

ONE HUNDRED FIFTEENTH CONGRESS
Congress of the United States
House of Representatives
COMMITTEE ON ENERGY AND COMMERCE
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WASHINGTON, DC 20515-6115
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April 20, 2018

Mr. Ryan Hampton
Recovery Advocate
Facing Addiction
177 East Colorado Boulevard; Suite 200
Pasadena, CA 91105

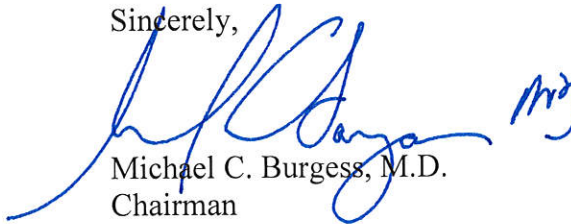
Dear Mr. Hampton:

Thank you for appearing before the Subcommittee on Health on March 21, 2018, to testify at the hearing entitled "Combatting the Opioid Crisis: Prevention and Public Health Solutions."

Pursuant to the Rules of the Committee on Energy and Commerce, the hearing record remains open for ten business days to permit Members to submit additional questions for the record, which are attached. To facilitate the printing of the hearing record, please respond to these questions with a transmittal letter by the close of business on May 4, 2018. Your responses should be mailed to Zack Dareshori, Legislative Clerk, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, DC 20515 and e-mailed in Word format to zack.dareshori@mail.house.gov.

Thank you again for your time and effort preparing and delivering testimony before the Subcommittee.

Sincerely,



Michael C. Burgess, M.D.
Chairman
Subcommittee on Health

cc: The Honorable Gene Green, Ranking Member, Subcommittee on Health

Attachment

Attachment — Additional Questions for the Record

The Honorable Gus M. Bilirakis

1. Thank you for joining us today and sharing your experience. The opioid crisis is not bound by socio-economic status, state lines, ethnicity, sex, or age –even our seniors are not immune to this public health emergency as they are highly impacted by acute and chronic pain. It’s critical we hear from all stakeholders affected – especially those in opioid recovery.
 - Can you describe for us the importance of sober housing to someone in recovery – why is it necessary?

2. Patient brokering continues to be an issue in Florida. Upon learning that various mental health and substance abuse facilities were making payments to individuals for the referral of patients identified in Alcoholics Anonymous meetings, homeless shelters, and other similar environments, Florida’s legislature passed The Patient Brokering Act to prevent it by making the perverse practice a third-degree felony punishable by up to 5 years in prison. However, monitoring and enforcement continue to challenge my state.
 - That said, what are patients currently doing to protect themselves from being taken advantage of by these bad actors?
 - Knowing full-well that patient brokering is occurring, why hasn’t the recovery industry created a national standard or distributed best practices?