GREG WALDEN, OREGON
CHAIRMAN

FRANK PALLONE, JR., NEW JERSEY
RANKING MEMBER

ONE HUNDRED FIFTEENTH CONGRESS

Congress of the United States

House of Representatives

COMMITTEE ON ENERGY AND COMMERCE

2125 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515–6115
Majority (202) 225–2927
Minority (202) 225–3641

November 17, 2017

Dr. Anne Schuchat
Principal Deputy Director
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30329

Dear Dr. Schuchat:

Thank you for appearing before the Committee on Energy and Commerce on October 25, 2017, to testify at the hearing entitled "Federal Efforts to Combat the Opioid Crisis: A Status Update on CARA and Other Initiatives."

Pursuant to the Rules of the Committee on Energy and Commerce, the hearing record remains open for ten business days to permit Members to submit additional questions for the record, which are attached. The format of your responses to these questions should be as follows: (1) the name of the Member whose question you are addressing, (2) the complete text of the question you are addressing in bold, and (3) your answer to that question in plain text.

To facilitate the printing of the hearing record, please respond to these questions with a transmittal letter by the close of business on December 5, 2017. Your responses should be mailed to Zack Dareshori, Legislative Clerk, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, DC 20515 and e-mailed in Word format to zack.dareshori@mail.house.gov.

Thank you again for your time and effort preparing and delivering testimony before the Committee.

Sincerely,

Greg Walden
Chairman

cc: The Honorable Frank Pallone, Jr., Ranking Member

Attachment

Attachment — Additional Questions for the Record

The Honorable Michael C. Burgess

1. The CDC has spoken about the "hidden causalities" of the opioid epidemic in regards to the rise of infectious diseases due to injection drug use. What further can be done to reduce the harms and health care costs associated with the crisis? Does the agency have appropriate authorities to respond to the rise of these infectious diseases?

2. The Washington Post has reported on the "rampant spread of Hepatitis C" due to the opioid abuse epidemic. Are we doing a sufficient job identifying those with HCV or HBV and linking them to care?

3. The CDC estimated that the total "economic burden" of opioid abuse is $78.5 billion per year—given the increases in Hepatitis and HIV associated with addiction does this number include concomitant infectious diseases of abusers and then others infected, as well as long term treatment?

4. We know that having a better understanding of the epidemic, including where it's hitting Americans the hardest, and why, is essential to building upon and improving the current federal government response. How can we improve the timeliness of data on opioid use and abuse while also maintaining quality of data?

The Honorable Joe Barton

1. The techniques for managing acute pain are different from the techniques for managing chronic pain. In fact, some specialties, like dentistry, rarely (if ever) have to treat patients for chronic pain. Even the types of opioids that would be prescribed—long acting versus short acting—are different. The CDC guideline and the current FDA REMS strategy have both focused on managing chronic pain, but what are you doing to help promote more judicious prescribing among those who are not in the business of managing chronic pain?

2. What are you doing to promote the delivery of preventive services that help to control acute pain and stop such pain from becoming chronic?

The Honorable Gus Bilirakis

I recently learned about a new initiative from the health insurance industry called the STOP Initiative that will help plans measure how individual providers in their networks are adhering to CDC guidelines for prescribing opioids for chronic pain using claims data to quantitatively track from results. It is my understanding that this is the first industry-wide initiative that will help to measure these guidelines.

1. Can you please describe these measures and what they seek to do?

2. From your perspective, do you think this type of initiative is something that will help move the needle on the opioid epidemic?

3. Do you think more efforts like this are needed to generate tangible results when it comes to adoption of these guidelines?

The Honorable Chris Collins

1. As PDMPs have evolved in recent years, incorporating PDMP data into a prescriber or pharmacist's clinical workflow seems to be the key to ensuring that the data is used effectively while also increasing efficiency and saving time for providers. What are the barriers currently preventing more states from incorporating PDMP data into clinical workflow?

2. We know that the "moment of clarity" when a patient realizes they need to go into treatment can be short-lived, and having resources in place to immediately connect patients to treatment is critical to the chances of recovery. When a PDMP does indicate a patient has been "doctor shopping" and potentially has a substance use disorder, what policies are in place to direct them to treatment if they wish to go? If none exist, how could we help encourage them to access treatment at that time?

3. Some states such as Massachusetts have started using data as a weapon in the fight against opioids. They are combining data from prescription records, death records, medical examiners… even prisons. For example, they found that a person who is released from jail in Massachusetts has a 56 times greater chance of dying from an overdose than the average person. They are using that information to make better policy decisions, as well as to identify specific individuals who are in need of services. States are supposed to be the laboratories of democracy. What has the CDC learned from states in their use of data analytics? Is there a plan to use data to fight the opioid crisis?"

The Honorable Buddy Carter

1. What type of education is available, or should be available, to providers on evidence-based prescribing and clinical strategies for abuse-deterrent opioids and understanding when to prescribe immediate release (IR), extended release (ER), and long-acting (LA) opioids?

The Honorable Pete Olson

1. Of the grant funding provided for in CARA, how much funding has been allocated to state prescription drug monitoring programs (PDMPs)? Do you think states need additional federal grant funding to improve their PDMP or to fund clinical workflow integrations?

2. How does CDC work with federal partners, specifically law enforcement and public safety partners such as the DEA and ONDCP?

The Honorable Susan Brooks

1. I have heard you say that preventing drug use before it begins is the is the most cost-effective way to reduce drug use and its consequences. In your opinion, what are the characteristics of successful prevention intervention programs? Besides lack of resources, what are the barriers to implementing intervention programs?

The Honorable Markwayne

1. According to the CDC, Native Americans have the highest rates of both opioid overdose deaths as well as HCV-related deaths. Does your department engage with these populations around risk factors associated with opioid abuse, including the spread of infectious diseases such as HIV and HCV? Do you currently have the ability to help tribal and public health systems develop programs to alert providers of care for opioid abuse to also test for concomitant infectious diseases and provide a pathway to treatment? Are you engaging in these activities currently, if so, can you please elaborate on these efforts and provide any findings on the results? How could we strengthen the our public health system infrastructure to better respond to the opioid epidemic and its long term health consequences?

The Honorable Gregg Harper

1. CDC recently launched a communications campaign. Can you tell us about the campaign and how it is being rolled out?

The Honorable Leonard Lance

1. Can you tell us about CDC's opioid surveillance programs, especially in regards to fentanyl? How has CDC improved the timeliness of reporting? What gaps remain in data collection capabilities and how is CDC working to bridge those gaps?

The Honorable Morgan Griffith

1. Prescription drug monitoring programs (PDMPs) are an invaluable tool for preventing "doctor shopping" and diversion of opioid medications. We know that PDMPs are regulated differently from state to state in terms of when/if a provider is required to check them, what information is included in a PDMP, and who has access to this information. Some states also have agreements in place to allow access between their respective PDMPs across state lines. What are ways in which PDMPs can be better utilized to identify instances of addiction to opioids and prevent overdoses? What can be done to improve PDMP sharing across state lines?

2. We often hear that not enough states are sharing PDMP data with other states. However, my understanding is that 45 states are now actively sharing PDMP data. For states that are not, the barriers are primarily at the state legislative level and not technological. What are your views on the current state of interstate data sharing? Do you think that states have been doing a better job in recent years of sharing data with their neighboring states (at a minimum) to prevent doctor shopping?

The Honorable Ben Ray Lujan

1. In 2015, 33,000 Americans died from opioids. According to the CDC, almost half of those deaths were from prescription opioids. The New York Times reports that in 2016, overdoses from all drugs was the leading cause of death of people under the age of 50. Drug overdoses now kill more Americans each year than at the height of the HIV epidemic and the worst year for auto accident deaths. The Times and drug use experts attribute the sharp rise in all drug overdose deaths to the rise of opioids. What we need to fight this epidemic is continued and reliable long-term investments in prevention, treatment, recovery, and monitoring.

   The President's budget proposal for fiscal year 2018, coupled with other administration initiatives, takes several steps back in the fight against opioid addiction, including a cut in funds for SAMHSA. Overall, the President's proposed budget cuts HHS by 16.2 percent, the CDC by 17 percent and NIH by 19 percent. It cuts funding for addiction research, treatment and prevention. Even the White House Office on National Drug Control Policy would take a 95 percent hit.

   a. Deputy Director Schuchat, do you have all of the tools you need to stop the opioid epidemic?

   b. Given the 17 percent cuts to CDC in the President's budget proposal, what programs relating to the opioid epidemic will be cut? Which programs would have been expanded that will now not be?

The Honorable Paul Tonko

1. Does the CDC have any data that specifically details overdose death rates or incidence for individuals leaving jail or prison? If not, is there a way for CDC to obtain this data?

The Honorable Frank Pallone, Jr.

1. With 90 percent of addictions beginning in the teenage years, we know there is a critical need for effective drug prevention programming, especially during this current opioid crisis. In the past decade, our national prevention infrastructure has been decimated (including the elimination of funding for the National Youth Anti-Drug Media Campaign) and our ability to educate young people and prevent more teens from becoming addicted is hobbled. We need prevention messages to serve as a counterweight to the proliferation of pro-drug messaging in the media today.

   In order to convey the risk of opioid and other drug abuse and reverse the stark addiction and overdose trends that are creating heartbreak in families across the country, investment in prevention messaging is crucial. Regarding Section 102 in CARA- the National Awareness Campaigns provision, can you please tell us what the status of implementation and investment is? What do the various agencies plan to do to move forward with this provision and how can we help?

2. I would like to thank all of the witnesses for joining us. I am particularly interested in learning more about CDC efforts to improve the timeliness and comprehensiveness of the data available about the epidemic.

    a. Can you tell us about CDC's surveillance programs?

    b. How has CDC improved the timeliness of reporting?

    c. What gaps remain in data collection capabilities, including the effect of some of the surveillance programs not being implemented in all 50 states and DC, and how is CDC working to bridge those gaps?

3. Adverse effects and accidental overdoses from opioids have had a huge impact on our nation, however, there are also downstream health consequences of opioid use, especially IV opioid or heroin use, such as HIV, Hepatitis B and Hepatitis C that also affects our nation's health. In 2015, there was an outbreak of HIV in a small town in Indiana, where nearly 200 individuals became infected with HIV due to injection of oxymorphone.

    I was particularly struck by statements from public health officials in a recent article in Politico. According to that article, health officials believe that the 2015 outbreak in Scott County is a harbinger of things to come as abuse of – painkillers, heroin, fentanyl, and other drugs – rages on. According to the Director of Public Health in Alaska, "[t]he nightmare that wakes me up at 3 a.m. is a Scott County – level HIV outbreak happening here in Alaska."

    a. Dr. Schuchat, do you share these concerns about the risk of additional infectious disease outbreaks as a result of the opioid abuse epidemic?

    b. What are we currently doing to monitor and prevent these infections from IV drug use?

    c. What suggestions do you have for improving prevention strategies?