**E&C Health Subcommittee Member Day: Testimony and Proposals on the Opioid Crisis**
**By Wm. Lacy Clay (D) Missouri**
**Wednesday, October 11, 2017, 10:15am**

# Good morning Mr. Chairman, Mr. Ranking Member and Honorable Members of this vital committee.

# I thank you for this special opportunity to come before you.

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# I am here - because in 2016…650 people in the St. Louis metropolitan area died from an opioid overdose.

# I am here - because that number of needless, tragic deaths has quadrupled since 2007.

# I am here - because the number of annual opioid overdose deaths in the community that I represent is now more than three times the number of homicides.

**I am here - because this Congress must summon our national courage to finally confront the menace of opioid addiction and opioid overdoses as an urgent public health emergency.**

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**First, incarcerating people does very little to get at the underlying causes of this epidemic.**

**We absolutely should not condone criminals who are peddling heroin, fentanyl, carfentanil and other deadly drug combinations.**

**But just putting someone behind bars who has an addiction doesn't solve that person's problem. In fact, it is a huge waste of scarce taxpayer dollars that would be much better spent on treatment.**

**Indeed, people who go to jail and are then released – if they are not given treatment – are at high risk of re-using and are also at a very high risk of a life-threatening overdose.**

**I strongly believe in the value of life-saving and life-renewing services offered by community-based nonprofits that provide treatment for substance abuse disorders.**

**We know that evidence-based treatment is effective and that when people are in treatment, they use drugs less and they overdose less.**

**Treatment comes in many forms, but in the United States, we rely heavily on nonprofit community-based treatment providers as the safety net for treatment for low-income people and others who are disenfranchised, such as people who are homeless; many of whom are veterans.**

**Many of these providers rely on the Substance Abuse Prevention and Treatment Block Grant to survive, and I would wholeheartedly urge that we continue to robustly fund this essential program.**

**I do want to highlight the antiquated policy, over 50 years old, known as the Medicaid Institution of Mental Diseases Exclusion, better known as the IMD Exclusion, which bars Medicaid from paying for residential treatment at a facility of more than 16 beds.**

**According to the New York Times in a July 10, 2014 article on the negative impact of the IMD Exclusion, in some states this policy means that 9 out of 10 treatment beds are in programs too large to receive Medicaid reimbursement.**

**That is a huge barrier to recovery for our most needy, most vulnerable, poorest Americans – and it yields a two-tiered health**

**care system, where only people on Medicaid lose access to a kind of treatment that may be clinically indicated and medically necessary.**

**Fortunately, there is growing support for ending this outdated policy.**

**For example, the National Governors Association has called for the elimination of the IMD Exclusion for SUD to help states expand access to addiction treatment.**

**And in July 2017, the President's Commission on Combating Drug Addiction and the Opioid Crisis Interim Report recommended that all 50 states be granted waiver approvals to eliminate barriers resulting from the IMD exclusion.**

**Perhaps most importantly in terms of legislative action, two key bills have been introduced in the 115th Congress that deserve your favorable consideration.**

**One is H.R. 2938, sponsored by Rep. Brian Fitzpatrick of Pennsylvania, the Road to Recovery Act, which would eliminate the IMD Exclusion for community-based residential treatment.**

**This is not a full repeal of the IMD Exclusion which also affects treatment for mental health, but rather is finely targeted to repeal the ban for the SUD treatment that is so sorely needed today amid the opioid epidemic.**

**Another bill is H.R. 2687, the Medicaid CARE Act, sponsored by Congressman Bill Foster of Illinois, which would turn the current exclusion into a cap on Medicaid reimbursement, under which programs could be reimbursed for residential SUD treatment for up to 40 beds in a program for up to 60 days.**

**These are just two ways that Congress can end one of the most formidable barriers to treatment, and immediately help increase capacity and beds in every state.**

**Opioid addiction and the thousands of American lives it takes each year does not respect political parties, regional differences, racial or ethnic backgrounds or even age…it is an equal opportunity killer that we need to confront together as the People's House.**

**Thank you for allowing me to share this time with you today, and I look forward to working closely with you in a bipartisan way to save our fellow Americans.**