

House Committee on Energy and Commerce

A Public Health Emergency: State Efforts to Curb the Opioid Crisis

January 14, 2020

10:00 am, 2123 Rayburn House Office Building

Purpose

The purpose of this hearing was to examine states' efforts and successes in addressing the opioid epidemic and identify areas of future federal support.

Members Present

Chairman DeGette, Ranking Member Guthrie, Representatives Pallone, Walden, Burgess, Schakowsky, Kennedy, McKinley, Ruiz, Griffith, Kuster, Brooks, Castor, Sarbanes, Tonko, Clarke, and Latta

Witnesses

Nicole Alexander-Scott, M.D., Director, Department of Health, State of Rhode Island

Monica Bharel, M.D., Commissioner, Department of Public Health, Commonwealth of Massachusetts

Kody Kinsley, Deputy Secretary, Behavioral Health and Intellectual and Developmental Disabilities, Department of Health and Human Services, State of North Carolina

Christina Mullins, Commissioner, Bureau for Behavioral Health, Department of Health and Human Resources, State of West Virginia

Jennifer Smith, Secretary, Department of Drug and Alcohol Programs, Commonwealth of Pennsylvania

Opening Statements

Chairman DeGette said the United States is in the midst of an epidemic unlike any other in history. In 2017, more than 2/3 of overdose deaths involved opioids. The first wave of this crisis began in the 90's, followed by a second wave in 2010. It has now come to a point where the nation faces a third wave marked by the increased use of synthetic opioids like fentanyl. This epidemic is not isolated to opioids, as the rate of meth use is also increasing. This committee has a long history of working in a bipartisan manner to try to curb the opioid epidemic and bring relief to victims and families. States need to be given the tools and resources necessary to reverse the trend of substance use. States are on the front lines of this epidemic and need the support of Congress to be successful. It is crucial to ensure that federal funds reach the hardest hit communities.

Ranking Member Guthrie said that this committee worked hard last year to help curb the opioid epidemic. This committee worked to provide resources to communities in need and provided crucial oversight. However, even with actions taken by this committee, it is still necessary to evaluate steps taken by states to address this crisis and follow the flow of money. It will be helpful to future lawmakers to understand what policies are working and what policies do not provide a return on investment. This hearing is a great platform to share how federal dollars are impacting people's lives. It is also an opportunity for states to learn from each other and institute new interventions.

Rep. Pallone said this crisis cannot be solved overnight. It will take a consistent coordinated effort between federal and state governments. This committee has acted in a bipartisan manner in the past by giving states funding and support. This committee was also crucial in the passage of the 21st Century Cures Act and the SUPPORT Act. It is necessary to know what states are doing well, but also where they need more help. This hearing can help inform Congress of ways to empower states to better tackle the opioid crisis. Furthermore, the expansion of Medicaid is a crucial tool in reducing the number of opioid deaths.

Rep. Walden said that for many years the Energy and Commerce committee has been at the forefront of tackling the opioid crisis. While this committee has done a lot of work, more work clearly needs to be done. It is crucial to understand how federal dollars are assisting states in their efforts to curb the opioid epidemic.

Rep. Burgess said that this committee remains committed to fighting the opioid epidemic. In order to proceed successfully, Congress must understand how federal dollars are being used at the state level. Furthermore, Congress must know which programs are effective and which programs are not working.

Testimony

Ms. Smith said that funding appropriated by Congress has saved lives. Pennsylvania is one of the hardest hit states in the opioid epidemic. As the death rate continued to climb every year, the State made a decision to focus on one outcome, keeping individuals alive. This means expanding access to naloxone, medication assisted treatment, and facilitating warm hand offs. For the first time in recent history, the rate of deaths due to opioids in Pennsylvania dropped in 2018. This would not have been possible without the federal dollars provided to the State. In the coming months, Pennsylvania intends to incorporate quality measures into treatment guidelines for substance use disorders. In order to continue reducing the burden of opioids, the State needs flexibility in how it spends federal dollars.

Dr. Bharel said that the public health centered approach taken in Massachusetts is working. The State focuses on naloxone access, prevention and education, medication treatment, behavioral health counselling and sustained recovery supports. It is important to remember that behind the numbers, are real people with families and loved ones. Federal funds have allowed Massachusetts to expand programs to the most vulnerable communities. The dollars have also allowed for the expansion of data collection and improve the quality of the data collected. While the state has made significant progress, there is still a long way to go. Barriers exist to accessing medication assisted treatment and naloxone. Furthermore, stigma continues to act as a barrier to care and further marginalizes at risk communities.

Ms. Mullins said that without the work of Congress, the opioid epidemic in West Virginia would be much worse. For the first time in over ten years, the rate of opioid deaths in West Virginia has dropped. This has been accomplished in part by the wide distribution of

naloxone and other evidence based treatment methods. The state has also increased the number of beds in treatment facilities and has integrated substance use care with maternity care. The state has also increased its infrastructure for surveillance and data analysis. However, there are many systemic challenges that remain that contributed to the rise of the opioid epidemic. West Virginia continues to face workforce challenges and cannot adequately meet the demand for substance use treatment.

Mr. Kinsley said that the federal dollars provided by Congress have been crucial in addressing the opioid epidemic. North Carolina utilizes three pillars to tackle the opioid crisis, prevention, harm reduction and connection to care. The pillars include reducing the number of inappropriately prescribed opioids, expanding access to naloxone and reducing the stigma associated with substance use. North Carolina's highest priority is to extend evidence-based treatment to those without insurance. Furthermore, barriers still exist when connecting patients to care and administering the most appropriate care. North Carolina appreciates the flexibility provided with the federal dollars awarded by Congress. Without this flexibility, the State would not be able to address the opioid crisis as efficiently as it has.

Dr. Alexander-Scott said that Rhode Island focuses on four main areas to combat the opioid crisis, which include prevention, treatment, recovery and rescue. Rhode Island has dramatically reduced the rate of opioid prescriptions and implemented evidence based practices. The state has learned that focusing recovery efforts at the community level is the most successful approach. Addiction is a disease and recovery is possible. However, none of this would have been possible if it were not for the federal dollars provided to the state. It is crucial to remember that an individual cannot become clean unless that individual is alive. Interventions must focus on the human experience and treat everyone as an individual.

Questions and Answers

Chairman DeGette asked how funds can best be appropriated to provide states with spending flexibility. **Ms. Smith** said that most of the dollars provided have been listed as use for opioid use disorder. However, many states need these dollars to address polysubstance use disorder. **Mr. Kinsley** said a block grant is the most helpful. **Chairman DeGette** asked if there are new trends that states are observing. **Dr. Alexander-Scott** said there has been an increase in fentanyl usage and polysubstance use disorder. **Chairman DeGette** asked if the funding is too restrictive. **Dr. Alexander-Scott** said funds could be given more loosely to allow states to address the problem up-stream. **Chairman DeGette** asked what the largest problem West Virginia is facing is. **Ms. Mullins** said workforce shortages.

Ranking Member Guthrie asked why Rhode Island certifies recovery houses. **Dr. Alexander-Scott** said that social determinants of health, such as housing, are crucial in the recovery process. Furthermore, the state wanted to ensure that there are quality standards associated with these houses and provide a way to collect accurate data. Thus, a certification process was created.

Rep. Pallone asked what factors have contributed the most to reducing the number of opioid deaths in North Carolina. **Mr. Kinsley** said the use of medication assisted treatment and social support systems. **Rep. Pallone** asked what factors have contributed the most to reducing the number of opioid deaths in Pennsylvania. **Ms. Smith** said a focus on naloxone access and utilizing a warm handoff process. **Rep. Pallone** asked how federal funds have helped Rhode Island. **Dr. Alexander-Scott** said Rhode Island uses data in as real time as possible. On a weekly basis, Rhode Island officials congregate to evaluate the data and allocate resources based on need. **Rep. Pallone** asked how federal funds have helped West Virginia. **Ms. Mullins** said West Virginia was able to expand the workforce of providers able to deliver medication-assisted treatment.

Rep. Walden asked how states are addressing the opioid epidemic in rural areas. **Mr. Kinsley** said that moving providers into rural areas has helped a lot. Furthermore, North Carolina has been leveraging project Echo. **Rep. Walden** asked how 42 CFR Part 2 negatively impacts the exchange of information regarding an individual's substance use disorder. **Dr. Bharel** said that Massachusetts provided a comment letter related to 42 CFR Part 2 and the obstacles it produces. One of the biggest issues in addressing SUD is appropriate behavioral health integration. **Dr. Alexander-Scott** said that school nurses and psychologists should be able to exchange information related to a student's behavioral health concerns/treatment. **Mr. Kinsley** said that North Carolina is fully supportive of modernizing 42 CFR Part 2.

Rep. Schakowsky asked how Congress can help states address racial disparities in the opioid epidemic. **Dr. Alexander-Scott** said it begins with recognizing that racial disparities exist. Furthermore, the funding appropriated must be able to be utilized at the community level. **Rep. Schakowsky** asked how Massachusetts is addressing racial disparities. **Dr. Bharel** said that the state has rerouted funds and campaigns to be directed towards marginalized communities and communities of color.

Rep. Burgess asked how states deal with one of their residents leaving the state to attend a sober living home in another state. **Dr. Bharel** said that she will follow up with more information. Primarily, Massachusetts is working on making sure the infrastructure to treat patients is available within the state. **Dr. Burgess** asked if providers can share appropriate data with each other related to substance use disorder. **Mr. Kinsley** said no.

Rep. Kennedy asked why safe injection facilities are recommended. **Dr. Bharel** said that safe injection sites and syringe exchange services are evidence-based strategies to reduce disease transmission and death. **Rep. Kennedy** asked what types of treatments Massachusetts provides to incarcerated individuals. **Dr. Bharel** said that the department of corrections is offering evidence based treatments within incarcerated settings.

Rep. McKinley asked what the root causes of substance use disorder are. **Ms. Mullins** said that West Virginia experienced a perfect storm. Providers over prescribed opioids, many individuals worked low-income high injury jobs, and children were left vulnerable.

Rep. Ruiz asked how federal funds have contributed to improving infrastructure in West Virginia. **Ms. Mullins** said Medicaid has been vital in providing care for vulnerable populations. Furthermore, the state uses grants to improve infrastructure when possible and assist the Medicaid program. **Rep. Ruiz** asked how expanding Medicaid would help tackle the opioid crisis. **Mr. Kinsley** said it would help significantly. Many individuals would be able to get treatment through an 1115 waiver.

Rep. Griffith asked how many children are in the North Carolina foster system due to Substance use disorder. **Mr. Kinsley** said about 6,000. **Rep. Griffith** asked how to equip schools with the resources to deal with the opioid epidemic. **Dr. Alexander-Scott** said that Rhode Island has introduced a student assistance program. This program integrates emotional counseling with physical health interventions in school. It address behavioral health challenges and mental health challenges.

Rep. Kuster asked what the results of Rhode Island's statewide treatment program in incarcerated facilities are. **Dr. Alexander-Scott** said the key to the program is having all three recommended medication assisted treatments available to individuals in incarceration. Furthermore, once someone is released they are coordinated with care via a warm handoff. It is crucial to have this type of social support.

Rep. Brooks asked about the results of states loan repayment policy. **Ms. Smith** said Pennsylvania repaid 91 loans to healthcare providers in the state. The state captured a full round of professionals. The second round of applications are open now. **Ms. Mullins** said that West Virginia is focusing on expanding loan repayment programs to therapeutic professionals. **Mr. Kinsley** said North Carolina has a loan repayment program for medical professionals.

Rep. Castor asked how expanding Medicaid would help North Carolina deal with the opioid epidemic. **Mr. Kinsley** said it would expand treatment to many individuals without insurance at the moment. **Rep. Castor** asked how many individuals have been treated in Pennsylvania due to Medicaid expansion. **Ms. Smith** said about 125,000 additional patients.

Rep. Sarbanes asked about the danger of over prescribing opioids. **Dr. Alexander-Scott** said data suggests that the higher the dose of the prescribed opioid, the more likely an individual becomes addicted to it. This is the same for the quantity of opioids prescribed as well. **Rep. Sarbanes** asked if high dose opioids should be restricted from the market. **Rep. Alexander-Scott** said this is something the State has thought about but has not come to a conclusion.

Rep. Tonko asked why it is so important to make access to buprenorphine easier. **Ms. Smith** said that there are significant barriers to providers prescribing buprenorphine. Furthermore, medication assisted treatment is an evidence based treatment.

Rep. Clarke asked what steps states have taken to increase their workforce. **Ms. Mullins** said West Virginia has a pervasive workforce shortage across all occupations. West Virginia has been focusing on loan repayment programs and scholarship programs. However, more assistance is needed. **Rep. Clarke** asked if federal assistance would be helpful. **Ms. Mullins**

said yes. **Rep. Clarke** asked how the lack of addiction treatment workforce limits the ability to deliver treatment to vulnerable populations. **Ms. Smith** said that workforce shortages have limited the ability of vulnerable populations to access treatment and care.

Rep. Latta asked if states have an interactive dashboard, and if so, what information is included in them. **Ms. Smith** said that Pennsylvania has one, and it contains information about treatment statistics, naloxone access sites, EMS leave behinds and other treatment options. **Dr. Bharel** said Massachusetts has one, and it includes death data as well as EMS data. **Ms. Mullins** said that West Virginia uploads reports quarterly that includes surveillance data. **Mr. Kinsley** said North Carolina has an Opioid Dashboard. It keeps key data about the opioid epidemic at the community level. **Dr. Alexander-Smith** said that Rhode Island also has an opioid dashboard.