

ONE HUNDRED FOURTEENTH CONGRESS
Congress of the United States
House of Representatives
COMMITTEE ON ENERGY AND COMMERCE
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May 14, 2015

Dr. Anna Lembke
Assistant Professor of Psychiatry and Behavioral Sciences
Psychiatry Department
Stanford University Medical Center
401 Quarry Rd MC 5723
Stanford, CA 94305

Dear Dr. Lembke:

Thank you for appearing before the Subcommittee on Oversight and Investigations on Thursday, April 23, 2015, to testify at the hearing entitled "Combating the Opioid Abuse Epidemic: Professional and Academic Perspectives."

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 Thursday, May 28, 2015. Your responses should be mailed to Brittany Havens, Legislative Clerk, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, D.C. 20515 and e-mailed in Word format to brittany.havens@mail.house.gov.

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

Sincerely,



Tim Murphy
Chairman
Subcommittee on Oversight and Investigations

cc: The Honorable Diana DeGette, Ranking Member, Subcommittee on Oversight and Investigations

Attachment

Attachment—Additional Questions for the Record

The Honorable Tim Murphy

1. The Committee has received a variety of reports on the impact of 42 CFR Part 2 both on the fight against the new epidemic of opioid abuse in the United States as well as efforts to integrate mental health and addiction services into the larger health care system.

Specifically, we've heard reports that the stringent consent requirements associated with Part 2 aid and abet illicit doctor shopping for prescription opioid medications. Further, we understand that this federal regulation – based upon law passed in the early 1970's – interferes with the ability to coordinate care for people with major substance use disorders. For example, most Health Information Exchanges refuse to accept addiction medical records and CMS must redact all data containing addiction medical information before sharing it with Medicare ACOs, State Medicaid agencies and Medicaid Health Homes.

Can you give us your assessment of the interaction between Part 2 and efforts to reduce prescription drug abuse through efforts like Prescription Drug Monitoring Programs (PDMPs)?

2. Do you think the time has arrived for new statutory exceptions to Part 2? For example, would it be appropriate to create new exceptions for PDMPs, Health Information Exchanges, Medicare Accountable Care Organizations, Medicaid Health Homes and other programs designed to coordinate care for people with serious behavioral health conditions and comorbid medical/surgical chronic diseases?

The Honorable Markwayne Mullin

1. Dr. Lembke, Oklahoma has one of the nation's biggest problems when it comes to prescription drug abuse. Just yesterday, it was reported that last month there were more Oklahomans enrolled in Medicaid than there have ever been. We have over 830,000 people enrolled in SoonerCare. It is my understanding that most state Medicaid programs encourage doctors to prescribe methadone for pain, because it is cheap, even though the Food and Drug Administration (FDA), the Centers for Disease Control (CDC), and two pain medicine doctor groups recommend that methadone not be used as a first-line therapy for chronic pain. Do you think this is appropriate given the issues we've seen with Methadone being responsible for more than 30 percent of overdose deaths while accounting for just 2 percent of opioid prescriptions for pain?