

**Opening Statement of the Honorable Tim Murphy
Subcommittee on Oversight & Investigations
Hearing on “Combating The Opioid Crisis: Battles In The States.”
July 12, 2017**

(As prepared for delivery)

Today, the Subcommittee holds a hearing entitled, “Combating the Opioid Crisis: Battles in the States.” Make no mistake. The terms “combating” and “battles” are entirely appropriate; our nation is in the midst of a tremendous fight against death and devastation affecting every corner of our nation.

In 2015, there were more than 52,000 deaths from drug overdoses in the U.S., with more than 33,000 deaths involving an opioid, a 24 percent increase from the prior year. The opioid overdose death rate in 2015 was almost seven times the rate of deaths from the heroin epidemic during the 1970’s. For 2016, we have learned from an analysis by the *New York Times* – not from the Federal government – that we have lost roughly 60,000 people to drug overdoses, more than all the Americans who died in the Vietnam War. The staggering number of deaths is only part of the picture. For every fatal opioid overdose, it has been estimated that there are approximately 20 non-fatal overdoses. For 2016, the number of overdoses could be nearing one million.

More than 183,000 lives have been lost in the U.S. from opioid overdoses between 1999 and 2015. A recent forecast from STAT News projects that almost 500,000 lives will be lost from opioid overdoses in the U.S. over the next decade.

The roots of this crisis began back in 1980, when a letter to the editor from two doctors published in the *New England Journal of Medicine* was misinterpreted as evidence of the unlikelihood that patients given pain drugs would develop addiction. About twenty years later, the Joint Commission on Accreditation of Healthcare Organizations, following the American Medical Association recommendation that pain be assessed as the fifth vital sign, established standards for pain management interpreted by many doctors as encouraging the prescribing of opioids. Under the Affordable Care Act, prescribing painkillers is incentivized because hospital payments are tied to patient satisfaction surveys that reward hospitals financially when patients give them high ratings.

As we learned in our oversight hearing held in March, the opioid epidemic is an urgent public health threat fueled by fentanyl, a much more dangerous and potent synthetic opioid and a clear and present danger to America. Two states represented on today's panel, Rhode Island and Maryland, were the first ones hit by the fentanyl wave. Unfortunately, it seems certain that this wave will sweep the nation as the low-cost, high-profit, hard-to-detect profile of fentanyl is increasingly attractive to traffickers and is relatively easy to manufacture or obtain on the street or over the internet.

This is an *in extremis* moment requiring all the experience, resources, and cooperation of our federal, state, and local governments, as well as all the different industries, professionals, and experts to curb this outbreak. With this hearing, we will focus on the actions of our state governments to find out what efforts are working, what is not working, and how we can work together to save lives, restore communities, and repair the millions of families torn apart by the deadliest drug crisis in United States history. As drug policy expert Sally Satel noted "[it] is at the state and county levels that the real progress will be made...It makes sense that the effort to find inspired solutions would be most concentrated there; we should invest in those solutions and learn from them."

Serving on the front lines of the opioid epidemic, state governments have been pursuing their own innovative initiatives, such as more inventive use of incentives, more structured medication assisted treatment and more comprehensive prescription drug monitoring. States such as Maryland are making the best use of the Centers for Disease Control Opioid Prescribing Guidelines to help push back on the overprescribing of opioids. Kentucky's All-Schedule Prescription Electronic Reporting System, or KASPER – a web-based database to monitor opioid prescription and use across the state – is helping state regulators identify questionable prescription practices by physicians and abuse by patients. Virginia has greatly expanded access to naloxone, the drug that can rapidly reverse an opioid overdose.

Some states are expanding the availability of naloxone by permitting third party prescribing by family and friends of individuals who are at high-risk of overdose. Rhode Island has developed the AnchorED program that matches overdose victims with peer recovery coaches to encourage treatment, who follow-up with the patient for the next 10 days after the overdose. Much of the work of the states should help inform the President's Commission on Combating Drug Addiction and the Opioid Crisis.

Two years ago, the Subcommittee held a similar hearing on what the state governments were doing to combat the opioid abuse epidemic. Such oversight helped Congress enact provisions in the Comprehensive Addiction Recovery Act and 21st Century Cures Act which authorized the Substance Abuse and Mental Health Services Administration to administer nearly one billion dollars in grants over the next two years to states and territories for substance abuse prevention programs, treatment, and training for health professionals. We are eager to learn about how the states represented here today plan to use these grants, to ensure the grants are reaching local communities in need, and that the help provided is really working.

However, the 21st Century Cures state grant program is just a beginning. Our state government witnesses can help this Committee develop a more effective national strategy to combat the opioid crisis in such areas as: substance abuse prevention and education, physician training, treatment and recovery, law enforcement, expanding access to Vivitrol while testing for drugs in correctional facilities, data collection, and examining what reforms can be made to 42 CFR Part 2 so that there is better coordination of care among physicians.

We are honored to have our distinguished witnesses join us this morning. We thank you for appearing today and look forward to hearing your testimony.