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April 20, 2016

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Pallone Statement at Health Subcommittee Markup of Opioid Bills

Energy and Commerce Ranking Member Frank Pallone, Jr. (D-NJ) today gave the following opening statement at a Health Subcommittee Markup of 12 bills to address our nation's opioid abuse epidemic.

The subcommittee will mark up the following bills:

- *H.R. 4978, Nurturing and Supporting Healthy Babies Act;*
- *H.R. 4641, To provide for the establishment of an inter-agency task force to review, modify, and update best practices for pain management and prescribing pain medication, and for other purposes;*
- *H.R. 3680, Co-Prescribing to Reduce Overdoses Act of 2015;*
- *H.R. 3691, Improving Treatment for Pregnant and Postpartum Women Act;*
- *H.R. 1818, Veteran Emergency Medical Technician Support Act;*
- *H.R. _____, Opioid Use Disorder Treatment Expansion and Modernization Act;*
- *H.R. 3250, DXM Abuse Prevention Act.*
- *H.R. 4969, John Thomas Decker Act of 2016;*
- *H.R. 4586, Lali's Law;*
- *H.R. 4599, Reducing Unused Medications Act of 2016;*
- *H.R. 4976, Opioid Review Modernization Act; and*
- *H.R. _____, Examining Opioid Treatment Infrastructure Act of 2016.*

Good afternoon. Today we are meeting to mark-up a number of different pieces of legislation related to the opioid abuse epidemic facing our nation. We've all come to know just how widespread and devastating this epidemic is.

Opioid addiction is an indiscriminate killer. Americans young and old, rich and poor, of all races and genders, and from all regions of the country are losing the fight against addiction.

Back home, about 256,000 New Jersey residents are addicted to heroin or prescription opioids. That's nearly the same as the entire population of Newark, the largest city in the state.

New Jersey is not alone in this crisis. We know that nationwide, prescription opioid abuse has skyrocketed. Between 1999 and 2010, the death rate from prescription opioids more than quadrupled. In fact, every day, 78 families lose a loved one lost too soon due to an opioid-related overdose death.

It's important that we approach this issue as a public health crisis and work to get people the care they desperately need. I'm particularly concerned about the current gaps in access to treatment. There are serious barriers to treatment that must be addressed, such as a shortage of substance abuse providers, a lack of counseling and support services, and the pervasive stigma related to receiving treatment. I believe that if we do not address these issues in a comprehensive manner, we will continue to see overdose deaths and related outbreaks of HIV and Hepatitis C increase.

The bills being considered today address a range of issues related to the opioid epidemic. I strongly support these bipartisan legislative efforts to expand access to substance abuse treatment services, increase access to overdose reversal medication, improve provider education, and increase public awareness of the problems of substance abuse. However, while these are important steps forward, I want to make clear that I don't think these efforts are enough. There is an urgent need to dedicate increased federal funding to help our communities combat this crisis, and I am disappointed that Congress has failed to provide resources proportionate to the severity of this crisis.

Congressional Republicans continue to reject calls for increased resources, including President Obama's request for a new, two-year, \$1.1 billion mandatory investment to expand access to treatment for opioid addiction and close the treatment gap. Given my colleagues unwillingness to spend any significant federal resources, we have tried today to identify statutory and regulatory changes that promote expanded access to treatment and recovery services.

The policy that provides the best opportunity to expand access to treatment services without new federal funding is legislation to lift the cap on the number of patients that providers can treat with buprenorphine. Buprenorphine is a highly effective, evidence-based treatment for opioid addiction. However, currently doctors are only permitted to prescribe buprenorphine to up to 100 patients, resulting in patients who are on waitlists and cannot access treatment immediately. As with many medical conditions, timely access to treatment for opioid use disorders is absolutely crucial. Delays can mean dangerous opportunities for relapse, overdose, and even death.

The statutory and regulatory regime governing buprenorphine is outdated, anachronistic, and is hampering our response to our national crisis. We are asking doctors on the front lines battling this crisis to do so with one hand tied behind their backs. We have a responsibility to the individuals, families, and communities that are being shattered by opioid addiction to do everything within our power to combat the current crisis.

While H.R. 4981 makes an important step towards fulfilling that goal by raising the buprenorphine cap to 250 patients and providing prescribing authority to nurse practitioners and physician assistants, I think we can and should go further. I strongly urge my colleagues to

support a higher cap than the one included in this legislation, and I will be introducing an amendment during the markup to accomplish this.

I'm sure most of us here can recall the heartbreaking story of a friend, family member, or constituent struggling with substance abuse. We owe it to these individuals and their families to do everything we can to pass meaningful legislation, provide adequate resources, and put a stop to the epidemic. Although I wish the legislation we are considering today provided more resources to address this problem, I'm pleased that we're meeting today to consider these important bipartisan efforts, and I look forward to further action.

Thank you and with that I yield the remainder of my time.

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