,000 Americans died from drug

overdoses and in Oregon alone, more people died last year from drug overdoses than from car accidents.

I recently held round tables in southern and central Oregon to discuss how we can better combat this crisis. Meeting with the people on the front lines of this fight in our communities to find out what is working, what more can be done, is crucial to our efforts to end this scourge.

The Energy and Commerce Committee has led a number of bipartisan initiatives to help address the opioid epidemic, from groundbreaking initiatives that are now law like the Comprehensive Addiction and Recovery Act -- CARA -- and the 21st Century Cures Act.

Resources are become available and important policy changes are being implemented to stem the tide of opioids.

CARA established a comprehensive strategy for improving evidence-based treatment for patients with substance abuse disorders and it made significant changes to expand access to addiction treatment and services and overdose reversal medications.

The new law also included criminal justice and law enforcement-related provisions. The 21st Century Cures Act provided a billion dollars in grants for states, the first half of which was made available in April of 2017 to be administered by the Substance Abuse and Mental Health Services Administration,

or SAMHSA.

My state of Oregon received $6.5 million in grants to help combat the epidemic that has plagued our great state. However, so much more work needs to be done.

Since the passage of CARA and the 21st Century Cures Act, other issues have emerged in the fight against opioids such as the proliferation of fentanyl and its analogs, and then there are allegations of pill dumping and the practice of patient brokering.

In my own district I've heard the all-too-familiar tale of the mother whose oldest son was first prescribed opioids after injuring his ankle playing basketball. It didn't take long for him to become addicted.

Another parent shared with me the story of his sister and nurse who died of an overdose after years of suffering from addiction and bounding between pharmacies, passing off forged prescriptions.

He spoke about how better tracking and treatment could have helped catch his sister's problem earlier and perhaps made counselling more effective.

As it was, she was the -- she was only caught because two pharmacies in the small town happen to check with each other. You see, by then it was too late, though.

These two stories may have come from Oregon but they're not exclusive to the beaver state. They're why we are here today.

Addressing the opioid epidemic requires an all hands on deck effort. Today we'll be hearing testimony and stories from our colleagues both on and off the Energy and Commerce Committee about what more can be done and I am looking forward to hearing feedback and input from both sides of the aisle to hear about what is working and what is not and find ways to complement our existing law and to address emerging issues.

So with that, Mr. Chairman, I appreciate every here today with us, taking time to participate. I look forward to hearing from all my colleagues and together we must continue to fight this opioid crisis in America, and I yield back.

[The prepared statement of The Honorable Greg Walden follows]:

**********COMMITTEE INSERT 1**********

Mr. Burgess. Gentleman yields back. The Chair thanks the gentleman.

And again, just to reiterate the format for today, members on the Energy and Commerce Committee are invited to either give testimony from the witness table or from the dais, whichever they prefer.

So at this time I will recognize the ranking member of the full committee, Frank Pallone from New Jersey, for five minutes, please.

STATEMENT OF THE HONORABLE FRANK PALLONE, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW JERSEY

Mr. Pallone. Thank you, Chairman Burgess.

Today's Member Day provides us the opportunity to hear from our colleagues about how the epidemic is uniquely affecting their districts as well as to hear their ideas of additional efforts and funding that is needed to help individuals, families, and communities affected by this crisis.

Like all communities across the country, the opioid epidemic is having devastating consequences in my home state. Drug overdoses are the leading causes of accidental death in New Jersey.

According to the Centers for Disease Control and Prevention, there were -- there was a 16 percent increase in drug overdose deaths in New Jersey between 2014 and 2015, and lat year drug overdose deaths topped more than 2,000.

And unfortunately, we are continuing to see increased deaths from this tragic epidemic. I am proud of the steps this committee has taken to respond to this tragic epidemic that is taking the lives of 91 Americans every day.

I am pleased that we worked together in a bipartisan fashion to pass the Comprehensive Addiction and Recovery Act, or CARA. We also worked together to create the state-targeted response to

the opioid crisis grant program as part of the 21st Century Cures Act and this grant program provides a billion to states to address the opioid epidemic.

There were positive and -- well, these were positive and bipartisan laws that we produced in 2016 during the last year of the Obama Administration. That was 2016. 2017 has been much different.

Congressional Republicans have spent much of this year trying to repeal the Affordable Care Act, which would have prevented millions of Americans from getting the help that they need to treat opioid use disorders and the repeal legislation passed here in the House would have allowed insurers to once again discriminate against people with preexisting conditions such as opioid use disorders.

The Republican-passed bill would also have allowed states to waive essential health benefits including mental health and substance use treatment.

But, thankfully, those repeal efforts have failed to date. So as we move forward, what is clear is that individuals with substance use disorder, their families, and their communities need us to work together to do more.

Despite some progress here in Washington, the epidemic has shown no signs of relenting and that is why we must continue to support and increase funding for proven health -- public health

approaches spanning the entire spectrum from crisis to recovery, including expanding access to medication-assisted treatment.

Those efforts should include more funding and we should extend the state-targeting response to the opioid crisis grant program so that we can expand even further people's access to opioid abuse treatment, prevention, and recovery support services.

So I look forward to hearing from my House colleagues and continuing to work together in a bipartisan fashion to help our country respond to this crisis.

I yield back, Mr. Chairman.

[The prepared statement of the Honorable Frank Pallone follows:]

**********COMMITTEE INSERT 2**********

Mr. Burgess. Gentleman yields back. The Chair thanks the gentleman.

Chair recognizes the Chairman of the Energy Subcommittee, Mr. Upton, for three minutes.

STATEMENT OF THE HONORABLE FRED UPTON, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MICHIGAN

Mr. Upton. Well, thank you, Mr. Chairman.

This is very important, this Member Day, as we are able to all share our personal experiences on a crisis that has been plaguing our nation over the last couple of years -- opioid addiction and abuse.

This silent epidemic has for sure torn through families, neighbourhoods, and communities, both certainly in my home state of Michigan. But we know across the country as well.

In fact, in 2015, there were nearly 2,000 opioid abuse-related deaths in Michigan alone. Even more tragically, more than 22,000 babies are born every year across the country with neonatal opioid withdrawal syndrome.

This terrible epidemic has hit home both in my community and, yes, even in my extended family. So this is very personal to me as it is with so many throughout our communities.

In the last couple of years, I have been meeting with first responders, crisis center employees, advocacy groups, and yes, individuals suffering.

All of these folks have said that, tragically, the death toll continues to rise. That is why we have been taking concrete steps here in this committee to combat the widespread epidemic.

Just last year, the President signed into his sweeping package aimed at attacking the opioid epidemic from all sides.

As part of 21st Century Cures, a bill that every one of our committee members supported, an additional $1 billion was allocated to the states like Michigan to address opioid addiction, treatment and prevention.

This year the first round of funding was delivered. We received $16 million and that grant funding will make a real difference. It will.

To those suffering I just say help is on the way, and as a result of this legislation as well as administrative action, NIH Director Francis Collins is helping to lead the charge.

This summer, the NIH started meeting with experts in academia and the biopharmaceutical industry to talk about innovative ways in which government and industry can work together to address the crisis.

I strongly support that work and look forward to seeing the results of the research that NIH is doing with its industry partners.

There are also things that we in Congress can help NIH with in these endeavors. First, we need the NIH to develop more options for overdose reversals.

Second, we need the evidence that the NIH can develop an effective therapy for addiction, and finally, we must accelerate

the development of nonaddictive pain medicines.

The sooner that we in Congress supply the resources necessary to conduct that work, the sooner that we can supply powerful new tools for every community.

These efforts can't happen fast enough and these are some of the many reasons that I continue to support robust NIH funding.

There is more work to be done, and here in Congress we will continue to take steps to address that epidemic and in this committee we are on the front lines to advance meaningful bipartisan legislation that indeed will make a difference. Together, we will bring it out of the shadows.

I yield back.

[The prepared statement of the Honorable Fred Upton follows:]

**********COMMITTEE INSERT 3**********

Mr. Burgess. Gentleman yields back. Chair thanks the gentleman.

Chair recognizes the gentleman from New Jersey, Mr. Lance, three minutes, please.

STATEMENT OF THE HONORABLE LEONARD LANCE, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW JERSEY

Mr. Lance. Thank you, Mr. Chairman, and I must say this is the first time I've been on this side of the dais and what a fine looking group.

Mr. Green. It is more fun being over here, as you know.

Mr. Burgess. If it makes the gentleman more comfortable, we can swear you in.

[Laughter.]

Mr. Lance. That means I would be under oath.

Mr. Burgess. Yes.

Mr. Lance. Thank you, Chairman Burgess, for organizing this conversation today. The opiate crisis is devastating families and communities across New Jersey, the state I represent.

In 2015, the Garden State's death rate was two and a half times the skyrocketing U.S. rate. We are making progress with the implementation of the Comprehensive Addiction Recovery Act of 2016, but more work needs to be done.

I acknowledge the efforts of one of my constituents, Basking Ridge resident Clodette Sabatelle. Clodette has done critical work and has made a positive difference in the lives of those suffering from drug addiction.

Her advocacy group, Community in Crisis, helps equip the

loved ones of those in pain. None of the progress we have made so far in this fight against drug addiction and opiate abuse would have been possible without the work of people like Clodette and organizations like Community in Crisis. Their efforts are efforts that we should make sure Congress understands and applauds.

I worked closely with Clodette on the issue of over prescription. In 2012, health care providers wrote 259 million prescriptions for opiates.

The CARA provisions I authored addressed that issue by reforming and improving the medical drug approval and label process at the Food and Drug Administration.

For the first time, Congress has required the agency to work closely with expert advisory committees before making critical product approval and labeling decisions and to make recommendations regarding educational programs for prescribers of extended release and long-acting opiates.

CARA also encourages the development and approval of opiates with abuse-deterrent properties. We also have to make sure resources such as the state-targeted response to the opiate crisis grants administered by the Substance Abuse and Mental Health Services Administration continue to give states the tools they need to experiment and test best practices.

New Jersey recently secured a $13 million federal grant from

the Substance Abuse and Mental Health Services Administration to focus on this crisis.

The Drug-Free Community Support program in the White House Office of National Drug Control Policy also recently awarded Community in Crisis and two other able organizations Hunterdon Prevention Resource and EmPoWER Somerset, each with a $125,000 grant to assist addressing the problem of opiate and heroin abuse, provide education, and implement prevention measures.

Community in Crisis Hunterdon Prevention Resource and EmPoWER Somerset are great partners in connecting people with the resources and support they need.

These investments are not only the right thing to do but help lessen the significant strain on law enforcement resources. I commend each group on its important work.

Mr. Chairman, I stand ready to work with you and colleagues on both sides of the aisle to continue this work. Thank you for calling this hearing today.

[The prepared statement of the Honorable Leonard Lance follows:]

**********COMMITTEE INSERT 4**********

Mr. Burgess. Chair thanks the gentleman. Gentleman yields back. And the Chair wants to thank this panel.

We will move to our second panel. Members identified wishing to speak in the second panel -- Mr. Butterfield of North Carolina, Ms. Matsui in California, and Mr. Bilirakis of Florida.

Again, members are advised they may either speak from the witness table or from the dais, whichever is their preference.

So the chair recognizes Ms. Matsui of California for three minutes.

STATEMENT OF THE HONORABLE DORIS MATSUI, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF CALIFORNIA

Ms. Matsui. Thank you, Mr. Chairman, for inviting us today to testify about proposals to address our nation's opioid epidemic.

We all have heartbreaking stories of constituents whose lives were lost too soon to an opioid overdose. In my home district of Sacramento, they have experienced a particularly deadly overdose crisis last years due to pills contaminated with fentanyl, which is as much as 50 times stronger than heroin.

Addiction is a devastating disease that knows no bounds and we must come together to provide solutions in a comprehensive manner. In this committee, we took a step forward by passing the Comprehensive Addition and Recovery Act into law last year.

We need to build on these efforts. Understanding addiction and its consequences are multi-pronged and we need a multi-pronged solution.

I look at this problem as I do any other health care problem, which means I examine it holistically across the spectrum from prevention to early intervention to treatment.

In the case of the opioid epidemic there is a lot we can do at each of these stages, all of which rest on truly building up our nation's mental health system and integrating behavior health

care with physical health care.

Historically, mental health and addiction have bee treated as character flaws and therefore not addressed with evidence-based medical treatment. We can reverse that course by making treatment more available, bolstering our mental health work force, and reducing stigma.

In 2012, Representative Lance and Senators Stabenow, Blunt, and I passed the Excellence in Mental Health Demonstration Project into law. This project is allowing states to demonstrate that building up community-based behavior health clinics improves access to care.

Last week, we introduced legislation to extend the years of the program and expand it to more states. We should strongly consider this as one way to help address the opioid crisis.

We also need to enforce mental health parity laws to make sure health insurers are offering mental health benefits equal to physical health benefits.

However, this work on parity is irrelevant if mental health benefits are not offered in the first place. There have been proposals which included provisions that allow states to waive essential health benefits, meaning insurance once again not be required to cover mental health and addiction treatments. That's not good.

Cutting billions from the Medicaid program would also mean

loss of coverage from millions suffering from substance use disorder. We cannot take these steps backward.

I am encouraged by steps being taken across the health care sector to address the crisis including the limiting of opioid prescriptions for prescribes and insurers.

We need to build on these efforts. That includes considering proposals in Congress to provide resources and training for state and local enforcement and bolstering a mental health workforce, educating the public, addressing availability of a range of treatment options from outpatient to inpatient to residential care and more.

And I do look forward to continuing to work with the committee on these policy proposals to address this pressing issue.

Thank you, and I yield back.

[The prepared statement of the Honorable Doris Matsui follows:]

**********COMMITTEE INSERT 5**********

Mr. Burgess. Chair thanks the gentlelady. Gentlelady yields back.

Chair recognizes the gentleman from Florida, Mr. Bilirakis, for three minutes, please.

STATEMENT OF THE HONORABLE GUS BILIRAKIS, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF FLORIDA

Mr. Bilirakis. Thank you, Mr. Chairman.

The United States is in the midst of an opioid overdose epidemic. Sadly, 91 Americans die every day due to opioid overdoses. Nearly half of all opioid overdose deaths involve a prescription opioid.

In 2010, in response to the opioid crisis in Florida's pill mill problem, Florida's legislature enacted statewide tracking of painkiller prescriptions coupled with law enforcement using drug trafficking laws to prosecute providers caught over prescribing. Within three years, Florida saw a decrease of more than 20 percent in overdose deaths.

Despite this positive trend, opioid abuse continues to plague my district. In fact, my district had the second highest prescription drug death rate in Florida in 2014.

In response, I worked last Congress to ensure that Pasco County was included as a high-intensity drug trafficking area, enabling law enforcement to receive additional resources to combat the spread of drug-related crime.

I want to applaud the committee for including my bills, the Medicare Patient Safety and Drug Abuse Prevention Act and the Promise Act in CARA, which passed last Congress.

The Medicare Patient Safety and Drug Abuse Prevention Act created a pharmacy and physician block-in program within the Medicare Advantage and Medicare Part D, giving CMS the tools to crack down on this abuse in the Medicare program and it's important for us to maintain oversight, of course, as you know, on this program as CMS is developing the rules.

The Promise Act will increase safety for opioid therapy and pain management by requiring the VA and DoD to update their clinical practice guidelines for managing of opioid therapy for chronic pain, requiring the VA opioid prescribes to have the enhanced pain management and safe opioid prescribing education and training and encourage the VA to increase information sharing with state licensing boards. I think that is critical.

As part of the 21st Century Cures Act, Florida has received over $27 million in grants to help fight the opioid epidemic by increasing access to treatment and recovery services, strengthening public health surveillance, and improving pain management practices.

These critical funds are supporting Florida's all-hands-on-deck approach across the state to curb opioid abuse and save lives.

I am pleased the administration and this committee are leading the charge on this critical issue and I look forward to working together to help save lives and prevent addiction.

I yield back, Mr. Chairman. Thank you.

[The prepared statement of the Honorable Gus Bilirakis follows:]

**********COMMITTEE INSERT 6**********

Mr. Burgess. Gentleman yields back. The Chair thanks the gentleman.

Chair recognizes the gentleman from North Carolina, Mr. Butterfield, for three minutes, please.

STATEMENT OF THE HONORABLE G. K. BUTTERFIELD, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NORTH CAROLINA

Mr. Butterfield. Thank you very much, Mr. Burgess, and to my fellow colleagues. Thank you for opportunity to address the committee today about the state of the opioid epidemic in my home state of North Carolina.

And let me just begin, Mr. Chairman, by crediting my friend and our former colleague, Mary Bono, who was also up from Florida -- Mr. Bilirakis, who talked so incessantly about this issue because it was very dear to her and she knew the impact that it was having on -- on her state.

Ms. Mack brought this important topic to the forefront of our subcommittee some years ago. She was the chairman of the subcommittee and I was the ranking member.

At first, Mr. Chairman, I thought Mary was a little bit overreacting to the opioid crisis in Florida because it had touched her family personally.

But after we had hearings and after I looked into it, I came to the conclusion that she was not overreacting -- that it was indeed an epidemic not just in Florida but all across the country.

Just last year, I worked with many of my colleagues in this room on the Comprehensive Addiction and Recovery Act that was passed into law. That bill included, roughly, 20 different

legislative proposals to help slow the epidemic. As part of the 21st Century Cures Act, this committee approved $500 million.

The American people need to know that, Mr. Chairman. We approved $500 million in supplemental funding to address opioid abuse.

Despite the investments and attention from Congress, we are still feeling the opioid crisis very close to home. During the August work period I saw the effects of the epidemic on my small community in Wilson, North Carolina. Just in August alone, there were two deaths because of the opioid abuse in the community.

According to reports in the Wilson Times -- and I have a copy of that with me today -- medics in Wilson County administered the appropriate drug in response to opioid crisis 28 times by mid-August when they usually administered the treatment 30 times per quarter.

According to Chris Parker with the Wilson County Emergency Medical Services, there is a definite increase in opioid use and abuse in our county.

North Carolina has a real problem on its hands. America has a real problem on its hands. By July of this year, there were more than 500 diagnoses for emergency department visits, up from 410 at the same point last year.

Regrettably, Mr. Chairman, in my humble opinion, the administration is not taking this situation seriously. The

budget office -- the budget offered by the current administration cuts HHS funding by 16 percent, the CDC by 17 percent, the National Institutes of Health by 19 percent.

I am also very concerned about the proposals to get the Medicaid program that we have considered in this committee. The Center for Budget and Policy Priorities estimates that nearly 100,000 people with an opioid use disorder have gained coverage through Medicaid expansion under ACA.

Congress must do all that it can to help stop this epidemic from devastating more lives, more families, and communities.

Congress should provide certainty -- certainty and funding to combat this epidemic which I -- which is why I am the original co-sponsor of H.R. 3495, the Opiate and Heroin Abuse Crisis Investment Act of 2017 that was introduced by Mr. Lujan.

We must also protect existing fundings for research in opioid use disorder coverage, provide tools to communities to address this epidemic, and reduce the stigma for those needing treatment.

So I want to thank you for convening this hearing. I want to thank Mr. Latta, Mr. Bucshon, Mr. Bilirakis, and all of you for your time, your attention, and your energy to this issue because it is an emergency in our country.

Thank you. I yield back.

[The prepared statement of the Honorable G. K. Butterfield follows:]

**********COMMITTEE INSERT 7**********

Mr. Burgess. Chair thanks the gentleman. Gentleman yields back.

Chair recognizes the gentleman from Indiana, Mr. Bucshon, for three minutes, please.

STATEMENT OF THE HONORABLE LARRY BUCSHON, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF INDIANA

Mr. Bucshon. Chairman Burgess, Ranking Member Green, thank you for holding this important hearing today.

Opioid abuse disorder has ravaged our communities, and while it is important to look forward and address what else needs to be done to combat this terrible disease, we need to ensure the legislation we have already passed is being properly implemented and is working as Congress intended.

In July 2016, the Comprehensive Addiction and Recovery Act -- CARA -- landmark legislation addressing the opioid abuse crisis was passed into law. I spent months convening stakeholder round tables and working on bipartisan language which became Section 303 of CARA.

Section 303 updates the Controlled Substances Act and office-based opioid addiction treatment laws by ensuring that patients are offered and physicians are trained on all FDA-approved treatments.

Under previous law, prior to CARA millions of opioid-addicted patients had their treatment determined based on their setting of care.

With the passage of CARA, patients in these settings must now be offered a full range of treatment options based on their

individual clinical needs and individualized treatment plan.

Unfortunately, 15 months after the legislation was signed into law, Section 303 still has not been implemented. I urge the committee to conduct strong oversight to ensure SAMHSA will be properly implementing the law.

Every day that this law goes unimplemented is one more day that our family members, friends, and colleagues are battling a disease with fragmented and incomplete treatment options.

Specifically, SAMHSA should send a dear colleague letter to notify physicians that they must offer all anti-addiction medicines based on a patient's clinical needs.

Additionally, curriculum for doctors, PAs, and nurse practitioners should be updated to include training on all FDA-approved opioid addiction medications.

Moreover, all of SAMHSA's public-facing material, including their website, should be modernized to reflect this patient-centered approach.

According to the Evansville Courier and Press, 55 people in Vanderbergh County, Indiana, have died of a drug overdose in the first nine months of this year, which is more than all of 2016.

The availability of all medication-assisted treatments regardless of where a patient chooses to seek them will help to stem the tide of these unnecessary deaths.

It is vital that as the committee moves forward in the fight

against opiate abuse disorder that we ensure CARA is properly implemented and helping people combat this terrible disease.

Mr. Chairman, again, thank you for this hearing, and I yield back my time.

[The prepared statement of the Honorable Larry Bucshon follows:]

**********COMMITTEE INSERT 8**********

Mr. Burgess. Gentleman yields back. Chair thanks the gentleman and recognizes the gentleman from Ohio, Mr. Latta, for three minutes, please.

STATEMENT OF THE HONORABLE ROBERT LATTA, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF OHIO

Mr. Latta. Well, thank you, Mr. Chairman, and again, thank you for holding this hearing today.

Opioid abuse and addiction has caused devastation in every community across our nation and Ohio has been especially hard hit. In Ohio, in 2015, 3,050 people lost their lives from unintentional drug overdose.

In 2016, that number increased to 4,050. That's a 32 percent increase from the previous year and that means 11 deaths a day. For comparison, in 2016, there were 1,133 traffic fatalities in Ohio.

That means that drug overdoses cause nearly four times as many deaths compared to traffic accidents. These figures are heartbreaking and sad to know that this problem isn't getting any better.

Many county coroners in Ohio say that 2017's overdose fatalities are outpacing 2016's. This problem knows no limits and has affected husbands, wives, children, brothers, sisters, fathers, and mothers. It has destroyed marriages, ruined careers, and cut too many lives short.

When I read through the obituaries in my local newspapers over the past year or two I have noticed more younger individuals

without a cause of death being listed.

Unfortunately, in too many of instances it is because of drug overdoses. Across my district in northwest and west central Ohio, I have heard how opioid addiction impacts our communities.

I have toured businesses and met with community leaders and spoke with families to hear how substance use disorders have directly affected their lives.

It is because of these stories that I plan to introduce legislation that would direct the Department of Health and Human Services to create a public electronic database of information relating to nationwide efforts to combat the opioid crisis.

The database would serve as a central location of information for the public and others to track federal funding allocations made available for research and treatment of opioid abuse, find research relating to opioid abuse from all federal agencies, state, local, and tribal governments as well as nonprofits, law enforcement, medical experts, public health educators, and research institutes.

Furthermore, the legislation would charge HHS to evaluate a myriad of issues relating to pain management, addiction, prescription guidelines, treatments, trends and patterns, and effective solutions to problems used across the country.

These findings would be available on the database as well and HHS would be instructed to offer recommendations for targeted

areas of improvement.

I believe that with the help of HHS and other relevant agencies this database will allow for easier access of information, funding streams, and relevant data that can help to combat the opioid abuse epidemic across our nation.

With 11 people dying every day in Ohio and over 91 Americans dying nationwide every day, we have run out of time to find a solution to this crisis. We need action now.

I appreciate the committee for holding this forum to express creative ideas and solutions and hope it leads to more lives being saved.

Mr. Chairman, I appreciate the opportunity to be here, and I yield back the balance of my time.

[The prepared statement of the Honorable Robert Latta follows:]

**********COMMITTEE INSERT 9**********

Mr. Burgess. Chair thanks the gentleman. The gentleman yields back.

The Chair wants to thank all the members on this panel for your testimony. You are now excused, and we will seek the next panel, and I --

Mr. Butterfield. Mr. Chairman, a parliamentary inquiry. Did --

Mr. Burgess. The gentleman will state his parliamentary inquiry.

Mr. Butterfield. I am not sure that is the right terminology. But I wanted to include into the record two newspaper articles that I referenced.

Have I -- have I lost my right to do that?

Mr. Burgess. Is the gentleman asking unanimous consent?

Mr. Butterfield. I am. Yes, sir.

Mr. Burgess. Without objection, so ordered.

[The information follows:]

**********COMMITTEE INSERT 10**********

Mr. Butterfield. Thank you.

Mr. Burgess. And the Chair now would ask that the next panel, which is Mr. Johnson, Mr. Welch, Leader Pelosi, and Mrs. Brooks.

And, again, members of the committee are welcome to provide their testimony from their seated position on the dais or from the witness table, whichever is your preference.

And, Mr. Johnson, I will recognize you for three minutes.

STATEMENT OF THE HONORABLE BILL JOHNSON, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF OHIO

Mr. Johnson. Thank you, Mr. Chairman. I appreciate this discussion about an issue that is so vitally important.

It is no secret that America is in the midst of an opioid crisis. Last year in my home state of Ohio alone about 86 percent of overdose deaths involved an opioid.

This epidemic can be felt in virtually every community across the country and today I want to share a story that will shed some light on some of the good work being done by people in my district to help combat the opioid epidemic and to perhaps let everyone know about some of the positive things that are taking place.

Recently, I had the honor of visiting Field of Hope, a faith-based nonprofit treatment facility in southeastern Ohio that assist area families ravaged by poverty and drug abuse.

Field of Hope Recovery House was founded by a man named Kevin Dennis after he witnessed his own daughter become addicted to opioids after she had knee surgery from a high school athletic injury.

Her prescriptions ran out before her pain was managed. But, unfortunately, by that point, she was addicted. She ended up in prison several times for theft and checked into numerous rehab facilities before she fully recovered from addiction.

She is now a recovery counselor at Field of Hope and is happily married with a child. I heard some incredibly powerful and touching stories during my visit to the Field of Hope Campus and I witnessed the good work they are doing firsthand.

We, in Congress, and especially in this committee have an important role to play in supplementing and enabling the work being done by organizations like Field of Hope.

On the front end, we need to develop prevention policies that steer people like Kevin's daughter away from opioids in the first place. Innovative nonopioid nonaddictive treatments exist today and more are on the way. But this -- these innovative treatments are not always covered by federal programs like Medicare and Medicaid.

We should closely examine the reimbursement policies in place to ensure that patients have access to effective alternatives for pain management without the risk of addiction.

I've also been encouraged by recent efforts by private payers, providers, pharmacists, and patient groups to address the addiction crisis through increased awareness, prescribing guidelines, and new treatment options. I believe Congress can play a role in ensuring that all prescribers are equipped with education in pain management so they can provide effective pain treatments for patients and timely intervention for those who are addicted.

I look forward to continuing to work with my colleagues on the committee and in the House to find effective solutions to this scourge.

Mr. Chairman, it is a national crisis. We need to act, and, with that, I yield back the balance of my time.

[The prepared statement of the Honorable Bill Johnson follows:]

**********COMMITTEE INSERT 11**********

Mr. Burgess. Gentleman yields back. Chair thanks the gentleman.

The Chair is then pleased to recognize the entire Vermont delegation. Mr. Welch, you are recognized for three minutes.

STATEMENT OF THE HONORABLE PETER WELCH, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF VERMONT

Mr. Welch. We don't have the numbers of Texas, but I appreciate the recognition.

First of all, Dr. Burgess, thank you, and Mr. Green, thank you -- your taking time to focus attention and demonstrate the urgency of this challenge.

Second, this so affects us all. I mean, it's heartbreaking and it doesn't matter whether it's a red district or a blue district. It doesn't matter what your view is on the size and scope of government. This is hurting people in your district, Dr. Burgess and Mr. Green, and in my district and my colleagues here.

In Vermont, our governor dedicated his entire State of the State Address to this epidemic in 2014, and I remember at that time many of my colleagues asked the question, "Peter, isn't this going to do bad things for the reputation of Vermont," but then acknowledged that what he was saying was true in their own state -- in their own districts.

So you focussing attention on it, Mr. Chairman, thank you. That is step number one. I can give you some statistics in Vermont but they would be very similar to Mr. Johnson.

I mean, our prescription drug problems with individuals

increased from 2,477 in 2012 by 80 percent. Heroin went from 913 in 2012 and increased to 3,488 -- a 380 percent increase. Every one of those stories is a story of family heartache.

I mean, I got a letter from a mom whose 27-year-old son became addicted to heroin and just the story about him being homeless, him going from being a full time working person to being out on the street, him -- her having to call her daughters, saying that their brother may soon be dead -- all of that is real and all to vivid.

So this is an enormous challenge. Our job in Congress is to come up with some policies that are going to help people help themselves and I would like to make a few suggestions of things that we need to do.

Number one, we do have to have funding. We have to have full funding for the Comprehensive Addiction and Recovery Act and we've got to find the money in order to allow our communities to do that work.

Two, we have to have more research into alternative treatment. I am working with Mr. McKinley to try to get the Comprehensive Addiction and Recovery Act to find better alternatives to treat pain.

Three, let us allow for partial filling of opioid subscriptions. Many of us have signed letters that would allow that to happen.

Four, let's support the recent action by Commissioner Gottlieb. He has done some good things. Immediate release -- he is trying to get immediate release opioid manufacturers to follow a more stringent set of REMS requirements which includes training doctors to safely prescribe these drugs.

So this hearing is tremendous -- focussing attention. The next step is to put this into legislative action.

Thank you, Mr. Chairman.

[The prepared statement of the Honorable Peter Welch follows:]

**********COMMITTEE INSERT 12**********

Mr. Burgess. Chair thanks the gentleman. Gentleman yields back.

The Chair recognizes the gentlelady from Indiana, Mrs. Brooks, for three minutes please.

STATEMENT OF THE HONORABLE SUSAN BROOKS, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF INDIANA

Mrs. Brooks. Thank you, Mr. Chairman, and thank you, Ranking Member Green, for hosting this incredibly important hearing.

Too many Americans are struggling with the crippling effects of drug abuse and addiction and the statistics, as we know, are devastating.

According to the Indiana State Department of Health, every two and a half hours a Hoosier is sent to the hospital for an opioid overdose.

Across our state there are enough bottles of painkillers in circulation for nearly every Hoosier to have their own and the number of infants born addicted to opioids is increasing at an alarming rate with health care costs for these babies costing Indiana more than $64 million in 2014 alone.

And as we know, like so many other states, Hoosiers are now more likely to die from a drug overdose than a car accident.

When I came to Congress in 2013, I had been very focussed on our communities and families that this epidemic has swept up. And like so many of my colleagues, we have held round tables. We have held meetings. We have met with addicted individuals' families. We have been on the front line with prescribers, health

care workers. We all agree this is a federal problem and a local problem.

Last year, we passed CARA, which included my bill to establish an interagency task force to review, modify, and update the best practices for pain management and prescribed pain medicine.

HHS has already taken steps informing this task force, but more needs to be done. In my view, it is critical to ensure that the medical professionals have continuing medical education for the prescribing of DEA-controlled substances that have such a high risk of abuse.

I am exploring options to ensure that physicians and other medical professionals who prescribe these schedule drugs have more and better education linked to the application and renewal of their DEA licenses.

Professionals who prescribe and dispense opioid medications must have better training so that they fully understand those patients who, sadly, have gotten the onset of addiction due to what they've been prescribed and now they need even better education to help prevent that onset and then to help them with the addiction.

Indiana is tackling our problems head on and in fact just yesterday Indiana University announced a new initiative called Responding to the Addictions Crisis. It is being led by IU's Dean

of Nursing, Robin Newhouse. IU is committing $50 million over the next five years to collaborate with state and community partners to tackle this crisis.

It is going to be one of the most comprehensive state-based responses and every IU campus in the state is going to be involved.

It is going to focus on training and education, data collection and analysis, policy analysis and development, addiction sciences, community and workforce development.

So major steps are being taken across our state because everyone has a role to play, from our prescribers to our medical, to our higher ed institutions.

And I want to remind folks that DEA has a national prescription drug take-back day. It is approaching on October 28th.

It provides that safe, convenient, responsible way to dispose of excess prescriptions drugs so that people can get those drugs out of their medicine cabinets and out of our kids' reach. And not just kids -- to adults. So there are going to be locations all across the country and I really encourage everyone because everyone has a role to play. And so October 28th is National Take-Back Day and I hope that we get that word out.

Thank you, Mr. Chairman. I yield back.

Mr. Burgess. Very well, and of course, I thank the gentlelady for the -- providing the date. This hearing is being

streamed on Facebook live so your information now has been distributed to everyone who's been tuning in this morning. So that is a -- that is a good thing and perhaps we can each individually try to make that date part of our discussions as we go through the rest of the month.

I want to thank this panel for being here. You all are excused. I have a panel identified of Mr. Lujan, Markwayne Mullin of Oklahoma, Mr. Tonko, Mr. Hudson, and Mr. Kennedy.

Again, Energy and Commerce members are advised that they may present from the dais or from the witness table, whichever is your preference.

If you are seated at the table we will provide a name tag for you. So and whenever you are ready, Mr. Lujan, you are recognized for three minutes, please.

STATEMENT OF THE HONORABLE BEN RAY LUJAN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW MEXICO

Mr. Lujan. Thank you, Mr. Chairman. I thank the chairs and ranking members for the opportunity to discuss how New Mexico has been impacted by the opioid crisis.

Five hundred and one New Mexicans died of drug overdose deaths in 2015. Across this country, there were 52,404 deaths in 2015 and more than 560,000 deaths between 1999 and 2015 -- a half a million people who missed Thanksgiving dinner or their daughter's softball game, who weren't able to help their son with math homework or kiss their spouse good night.

That's brothers and sisters, parents and friends and children that we have lost too soon because in part Congress has not responded forcefully enough to the crisis.

Last Congress, we did important work by passing the Comprehensive Addiction and Recovery Act -- CARA -- and 21st Century Cures Act. These were steps in the right direction but these efforts alone are not enough.

I have heard from my community that the funding passed in Cures is helpful but hard to use. In part, this is because of the short funding period which impacts communities' ability to plan for the long-term and expand capacity.

We know that in two many areas like New Mexico there are

simply not enough people and resources. Many want help and can't get it.

I am reminded of a story relayed to me by one of my constituents, Jay, who have stopped using heroin on his own -- who felt as if he was going into relapse and sought help at a local treatment facility.

Jay was told, come back when you are using. He was turned away and told to come back only if he started using again because they lacked the capacity to treat patients who were not active drug users. That's simply not right.

To really expand the treatment prevention and wraparound services that our constituents need, we must increase funding and create stability. We need to give local governments and organizations the ability to plan and not fear losing vital support from Congress.

Most of all, we need to give constituents like Jay a place to go after he's fought a tough fight on his own. That's why I introduced the Opioid and Heroin Abuse Crisis Investment Act to continue the funding to combat the opioid epidemic we passed in 21st Century Cures for an additional five years.

I would welcome my colleagues' support because we absolutely must extend this funding for an additional five years and beyond.

However, this still isn't enough, which is why we must look at new efforts to drive vital investments to help those in need

and address the barriers to appropriate quality and accessible treatment.

These barriers include a decaying rural mental health and substance abuse treatment infrastructure, lack of regional coordination of treatment resources, lack of support for rural physicians providing substance abuse treatment, administrative barriers against the most effective form of opioid abuse treatment, and a shortage of rural physicians who provide medication-assisted treatment.

We as a committee must recognize that hoping for the best is not valid public policy -- there is a quick fix to solve the opioid crisis. That is simply not true.

We need to advance serious legislation that takes into account long-term planning for the federal government and for states and communities. We need to bring it to the floor of the House, send it to the Senate, get it passed, and to the president's desk.

I fear that until we recognize this fact we will continue to lose brother's and sisters, parents and friends, and children.

Mr. Chairman, I thank you for holding this important hearing and finding a way for us to work in a bipartisan fashion to address this important issue.

Thank you, Mr. Chairman. I yield back.

[The prepared statement of the Honorable Ben Ray Lujan

follows:]

**********COMMITTEE INSERT 13**********

Mr. Burgess. Gentleman yields back. Chair thanks the gentleman.

The -- Mr. Mullin, you are going to be recognized for three minutes. After that, we will allow the Minority Leader to be seated at the table and hear her testimony.

But Mr. Mullin, go ahead for three minutes, please.

Mr. Mullin. Okay. Mr. Chairman, I have no problem with letting Ms. Pelosi go next if she would like to.

Mr. Burgess. If the Minority Leader is ready then, yes, we will recognize you for -- you are recognized.

STATEMENT OF THE HONORABLE NANCY PELOSI, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF CALIFORNIA

Ms. Pelosi. Thank you, Mr. Chairman. Thank you, Rep. Mullin, for your courtesy. I really came to listen as well as to convey some thoughts.

This is only the second time I've ever testified as leader or as -- in that capacity because this issue rises to the level of -- as you know, of life and death. And so with gratitude to you and to the ranking member, Mr. Green, for bringing us together in a bipartisan way on this issue that is a matter of life and death.

Thank you, Mr. Burgess.

The opioid epidemic, again, is taking a savage daily toll on the American people. We know that, and regardless of who they are or where they live, they are in every district in the country, as we know.

The scourge is tearing families apart, have an impact on the well being of our children, hollowing out communities. It has claimed the lives of tens of thousands of Americans every years, on average robbing 90 people of their lives each day.

Again, just to testify to that -- I know it's a matter of your record here. Opioid addiction is a public health catastrophe and is growing more dire and deadly every day.

And I believe that it is really important for us to respond to this national emergency with the seriousness and urgency it requires. Fortunately, we have had bipartisanship in passing legislation -- the Comprehensive Addiction and Recovery Act.

We all came together during the bipartisan legislation that was passed -- the 21st Century Cures Act that people were so happy that the addiction language was in there. That day we heard the stories of families so affected -- break your heart -- families who had lost a child, a young teenager or 21-year-old or whatever within a matter of days or weeks before that particular signing.

President Obama signed that legislation. But it had the language. It just hasn't had the money to the adequate extent and that, Mr. Chairman, is my appeal to you for our Democrats and Republicans to work together to have the funding to fund the key initiatives authorized in the bill.

I do want to make a pitch for Medicaid be built on the progress. The ACA's Medicaid expansion has provided a vital lifeline for tens of thousands of Americans struggling with addiction.

As governor of Ohio, our former colleague, John Kasich, noted, thank God we expanded Medicaid because that Medicaid money is helping to rehab people.

Yet 19 states have not taken that step. We stand ready to work with you, Mr. Chairman, in good faith with Republicans to

update and improve the ACA but we remain vigilant against efforts to gut Medicaid because it will create even more of a problem in terms of opioids, just to name one thing.

The opiate epidemic is a challenge to the conscience of the entire country. We must, again, act urgently and boldly to get America's families the prevention treatment and recovery resources they need, and in that regard I said we must work with providers in the pharmaceutical industry to push effective prevention measures so we can reduce unnecessary prescriptions and stop this epidemic at the source.

Knowing of your busy schedule, I will submit my entire statement for the record. Again, thank you for the courtesy of being able to testify before your committee and thank you for your leadership on this important issue, and thank you, Mr. Green, as well.

[The prepared statement of the Honorable Nancy Pelosi follows:]

**********COMMITTEE INSERT 14**********

Mr. Burgess. The Chair thanks the Minority Leader for being here today. You are welcome to stay and listen to the testimony of the other members but we also respect your schedule and if you need to leave that is certainly understandable as well.

But in the meantime, I will recognize Mr. Mullin for three minutes.

Ms. Pelosi. Thank you for your hospitality. I will listen. I will listen.

Mr. Burgess. Well, yes, I will recognize the gentleman from Texas.

Mr. Green. Thank you, Leader, for being here. But before Mr. Mullin testifies, Mr. Chairman, I would like to thank him for his work.

Literally, when the water was going down in Houston, you called me and said, "I have some churches in Tulsa who want to partner with your churches."

So we did that, and instead of having one week's worth of your folks from your Cherokee Nation, I think they stayed a month, helping my seniors and disabled clean out their three or four feet of water in their house, and I didn't realize they had that drywall skills. So thank you.

Ms. Pelosi. As a -- one with a daughter in Houston and grandchildren, I thank you as well.

Mr. Mullin. Thank you.

STATEMENT OF THE HONORABLE MARKWAYNE MULLIN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF OKLAHOMA

Mr. Mullin. Mr. Green, thank you. Cherokee Nation called us right off the bat and said, how can we help, and we had churches reach out to us, and we have been very fortunate to work together on multiple issues here in Congress. It has been a friendship that carried past that and it was a -- it was an honor to be able to help your constituents.

Thank you, Mr. Chairman and Mr. Green, for allowing us to talk about such an important epidemic that is going across our nation. We talk often about the opioid epidemic. But what are we talking about as far as how did we get here and then how do we go back.

We never want to talk about taking medicine backwards. But I stand -- I sit in front of you, from a gentleman who's had surgeries since I was a little boy. I was born with my hips out and my feet in club -- in the club feet position and I started having surgeries very young. I also built up a very large pain tolerance. And I have never been one to use pain medicine.

Now, my wife says that I am different than most. I think most people in this room would probably agree with that. But I do understand pain and I understand the need for medicine.

But in '96 when pain became a sense and, in my opinion, we

let the genie out of the bottle. We started treating it like it was something that can be treated like a cold or the flu, and all we do is mask it.

And we've seen stronger and stronger drugs coming out. We've seen them become controlled substance -- narcotics -- that we send home simply in a bottle with a prescription and say that is -- that is controlled.

Now we've seen an epidemic spread from the middle class to the low class to the wealthy and to our mothers and our fathers, to our brothers and our sisters and our co-workers.

When do we put the genie back in the bottle? How do we continue to allow drugs -- addictive drugs -- continue to be sent home with our loved ones? The highest percentage of death -- of accidental opioid deaths -- are mothers -- middle-age women. Most of them got addicted to them after birth or an elective surgery.

How is that possible? How do we let it continue to move down that path and not say that we have to do something bold about this? When it's a controlled substance, why do we allow it to go home? Wouldn't that be better treated in the hospital?

We talk about a lot of remedies but we have got to go back to where it started, and it started when we started treating it like a sense.

I am very proud to be on this subcommittee. I am very proud

that, Chairman Burgess, you are taking a very heavy interest in this and I am proud that Chairman Murphy had took an interest in this, too.

And that is why we are proud to be able to pick up one of his bills. It is H.R. 3545 that will at least allow doctors after surgery to be able to access records to know if that person has an addictive behavior so we are not sending those type of drugs home with them.

I look forward to continuing to work with the committee. I look forward to finally being able to put some type of remedy in bringing this to a closure and quit hurting our families back home, and I hope that we can approach this in a bipartisan approach, put politics aside, and put families first.

Thank you. I look forward to working with you. I yield back.

[The prepared statement of the Honorable Markwayne Mullin follows:]

**********COMMITTEE INSERT 15**********

Mr. Burgess. Chair thanks the gentleman. Gentleman yields back.

Chair recognizes the gentleman from New York, Mr. Tonko, for three minutes.

STATEMENT OF THE HONORABLE PAUL TONKO, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW YORK

Mr. Tonko. Thank you, Chair Burgess and Ranking Member Green, and members of the Subcommittee.

We are a nation in crisis. The opioid epidemic is wreaking havoc in our communities at an unprecedented scale with CDC estimating 64,000 dead from drug overdoses in 2016 -- an astonishing 21 percent increase from the previous year.

This public health disaster is costing us more lives annually than at the peak of the AIDS epidemic -- as many lives as gun violence and traffic accidents combined.

If this Congress doesn't find additional solutions to turn the tide on the opioid epidemic, we will be complicity in this American tragedy.

I am here today to offer two such legislative solutions. First, I introduced the Addiction Treatment Access Improvement Act -- H.R. 3692 -- with my good friend, Congressman Ben Ray Lujan.

This legislation would expand access to medication-assisted treatment by allowing certified nurse midwives and other advanced practice registered nurses to prescribe buprenorphine and, in addition, this legislation would codify the 2016 rule that allowed physicians to treat up to 275 patients with buprenorphine and eliminate the sunset of a provision that allows nonphysician

providers to prescribe MAT.

The Addiction Treatment Access Improvement Act would particularly benefit pregnant and post-partum women who are struggling with addiction and improve outcomes for the over 13,000 infants that are born each year with neonatal abstinence syndrome.

Despite the expansion of medication-assisted treatment in the Comprehensive Addiction and Recovery Act, there is still a significant shortage in treatment capacity, resulting in individuals waiting months, if not years, to receive effective addiction treatment. Only 20 percent of patients who need treatment for opioid use disorder are currently receiving it.

Let me repeat that. Only 20 percent of patients who need treatment for opioid use disorder are currently receiving it. The Addiction Treatment Access Improvement Act would address this treatment gap and save lives.

This committee should act on this bipartisan legislation without delay.

The second bill I'd like to discuss is the Medicaid Reentry Act -- H.R. 4005. This legislation is a targeted attempt to address the problem of overdose deaths that occur post-incarceration.

Studies have shown that individuals who are released back into the community post-incarceration are, roughly, eight times more likely to die of an overdose of the first two weeks

post-release compared to other times.

The risk of overdose is elevated during this period due to reduced physiological tolerance for opioids amongst the incarcerated population, a lack of effective addiction treatment options while incarcerated, and poor care transitions back into the community.

The Medicaid Reentry Act would grant states flexibility to restart Medicaid coverage for Medicaid-eligible individuals 30 days pre-release.

By allowing the Medicaid benefit to restart prior to release, states would be able to more readily provide effective addiction treatment pre-release and would allow for smoother transitions to community care, reducing the risk of overdose deaths post-release, striking an overall wiser use of scarce Medicaid dollars.

Let me be clear. This legislation that I've introduced would not expand Medicaid eligibility in any way. It would simply grant states new flexibility to restart an individual's Medicaid benefits 30 days earlier than allowed under current law.

This increased flexibility would dovetail with innovative reentry programs already being championed by Republicans and Democrats in states across our country and would give individuals reentering society a fighting chance to live a healthier drug-free life.

Let me just end with an urgent plea for action and bipartisanship. I know that many of the ideas that this committee will hear today would, in normal times, be met with the typical partisan objections and end up stuck in a procedural morass.

These are not normal times. When your house is on fire you don't look to see whether the firefighter is wearing red or blue uniforms before they turn their hoses on.

If we are truly going to make a difference in this crisis and save lives, we have to have a big heart and an open mind.

I thank my colleagues for their time and for their consideration of this legislation that I have presented and, again, to the chair, ranking member, and members of the subcommittee, thank you for offering such, you know, attention to a crisis that has gripped this country in severe measure.

Thank you. I yield back.

[The prepared statement of the Honorable Paul Tonko follows:]

**********COMMITTEE INSERT 16**********

Mr. Burgess. Gentleman yields back. Chair thanks the gentleman.

Chair recognizes the gentleman from North Carolina, Mr. Hudson, for three minutes, please.

STATEMENT OF THE HONORABLE RICHARD HUDSON, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NORTH CAROLINA

Mr. Hudson. Thank you, Chairman Burgess and Ranking Member Green, for giving me the opportunity to speak on behalf of my constituents.

As has been noted, the opioid epidemic is not an isolated issue. It is a nationwide issue and it deserves our attention. The New York Times noted last month that the opioid epidemic is killing more people per year right now than the HIV epidemic did at its peak in the '90s.

These drugs do not discriminate based on gender, race, social class, or age, and they destroy lives, families, marriages, and careers.

In my home state of North Carolina, the opioid epidemic has really hit hard. North Carolina is home to four cities in the top 25 of worst cities affected by the crisis, one of which is in my district -- Fayetteville, North Carolina.

One particularly devastating story that stuck with me from a constituent I met while touring a treatment facility last year in my district, he was a police captain, the son of the police chief in the same town, and he injured his back on the job and was prescribed an opioid following his surgery.

He told me he vividly remembers the moment he became addicted

the first time he took one of these medications. Within a year, he was a full-blown heroin addict. He's since recovered and now mentors addicts through treatment.

Unlike many stories, this is a story with a happy ending. Fayetteville has become home to soldiers and veterans -- or is the home of soldiers and veterans who have become addicted after being prescribed opioids for injuries sustained in combat or training.

The tragedy is that the VA does not have enough inpatient beds to treat every veteran and so oftentimes veterans go without help and are forced to self-medicate by using opioids found on the black market.

This is outrageous and it is unacceptable. We need to find real solutions so we can put an end to this heartbreak.

I am proud to have worked last Congress with this committee's investigation into opioid addiction which resulted in the passage of both the Comprehensive Addiction and Recovery Act and the 21st Century Cures Act.

These laws have made huge steps forward in the treatment and prevention of opioid addiction but it is clear we have work left to do.

One idea I am working on is expanding access to safe ways to dispose of prescription drugs, particularly opioids. DisposeRX is a company in my district that manufacturers a powder

that mixes with water inside the pill bottle and renders any unused opioids not only inaccessible and inextricable but also biodegradable.

It is innovation ideas like this that we need to explore and I look forward to working with my colleagues on the committee to help treat and prevent this opioid addiction.

Thank you, Mr. Chairman. I yield back.

[The prepared statement of the Honorable Richard Hudson follows:]

**********COMMITTEE INSERT 17**********

Mr. Burgess. Gentleman yields back. Chair thanks the gentleman.

Chair recognizes the gentleman from Massachusetts, Mr. Kennedy, for three minutes, please.

STATEMENT OF THE HONORABLE JOSEPH P. KENNEDY, III, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MASSACHUSETTS

Mr. Kennedy. Thank you, Mr. Chairman, and many thanks to the ranking member, Mr. Green, as well for convening this hearing and for bringing all of us together -- our colleagues from across the country.

I also want to thank my colleagues that have testified already. Their comments, I think, are right on. I think they show the depth of this epidemic across the country and how it's affected so many in our districts from around our nation and the myriad ways in which our federal government can help respond to it.

There is no silver bullet to this but there are ideas out there that are, I think, genuine that have widespread support and that I hope will deserve this committee's attention, going forward.

Addiction, as many know, is not a disease that knows congressional districts or state borders or electoral college results. It is not one that cares about how much money is in your bank account or asks how many children you have.

For patients and families on the front lines of this epidemic today it is personal, it is painful, and it is petrifying.

The question, I think, before all of us isn't is there an

epidemic. I think you've heard from everybody today saying that there is.

The question is how do we go forward. My colleagues have outlined some of their solutions. I wanted to touch on a couple of broad themes as well.

First and foremost is Medicaid. Medicaid, as of now, covers about 30 percent of all nonelderly adults with an opioid addiction in this country -- 30 percent -- and the 20 percent of opioid addicts that do not have health insurance largely stems from individuals in states that did not take a Medicaid expansion.

This is not enough. We need to strengthen our Medicaid programs to ensure that everybody gets the care that they need when they need it.

That means not just ensuring access to Medicaid and eligibility but it means fleshing out the networks that Medicaid provides so that you don't have the stories that so many of us have heard from folks around the country of even if they are enrolled in Medicaid that there are not providers that will take it, and if providers do take it that they would have wait months in order to get a slot to get into treatment.

There is complex reasons for that but, in my own opinion, a big portion of that comes through low Medicaid reimbursement rates that ends up putting the burden of treatment on the backs of providers rather than making sure that patients get the care

that they need.

Second is law enforcement. Folks, we lock people up in this country that are sick and we need to be doing an awful lot more not only to make sure that that safety net for our mental health system is not a criminal justice system but supporting our first responders and police officers who end up being on the front lines of this epidemic and addiction epidemic across the country and put in an impossible place of forcing to have to arrest people, forcing to put themselves in danger because our mental health system is not robust enough.

I was a state prosecutor. We threw people in jail that were sick. They would break into homes and cars to try to satiate an opioid epidemic -- an opioid addiction because they didn't have anywhere else to go.

Finally -- and I will be brief, Mr. Chairman -- the medical community. You heard Mrs. Brooks talk about education. We have heard folks talk about prediction of drug monitoring programs. We have heard folks talk about prescription guidelines. All of those need to be on the table.

I, like Mr. Mullin, have had surgery before. I got in an argument with a surgery technician on my hospital bed who was trying to prescribe me pain killers that I wouldn't take because I am so deathly afraid of these things. That part needs to change.

I look forward to working with my colleagues in the weeks

and months ahead to try to make sure that our government does take the step forward we need.

I yield back.

[The prepared statement of the Honorable Joseph P. Kennedy, III follows:]

**********COMMITTEE INSERT 18**********

Mr. Burgess. Chair thanks the gentleman.

Chair thanks everyone on this panel. We will allow you to depart, and we have a panel that will be Mr. Costello of Pennsylvania, Mr. Walberg of Michigan, Mr. Carter of Georgia, and Chairman Goodlatte of Virginia.

And Mr. Walberg, we are doing Energy and Commerce members first. But with your permission, I will go to the Chairman of the Judiciary Committee since he has made time to be with us this morning.

And Chairman Goodlatte, you are recognized for three minutes.

STATEMENT OF THE HONORABLE BOB GOODLATTE, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF VIRGINIA

Mr. Goodlatte. Mr. Chairman, Ranking Member Green, members of the committee, thank you very much for the opportunity to testify about the opioid crisis in America.

This crisis affects Americans across all socioeconomic levels in all regions of the country, including in my home district in Virginia, and has rightfully gained the attention of Congress.

According to the Northern Shenandoah Valley Substance Abuse Coalition, they have seen 11 opioid overdoses resulting in four deaths since September 20th, making 33 deaths in that portion of my district so far this year.

Just recently, I met with a mother in Roanoke whose daughter is an opioid addict living on the streets. Her concern for her daughter was heartbreaking to hear.

Sadly, I know that every member of Congress in this room has heard these stories of bright futures wasted away and lives taken too early.

That is why we must act to provide more tools to help addicts reclaim and rebuild their lives, stop drug traffickers, and make our communities safer.

We at the Judiciary Committee have been pleased to work with the committee on Energy and Commerce in this fight to combat this

epidemic.

Just last year -- since last year, the Judiciary Committee has passed seven legislative measures that address the multifaceted nature of the opioid epidemic.

Notably, the Judiciary and Energy and Commerce Committees worked collaboratively to see the Comprehensive Opioid Abuse Reduction Act -- CARA -- signed into law last year.

This bipartisan legislation combats the opioid epidemic by establishing a streamlined comprehensive opioid abuse grant program including vital training and resources for first responders and law enforcement, criminal investigations for the unlawful distribution of opioids, drug and other alternative treatment courts, and residential substance abuse treatment.

We have also targeted those who traffic in opioids. The Transnational Drug Trafficking Act, which is now law, improves law enforcement's ability to pursue international drug manufacturers, brokers, and distributors in source nations.

Federal prosecutors can now use the important tools in that bill to pursue foreign drug traffickers who are poisoning American citizens.

Additionally, in July of this year, the Judiciary Committee reported favorably the Stop the Importation and Trafficking of Synthetic Analogs Act. It is an unfortunate reality that synthetic drug use and the opioid epidemic are inextricably

linked. Heroin is regularly laced with synthetic drugs such as fentanyl.

This bill ensures that our laws keep pace with the creation of new chemically-altered drugs and provides law enforcement with the tools needed to keep these drugs off of our streets.

That legislation, I believe, is currently before the Energy and Commerce Committee. I hope you will take a very close look at it and if we can pass it out of the committee I am sure it will pass the House with a very strong vote.

Mr. Chairman and members of the committee, I appreciate the opportunity to testify. My dedication to curtailing the opioid crisis is unwavering and I look forward to our continued work together to that end.

Thank you.

[The prepared statement of the Honorable Bob Goodlatte follows:]

**********COMMITTEE INSERT 19**********

Mr. Burgess. The Chair thanks the gentleman. Thanks for making time to be with us on our -- on our panel today. We sincerely appreciate you being here. We know we have got work to do and we will work together on this.

Mr. Goodlatte. Thanks for the opportunity.

Mr. Burgess. Mr. Walberg, you are recognized for three minutes, please.

STATEMENT OF THE HONORABLE TIM WALBERG, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MICHIGAN

Mr. Walberg. Thank you, Mr. Chairman, and I am always delighted to go behind the Chairman of the Judiciary Committee, especially since there are some of my bills in this committee.

But let me say, Chairman Burgess and Ranking Member Green, I want to thank you for holding today's hearing to receive input from members who represent different corners of our country and yet the very same problem.

Since the heroin and opioid crisis came to the forefront, I have heard so many devastating stories about families losing loved ones. I have toured recovery centers, talked with survivors who continue to battle addiction and ridden along with law enforcement to understand the challenges that they face in keeping our neighbourhoods safe.

I have also met a number of amazing compassionate individuals -- fellow citizens who have stepped up and are leading the fight in their communities.

A few weeks ago, I had the opportunity to meet with a constituent named George Barath from Monroe County. He established Ryan's Hope Foundation, a nonprofit organization named in honor of his son who died from a heroin overdose in 2012.

He was only 25. Ryan's Hope funds structured long-term

residential treatment for addicts and so far they have helped nearly -- helped nearly 40 addicts by sending them to rehab.

To help cover these costs, Mr. Barath has also teamed up with local first responders to organize a charity hockey game called Hockey Against Heroin.

In Lenawee County, my own home county, the Pathways Recovery Engagement Center just opened its doors last week. I got a chance to see the center in August when it was in the final stages of construction.

This recovery-based program in downtown Adrian is the result of a community partnership between local police and the county sheriff's office, Rotary Clubs, and the local hospital system and mental health authority.

Ryan's Hope and the Pathways Resource Center are just two shining examples of constituents in my district making a difference. We need more community-based initiatives like these to get resources to those in need.

But Congress also has more to do. One example is Jesse's Law, a bipartisan bill I have introduced with Congresswoman Debbie Dingell. It seeks to ensure that medical professionals are equipped to safely treat their patients and prevent overdose tragedies.

It is named after Jesse Grub, who died last year of an opioid overdose. Jesse had battled a heroin addiction for nearly seven

years but had been clean for six months. She had made a new life for herself in Michigan and was training for a marathon when an infection related to a running injury required her to have surgery.

Jesse's parents told doctors that she was a recovering addict and shouldn't be prescribed opioids. Unfortunately, Jesse's discharging physician didn't know her addiction history and sent Jesse home with a prescription for 50 oxycodone pills. Jesse became a sad death by overdose statistic.

Jesse's law will ensure that physicians and nurses have access to a consenting patient's complete health information when making treatment decisions.

Such information is crucial to provide a patient-centered care, prevent relapses, and ultimately save lives. As we work together to address this crisis, it is my hope the stories and ideas shared today will inform our efforts and ensure we pursue meaningful solutions to remove obstacles to care and empower local communities to tackle the opioid crisis head on, and I thank you for listening to my story.

[The prepared statement of the Honorable Tim Walberg follows:]

**********COMMITTEE INSERT 20**********

Mr. Burgess. Gentleman yields back. The Chair thanks the gentleman, and I believe this concludes all the Energy and Commerce members seeking to give testimony. If any arrive, we will -- we will allow them to testify as they -- as they come in.

But I think our panel now will be Chairman Rogers, Mr. Marshall of Kansas, Mr. Turner, mayor of Dayton, Ohio.

Mrs. Bustos, if you wish to join us now, that would be -- that would be good as well. And Chairman Rogers, thank you for being here and being part of this discussion this morning. You are recognized, sir.

STATEMENT OF THE HONORABLE HAL ROGERS, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF KENTUCKY

Mr. Rogers. Well, thank you, Mr. Chairman, and colleagues. Thank you for hosting us on this very, very important topic.

Over the past 15 years, many of you have heard me advocate for a holistic approach to the calamity that we face, including enforcement, prevention, and treatment measures like those successfully implemented by Operation Unite in Kentucky.

We need to further encourage regional collaboration on this issue that ignores lines on a map, and I hope to work with the committee on this issue in the future.

Today, however, Mr. Chairman, I would like to focus on treatment. Despite the light we've shown on addiction, only 10 percent of those needing treatment for alcohol or drug-related addiction actually receive it -- 10 percent.

Underlying challenges in the treatment workforce further compound this lack of access. There are simply not enough incentives for health professionals in training to specialize in addiction medicine.

Treatment professionals work in stressful environments, receive relatively low pay, and turn over at rates much higher than other health professionals.

NIH continually pioneers research on addiction science and

new ways to treat this chronic disease. Yet, America has only half the number of practising addiction specialists needed to put their findings in practice.

This is a patient safety and public health calamity. Patients in need of addiction treatment often have access to specialized care in every corner of the country.

That is why I will soon be introducing legislation with my colleague, Katherine Clark, to create a student loan repayment program for qualified substance use disorder treatment professionals.

This program will not only encourage health professionals to pursue careers in addiction medicine but steer them towards areas most in need of their services.

Though it is not a silver bullet, this bill would be another substantial step in the right direction and I hope to work with each of you, Mr. Chairman and members, to this end and I thank you for allowing us here today.

I yield.

[The prepared statement of the Honorable Hal Rogers follows:]

**********COMMITTEE INSERT 21**********

Mr. Burgess. Chair thanks the gentleman. Gentleman yields back.

Will the gentleman from Georgia, an Energy and Commerce member, wish to join us at the table and, Mr. Carter, if you are ready I will recognize you for three minutes.

STATEMENT OF THE HONORABLE BUDDY CARTER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF GEORGIA

Mr. Carter. Thank you, Mr. Chairman and Ranking Member Green.

I want to start by -- my testimony by thanking you for holding today's hearing for soliciting input from members on how to continue to combat this growing epidemic.

As a pharmacist, I have always made it a priority to advise and assist my patients with the medications they are prescribed. As a community pharmacist, I develop close bonds with people who are often my friends and neighbors. That bond pushes pharmacists to always act proactively in helping their patients.

One of the largest concerns I have seen is the increased prescribing of opioids for pain relief. We need to look at other options and other outlets for the treatment of pain and find a good medium. I believe we can work with the FDA to prioritize nonopioid treatments for patients and create a channel for the approval of those therapies.

In addition, as it currently stands, prescribers are able to write up to three 30-day prescriptions or Schedule II drugs for patients. I believe it would be pertinent to reexamine that prescribing structure and look at the effectiveness of allowing fewer initial prescriptions and a limited number of refills rather

than three months of prescriptions.

Similar to that notion, allowing pharmacists to have a greater say in limiting the number of pills filled in a prescription could help to address the transition to addiction.

For instance, limiting the fill for acute pain needs such as a dental procedure could help prevent an individual from getting hooked on opioids.

Under CARA, a pharmacist is only able to partially fill a prescription with the consent of the patient or prescriber or in the instance it doesn't have enough stock to fully fill a prescription.

A simple seven-day fill could cover their pain needs and keep more pills out of potential use or circulation. Prescription drug monitoring programs -- PDMPs -- are a great resource in combatting prescription drug abuse. But they can be strengthened to better curb this epidemic.

One way to do so is to better align the data including in those PDMPs so that states can collaborate to create a more comprehensive picture of people's drug use. Further linking state PDMPs and including data in work flows could allow for more accuracy in how states monitor and respond to potential abuses.

Drug take-back programs continue to expand across the country. Currently, at least 19 states have some form of drug take-back programs and 23 states have programs allowing

pharmacists to accept unused and unwanted drugs.

One of the most common ways in which adolescents access prescription drugs is through the drug cabinets of their parents and grandparents.

Too often these unused pills can act as a gateway to further abuse by young adults. Expanding these programs through law enforcement pharmacies or paid-for mail programs can take some of these prescription drugs off the street.

The creation of middle grounds of therapies will provide for alternatives that are missing in today's market. By facilitating research and development, we can help drive the expensive and time-consuming efforts needed to make those treatments a reality.

Currently, there are few options left between Tylenol, Tramadol, and opioids, and that void is driving prescription decisions across the country.

So thank you, Mr. Chairman and committee, for the opportunity to provide testimony here today and I look forward to working with everyone to tackle this issue.

[The prepared statement of the Honorable Buddy Carter follows:]

**********COMMITTEE INSERT 22**********

Mr. Burgess. The Chair thanks the gentleman. The gentleman yields back.

The Chair recognizes the gentlelady form Illinois, Mrs. Bustos, for three minutes, please.

STATEMENT OF THE HONORABLE CHERI BUSTOS, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF ILLINOIS

Mrs. Bustos. All right. Thank you, Mr. Chairman, and also Ranking Member Green.

I would like to start out by telling you a story about a young man from my congressional district in Rockford, Illinois. His name is Chris Boseman. I had the good fortune of meeting his mother, who told me this story.

Chris passed away in the summer of 2014 when he was only 32 years old. He had injured his back and as a result of that his physician prescribed an opioid to relieve his pain. Soon after that, he became dependent upon those -- that prescription opioid and found out that he could go to the street and find something very cheap called heroin -- $10.

So he continued the cycle of overdose, rehab, relapse, and he was -- he was on the right path. He enrolled in a college called Rock Valley College where he was studying construction management.

But a year after being clean, he relapsed again and ended up passing away. And we know stories very similar to this are happening all over our country.

And I was so proud when we came together, Democrats and Republicans, and actually passed some meaningful legislation on

-- to help address this opioid crisis.

One of those bills that was including -- included in that was to care for infants born with an opioid dependency due to their parents' addiction. In fact, we received the government accountability report that my bill called for very recently and it reviews and makes recommendations to care for these infants.

But what it really ended up showing is that we have a very long way to go. The Department of Health and Human Services has a strategy for improving infant care, but they haven't yet put this into practice.

There is not even a protocol to screen and treat these newborn babies who are born addicted because of their parents' addiction. So it further reinforces that this is not the time to cut Medicaid.

Medicaid pays for four out of every five babies that are suffering from opioid withdrawal upon their birth. It has helped 1.6 million people with substance abuse disorders and access to treatment.

And I just really more than anything want to make the point that Medicaid has to be protected and not cut.

I want to stress one other point because of the congressional district that I represent and that is that the opioid crisis is actually worse in rural communities where the drug-related deaths are actually 45 percent higher.

Rural states have higher rates of overdose, especially

prescription opioids like the kind that Chris had been prescribed for his back injury.

So, you know, we don't have the resources to fight back at the level that we need to. We don't have enough physicians in rural America.

We don't have enough hospitals that are -- with up-to-date technology to help with this crisis. We don't even have the needed transportation to reach these treatment centers.

So that is why earlier this year I introduced bipartisan piece of legislation to help rural communities better leverage the U.S. Department of Agriculture programs to combat heroin and opioid use.

So we need to continue to look at solutions that work in rural areas like telemedicine, which will help us overcome the transportation and access issues that I mentioned earlier.

With that, Mr. Chairman, I yield back the rest of my time. Thank you.

[The prepared statement of the Honorable Cheri Bustos follows:]

**********COMMITTEE INSERT 23**********

Mr. Burgess. Chair thanks the gentlelady. Gentlelady yields back.

Chair recognizes the gentleman from Dayton, Ohio, Mr. Turner, for three minutes please.

STATEMENT OF THE HONORABLE MICHAEL TURNER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF OHIO

Mr. Turner. Thank you, Chairman Burgess, Ranking Member Green, and members of the Subcommittee. I want to thank you for the opportunity to appear before you today on this important issue.

As the chairman said, I come from Dayton, Ohio. My counties in Ohio are Montgomery, Greene, and Layette, and despite our communities' efforts to battle the opioid epidemic for years, the epidemic continues to destroy my community and my constituents on a daily basis.

This year, current estimates suggest that 800 people could die in my primary county -- Montgomery County -- due to opioid overdose. Sadly, that would more than double the 371 drug overdose deaths from 2016, the highest number recorded to date. Imagine 800 families receiving notice that someone in their family has died as a result of opioid overdose.

Heartbreaking numbers like this have made Montgomery County, Ohio, ground zero in the fight against opioid abuse and addiction.

Recently, in working in conjunction with the county sheriff I have called for the appointment of a Dayton area drug czar to help us streamline and coordinate our region's response to this epidemic.

While I have worked on a local basis to help stem this tide, today I would like to highlight my bill, H.R. 982, the Reforming and Expanding Access to Treatment Act -- the TREAT Act.

As the title suggests, the TREAT Act would increase access to substance abuse treatment by lifting two restrictions that hamstring full deployment of federal resources.

Medicaid's Institutions for Mental Disease Exclusion states that facilities with more than 16 beds, like jails, are not eligible for reimbursement for substance abuse treatment services furnished to individuals who are incarcerated.

Composing the problem, a Substance Abuse and Mental Health Administration Policy dating to 1995 limits the use of grants from its Center for Substance Abuse Treatment -- CSAT -- to only community-based treatment facilities excluding those who are incarcerated.

My Treatment Act offers a common sense solution that would eliminate these barriers to treatment for individuals who are incarcerated by allowing Medicaid to reimburse for substance abuse treatment services furnished to individuals who are incarcerated. There is not reason why someone who is Medicaid eligible should lose their benefits the moment they become incarcerated.

Limiting the SAMHSA policy that prohibits the use of grant funding for providing substance abuse treatment to individuals

who are incarcerated would also assist.

Since I first introduced the TREAT Act in November of 2015 and then reintroduced it in this Congress it has garnered a broad spectrum of support from law enforcement to medical providers to local jurisdictions.

The President's Commission on Combatting Drug Addiction and the Opioid Crisis Interim Report, which was just issued July 31st, 2017, strongly endorsed this concept that is in the TREAT Act.

The White House Commission called lifting Medicaid's IMD exclusions, quote, "the single fastest way to increase treatment availability across the nation, noting that every governor, numerous treatment providers, parents, and nonprofit advocacy group organizations have urged this course of action."

Chairman Burgess, Ranking Member Green, and members of the subcommittee, lives are at stake. This would be an important step to bring treatment to those individuals who are at a time we have an ability to intervene in their lives.

Thank you.

[The prepared statement of the Honorable Michael Turner follows:]

*********COMMITTEE INSERT 24**********

Mr. Burgess. Chair thanks the gentleman. The gentleman yields back.

Chair recognizes the gentleman from Kansas, Dr. Marshall, for three minutes.

STATEMENT OF THE HONORABLE ROGER MARSHALL, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF KANSAS

Mr. Marshall. Thank you, Chairman, very, very much. Appreciate -- thank you, Chairman, for the opportunity to come and talk and share some of my 30 years of experience as an OB/Gyn in rural Kansas.

As most of the members of the committee know, 92 people die in this country every day. Ninety-two people die in this country every day from opioid addiction.

What I wanted to do was describe a couple sentinel events. Why? Why did we end up in this situation? And as I -- as I look back in these last 10 years, the number of pills that I would send home for a post-op patient doubled.

For the average C-section, the average hysterectomy, all of a sudden each week, to get the people to that post-op visit the number of pills they would need literally doubled.

So I went back to try to figure out why and how come, and the first thing I think of, the Patient Bill of Rights came about 1993 or so, and over the next 10 years, though it was a great document, patients suddenly began to expect that they should have no pain -- no pain after surgery. They would come into the ER with a sprained ankle and expect to have no pain and the demand for narcotics went up and up.

Somewhere in the early 2000s, something was introduced called a pain scale and they called it the fifth vital sign. It is probably the worst thing I've ever seen introduced in my medical career where they suddenly described the amount of pain, which is very subjective, and beyond that it eventually became part of a measure of how good a medicine you were practising, even tied to your reimbursement.

So suddenly patients in the post-op PACU area were getting double and triple the medications, and then on the post-operative floor, rather than getting Percocets every six hours, they were getting them every four hours and the PCA pumps increased doses.

So what I am trying to say is we almost doubled the amount of narcotics people were getting in the hospital and then they wanted twice the amount to go home with as well.

So physicians were faced with this struggle of saying well, I don't think you need this much, but patients becoming more and more in control of how many -- of their own health care.

So I think those are a couple of reasons why we ended up here and I think there needs to be some reeducation done. I would like to point towards Valley Hope at Norton, Kansas. They have treated over 300,000 patients over the past 50 years. They have kept incredible statistics. They have incredible treatment plans.

And what they taught me is about a month after release -- a month after they started their Path to Recovery that they had

a second physiological reaction and that is when they -- these people OD and die. People need to recognize that for a month that they need to have very close treatment and probably for two months, then even a year.

So it's during that second episode when they -- when before they had treatment they were taking a certain amount of heroin and a handful of pills and a pint of whiskey. When they retreated from that for a month and they went back to that same dose, they overdosed and stopped dying.

We need to understand what kills people is that -- that if I gave anybody enough morphine you would stop breathing. So they are unable to metabolize it. We need to recognize that that is a very critical moment. Treatment plans cannot last a week.

They're going to last months and years probably. We need to make sure we are adequately funding outpatient treatment and that we are making sure that there is good follow-up at home and we need to reward facilities like Valley Hope who have great outcomes -- great long-term outcomes.

Mr. Chairman, thank you so much for taking on this task and look forward to working with you, as always.

[The prepared statement of the Honorable Roger Marshall follows:]

**********COMMITTEE INSERT 25**********

Mr. Burgess. Chair thanks the gentleman. Gentleman yields back.

The Chair recognizes the gentleman from Ohio, Mr. Stivers -- I am sorry, Chairman Stivers, for three minutes.

STATEMENT OF THE HONORABLE STEVE STIVERS, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF OHIO

Mr. Stivers. Thank you very much, Mr. Chairman. I appreciate you holding this hearing. Appreciate Ranking Member Green and all of you looking at solutions that -- for this opioid crisis that is plaguing all of the communities across this country.

Congressman Turner already alluded to it, but in Ohio opioid overdoses now exceed car accidents as the leading cause of death for most Ohioans.

And there have been a lot of great ideas presented here today and I really have appreciated learning from many of our colleagues.

I, for the last five years, have held opioid round tables -- drug round tables in my district to talk about solutions and we have come up with some ideas from the field of folks that know what is driving this crisis.

And I will talk about some medical things in a second but the first thing I know we have to do is bring back hope and economic opportunity to people and I think what you are doing, Mr. Chairman, with regulatory reform and what we are doing with tax reform is going to help with that.

But there are a lot of other things we can do. First, you

know, the idea that came out of our round table this year was on evidence-based treatment. If you've been to one treatment facility you have been to one treatment facility, because they all do things differently.

Too many of them do things that when you walk out that door, there is nothing tying you to the treatment anymore and that is a problem, and they need to -- I think we should have evidence-based treatment.

It should be based on the science of the day and how recovery works, and I think we need to build that into our reimbursement standards. I think that is so important.

Dr. Marshall already talked about the second issue I want to bring up, which is pain as a vital sign. Every other vital sign you can think of -- you know, your temperature, your blood pressure, your pulse -- can be measured by a machine. Pain can't be measured by a machine.

It is a subjective number and it should not be the fifth vital sign. It has led to our over prescribing culture in this country and we have to try to fix it.

I appreciate what CMS has done to remove the reimbursement based on the surveys of pain management. But I think we need to remove pain as a vital sign.

The third idea is encouraging alternatives. There is lots of ways to manage pain including acupuncture, chiropractic

services, and other things that don't involve a pill and I think we need to change the culture on that.

The fourth idea is some prescription changes and I know that Buddy Carter, who is a pharmacist, talked about a couple of these. I sponsored the partial fill legislation that was rolled into CARA and became law. But I believe that pharmacists should be empowered to authorize partial fill of opioid prescriptions on their own.

And Buddy already said it, but 70 percent of the folks who misuse prescriptions get it at some point -- bridge that addiction through their friends' and families' medicine cabinets and we have got to fix that.

The final issue that I don't hear talked about enough is tapering doses. When somebody is on an opioid for about 30 days, they have a physical addiction to it and if you talk to most pharmacists they will talk about a tapering does instead of going off cold turkey, and I think that is something we need to bring a culture around of having folks understand that because a lot of primary care physicians, Mr. Chairman, feel very uncomfortable with doing -- issuing more prescriptions but a tapering does actually will reduce the physical addiction and actually will result in less people wanting to feed that addiction in other ways.

So those are just five ideas of some proposed solutions. Many of my colleagues also have great ideas. I really appreciate,

Mr. Chairman and Ranking Member, you holding this hearing and we are committed to working with you to driving this scourge of drug addiction out of this country, and I really appreciate what you are doing.

I yield back.

[The prepared statement of the Honorable Steve Stivers follows:]

**********COMMITTEE INSERT 26**********

Mr. Burgess. Chair thanks the gentleman. Gentleman yields back, and I want to thank all of you for providing your testimony today.

This panel is excused and our next panel will be Dr. Wenstrup from Ohio, Mr. Schneider from Illinois, Ms. Clark from Massachusetts, Mr. Jeffries from New York, and Mr. Jenkins from West Virginia.

And Representative Schneider, you are recognized for three minutes.

STATEMENT OF THE HONORABLE BRAD SCHNEIDER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF ILLINOIS

Mr. Schneider. Thank you. Thank you, Chairman Burgess, Ranking Member Green, for inviting me here today to discuss the epidemic of opioid addiction abuse and overdose that is ravaging our communities.

I represent the people of Illinois' 10th District including parts of Cook and Lake Counties, and the opioid crisis has hit our neighbourhoods extremely hard.

In Cook County, which includes the city of Chicago, opioid overdoses increased by 87.4 percent -- I repeat that, 87.4 percent -- between 2013 and 2016.

Over the same period, we witnessed a troubling increase in fentanyl, a synthetic opioid which is even more deadly than heroin and whose overdoses are often fatal.

In the face of these challenges, I would like to recognize the Lake County Opioid Initiative and Chicago area Opioid Task Force along with other area organizations for their work to prevent opioid abuse, addiction, overdose, and health -- and death, rather.

In this epidemic, our adversary is constantly shifting. So must ensure our doctors are up to date with the most recent best practices and research for preventing and treating this disease.

Earlier this year, I introduced a bill called the Preventing Opioid Abuse Through Continuing Education, or Opioid PACE Act. This bill would require providers who treat patients will prescription opioids for pain management to complete 12 hours of continuing education every three years.

This would be linked to renewal of the providers' Drug Enforcement Agency license. In an effort to cut down on over prescribing, the CME would focus on pain management treatment guidelines and best practices, early detection of opioid use disorder, and the treatment and management of patients with opioid use disorder.

I am proud that a modified version of this bill requiring continuing education of medical professionals at the Department of Defense was included as an amendment to the NDA authorization.

Our men and women in uniform are not immune from the damages of opioid addiction. In fact, the National Institute of Health reports rates of prescription opioid misuse are higher among service members than among civilians due to the use of these drugs to treat symptoms of PTSD and chronic pain.

As we seek new legislative solutions, I urge my colleagues to support these programs we have in place to fight back. In particular, the Affordable Care Act greatly increased our ability to counter opioid epidemic by expanding Medicaid and requiring individual market policies that they would cover services related

to treating substance use disorders.

The states with the highest rates of drug overdose deaths are also the states that would suffer from a rollback of Medicaid expansion.

Simply put, repealing the ACA would add fuel to the fire of the opioid epidemic. I urge my colleagues to consider new solutions to address this crisis including the Opioid PACE Act and preserve the programs we have in place to address this epidemic.

And with that, I yield back.

[The prepared statement of the Honorable Brad Schneider follows:]

**********COMMITTEE INSERT 27**********

Mr. Burgess. Chair thanks the gentleman. Gentleman yields back.

Chair recognizes Representative Jeffries from New York for three minutes, please.

STATEMENT OF THE HONORABLE HAKEEM JEFFRIES, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW YORK

Mr. Jeffries. Thank you, Chairman Burgess and Ranking Member Green, for holding this hearing as well as for your leadership on this very important issue. Appreciate the opportunity to testify today on the Synthetic Drug Awareness Act of 2017 -- H.R. 449.

The opioid crisis has ravaged families across the country without regard to zip code, income, race, religion, or gender. Like a malignant tumor, the opioid crisis is eating away at young people in urban American, rural America, as well as suburban America.

One reason the opioid abuse has become so prevalent and so deadly is the emergence of the synthetic drug called fentanyl, a substance that can be 50 to 100 times stronger than morphine.

In order to address the multi-faceted public health crisis we confront, it's important to consider both the cause and effect. H.R. 449 addresses a critical and sometimes overlooked threat -- the use of synthetic drugs by teenagers.

It requires the surgeon general to prepare a comprehensive report on the public health effects of synthetic drug abuse by 12- to 18-year-olds in America.

With the information the study will provide, Congress can

work to prevent substance abuse by younger Americans through an enhanced and enlightened lens. Nationwide, the drug overdose death rate has more than doubled during the past decade among younger Americans.

Many experts believe this troubling phenomenon results from the rise and availability of potent and dangerous substances like illicit fentanyl and other synthetic drugs.

Teenage fentanyl use is a vicious cycle. Adolescents have a still developing prefrontal cortex which can facilitate drug-seeking behavior. The drug then alters the development of this area of the young brain, making that behavior permanent.

In fact, more than 90 percent of adults who develop a substance abuse disorder begin using prior to the age of 18. In New York City, overdoses now kill more people each year than murder, suicides, and car crashes combined. This phenomenon we have seen repeated over and over again all across America.

This bill has significant support amongst Republicans and Democrats and has been incorporated into the legislative agenda for the bipartisan Heroin Task Force. It also has support from a number of health and patient advocacy groups including the American Academy of Pediatrics, American Association of Nurse Practitioners, as well as the National Association of Police Organizations.

Thank you again for this opportunity to testify and I

respectfully respect committee consideration at your earliest convenience.

[The prepared statement of the Honorable Hakeem Jeffries follows:]

**********COMMITTEE INSERT 28**********

Mr. Burgess. Chair thanks the gentleman. Gentleman yields back.

Chair recognizes the gentleman from West Virginia, Mr. Jenkins, for three minutes please.

STATEMENT OF THE HONORABLE EVAN JENKINS, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF WEST VIRGINIA

Mr. Jenkins. Thank you so much, Chairman Burgess, Ranking Member Green, and members of the Subcommittee for giving me the opportunity to discuss this most challenging public health and safety issue of our time.

My home state of West Virginia is ground zero for the opioid epidemic. West Virginia has the nation's highest overdose rate and the highest rate of newborns exposed to opioids and other drugs known as neonatal abstinence syndrome, or NAS.

From this tragic epidemic, however, has come an exceptional response from communities across my state coming together to find solutions. One shining example is Lilly's Place, a unique facility that specializes in treating newborns suffering from NAS.

I was proud to work with two NICU nurses and a passionate community leader to start Lilly's Place after they saw, we saw, the dramatic rise in newborns with NAS. Lilly's Place has been operating for three years and has cared for more than 190 precious newborns.

Lilly's Place has brought national attention to West Virginia solutions. Just yesterday, the First Lady, Melania Trump, visited Lilly's Place in my hometown of Huntington to talk

with the caregivers about helping the most vulnerable in our society. Lilly's Place provides a great environment with are given by doctors and nurses in a nurturing setting conducive to recovery.

Mothers and families are included in the healing process. Lilly's Place and others advocating for this model of care had struggles dealing with CMS, making it harder to replicate this model.

That led to my introduction of the Nurturing and Supporting Healthy Babies Act. Last year through this committee's work my legislation was incorporated in CARA, which, of course, became law and was passed. Thank you for your work.

My legislation requiring GAO to closely look at the different care models for NAS and Medicaid coverage and the GAO report was just released last week.

It found that nonhospital settings like Lilly's Place are a proven model of care to treat NAS newborns. It identified this model of care as a proven effective treatment approach and can actually reduce the cost of care.

Here is my ask. I would encourage this committee to advance two measures critical to the care of these precious newborns. First, I have sponsored the CRIB Act pending before this committee with Congressman Mike Turner which makes sure these models of care are included in nonhospital treatment facilities are recognized

by Medicaid to remove the barriers.

Second, based on the GAO report, I ask you, working with me -- this committee -- to memorialize in legislation the recommendations in this report and have these become law so these precious newborns can receive the very best possible care.

Thank you, Mr. Chairman, for your interest in this issue, and I yield back.

[The prepared statement of the Honorable Evan Jenkins follows:]

**********COMMITTEE INSERT 29**********

Mr. Burgess. Chair thanks the gentleman. Gentleman yields back.

Dr. Wenstrup, you are recognized for three minutes please.

STATEMENT OF THE HONORABLE BRAD WENSTRUP, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF OHIO

Mr. Wenstrup. Well, thank you, Chairman Burgess and Ranking Member Green, for hosting this today, and I mean that sincerely. We are hearing a lot of good ideas and it gives us a lot of food for thought.

But the opioid crisis is affecting each and every one of our districts across the country. That is very obvious, and I appreciate the chance to come and speak today and share with you some stories from Ohio's 2nd District.

My office recently sent a survey to the constituents of our district and we asked them to share their stories and experiences with the opioid epidemic, and the results are heartbreaking, as you might imagine.

We received hundreds of responses -- up to seven pages of responses, and I just want to share a couple of those with you.

One said, "My brother, unfortunately, became addicted as a teenager. He is very lucky, because at 33 years old he's still here but he is still fighting every day to stay sober. These drugs have no place in our country. They are ruining our youth, our future."

Another one -- a woman said, "I have four boys and three of them are struggling with this addiction. The cost of going to

a methadone clinic is very difficult. The cost of treatment facilities is too expensive. I am going broke trying to get my children sober."

Clearly, this epidemic is devastating for southern Ohio as it is across the country. In one county alone, the overdose death rate was 37.5 per 100,000 residents and in another county 318 residents died of an intentional drug overdose in just -- in 2016.

This spring, the Columbus Dispatch reported at least 4,149 Ohioans died from an unintentional drug overdose in 2016 and one local newspaper called the overdoses the new normal in that county.

I appreciate what Dr. Marshall had to say earlier. As a doctor, I can agree with him on many of the factors that have driven so many people into addiction, and I would really like for us to talk sometime about prevention, which I think is the long-term vision for our country.

I can tell you as a doctor I had someone come up to me just last year and say, my friend wanted me to thank you if I met you, and I said, why is that. He said, because she was addicted to prescription pain meds and when you came -- when she came to you, you gave her alternatives and you didn't give her any.

We search for answers. We are all searching for answers. One of the sheriffs in my district, he's working hard on the solution and he's using prevention because he said, I can't

incarcerate our way out of this.

But he did show me what one patient received on Medicaid in a year -- what one patient in one year received from Medicaid as far as narcotics, and I promise you it was more than I prescribed in my entire surgical practice in a year.

And then he showed me what Medicaid paid for it. And so while I understand that Medicaid is providing help and care for a lot of people, it may be driving the problem as well, because as some are getting treatment, many are getting fed and the problem is being exacerbated and we need to look at that and there needs to be better oversight of how we are handling this.

This sheriff directs an essay contest, asking local students to write an essay about the dangers of opioids and how they hope to become the generation to stop the epidemic.

As I said before, he said he can't incarcerate his way out of this. We can't always treat our way out of this. But I hope that we take some time in this process for a long-term vision of how we can prevent people from ever getting in this situation to begin with.

And with that, I yield back, and I thank you for your time and attention today.

[The prepared statement of the Honorable Brad Wenstrup follows:]

**********COMMITTEE INSERT 30**********

Mr. Green. [Presiding.] Thank you.

The Chair, in absence, is recognizing Congresswoman Clark.

STATEMENT OF THE HONORABLE KATHERINE CLARK, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MASSACHUSETTS

Ms. Clark. Thank you, Ranking Member Green, and thank you to you and to Chairman Burgess for holding this Member Day today.

We are all here because we lose 91 Americans a day to the opioid epidemic and every one of those 91 deaths affects not only the victim but also their loved ones, their workplace, and their community.

Now is the time for us to come together and find solutions to end this national health emergency. And with that in mind, I would like to speak in favor of four common sense proposals that I am leading, each with a great Republican partner, aimed at addressing a different aspect of the opioid epidemic.

The first is the Youth Act, which I introduced with my colleague from Indiana, Dr. Bucshon. The opioid epidemic has had a tragic impact on our young people. From harmful changes in brain and social development to long gaps in education and job training, the effects can be profound.

The Youth Act would expand access to evidence-based medication-assisted treatment for adolescents and young adults, giving them the best possible chance at recovery.

The second proposal is the Prescriber Support Act, which I introduced with my colleague, Congressman Evan Jenkins.

Tragically, opioid addiction often begins in the doctor's office where patients are often prescribed more medication than they need or without being informed about the risks of addiction.

The Prescriber Support Act would establish state-based resources for prescribers to consult when making decisions about prescribing opioids.

Third, I recently the Every Prescription Conveyed Securely Act with my colleague from Oklahoma, Congressman Mullin. This proposal would ensure that all prescriptions for controlled substances filled through Medicare Part D would be transmitted electronically.

Electronic transmission would help doctors and pharmacists spot patients attempting to doctor shop and it would make more -- make it more difficult to forge a prescription, all the while saving taxpayer dollars.

Finally, I will soon be introducing a bill with my colleague from Kentucky, Congressman Hal Rogers, that will create a student loan forgiveness program for professionals who enter and stay in the substance use treatment field.

In my district, I have heard time and time again from families and providers that there simply aren't enough treatment specialists available to help the growing number of Americans struggling with substance use disorder.

Our bill will help build this critical work force. There

is no single solution to the opioid crisis. However, these four bipartisan solutions can help put us on a path to beating this epidemic.

I thank the Chairman and the Ranking Member for giving us this opportunity to have this conversation, and I look forward to working together.

I yield back.

[The prepared statement of the Honorable Katherine Clark follows:]

**********COMMITTEE INSERT 31**********

Mr. Burgess. [Presiding.] Chair thanks the gentlelady. Gentlelady yields back.

The gentlelady from Connecticut, Ms. Esty, is recognized for three minutes, please.

STATEMENT OF THE HONORABLE ELIZABETH ESTY, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF CONNECTICUT

Ms. Esty. Thank you, Mr. Chairman -- Chairman Burgess and Ranking Member Green. Thank you so much for holding this important hearing on the growing opioid epidemic.

Everywhere I go in Connecticut, I meet people whose families have lost loved ones to drug addiction -- moms and dads, sons and daughters, brothers and sisters. It is an epidemic that affects families and communities across the country regardless of age, race, gender, socioeconomic status.

During one of my visits recently to Staywell Oasis -- it's an addiction treatment center in Waterbury -- I met a young woman who has been struggling on the streets with addiction.

She has a new child and she is so grateful to be in a program that is allowing her to stay clean and helping her keep her child.

I met a 45-year-old man in the Farrell Treatment Center in New Britain who for 20 years has been battling his addiction and is finally coming to terms with it and able to hold a steady job.

These are real people, real families, and real lives that are affected by this crisis, and the stakes are high. If these vital treatment centers are forced to close their doors or if we limit access to them, people will die.

In my home town of Cheshire, a neighbor whose daughter was

a classmate of one of my children contacted the office. They had lost track of their daughter.

She had been on the streets, addicted to drugs. We were able to help them find her. She wouldn't accept the treatment, and a week later she was dead.

That's what it's like now in America. The situation is so dire in Connecticut that our chief medical examiner lost its accreditation. They cannot keep up with the autopsies.

We are expecting more than a thousand deaths this year. That is the third highest rate in the country. They literally cannot keep up with the autopsies. We need to do something and this Congress needs to act.

I am pleased at our good bipartisan work last year. My bill of the Prevent Drug Addiction Act of 2016 was included as part of the conference committee in our good bipartisan work to ensure that we are addressing the issues of prevention with many of my colleagues have addressed here today -- both provider education on how to prescribe as well as for parents, coaches, and others who need to be aware of the risks of prescription drugs.

But there is important -- there is important work at stake and I do want to say something about the Affordable Care Act. We need to protect the funding, which is providing vital access for people across America, and we are real risk now as we consider that funding and whether the Medicaid access will be cut off, which

is funding so many of the important programs in my state.

So again, I want to thank this committee for the good work and encourage all of our members to come together and help address this vital need -- this growing epidemic that is affecting all Americans.

Thank you, and I yield back.

[The prepared statement of the Honorable Elizabeth Esty follows:]

**********COMMITTEE INSERT 32**********

Mr. Burgess. Chair thanks the gentlelady. The gentlelady yields back.

The Chair recognizes the gentlelady from Utah, Mrs. Love, for three minutes, please.

STATEMENT OF THE HONORABLE MIA LOVE, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF UTAH

Mrs. Love. Thank you, Mr. Chairman, for such -- talking about such an issue, and I would like to thank the Ranking Member Green also for giving us the opportunity to speak about the opioid epidemic and crisis.

Nationwide, the rate of deaths has exploded to over -- over the last 10 years to now more than 60,000 deaths every year. In Utah, the Department of Health says that more people are dying from opioid and heroin overdose than ever before.

Six people die from opioid overdose per year. Alarming increases from 2013 to 2015. Utah is seventh highest for those deaths per capita in the United States.

Here is what hits me the hardest is the innocent children that are being affected by the opioid epidemic. In too many cases, parents are no longer parents. Their children are parenting themselves and the parents are now slaves to their addiction.

This is actually happening in Elk Ridge, Utah, a place where -- which is just a few minutes away from my home. There is a boy who is in 3rd grade who talks about his life with his mom, who is addicted, and his stepfather, who is addicted.

He talks about waking up by himself and getting himself ready

for school and also getting his brother ready for school and his newborn sister. He makes breakfast for them and prepares a bottle for his newborn baby, who is his sister.

He talks about the fact that many times he misses the bus when he's going to school because he is taking care of his brother and sister and there is no one to take him to school.

His brother cries, asking for his mom and dad, and he, as a 3rd year old has to try to explain to his brother why mom and dad aren't around.

That's not the end of his story. His newborn sister is actually addicted to opioids because his mother took the drugs while she was pregnant, and while in the hospital, for fear of getting caught, she actually took opioids and would rub it on the gums of her baby so that the baby wouldn't show signs of withdrawal.

This is what is happening in America. This story is not unique to Utah. It is happening everywhere. The parents are now in jail. They were arrested for trying to return stolen merchandise at the local Wal-Mart and neglect of their children.

But I have to say that the children's lives aren't better now without mom and dad. Their nightmare is just beginning. So I feel very strongly about this. At a time where there is so much partisan politics, this is an issue where so many of us are standing together.

I believe that American democracy is at its best when two people are in a room and talk about what they are for, and here we are, in a room talking about what we are for.

I am so proud that we are actually coming together, but coming together is not enough. We actually have to apply some of these solutions that we are talking about when it comes to the crisis, and I think the opportunity to -- I am thankful for the opportunity to work on this.

Thank you, and I yield back.

[The prepared statement of the Honorable Mia Love follows:]

**********COMMITTEE INSERT 33**********

Mr. Burgess. Chair thanks the gentlelady. Gentlelady yields back.

Let me take the New Jersey delegation in seniority, and, Mr. Pascrell, I will go to you first for three minutes.

STATEMENT OF THE HONORABLE BILL PASCRELL, JR., A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW JERSEY

Mr. Pascrell. Thank you, Chairman Burgess, Ranking Member Green.

I don't have to tell you or anyone here that opiate abuse and misuse is one of our country's fastest growing problems. It is also one of the most vexing problems we face and there are no simple solutions.

Prescription drugs serve a valid medical purpose. But many of them carry high risk of addiction and abuse. Many of my colleagues have good ideas about steps we can take to address opiate abuse and misuse. So I commend you for giving us the opportunity to share them.

Today, I would like to share some information about a program that was developed and is in use at my hometown hospital, St. Joseph's Regional Medical Center in Paterson, New Jersey.

As the busiest emergency department in the state of New Jersey, St. Jo's commitment to reducing abuse can serve, I believe, as a model for emergency departments across the state an across the country. We need to recognize that emergency departments are in a unique position with respect to prescription drug abuse.

On one hand, a component of many of their patients' treatment

involves acute pain that legitimately needs to be addressed. But emergency departments, because of the short-term nature of the care they provide, are also more susceptible to doctor shopping than many other health settings.

To prevent addiction, where it often starts with a valid prescription in the emergency room, St. Jo's initiated a first-of-its-kind Alternatives to Opioids, or ALTO -- ALTO program, the Alternatives to Opiates.

This new approach utilizes protocols primarily targeting five common conditions. The alternative therapies offered through St. Jo's ALTO program include targeted nonopiate medications, trigger point injections, nitrous oxide, ultrasound-guided nerve blocks to tailor patient pain management needs, and avoid opiates whenever possible.

In the first year of operations, this program decreased emergency department opiate prescriptions by more then 50 percent. The goal is not to eliminate opiates altogether because these drugs remain an important part of pain management.

However, the ALTO program reserves their use for severe pain, end-of-life pain, surgical conditions. That's it. As a result, only about 25 percent of the acute pain patients treated with nonopiate protocols since the program's launch, eventually needed opiates.

I believe that the initial successes of this program make

it very important that we -- to have a broader implementation and study. I leave this to your discretion.

That is why Senator Booker and I plan to introduce legislation to establish a national demonstration program to test pain management protocols that limit the use of opiates in hospital-based emergency departments.

It is my hope that strategies that provide alternatives to opiates can become a larger part of the discussion on how to combat this -- the opiate epidemic and that this committee will review and consider my legislation upon its introduction.

And with that, Mr. Chairman, Mr. Ranking Member, I yield back to you.

[The prepared of the Honorable Bill Pascrell, Jr. follows:]

**********COMMITTEE INSERT 34**********

Mr. Burgess. Chair thanks the gentleman. The gentleman yields back.

Mr. MacArthur, you are recognized for three minutes please.

STATEMENT OF THE HONORABLE TOM MACARTHUR, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW JERSEY

Mr. MacArthur. Well, I thank the Chairman Burgess and Ranking Member Green for hosting this opportunity today for those of us not on this committee to share our thoughts.

We have all seen the numbers. Last year, over 60,000 deaths from overdose, opioids involved in the vast majority of those.

In Ocean County, New Jersey, my home county, we are losing somebody every 43 hours. A couple of weeks ago, my county was designated a high-intensity drug trafficking area -- desperately needed but also disturbing sign of where we are.

It may be unusual for a member to sit here and promote other people's bills, even bills written by the other party. But as the Republican co-chairman of the bipartisan Heroin Task Force, representing over 90 members of both parties, that is exactly what I am here to do today.

As your committee considers legislative next steps to pursue, I want to recommend the bipartisan Heroin Task Force's legislative agenda for your consideration.

We are committed to being rigorously bipartisan. We did not include any bills in our agenda unless it had bipartisan co-sponsors and both the Republican and the Democratic chairs -- co-chairs agreed to it.

Five of the bills that were recommended fall within your jurisdiction. Representative Tim Walberg's Jesse's Law will ensure that doctors have access to a consenting patient's prior history of addiction so they can make informed decisions.

Representative David Joyce's Stop OD Act will increase first responders' access to Narcan and synthetic opioid testing. Representative Hakeem Jeffries' Synthetic Drug Awareness Act requires that we investigate how the synthetic opioid crisis is affecting young people specifically.

Representative Evan Jenkins' CRIB Act will ensure treatment for babies with neonatal abstinence syndrome, and Representative Brian Fitzpatrick's Road to Recovery Act addresses the IMD exclusion, which is one of the primary barriers preventing access to substance abuse treatment.

We are proud of our members' work. I would also note that many of our agenda ideas coincide with the White House's Opioid Commission's recommendations and I also note the good work being done by the Republican Main Street on this same issue.

On behalf of my Democratic co-chair, Representative Annie Kuster, our vice chairs, Donald Norcross and Brian Fitzpatrick, and our 90-plus members, I urge you to consider these bills.

We will continue to expand and update our legislative agenda as we tackle this critical issue facing our country.

Thank you, and I yield back.

[The prepared statement of the Honorable Tom Macarthur follows:]

**********COMMITTEE INSERT 35**********

Mr. Burgess. Gentleman yields back. Chair thanks the gentleman.

Chair recognizes the gentleman from Arizona, Mr. O'Halleran, for three minutes please.

STATEMENT OF THE HONORABLE TOM O'HALLERAN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF ARIZONA

Mr. O'Halleran. Chairman Burgess, Ranking Member Green, and members of the committee, thank you for allowing me to come before you today to testify on an issue that has had a devastating impact on my district.

I want to, first of all, echo the sentiments of Representative MacArthur. I am also on the task force.

At least two Arizonans die every day from opioid overdoses. Last year, deaths due to opioids rose 16 percent from the year before.

As a former law enforcement officer, some of what I see today is familiar from my time serving communities -- the harrowing stories of addiction, the pain family members face including child abuse, domestic abuse, and the loss of a loved one, and also the relationship to organized crime.

But I must tell you that what we are seeing today, the devastation that opioids have wrought on our communities is far more impactful than the drugs I fought to keep off the streets when I was a cop.

Over the summer, I held a round table in my district on opioids. I heard from families, first responders, local law enforcement, and health care providers.

I am here today to bring their voices to you as we commit to tackling this issue in a bipartisan and comprehensive way.

As you work to develop policies to combat this epidemic, I implore you to consider the impacts to rural communities and to tribal communities, which face unique obstacles and barriers to treatment, care, and recovery resources.

According to the CDC, American Indian and Alaska natives have the highest death rates from opioids than any other community. American Indians and Alaska natives have long faced disparities when it comes to resources for mental health care and substance abuse.

That's why funding created by the 21st Century Cures Act, in addition to expanded Medicaid coverage in Arizona, have been crucial in helping families get the care they need.

As many of your know, access to crucial healthcare services in rural communities and across Indian country can be scarce and often requires families to travel long distances.

Providers in rural America have benefited from expanded Medicaid coverage and are now seeing lower rates of uninsured patients than before.

In fact, in states that expanded Medicaid, the share of uninsured substance use or mental health disorder hospitalizations fell from 20 percent in 2013 to 5 percent in 2015.

The increase in coverage has allowed rural providers to

operate on the thinnest of margins, to help keep their lights on and their doors open. If Congress repeals that coverage, rural providers will close their doors and patients who need the help will face fewer choices.

We need to give states, local law enforcement, and tribes more resources and more flexibility to test what works. But we must approach this problem comprehensively and with a robust commitment to those we represent.

I urge your committee to thoughtfully consider these issues and how they affect communities across rural and tribal communities. Those voices must be heard when it comes to this crisis.

And I thank you, and I yield.

[The prepared statement of the Honorable Tom O'Halleran follows:]

**********COMMITTEE INSERT 36**********

Mr. Burgess. Gentleman yields back. The Chair thanks the gentleman.

If you wish to be excused you may do so. But we are all anxious to hear what the gentleman from Maine has to share with us.

So, Mr. Poliquin, you are recognized for three minutes.

STATEMENT OF THE HONORABLE BRUCE POLIQUIN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MAINE

Mr. Poliquin. Thank you, Mr. Chairman, very much and thank you, Ranking Member, for the opportunity to be in front of you today.

In our great state of Maine, Mr. Chairman, we have on average one person dies every day from a drug overdose. There was a recent study that said that six out of 10 families in our great state -- six out of 10, Mr. Chairman -- are impacted directly or indirectly by this epidemic, including, I might add, my own family.

Rural Maine has been hard hit. Rural America has been hard hit with this epidemic and that is why I joined the bipartisan task force to combat the heroin epidemic and that led in part to a very comprehensive bill that we all passed in a bipartisan way last year, the Comprehensive Addiction Recovery Act, that sent about a billion dollars back to our states so they had better resources and more flexibility to address this scourge on our kids and our family members directly at the -- on the ground in our -- in our respective districts.

Now, the motto, Mr. Chairman, of the great state of Maine is dirigo. It means, in Latin, I lead. And there are a bunch of things we have been doing in Maine to help fight this epidemic

that I think the rest of the country can learn as we learn from others.

We have put in place a prescription monitoring program that is very tough and very effective. In particular, it sets very strict limits on what opioid -- opiates are prescribed.

It mandates the use of this system by prescribers and if you are prescribing opioids in the state of Maine, you must check this program -- this database -- on a regular basis to make sure those that are being prescribed should be, in fact, those that are receiving the painkillers.

If folks are coming from out of state or they're paying with cash, it also triggers a review of the program to make sure that these drugs are falling in the hands of the right people.

Now, I also serve, Mr. Chairman, I might add, on the House Veterans Affairs Committee, and along with Mr. Dunn, Ms. Tenney, Jodey Arrington from Texas, and Mr. Tonko, we have introduced a bill that asks the Veterans Administration facilities in the state of Maine, and hopefully around the country, to use their local state prescription monitoring programs or to interface with those because they're more comprehensive. In many cases, they are tougher.

I would also encourage you, Mr. Chairman and Mr. Ranking Member, as you are going down this path to make sure we do everything humanly possible to hold those that are manufacturing

synthetic opioids like fentanyl, hold them accountable. These drugs are horrible, they are not expensive to manufacture, and they are anywhere from 50 to 100 times more potent than heroin and methadone.

So with that, sir, I appreciate the opportunity to participate here. I know that my associates on either side of me have a lot to say. But we've done a lot in Maine and we are very proud of it. But we've got a lot more work to do.

Thank you, sir.

[The prepared statement of the Honorable Bruce Poliquin follows:]

**********COMMITTEE INSERT 37**********

Mr. Burgess. Chair thanks the gentleman.

Would the gentleman entertain one question on your prescription drug monitoring program?

Mr. Poliquin. Yes, sir.

Mr. Burgess. Do you -- do you provide feedback to the prescribing doctor this is the list of patients we have for you that you have prescribed? Is there -- is this a two-way street?

Mr. Poliquin. It is, but the system is quite accurate, Mr. Chairman, such that the prescriber can see that data online.

Mr. Burgess. Very well.

Representative Rouzer, you are recognized for three minutes please.

STATEMENT OF THE HONORABLE DAVID ROUZER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NORTH CAROLINA

Mr. Rouzer. Thank you, Mr. Chairman, and the other members of this distinguished committee for your work to bring awareness to this opioid epidemic as well as your work to bring forward solutions to help address it.

I am particularly grateful for your willingness to allow members who do not serve on this committee the opportunity to share how our districts have been impacted by this scourge.

Opioid addiction has become a growing problem throughout North Carolina and particularly in the southeastern part of the state, home of the 7th Congressional District, which I have the privilege to represent.

It is a growing and significant challenge for our communities, parents, law enforcement, local health departments, treatment facilities, and schools, to name just a few.

This epidemic is so rampant, in fact, it would not be a stretch to say that if a family doesn't have a relative suffering from this addiction, they know a friend or a family who does.

Perhaps most alarming to me are the reports out of my district about Narcan parties. That's right, Narcan parties. These are parties where teens and others go intending to get as high as possible with the expectation that they will be brought back to

life by an injection of Narcan if needed.

I also hear from members of the law enforcement community that they are administering Narcan to the very same individuals on a regular, even weekly, basis.

Now, if this isn't a sobering fact of how this addiction is destroying lives, I don't know what is.

In 2015, there were more than 1,100 opioid-related deaths across the state of North Carolina. The three counties most impacted by the opioid epidemic in the 7th Congressional District are Brunswick, New Hanover, and Pender Counties.

In 2015, there were 24 deaths in Brunswick County, 45 deaths in New Hanover, and 14 deaths in Pender County. Now, I've met with and heard from parents who have lost a child to an overdose, law enforcement officers who are struggling daily to prevent this epidemic from further penetrating into our communities, and individuals working at treatment facilities who do not have enough resources or beds to keep up with the demand.

As with every complex problem, there is no silver bullet answer to this epidemic, unfortunately. However, it's my belief that Congress can play a significant role by facilitating collaboration among the very best and brightest to bring solutions forward that will enable the country to turn the tables on this scourge.

In the 7th Congressional District, we are fortunate to have

many bright and committed individuals who have been working diligently on this issue for some time, many of whom serve on my Law Enforcement and Health Care Advisory Committees.

And each of them, Mr. Chairman, stand ready to assist this committee and Congress as we work to address this problem in a comprehensive and effective way.

Thank you again, Mr. Chairman, for the opportunity to testify today. I yield back.

[The prepared statement of the Honorable David Rouzer follows:]

**********COMMITTEE INSERT 38**********

Mr. Burgess. Chair thanks the gentleman. The gentleman yields back.

Chair recognizes the gentleman from Iowa, Mr. Young, for three minutes please.

STATEMENT OF THE HONORABLE DAVID YOUNG, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF IOWA

Mr. Young. Thank you, Mr. Chairman and Ranking Member. I would like to thank the Committee for holding this hearing and I just really want to tell a story.

I want to highlight the actions the community of Bridgewater, Iowa has undertaken in the last year to take back their town. Bridgewater, a small town of about 200 people in Adair County in southwest Iowa, is facing a problem with opioids and a range of other drugs.

As drug use in the area slowly started to rise in the community, which relies on the county sheriff's office to keep them safe, the residents were unable but not unwilling to stop the influx of drugs into their town.

Residents of Bridgewater started to see cars coming into their town with out-of-state license plates and from counties across the state as the cars came, so did the crime.

Residents and law enforcement noticed an uptick of crimes, theft, and vandalism, which traced back to drug users and dealers coming to town. Empty houses turned into drug houses powered by gas and generators, which led to more than four houses burning to the ground.

Last spring, the residents were fed up as they saw the town

they were raised up in slipping away. They decided to take action. Concerned residents met in the basement of a church to find a way to save their town. This is when they decided to take back Bridgewater.

Residents formed a nonprofit group to fight the drug crisis together. As word spread, media outlets across the state came to the small town to shine a light on one of the many communities suffering in this third district.

I visited Bridgewater in April to meet with the residents in that same church basement as they began their mission to make sure that their town was safe again. I studied their faces, listened intently, and their mission is my mission.

They started to hold forums with drug counsellors, law enforcement, state and local legislators and other individuals offering help. As residents started to clean up their town, they were met with hostility and retaliation from drug dealers and users.

Leaders of the take back Bridgewater movement were run off the road, swerved at by those who wanted to protect the status quo. A number of other incidents occurred but the residents pressed on. The citizens of Bridgewater will not surrender.

As neighboring communities saw what the residents of Bridgewater were doing, they wanted to do something in their communities. Leaders from towns across southwest Iowa often

discussed strategies together to protect their neighbors. That is what Iowa is all about -- neighbors helping neighbors, communities helping communities.

Just last night, residents of Bridgewater gathered in the basement of that very same church to kick off a fundraiser for their nonprofit. They will be going throughout southwest Iowa to sell Christmas trees to adorn the doors of homes throughout the region.

Residents will use these funds to take back the community. Bridgewater will not turn a blind eye to opioids and drugs in their community. And, of course, we mustn't forget the human tragedy of addiction and desperation. This epidemic is enslaving and killing our sons and daughters, our mothers and fathers.

As the federal government addresses this issue, it is my hope we use Bridgewater as an example that local communities can have the largest impact if we partner with them and helping them to have those tools they need to be successful.

A one-size-fits-all program will not save as many lives as a solution tailored to one community which has the buy-in of its residents.

Take back Bridgewater is not just a slogan. It is an action plan, it is reality, and it is happening, and it is not just happening in Bridgewater. It is happening all around the country.

Thank you for holding this hearing.

[The prepared statement of the Honorable David Young follows:]

**********COMMITTEE INSERT 39**********

Mr. Burgess. Gentleman yields back. Chair thanks the gentleman.

The gentleman from Oregon, Mr. Blumenauer, recognized for three minutes.

STATEMENT OF THE HONORABLE EARL BLUMENAUER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF OREGON

Mr. Blumenauer. Thank you, Mr. Chairman. I appreciate the focus on the opioid crisis that grips every community to some degree and affects every state, especially critical for our veterans who are twice as likely to die from accidental overdoses.

As we are slowly acknowledging the depths of the opioid crisis, which is good, we seldom acknowledge one of the simplest most effective solutions -- medical marijuana. Cannabis. Now available in 28 states, largely driven by the voters, not the politicians, most recently in Florida, where their voters approved it by over 70 percent.

I have distributed some information here entitled, "The Physician Guide to Cannabis-Assisted Opioid Reduction" On the back are the citations for each of the points that are on this chart referencing cannabis reducing opioid overdose mortality, how cannabis reduces opioid consumption, how cannabis can prevent dose escalation and the development of opioid tolerance. Cannabis alone or in combination with opioids could be a viable first line analgesic.

Mr. Chairman, we don't talk much about this, although on the floor of the House repeatedly over the last three years Congress has been moving in this direction and voted last Congress to have

the Veterans Administration be able to work with veterans in states where medical marijuana is legal.

But I focus on just one simple item, not the facts, which I hope this committee would look at. But there is one piece of legislation that I have introduced with Dr. Andy Harris, somebody who doesn't agree with me about the efficacy of medical marijuana but he strongly agrees with me that there is no longer any reason for the federal government to interfere with research to be able to prove it.

The federal government as a stranglehold on this research. We have bipartisan legislation, 3391, which would break that stranglehold and be able to have robust research to resolve these questions so there would no longer be any doubt.

This is the cheapest, most effective way to be able to stop the crisis. Where people have access to medical marijuana, there are fewer overdoses and people opt for it dealing with chronic pain.

I would appreciate the subcommittee looking at this issue as your time permits. Thank you, Mr. Chairman, Ranking Member.

[The prepared statement of the Honorable Earl Blumenauer follows:]

**********COMMITTEE INSERT 40**********

Mr. Burgess. The Chair thanks the gentleman. Gentleman yields back.

Chair recognizes the gentlelady from Georgia, Ms. Handel, for three minutes please.

STATEMENT OF THE HONORABLE KAREN HANDEL, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF GEORGIA

Ms. Handel. Thank you, Mr. Chairman, and thank you as well for holding this hearing.

The opioid crisis has hit the suburban Atlanta counties of Fulton, Cobb, and DeKalb as hard as, frankly, anywhere in the country, from prescription painkillers to synthetic drugs to heroin.

In 2016, 72.3 percent of all drug-related fatalities in Cobb County were caused by opioids and that was an increase from 16.8 percent just the year before.

In 2015, the Cobb County narcotics team seized more than -- more heroin than in the previous 20 years combined. Meanwhile, in Fulton County, the medical examiner's office recorded a total of 77 heroin deaths in 2014. That is compared to just four such deaths in 2010.

Behind these statistics, though, are hurting devastated families -- families that are being torn apart by addiction, facing financial ruin in their desperate effort to try anything to make things right, or worse, losing a loved one to a drug overdose or suicide.

The opioid crisis, as we've heard, is indeed a complex one. It is an incredibly sensitive issue, particularly for communities

that have long felt immune to fatal substance abuse problems.

Still, communities, through churches, law enforcement, nonprofits, with the support of local, state, and federal government are coming together to take action.

This year in the city of Alpharetta they created a new program designed to reduce painkiller abuse across the county. With the help of the Rotary Club in Alpharetta, the city purchased special boxes that were -- are used to collect unused and unwanted prescription medication and locating those at police headquarters and fire stations throughout the county.

While the boxes cost about a thousand dollars each, they are designed and constructed specifically to prevent anyone from stealing the drugs inside. This is -- may seem a small measure, but it is making an impact by providing a safe secure disposal point.

In the city of Johns Creek, the Hub Community Resource Center is acting as a lifeline for those seeking drug abuse and mental illness attention.

Ultimately, the incarceration of addicts, though, should not be seen as some kind of victory or solution. Instead, we have to continue to look for the root causes.

As the district attorney in Cobb County said, we are not going to be able to arrest our way out of this epidemic. The road to recovery must be lined with treatment options.

So further, nonopioid and nonpharmacalogical treatments for therapies do exist. Atlanta's Emory University recognized Pain Awareness Month in September by educating our community about these alternatives.

We also need to do a better job of data sharing important information that exists at the local, state, and federal level. I stand ready to help you in any way.

Thank you, Mr. Chairman, for this opportunity.

[The prepared statement of the Honorable Karen Handel follows:]

**********COMMITTEE INSERT 41**********

Mr. Burgess. The Chair thanks the gentlelady. Gentlelady yields back.

Recognize Representative Crist from Florida -- three minutes please.

STATEMENT OF THE HONORABLE CHARLIE CRIST, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF FLORIDA

Mr. Crist. I would like to thank Chairman Burgess and Ranking Member Green for providing us this opportunity for members to share how the opioid crisis is affecting their constituents, including my neighbors in Pinellas County, Florida.

The statistics for opioid deaths and disorders are shocking. Our society's use of opioids has truly become an epidemic. Last year, 11.8 million Americans age 12 or older misused opioids, including nearly 900,000 children age 12 to 17.

Over 50 percent of the people with both substance abuse and a mental health disorder do not receive treatment for either issue. Tragically, my home state of Florida was the prescription drug abuse capital of the United States in the last decade.

They were known as pills mills and prescribed massive amounts of otherwise legal narcotics which were then distributed into our neighbourhoods, schools, communities, and throughout the country.

When I was governor, we went after pill mills and put them out of business. While Florida may have won the battle against these pill mills, our country is losing the war on opioid abuse and its addiction.

We are ignoring mental health, under funding addiction

treatment, sidestepping what the science tells us is the best way to fight the addiction, and now the scope of the crisis has broadened beyond prescription drugs into heroin and even fentanyl.

My home of Pinellas County was no exception. Last year, we saw a string of deaths from Xanax mixed with fentanyl. In 2015, heroin, fentanyl, and oxycodone were responsible for over 3,800 deaths in Florida alone.

It is a tragedy, it is an epidemic, and the need for action is immediate. I saw the devastation firsthand recently when I visited the nonprofit Operation PAR in my district just a few months ago.

I heard directly from those in recovery being helped by their innovative, more holistic approach.

If we are going to combat this problem, we can't concentrate on law enforcement alone. Florida should serve as an example to the rest of the country that only going after suppliers is insufficient.

Let us be clear. The people who misuse opioids aren't the worst of the worst. They are our neighbors, our friends, parents, and children who are desperately in need of help.

They often suffer in silence and isolation because of the stigma and shame surrounding drug abuse. Unfortunately, America learned this lesson the hard way, treating the crack epidemic as

simply a law enforcement exercise.

We can't combat our opioid crisis without investing in new treatment options, long-term mental health, and substance abuse recovery resources, and the men and women on the ground working in nonprofits and government, collaborating with first responders and law enforcement to help those in need in all of our communities.

This includes funding for the substance abuse mental health service and the National Institutes of Health, which provides the research and innovative treatments not often permitted using traditional funding.

This funding provides grants including in Pinellas County for innovative local solutions for treating mental health and substance abuse disorders, like what is happening at Operation PAR and Bent Not Broken organization.

This includes funding overdose reversal. We will lose this fight without Naloxone. Americans will die unnecessarily, and because Florida did not expand Medicaid, the funding for these organizations is even more vital and something I hope your committee continues to prioritize in this ongoing battle.

Thank you again for this opportunity to share how my home in Pinellas County is combatting this epidemic.

Thank you, Mr. Chairman, and committee.

[The prepared statement of the Honorable Charlie Crist

follows:]

**********COMMITTEE INSERT 42**********

Mr. Burgess. The gentleman yields back. The Chair thanks the gentleman.

The Chair recognizes Mr. Faso for three minutes please.

STATEMENT OF THE HONORABLE JOHN FASO, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW YORK

Mr. Faso. Thank you, Chairman Burgess, Ranking Member Green, and members of the Committee for holding this important hearing and hosting all of us today.

I appreciate and understand many of the testimonies we have heard from our colleagues. It is important to note that we represent districts that are often extremely different from each other -- Democrat, Republican, rural, and urban. It is rare when an issue can unite not only a conference but an entire Congress.

At the risk of speaking for my colleagues, I would like to express that we all stand together against the opioid epidemic. Now, in my district, in the 19th District in upstate New York, I can tell you a couple of stories.

Greene County emergency responders recently reported to me they came upon a scene where they had two individuals who had overdosed. One individual required eight doses of Naloxone in order to be revived. Another required six.

This is not an uncommon phenomena. County sheriffs had reported to me going back to the same household, the same apartments on the same evening to administer Narcan to revive people who have overdosed.

Other county sheriffs have told me that every single drug

dealer they arrest has public benefit and food stamp cards in their possession. It is ironic that we, the public, are often sustaining economically those that prey upon our citizens.

In my district in the Board of Supervisors in Columbia County recently passed an opioid epidemic response plan. This plan is an enormous step forward to combatting the opioid crisis in our region.

Ulster County has also substantially increased local funding to fight the crisis. Twin County Recovery Services in Columbia and Greene Counties is also serving those with addiction through clinical, residential, and educational programs.

And I think the bottom line, Mr. Chairman, my colleagues, we have got to have educational programs that help us staunch the demand for these substances and not just try to staunch the supply.

Congress must continue to help our local communities by ensuring they have the support and the 21st Century Cures and CARA, supporting SAMHSA legislation, and passing legislation such as the STOP Act to support our local law enforcement officers by making it more difficult for the U.S. Postal Service to ship fentanyl and carfentanyl through the mail.

I recommend more research into how opioids affect the brain and learn more into how to defeat this chemical dependency.

Our work is far from finished. We must stay engaged with each other, stay engaged with our communities and stay engaged

with victims and families to truly effectuate and facilitate an authentic reversal of this dangerous and upward trend of opioid addiction in our communities.

I thank the committee for their service and for allowing us to bring this testimony forth today.

[The prepared statement of the Honorable John Faso follows:]

**********COMMITTEE INSERT 43**********

Mr. Burgess. Chair thanks the gentleman. The gentleman yields back.

Chair recognizes Mr. Katko for three minutes please.

STATEMENT OF THE HONORABLE JOHN KATKO, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW YORK

Mr. Katko. Thank you, Mr. Chairman and Ranking Member Green. I appreciate you giving me the opportunity to testify today about this most important topic and giving me the opportunity to not only discuss what has been being discussed but a possible partial solution to the problem from a law enforcement standpoint.

And that is a bill that I introduced, H.R. 2851, the Stop the Importation Trafficking of Synthetic Analogs Act of 2017, which I will refer to as SITSA.

I am driven in my testimony today and my support for this bill by two things. One is my 20 years as a federal organized crime prosecutor, prosecuting every manner of drug known to man, and knowing that, based on that experience, I have never seen anything that remotely resembles the tragic consequences of the current synthetic drug problem and the heroin issue in this country, and they are intertwined.

And I can talk chapter and verse about what is going on in my community but I just want to introduce you to a few people that we have lost since I have been in Congress.

John and Tina Socci lost their daughter, who was murdered in front of her 18-month-old child by her boyfriend, who was

addicted to opioids. Two years later, still grieving the loss of their daughter, they lost their son to a heroin overdose. Their son was a drug counselor.

Joe Campanella lost his son -- I am sorry -- Joe Campanella lost a son and his son was a drug counselor at the time, and John Socci and Tina Socci lost their son as well. Kevin Jones lost his stepdaughter.

Theresa Wilson lost her son after he ingested synthetic marijuana that was purchased over the counter at a local head shop and he had convulsions and drowned.

Deanna Axe -- all these stories are tragic but this one is perhaps the worst -- Deanna was a high school athlete, a great individual. She got involved with heroin after abusing opiates and she became pregnant. She went cold turkey and quit. She was five months pregnant and she had not had any relapses whatsoever.

A drug dealer who I can only describe as one of the most reprehensible creatures on earth, cajoled her into trying one more time because a new mixture had come in. She tried it that one time and she died, and she lost her five-month-old child as well -- unborn child.

That is the face of this tragedy. That is the face of what is going on here and that is what I am trying to address with respect to the SITSA Act.

Toxic synthetic drugs are designed to mimic street drugs like

marijuana and what this drug is trying to do is recodify the problem. The problem I encountered when I was a prosecutor doing synthetic drugs prosecutions is that the statutes don't keep up.

The drug that killed Theresa Wilson's son took four and a half years after they identified the chemical compound before it was listed in a drug analog statute.

This bill that I have that has already passed the Judiciary and is simply waiting to get out of E and C before it can be voted on on the floor and I think will pass overwhelmingly turbo charges that process to reduce it to about 30 days, and it also, in a nutshell, will give individuals in Congress who may disagree with the classification of one of these drugs 180 days after it is classified to have it removed through a congressional act.

So I was going to talk much longer about it. I realize my time is up. But I can tell you from looking through the prism of a prosecutor there is three ways that you need to address this.

Number one is law enforcement, number two is prevention, and number three is treatment. As my colleague, Mr. Faso, noted, we have done a lot with the CARA Act and other things to address prevention and treatment.

This SITSA Act is something that law enforcement needs and, quite frankly, it is a game changer and I hope that E and C will consider it in a swift manner so it can get to floor for a vote and get into law and give another -- put it in the arsenal for

law enforcement to be able to attack this problem in a meaningful manner.

And with that, I yield back, Mr. Chairman.

[The prepared statement of the Honorable John Katko follows:]

**********COMMITTEE INSERT 44**********

Mr. Burgess. Gentleman yields back. Chair thanks the gentleman.

The Chair recognizes the gentleman from Massachusetts, Mr. Keating, for three minutes please.

STATEMENT OF THE HONORABLE WILLIAM KEATING, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MASSACHUSETTS

Mr. Keating. Thank you, Mr. Chairman. Let us see if can get this -- thanks.

Let me just go off my notes and try and speak from the heart. Before I was a member of Congress, I was a DA for 12 years. Started a task force. Now, it's over a decade and a half on -- at the time heroin task force but it was the result of my work as a DA.

We would go to unattended deaths. We would find out that the person there had no criminal record. They started their addiction with prescription drugs, went to heroin -- it was just cheaper, more available, believe it or not -- and then they died.

I consoled parents who lost the child. I worked with grandparents who were raising their children. In my own family, I lost a cousin to an overdose right after he was coming out of detox, the most dangerous time. On a brighter note, I have another family member a decade and a half in recovery.

So I've seen this first hand. I've dealt with it in my district now. Since we are sharing that, one of my communities I share with Representative Kennedy.

At Fall River, Mass., they are on pace for over a thousand -- just this one city over a thousand overdoses this year and over a hundred deaths. It is the effect of fentanyl and carfentanyl

in our area.

In my district, I have four of the five leading counties in terms of opioid deaths.

I want to thank this committee, though, for the work they have done with the CARA Act, with 21st Century Cures. You are working -- I think that work is at risk if we backtrack on the availability of treatment through the ACA or another source because, as you know, 34 percent of the people before then did not have the guarantee of that treatment, which is important.

Eighteen percent didn't have the coverage for mental health treatment that is necessary as well. In the Medicaid expansion -- those states that did it -- there is now 11 million low-income Americans covered by this.

I also want to thank you on efforts that we've worked on a bipartisan basis. I worked on efforts with the STOP Act, which was part of this committee. I hope that it moves forward.

Some of that is being done administratively where we look at making our drugs that are there tamper resistant -- abuse resistant. Co-sponsoring a Saves Act also, which allows a co-prescription of Naloxone that is there -- it solves the problem for the medical community and work with the veterans in terms of making sure they are educated.

I just heard my colleague talk about the fact that we deal with this in three ways. The interdiction is limited. I just

had a private meeting, since I am on Homeland Security, in my office with the leaders in terms of Customs and Border Patrol and what is going on.

It is limited because so much of it's increased through the mail, through Fed Ex, through UPS. Very hard to deal with in that respect, although we should do what we can to do it.

Prevention is important, obviously, in terms of medical-assisted treatment and dealing with the middle school population.

Let me just conclude with this, because I was up last night thinking what I was going to say to you today. About seven years ago when I got here, four members of Congress, myself included, sat down with the FDA and people just to air out some real concerns. Only myself and Representative Hal Rogers are still here from that group.

At the end of listening to us, all these experts came and they said, Congressman, you don't understand -- you don't understand about medicine. You don't understand about medical treatment. We are there to deal with some pain and, you know, that is part of our reason.

And I said -- and I slammed the table and I said, you don't understand about pain -- the pain of losing a son or a daughter, a grandchild. The pain of families -- the pain of what it does to your income and work when this happens. That kind of pain

doesn't go away.

And we haven't progressed enough from that, frankly. It is great for this committee. It is great, I think, for myself to take whatever expert advice we can.

But on this issue, people are depending on us. We've got to create the urgency and deal with it ourselves. We can't rely on other people to do it. In many cases, we are the court of last resort.

We can do this. We can work together and we can make sure it can be done. But let's do it ourselves and let us take that leadership, and I want to thank you for the leadership you've shown in this and I plan to work with you any way I can.

Thank you.

[The prepared statement of the Honorable William Keating follows:]

**********COMMITTEE INSERT 45**********

Mr. Burgess. Chair thanks the gentleman. Gentleman yields back.

The Chair recognizes the gentleman from Minnesota, Mr. Paulsen, for three minutes please.

STATEMENT OF THE HONORABLE ERIK PAULSEN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MINNESOTA

Mr. Paulsen. Thank you, Mr. Chairman, and also for this opportunity to speak about the opioid addiction in Minnesota.

Minnesota is like the rest of the country. It is struggling with the crisis. It is tearing families apart through addiction and death and the numbers are only getting worse.

Minnesota saw a 12 percent rise in opioid deaths from in 2016 over 2015. The crisis affects Minnesotans of all backgrounds in rural communities, big cities, and in our suburbs.

Just a year and a half ago in my hometown of Chanhassen we saw the passing of music legend Prince due to an opioid overdose. In Minnesota, there are 50 opioid prescriptions written for every 100 patients that visit our doctors.

Clearly, we need to change the culture and our delivery of care to stop the flow of opioids when there are proven alternative types of treatments that may not require those prescriptions.

When someone requires surgery for back pain, they can choose between minimally invasive surgery or the standard surgery that requires a long post-surgery stay in the hospital and powerful painkillers.

One way to reduce the dependency on opioids is to use procedures that are minimally invasive and do not require long

hospital stays and opioids to dull the pain from other invasive procedures.

An example is minimally invasive sacroiliac, or IS, infusion, which has been shown to reduce the need for dangerous pain killers.

Unfortunately, some private insurers don't cover this procedure, forcing people to choose the standard surgery that requires addictive opioids for pain management.

Instead of simply prescribing a drug for the pain, providers should also look to other therapies and insurers so they can proactively cover these therapies so that people are given more choices to manage their pain.

We must hold providers and patients accountable and encourage insurers to cover more types of procedures. The opioid crisis also affects businesses including our local pharmacies.

According to the DEA, in 2014 there were 16 armed robberies involving stolen opioids at Minnesota pharmacies. Last year, that number doubled. People get hurt and die during these crimes.

Dangerous drugs are put on the street. Businesses have to close their doors because of safety concerns and communities lose vital resources and neighbors because of addiction and the crime that goes with it.

Earlier this year, I spoke to a mom -- a mom from Maple Grove, Minnesota, whose son bought carfentanyl online, consumed it, and

died.

We need to increase funding for safety resources, for addicts and trained law enforcement officers to spot and stop opioid-related crime.

Our communities depend on access to health care and we need to do more to reduce the crime and death associated with opioid addiction if we are going to help get people -- and get the care that they need.

I want to thank you, Mr. Chairman. I look forward to working with you and the rest of the members on your committee for bipartisan solutions to the problems associated with opioid addiction.

[The prepared statement of the Honorable Erik Paulsen follows:]

**********COMMITTEE INSERT 46**********

Mr. Burgess. Chair thanks the gentleman. Gentleman yields back.

Chair recognizes the gentlelady from Delaware, Ms. Rochester, for three minutes please.

STATEMENT OF THE HONORABLE LISA BLUNT ROCHESTER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF DELAWARE

Ms. Rochester. Thank you, Mr. Chairman. Thank you, Mr. Chairman.

I want to start off by saying as a former Deputy Secretary of Health and Social Services in Delaware, former Secretary of Labor, and community member and family member, substance abuse has touched my life and so many others, everything from our economy to our prison system to our families, from crack to heroin to all forms of opioids.

And in many ways, Delaware reflects our nation. Geography -- we are urban and rural. We mirror the country in terms of demographics and, unfortunately, like the rest of the nation we are facing a growing opiate crisis.

Just yesterday, our death toll from this horrible disease rose to 171 Delawareans for the year. That might not seem like a lot to some, but to put that into perspective, that many deaths in the state the size of Delaware made us number 13 per capita in the country last year for opioid overdose deaths, according to the Kaiser Family Foundation.

This public health crisis is prevalent in districts across the country and Congress has the opportunity to impact it in a meaningful way and take action.

This is why it's so important to tackle this issue on a bipartisan basis. The opioid addiction has taken a strong hold across the nation and we must work together to combat the flow of drugs throughout our country.

This is a problem for all states but particularly on the East Coast where compact states means that none of us can act alone. Drug trafficking doesn't stop at Delaware's borders with Maryland or Pennsylvania or New Jersey, and neither does this public health crisis.

Delaware and our neighbors have made great progress through collaborative programs like HIDTA and prescription drug monitoring programs. But that should just be the beginning. We aren't doing enough.

But it is also important to remember that there are people in Delaware and in all of our communities making a difference. Every day on the ground for people, for families, and in neighbourhoods they are combatting this crisis on the ground.

I want to thank all those people who are fighting, whether they are in public health, whether they are doctors, first responders, the faith community, community groups, families -- all those who are doing their part to make sure that we tackle this issue.

We in Congress need to join them. I hope that we in Congress will also continue to work together and address this epidemic by

providing resources for prevention, support for recovery, and access to care.

Thank you so much. I yield back my time.

[The prepared statement of the Honorable Lisa Blunt Rochester follows:]

**********COMMITTEE INSERT 47**********

Mr. Burgess. Chair thanks the gentlelady. Gentlelady yields back.

We are going to have a series of votes, and it is my hope that we will adjourn when votes occur. I am going to ask the members who are here, and I appreciate you staying with us for so long.

Let us continue to yield three minutes but let's try to do it in two so everyone gets a chance to testify before the -- before the vote. So all the members who remain if you will join us at the table.

And Ms. Chu, you are recognized for three minutes.

STATEMENT OF THE HONORABLE JUDY CHU, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF CALIFORNIA

Ms. Chu. Mr. Chair, I want to start by thanking you for allowing members to testify on this issue.

Today, I would like to draw the subcommittee's attention to the significant needs of those who have sought help for addiction, completed treatment and are just beginning to live in recovery.

These individuals often choose to live in sober living facilities after completing treatment in order to ease into the routines of daily life.

However, there are far too many sober homes that are commonly unequipped to handle patients at risk of overdose or do not employ staff with specialty training for individuals in recovery.

Worst of all, some of these facilities do not encourage recovery at all but exploit vulnerable people recently released from treatment in order to collect insurance payments.

This could mean life or death for people like Tyler from my district of Pasadena, California, who died from an overdose after his sober home didn't recognize the symptoms of his overdose and didn't have Naloxone, the medication that can reverse an overdose. Tyler was only 23 years old.

Unfortunately, this is not an isolated issue. I have heard from advocates in Arizona, Pennsylvania, Missouri, Ohio, and

countless others who are concerned for their friends and neighbors living in unregulated sober living facilities.

I would like to submit for the record a New York Times article from 2015 and a May 2017 report from the Department of Justice outlining abuse and fraud at sober homes in New York and Florida.

Mr. Burgess. Without objection, so ordered.

[The information follows:]

**********COMMITTEE INSERT 48**********

Ms. Chu. These reports describe sober living facilities that lacked access to Naloxone, ordered unnecessary tests on residents to exhaust their insurance benefits, and required residents to relapse and reenter treatment so resident directors could claim some of the Medicaid benefits.

Licensing for recovery residences or sober living facilities vary substantially from state to state and there are facilities in every state operating without licenses at all.

Further, oversight of these facilities is minimal so patients and families with loved ones in recovery struggle to distinguish good actors from bad ones.

For some individuals, they may not discover their facility is negligent until it is too late. That is why this week I plan to introduce the Ensuring Quality Sober Living Act. My legislation would require the Substance Abuse and Mental Health Services Administration to develop a set of best practices for residential recovery facilities so patients, families, and states can distinguish quality sober living facilities from sites that are fraudulent or unequipped to offer appropriate assistance.

The bill would require SAMHSA to disseminate these best practices to each state and authorize the agency to provide technical assistance and support.

My bill would require states to help SAMHSA set up criteria to distinguish quality sober living facilities. These best

practices to allow the guidelines for common sense measures like requiring that all fees and charges be explained to residents before entering a binding agreement and that Naloxone is available and accessible and that staff and residents are trained to use it in emergencies.

Thank you very much.

[The prepared statement of the Honorable Judy Chu follows:]

**********COMMITTEE INSERT 49**********

Mr. Burgess. Gentlelady's time has expired.

The Chair recognizes the gentlelady from Indiana, Mrs. Walorski, for three minutes please.

STATEMENT OF THE HONORABLE JACKIE WALORSKI, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF INDIANA

Mrs. Walorski. Thank you, Mr. Chairman.

Indiana is no different than any other state that we've heard from sitting here. Pain is the number-one reason why Americans seek health care, the number-one cause of disability that costs the U.S. economy more than $600 billion in direct health care costs and lost productivity.

The veteran population is particularly impacted by the chronic pain crisis with more than 50 percent of the VA patient responding and reporting to chronic pain.

We can reduce demand by more effectively treating chronic pain and providing better access to FDA-approved Nonopioid pharmaceuticals, advanced medical devices, and integrated alternative therapies.

As we develop policy, we should, number one, recognize the importance of a multi disciplinary approach. Chronic pain is pervasive and is largely unaddressed by the public health care system.

Promote -- and number two, promote cutting-edge pain research to encourage effective opioid alternatives. High quality evidence is urgently needed to help clinicians and patients make informed decisions about how to manage chronic pain

safely and understand the causes and mechanisms of chronic pain.

Advanced best practices and pain management within Medicare. In 2016, one in three Medicare Part D beneficiaries received a prescription opioid. The GAO should conduct a study of the coverage options offered within Medicare for evidence-based pain management as an alternative to opioid prescriptions.

Also, there should be a review of the graduate medical education programs' training and education of providers on pain management and opioid prescriptions.

I hope these ideas will be helpful in future planning discussions to reduce the abuse of opioids in our communities.

Thank you, Mr. Chairman. I yield back my time.

[The prepared statement of the Honorable Jackie Walorski follows:]

**********COMMITTEE INSERT 50**********

Mr. Burgess. The Chair thanks the gentlelady.

Mr. Donovan, you are recognized for three minutes.

STATEMENT OF THE HONORABLE DAN DONOVAN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW YORK

Mr. Donovan. Thank you, Mr. Chairman.

Chairman Burgess, Ranking Member Green, and members of the Subcommittee, thank you for the opportunity to testify before you today to share my thoughts on the opioid crisis.

This year alone, there have been more than 100 reported overdose deaths in my district. That number would be much higher if it weren't for the 574 Naloxone saves reported by our local hospitals and the New York City Police Department.

Before I came to Congress, I served as district attorney of Richmond County, which comprises of Staten Island, New York. Based on that experience, my time in Congress, and input from local experts like the Staten Island Partnership for Community Wellness, I support a three-tiered approach for this problem that addresses education, treatment, and enforcement.

Targeted education campaigns can teach the next generation of potential users about the dangers of substance abuse including particularly sinister compounds like fentanyl.

Treatment is, of course, crucial. We have learned that recovery is a cycle and relapses will happen. Our policies should reflect that reality. Our society now understands that addiction is a medical illness and not a criminal act.

Let us help the addicted, not punish them. To that end, consistently appropriating grants for local treatment programs is the most effective way to help end the cycle of addiction from the federal level.

Lastly, we cannot ignore the importance of enforcement, particularly against traffickers. My comprehensive Fentanyl Control Act would ban pill presses that traffickers use to create their deadly fentanyl-laced cocktails. It would also update sentencing guidelines to reflect the fact that a few grains of -- few grains of rice worth of fentanyl can kill an individual.

I firmly believe that the experts on the ground are best equipped to tailor their approaches to meet their communities' needs. It is our job as legislators to provide them with the resources necessary to accomplish their mission.

Legislation like the 21st Century Cures Act and the Comprehensive Addiction and Recovery Act, which I championed to constituents back in my district, are exactly the right approach.

Thank you again for the opportunity to share my thoughts. I look forward to working with the subcommittee and to continuing to address this national crisis.

Thank you, sir.

[The prepared statement of the Honorable Dan Donovan follows:]

**********COMMITTEE INSERT 51**********

Mr. Burgess. Chair thanks the gentleman.

Representative Hartzler, you are recognized for three minutes.

STATEMENT OF THE HONORABLE VICKY HARTZLER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MISSOURI

Mrs. Hartzler. Thank you, Mr. Chairman.

Mr. Burgess. But only use two.

Mrs. Hartzler. And thank you for this opportunity.

In Missouri, the scourge of drug abuse is a growing problem and it will take all of us to help solve it. I have heard of too many stories of families torn apart and livelihoods in tatters.

To this end, I ask the committee to explore ways to make it easier for faith-based organizations to offer addiction treatment programs. I have seen firsthand the power of faith-based recovery programs in treating addiction.

In my own district, I have visited multiple Christian organizations that have high rates of success in treating addiction.

By centering on a community of faith, these organizations provide support structures that stay with recovering addicts their entire lives. In some cases, they also provide services that aren't available in other addiction recovery programs in the area.

For instance, one religious organization in my district provides housing for both mothers and their children while the mothers seek treatment for their addiction. No doubt their

recovery is greatly facilitated by the additional support of their children.

I firmly believe faith-based recovery programs are part of a holistic approach to treat both the body and spirit. They provide emotional and spiritual support for individuals and their families during the darkest times and I ask the committee to seriously consider making available and expanding any and all funding opportunities to faith-based organizations providing addiction, treatment, and programs.

In addition, on a second topic, the IMD exclusion caps the number of beds mental health facilities receiving Medicaid can have at 16. Multiple health care groups have come into my office saying this blocks critical access to treatment for people who need inpatient treatment for addiction including some of society's most vulnerable -- veterans, pregnant addicted women, women with dependent children, and youth.

I encourage the committee to explore ways to provide some relief to this outdated rule. Thank you very much. I yield back.

[The prepared statement of the Honorable Vicky Hartzler follows:]

**********COMMITTEE INSERT 52**********

Mr. Burgess. Chair thanks the gentlelady. Gentleman from Pennsylvania is recognized for three minutes, but only use two please.

STATEMENT OF THE HONORABLE BRIAN FITZPATRICK, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF PENNSYLVANIA

Mr. Fitzpatrick. Thank you, Mr. Chairman.

As this committee is aware, drug overdoses involving prescription opioids and heroin have nearly quadrupled since 1999 and are now the leading cause of accidental death in this nation.

Substance abuses costs our country over $600 billion annually. In my home state of Pennsylvania, drug-related deaths and opioid addiction rates were amongst the highest in the nation.

Within one year, Pennsylvania's opioid-related deaths rose 20 percent while my district's increased by 50 percent.

Mr. Chairman, this epidemic is costing us both resources and precious lives, like my constituent, Carlos Castellanos. Carlos, in Falls Township, always loved sharing his talents and love of music by playing the guitar and drums at school for a local church group.

However, like so many around the nation, Carlos got involved with drugs during his time at school and even spent some time in jail. But with the strength and support of his family he began receiving treatment and his life improved. He helped others by volunteering at a recovery home and he brought people suffering in similar situations to treatment programs.

Last December, Carlos walked his mother, Pamela, down the

aisle for her wedding. He was getting ready to get back to school. He had a stead job and a girlfriend.

It would seem that many of Carlos' battles with addiction were heading in the right direction, a needed point of hope in the war that has caused so much devastation.

Then, Mr. Chairman, on December 23rd, just days before Christmas, two police detectives showed up at Pamela's door to tell her the devastating news that no mother can ever prepare for.

Carlos overdosed on a drug laced with fentanyl and was unable to be saved.

Mr. Chairman, Carlos' life and his death cast a bright light on the fact that addiction is nothing short of a chronic disease and I would also like to bring to this attention what my colleague did -- the so-called Institute for Mental Disease, or IMD, exclusion is a longstanding policy that prohibits the federal Medicaid matching funds to states for services rendered to Medicaid enrollees who suffer from substance use disorder for mental health treatment.

Some states, like my state of Pennsylvania, have used the in lieu of services provision allowing for inpatient treatment but with limitations on population size, facility size and length of stay.

These limitations disproportionately affect those using Medicaid, blocking access to treatment for people who need

inpatient treatment for addiction including some of society's most vulnerable.

I urge my colleagues to adopt the Road to Recovery Act, a bill I introduced which addresses real-world concerns expressed by local lawmakers, community leaders, and health care professionals.

Mr. Chairman, I yield back.

[The prepared statement of the Honorable Brian Fitzpatrick follows:]

**********COMMITTEE INSERT 53**********

Mr. Burgess. Chair thanks the gentleman.

Chair recognizes the gentleman from Pennsylvania for three minutes.

STATEMENT OF THE HONORABLE RYAN COSTELLO, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF PENNSYLVANIA

Mr. Costello. Thank you, Mr. Chairman.

In speaking with constituents about the opioid epidemic, I have learned firsthand the impact this epidemic is having on our communities in Pennsylvania. It is affecting families and individuals of all ages, races, and socioeconomic backgrounds.

Throughout my congressional district and throughout this nation there are parents, teachers, athletes, doctors, teenagers, and seniors struggling with addiction, a disease that has no boundaries when it comes to who it affects.

These families and these individuals are why we must continue our work to pass legislation like the Comprehensive Addiction Recovery Act and the 21st Century Cures Act, two bills I supported that are both now law.

These bipartisan bills are helping our communities through increasing access to treatment and expanding prevention, education, and intervention efforts.

In the communities I represent, a recurring sentiment I have heard was, you would not believe how much treatment costs. The cost of treatment and recovery is, indeed, crippling for so many families, even for individuals who have insurance -- $35,000 for a 30-day at a treatment center, $10,000 for a 10-day detox,

hundreds of dollars spent on flights to recovery programs across the country.

Families are being forced to refinance their homes, parents are taking on second jobs, and retirees are reentering the workforce to help pay for treatment for a family member struggling with addiction.

Those seeking help should not be faced with insurmountable costs. To help individuals provide assistance -- financial assistance to family members struggling with addiction, I have added my name as a co-sponsor to H.R. 1575, the Addiction Recovery through Family Health Accounts Act.

Under current law, individuals can only use funds in their health savings account, flexible spending account, or health reimbursement arrangement to pay for addiction treatment for their spouse or dependents.

This bill will give individuals the option to use funds from these accounts to help family members receiving drug treatment, be it a niece, grandfather, cousin, in-law, et cetera. This legislation is a step in the right direction in alleviating the financial burden of substance abuse treatment.

I am proud of the work the committee has done to help those facing this epidemic and I am committed to continuing this work.

I yield back. Thank you, Mr. Chairman.

[The prepared statement of the Honorable Ryan Costello

follows:]

**********COMMITTEE INSERT 54**********

Mr. Burgess. Chair thanks the gentleman. Gentleman yields back.

The Chair recognizes the final gentleman from Pennsylvania for three minutes, but only use two.

STATEMENT OF THE HONORABLE KEITH ROTHFUS, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF PENNSYLVANIA

Mr. Rothfus. Thank you, Mr. Chairman, for holding this important hearing today for members across the country to come and testify about this epidemic.

I think it is interesting that you have had three Pennsylvanians right in a row that represents the geography of Pennsylvania -- eastern, middle, and western. Certain, communities in western Pennsylvania are among the hardest hit in our national opioid epidemic.

There has been a staggering amount of overdose deaths specifically in my district. In 2016, Allegheny County had 648 individuals lose their lives from heroin or opioid-related overdoses. Last year, that number was 4,342 in Pennsylvania alone.

According to a recent article in the Pittsburgh Post Gazette in 2016, the number of overdose deaths in Pennsylvania was four times the number of deaths caused by car accidents.

In other recent reports, three people in my district were revived by Narcan after each overdosed at a convenience store. Thankfully, the first responders were able to save their lives.

While it is encouraging to see that both Congress and the administration have taken action to address this issue, we still

have a long way to go. From my perspective, we should be taking a three-pronged approach to combatting the epidemic.

We must implement measures to prevent addiction. We must treat addiction once it has taken hold over someone. Finally, we must vigorously enforce the laws on the books to stop drug traffickers from spreading their poison into our communities.

To help combat this, I led an effort to include language in the landmark Comprehensive Opioid Reduction Act that will help ensure our veterans who are at significant risk to have access to the specialized program they need -- program that they need to prevent or overcome opioid addiction. This is one positive step in the right direction.

Another area where Congress should focus, one of which is of specific interest to me, is to increase and strengthen our partnership with Mexico, especially through the State Department's Merida Initiative.

Our neighbor to the south has suffered a horrific level of murder at the hands of drug cartels. By increasing our cooperation with Mexico, we can help them defeat the cartels that caused so much pain both there and here in the U.S.

Often overlooked is the fact that many of the narcotics that Mexican cartels traffic end up in the hands of Americans. Furthermore, increasing security at ports of entry through increased use of technology, cameras, and manpower is absolutely

necessary to interdicting drugs.

Pending legislation like Chairman McCaul's Border Security for America Act will do just that. Another bipartisan bill that I hope will end the crisis was introduced with Congress Collin Peterson, H.R. 3526. I look forward to that moving forward.

Again, I sincerely thank you for the opportunity to testify before the Committee this morning on an issue that greatly affects the constituents in my district.

[The prepared statement of the Honorable Keith Rothfus follows:]

**********COMMITTEE INSERT 55**********

Mr. Burgess. Chair thanks the gentleman. The gentleman yields back.

All members having had a chance to speak, with votes on the floor, the Committee stands adjourned.

[Whereupon, at 1:33 p.m., the Subcommittee was adjourned.]