#### ONE HUNDRED THIRTEENTH CONGRESS

# Congress of the United States House of Representatives

COMMITTEE ON ENERGY AND COMMERCE 2125 RAYBURN HOUSE OFFICE BUILDING WASHINGTON, DC 20515-6115

> Majority (202) 225-2927 Minority (202) 225-3641

#### **MEMORANDUM**

May 19, 2015

To: Subcommittee on Oversight and Investigations Democratic Members and Staff

Fr: Committee on Energy and Commerce Democratic Staff

Re: Hearing on "What are the State Governments Doing to Combat the Opioid Abuse Epidemic?"

On <u>Thursday, May 21, 2015, at 10:15 a.m. in room 2322 of the Rayburn House Office</u> <u>Building</u>, the Subcommittee on Oversight and Investigations will hold a hearing titled "What are the State Governments Doing to Combat the Opioid Abuse Epidemic?" The hearing is the fourth in the series on the opioid abuse epidemic.

#### I. BACKGROUND

The Centers for Disease Control and Prevention (CDC) has called prescription drug abuse in the United States an epidemic and 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 opioids more than quadrupled, and in 2010 alone, prescription opioids were involved in 16,651 overdose deaths. The rate of heroin overdoses has also increased dramatically in recent years. 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.

<sup>&</sup>lt;sup>1</sup> Office of National Drug Control Policy, *Prescription Drug Abuse* (online at www.whitehouse.gov/ondcp/prescription-drug-abuse) (accessed Mar. 17, 2015).

<sup>&</sup>lt;sup>2</sup> Nora D. Volkow et. al., *Medication-Assisted Therapies – Tackling the Opioid Overdose Epidemic*, New England Journal of Medicine (May 29, 2014).

<sup>&</sup>lt;sup>3</sup> National Institute on Drug Abuse, *Overdose Death Rates* (online at www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates) (accessed Apr. 24, 2015).

The opioid abuse epidemic is also having downstream public health consequences. According to the CDC, there was a 150% increase in reports of hepatitis C between 2010 and 2013, which is believed to be attributable to injectable drug use. A recent CDC report found that there is an intersection in Appalachian states between significant increases in rates of opioid dependency and significant increases in cases of acute hepatitis C infections.<sup>4</sup> The opioid epidemic has also been linked to a recent outbreak of HIV in Indiana.

The Subcommittee has held three hearings on the opioid abuse epidemic. At the <u>first</u> hearing on March 26, 2015, the Subcommittee heard from state and local experts offering their perspectives on prevention and treatment efforts.<sup>5</sup> At the <u>second hearing</u> on April 23, 2015, members heard from medical experts on best practices for opioid addiction treatment and prevention.<sup>6</sup> The witnesses unanimously agreed that ideally, all patients would have access to all FDA-approved medication assisted treatments and psychosocial therapies. Yet, all agreed that serious impediments to widespread access to treatment persist, including a shortage of substance abuse treatment providers, a shortage of treatment beds, high costs, and difficulty getting insurers to cover behavioral health treatment services. At the <u>third hearing</u> on May 1, 2015, the Subcommittee heard from federal witnesses about the work their agencies are doing to combat the opioid abuse epidemic.<sup>7</sup> The witnesses testified about coordination efforts between federal agencies and research, education, and policy efforts to address opioid addiction.

## II. STATE RESPONSE TO PRESCRIPTION DRUG AND HEROIN ABUSE

The CDC tracks the amount of prescription painkillers sold and drug overdose death rates for each state. CDC Director Tom Frieden observed, "Overdose rates are higher where these drugs are prescribed more frequently." In 2013, the highest prescribing rates were found in Alabama, West Virginia, Tennessee, Oklahoma, and Kentucky. The states with the highest

<sup>&</sup>lt;sup>4</sup> Centers for Drug Control and Prevention, Morbidity and Mortality Weekly Report, Increases in Hepatitis C Virus Infection Related to Injection Drug Use Among Persons Aged ≤30 Years – Kentucky, Tennessee, Virginia, and West Virginia, 2006-2012 (May 8, 2015).

<sup>&</sup>lt;sup>5</sup> House Committee on Energy and Commerce, *Hearing on Examining the Growing Problems of Prescription Drug and Heroin Abuse: State and Local Perspectives*, 114th Cong. (Mar. 26, 2015).

<sup>&</sup>lt;sup>6</sup> House Committee on Energy and Commerce, *Hearing on Combatting the Opioid Abuse Epidemic: Professional and Academic Perspectives*, 114th Cong. (Apr. 23, 2015).

<sup>&</sup>lt;sup>7</sup> House Committee on Energy and Commerce, *Hearing on What is the Federal Government Doing to Combat the Opioid Abuse Epidemic?*, 114th Cong. (May 1, 2015).

<sup>&</sup>lt;sup>8</sup> Centers for Disease Control and Prevention, *Opioid Painkiller Prescribing Varies Widely Among States* (July 1, 2014).

<sup>&</sup>lt;sup>9</sup> Centers for Disease Control and Prevention, *Opioid Painkiller Prescribing* (July 2014).

drug overdose mortality rates in 2013 were West Virginia, New Mexico, Kentucky, Nevada, and Oklahoma. 10

## A. Colorado

Colorado has recently undertaken a number of efforts to address the opioid abuse epidemic. In the fall of 2013, Colorado established its Consortium for Prescription Drug Abuse Prevention to create a coordinated, statewide response to prescription drug abuse. <sup>11</sup> The Consortium is composed of working groups on provider education, public awareness, safe disposal of medications, treatment, and improvement of Colorado's Prescription Drug Monitoring Program (PDMP). The PDMP was strengthened in 2014 to require registration by pharmacists and prescribers and to allow prescribers to delegate access to the PDMP to other members of their healthcare staffs. <sup>12</sup> Colorado's Chief Medical Officer, Dr. Larry Wolk, recently announced plans to expand the availability of naloxone by making prescriptions available to family members, employers, and those at risk of an overdose. <sup>13</sup>

## B. Indiana

In 2012, Indiana established a Prescription Drug Abuse Prevention Task Force to evaluate education, enforcement against criminal prescribing and diversion, sustainability and access to the prescription drug monitoring program, take back of unused prescriptions, and treatment and recovery services. <sup>14</sup> The Task Force has supported passage of a number of legislative efforts to expand use of the state's PDMP, increase the number of addiction treatment professionals, and expand access to naloxone. <sup>15</sup>

Indiana's Division of Mental Health and Addiction (DMHA) Bureau of Mental Health Promotion and Addiction Prevention supports and promotes evidence-based strategies to reduce rates of prescription drug use. <sup>16</sup> The Department also supports the "Communities That Care" (CTC) model to mobilize community members to be involved in prevention efforts. <sup>17</sup> The CTC

<sup>&</sup>lt;sup>10</sup> Trust for America's Health, *Prescription Drug Abuse: Strategies to Stop the Epidemic* (Oct. 2013).

<sup>&</sup>lt;sup>11</sup> Colorado Consortium on Prescription Drug Abuse Prevention (online at http://www.corxconsortium.org/) (accessed May 14, 2015).

<sup>&</sup>lt;sup>12</sup> Colorado Medical Society, *Changes make Colorado's Prescription Drug Monitoring Program easier and more useful* (Nov. 12, 2014).

<sup>&</sup>lt;sup>13</sup> Colorado Department of Public Health & Environment, *Chief Medical Officer To Expand Availability of Overdose Antidote* (May 11, 2015).

<sup>&</sup>lt;sup>14</sup> BitterPill.IN.gov, *About Your Task Force* (accessed May 15, 2015).

<sup>&</sup>lt;sup>15</sup> BitterPill.IN.gov, *Legislative Progress* (accessed May 15, 2015).

<sup>&</sup>lt;sup>16</sup> Indiana Family and Social Services Administration, *Addiction Prevention and Mental Health Promotion* (accessed May 15, 2015).

<sup>&</sup>lt;sup>17</sup> *Id*.

approach is a community-specific effort that identifies and then addresses certain risk factors related to drug abuse within specific communities. The approach attempts to reduce and mitigate these risks using evidence-based approaches and strategies.

Indiana is currently in the midst of an HIV outbreak that is likely tied to the abuse of injectable prescription drugs. <sup>18</sup> Indiana State Health Commissioner Jerome Adams and CDC Director Dr. Tom Frieden have warned that the conditions that led to this outbreak could happen anywhere in the United States and that other communities will likely see similar problems. <sup>19</sup>

## C. Massachusetts

The Bureau of Substance Abuse Services, housed within the Department of Public Health, oversees substance abuse prevention and treatment services within Massachusetts. Massachusetts' Prescription Monitoring Program (PMP) was launched online in 2010, and enrollment was made mandatory for physicians and dentists in 2012 and for all prescribers in 2013. As of February 2015, sixty percent of doctors (MDs and Doctors of Osteopathic Medicine) were enrolled in Massachusetts' PMP. For Massachusetts practitioners, automatic enrollment of all prescribers occurs concurrently with the renewal of their Massachusetts Controlled Substance Registration (MCSR). Further, all of Massachusetts' licensed retail pharmacies submit data into the PMP, including prescription drugs dispensed from clinic pharmacies, hospital outpatient pharmacies, retail pharmacies, and out-of-state mail order pharmacies that deliver to patients in Massachusetts.<sup>21</sup>

Shortly after taking office earlier this year, Massachusetts Governor Charlie Baker unveiled his plan to fight the opioid addiction crisis in the state. He established a working group to develop recommendations for state action by May 2016, and he called on insurers to more effectively manage opioid prescribing practices. Massachusetts Attorney General Maura Healey has also announced that addressing opioid addiction is her number one priority, with plans to expand the state's prescription monitoring program and to target pharmaceutical companies to curb prescription drug abuse. <sup>23</sup>

## D. Missouri

 $<sup>^{18}</sup>$  Indiana HIV Outbreak Linked to Prescription Drug Abuse, USA Today (Feb. 25, 2015).

<sup>&</sup>lt;sup>19</sup> Indiana Community's HIV Outbreak a Warning to Rural America, USA Today (May 15, 2015).

<sup>&</sup>lt;sup>20</sup> Massachusetts Department of Public Health, *The Massachusetts Prescription Monitoring Program: A Report to the Massachusetts General Court* (February 2015).

<sup>&</sup>lt;sup>21</sup> *Id*.

<sup>&</sup>lt;sup>22</sup> *Id*.

<sup>&</sup>lt;sup>23</sup> Healey Takes Oath as Massachusetts' 55th Attorney General, WCVB (Jan. 21, 2015).

The Missouri Department of Mental Health and the Director of the Division for Behavioral Health, Mark Stringer, have led an effort in the state to require treatment facilities to provide medication assisted treatment (MAT). The Department has stated that MAT is "an essential part of the comprehensive array of services available to people struggling with addiction to alcohol and other drugs." The state adopted MAT early on, offering state funding for MAT and requiring that programs offered MAT as a condition for state funding and certification. Now, all providers in Missouri receiving any state funding offer at least one form of MAT.

Despite significant support from state officials and many state legislators, Missouri is the only state in the country without a prescription drug monitoring program.<sup>27</sup> The state legislature is considering several bills during its current session to establish such a program.<sup>28</sup>

#### III. WITNESSES

The following witnesses have been invited to testify:

## Dr. Larry Wolk

Executive Director and Chief Medical Officer Colorado Department of Public Health and Environment

## Dr. Jerome M. Adams

Health Commissioner Indiana State Department of Health

#### **Dr. Monica Bharel**

Commissioner
Massachusetts Department of Public Health

#### Mr. Mark Stringer

Director
Division of Behavioral Health
Missouri Department of Mental Health

<sup>&</sup>lt;sup>24</sup> Missouri Department of Mental Health, *Medication-Assisted Treatment* (accessed May 17, 2015).

 $<sup>^{25}</sup>$  Medication-Assisted Treatment, an Update from Missouri, ATTC/NIATx Service Improvement Blog (Apr. 2015).

<sup>&</sup>lt;sup>26</sup> States Make Case For More Funding of Drug Treatments For Opioid Addiction, Addiction Professional (Apr. 15, 2015).

<sup>&</sup>lt;sup>27</sup> Missouri Alone in Resisting Prescription Drug Database, New York Times (July 20, 2014).

<sup>&</sup>lt;sup>28</sup> Time for Missouri Prescription Drug Monitoring System is Now, St. Louis Post-Dispatch (May 13, 2015).