



**Statement by
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Before the House Committee on Energy and Commerce, Subcommittee on Health**

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I would first like to thank Energy and Commerce Subcommittee Chairman Michael Burgess (R-TX), Ranking Member Gene Greene (D-TX), and the members of the subcommittee for hosting this series of hearings and for inviting me to testify on behalf of important legislation that can help address our nation's addiction crisis.

My name is Jessica Hulsey Nickel, and I am the President of the Addiction Policy Forum. I started the non-profit to help patients, families and stakeholders across the country advocate for a comprehensive response to addiction -- including prevention, treatment, recovery, overdose reversal, criminal justice reform and law enforcement. We convene key partners from throughout the field around one table with a shared goal: to help create a world where fewer lives are lost to addiction and help exists for the millions of Americans who need it.

I am grateful to be with you today to discuss the proposed pieces of legislation and how they will help address this crisis. I know firsthand the devastating impact that addiction can have on families. Both of my parents struggled with heroin addiction and ultimately lost their lives to this preventable, treatable disease. My story is just one of the millions repeated daily across our nation - and I have heard these stories from the thousands of mothers, fathers, sisters, brothers

and other loved ones who have reached out to the Addiction Policy Forum in need, in grief, in hope and wanting to be a part of the solution to this crisis.

Last December the Centers for Disease Control (CDC) released a haunting report stating that over 63,300 people died from a drug overdose in 2016 -- a 21 percent increase from the previous year, largely due to an increase in opioid overdose deaths.

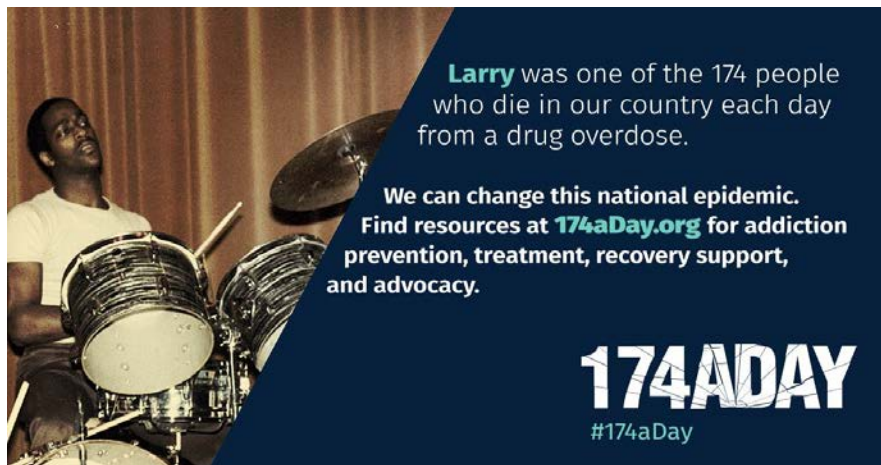
In 2016, 174 people died every day from a drug overdose in our country. 174. That's equivalent to more than two commuter planes crashing every day for an entire year. But you can bet that if those planes were actually going down the FAA would stop operations until they found out exactly what was going on. Addiction is a more muted killer. In 2016, the Addiction Policy Forum launched the 129aDay campaign to honor those we have lost and their families, who sit at the epicenter of this crisis. Each year, we update the campaign to reflect the increasing number of lives that are lost each year. The latest data available show 174aDay and all indications suggest that this number is continuing to rise.

Amidst the horrific numbers, it's important to put real faces to the scope of this crisis and I'd like to take a moment to share letters written by some of our families.

Doug lost his daughter, Courtney, when she was just 20 years old. He describes Courtney as "a shining star. The room lit up when she walked in and everyone loved her." Doug writes: "We were told that because 'it is not a matter of life or death' there would be no coverage for treatment. On the advice of our local authorities, we asked her to leave our home and canceled her insurance. By doing this, she would be homeless and then could be eligible to receive treatment. Courtney died alone, away from our home and the day before she was scheduled to enter a treatment facility."



Lorraine describes her twin brother, Larry, as “amazing, charming, funny, popular and the most talented drummer you’ve ever heard.” Larry died from a drug overdose almost 30 years ago, leaving behind his one-year old son, who Lorraine raised - making her a single parent overnight.



Emmett’s mom, Aimee describes him as “the average American teen; he loved video games and BMX biking. He was a caring, funny, smart young man with the potential for greatness. He was the adored older brother to Zachary (age 18) and Alice (age 9). He had a smile and charm that could light up a room – but heroin stole that from him, and from us”



Dylan's mom, Jennifer, describes the day of his death: "I don't remember much about that day, but I do know that my life will never be the same. Every day when I walk into my house, I see Dylan's shoes sitting on the floor where he kicked them off and his jacket draped across the banister where he left it. We will never have another one of our midnight snacks. He will never have the chance to get married, have kids, travel and do all of the things that a 19-year-old should have the chance to experience."



Of the 21 million people that need treatment for a substance use disorder, only about 10 percent will receive it. Ten percent. Can you imagine a world where only 10 percent of cancer or Alzheimer's or diabetes patients got the treatment they needed? 174 sisters, sons, husbands, daughters, mothers are lost each day.

A Comprehensive Response to Addiction

As a community of families, patients and key stakeholders, we are pleased to see the comprehensive approach of this Committee reflected in the numerous legislative proposals that are being considered.

Our community has outlined eight key priorities for addressing addiction in this country and we are grateful to this Committee and its members for focusing on so many of the following crucial components.

1. **Help Families in Crisis:** Provide new, effective resources and support for patients and families in crisis.
2. **Expand Treatment Access and Integration into Healthcare:** Through partnerships and research, develop resources, protocols and tools for physicians, healthcare systems and the workforce to integrate treatment of substance use disorders into healthcare.
3. **Drive Discovery:** Invest in research on how to treat, prevent and cure addiction and its related disorders.
4. **Expand Recovery Support:** Properly prioritize and secure resources for the recovery support programs that individuals need in their communities.
5. **Prevention:** Increase funding for and the number of evidence-based prevention programs nationwide.
6. **Protect Children Impacted by Parental Substance Use Disorder:** Expand resources to support children who have a family member with a substance use disorder.
7. **Reframe the Criminal Justice System:** Partner with key stakeholders to re-envision how the criminal justice system responds to addiction.

8. **Educate and Raise Awareness:** Intensify the urgency around addiction and raise awareness.

Support for Innovative Legislative Proposals

I am here today to specifically address three pieces of legislation that will help us respond to and address this crisis, the Comprehensive Opioid Recovery Centers Act of 2018; the Training, Education, and Community Help (TEACH) to Combat Addiction Act of 2018; and Preventing Overdoses While in Emergency Rooms Act of 2018 (POWER).

COMPREHENSIVE OPIOID RECOVERY CENTERS ACT OF 2018

Our country has come a long way in a short period of time in our understanding of addiction and evidence-based services required to properly address this chronic disease. Many in the treatment and recovery fields are doing tremendous work that is both saving and restoring lives and the Addiction Policy Forum has the privilege of working alongside so many of them. Unfortunately, in many parts of the country, treatment and recovery services are either fragmented or non-existent. For many patients, the process of trying to find quality treatment is difficult and confusing.

We have an enormous addiction treatment gap in this country. In 2015, the Substance Abuse and Mental Health Services Administration (SAMHSA) reported that an estimated 21.7 million people aged 12 or older (8.1 percent of that population) needed substance use disorder treatment, but only an estimated 2.3 million of that population received treatment at a specialty facility. Stated plainly, only 10.8 percent of adolescents and adults who needed treatment received it.

For years, the addiction treatment field has been struggling to address a myriad of daunting issues due to insufficient resources, inadequate treatment infrastructure, and a cultural understanding of the disease defined by prejudice and inclined toward punishment. Today, the field is undergoing a major transformation as our societal understanding of addiction hurries to catch up with the science and vital advancements in treatment. However, the current healthcare system has many systemic issues that continue to limit the effective and sustainable implementation of evidence--based practices to treat substance use disorders. These limitations include:

- Lack of integration between general and specialty care.
- Lack of screening for substance use and SUD in general healthcare.
- Workforce shortages, with high staff turnover due to low reimbursement rates and salaries leading to high training costs. poor fidelity and insufficient training.
- Insufficient oversight and quality control of specialty addiction treatment programs that often do not deliver evidence-based care (e.g. detoxification should always be followed by treatment).
- Lack of incentives for program evaluation and quality improvement activities.
- Lack of standard credentialing, core certification criteria and standardized curricula are needed and should incorporate training related to pharmacotherapy.
- Resource limitations hamper the implementation of evidence-based practices with fidelity, particularly in poor states that lack investment in healthcare infrastructure.
- Lack of support for technical assistance, which tends to be provided reactively, when there is a problem.

The Comprehensive Opioid Recovery Centers Act (CORA) of 2018 will help address these barriers through the development and promotion of integrated care models based on best practices, which will build a pathway toward the comprehensive healthcare infrastructure that must be achieved to ensure that everyone suffering with a substance use disorder has access to quality treatment. Specifically, the legislation will provide resources to operate these centers, which will provide the full spectrum of evidence-based treatment services including intake evaluations and regular assessments, all Food and Drug Administration (FDA)-approved treatments for substance use disorders, detoxification, counseling, residential rehabilitation, recovery support services, pharmacy and toxicology services, and interoperable electronic health information systems.

The Addiction Policy Forum supports the quick enactment of CORA, which will help fill the need for coordinated, comprehensive care for patients with opioid use disorder. In so doing, these Centers will also address those at risk for overdose, arrest or other criminal-justice involvement receive the healthcare they need to return to their families, work and a healthy life.

I thank Committee's Vice-Chairman Brett Guthrie (R-KY) and Ranking Member Gene Green (D-TX) for their leadership on this bill.

*TRAINING, EDUCATION, AND COMMUNITY HELP (TEACH) TO COMBAT ADDICTION
ACT OF 2018*

Medical education about the identification and treatment of substance use disorders needs to be improved for practicing healthcare professionals as well as those in training. There is an alarming lack of substance use disorder education in medical school curriculums. According to a 2016 Surgeon General report, only eight percent of US medical schools have a separate required

course on addiction and only a handful of medical schools have robust curriculum on the diagnosis and treatment of substance use disorders.

Every medical, nursing and dental school in the nation should train clinicians to identify and treat addiction and substance use disorder screenings should be required as part of routine health exams by general practitioners. Introducing the Screening Brief Intervention and Referral to Treatment (SBIRT) approach, for example, during residency programs will help to embed awareness and competency concerning substance use disorders in the expectations set for general practitioners and will ensure earlier and more comprehensive patient identification.

For a variety of reasons, most patients do not tend to seek help for a substance use disorder, but often suffer from associated and unrelated health issues for which they seek care. Thus, ensuring substance use disorder literacy among care practitioners and encouraging regular screenings is the first step. Assessments are more detailed and are applied to patients who screen positive, which will help doctors identify at-risk patients before the disorder progresses. In addition to professional education and screenings, more has to be done to decrease the stigma surrounding addiction and to improve confidentiality assurance in the doctor--patient relationship so that patients feel comfortable being honest with their providers about their struggles with substance use.

While there is certainly good work going on to improve medical professional education related to substance use and addiction, we must ensure speedy dissemination of the most current research and best practices. Unless a medical school student has chosen to specialize in addiction treatment, providers typically enter the workforce unprepared and ill-equipped to address the needs of the increasing number of patients with substance use disorder. In addition, practicing healthcare providers who were not required to take addiction treatment courses in medical

school, may avoid engaging with patients about substance misuse due to their own unfamiliarity with the disease. Often, healthcare providers do not feel prepared to deal with what is commonly perceived as a difficult patient population. Because of the lack of education for students and experienced practitioners, patients are denied access to a large portion of evidence-based treatment options that are only available in medical settings.

Physicians around the country also report not having had enough training on the prescribing of pain medication and alternative treatments for chronic pain. This particular gap in physician education in the midst of a worsening opioid epidemic must be addressed.

According to a 2017 systematic review published by the The Journal of the American Medical Association, more than two-thirds of patients reported unused prescription opioids following surgery. In 2016, 11.5 million people misused prescription pain relievers compared with 948,000 people who used heroin, and an estimated 239,000 adolescents aged 12 to 17 were currently misusing pain relievers. The most common source for the last pain reliever that was misused was from a friend or relative. Every day, over 1,000 people are treated in emergency departments for misusing prescription opioids, and from 1999 to 2016 more than 200,000 people have died in the US from overdoses related to prescription opioids.

The Training, Education, and Community Help (TEACH) to Combat Addiction Act of 2018 incentivizes the development of evidence-based education and curricula. The legislation would fund educational institutions to be “Centers of Excellence in Substance Use Disorder Education” and require such institutions to collaborate with stakeholders in their community who are working on the front lines of the opioid crisis. In addition, the bill would codify NIH Centers of Excellence in Pain Education that act as hubs for the development, evaluation, and distribution

of pain management curriculum resources for medical, dental, nursing, pharmacy and other schools to improve how health care professionals are taught about pain and its treatment.

The TEACH Act would help expand the curricula and training resources that are so needed for our physicians and other key healthcare providers to better address addiction, pain, and the opioid crisis.

I thank Congressman Bill Johnson (R-OH) and Congressman Paul Tonko (D-NY) for their work on this legislation.

PREVENTING OVERDOSES WHILE IN EMERGENCY ROOMS (POWER) ACT

We know that those who have experienced a non-fatal overdose are at great risk of repeated overdose and often need treatment for substance use disorder. However, most hospitals nationwide do not provide the linkage to addiction treatment and care needed at that key intervention point. Currently, too many emergency departments in the United States do not have standard protocols in place to assist patients presenting with an overdose. The Addiction Policy Forum, in partnership with the Berger and Mercy Healthcare systems in Ohio, has established pilot programs to direct patients who have recently been admitted to an emergency department for an opioid-related overdose to treatment.

The rate of opioid-related emergency department visits increased in almost all States between 2009 and 2014, with the greatest increases in Ohio (106.4 percent), South Dakota (94.7 percent), and Georgia (85.2 percent). And recently released data from the CDC showed that emergency department visits for suspected opioid overdoses increased nearly 30 percent in the US from July 2016 to September 2017. Two of the sixteen states, Wisconsin and Delaware, experienced increases of more than 100 percent.

To improve how hospitals respond to overdose and addiction, the Addiction Policy Forum is implementing the Emergency Medicine Initiative to help hospitals develop and implement post-overdose interventions in Emergency Departments.

Through the initiative, we will develop open-source protocols and tools that can be used by emergency departments across the nation. These will include model workflows, education videos for practitioners, model post-overdose discharge instructions, and other tools to empower practitioners to deliver evidence-based care.

The POWER Act is a key piece of legislation that will bolster current policies nationwide in order to better connect patients that have presented with an overdose with the treatment they need. POWER will provide emergency departments with the resources and information needed to develop evidence-based protocols for screening overdose patients for substance use disorder, initiating treatment with FDA-approved medications in emergency departments, providing effective referrals to evidence-based treatment upon discharge, and implementing best practices for care coordination and integrated care models for long-term treatment and recovery services.

The Addiction Policy Forum endorses the McKinley/Doyle POWER Act and urges this Committee to push for enactment to provide these resources to communities as quickly as possible.

We are grateful to Congressman David McKinley (R-WV) and Michael Doyle (D-PA) for their leadership on this legislation and for bringing attention to how we can advance evidence-based practices and reduce overdoses and fatalities from opioid use disorder.

Conclusion

I look forward to working with you and the Members on this Committee to advance meaningful legislation built on a comprehensive response that includes prevention, treatment, recovery, overdose reversal, law enforcement, and criminal justice reform.

Thank you for the opportunity to testify today and for your commitment to addressing such an important issue that impacts millions of American families every single day.