

Hearing—Member Day: Testimony and Proposals on the Opioid Crisis
Committee on Energy and Commerce, Subcommittee on Health
Wednesday, October 11, 2017 at 10:15 a.m.
2322 Rayburn House Office Building

Written Testimony of Rep. Michael R. Turner (OH-10)

- Chairman Burgess, Ranking Member Green, and members of the Subcommittee, thank you for the opportunity to appear before you today.
- I am Congressman Michael R. Turner, and I proudly represent Ohio’s 10th Congressional district, which centers around the city of Dayton and includes Montgomery, Greene, and Fayette counties.
- This morning, I will briefly explain how the opioid epidemic is ravaging the district I serve and propose possible solutions to what has become a national crisis of frightening proportions.
- Despite battling against it for years, the heroin and opiate epidemic continues to destroy my community and my constituents on daily basis.
- This year, current estimates suggest that 800 people could die in Montgomery County alone due to an opiate overdose. Sadly, that would more than double the 371 drug overdose deaths from 2016, the highest number recorded to date.
- The Montgomery County morgue regularly surpasses capacity and has even been forced to use refrigerated trailers to house victims’ bodies. The coroner has described what is occurring as a “mass-casualty event.”
- To make matters worse, deadly synthetic opioids like fentanyl, which can be 50 times stronger than heroin, and carfentanil, which can be 5,000 times stronger, have flooded the Miami Valley.
- It is heartbreaking numbers and stories like these that have made Montgomery County, Ohio “the overdose capital of America” – meaning that, per capita, more of my Montgomery County constituents are dying as a result of drug overdoses than anywhere else in the United States.
- Our struggle in southwestern Ohio mirrors that of countless other areas across the country – 91 Americans die every day as the result of an opioid overdose.
- These sobering statistics paint a picture of a country facing an exponentially growing epidemic of opioid abuse that is resulting in drastic increases in addiction rates, overdose deaths, and

incarceration. The opiate crisis is tearing apart families, neighborhoods, cities, and indeed our society as a whole.

- While I have spearheaded several initiatives – in conjunction with state and local partners – to stem the tide of the opioid epidemic, today I would like to highlight my bill H.R. 982, The Reforming and Expanding Access to Treatment (TREAT) Act.
- As the title suggests, my TREAT Act would increase access to substance abuse treatment by lifting archaic restrictions that hamstring full deployment of federal resources.
- The concept behind my TREAT Act originated from a tour of my district’s Greene County Jail and Green Leaf Alcohol & Drug Treatment Program in August 2015.
- During the visit, I discovered that individuals who are incarcerated cannot receive substance abuse treatment through Medicaid, even if they are otherwise eligible.
- This is due to Medicaid’s Institutes for Mental Disease (IMD) exclusion, which states that facilities with more than 16 beds – like jails – are not eligible for reimbursement for substance abuse treatment services furnished to individuals who are incarcerated.
- Compounding the problem, the Substance Abuse and Mental Health Administration (SAMHSA) currently prohibits the use of grants from its Center for Substance Abuse Treatment (CSAT) for substance abuse treatment services provided to individuals who are incarcerated. Instead, this over 20-year old policy limits use of such grants to only community-based treatment facilities.
- These unnecessary restrictions act as obstacles, limiting our flexibility in how we employ the federal resources that are so desperately needed to combat this growing epidemic and supply medical treatment to individuals suffering from substance abuse disorders and addiction.
- My TREAT Act offers a common-sense solution that would eliminate these barriers to treatment for individuals who are incarcerated by—
 - Allowing Medicaid to reimburse for substance abuse treatment services furnished to individuals who are incarcerated; and
 - Lifting the SAMHSA policy that prohibits the use of grant funding for providing substance abuse treatment to individuals who are incarcerated.
- Since I first introduced the TREAT Act in November 2015 and reintroduced it this Congress, it has garnered a broad spectrum of support from law enforcement to medical providers to local-level jurisdictions.

- The President’s Commission on Combating Drug Addiction and the Opioid Crisis’ Interim Report, issued July 31, 2017, strongly endorsed the TREAT Act’s core concept.
- The White House Commission called lifting Medicaid’s IMD exclusion the “single fastest way to increase treatment availability across the nation,” noting that “every Governor, numerous treatment providers, parents, and non-profit advocacy organizations” have urged this course of action in an effort to combat the opioid epidemic.
- Chairman Burgess, Ranking Member Green, and members of the Subcommittee, my constituents’ lives and indeed the well-being of my entire community are at stake here, as are many of yours. They are under assault from an opioid epidemic, the likes of which have never been seen.
- My TREAT Act can help put an end to the opiate crisis—but it cannot wait any longer. I urge you to work with me to report the TREAT Act out of Committee, and support its passage in the House of Representatives.
- Thank you for the opportunity to speak with you today, and I look forward to addressing any questions or concerns you may have.