

Opening Statement of Republican Leader Greg Walden
Subcommittee on Health
“Combating an Epidemic: Legislation to Help Patients with Substance Use Disorders”
March 3, 2020

As Prepared for Delivery

The United States remains in the midst of an opioid crisis that is a national emergency. Under my leadership in the last Congress, the Energy & Commerce Committee took the lead in addressing this crisis head on. We took input from Members on both sides of the aisle, from both on and off the committee, at our Member Day before this subcommittee. We then held numerous bipartisan hearings, briefings, and roundtables with experts, stakeholders, law enforcement, individuals in recovery, and family members of opioid abuse victims in order to build off the prior work of both the Comprehensive Addiction and Recovery Act and the 21st Century Cures Act in the previous Congress. Our efforts culminated into one of the most significant congressional efforts against a single drug crisis in history: the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment, or SUPPORT for Patients and Communities Act, which was signed into law by President Trump on October 24, 2018.

Yet, we made clear that the SUPPORT Act would not our last effort to address this crisis. Careful and thorough evaluation of the law’s implementation is necessary even as we continue to explore additional

needs for new legislation. I know that our side will have questions about the SUPPORT Act's implementation. We want to be sure deadlines are being met, and Congress' intent is being fulfilled by the Administration. I hope that today's testimony will allow us all to learn more about the federal government's shared efforts and to drill deeper to learn what's working and what's not working.

However, I'm disappointed at the rushed nature of today's hearing, and that the majority has seemingly combined a SUPPORT Act implementation hearing with a legislative hearing. While both are necessary, this feels more like an exercise to "check the box" instead of a meaningful discussion of next steps.

On the legislative front, I am pleased that we are reviewing H.R. 2281, the Easy MAT for Opioid Addiction Act, along with H.R. 3878, the Block, Report, And Suspend Suspicious Shipments Act, H.R. 4812, the Ensuring Compliance Against Opioid Diversion Act, and H.R. 4814, the Suspicious Order Identification Act.

These bills address policy issues that were identified in the committee's 2018 report summarizing the committee's bipartisan investigation into the distribution of prescription opioids by wholesale

drug distributors, and enforcement practices by the Drug Enforcement Administration (DEA).

However, I am disappointed that H.R. 2062, the Overdose Prevention and Patient Safety Act, a bipartisan bill that would make meaningful changes to 42 CFR Part 2, was not included in today's hearing. This bill passed the House in the last Congress 357-57 and has been identified numerous times as a potential game-changer in addressing the crisis.

Also worth noting is the absence of H.R. 4963, the Stop the Importation and Manufacturing of Synthetic Analogues (SIMSA) Act, bipartisan legislation introduced today by Reps. John Katko (R-NY) and Kathleen Rice (D-NY) to combat illicit fentanyl. Fentanyl and other synthetic drugs are devastating our communities at a rapid pace and SIMSA would provide law enforcement with the tools they need to stop these deadly drugs from entering our country, without compromising important public health and research protections.

These bills and others today represent additional bipartisan steps Congress could take—right now—to continue to combat this crisis.

Some of the bills included in today's hearing are problematic for our side. Two bills, H.R. 2922 and H.R. 2482, make significant changes to the waiver requirements for the administration of medication-assisted treatment, or MAT. These initiatives are extremely costly and premature, given we just made changes to the waiver process as part of the SUPPORT Act. The SUPPORT Act also commissioned a report to assess the care provided by qualifying practitioners who are providing MAT to high numbers of patients. We need to see the data and recommendations of that report to make the appropriate next steps in this area.

Finally, H.R. 4141 would repeal the Medicaid Inmate Exclusion in its entirety. This bill is a non-starter. Instead, we have H.R. 1329, a bill that would allow Medicaid coverage 30 days before leaving the Jail or Prison. This "warm hand-off" approach is something I think merits further consideration and I am happy it is included here today.

One additional item we could explore having the Medicaid Inmate Exclusion not apply until a person is convicted of a crime. [About 60 percent](#) of people in jail have not been convicted. This approach could alleviate the burden jails face of providing care for people who are still considered innocent. That, in conjunction with Mr. Tonko's 30 day prior to release, seems like an area ripe for bipartisanship.

We have a lot of ground to cover today and it is my hope that we can work with the majority to address our concerns so that we have bipartisan consensus before any markup. To our witnesses today, I thank you for providing your feedback as we need your help to continue to address this critical issue.