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ONE HUNDRED FOURTEENTH 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
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May 14, 2015

Dr. Marvin D. Seppala
Chief Medical Officer
Hazelden Betty Ford Foundation
P.O. Box 11
Center City, MN 55012

Dear Dr. Seppala:

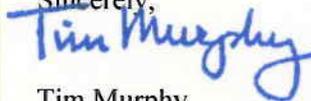
Thank you for appearing before the Subcommittee on Oversight and Investigations on Thursday, April 23, 2015, to testify at the hearing entitled "Combatting the Opioid Abuse Epidemic: Professional and Academic Perspectives."

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 Larry Bucshon

1. Will you expand on your experience specifically with naltrexone, and how greater access could be helpful across the nation?

The Honorable Markwayne Mullin

1. Dr. Seppala, can you speak to the challenges you've seen in treating someone who is addicted to opioids versus other substances, like alcohol, for instance? What are the challenges specifically related to what those people may need once they have left an in-patient treatment program?