

Committee on Energy and Commerce
Opening Statement as Prepared for Delivery
of
Ranking Member Frank Pallone, Jr.

Health Subcommittee Hearing on “Responding to America’s Overdose Crisis: An Examination of Legislation to Build Upon the SUPPORT Act.”

June 21, 2023

In 2018, this Committee came together in strong bipartisan fashion to pass the SUPPORT Act to address the ongoing opioid epidemic. Over the last five years, this law has expanded treatment options in Medicare and Medicaid, allowed more providers to prescribe Medication Assisted Treatment, and made important investments in public health. Today, we are considering a number of bills to help further address the ongoing opioid epidemic, including bills to reauthorize critical programs included in the SUPPORT Act. Ongoing action is necessary because, tragically, nearly 110,000 Americans died last year of drug overdoses.

I am especially hopeful that this will be the year we are able to move H.R. 2400, the Medicaid Reentry Act, out of Committee and have it signed into law. This bill would build on the bipartisan work we did last Congress by enabling eligible individuals to enroll in Medicaid 30 days prior to their release from incarceration. Researchers have found that people recently released from incarceration are ten times more likely to overdose on opioids than the general public. Many times, these individuals can struggle to access care upon their release, making them more likely to delay seeking treatment.

Allowing eligible people to enroll in Medicaid prior to their release will help connect them to coverage upon their discharge. This will help smooth their transition back into the community and ensure they are able to access the services they need. I hope we can finally move this bill forward and give states the tools they need to support incarcerated individuals in recovery.

I am also pleased that we are considering bipartisan legislation that would reauthorize several important provisions from the SUPPORT Act that strengthen the ability of communities to respond to the opioid epidemic. We will be discussing bills to reauthorize programs to train first responders, support recovery centers, and bolster the behavioral health workforce. Other programs up for reauthorization would expand treatment for pregnant and postpartum women, connect schools with mental health services, and continue an important task force on trauma care. We will also consider legislation to expand access to life-saving resources, such as fentanyl and xylazine test strips, and to have HHS and DEA reexamine the evidence regarding important treatment options like Suboxone. Together, these bills will help us combat the opioid epidemic.

While I am hopeful that these bipartisan policies can move through our Committee process, I am disappointed that the majority has also chosen to include several bills that are problematic. I am particularly concerned about proposals that would create financial incentives to institutionalize individuals with substance use disorder. Rather than simply warehousing these individuals, Congress should provide states with the resources to expand provider capacity and expand access to services in home- and community-based settings.

I also question why we are considering legislation that would permanently extend the option for states to cover short-term stays in an institution for mental disease, or IMD. I was skeptical of this policy

when it passed five years ago. In the years since, the response from states has been underwhelming. Currently, I am aware of only two states that have taken up this option. We should acknowledge that this policy has not lived up to the expectations of its supporters and not look to permanently extend it.

I also have concerns with H.R. 824, which would allow employers to offer telehealth as a separate, standalone policy exempt from the Affordable Care Act's critical consumer protections. I believe this bill is a solution in search of a problem. Employers already have the flexibility to offer telehealth to their employees. I am concerned that this bill would instead expand a form of insurance that is not subject to the ACA's consumer protections. These insurance plans are also not subject to mental health parity, and can be deceptively marketed to Americans as comprehensive coverage. I worry that if we expand these plans American families will be left with inadequate coverage, and at risk of surprise medical bills.

Finally, I am troubled by the inclusion of H.R. 1839, the Combatting Illicit Xylazine Act. I understand that xylazine is a growing problem, but doing an end run around the interagency process for scheduling controlled substances is not the answer. I am concerned about the precedent of Congress attaching criminal penalties to a drug that is not scheduled. I understand that access to legitimate veterinary and agricultural uses of xylazine needs to be preserved, but this should be handled through administrative process, not by Congress picking and choosing drugs to apply criminal penalties to by statute.

Everyone in this room is far too familiar with the tragic consequences of the opioid epidemic. While we have seen some improvement, there is still a long way to go. I am hopeful that we will be able to find bipartisan solutions to ensure that our states, cities, and first responders have the resources they need.