

Statement for the Record – Rep. Ann McLane Kuster
House Energy & Commerce Subcommittee on Health
“Combating the Opioid Crisis: Prevention and Public Health Solutions
March 21, 2018

Chairman Burgess, Ranking Member Green, and distinguished Members of the Energy & Commerce Subcommittee on Health, thank you for allowing me the opportunity to testify today.

As the founder and Democratic co-chair of the *Bipartisan Heroin Task Force* (Task Force), I would like to extend my gratitude to this Committee for considering so many important pieces of legislation today. As you all know, the nation’s opioid and heroin epidemic has devastated the lives, families, and communities of so many Americans. It is not a scourge that discriminates, nor does it show mercy. With the help of Congressmen Tom MacArthur, Donald Norcross, and Brian Fitzpatrick, our Task Force has worked tirelessly to heighten awareness of this epidemic for both the public and Members of Congress since its founding in 2015.

I am also pleased that Members of this Committee are considering a number of bills featured in the Task Force’s *Legislative Agenda for the 115th Congress*. These bills are important pieces of legislation that will increase the efficacy of treatment and improve our understanding of the crisis.

HR 5009, Jessie’s Law, led by Congressman Tim Walberg and Congresswoman Debbie Dingell would allow for important patient information to be securely provided to treatment providers to improve efficacy of substance use treatment by increasing a provider’s understanding of a patient’s physical and mental health history. I applaud the Committee for working with my colleagues to improve this bipartisan piece of legislation.

HR 449, the Synthetic Drug Awareness Act, led by Congressman Hakeem Jeffries would require the Surgeon General to conduct a study on the use of synthetic drugs by our teenagers. As we have learned, substance misuse is often started in one’s youth. Understanding the pattern of drug use during adolescents could improve our ability to not only combat the opioid epidemic but predict future, deadly drug epidemics.

HR 3692, the Addiction Treatment Access Improvement Act, led by Congressmen Paul Tonko and Ben Ray Lujan would expand access to medication-assisted treatment (MAT) by allowing nurses and other non-physician providers to prescribe buprenorphine, an effective medication for opioid treatment. The bill would also increase the treatment cap permanently to 275 patients. Increasing access to treatment remains a challenge and this bill would provide the framework for ensuring effective medication is available.

I am also cosponsor of HR 4686, the Ensuring Access to Quality Sober Living Act, led by Congresswoman Judy Chu. This bill would improve recovery housing by requiring SAMHSA to develop best practices. Recovery housing offers a supportive recovery environment that can help people maintain their treatment outside of a standard treatment facility. It is imperative that we find innovative techniques to sustain one’s recovery since the chances of relapse are so high.

Lastly, I would like to speak on behalf of my draft bill to improve fentanyl surveillance and testing. As information released in December 2017 by the Centers for Disease Control and Prevention (CDC) clearly shows, the opioid epidemic is getting worse. Overdose deaths are now being driven primarily by the use of fentanyl and synthetic opioid use. There are indications that overdose mortality and the prevalence of opioid use disorder is currently *underreported*. More robust surveillance is necessary to better direct resources and save lives. My bill would address these issues in three ways.

My bill would provide funding to public health laboratories to improve the capacity for state and local authorities to address and respond to the crisis. These laboratories assist public health officials in understanding the progression within our communities of disease or health crises; the opioid epidemic should be treated like other serious crises, such as the HIV/AIDS epidemic. The bill would also require these laboratories to share their information with other public health labs to improve the quality of information and, hopefully, act as an “early warning” system for future drug crises.

The bill would also fund the expansion of the CDC’s Enhanced State Opioid Overdose Surveillance (ESOOS) program. Currently, CDC has expanded the program to 32 states and Washington, DC. Unfortunately, it needs additional funding to fully expand to include the whole nation. The bill would also require CDC to incorporate early warning data from the National Institute of Drug Abuse, state and local public health officials, and public health laboratories.

Lastly, the bill would authorize a pilot program to examine the efficacy of fentanyl testing technology. It would provide grants to up to five state or local public health departments to create drug checking stations. These stations would utilize existing technology to allow users to test drugs for fentanyl. A recent study published would provide an important moment for intervention; a recent study conducted by Brown and Johns Hopkins Universities indicated that nearly three-fourths of drug users would change their behavior if they knew the drugs they purchased contained fentanyl. Additionally, these drug checking stations would improve fentanyl surveillance by understanding the movement of illicit drugs within hard-hit communities. Not only does this promise to save lives, but it also provides another source of valuable information on the nature and progression of this public health emergency.

I urge my colleagues to support these bills considered before the Committee. These are important policies that can have a real and immediate impact on addressing the opioid and heroin epidemic. I know the Committee will continue its hard work to address the crisis. Thank you.