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ONE HUNDRED FIFTEENTH CONGRESS

Congress of the United States

House of Representatives

COMMITTEE ON ENERGY AND COMMERCE
2125 RAYBURN HOUSE OFFICE BUILDING
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April 11, 2017

Dr. Debra Houry
Director
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30329

Dear Dr. Houry:

Thank you for appearing before the Subcommittee on Oversight and Investigations on Tuesday, March 21, 2017, to testify at the hearing entitled "Fentanyl: The Next Wave of the Opioid Crisis."

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 Tuesday, April 25, 2017. Your responses should be mailed to Elena Brennan, Legislative Clerk, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, DC 20515, and e-mailed in Word format to Elena.Brennan@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. A *Huffington Post* article in January commented that many hospital Emergency Departments or related hospital sections do not yet test for fentanyl in the systems of potential victims. How prevalent does that situation continue to be, and what steps are being taken to rectify it?

    a. How does this impact data reporting and collection in hospital settings?

    b. How can we improve data collection and reporting to ensure we are getting complete and accurate information?

2. There is wide variation in the reporting of overdose statistics from state to state, and even county to county. However, committee staff located a county in Illinois (Will County, in suburban Chicago) that now tracks "Accidental Overdoses" by date of death, cause of death (fentanyl and/or other drugs), and personal demographics like race, sex, and age. How helpful is this for legal and medical entities? If useful, could this reporting format be evaluated for recommendation as a prototype for other communities and states?

3. Have new priorities been established to inform or assist the states in distinguishing fentanyl overdoses and deaths from other opioids? If so, where and how are they implemented?

4. In your statement, you refer to "effective PDMPs [Prescription Drug Monitoring Programs]" and how you have made them timelier and easier to use in interstate communication. How have you improved or enhanced this process, and can you cite examples?

5. One response given in localities is that the need and availability of Naloxone is ever-present. Given the unknown need for quantities on hand for paramedics, etc., since there can be no set amount to counteract a given overdose – how can this need be effectively addressed?

    a. The state of Virginia has even gone so far as to mandate its access to all state residents. How has this type of response helped the crisis?

6. In your written testimony you state that CDC has funded 12 states for Enhanced State Surveillance of Opioid-Involved Mortality. What are the criteria for the funding for these states?

7. Your written testimony mentions that CDC is connected to 44 states at present regarding prevention efforts and surveillance activities, with the goal of expanding to all 50 states. What can you tell us about the six states not yet connected, and what hurdles need to be cleared to achieve their involvement?

The Honorable Buddy Carter

1. The Ensuring Patient Access and Effective Drug Enforcement Act of 2016 was signed into law on April 19, 2016. This Act requires a report to Congress not later than one year after enactment identifying among other things, obstacles to legitimate patient access to controlled substances, and how collaboration among federal, state, and local law enforcement agencies and industry can benefit patients and prevent diversion and abuse of controlled substances. HHS is tasked with submitting the report to Congress in coordination and collaboration with a number of other federal agencies including the Drug Enforcement Administration. Please provide us with an update on the status of this report.