

ONE HUNDRED FIFTEENTH CONGRESS
Congress of the United States
House of Representatives

COMMITTEE ON ENERGY AND COMMERCE

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April 11, 2017

Mr. Louis Milione
Assistant Administrator
Diversion Control Division
Drug Enforcement Administration
8701 Morrissette Drive
Springfield, VA 22152

Dear Mr. Milione:

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. How is fentanyl more of a law enforcement challenge than prescription opioids or heroin?
2. Is one of the challenges to combatting fentanyl that it has so many analogues – also known as chemical variations?
 - a. If so, how does this present a unique challenge to addressing the supply?
3. Are the pill presses that are used in fentanyl trafficking being shipped from China?
 - a. Are the pill presses being trans-shipped from China through other countries and then to the U.S.?
 - b. Is there a concern about trans-shipment of pill presses through other countries? If so, why?
4. DEA and DHS have seized numerous pill presses with Chinese sources. They were identified as intentionally mislabeled. However, parts or components to pill presses are also being shipped. What can you tell us about such detections, and cooperation with the Chinese government?
5. While we recognize that most online addresses in the U.S. for supplying fentanyl are either faked or can be altered, there continue to be legitimate (i.e. actual physical) addresses of buildings that are listed on the websites by some fentanyl suppliers. Are these addresses being screened through law enforcement databases – including (if available) the addresses of individuals linked by e-mail to respond to customer questions?
 - a. Do these addresses represent possible drop shipment locations?
 - b. Has this ever been investigated?
6. The detection and identification of NPP and ANPP, two of the major essential precursors - or ingredients - to making fentanyl, have been debated topics since there are legitimate laboratory and medical uses for these items. What quantities have been noted as going to labs for legitimate purposes, how are they normally ordered or created, and from where?
 - a. Are other precursors being considered for identification as illegal substances?
7. A recent drug bust in Chicago discovered that there were almost 200,000 phone calls placed to one phone line in six months, or about 1,000 calls per day. This data helped DEA and local police detect and arrest the offenders. What kinds of similar or other data-sharing and related techniques have been/are available to assist law enforcement?

8. Since carfentanil is the deadliest of all fentanyl analogues, what can be said about areas where it has been detected consistently?
 - a. What about sources and types of production?
 - b. Where have localized spikes in deaths (and in seizures) been most pronounced?
9. Most experts agree that the issue of diverted drugs has lessened in recent years, while the problem of illicit fentanyl has exploded. However, there are several types of prescription fentanyl commonly available (e.g. patches, Actiq lollipops or lozenges) that are still subject to counterfeiting and abuse. Are these types being detected or seized as illegally manufactured, and to what degree?
10. While organized crime cartels and individual internet orders have been defined as principal suppliers of illicit fentanyl, other entities have been identified. For example, biker gangs have been cited as allied with cartels as distributors in some instances, while significant quantities of heroin mixed with fentanyl have been discovered at dogfighting events. What can you tell us about the detection and prevalence of such alternative drug distributors?
11. Regarding the detection of fentanyl pills, what kinds of commonly used techniques (or outputs) have been detected in the seizures of pills in terms of shaping from pill molds, coloring, distribution, and the like?
12. Since the time of China's listing of 116 illegal substances in 2015, where/have there been identification(s) of illegal manufacture and sanctions on Chinese labs?
 - a. Has this kind of information been shared with us by the Chinese government, or will it?
13. Numerous sources state that the current fentanyl crisis is due in most part to illicit shipments and manufacturing. Yet there are several types of diverted fentanyl that have also been created illegally. Can you comment on this type of illegally made/diverted fentanyl?
 - a. How prevalent is this? In other words, is it a significant source of the problem we are seeing right now?
14. Is the diversion of Buprenorphine a significant factor also driving the opioid epidemic? What data does the DEA have regarding this diversion?
 - a. Have state(s) taken any actions that are believed to be effective in preventing diversion?

The Honorable Buddy Carter

1. In 2010, the Drug Enforcement Administration (DEA) issued an interim final rule (IFR) to allow for the electronic prescribing of controlled substances (EPCS). Since that time, DEA has acknowledged that the IFR does not allow for an unfilled prescription for a Schedule II

controlled substance to be transferred or forwarded by a pharmacy to another pharmacy because the first pharmacy, for whatever reason, is unable to fill the prescription. DEA has further stated that the agency plans to address this issue when the agency issues the EPCS final rule. Considering that this unresolved issue is likely leading to delays in patient care and is acting as a barrier to the widespread adoption of EPCS, please provide an update on DEA's progress in issuing the final rule.

The Honorable Frank Pallone, Jr.

1. According to a December 2016 article in the *Charleston Gazette-Mail*, opioid wholesalers shipped mass quantities of opioid medicines that appeared to be far in excess of what certain communities in West Virginia should have received based on sound medical needs. The article said:

“In six years, drug wholesalers showered the state with 780 million hydrocodone and oxycodone pills, while 1,728 West Virginians fatally overdosed on those two pain killers [...] The unfettered shipments amount to 433 pain pills for every man, woman and child in West Virginia.”

 - a. Has DEA been able to examine the veracity of the oversupply assertions laid out in the 2016 article?
 - b. If DEA has found these assertions to be accurate, what action, if any, has DEA taken on this issue with respect to supply chains into West Virginia? Please include information on any joint effort with other federal, state, or local law enforcement or public health agencies.
 - c. Similarly, has DEA identified specific public safety issues stemming from the possible oversupply of prescription drugs as described in the 2016 Charleston Gazette-Mail reporting?
 - d. What additional insights does DEA have into the alleged practices as indicated in this reporting?
2. MSNBC also ran a story about the substantial influx of opioids into West Virginia. More specifically, it reported on the small town of Kermit, with an estimated population of only 392 people. MSNBC reported that one pharmacy in Kermit received 9 million hydrocodone pills in two years. If this reporting is true, I am concerned we do not have sufficient systems in place to identify and respond to such dangerous trends or, if those systems do exist, they may have failed in this case. You indicated during your testimony that DEA is familiar with reports of possible oversupply of these addictive pills in West Virginia.
 - a. Is DEA aware of the reports that one pharmacy in Kermit, West Virginia may have received 9 million hydrocodone pills over a two-year period?

- b. If so, what actions, if any, has DEA taken to date in response to possible oversupply in the Kermit, West Virginia case?
3. The reports of possible oversupply of addictive opioids into West Virginia may raise additional concerns regarding whether there are systemic weaknesses in our regulatory and enforcement systems that could allow abusive oversupply patterns to go unnoticed or unaddressed.
 - a. Has DEA identified any systemic failures surrounding the oversupply of opioids in West Virginia?
 - b. If yes, what issues did DEA identify? What has DEA concluded were the causes of these issues? What solutions has the DEA identified, and what efforts to date has DEA taken to implement these solutions?
4. If true, the reported oversupply of these addictive pills to the State of West Virginia raises significant concern that the same problem could be occurring elsewhere.
 - a. What monitoring systems are in place to detect potential oversupply of prescription drugs nationwide?
 - b. Does DEA have sufficient insight into the supply patterns of other states hard-hit by the opioid epidemic to identify and respond to suspicious patterns occurring elsewhere?