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House Committee on Education and Labor
Subcommittee on Health
(The Honorable Anna G. Eshoo, Chairwoman)

“Combating an Epidemic: Legislation to Help Patients with Substance Use Disorders”

Testimony Submitted for the Hearing Record

Madame Chairwoman and members of the Subcommittee, it is an honor to present this written statement for today’s important hearing.

SMART Recovery is a 25-year-old global community of well over 3,000 mutual support groups, more than 2,000 in the United States alone. Our mission is to help individuals overcome any addiction and support the families and friends caring for loved ones with addictions. We are a nonprofit 501(c)(3) organization composed almost entirely of volunteers. SMART, which stands for Self-Management and Recovery Training, provides this help at free weekly meetings. We use a self-empowering, evidence-based program based on principles and practices from the cognitive and motivational therapies most widely used in treatment. We are helping the fast-growing number of people with opioid use disorder; SMART Recovery meetings provide stigma-free support to those undergoing Medication-assisted treatment. Due to our scientific orientation, SMART has always

accepted the use of medications prescribed to treat mental health conditions and to support addiction recovery.

The addiction crisis and particularly the opioid epidemic, even with billions of dollars in appropriations and passage of well-intentioned authorizing legislation, are years away from being resolved. In 2018, drug overdoses took more than 68,000 lives, the vast majority of them from opioids.

The many causes of the addiction crisis (including the opioid epidemic) have created for the foreseeable future a grisly new normal in the many people who need help, including the more than 20 million Americans suffering from substance use disorders and the much larger number of family members and friends who care for them.

We witness this suffering firsthand at SMART Recovery meetings. It is disheartening, overwhelming, and unconscionable. In the addiction epidemic, we are not facing a healthcare crisis that lacks proven solutions. Serving on the Board of SMART Recovery International, I see that only the United States has an opioid crisis of this magnitude. Many other countries have prevented or ended such epidemics through the widespread use of medications such as methadone and buprenorphine that protect people from fatal overdoses while they recover with the help of psychosocial therapy and mutual support groups.

Addiction is not Stage 4 cancer, advanced heart disease, or kidney failure, the severe illnesses that took my wife. We know how to treat addictions with many medications and therapies, and most people are successful in recovery with such treatment. The problems in this country are in the shortage of treatment and in many areas ignorant resistance to the use of life-saving medications. The Federal government must take action to expand significantly access to affordable treatment

across America and ensure that providers use proven measures. The funding levels are well below what is needed. We are not giving nearly enough attention to ensure that everyone in need receives the best care, including ready access to needed medications, high-quality behavioral healthcare, and ongoing peer support and mutual aid meetings *that expressly endorse* (rather than work at cross-purposes with) Medication-assisted treatment and behavioral health therapies.

This Subcommittee has been among the leaders in the fight to address this public health crisis. The programs already in law, pursuant to the Comprehensive Addiction and Recovery Act, the SUPPORT Act and other legislation, have been important. However, we urge Congress to take more aggressive action. The bills on the agenda for today's hearing are examples of what can be enacted. We want to call your attention to (and recommend) the following:

H.R. 2482 (the Mainstreaming Addiction Treatment Act of 2019) and H.R. 4974 (the Medication Access and Training Expansion Act of 2019), which must be enacted in tandem to make life-saving Medication-assisted treatment widely available;

H.R. 1329 (the Medicaid Reentry Act);

H.R. 4141 (the Humane Correctional Health Care Act);

H.R. 3414 (the Opioid Workforce Act of 2019);

H.R. 2922 (the RESPOND Now Act); H.R. 2466 (the State Opioid Response Grant Authorization Act), revised to reflect higher levels of funding; and the provisions to address the opioid epidemic that were added to H.R. 3 before passage by the House last year.

Moreover, we respectfully recommend that any funds provided via block grants be expressly tied to requirements that grantees use best practices and evidence-based approaches for prevention and treatment.

Dr. Elinore McCance-Katz, Assistant Secretary of the Department of Health and Human Services for Mental Health and Substance Use, and SAMHSA administrator, who also served in the second term of the Obama administration, made the following statement in the Foreword to *Facing Addiction in America: The Surgeon General's Spotlight on Opioids* (2018): “Medication-assisted treatment combined with psychosocial therapies and community-based recovery support is the gold standard for treating opioid addiction.” This is the treatment protocol for opioid use disorder worldwide.

SMART Recovery is the largest community-based recovery support program that expressly and affirmatively supports Medication-assisted treatment (MAT) and behavioral healthcare. Better known support programs have not expressed support, and people undergoing such treatment cannot find the help they need at many meetings.

When the bills listed in this statement are next visited, hopefully in mark-up sessions in this Subcommittee or the full House Committee on Energy and Commerce, we respectfully recommend that language be added wherever appropriate to require that units of state and local government receiving Federal funds:

- 1) make Medication-assisted treatment widely available,
- 2) make behavioral health care widely available; and

3) ensure that provision is made for evidence-based, self-empowering, mutual aid recovery support meetings that expressly support Medication-assisted treatment.

The only peer support available in numerous communities is meetings whose attendees are told that MAT is “a poor choice,” that prescribers are misguided, and that people on MAT cannot participate and must stop taking these medications to become “clean” - advice that, if followed, could kill them if they relapse. That means that the critical third component of Dr. McCance-Katz’s gold standard of care is not available in a form that works with the best medical and therapeutic protocols. The failure to provide this component increases the risk of relapse and overdose, which results in still higher-cost care. The budgetary outlays required to address the opioid crisis would be even higher if grant recipients were not required to ensure the availability of peer support meetings that work synergistically with Medication-assisted treatment and behavioral health therapies.

As you know, under present grant programs, grant recipients can use some of their funds to foster the development of such meetings. Thus far, only the State of Connecticut has done so, with a \$200,000 increment of one grant under the State Targeted Response to the Opioid Crisis program; however, there is no requirement that grant recipients do so. And without this requirement, legislation enacted in the future would be less successful in attacking the opioid epidemic than it would otherwise be. *It is crucial that all three elements of the gold standard: Medication-assisted treatment, psychosocial therapies, and community support, not only all be readily available to those who suffer from opioid use disorder but that they all work together to help the patient. Too much is at stake for that not to be the case.*

Thank you again for the opportunity to submit this testimony. At SMART Recovery, we stand ready to help you address this crisis in every way we can.