

**Testimony of Congressman William R. Keating, MA-09
before the Subcommittee on Health
House Committee on Energy and Commerce
United States House of Representatives**

October 11, 2017

Hearing on “Member Day: Testimony and Proposals on the Opioid Crisis”

Chairman Burgess, Ranking Member Green, and other distinguished Members of the Committee, thank you for the opportunity to testify about this critical issue.

Dating back to my time as District Attorney, I have witnessed the devastation of the opioid crisis for nearly two decades. Countless families in my area have felt the effects, including my own. I have been called to sites of unattended deaths resulting from overdose. I have consoled parents who have lost a child to an overdose. I have worked with grandparents who are raising their grandchildren because of addiction. And all of this was before I got to Congress seven years ago, when the number of opioid-related deaths was 45 percent lower than it is today.¹ Today, we even have entire facilities dedicated to babies born addicted to opioids. As the Members of this Committee know, we cannot continue only to talk about this at arm’s length. This goes beyond just numbers or statistics. People are feeling real pain. And we are losing an entire generation.

The district I represent in Congress includes four of the top five counties in Massachusetts by opioid death rate.² Further, Fall River, Massachusetts, a city I represent along with Congressman Kennedy, is projected to see at least 1,000 opioid overdoses and over 100 deaths in 2017 alone.³ This is a horrible scourge for my constituents, and as evinced by the need for this hearing, a tragic epidemic nationwide.

¹ National Institute on Drug Abuse. “Overdose Death Rates”. National Institutes of Health, September 2017; available at: <https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates>.

² K.C. Myers. “Cape ranked No. 1 in state for overdose deaths”. Cape Cod Times, May 5, 2016; available at: <http://www.capecodtimes.com/news/20160505/cape-ranked-no-1-in-state-for-overdose-deaths>.

³ Brian Fraga. “Fall River’s opioid overdose problem is getting worse”. *The Herald News*, January 11, 2017; available at: <http://www.heraldnews.com/news/20170111/fall-rivers-opioid-overdose-problem-is-getting-worse>

To begin, I thank this Committee for their work guiding the House through enactment of two important laws, laws which laid meaningful groundwork for progress in battling the opioid crisis. The strategy outlined in the *Comprehensive Addiction and Recovery Act* (CARA) and the \$1 billion in funding included in the *21st Century Cures Act* have been significant steps in the right direction. More people have access to treatment, more health professionals understand early signs of addiction, and the number of opioid prescriptions has declined. However, some of the health legislation we have seen this year places this progress at risk.

Prior to the *Affordable Care Act* (ACA), an estimated 34 percent of insurance plans did not cover treatment for opioid use and other substance use disorders, and 18 percent did not provide coverage for any mental health conditions.⁴ The ACA required insurance policies to include this coverage. Similarly, the law's Medicaid expansion provided access to treatment for substance use disorders to 11 million low-income Americans.⁵ In fact, at an estimated \$60 billion in coverage for behavioral health services each year, Medicaid is the largest source of funding for mental healthcare in the country—including services related to substance use disorders.⁶ Efforts to repeal the *Affordable Care Act* and cut funding for Medicaid place this coverage at grave risk. Accordingly, I am committed to defending the *Affordable Care Act* and preserving access to addiction treatment for all Americans.

Aside from these concerns, I am encouraged that we do find consensus elsewhere. For example, we agree the solution to this crisis requires a multipronged approach. Last Congress, I introduced three bipartisan pieces of legislation aimed at combatting the opioid crisis from three different fronts. The first, the *Stop Tampering of Prescription Pills Act*,⁷ calls on the Food and Drug Administration to facilitate the creation of tamper-resistant formulations for commonly

⁴ Office of the Assistant Secretary for Planning and Evaluation. "Continuing Progress On the Opioid Epidemic: The Role of the Affordable Care Act." ASPE Issue Brief. Department of Health and Human Services, January 2017; available at: <https://aspe.hhs.gov/system/files/pdf/255456/ACAOpoid.pdf>.

⁵ Robin Rudowitz, Samantha Artiga, and Katherine Young, "What Coverage and Financing is at Risk Under a Repeal of the ACA Medicaid Expansion?." Kaiser Family Foundation, December 2016; available at: <http://kff.org/medicaid/issue-brief/what-coverage-and-financing-at-risk-under-repeal-of-aca-medicaid-expansion/>.

⁶ United States Government Accountability Office. "Behavioral Health: Options for Low-Income Adults to Receive Treatment in Selected States". United States Government Accountability Office, June 2015; available at: <http://www.gao.gov/assets/680/670894.pdf>.

⁷ <https://www.congress.gov/bill/114th-congress/house-bill/2335/>.

misused pain medication. The second, the *Co-Prescribing Saves Lives Act*,⁸ encourages physicians to co-prescribe naloxone alongside opioid prescriptions and make naloxone more widely available in federal health settings. The legislation also authorizes a grants program to fund state-level efforts to encourage the establishment of co-prescribing guidelines, assist in the purchase of naloxone, fund training for health professionals and patients, and support patient co-pays. Last, the *Safe Prescribing for Veterans Act*⁹ outlines a common-sense plan to decrease opioid overuse among veterans by establishing a pain management continuing education requirement for opioid prescribers affiliated with the Department of Veterans Affairs. I look forward to working with my colleagues as I reintroduce these initiatives this Congress.

We in this House are constantly learning about innovative approaches to pain management, improved methods of treating addiction, and novel ideas for opioid disorder prevention and education. There are even technologies that function as alternatives to pain medications, such as spinal cord stimulators implanted as long-term solutions to chronic pain. I appear before this Committee ready to work on new approaches to caring for those who need help and ensuring our families, our neighbors, and all Americans have the resources they need as they seek a path down the road to recovery.

⁸ <https://www.congress.gov/bill/114th-congress/house-bill/4841>.

⁹ <https://www.congress.gov/bill/114th-congress/house-bill/5057>