



United States House of Representatives
Health Subcommittee, Energy & Commerce Committee

Written Statement for Field Hearing: "Addressing The Opioid
Crisis: Examining The SUPPORT Act Five Years Later"

Friday, June 9, 2023

Emily Keller, Special Secretary of Opioid Response
Opioid Operational Command Center
Office of the Governor
State of Maryland

Introduction

Chairman Guthrie, Ranking Member Eshoo, and Honorable Members of the Subcommittee:

Thank you for the opportunity to participate in today's hearing.

My name is Emily Keller, and I am Maryland's Special Secretary of Opioid Response. In this role, I oversee the Opioid Operational Command Center, which is the primary interagency coordinating office for our state's response to the overdose crisis. We work with all state and local government agencies engaged in overdose crisis response efforts to promote coordination, collaboration, and the sharing of best practices for preventing overdose.

I come to this work with six years of experience as a policymaker at the local level, first as a member of the City Council of Hagerstown, Maryland, from 2016 to 2020, and then as Mayor of Hagerstown from 2020 to February of this year. I also come before you today as someone who has been directly affected by the overdose crisis. My life in public service began after seeing my close personal friend, Ashley, struggle with opioid use disorder (OUD) for many years as she failed to access the care that she needed. After she lost her battle with her disease, I dedicated my life's work to doing everything that I could to promote access to care for others like her.

My story, tragically, is not unique. So many Americans have experienced this same loss as overdose rates in our country have increased dramatically over the last decade. About seven people a day lose their lives to overdose in Maryland alone¹ – overdoses that can be prevented with adequate access to care. I have seen firsthand the toll that this crisis has had on my community and across our state. Efforts such as the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act of 2018 have increased our ability in Maryland to respond to this crisis by expanding support for treatment and recovery services by increasing access to medically assisted treatment, telehealth opportunities, and advancing public health screening and prevention. Even with these improvements, Congress can do more to address the significant barriers to care remaining for individuals with substance use disorders.

Individuals across Maryland and the country, in both urban and rural areas alike, continue to struggle to access care. Speaking from my experience as Maryland's Special Secretary of Opioid Response, I have seen how the lack of access to transportation can deter someone who might have otherwise sought help. When I have toured rehabilitation facilities across the state, one of the primary issues the patients speak to me about is transportation to and from treatment, medical appointments, and employment. In addition, I have seen incarcerated individuals struggle due to lack of access to care coordination upon their release.

Federal support has been and continues to be essential in our efforts to reduce overdose deaths in our state and across the country. The SUPPORT Act has increased our ability to promote access to care, and, over the last year, the Biden-Harris administration took unprecedented steps to expand access to naloxone and other harm reduction interventions, such as permitting the use of \$50 million for local public health departments to purchase naloxone, releasing guidance to make it easier for programs to obtain and distribute naloxone to at-risk populations, and prioritizing the review of over-the-counter naloxone applications. The Biden-Harris administration also worked with Congress to remove barriers

¹ <https://beforeitstoolate.maryland.gov/dashboard/>.

that prevented medical professionals from prescribing treatment for OUD and to pursue rulemaking to make permanent the COVID-19-era flexibilities that allowed for telehealth prescribing of buprenorphine and take-home methadone doses. Continued federal support can increase our ability to expand access to care for those seeking substance use treatment and recovery services.

Access to Evidence-Based Care

In 2021, more than 107,000 people lost their lives due to a fatal drug overdose in the United States, an increase of nearly 15 percent from the prior year. Opioids were involved in 75 percent of all drug overdose deaths.² In 2020, Maryland ranked sixth-highest in the nation for drug overdose death rates.³ While we have several evidence-based treatments for OUD, Americans face too many barriers to accessing these life-saving resources.

For those living in rural communities, access to care can be particularly challenging. Allegany County, Maryland, for example, does not have a single opioid treatment program (OTP) within county lines. This means people seeking evidence-based treatment for OUD may need to travel dozens of miles to receive the highest standard of care or treatment with one of the three FDA-approved medications for opioid use disorder (MOUD). For those without a car that are living in communities that lack public transportation, this barrier can be insurmountable.

In Maryland, telemedicine services have been critical in bridging this gap and addressing the great need across our state. For example, the Access Telehealth program, administered through the Center for Harm Reduction Services of the Maryland Department of Health, in collaboration with a team from the Johns Hopkins University Bloomberg School of Public Health, provides buprenorphine and hepatitis C virus services through telemedicine in several rural counties. Similarly, the Eastern Shore Mobile Care Collaborative (ESMCC) provides mobile addiction treatment services for people in rural communities on Maryland's Eastern Shore. The ability to utilize telehealth to prescribe MOUD is critical to help reduce overdose deaths, especially in communities like my own. Currently, there is no evidence that suggests that increased access to telehealth services for buprenorphine increased overdoses nor that increased access to methadone increased diversion.^{4,5} In fact, recent evidence suggests that increased access to buprenorphine through telemedicine was associated with reduced risk for overdose.⁶

Support for Individuals in Carceral Settings

One in five incarcerated individuals are currently serving a sentence related to a drug offense.⁷ Beyond that, studies have shown that overdose is the leading cause of death for people leaving prison.⁸ Drug

² <https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates>

³ https://www.cdc.gov/nchs/pressroom/sosmap/drug_poisoning_mortality/drug_poisoning.htm

⁴ <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2800689>

⁵ [https://www.jsatjournal.com/article/S0740-5472\(21\)00002-7/fulltext](https://www.jsatjournal.com/article/S0740-5472(21)00002-7/fulltext)

⁶ <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2802946>

⁷ <https://www.prisonpolicy.org/reports/pie2023.html>

⁸ <https://perma.cc/L49X-7MZ7>

overdoses are also the third-leading and fastest-growing cause of deaths that occur in US jails.^{9,10} The paradox of our current system is that people with substance use disorders often cannot access evidence-based treatment, such as MOUD, while incarcerated.

Maryland has taken steps to try to lessen the risk of overdose for people who are incarcerated by passing the Opioid Use Disorder Examinations and Treatment Act in 2019, which requires an array of substance use disorder services be available in jails, including all three forms of MOUD and re-entry coordination. A study analyzing overdose rates in people leaving incarceration in Rhode Island who received MOUD during their incarceration saw only 12 deaths out of 1,600 people within the year of release.¹¹ To be sure, one death is too many, but services such as MOUD in carceral settings undoubtedly save lives.

While medical services are available in carceral settings, SUD services are rare. Substance use disorder is a medical condition and deserves to be treated as such. I have watched individuals leaving incarceration fail to access the care they needed in our community, and I know this happens across the country. In April of this year, the US Department of Health and Human Services (HHS) issued guidance encouraging states to apply for a Medicaid Section 1115 waiver, which allows states to use Medicaid for medical services, including SUD services, for people otherwise eligible 90 days pre-release. We applaud Congress and HHS for making this opportunity available to states. I am excited to share that Maryland is using this guidance to prepare an 1115 waiver application.

Additional Needs

In Maryland, Governor Wes Moore has made it clear that he is approaching the overdose crisis as a public health crisis. He is embracing evidenced-based solutions such as harm reduction, which can be used as a model nationally. Harm reduction is a set of practices that aim to reduce the severe health impacts associated with substance use. Meeting people where they are is especially important, because all people, despite their circumstances, deserve to be treated with dignity and respect.

Distribution of the overdose-reversing medication, naloxone, is one of the many services provided by harm reduction organizations. Naloxone is the most-effective tool that we have to reverse an opioid overdose and to save lives. We applaud the FDA and Biden administration for recently approving the brand name naloxone, Narcan[®], for over-the-counter status, and we must continue working to promote access to the life-saving medication for all those who need it. Ensuring that every person, school, and business has naloxone available is an effective way to help fight the overdose crisis. The only thing naloxone enables is breathing, and having this life-saving medication available is key. Fentanyl is currently the primary driver of overdose mortality across the country, and its potency – 50 times stronger than heroin and 100 times stronger than morphine – reduces the window for intervention, highlighting the importance of this approach to accessing naloxone.

Harm reduction programs promote linkages to care, reduce stigma, and build community for people who use drugs and their families. Individuals who participate in harm reduction programs are five times

⁹ <https://perma.cc/W8GC-A9N8>

¹⁰ <https://bjs.ojp.gov/content/pub/pdf/mlj0019st.pdf>

¹¹ <https://www.sciencedirect.com/science/article/pii/S2667193X22002368?via%3Dihub>

more likely to enter treatment, which is significantly higher than the one in ten individuals who enter treatment outside of a harm reduction program.¹²

In addition to providing support services and connections to treatment and other resources, harm reduction also includes syringe services programs (SSPs), which are effective in reducing the spread of infectious diseases within communities such as HIV and hepatitis C. Syringe services not only improve the health of the individual involved with the service but enhance public health in general.

As we continue to have these conversations and enact policies to help combat the overdose crisis, including people who use drugs in the conversation is essential. Taking a “nothing about us, without us” approach is key. We want to make sure that people who use drugs have a real voice when it comes to the creation of policies and programs that are created to help or affect them.

This approach should also be extended to loved ones of people with substance use disorder. Watching someone struggling with a substance use disorder is painful. It can be difficult to know how best to support the people we care about, and feelings of shame and helplessness make it hard to know where it is safe to turn for our own support. There is a tremendous unmet need for support services for the family members and other loved ones of individuals with substance use disorder. This is equally true for individuals who have lost loved ones to overdose. When someone dies of an overdose, they leave behind a hole in the lives of their family and friends. This loss is immense and painful, and it is also hard for many of those left behind to talk about and process. More needs to be done to help people access evidence-based resources to process their pain.

Conclusion

The SUPPORT Act was groundbreaking in that it was the first piece of federal legislation to truly address the overdose crisis foremost as a public health issue. This approach is critical to addressing the actual and immediate needs of people who use drugs and people with substance use disorders.

In my experience as both a state and local official, I have been deeply grateful for the support the federal government has provided in addressing overdose morbidity and mortality, and federal support will remain essential as we work to expand robust systems of care and access to treatment and recovery services across the country.

Governor Moore has vowed to lead with love, and that starts by saving lives. Our priorities include addressing the needs of the individuals at the most risk of overdose, taking a public health approach to substance-use solutions, and leading on evidence-based practices. It also means removing as many barriers to care as possible so that individuals can access treatment and recovery services at the critical times when they decide they are ready to seek help.

As the overdose crisis continues to evolve, as the number of stimulant-related overdoses increases or as new drug trends emerge (e.g., xylazine mixed with opioids), we need to remain nimble in our response efforts and ensure that policy meets the actual needs of individuals with substance use disorders.

¹² <https://www.cdc.gov/ssp/syringe-services-programs-factsheet.html>

Thank you again for the opportunity to address the subcommittee today, for your dedication to addressing this issue, and for the hard work that you do on behalf of the American people.