

Chairman Michael C. Burgess, M.D.
Opening Statement
Energy and Commerce Subcommittee on Health
“Combating the Opioid Crisis: Prevention and Public
Health Solutions”
March 21, 2018

This morning, we convene for our second of three hearings to consider legislation addressing the opioid epidemic. While our efforts in the Comprehensive Addiction and Recovery Act and 21st Century Cures have been impactful, there is much more that Congress can do to tackle this crisis. As to Cures, I would like to point out a recent story which reported that most of the money approved by Congress remains untouched, mostly at the Substance Abuse and Mental Health Services Administration. If true, this should trouble all of us here because in communities across America, individuals and families are suffering from addiction, overdose, and loss of loved ones.

This epidemic is in our hospitals, in our living rooms, and on our streets. Our partners at federal agencies must rise up to the challenge and deliver these vital resources for the states and communities most hurt by this crisis.

This hearing, which will be split between today and tomorrow, focuses on the prevention and public health aspects of the crisis, particularly addressing the role that the Food and Drug Administration, and other segments of the Department of Health and Human Services, including the Substance Abuse and Mental Health Services Administration, can play, and how Congress can enable these agencies to better do its job.

Today's hearing is the result of the Member Day the Health Subcommittee held last October, where over 50 bipartisan Members of Congress – both on and off the Energy and Commerce Committee – shared their personal stories on how the opioid epidemic has devastated their communities. I commend

these members, their staffs, and our committee staffs for developing many of the policies under consideration today.

Twenty-five. This is the total number of bills being reviewed. They range from amending laws relating to confidentiality of substance use disorder patient data, to establishing comprehensive opioid recovery centers, to streamlining and enhancing the tools for FDA to intercept illegal products in international mail facilities. While I wish I could describe each bill in detail, that task itself may take the full two days we have slotted for this hearing.

The opioid epidemic requires a multi-pronged, comprehensive approach involving almost all facets of our society. For example, Rep. Latta's bill, the INFO Act, embodies an all-encompassing approach by directing the Department of Health and Human Services to create a public and easily accessible electronic dashboard linking to all nationwide efforts and strategies to combat the crisis.

An all-hands-on approach also means we should help interested stakeholders, such as biopharmaceutical manufacturers, make the necessary investments in novel treatments for the market. A bill I am sponsoring will require the Food and Drug Administration to provide more clarity through a guidance on how these stakeholders can utilize the accelerated approval and breakthrough therapy programs to expedite the availability of innovative therapies for pain and addiction.

I am sure that many members of Congress, especially those who sit on this Subcommittee, have heard from physicians and pharmacists in their district about the inefficiencies of state-run prescription drug monitoring programs, or PDMPs. Rep. Griffith's bill would realign PDMPs under the Centers for Disease Control and Prevention to coordinate efforts that will improve data collection and integration into physician workflow. Passage of this bill would allow physicians to make better informed decisions, leading to more effective treatment for their patients.

When opioids go unused, they frequently sit in people's medicine cabinets instead of being properly disposed, increasing the likelihood of diversion. Rep. Hudson's bill fights this problem from the packaging and disposal angle. His bill would direct the Food and Drug Administration to work with manufacturers to establish programs for efficient return or destruction of unused Schedule II drugs, with an emphasis on opioids.

Many of us have seen the Center for Disease Control and Prevention's most recent report on emergency department admissions due to opioid overdoses where there was a thirty percent increase from July 2016 through September 2017. Two bills up for consideration today aim to reverse this trend. A bill introduced by Rep. Pascrell would establish a demonstration program to test alternative pain management protocols to limit the use of opioids in hospital emergency departments. Another

bill, introduced by Rep. McKinley, would assist hospitals in developing protocols on discharging patients after they overdose.

Clearly, we have our work cut out for us over the next two days as we examine the policies within these bills. But, it will be a worthwhile exercise that will produce a well-thought-out and well-vetted package of legislation to aid our public health workforce in overcoming this public health crisis.

I again want to welcome our witnesses and thank you for being here. I look forward to your testimony.