

The Honorable French Hill
House Committee on Energy and Commerce
Subcommittee on Health

Written Remarks for Subcommittee Hearing on “The Overdose Crisis: Interagency Proposal to Combat Illicit Fentanyl-Related Substances”

Date: Thursday, December 2, 2021

Chairwoman Eshoo, Ranking Member Guthrie and Members of the Committee, thank you for convening this important Subcommittee Hearing on “The Overdose Crisis: Interagency Proposal to Combat Illicit Fentanyl-Related Substances.”

I was first elected in 2014 and I am pleased to serve my fourth term in Congress. Since being elected, I have worked to tackle the opioid and overdose crisis that is being fueled by illicit fentanyl-related substances. In 2019, I co-led H.R. 2483, the Fentanyl Sanctions Act, which addresses fentanyl use and the rising accidental overdose deaths due to fentanyl. That legislation became law through its inclusion in the National Defense Authorization Act. This Congress, I was determined to once again prioritize addressing the opioid crisis that is being made worse by illicit fentanyl-related substances.

This Congress, I am proud to have introduced bipartisan legislation with Rep. Debbie Dingell to address the opioid and overdose crisis. Our bipartisan proposal, H.R. 5224, the Preventing Overdoses and Saving Lives Act, works to increase people’s access to opioid overdose reversal drugs through co-prescribing. I was inspired to draft this bill by the good work of Kirk Lane, the Arkansas Drug Director, and the good work of the Arkansas General Assembly. Specifically, my bipartisan bill provides grant funding for states and localities to create a strategic plan and response to the opioid crisis, conduct research, and co-prescribe opioid overdose reversal drugs. Co-prescribing is when a doctor prescribes an opioid and that doctor also prescribes an opioid overdose reversal drug, like naloxone, with that opioid. It is widely agreed upon that increasing access to opioid overdose reversal drugs, like naloxone, may save lives and combat the opioid crisis.

Increasing access to opioid overdose reversal drugs, like naloxone, can save lives. The American Medical Association stated in 2015 that they encourage physicians to co-prescribe naloxone to patients at-risk who are taking opioid analgesics. Many states are working to increase access to naloxone through co-prescribing laws. States with co-prescribing laws include Arkansas, Washington, Arizona, New Mexico, Florida, South Carolina, Ohio, Virginia, New Jersey, Rhode Island, and Vermont. Some states are also implementing Emergency Discharge protocols for overdose victims that include the co-prescribing of naloxone. Washington and Virginia have Emergency Discharge protocol laws, Illinois and New York have proposed laws.

My legislation that provides funding to support states in addressing the opioid crisis and co-prescribe opioid overdose reversal drugs is not a novel idea. My proposal follows the Food and Drug Administration (FDA) and Centers for Disease Control and Prevention (CDC) recommendations for when to co-prescribe opioid overdose reversal drugs, like naloxone. Those

FDA recommendations include providing naloxone to patients who are prescribed opioid pain relievers, patients who are prescribed medicine to treat Opioid Use Disorder, and patients at an increased risk of an opioid overdose. The CDC recommends offering naloxone when factors that increase the risk of an opioid overdose are present. Those factors include a history of Substance Use Disorder (SUD), higher opioid dosages (≥ 50 MME/day), or concurrent benzodiazepine use being present. My proposal takes these recommendations into account to prevent opioid overdoses and increase people's access to opioid overdose reversal drugs, like naloxone.

As the Committee continues to discuss the opioid and overdose crisis that is only worsened by illicit fentanyl-related substances, I invite all committee members to work on creating meaningful holistic legislation that includes co-prescribing and increasing access to opioid overdose reversal drugs, like naloxone.

I would like to thank the Committee for holding this important hearing and look forward to working with Committee Members to advance these important initiatives.