

STATEMENT OF
REPRESENTATIVE BRIAN FITZPATRICK OF PENNSYLVANIA'S EIGHTH DISTRICT
BEFORE THE SUBCOMMITTEE ON COMMERCE, JUSTICE, SCIENCE AND RELATED
AGENCIES

COMMITTEE ON APPROPRIATIONS
UNITED STATES HOUSE OF REPRESENTATIVES

FEBRUARY 28, 2017

I would like to start off by thanking Chairman Culberson, Ranking Member Serrano, and members of the Subcommittee on Commerce, Justice, Science and Related Agencies for holding this hearing. I am here today to represent the people of Pennsylvania's Eighth Congressional district in support of robust funding for the Comprehensive Addiction and Recovery Act (CARA).

Communities across our nation, including my district, are being devastated by opioid related addiction. Drug overdose deaths have increased so substantially, they are now the leading cause of accidental death in the United States.¹ The opioid epidemic continues to claim lives from each of our districts. From Levittown to Lower Salford – no part of my district is left unaffected. Last year in Bucks County, opioid related deaths rose by 50 percent. In neighboring Montgomery County, opioid overdoses claimed a staggering 240 lives – up 36 percent from the previous year. In Chairman Culberson's district, two Houston area newspapers found Harris

¹ US Centers for Disease Control and Prevention, [Increases in Drug and Opioid-Involved Overdose Deaths — United States, 2010–2015](#), By Rose A. Rudd, Puja Seth, Felicita David, and Lawrence Scholl, December 30, 2016.

County had 275 prescription drug related deaths in 2015.² In the New York City area, Ranking Member Serrano's district, Bronx County had the highest rate of heroin involved overdose deaths and the largest increase of opioid analgesic-related deaths in the New York City area.³

With the passage of CARA last year, we are now at a pivotal moment in decreasing opioid related death trends and targeting unlawful distributors through appropriations. Thoughtfully designed, CARA utilizes a balanced strategy encompassing the six pillars of prevention, treatment, recovery support, criminal justice reform, overdose reversal, and law enforcement. The Comprehensive Opioid Abuse Grant Program provides \$103 million annually in grants to states, local governments, and tribal law enforcement agencies. Specifically, in the FY 2017 funding bill released last May, appropriations funding would allow the Attorney General to make grants in the following sections: (a) \$42 million to Drug Courts, (b) \$12 million to mental health courts and adult and juvenile collaboration program grants, (c) \$12 million for grants for Residential Substance Abuse Treatment for State Prisoners, (d) \$7 million for veteran treatment court programs, (e) \$14 million for states to expand or improve prescription drug monitoring programs, and others.⁴

This month, I had the opportunity to discuss the opioid epidemic with Bensalem Township Police Department, Bucks County government officials, and members of the Pennsylvania General Assembly. Each stakeholder emphasized the need for full funding of

² Houston Chronicle, [Prescription Drug Deaths in Texas Vastly Undercounted](#), by Lise Olsen and Mary Ann Roser, April 24, 2015.

³ New York City Department of Health and Mental Hygiene, [Unintentional Drug Poisoning \(Overdose\) Deaths Involving Heroin and/or Fentanyl in New York City, 2000–2015](#), *Epi Data Brief*, August 2016.

⁴ US House of Representatives, [Making appropriations for the Departments of Commerce and Justice, Science, and Related Agencies for the fiscal year ending September 30, 2017, and for other purposes](#), May 24, 2016, pages 48-49.

CARA but I highlight two groups specifically. First, state officials found it necessary to make significant enhancements to the Prescription Drug Monitoring Program (PDMPs). PDMPs could incorporate the same principles of other monitoring programs including real-time data, interoperability, and incorporate a user-friendly design. I cite the Emergency Department Information Exchange and the National Precursor Log Exchange as existing systems that incorporate these principles successfully. Second, law enforcement officials touted the need additional funding to expand overdose reversal capacity, expand the prescription drug take back program, and investigate illicit activities for heroin, fentanyl, and improve efforts in seeking out the unlawful distribution of prescription opioids. In my discussion with Director Frederick Harran of the Bensalem Police Department (BPD), I learned their department had a reported 233 percent increase in fatal overdoses between 2015 and 2016. BPD, the 9th largest police department in Pennsylvania and the largest police department in Bucks County, has had minimal funding to combat this problem and they strongly believe that the increased funding will enable them to do more.

As a former supervisory special agent for the Federal Bureau of Investigation and Certified Public Accountant, I sympathize with the position you are in: providing federal and state officials with the resources they need while being mindful of the budget. I am confident there will be positive economic and social returns where families will stay together and live healthy productive lives.

I applaud Representatives Rogers, Carter, and Jenkins for their continued efforts as members of the Congressional Addiction, Treatment and Recovery Caucus. As a member of this caucus and member of the Bipartisan Heroin Task Force, I ask this subcommittee to fully fund

the CARA for fiscal year 2018. Thank you all for your time and consideration. I look forward to working with you on the appropriation process.