

## **Member Day: Testimony and Proposals on the Opioid Crisis**

House Energy and Commerce Committee

Subcommittee on Health

October 11, 2017

Chairman Burgess, Ranking Member Green, and members of the Subcommittee on Health, I thank you for the opportunity to talk today about the opioid crisis that's facing our nation, and I appreciate the Committee continuing to look for solutions to this ongoing epidemic.

In Missouri, the scourge of drug abuse is a growing problem, and it will take all of us to help solve it. I have heard too many stories of families torn apart and livelihoods in tatters. Over one-twelfth of U.S. and Missouri adults report substance use disorders, and this rate is even higher among young adults. As we continue to address this problem, we must consider all avenues available. To that end, I ask the Committee to explore ways to make it easier for faith-based organizations to offer addiction treatment programs.

I have seen first-hand the power of faith based recovery programs in treating addiction. In my own district, I have visited multiple Christian organizations that have high rates of success in treating addiction. By centering on a community of faith, these organizations provide support structures that stay with recovering addicts their entire lives. In some cases, they also provide services that aren't available in other addiction recovery programs in the area. For instance, one religious organization in my district provides housing for both mothers and their children while the mothers seek treatment for their addiction. No doubt, their recovery is greatly facilitated by the additional support for their children.

I firmly believe faith based recovery programs are part of a holistic approach that treat both the body and spirit. They provide emotional and spiritual support for individuals and their families during their darkest times. These religious organizations provide a foundation for recovery that medication assisted treatment alone cannot. It's the love and power of God and the life purpose He gives that ultimately provides a sustainable path to recovery for many individuals. I ask the Committee to seriously consider making available and expanding any and all funding opportunities to faith based organizations providing addiction treatment programs.

### **Repeal the IMD Exclusion**

The IMD exclusion caps the number of beds mental health facilities receiving Medicaid can have at 16. Multiple health care groups have come into my office saying this blocks critical access to treatment for people who need inpatient treatment for addiction, including some of society's most vulnerable: veterans, pregnant addicted women, women with dependent children, and youths. I encourage the Committee to explore ways to provide some relief to this outdated rule.