

Floor Statement

Health and O&I Field Hearing on the Border and Fentanyl

Michael C. Burgess, M.D.

2.15.23

As prepared for delivery

Thank you to everyone who has joined us today, and welcome to McAllen, Texas. I'm very pleased to have the opportunity to host and thank the witnesses for advocating on behalf of issues important to Texas as well as the rest of America.

I am no stranger to issues regarding border security, immigration, and fentanyl. In addition to being a native Texan, I practiced as an OB-GYN for three decades before coming to Congress to work on these issues. I've visited the Office of

Refugee and Resettlement, as well as worked on legislation to combat the misuse of opioids and ensure the safety and care of UACs at the border. Energy and Commerce has a rich history of working on these issues, and I am pleased that we are here in my home state today to hear of the real consequences of the Biden Administrations policies here and around the country.

This past year, the Office of National Drug Control Policy released their annual report to Congress regarding High Intensity Drug Trafficking Areas (HIDTA). Of thirty-three HIDTAs, the three located in Texas (Houston, South Texas, and West Texas) reported large disruptions of Drug Trafficking Organizations (DCO) as well as drug seizures.

All Texas-based HIDTAs seized drugs are worth over a combined total of \$100 million at each location. In addition, Customs and Border Protection (CBP) reported approximately

7.8 thousand pounds of drug seizures in October of FY 2023 and 9.0 thousand pounds of drug seizures in November of FY 2023 for all Texas-based jurisdictions.

Just this past week, the Dallas Morning News reported that three teens tragically passed away from fentanyl laced pills and six teens were hospitalized from exposure to the substance. These nine Texas students were no older than 17 years old.

After the story broke, parents sat waiting to be notified as local authorities began to take action. This is unacceptable. It goes without saying that this problem has infiltrated our schools to the point where distribution of these substances happens unsupervised over social media apps.

While our number one priority should be securing our border to prevent the unchecked distribution of fentanyl, we

must also accept that the problem is already here. The way in which we treat patients exposed to opioids and fentanyl has drastically evolved in the past decade.

The scourge of fentanyl in our communities is a completely different disease. The last time this committee worked on the SUPPORT Act, our focus was opioids. Since then, the landscape has changed drastically to include patients dying from only 3 milligrams of fentanyl. The amount that would fit on the tip of a pencil.

Patients exposed to high potency substances often suffer from other addictions and have severe mental and behavioral health problems. As a committee, our focus should remain on examining federal laws that prevent patient access to care, such as the IMD exclusion, which prohibits Medicaid payments to residential, mental health facilities with more than 16 beds. We

should focus on bolstering our health care workforce and supporting providers to ensure that mental health and substance abuse patients have access to personalized care and medicine.

To tackle this problem, we must take preventative measures to change the way in which we treat these patients and seriously discuss how we can address border security. The Energy and Commerce Committee has a history of taking action and delivering results. Our border agents deserve better, our behavioral health providers deserve better, and Texas communities deserve better.