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House Committee on Energy and Commerce

Combatting an Epidemic: Legislation to Help Patients with Substance Use Disorder

March 3, 2020

10:00 am, 2123 Rayburn House Office Building

Purpose

The purpose of this hearing is to examine and discuss 14 pieces of legislation including: H.R. 1329, the "Medicaid Reentry Act", H.R. 2281, the "Easy MAT for Opioid Addiction Act", H.R. 2466, the "State Opioid Response Grant Authorization Act", H.R. 2482, the "Mainstreaming Addiction Treatment Act of 2019", H.R. 2922, the "Respond to the Needs in the Opioid War Act" or the "Respond NOW Act", H.R. 3414, the "Opioid Workforce Act of 2019", H.R. 3878, the "Block, Report, And Suspend Suspicious Shipments Act of 2019", H.R. 4141, the "Humane Correctional Health Care Act", H.R. 4793, the "Budgeting for Opioid Addiction Treatment Act", H.R. 4812, the "Ensuring Compliance Against Drug Diversion Act of 2019", H.R. 4814, the "Suspicious Order Identifying Act of 2019", H.R. 4974, the "Medication Access and Training Expansion Act of 2019" or the "MATE Act of 2019", H.R. 5572, the "Family Support Services for Addiction Act of 2020", H.R. 5631, the "Solutions Not Stigmas Act of 2019"

Members Present

Chairman Eshoo, Ranking Member Burgess, Representatives Matsui, Buschon, Ruiz, Long, Kennedy, Walden, Dingell, Guthrie, Cardenas, Bilirakis, Brooks, Kuster, Griffith, Lujan, Kelly, Hudson, Sarbanes, Carter, Blunt-Rochester, Engel, Gianforte, Tonko

Witnesses

Panel I

ADM Brett P. Giroir, *M.D.*, Assistant Secretary for Health and Senior Adviser to the Secretary on Opioid Policy, U. S. Department of Health and Human Services
Kimberly Brandt., Principal Deputy Administrator for Policy & Operations, Centers for Medicare & Medicaid Services
Thomas W. Prevoznik., Deputy Assistant Administrator, Diversion Control Division Drug Enforcement Administration

Panel II

Michael P. Botticelli., Executive Director, Grayken Center for Addiction, Boston Medical Center
Smita Das, MD, PhD, MPH., Addiction Psychiatrist, Dual Diagnosis Clinic, Clinical Assistant Professor, Psychiatry and Behavioral Sciences, Stanford University School of Medicine
Patty McCarthy., Chief Executive Officer, Faces & Voices of Recovery
Robert I.L. Morrison., Executive Director/Director of Legislative Affairs, National Association of State Alcohol and Drug Abuse Directors
Margaret B. Rizzo., Executive Director, JSAS HealthCare, Inc.
Shawn A. Ryan, MD, MBA., Chair, Legislative Advocacy Committee, American Society of Addiction Medicine

Opening Statements

Chairman Eshoo said that too many Americans die every year from drug overdoses. Despite legislative efforts to address the opioid crisis, more than 80% of the individuals with opioid use disorder are not receiving appropriate levels or treatment. It is clear how much more work needs to be done. However, it is also important to understand how the administration is carrying out regulations in laws that have already been passed. Additionally, this Committee will have to do work address and combat stigma. Many of the bills being discussed today are bipartisan and all of them have the intent of saving lives.

Rep. Kuster said that the issue of substance abuse impacts both democrats and republicans. Drug use has devastated communities across the country. The solution needs to be comprehensive and expansive.

Ranking Member Burgess said that this committee has done remarkable work in the past few years. However, while this committee has passed many landmark jobs, the work is not over. Much more needs to be done. This includes passing new legislation and monitoring the implementation of existing legislation. Future legislation should include aligning 42 cfr part 2 with HIPAA. The 14 bills before the committee address substance use disorder (SUD) in a broad manner. It is important that when considering these pieces of legislation, the committee must be careful not to pass duplicative bills which will interfere with the SUPPORT Act.

Rep. Pallone said that today this committee continues its bipartisan work on mitigating the effects of SUD. This committee has achieved key legislative victories, but it is clear that more still needs to be done. Additionally, more needs to be done to combat synthetic drugs such as fentanyl. There is concern that the administration may be falling behind in implementing the SUPPORT Act.

Rep. Lujan said that many of the bills being discussed today aim to eliminate barriers preventing individuals from receiving appropriate SUD treatment.

<u>Panel I Testimony</u>

Adm. Giroir said that countless communities across the United States have been devastated by substance misuse, use disorders, and overdose mortality. There is evidence that the Administration, with the support of Congress, has made significant progress. In addition, more Americans are receiving the treatment they need. Data suggest that in 2016, about 920,000 Americans were receiving medication assisted treatment (MAT) for opioid use disorder (OUD). As of January 2020, about 1.3 million Americans were receiving a form of FDA-approved medication for the treatment of OUD. This is in addition to the millions of naloxone doses that are directly distributed to clients, first responders, health professionals, and other stakeholders. To address the opioid crisis, America must continue to improve its prevention, treatment, and recovery services, addressing the barriers that impede someone from accessing the services they need

Mrs. Brandt said that the Centers for Medicare and Medicaid Services (CMS) is committed to addressing this crisis. CMS is focused on three major areas as it contributes to the fight

against the opioid crisis. These areas include, preventing and reducing OUD by supporting access to pain management using a safe and effective range of treatment options, increasing access to evidence-based treatment for OUD; and leveraging data to target prevention and treatment efforts and to support fraud, waste, and abuse detection. CMS works diligently to protect the safety of all 140 million Medicare, Medicaid, and CHIP beneficiaries by ensuring they have access to the treatment they need. CMS is taking a number of steps to identify and stop inappropriate prescribing to help prevent the development of new cases of OUD that originate from opioid prescriptions while balancing the need for continued access to prescription opioids to support appropriate, individualized pain management

Mr. Prevoznik said that more than 67,000 Americans lost their lives to drug overdoses in 2018. The SUPPORT Act requires the Attorney General (AG) to establish a centralized database for collecting reports of suspicious orders. DEA met its obligation by the SUPPORT Act deadline. On October 24, 2019, the DEA published a Notice of Proposed Rulemaking in the Federal Register to change regulations that improve DEA's ability to oversee the production of controlled substances. In recognition of the unprecedented and continuing escalation in opioid-related overdoses, DEA used its authority to place all non-scheduled fentanyl-related substances, into schedule I temporarily, on an emergency basis, for two years to combat these dangerous substances. The positive impacts since implementation are significant. If action is not taken to provide for permanent class scheduling before May 6, 2021, these fentanyl-related substances will become non-controlled. As a result, DEA will enter into relatively unknown territory

Panel I Questions and Answers

Chairman Eshoo asked when the guidance on reimbursement options related to substance use disorder treatments will be published. **Ms. Brandt** said this spring. **Chairman Eshoo** asked when the guidance on opportunities to finance and improve family focused residential treatment programs will be published. **Ms. Brandt** said spring. **Chairman Eshoo** asked when the guidance on improving neonatal outcomes will be published. **Ms. Brandt** said spring. **Chairman Eshoo** asked what the status of efforts to coordinate with NIH and FDA to support research and development of non-opioid pain management. **Adm. Giroir** said there are efforts every day to do that. Furthermore, there have been guidance's issued by HHS.

Ranking Member Burgess asked if it is helpful for the DEA to use PDMP data. **Mr. Prevoznik** said absolutely. **Ranking Member Burgess** asked if physicians can consult PDMP data before writing a prescription. **Mr. Prevoznik** said it depends on the state. **Ranking Member Burgess** asked how many states have expressed interest in waiving the IMD Medicaid exclusions. **Ms. Brandt** said it is too soon to tell, but many states have expressed interest. **Ranking Member Burgess** asked if there are other tools that would be useful for states. **Ms. Brandt** said having an open dialogue between Congress and states is crucially important to addressing state needs in a timely manner.

Rep. Matsui asked when the DEA will publish a final rule that will allow entities to prescribe controlled substance in a regulated way. **Mr. Prevoznik** said that the regulation is in the final steps of the review process. It is a cross agency process so it takes some time. The administration is also working to make sure that the rule is not hastily thrown together. **Rep. Matsui** asked if the DEA has attempted to develop a system to collect real time data surrounding the order of controlled substances. **Mr. Prevoznik** said there is a new central data base to report suspicious orders. The DEA is working to ensure that the data being entered is valid and correct. The data will then be shared with state attorneys general and law enforcement.

Rep. Buschon said he wanted to express concerns about H.R. 2482. His concerns are that buprenorphine can be effective if administered by properly educated and trained providers. However, the vast majority of individuals are receiving no counseling. MAT may not be effective unless there is a more comprehensive treatment plan is not incase. His concern about waiving a DEA requirement is significant. HR 2482 removes education requirements and limits making it easier to prescribe a medication known to be highly diverted and misuse. The last thing congress should be doing, is limiting and relaxing requirements on prescribing narcotics. **Rep. Buschon** asked what HHS is doing to promote pain best practices. **Adm. Giroir** said HHS uses CMS to reach provides and communicate best practices. **Rep. Buschon** asked if the taskforce recommendations will be included in the forthcoming CMS opioid action plan. **Ms. Brandt** said yes.

Rep. Ruiz asked where CMS is in implementing the Advancing High Quality Treatments for Opioid Use Disorders in Medicare Act. **Ms. Brandt** said CMS is actively working to meet the implementation deadline. CMS has been working with stakeholders in the addiction community. **Rep. Ruiz** asked what more needs to be done. **Ms. Brandt** said they need to finish designing the demonstration and completing the cost analysis.

Rep. Long asked what CMS needs from Congress in order to make payment adjustments in order to ensure that seniors can access safe alternatives that reduce opioid use. **Ms. Brandt** said CMS is open to working with Congress on how to adjust payment policies. **Rep. Long** asked how to ensure that payment policies do not create a disincentive to prescribe opioid alternatives. **Ms. Brandt** said it is important to have a dialogue with Congress surrounding the evidence of payment policies.

Rep. Kennedy asked who the largest payer of SUD in the United States is. **Mrs. Brandt** said Medicaid. **Rep. Kennedy** asked if it is true that the percentage of individuals without health insurance who seek treatment for SUD has dropped in states that have expanded Medicaid. **Ms. Brandt** said yes. **Rep. Kennedy** asked if block grants or work requirements will increase access to SUD treatment programs. **Ms. Brandt** said she has not seen literature to suggest this. **Adm. Grioir** said he has not seen evidence to support this. **Rep. Kennedy** asked if cutting a trillion dollars out of Medicaid will benefit beneficiaries. **Ms. Brandt** said it will help the program stay solvent long term. **Rep. Kennedy** asked if it would be good if the ACA was struck down. **Adm. Giroir** said no.

Rep. Walden asked if it is important to align 42 CFR part 2 with HIPAA. **Adm. Giroir** said the administration believes there is a need for reform in 42 CFR. There is a limit on what can be done without legislation. **Ms. Brandt** said stakeholders are increasingly interested in reforming the rule. **Rep. Walden** asked how HHS is monitoring the use of the opioid dashboard. **Adm. Giroir** said the dashboard is up and running. **Rep. Walden** asked what is being done to address the rise in Meth. **Adm. Giroir** said there was a taskforce created and SAMHSA has opened a nationwide assistance program.

Rep. Dingell asked what challenges remain in developing non-addictive treatments. **Adm. Giroir** said there are already a number of non-addictive medications that work in conjunction with comprehensive treatment. Unfortunately, it takes a long time to develop new drugs. Fortunately, the incentives are there to develop these drugs.

Rep. Guthrie asked for an update on the 18 month demonstration project that provides states with flexibility in administering SUD treatment. **Ms. Brandt** said CMS will soon be conducting an analysis on the Demonstration project. At the end of the demonstration, CMS will select 5 states to participate for an additional 36 months. **Rep. Guthrie** asked how HHS ensures that opioid federal grant funds are not diverted for inappropriate services. **Adm. Giroir** said it depends on what grant category they are in. Some grants award more flexibility than others. HHS continues to carry out oversight.

Rep. Cardenas asked if there is a difference between meth use in the early 2000's and now. **Adm. Giroir** said now, meth is significantly cheaper and more potent. Furthermore, it is being put in other substances to create dual addictions. **Mr. Prevoznik** said the counterfeiting is more sophisticated. **Rep. Cardenas** asked if HHS will develop a 5 point meth strategy. **Adm. Giroir** said they have a more robust strategy.

Rep. Brooks asked what HHS is doing to disseminate pain management best practices to physicians. **Adm. Giroir** said HHS is amplifying it in its usual ways. This includes publishing it on the website, creating sharable content and publically speaking about it. **Rep. Brooks** asked if there was a strategic plan to implement these best practices. **Adm. Giroir** said yes. There is an overall coordination across agencies.

Rep. Kuster asked what would happen if Congress eliminated the Medicaid exclusion for justice involved individuals. **Ms. Brandt** said CMS is working on regulations to expand Medicaid coverage.

Rep. Griffith asked how much it would cost to provide Medicaid to every person in prison. **Ms. Brandt** said she would have to return to the committee with estimates. But it would be a significant cost. **Rep. Griffith** asked if counterfeit meth has made it into the supply chain. **Mr. Prevoznik** said no. It is in the street market.

Rep. Lujan asked if it is true that there are just of 75,000 DATA waived practitioner who are authorized to provide MAT with buprenorphine. **Mr. Prevoznik** said yes. **Rep. Lujan** asked how that compares to the number of practitioners authorized to prescribe a

controlled substance. **Mr. Prevoznik** said it is a much smaller percentage. **Rep. Lujan** asked how to close the gap. **Mr. Prevoznik** said there is a proposed rule that is designed to help.

Rep. Bilirakis asked why a patient limit exists for buprenorphine. **Mr. Prevoznik** said it is a statuary requirement. **Rep. Bilirakis** asked if HHS has any concern of removing the patient limit without more data. **Adm. Giroir** said the general concern is that individuals do not get appropriate training for addiction medicine in medical schools. **Rep. Bilirakis** asked how long the training is for providers. **Adm. Giroir** said 8 hours.

Rep. Kelly asked if it is true that white patients receive MAT at higher rates than black patients. **Adm. Giroir** said yes. It is the position of HHS that everyone deserves access to MAT regardless of race and gender. **Rep. Kelly** asked what barriers exist for African Americans facing OUD. **Adm. Giroir** said it is a very complicated problem. There are problems in rural and urban communities, but they often have different root causes. It is important to integrate behavioral, physical and mental health. **Rep. Kelly** asked how Congress can help HHS manage inequity. **Adm. Giroir** said HHS needs a robust workforce to address these challenges. Often times, the workforce is not in areas of highest need.

Rep. Hudson asked for a commitment to work with Congress on how to dispose of old medications. **Adm. Giroir** said he can make that commitment. **Mr. Prevoznik** said he can make that commitment.

Rep. Sarbanes asked about the importance of meeting workforce needs. **Adm. Giroir** said this is a long term issue. There are significant shortages across the board ranging from social workers to providers to peer counselors. Furthermore, there need to be new models of care like telemedicine.

Rep. Carter asked how much H.R. 4141would cost. **Ms. Brandt** said she did not have the cost estimate available. **Rep. Carter** asked if the DEA is helping pharmacists identify physicians who are prescribing inappropriately. **Mr. Prevoznik** said yes. When a member of the medical community comes forward with information that receive the full attention of the DEA.

Rep. Blunt-Rochester asked what unique challenges exist in rural communities. **Adm. Giroir** said there are a plethora of issues. Many of the areas have higher rates of prescribing. Furthermore, the jobs that are available are physical demanding and place a huge stress on the body. Finally, provider shortages need to be addressed. **Rep. Blunt-Rochester** asked if CMS will pay specific attention to providers failing to prescribe MAT due to stigma. **Ms. Brandt** said yes, CMS will keep it in mind.

Rep. Gianforte asked where HHS has been most successful in addressing the opioid crisis. **Adm. Giroir** said addressing the issue as a public health issue is the most important step. Furthermore, promoting MAT is crucial. **Rep. Gianforte** asked about the challenges in

Native American communities. **Adm. Giroir** said HHS is releasing $50 million in tribal resource grants. Native American communities need to be met with cultural competency.

Rep. Engel asked if there is a need for more specialty providers. **Adm. Giroir** said absolutely. **Rep. Engel** asked about the efforts taken to ensure that children are getting access to services and supports. **Ms. Brandt** said CMS has implemented the maternal opioid misuse model. Furthermore, CMS has given grants to states for implementing integrated care for kids.

Rep. Tonko asked if HHS has convened the stakeholder panel as directed in the SUPPORT Act. **Adm. Giroir** said it is in progress. **Rep. Tonko** asked when HHS will convene the panel. **Adm. Giroir** said he will get back to the committee with an answer. **Rep. Tonko** asked if Adm. Giroir is familiar with the report titled "Medications for Opioid Use Disorders Save Lives". **Adm. Giroir** said yes. **Rep. Tonko** asked if there is any reason to disagree with the conclusions in the report. **Adm. Giroir** said no.

<u>Panel II Testimony</u>

Mr. Botticelli said over 67,000 people died from a drug overdose in 2018, and the rate of deaths from fentanyl and other analogs increased by 10%. Notably, in their 2019 report on addressing the opioid crisis, the National Academies of Sciences, Engineering, and Medicine (NASEM) recognized opioid use disorder as a chronic and treatable brain disease, while underscoring "inadequate professional education and training" as a key barrier to address the addiction epidemic. The bills before the Committee for consideration today, in many ways rise to meet the challenges. Addiction is a disease, and recovery should be the expected outcome of that disease. The work lies in getting our systems to a place where patients with addiction are treated in a way that reflects this reality.

Dr. Das said that addiction is a chronic brain disorder that can be effectively treated. While the most recent National Survey on Drug Use and Health found a decrease in prescription opioid misuse. Clinicians need the support and ability to continue to address the opioid crisis, while also focusing on fentanyl overdose deaths, methamphetamine use, alcohol abuse, tobacco cessation, and marijuana use. It is important to note that substance use disorders rarely happen in a silo. Only 1 in 13 people who need substance use treatment actually receive care. To close this treatment gap, a multipronged approach is necessary. This includes increasing workforce capacity, ensuring coverage of substance use disorder treatment is on par with physical illnesses, implementing innovative models to improve access and reducing stigma. The APA supports the Medicaid Reentry Act, HR 1329, which gives states flexibility to allow incarcerated individuals to enroll in Medicaid prior to their release

Ms. McCarthy said that the recovery community includes people in recovery, our families, friends and allies. Several of the bills being considered by this committee are of particular importance to the recovery community. The first pertains to the State Opioid Response Grant Authorization Act. While medications play an important role in addiction treatment, medication alone is not a complete solution. Treatment is short-term, recovery is long-

term. Investments must reflect that. The second bill she strongly supports is the Family Support Services for Addiction Act. Parents, children and other family members, including those who have lost loved ones, need support groups and they need help navigating the complexity of the treatment system. Finally, she supports the Medicaid Reentry Act, which will allow medical assistance for incarcerated individuals during the 30 days prior to release

Mr. Morrison said that each State's alcohol and drug agency plays a critical role in overseeing and implementing the publicly funded prevention, treatment and recovery service system. The National Association of State Alcohol and Drug Abuse Directors (NASADAD) appreciates the work of this Committee, Congress and the Administration to secure passage of the 21st Century Cures Act, CARA and the SUPPORT Act. A core recommendation for the Subcommittee's consideration is to ensure federal programs and policies designed to address substance use prevention, treatment and recovery flow through the State alcohol and drug agency. Furthermore, NASADAD recommends enacting policies to ensure resources are directed to the effective administration of these life-saving initiatives at the Federal, State and local levels. NASADAD strongly supports a call to extend the duration of federal grants beyond the typical one- or two-year funding cycle to either a three- or five-year cycle. Additionally, NASADAD supports policies that can be flexible yet also address the specific needs associated with the current opioid crisis.

Ms. Rizzo said that if H.R. 2482 and S. 2074 are passed, the existing patient cap would be removed, in spite of the fact that there is no published information on the kind of services that are offered within such DATA 2000 practices. This is not a time to be removing clinical training requirements, which are at best, quite simple. Her organization opposes H.R. 2482. Furthermore, ensuring that newly released inmates have Medicaid coverage in place prior to their release as proposed in H.R. 1329 would improve access to the appropriate opioid use disorder treatment. Finally, she is encouraging SAMHSA to provide guidance to opioid treatment programs (OTPs) in expanding access to telehealth/telemedicine services. If such guidance were to be promulgated, she believes that it would increase access to care in rural and underserved areas connecting individuals to OTPs.

Dr. Ryan said that much more work needs to be done to create a sustainable and robust addiction prevention and treatment infrastructure – one that addresses addiction as the treatable, chronic medical disease that it is. To realize this vision, Congress must focus on three, big things. First is increasing the number of qualified, well-trained addiction treatment professionals and ensuring all healthcare professionals receive basic training in addiction prevention, diagnosis, and treatment. Addiction medicine must be adequately taught to those who are, and will be, on the frontlines of this crisis. Second, standardizing the delivery of individualized addiction care to ensure our nation's addiction prevention and treatment infrastructure can meet the needs of those with substance use disorder (SUD) and is aligned with the science. This will involve rethinking how we target our grant programs and holding grantees accountable for the funds they receive. Finally, reforming payment policies and strongly enforcing mental health and addiction parity so that people suffering from substance use and mental health disorders are adequately covered for high-

quality, comprehensive care. The American Society of Addiction Medicine (ASAM) supports the Opioid workforce Act, the Medication Access and Training Expansion (MATE) Act, the Mainstreaming Addiction Treatment Act, the State Opioid Response Grant Authorization Act, the Medicaid Reentry Act and the Humane Correctional Health Care Act.

Panel II Questions and Answers

Rep. Kuster asked about the importance of seamless care in reducing overdose rates and recidivism. **Mr. Botticelli** said it is incredibly important. Furthermore, it is important to understand that no matter the payment mechanism, the tax payer is still paying. Whether it is through grants, Medicaid payments or resources used by correctional officers. **Rep. Kuster** asked if there are any estimates on the amount of individuals with a substance use disorder who become involved in the criminal justice system. **Dr. Ryan** said as high as 50%-70% of the individuals in the criminal justice systems have a substance use disorder.

Rep. Brooks asked how additional residency slots awarded in the Opioid Workforce Act would help patients. **Dr. Botticelli** said the lack of trained professionals is one of the biggest barriers to individuals accessing care. This act has the potential to dramatically expand access to care. **Rep. Brooks** asked how addiction specialists can best be used. **Dr. Ryan** said specialists and primary care need to interact with one another. **Rep. Brooks** asked if higher education institutions are doing enough in regards to addiction. **Dr. Ryan** said that enough is a relative term. However, there is more to be done. These schools are not doing enough in preparing medical school students.

Rep. Ruiz asked how important it is to have bridged care when long term treatment is unavailable. **Dr. Ryan** said it is incredibly important. **Rep. Ruiz** asked what the return rate is for emergency departments in rural areas. **Dr. Ryan** said it is generally very poor. These individuals may be lost to follow up.

Chairman Eshoo asked if the practicing physicians on the panel have encountered burdensome prior authorization requirements or claim denials imposed by private insurance when seeking to deliver behavioral health services. **Mr. Botticelli** said he mainly serves Medicaid beneficiaries. **Dr. Das** said yes. There are evidence based treatments that work, but there are significant barriers to deliver them. **Dr. Ryan** said yes, utilization management techniques present barriers to accessing appropriate mental health care. **Chairman Eshoo** asked if Medicare and Medicaid policies regarding prior authorization are different from each other. **Dr. Ryan** said yes, because Medicaid policy often varies state by state. **Ms. Rizzo** said New Jersey Medicaid eliminated prior authorization.

Rep. Burgess asked if the 1,000 new residencies slots provided in the Opioid Workforce Act are psychiatric residencies that are 3 years in duration. **Dr. Das** said the bill is for residency slots where there can be addiction treatment provided at the end of it. So not just psychiatry. **Dr. Ryan** said fellowships would also be helpful. **Rep. Burgess** asked if it is fair to say that fellowships may be more useful than residencies. **Dr. Ryan** said they should both be a part of the plan going forward.

Rep. Matsui asked if it is true that state directors are observing an increase in stimulant use. **Mr. Morrison** said yes. **Rep. Matsui** asked how individuals who Meth are treated. **Dr. Das** said as a psychiatrist, the overall approach is the same when treating stimulant use or opioid use. The difference is that there is no MAT for stimulant use disorder. **Dr. Ryan** said there needs to be MAT for stimulant use disorder. **Rep. Matsui** asked if identifying patterns and trends of drug orders in real time would be useful. **Mr. Botticelli** said yes. The lack of access to real time data is limiting.

Rep. Welch asked if it is true that if an individual gets their degree at a local institution there is a higher likelihood that they will continue to work in that community. **Mr. Botticelli** said possibly. As states expand services they encourage a strong workforce. **Rep. Welch** asked what impediments exist to having a strong workforce. **Ms. Rizzo** said loan forgiveness would be beneficial. The pay is getting better, but it remains difficult to compete.

Rep. Burgess asked if the IMD exclusion is contributing to the current opioid crisis. **Dr. Das** said exclusions further silo the access to care problem that exists.

Rep. Bilirakis asked if tele-psychiatry is an effective evidence based practice to combat SUD. **Dr. Das** said yes, the VA is a strong example of this. **Rep. Bilirakis** asked what barriers to care exist. **Dr. Das** said appropriate reimbursement levels. **Rep. Bilirakis** asked if professionals support tele-psychiatry. **Dr. Das** said yes.

Rep. Tonko asked if a medical provider needs a special waiver from the DEA in order to prescribe fentanyl. **Ms. Rizzo** said no. **Rep. Tonko** asked if a medical provider needs a special waiver from the DEA in order to Codeine or Morphine. **Ms. Rizzo** said no. **Rep. Tonko** asked if buprenorphine has a stronger safety profile than the previous drugs. **Ms. Rizzo** said yes. **Rep. Tonko** asked if there is any reason to need a waiver from the DEA to obtain buprenorphine. **Ms. Rizzo** said the concern is about diversion on the street. **Rep. Tonko** asked how the waiver requirement limits access. **Dr. Ryan** said it adds to the many barriers to care. It contributes to stigma as well.