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COMBATING EXISTING AND EMERGING ILLICIT DRUG THREATS

THURSDAY; February 6, 2025

House of Representatives,

Subcommittee on Health,

Committee on Energy and Commerce,

Washington, D.C.

The subcommittee met, pursuant to call, at 10:00 a.m., in Room 2123, Rayburn House Office Building, Hon. Earl L. Carter [chairman of the subcommittee] presiding.

Present: Representatives Carter of Georgia, Dunn, Griffith, Bilirakis, Crenshaw, Joyce, Balderson, Harshbarger, Miller-Meeks, Cammack, Obernolte, James, Bentz, Langworthy, Kean, Rulli, Guthrie (ex officio), DeGette, Ruiz, Dingell, Kelly, Barragan, Schrier, Trahan, Veasey, Fletcher, Ocasio-Cortez, Auchincloss, Carter of Louisiana, and Landsman.

Also Present: Representatives Latta, Tonko and McClellan

Staff Present: Ansley Boylan, Director of Operations; Jessica Donlon, General Counsel; Kristin Fritsch, Professional Staff Member, Health; Sydney Greene, Director, Finance and Logistics; Jay Gulshen, Chief Counsel, Health; Calvin Huggins, Clerk; Megan Jackson, Staff Director; Sophie Khanahmadi, Deputy Staff Director; Chris Krepich, Senior

Communication Advisor; Brayden Lacefield, Special Assistant; Joel Miller, Chief Counsel; Emily Hale, Staff Assistant; Jackson Rudden, Staff Assistant; Chris Sarley, Member Services/Stakeholder Director; Emma Schultheis, Clerk, Health; Kaley Stidham, Press Assistant; Lydia Abma, Minority Policy Analyst; Sam Avila, Minority Health Fellow; Shana Beavin, Minority Professional Staff Member; Rasheedah Blackwood, Minority Intern; Keegan Cardman, Minority Staff Assistant; Tiffany Guarascio, Minority Staff Director; Una Lee, Minority Chief Counsel, Health; and Hannah Treger, Minority Intern.

Mr. Carter of Georgia. The subcommittee will come to order.

The chair recognizes himself for 5 minutes for an opening statement.

Ladies and gentlemen, thank you for being here today as we gavel in the first Energy and Commerce Subcommittee on Health hearing.

American families across the country continue to suffer from the failures of the Biden-Harris administration's disastrous 4 years and its inability to address one of the greatest public health threats of our lifetimes, the illicit drugs pouring over our borders. Under the previous administration, the United States experienced a historic rise of drug overdoses and poisonings driven by an increased supply of synthetic opioids such as illicit fentanyl and its analogs. Last fiscal year, Customs and Border Protection confiscated over 21,000 pounds of fentanyl at our borders. That is enough fentanyl to kill every American several times over, and that is just the drugs we know about.

Under the Biden-Harris administration we saw rates of overdose and poisoning deaths skyrocket, peaking at nearly 108,000 in 2023, driven by the surge of fentanyl coming across our borders. Illicit fentanyl overdoses are now the number one cause of death among adults 18 to 45. Each year, more Americans are dying from illicit fentanyl than the number of Americans' lives lost during the Vietnam war.

However, I believe we have a great opportunity to make significant and sustainable progress in combating this crisis. To do so we must continue to expand availability of overdose reversible treatments like naloxone, removing the stigma associated with curing it and making it as common as a fire extinguisher. Every school in America should have access to naloxone.

We must secure our borders to stop the scourge of illegal drugs, especially poisons

like illicit fentanyl. President Trump has already made progress to address the fentanyl crisis by forcing Mexico and Canada to come to the negotiating table. With President Trump's leadership, we must continue to crack down on China, Mexico, and anyone who smuggles fentanyl and other synthetic drugs across our borders with the sole intention of prying on Americans.

Additionally, this committee is already taking action to help keep illicit fentanyl out of our communities and save lives. Later today, the House will vote on a bill developed by this committee, the Halt All Legal Trafficking of Fentanyl Act, which will take the critical step of permanently scheduling all fentanyl-related substances as schedule I drugs under the Controlled Substances Act.

These tools and solutions address today's problem, but like the evolution of the opioid crisis from the overprescribing of OxyContin to today's scourge of synthetic opioids like fentanyl, we must prepare for what is next.

In this hearing we will hear from our witnesses not just on the illicit drugs threatening our communities today but potential new threats that if left unaddressed will be driving this crisis tomorrow. I look forward to that testimony and working alongside my colleagues on addressing these issues.

At this time I would like to yield 1 minute to the gentleman from Pennsylvania, Dr. Joyce, for a statement.

Mr. Joyce. Thank you, Chairman Carter, and thank you for holding this important hearing.

I want to take this opportunity to introduce Mr. Ray Cullen who is here with his wife Deb. They come from Pennsylvania's 13th Congressional District, and they tragically lost their son to fentanyl poisoning. Zach was out with friends, and they were sold drugs laced with fentanyl. And on that tragic night Zach stopped breathing.

The compelling story that they brought to me and have continued to advocate specifically for this HALT Fentanyl piece of legislation is not only important to them individually, them as a family, but is important to all of America. And I am proud that both Ray and Deb Cullen have brought this story to the halls of Congress to be able to share it with us today.

Thank you, Mr. Chairman. And I yield back.

Mr. Carter of Georgia. Thank you, Dr. Joyce.

I would now like to yield 1 minute to the gentleman from Michigan, Representative James, for his statement.

Mr. James. Thank you, Mr. Chairman.

Today I have the distinct honor and privilege of introducing a friend, outstanding servant in southeast Michigan, law enforcement hero, Pam's husband, and brother Rice, class of 1999 commencement speaker, Sheriff Mike Bouchard.

I am so proud that he is from my district. And as our Nation is facing an all-out assault on cartel and adversaries like CCP, the illicit drug epidemic is devastating our families and communities, and Sheriff Mike Bouchard and his team on the front lines. He knows firsthand what is going on in our communities, and he has been successful leading southeast Michigan. In May 2024, 500 grams of cocaine, 50 grams of fentanyl and OxyContin were seized. April 2024, \$20,000 in cocaine, fentanyl, and other drugs confiscated. March 2023, 41.5 kilos of fentanyl, enough to kill all 10.3 Michiganders were confiscated because of the leadership of Sheriff Mike Bouchard and his phenomenal team.

I am grateful to him for his leadership. I am grateful for his friendship, and I am excited to hear about his leadership and lessons learned today.

Mr. Chairman, with that, I yield.

Mr. Carter of Georgia. Thank you, Representative James.

The chair now recognizes the gentlelady from Colorado, Representative DeGette, for 5 minutes for an opening statement.

Ms. DeGette. Thank you so much, Mr. Chairman. I am very happy to be the ranking member on this committee, and I am looking forward to working with you and all of our colleagues on both sides of the aisle to advance strong bipartisan solutions to the issues we face. And I, of course, join you in saying we need to be safe from dangerous drugs like fentanyl. I do, regrettably, have to correct the record already, even though it is just my first opening statement.

Under the Biden administration, the Biden administration was also working hard to curb fentanyl, and that is why last year, the deaths from fentanyl were below 90,000, which was a decrease from 128,000 just the year before. So I hope we can continue this, but I think demagoguing on the Biden administration's success and saying that deaths were higher is inaccurate.

Something else I want to talk about is the developments that we have seen in the last couple of weeks under the new Trump administration. Donald Trump kicked off his term with actions that led to a day-long freeze of Medicaid funds for every one of our States. Last Monday, Denver Health, which is our safety net hospital that serves a regional area in the Rocky Mountains, called saying all of their Medicaid funds had been frozen and they couldn't provide medical services to thousands of people.

Now, in response to Donald Trump's executive orders then, CDC removed from its website the guidance that doctors rely on to treat patients every day and data researchers use to improve public health.

I got a call from my daughter. Some of you guys know my daughter, Raphaella. She is an internal medicine doctor at UCSF in San Francisco. She told me that they

couldn't get the CDC guidance on birth control or on vaccines, and as of 2 days ago, they still couldn't get the guidance on birth control. And, of course, there is no available guidance for healthcare for LGBTQ individuals anywhere.

Also, NIH grant-making for critical biomedical research is at a dead stop with no end in sight. I got calls from some researchers at Anschutz Medical Center which does important lifesaving research, and they were unable to access their grant dollars for some time last week. And now a 23-year-old SpaceX intern has been given access to systems containing sensitive information about Medicare and Medicaid.

So Mr. Chairman, I was just saying to you my constituents are terrified about what Elon Musk and his lawless DOGE are going to do with that access. I had over 500 phone calls in my office in the last 2 days, many of the individuals who were sobbing. So as Donald Trump ground NIH to a halt and disrupted funding for safety net healthcare, where is the outrage there the other side? I have only heard Democrats speaking up. Are all of you afraid of Donald Trump? Do you agree with this lawless assault on science?

The Constitution obliges the President to faithfully execute the laws that Congress creates, and Article I of the Constitution gives Congress that authority. So why aren't we exerting it? The Founders envisioned the checks and balances in our Constitution as necessary to curb abuses in the government. Quote, "Ambition must be made to counteract ambition." That is from James Madison. And the government must be obliged to control itself. We need to assert Congress' authority. It is shameful that Republicans have sat by while Congress, the first branch of government and the voice of the people, has been silenced in this diminished state and allowed the executive branch and somebody who is not even elected or appointed to office to ignore the law.

So let me assure you, our constituents are watching what is happening. They are

not happy. In the midst of this lawlessness, this dangerous agenda to take healthcare away there hardworking Americans is not going to go. We are going to fight with every fiber of our being to make sure that that happens.

So that is pretty much how I am feeling this morning. And I am going to tell you, if you try to cut \$2 trillion to Medicaid in order to pay for tax cuts for the wealthiest in this country, this is not going to fly. We need to have quality healthcare for every American. We need to have biomedical research that will find cures for the diseases that we all care about, and we need to continue to have adequate and full information so that everybody can get the quality healthcare that they need.

So I guess I look forward to working with you. It is going to be a long 2 years. I yield back.

Mr. Carter of Georgia. And with that, the lady yields back.

I now recognize the chairman of the full committee, Chairman Guthrie, for 5 minutes for an opening statement.

The Chair. Thank you, Chairman Carter, for bringing us together on this important hearing. And today we will hear from a diverse panel about existing and emerging drug threats that are infiltrating our communities. Thank you to all of the witnesses for joining us today to talk about this.

Unfortunately, most Americans have a family member, as we have before us today, a friend or a neighbor who has been impacted by illicit drugs. This could include anything from opioids such as heroin, illicit fentanyl, fentanyl-related substances, to stimulants such as cocaine and methamphetamine.

We have all heard heartbreaking stories, and we are going to hear today, which are truly heartbreaking, about the toll that illicit fentanyl and fentanyl-related substances are having on our communities, and the rate at which Americans are dying from fentanyl

poisoning is just staggering. In 2023 alone, the DEA seized over 390 million lethal doses of illicit fentanyl in the United States. That is more than enough to kill every American. We have learned that most of the illicit fentanyl trafficked into the United States is being produced by transnational criminal organizations in Mexico from chemicals sourced from China. It is then coming across our southern border in mass quantities and brought into our communities.

This is why we must work together to finally get the HALT Fentanyl Act signed into law. The HALT Fentanyl Act sponsored by our good friend, Rep. Griffith, is on the floor today, and I encourage all of colleagues on both sides of the aisle to vote for this. It is vitally important legislation.

On top of the increased presence of synthetic opioids, xylazine or tranq is continuing to emerge as a significant drug threat. Individuals who use xylazine may be at a higher risk from suffering from fatal drug poisonings because overdose reversal medications cannot reverse its effects. There has been bipartisan interest in making xylazine a schedule III-controlled substance, which will help DEA crack down on criminals who traffic the substance and hope to continue this momentum in Congress.

We hear from families every day, families who have lost a child, a brother or a sister, and they don't want anyone else to experience their pain. We owe it to them to do what we can do to prevent others from experiencing this loss. We should be working together to punish those who make and import and distribute these poisons and help those with substance use disorder find treatment and recovery.

I appreciate the witnesses for being here, and I will now yield the remainder of my time to my good friend from Florida, Vice Chairman Dunn.

Mr. Dunn. Thank you very much, Mr. Chair. I am grateful to be serving as the vice chair of this Health Subcommittee in this Congress, and as a doctor, I look forward to

contributing my expertise for more than 40 years of practicing medicine in the Army and in private practice to the success of the committee. I am excited especially to work with Chairman Carter, and all of my colleagues on the committee, to find solutions that make the United States the healthiest country in the world, and that work begins today in this hearing.

Illicit drugs are one of the most serious issues facing the country, and there are numerous contributing factors to the opioid and addiction crisis, from open borders to weak-on-China policies from our prior administration. I would like to underscore the latter. We are in serious competition with the Chinese Communist Party, and we have to take seriously what they are doing to infiltrate our healthcare system.

I thank the witnesses for being here, and I am hopeful that we can use your unique insights to craft effective policies to curb this epidemic.

And with that, I yield back.

Mr. Carter of Georgia. The gentleman yields.

The chair will now recognize the gentlelady from Massachusetts, Ms. Trahan, for 5 minutes for an opening statement. For those you who are unaware, there was a coup last night and the ranking member of the new committee is now Representative Trahan.

Ms. Trahan. Oh, no, no, no.

Mr. Carter of Georgia. Frank Pallone is history.

Ms. Trahan. Don't get me in trouble.

Mr. Carter of Georgia. Just kidding. Thank you.

Ms. Trahan. Thank you. Thank you, Chairman. Thank you, Ranking Member DeGette and our panel of witnesses today.

Today we are discussing existing and emerging drug threats while one existing and emerging threat, unelected and unconfirmed billionaire Elon Musk, is creating chaos

throughout the Federal Government. President Trump has handed control of all Federal funds over to Elon Musk. This is illegal. It is dangerous.

I ask for unanimous consent to enter into the record a New York Times article entitled, "Inside Musk's Aggressive Incursion Into the Federal Government." According to this reporting, Elon Musk has unilaterally seized control of the Treasury payment systems which distributes more than \$5 trillion in payments annually, including Social Security, Medicaid, and Medicare benefits. He has no legal authority to unilaterally seize government payment systems and records nor the private information of U.S. citizens.

I am extremely concerned by a recent article in the Wall Street Journal that⁴⁵ Elon Musk has now gained access to the Centers for Medicare and Medicaid Services System which help facilitate payments and help provide healthcare coverage for over 160 million Americans.

I ask for unanimous consent to also enter into the record the article entitled "DOGE Aides Search Medicare Agency Payment Systems for Fraud."

Musk has already gained unlawful access to the personal information of hundreds of millions of Americans, and now, their healthcare information, what medical conditions they have, where they receive their healthcare, and what drugs they take. This is apparently being done by some 20-something-year-old lackeys of Elon Musk whose identities are being shielded from the public and who apparently only go by their first names.

Musk and his minions are stealing the American people's personal information. For what? To benefit his companies? To go after Trump's political enemies? This is corruption, plain and simple, and it is utterly bewildering and disappointing that my Republican colleagues are silent while Elon Musk sifts through the private data of our

constituents. Silence is complicity, and I urge them to join us in condemning these unlawful actions and work with us to reign in the Trump administration's actions.

Turning to the topic of today's hearing, our ongoing opioid overdose crisis. Public health experts and providers know that we must do more than incarcerate our way out of this crisis. They implore us to remove barriers to prevention and treatment programs for substance use disorder in partnership with other tools to crack down on illicit drug trafficking. For example, a public health success story is the widespread availability of the opioid overdose reversal medication, naloxone, and increasing access to fentanyl test strips are another means of reducing deaths.

Last week the Trump administration froze virtually all Federal funding, stealing billions of dollars in funding for critical opioid prevention, treatment, and recovery programs. Clinicians have been left wondering if they would receive a paycheck for their work. Patients have been left worrying about whether their access to treatment and recovery have been cut off indefinitely.

The Trump administration halted \$6.5 billion in funding for programs that support a wide range of naloxone programs, treatment services, and prevention efforts, and it halted nearly \$1.5 billion in funding to conduct research on substance-use disorder in addition to improving public health. I am bewildered by statements from my Republican colleagues about saving lives while there are still real concerns about Federal funding not getting out the door to help us combat the drug overdose epidemic. And Republicans are also looking to undermine our efforts to combat the overdose crisis as they consider trillions of dollars in cuts to Medicaid so that they can give tax breaks to billionaires, like Elon Musk and big corporations.

Medicaid covers nearly 40 percent of all people with opioid use disorder. Republicans plan to cut Medicaid will further limit access to care for substance use

disorders leading to more deaths. It doesn't have to be this way.

At the end of the last Congress, we negotiated in good faith with the Republicans on an end-of-year package that would have reauthorized funding for the SUPPORT Act. This bill funds opioid overdose programs, first responder training, and enhances access to substance use disorder treatment. However, after one tweet from Elon Musk, the House Republican leadership went back on their promise and tanked the deal. It is clear: Republicans are not focused at all on addressing this crisis. Instead they are abdicating their responsibility to Elon Musk.

Thank you. I yield back.

Mr. Carter of Georgia. I believe the gentlelady had asked for unanimous consent to insert in the record two articles. Without objection, that will be the order.

[The information follows:]

***** COMMITTEE INSERT *****

Mr. Carter of Georgia. This concludes member opening statements.

The chair would like to --

Mr. Griffith. Mr. Chairman, what are the articles on?

Mr. Carter of Georgia. I am sorry.

Ms. Trahan, Representative Trahan, the articles that you asked to have inserted into the record?

Ms. DeGette. Looks like the New York Times and the Wall Street Journal.

Mr. Carter of Georgia. Do you want to hold off until you can look at it?

Mr. Griffith. Yes.

Mr. Carter of Georgia. Okay. We will hold off until we can look at it, and we will move on.

Okay. This concludes member opening statements. The chair would like to remind members that pursuant to committee rules all members' opening statements will be made part of the record.

I want to start and thank all of our witnesses for being here today, taking the time to testify before the subcommittee. I want to introduce our witnesses now. All of you are important. Thank you for being here and thank you for sharing your stories and your expertise.

Mr. Raymond Cullen, who is a family advocate, Mr. Cullen, your courage is certainly admirable, and thank you for being here. We appreciate it very much.

Sheriff Michael Bouchard, the vice president of government affairs for the Major County Sheriffs Association, thank you for being here, Sheriff.

Dr. Timothy Westlake, an emergency medicine physician at ProHealth Care Memorial Hospital.

Ms. Regina LaBelle, professor and director at the master of science and addiction

policy and practice at Georgetown University. Thank you for being here.

And Dr. Deepa Camenga, the chair of the Committee on Substance Use and Prevention at the American Academy of Pediatrics. Thank you for being here.

Per committee custom, each witness will have the opportunity for a 5-minute opening statement followed by a round of questions from members. The light on the timer in front of you will turn from green to yellow when you have 1 minute left.

I recognize now Mr. Cullen for 5 minutes to give an opening statement.

STATEMENTS OF SHERIFF MICHAEL BOUCHARD, VICE PRESIDENT OF GOVERNMENT AFFAIRS, MAJOR COUNTY SHERIFFS ASSOCIATION; RAYMOND CULLEN, FAMILY ADVOCATE; DR. TIMOTHY WESTLAKE, MD, FFSMB, FACEP, EMERGENCY MEDICINE PHYSICIAN, PROHEALTH CARE, OCONOMOWOC MEMORIAL HOSPITAL; REGINA LABELLE, JD, PROFESSOR AND DIRECTOR MASTER OF SCIENCE IN ADDICTION POLICY AND PRACTICE, GEORGETOWN UNIVERSITY; AND DR. DEEPA CAMENGA, MD, MHS, FAAP, CHAIR, COMMITTEE ON SUBSTANCE USE AND PREVENTION, AMERICAN ACADEMY OF PEDIATRICS.

STATEMENT OF RAYMOND CULLEN

Mr. Cullen. Thank you, Chairs Guthrie and Carter and ranking members -- I have Pallone, but I --

Ms. DeGette. You need to push that button.

Mr. Carter of Georgia. The microphone.

Mr. Cullen. Can you hear me now?

Mr. Carter of Georgia. There you go.

Mr. Cullen. I am sorry.

Thank you, Chairs Guthrie and Carter and Ranking Members Pallone and DeGette for having me here today to speak at this hearing, which, based on the events transpiring this week, is very timely. I would also like to thank Congressman Joyce for his support and friendship over the past few years.

I am here today to discuss the fentanyl epidemic which has been targeting the young people of our country and discuss some things that we would like to see done so

that some other parents do not receive a visit from the police informing them that their child is dead.

This is what happened just under 2.5 years ago. The State police knocked on our door and informed me that our son, Zachary, was dead, presumably from an overdose. He was the youngest of our three boys, and he died just 9 days after his 23rd birthday.

Zachary was a wonderful young man who was in college studying business, had been working at Papa John's delivering pizzas for 4 years and was developing a technology company on the block chain platform. That was his dream. That was his passion. His other love was basketball, especially playing a game of pickup in the driveway with me and his brothers. His last year at school his intramural team won the championship, and he was so excited.

But even more impressive was his kind and compassionate heart. Zachary helped numerous people during his short 23 years. His last summer at the beach he saved a friend who was caught in a rip current and on the verge of drowning and held him up until the lifeguards got there. Another time one of his coworkers mentioned that he was behind on his rent and was afraid that he and his family were going to be evicted. Having just received money from his grandfather at Christmastime, Zach found out from his manager how much money was needed and anonymously placed that amount of cash in an envelope and slipped it into his car. That was our son. He loved his family, he loved his friends, and he loved life.

Zachary did not suffer from substance use disorder. He was not an addict. However, following his death, we did learn that he had used cocaine on occasion at college. We were told that cocaine is a commonly used recreational drug on campus. However, Zachary did not die at school. He and a couple of friends were in Harrisburg celebrating a birthday. We were told by the detective that they were not in a bad area

of town nor were they seeking out drugs. They were downtown at a few restaurants and bars eating, drinking, and having fun. The detective also told us that he believes the boys were targeted by the dealer. Why we do not know, but they made the decision to purchase some coke. That, in and of itself, was a poor decision but not one that should have cost him his life. Someone intentionally laced that cocaine with fentanyl. Our son did not accidentally overdose. He was poisoned. There is a difference. Actually, we personally feel that he was murdered.

We beg of you to get the word out about illicit fentanyl to everyone. This is urgent and must be done immediately because we know we need to slow down the rate at which other families are losing their loved ones. We feel this crisis should be attacked with the same vigor and intensity that COVID was, and people need to know the statistics. More than 110,000 people died from overdoses in 2024, and of those, the majority involved illicit fentanyl. It only takes 2 milligrams of fentanyl to kill, about the size of 10 to 15 grains of salt. One packet of Sweet'n Low that is filled with fentanyl is enough to kill 500 people. Let me repeat that. A Sweet'n Low packet filled with fentanyl can kill 500 people. So based on those metrics, the 43 pounds of fentanyl seized coming in from Canada in 2024 would be enough to kill just under 10 million people.

Parents need to know that these drugs are not just the ones being bought on the streets through dealers or from their child's friends or acquaintances but also through social media platforms such as Snapchat. Most kids are not addicts. They are stressed out, depressed and anxious kids looking for something to help calm them down, to help them sleep or to help them focus so they can study. They have no idea that 70 percent of all drugs bought either from a dealer, a friend, or online are laced with enough fentanyl to kill them. It is a real-life game of Russian roulette and most of them don't even know that they are playing.

While we understand that there have been some efforts to combat the scourge, we find it difficult to understand why it took so long, and why combating it would be so controversial or political.

Some have said there is a stigma attached to those overdosing on fentanyl, that they are just drug addicts who will eventually die of an overdose of something at some time.

While Zach did not suffer from substance abuse disorder, the lives lost of those who were are just as valuable to their parents and loved ones as Zach is to us.

So what do you want us to do is the question we have heard from Members of Congress before. Our answers are, and have been, education and awareness. We feel strongly for PSAs, parent focused on main street media, young adult focused on social media. Make fentanyl awareness part of high school assemblies and college freshmen orientation. And we really need to distinguish between poisoning versus overdose. The other side is treatment, access to treatment and rehabilitation facilities for those already entangled in SUD.

I would like to, once again, thank this body for taking on such a crucial topic that has forever impacted our lives, our family's lives, and the lives of hundreds of thousands of other devastated families as well.

And if you will indulge me, I would like to close with a prayer that I wrote which was read by my youngest sister at Zachary's funeral service.

"You have broken me. I am disfigured beyond all recognition. How can You put me back together with such a vital piece missing? I will wait.

And, as if You need any help from me, might I offer the following: Less artificial anxiety, less wearisome worry, less insidious selfishness, less foolish pride. And while You are at it, add more love, add more compassion, add more empathy.

I get it now, less of me and more of You.

And one last nonnegotiable. I need the memory of Zachary Matthew Cullen knit as close to my heart as possible. Period. Amen."

I thank you for your time.

[The prepared statement of Mr. Cullen follows:]

***** COMMITTEE INSERT *****

Mr. Carter of Georgia. Thank you, Mr. Cullen.

Sheriff Bouchard, we recognize you for 5 minutes.

STATEMENT OF SHERIFF MICHAEL BOUCHARD

Sheriff Bouchard. Thank you, Chair Carter, Ranking Member DeGette, members of the subcommittee, thank you for allowing me to testify today. I am Michael Bouchard, sheriff of Oakland County, and I represent Major County Sheriffs of America, MCSA, which includes the largest sheriffs' offices across the country. Our members collectively serve over one-third of America's population, and as such, we are on the front lines of the opioid crisis, the deadliest drug epidemic in American history.

In 2023, nearly 100,000 Americans lost their lives to overdose with fentanyl as the primary driver. The emergence of synthetic opioids and analogs is worsening the crisis. Law enforcement, public health officials, and communities need to have a coordinated comprehensive response.

In Oakland County, Michigan, where I serve, we are seeing very concerning new trends. Fentanyl remains a significant problem as we test these samples in my lab. We have also seen an alarming rise of xylazine, a potent tranquilizer, and more cases of parafluorofentanyl, which is far stronger than fentanyl. These substances are often mixed with other drugs like heroin and cocaine, as we just heard, making them harder to detect and increasing the risk of overdose.

To address these threats, we have been implementing innovative solutions. We started a crisis response unit. The team responds to individuals in crisis due to substance use and mental health issues. We follow-up with people that have been saved from overdoses to connect them to treatment, ensuring they receive the help they

need. We actually did one such visit and saved a person a second time as he was actively overdosing.

We have also prioritized our co-responder program in partnership with mental health professionals. We respond to crisis situations, deescalating and connecting individuals with appropriate services while ensuring the public safety.

We were the first in Michigan to equip patrol cars with Narcan, and in 2023 we became the first in the Nation to deploy OpVee, a Federal FDA-approved nasal spray that can counter synthetic and nonsynthetic opioids.

Since 2015 through the end of January of this year, my agency alone has saved 827 lives. That is sad, but it is important. Every life does matter, and that gives them a second chance.

Our jail is one of the first in the country to implement a medically-assisted treatment program for incarcerated individuals struggling with substance use disorder, offering personal treatment and connecting them to care after release.

We also have a long-standing initiative, like operation medicine cabinet, which helps prevent prescription drugs by providing safe disposal sites for used medication as well as rides to recovery which offer immediate transportation for individuals seeking help.

But as much as we can do at the local level, law enforcement cannot do this alone. We need Congress to support us by passing critical legislation, specifically permanent fentanyl scheduling. The HALT Fentanyl Act would permanently classify fentanyl analogs as schedule I substances helping to curb the influx of these legal drugs.

Congress needs to reauthorize High Intensity Drug Trafficking Areas, known as HIDTA. HIDTA is vital for targeting trafficking routes and dismantling criminal networks. It needs authorization, increased funding, and continue to be administered by the Office

of National Drug Control Policy.

We need stronger regulations on pill presses. Counterfeit pills laced with fentanyl are a growing threat. We must tighten regulations around pill presses and increase the penalties for their illicit use.

We need more support for reentry programs. Many people lapse into criminal behavior due to lack of substance use treatment and support as they reenter society.

We are urging Congress to pass the Second Chance Reauthorization Act to help former offenders get the treatment they need.

In many areas funding for drug enforcement has been defunded. Congress must provide necessary resources to help us fight fentanyl trafficking effectively. It is impossible for us to tackle this crisis without a comprehensive approach that combines strong law enforcement with effective programming.

Finally, to combat the flow of fentanyl and other illegal drugs, we need to secure our borders. Strengthening border security and improving cooperation with law enforcement agencies will help disrupt the transnational drug trade.

In conclusion, the opioid crisis, particularly the surge in fentanyl, requires a united and a comprehensive approach. With your leadership, we can make those significant strides and help combat drug trafficking, improve public health, and save lives.

I urge Congress to act swiftly, and I thank you for your attention to these critical issues so that we don't have any more members to a club no one ever wants to join.

[The prepared statement of Sheriff Bouchard follows:]

***** COMMITTEE INSERT *****

Mr. Dunn. [Presiding.] Thank you very much, Sheriff.

I now recognize Dr. Timothy Westlake for 5 minutes for his opening statement.

STATEMENT OF DR. TIMOTHY WESTLAKE

Dr. Westlake. Thank you, Chairman Dunn, Ranking Member DeGette, distinguished members of the committee. Thank you for inviting me to testify and for your leadership.

Before I dive into the topic, I wanted to tell you about the last time I used Narcan. It was just days ago. It was a quiet night shift in the ER. I was mulling over my testimony when I had to rush out to a car that screeched into the ambulance bay. It was driven by the girlfriend of a patient who took what he thought was a Percocet. It was actually a lethal dose of fentanyl. He wasn't breathing and was about to go into cardiac arrest. We pulled him out and quickly resuscitated him with Narcan. Within a minute, he went from being blue and pulseless to wide awake. He was lucky this time and went home with his family. Far too often the outcome is different. Fentanyl poisoning deaths are a scourge in this country and will require all of us working together to solve it.

I want to share my perspective informed by 25 years on the front lines of emergency medicine and over a decade in medical regulation and policy work. I was chairman of the Wisconsin Medical Examining Board, led the Wisconsin prescription opioid reform strategy, and originated the idea of fentanyl class scheduling. I see lethal drug vats as a fire hydrant with many spigots. They include, but are not limited to, prescription opioids, xylazine, nitazenes, illicit fentanyl, and fentanyl-related substances, or FRSs. Different tactics and strategies may be needed to be deployed to shut down each of the spigots. Unfortunately, when one is shut down, either another one gets

more powerful or a different one opens up.

I would like to clarify what FRSs are and why permanently scheduling them as a class is a critical policy tool. FRSs are highly active opioids almost identical to fentanyl except for a tiny difference in their chemical structure created by changing a single ingredient during synthesis. The result of this tweak is a new potent opioid with the same deadly effects as fentanyl, and without class scheduling would be legal until causing numerous deaths.

Class scheduling simply removes the incentive to create new FRSs and has been proven to do what it was designed to do, halt their very creation. Some who oppose class scheduling point to deaths from illicit fentanyl as proof it doesn't work, but that is a misunderstanding of the facts. FRS scheduling does not address illicit fentanyl. It was never intended to do so. There is no quick or easy solution to the scourge of illicit fentanyl, but the solution to the spigot of FRSs is a simple legislative fix. It is one the House is considering this week and voting on this afternoon, the HALT Fentanyl Act.

If schedule I penalties were removed for FRS trafficking, like some have proposed, it would reincentivize their creation and significantly weaken the law's most powerful proactive and preventative effects. There is a time and a place for criminal justice reform, but FRS scheduling is not it.

Some suggest FRS scheduling would have a negative impact on research. While theoretical, it has been addressed with stakeholder input and is supported by the very agencies and organizations representing academic scientific research, including the NIH, HHS, FDA, and the National Institutes of Drug Abuse. The HALT Fentanyl Act would significantly loosen restrictions into studying all schedule I substances, not just FRSs and open up promising areas of research into substance abuse.

Let me also speak about the threat of nitazenes. They are opioids as deadly as

fentanyl. They have recently been implicated in hundreds of deaths across the country emerging as the new spigot that opened up after FRS class scheduling was implemented.

Since 2020, DEA has scheduled 10 different bioactive nitazenes, and due to the creation of new variants, has encountered and is in the process of scheduling multiple others. This is eerily reminiscent of what we saw with FRSs 10 years ago prior to class scheduling. I support working with DEA and taking a closer look at implementing class scheduling for nitazenes due to their extreme lethality.

Xylazine is a potent animal tranquilizer and sedative used in cattle and horses that has not been scheduled federally, and can currently be bought legally online. It is used in veterinary medicine only and not approved for use in humans. It is often combined by cartel chemists with illicit fentanyl in order to amplify sedation and euphoria, but also causes strong respiratory suppression increasing overall overdose risks and lethality. There is an urgent need for Federal legislation to control it and to protect the public.

It is time for common sense to prevail and for Congress to take action, pass the HALT Fentanyl Act and permanently close the spigot of FRSs. You cannot die from ingesting something never created, nor can you be incarcerated for trafficking something that does not exist. That is the beauty and simplicity of FRS class scheduling.

Thank you again, and I look forward to answering all of your questions.

Mr. Dunn. Thank you, Dr. Westlake.

[The prepared statement of Dr. Westlake follows:]

***** COMMITTEE INSERT *****

Mr. Dunn. I now recognize Ms. Regina LaBelle for 5 minutes for an opening statement.

STATEMENT OF REGINA LABELLE

Ms. LaBelle. Chairman Dunn, Ranking Member DeGette, and members of the subcommittee, thank you for the opportunity to testify today on this important topic.

I am Regina LaBelle. I am professor of addiction policy at Georgetown University. There I direct the master of science and addiction policy and practice, and the Center on Addiction Policy at Georgetown Law's O'Neill Institute. I am really pleased to be joined here today by some of my students who are here to learn how to develop a bipartisan approach to reducing overdoses and improving the lives of people who have substance use disorder, or who are affected by addiction. I also serve on the National Advisory Council on Drug Abuse at the National Institutes of Health. However today, I speak to you in my personal capacity.

So for over 15 years I have worked on drug policy in both government and at Georgetown, and I have seen bipartisan efforts lead to meaningful action. And I have also seen firsthand the impact of the overdose crisis. The grieving families who have lost loved ones remain always present in our mind as we work on these issues. I have also celebrated with those in recovery witnessing the power of resilience, strong support systems, and effective policies.

And we know that since 2000, over 1 million Americans have died from overdoses; and recent data from August of 2023 to August of 2024 shows a 20 percent decrease. This is still unacceptably high. Overdose deaths are still increasing among Black, indigenous, and Hispanic communities, and the majority of these deaths as we are talking

about today involve synthetic opioids like fentanyl often mixed with dangerous substances like xylazine. So obviously, you have to take decisive action on this issue.

Addressing the threat of synthetic drugs requires a comprehensive strategy. First, transnational efforts, strengthening law enforcement cooperation to disrupt transnational criminal organizations. Illicit fentanyl is manufactured using precursor chemicals from China and processed in Mexico, and then transited into the United States. Disrupting these supply chains requires international collaboration, counter narcotics cooperation, and aggressive prosecution of financial crimes that sustain the drug trade.

Public health, expanding access across the continuum of care, prevention so that we can equip parents and communities with the tools to recognize early signs of mental health and substance use, expanding access to naloxone that saves lives. So we know that States like Tennessee have documented over 103,000 overdose reversals through naloxone distribution.

Federal investment in evidence-based treatment that includes medications for opioid use disorder is essential, and Congress took an important step by passing in a bipartisan manner the Mainstreaming Addiction Treatment Act. It removed outdated barriers to medication access, but more work obviously is needed.

And our criminal justice system is part of the solution. The Federal approval of Medicaid 1115 waivers allows States to use Federal Medicaid matching funds to treat people before they are released from a jail or prison, and this improves reentry outcomes.

The workforce, investing in workforce and identifying, tracking emerging drug threats. So we have to equip our public health and law enforcement agencies with the ability to detect and respond to new synthetic drug threats. States like Rhode Island and North Carolina are leading the way with drug monitoring programs that identify

emerging substances and issue public health alerts.

Continued support for the Federal workforce, including CDC, State Department, the Drug Enforcement Administration, and the Office of National Drug Control Policy is also critical to ensuring a whole-of-government response.

The best way to address this issue is through an all-of-the-above strategy, and one that integrates law enforcement, public health, and the workforce investment. By working together, we can disrupt illicit drug supply chains, expand treatment and recovery services, and look around the corner so we are prepared for the next emerging threat.

This is a bipartisan issue, and it affects every one of our communities, and solutions have to be pursued with urgency and unity.

Thank you very much for your time and commitment to addressing this epidemic.

[The prepared statement of Ms. LaBelle follows:]

***** COMMITTEE INSERT *****

Mr. Dunn. Thank you, Ms. LaBelle.

I now recognize Dr. Camenga for her 5-minute opening remarks.

STATEMENT OF DR. DEEPA CAMENGA

Dr. Camenga. Good morning, Chairman, Ranking Member DeGette, and members of the subcommittee. Thank you for the opportunity to be here today to discuss the impact of current and emerging illicit drug threats on children, adolescents, and young adults.

My name is Dr. Deepa Camenga, and I am chair of the American Academy of Pediatrics, Committee on Substance Use and Prevention. Today I am here representing the AAP, a nonprofit, professional medical organization representing over 67,000 pediatricians.

As a physician board certified in pediatrics and addiction medicine, I have spent nearly 20 years caring for teens. I provide primary care and also care for young people who have overdosed, have opioid use disorders or who have started to try to use alcohol and drugs. I am experienced in prescribing medications for the treatment of opioid-use disorder and conduct research on adolescent substance use prevention and early interventions.

Today, I will talk about the importance of focusing on teens when addressing the ongoing overdose crisis, the role pediatricians play in prevention and treatment, and offer suggestions on how we can make progress with the help of Congress.

Every day, pediatricians see how the illicit drug epidemic harms young people. Today's adolescents are growing up amidst the most potent and lethal illicit drug supply in human history. The science is clear: Trying substances during adolescence increases

the risk of addiction due to ongoing brain development during this period. The widespread contamination of the drug supply with fentanyl; the emergence of counterfeit pills; and the low availability of treatment for teens, are continuing to fuel the opioid overdose and poisoning crisis.

Some of the most important things we can do today are to prevent young people from illicit drug exposure and to treat teens with substance use disorders. Pediatricians are an essential workforce for delivering prevention interventions and recognizing the early signs of substance use.

I would like to describe some of the way pediatricians today are addressing the illicit drug epidemic in the healthcare setting. First is through screening, brief intervention, and referral to treatment. For some young people, a pediatrician may be the first person to provide accurate information about the potential harms of substances. SBIRT is an evidence-based approach that we use in our offices. We use validated screening tools, brief counseling techniques, and refer teens with substance use disorders to treatment. Unfortunately, in many, many communities this treatment is very hard to find.

Second, it is by talking to patients and their families about naloxone and prescribing it for overdose prevention.

Third is by linking patients and family with community-based prevention programs.

And finally, pediatricians help young people receive evidence-based treatment. The AAP recommends buprenorphine for the treatment of opioid disorder. Of note, adolescents with opioid use disorder often need mental health treatment alongside lifesaving medications. Integrating behavioral health into primary care helps young people receive these treatments.

Congress has an important role in strengthening access to evidence-based prevention, early intervention, and treatment. I will share four of AAP's core recommendations.

First, Congress can take up legislation to ensure private health insurance, Medicaid, and publicly-supported substance use services stay in place and better support youth prevention, early intervention, and treatment needs.

Second, Congress can provide funding for workforce development and training so pediatricians and other people who work with young people can better meet the demand for care in their communities.

Third, Congress can incentivize the creation of integrated behavioral health models, strengthen payment, and eliminate barriers to integrated care.

And, finally, Congress can expand broad-based prevention programs, support public health campaigns to educate about the risks of counterfeit pills and fentanyl, and bolster drug-use monitoring and surveillance efforts like the Youth Risk Behavior Survey. Healthcare professionals need access every day to this vital data and research to respond to current and future drug threats efficiently and swiftly.

Thank you for the opportunity to testify today. I look forward to answering your questions and working with you to protect young people from the current and emerging drug epidemic.

Thank you.

[The prepared statement of Dr. Camenga follows:]

***** COMMITTEE INSERT *****

Mr. Carter of Georgia. Thank you, Dr. Camenga. And thank you, all of you, for your testimony. We appreciate it.

We will begin now questioning, and I will recognize myself for 5 minutes.

Again, thank you all for being here. Thank you for your testimony. We all understand what is going on here. We have got a poisoning problem here in America. I won't bother to inundate you with all of the facts and figures. We all know what is going on. Customs and Border Protection seized more than 21,000 pounds of fentanyl at our borders and enough fentanyl to kill 4 billion people.

I do want to share a personal story with you. Professionally, I am a pharmacist, and I was at a town hall meeting, and I was addressing that town hall meeting, and we were talking about fentanyl. And we were talking about the problems that we are having, and I made a mistake. I referred to it as fentanyl addiction. And a mother stood up, and she corrected me, as she should have, and she said, No, sir, it is not fentanyl addiction. She said, It is fentanyl poisoning. She said, My son took one pill, and he is dead. That is poisoning.

She was right and I was wrong. It is fentanyl poisoning, and it is a problem. It is a serious problem, a leading cause of death for Americans between the ages of 18 and 45. And everyone in this room, whether you are up here on this dais or whether you are out there in the audience, everyone in this room knows someone or has a family member who has been impacted by this. Everyone here has.

Folks, we have got to do something about this.

Sheriff Bouchard, I wanted to ask you, do you recognize individuals who die because of fentanyl poisonings as victims of a crime?

Sheriff Bouchard. Thank you, Mr. Chair.

Yes, we actually have prosecuted successfully individuals for murdering the

individuals that they supplied the drugs to in the past.

Mr. Carter of Georgia. Thank you for that.

And, you know, we know that the opioid epidemic is still negatively affecting too many Americans, but we are encouraged that the numbers are going down, and we are encouraged that we are making progress, and that is important. However, we can't stop. We can't stop until we completely eradicate this.

We also know that fentanyl remains a threat as it crosses the border of millions of Americans, and that naloxone, that is now available over the counter -- I have got to share this with you. I am often critical of the FDA, as I think I should be, but I do applaud them for making naloxone over the counter. We wrote a letter asking them to do that, and they responded, and they did do it, so kudos to them. It ought to be available. I have said all along it ought to be just like fire extinguishers, and wherever you see a fire extinguisher, you ought to see naloxone available. I carry it in my backpack everywhere I go. Thank God, I have not had to use it, but I have got it if I need it. It is a lifesaving drug. And we need to have it.

Sheriff Bouchard, what role do you see for naloxone in protecting those who are interdicting illicit drugs as well with Americans?

Sheriff Bouchard. Well, we are on the front lines. We are typically the first to receive the call. Typically we often beat the medical providers as well, and so it is important for us to have the tools to be able to save that life in those critical moments. It actually took me almost 2 years to get our State legislature to allow us to even carry and use Narcan at the time, and now we have added OpVee to our tool chest as well because we are seeing such strength in the synthetic realm that sometimes it takes three, four, and five doses, and OpVee has allowed us to have that extra tool that has reversed some of those. So the front lines is really what we are seeing.

Mr. Carter of Georgia. Okay. Dr. Westlake, would you agree?

Dr. Westlake. Absolutely.

Mr. Carter of Georgia. Okay. You know, there was a December 2024 DEA report that found that more than 107,000 people lost their lives due to drug overdoses in 2023, with nearly 70 percent of that being attributed to opioids such as fentanyl. Naloxone saves lives. We have been able to get some of the companies, some of the manufacturers to donate it, and we have been sending it to schools and making sure that they have it. Naloxone should be in every school in America. Every school in America should have naloxone. It should be available.

Dr. Westlake, what steps would you take to increase access and awareness of a lifesaving drug like naloxone?

Dr. Westlake. Well, I think the key is for a lot of the interventions necessary in this space is through education, and I think a lot of that has happened already. I mean, when I started the work in opioid prevention awareness 10 years ago, it was very little of it around, and now it seems to becoming a thing that is much more acceptable and understood. And I think a lot of physicians -- I, myself, in the ER, prescribe it when I send someone home after an opioid --

Mr. Carter of Georgia. We are getting rid of that stigma?

Dr. Westlake. Exactly.

Mr. Carter of Georgia. And it is safe. You can use it. You are not going to hurt somebody with it.

Dr. Westlake. Exactly. I never understood why it was controlled before, why you needed a prescription to use it.

Mr. Carter of Georgia. Exactly. Good. Well, again, thank all of you for being here. Appreciate this very much.

And I will yield, and now at this time I will recognize Ranking Member DeGette for 5 minutes of questioning.

Ms. DeGette. Thank you so much, Mr. Chairman. And just to let you know, I carry naloxone in my car in Denver and have for quite some time.

Mr. Cullen, I just want to say to you on behalf of every single Member of Congress up on the dais, thank you for coming today and sharing your story and your picture of your beloved son, Zachary. All of us are committed to ending this scourge, and we want to work together to do it.

Ms. Cullen. Thank you.

Ms. DeGette. Mr. Chairman, I want to talk some more, though, about what has been going on because I think this relates to whether we can all -- whether we really are committed to taking this all-of-the-above approach.

On Tuesday, January 21, HHS Secretary Dorothy Fink sent a memorandum to HHS employees directing a communications freeze. And then on Monday, January 27, the Office of Management and Budget sent a memorandum across the executive branch directing a funding freeze. Now, this OMB freeze would have frozen a lot of the programs that our panelists have been talking about here today, naloxone programs, treatment programs.

Dr. Camenga -- is that how you say it -- you said in your testimony four things that we needed to expand and do. All of those things, the existing programs in those areas all would have been frozen in this OMB judgment. You are nodding. Does that mean you agree?

Dr. Camenga. Yes, I agree.

Ms. DeGette. Yeah. So all of those things would have been frozen. Now, thankfully, the U.S. District Court in the District of Columbia and Rhode Island granted

temporary restraining orders of the freeze on Federal disbursements and OMB rescinded the order, but it is still having impacts. For example, Colorado's State Office of Rural Health told me earlier this week that the critical grant funds that they usually get the first or second day of the month still hadn't come through. You are also nodding to this. Have you seen experience with this, these kinds of funds as well, Doctor?

Dr. Camenga. I am hearing that in my local community as well, in towns that people are not able to do their jobs and are kind of confused as to what is going on.

Ms. DeGette. People are not able to do their jobs doing what?

Dr. Camenga. Helping people get to treatment, helping people give treatment to others.

Ms. DeGette. So as a result of this Trump-Musk freeze, people who are supposed to be doing drug treatment programs are not able to get their resources. Is that right?

Dr. Camenga. That is a possibility.

Ms. DeGette. Okay.

Dr. Camenga. I have been hearing anecdotally that.

Ms. DeGette. You have been hearing it?

Dr. Camenga. Yes.

Ms. DeGette. Yeah. And my people are telling me that too.

Ms. LaBelle, I want to ask you, you serve on the National Advisory Council on Drug Abuse. Is that right?

Ms. LaBelle. Yes.

Ms. DeGette. Now, what is the function of that advisory council?

Ms. LaBelle. So we have final signoff on grants that are going out to researchers nationwide above a certain amount of money.

Ms. DeGette. Okay.

Ms. LaBelle. And it is the end of a long process.

Ms. DeGette. Now these are grants in drug treatment?

Ms. LaBelle. They are grants for a number of areas of drug treatment.

Ms. DeGette. And when was the most recent meeting of that advisory council supposed to take place?

Ms. LaBelle. So we were supposed to have a meeting on Tuesday and --

Ms. DeGette. What happened about that?

Ms. LaBelle. I received an email at 8:00 a.m. saying it was cancelled.

Ms. DeGette. And do you know why it was canceled?

Ms. LaBelle. We were not given a reason.

Ms. DeGette. And do you know when it is going to be rescheduled?

Ms. LaBelle. We have not heard anything.

Ms. DeGette. What is the impact of that advisory council not meeting?

Ms. LaBelle. Well, it will delay sending out these needed research dollars to researchers who can do good work on many of the issues we are talking about.

Ms. DeGette. And what are they researching?

Ms. LaBelle. They are researching what treatment works. They will research how to use naloxone better. All of those types of things are funded by the Federal Government.

Ms. DeGette. So that is not happening now because the meeting was cancelled?

Ms. LaBelle. At this time there is a delay on it, right.

Ms. DeGette. Thank you.

Now, in the conclusion to your written remarks, you say the best approach to addressing synthetic drug treatment is an all-of-the-above strategy, one that integrates

law enforcement, public health, and workforce investment.

I just want to ask you, does simply rescheduling fentanyl without doing all of the rest of the things you talked about going to have a significant impact on reducing this crisis?

Ms. LaBelle. There is no one answer to this, and I think we can all agree to that.

Ms. DeGette. Okay. Now, one last -- I have one last thing, and that is, I want to close to say I am disturbed that we are having this hearing when Republicans failed to live up to a bipartisan, bicameral agreement to reauthorize and strengthen the Support for Patients and Communities Act. This is why I asked you, Ms. LaBelle, this question is because we need a comprehensive approach. And I said this the other day in the Rules Committee when we talked about this bill coming up, just rescheduling fentanyl is not going to solve the problem, but what is really going to worsen the problem is when the Trump and Musk administration freezes the resources to go out, the training, the research dollars.

I hope we can all work together to make sure this never happens again. And I yield back.

RPTR SINKFIELD

EDTR ROSEN

[10:59 a.m.]

Mr. Carter of Georgia. The gentlelady yields. The chair now recognizes the chair of the full committee, Representative Guthrie, from Kentucky for 5 minutes of questioning.

The Chair. Thank you, and recalling Dr. Westlake's testimony before, scheduling illicit fentanyl, it doesn't solve all the problems. But absolutely your testimony before was it does solve the problem of illicit fentanyl, and being able to schedule it. So it is part of the fight that we have against these drugs coming into our country.

And speaking of that, Sheriff Bouchard, I have said earlier that we had enough doses of fentanyl to kill Americans captured last year. Thirty-seven percent of that was found to be laced with xylazine as well.

In April of 2023, the Office of International Drug Control Policy designated fentanyl adulterated with xylazine as an emerging drug threat that indicated that people who ingest fentanyl mixed with xylazine may be at higher risk of suffering deadly drug poisoning because it is not reactive to Narcan and the others that we have seen.

So, Sheriff Bouchard, how can Congress and our Federal partners be more proactive about combating emerging drug threats before they have infiltrated our communities in mass quantities?

Sheriff Bouchard. Thank you, Mr. Chair. As the doctor mentioned, you know, scheduling or blocking the things that are being developed, it is important for us to be nimble because what they typically do as soon as you schedule very -- with specificity, a particular kind of drug, then they change one component in the lab, and then it begins to be mailed in.

In fact, I talked to our narcotics commander by email last night, and he said we are having a huge rise in the amount of things that coming via postal and other package ships -- companies across the country are coming in via that. They changed one thing, and then it is no longer illegal. Xylazine is an example. I have been trying for almost a year and a half to get that scheduled in my State. And we are seeing huge numbers of that in my lab in all of the different samples that were testing in other kinds of drugs.

The Chair. So in the last hearing we had, but mine isn't the same as Dr. Westlake, but it is testimony that is still in my mind, and I don't think it will leave my mind, we had someone from the administration, the last administration in DEA that said that they didn't want to schedule this as fentanyl because they wouldn't want it -- they need to check this every they change this because what if it as safe as water.

Have you ever seen any fentanyl, illicit fentanyl that showed up in our country that is safe?

Dr. Westlake. No, to date, as far as substances that have been encountered by law enforcement, every single one has been bioactive. Most of them as potent as fentanyl, one of them is 7,000 more times potent than morphine. So there have been no bioactive fentanyl-related substances encountered today.

The Chair. And his point -- he didn't use that example -- his point was if it has been adulterated, how do we know it has got less safe -- and he said safe as water -- or more safe, or could be essentially placebo. Or could it be more deadly? But my point in scheduling this, people are sending stuff less deadly into the country.

I guess they could have fought -- gone that direction, but I don't that is why they sent it in here to give up placebo.

So, Dr. Westlake, whatever takes someone down in this situation where they have

substance abuse disorder issues, whatever starts that pathway is sad, and it is something we want to address.

But just, specifically, I had a case of a mom back home in my district that had lost her daughter. It was a soccer injury. She has ACL surgery and then becomes -- as far as she knew, that is what led to her substance abuse disorder from routine prescription from surgery.

And so we just saw the other day there is a new class of pain medicine that has been approved for nonopioid pain. So hopefully we can get there. And it has been a bipartisan effort to get to that.

And so my question is, in your experience, can opioid exposure after an injury or surgery lead to misuse of prescription? Comment on what I just said about that. And then is it important for physicians to have -- to try to stay away from opioids and go these new class of drugs when they become available?

Dr. Westlake. Yeah, that is a great question, Chairman. There is a study out of University of Michigan that shows that one out of 16 kids that are exposed for the first time to Vicodin or hydrocodone after wisdom tooth surgery are using it a year later.

So when I explain this to parents when they have a 20-year-old that come in with a wrist fracture, that I am not going to be prescribing hydrocodone because there is a one-in-16 chance that they will still be on it and become addicted. And that is the pathway to this, I think, this fentanyl crisis that we are seeing now. Fentanyl poisoning is the initial opioid overprescribing that happened.

I think we have addressed that in medicine, in-house medicine. I think, you know, in Wisconsin we implemented the reforms and gave the physicians the tools and strategies.

The Chair. In just a few seconds, what about this new drug? What do you

think? I just have a few seconds left.

Dr. Westlake. It is fantastic. I mean, there is a study that shows --

The Chair. Is it as effective as opioid?

Dr. Westlake. From what I understand, yes, it is brand new.

The Chair. Okay. Thanks. I am out of my time, it has expired. I appreciate your time. And I will yield back.

Mr. Carter of Georgia. The gentleman yields. The chair now recognizes the gentleman from California, Dr. Ruiz, for 5 minutes of questions.

Mr. Ruiz. Thank you very much. And thank you to the witnesses for being with us today for this important discussion.

It continues to be mind-boggling to me that we are having this hearing today while the Trump administration continues to dismantle the very systems that exist to combat the opioid epidemic.

For example, the Substance Use Block Grant administered by SAMSA, is the cornerstone of States' prevention, treatment, and recovery systems. It gives States the flexibility to tailor their services to meet the needs of the populations in their States.

The most recent data shows that this block grant allowed over 1.6 million people to access treatment. Now this crucial source of funding is endangered, and access to treatment is being jeopardized all because of the Trump administration's absurd power grab.

Ms. LaBelle, thank you for sharing your testimony with us today and for your expertise. I have several questions for you. What impact would be a wide-reaching Federal funding freeze have on Federal, State, and local efforts to combat the opioid epidemic?

Ms. LaBelle. Well, it would be devastating to States, certainly, and local

governments. The grant program you mentioned is the number one source of funding for prevention in every single State in the country. That leaves a huge gap.

Mr. Ruiz. Okay. And can you provide examples of how administrative actions like this hamper both upstream and downstream approaches to combating illicit drugs?

Ms. LaBelle. I mean, I mentioned the research piece which is very important. I also think I want to emphasize how important it is that we have a trained workforce. And, you know, a lot of Federal workers are kind in limbo right now. We need to bring people in, not only retain the people who are good at their jobs, who do a good job across the continuum and work in law enforcement, but also make sure that they have the skills and ongoing training that they need to address this issue.

Mr. Ruiz. We heard just yesterday in a news article in VPN news, entitled: Virginia Community's Health Centers Close Over Federal Funding Access as a result of President Trump's funding freeze that 16 Federal qualified house centers in Virginia have been unable to access Federal funding. And many are closing their doors.

Mr. Chairman, I ask unanimous consent to insert this article into the record.

Mr. Carter of Georgia. Are we okay -- we will look at it.

Mr. Ruiz. Yeah, it is right there. Usually, it is custom to just accept it into the record.

Mr. Carter of Georgia. I understand. We didn't have it beforehand, though, so we are just going to look at. We will be right back with you.

Mr. Ruiz. Okay.

Ms. DeGette. I can see why you guys might not want to put it in. It criticizes the administration.

Mr. Ruiz. I will get back to my --

Mr. Carter of Georgia. We will look at it.

Mr. Ruiz. -- time. And just -- you know, Tuesday at the Rules Committee hearing, my colleague, Mr. Griffith, said while, quote, unquote, these administrative actions were necessary for the incoming administration.

So with all due respect to my friend, the gentleman from Virginia, I am not sure that people in his district who are served by two FQACs that closed and now must drive miles upon miles, even up to 2 hours for care, will think that these actions are inartful, but just downright harmful and costly.

Ms. LaBelle, what unique role do FQACs play in combating substance abuse disorders in rural and underserved communities. And how will closing them as is done in Virginia impact partnerships between law enforcement, providers, and patients trying to get appropriate care.

Ms. LaBelle. Yeah, it affects -- the FQACs are a critical component of the healthcare continuum for people in rural communities, in particular. And it is the place they can go to get the type of services that they need to address their substance use disorder. And without those we could see increased overdoses.

Mr. Ruiz. In fact, we have discussed here previously during the Republican effort to dismantle Medicaid, as we know it, that 70 percent of those who seek treatment for opioid use disorder use Medicaid.

And so dismantling block granting, limiting Medicaid, and attack on Medicaid also reduces access to care. Reducing access to care, either through funding freezes or going after Medicaid makes Americans unhealthy again, and it raised costs for everyone.

Mr. Chairman, I think the points made here by the witnesses point out the hypocrisies in the President's actions and the real impact on the tools our Nation needs to stay ahead of bad actors and protect our communities. Thank you, and I yield back.

Mr. Carter of Georgia. The gentleman had asked for -- the gentleman yields, and

he had asked for an article to be inserted into the record. Without objection, it is approved.

[The information follows:]

***** COMMITTEE INSERT *****

Mr. Carter of Georgia. The chair now recognizes the gentleman from Virginia, Mr. Griffith -- okay. The gentleman, Mr. Griffith, from Virginia is recognized for 5 minutes.

Mr. Griffith. I appreciate that, and I am hopeful that my team has given three letters that I would like to submit for the record to our friends on the other side of the aisle. But if not, I will certainly tender those so they can take a look at them. But I would ask unanimous consent for these three letters to be introduced. One letter is sphere-headed by neurosurgeons, anesthesiologists, pain physicians, spine doctors, orthopedic surgeons, and others. These physician organizations have been great stewards of the Controlled Substances Act and mentioned that the temporary scheduled classification of the illicit analogs is not a sustainable or rational approach. In other words, not doing it temporarily is not rational.

The other two letters are support letters from law enforcement agencies and urge passages of the Halt Fentanyl Act. So after our colleagues have had a chance to take a look at that, I would ask for unanimous consent.

That said, let me also set the record straight on something that was just said. And while it is of concern that health centers in Virginia may have closed, my understanding is all that is getting worked out. But further it was said that two in my district had closed, that is not accurate. And I just want to get the record straight.

We have been monitoring that situation. One of my health centers did report that they had had some difficulty accessing a site, but it did not cause closure. And we believed that they should have that resolved shortly. But no closure had resulted that I am aware of in my district. And so if somebody has better information, please provide it to me.

Dr. Westlake, and then, Sheriff Bouchard, I am going to come to you -- I am

switching gears from what I was talking about. So I have concerns. My wife is a juvenile domestic relations district judge in the Commonwealth of Virginia, she is seeing concerns. So I want to know what your concerns are in your lines of work about the impact of unregulated, intoxicating hemp products on our kids. And a follow-up would be, what do you think we need to do to create a regulatory framework to allow lawful products to come to market? I have been working with the FDA on that. So I have got some ideas there. But I just want to know what you all have seen about these unregulated, intoxicating hemp products on our children.

Sheriff Bouchard. We have not seen a huge number of hemp products now since we have legalized marijuana in our State. But what we have seen is an adulteration of marijuana products, and prior to that hemp, with other kinds of synthetics and other kind of drugs, like fentanyl. So we have actually found outside of our supply chain, if you will, the legal supply chain of marijuana in our State, illegal marijuana has been tampered with and has fentanyl in it. And so, we have seen all of these things really need a regulated, inspected process. And I would encourage that to happen both with hemp and with marijuana.

Mr. Griffith. Let me do a follow-up before I go to you, Dr. Westlake. Let me just do a quick follow-up. So one of the problems we have seen in our region is THC Gummy Bears, or Gummy Bears that are supposed to have CBD. And then there is an unregulated, unknown amount of THC in there. And kids get ahold of them and they think they are candy, and then they overdose. And then when I say overdose, I am not talking about deaths at this point. But there may have been some indications, there may have actually been some brain damage. Are you all not seeing that in your region? Is that just a Virginia problem?

Sheriff Bouchard. No, no, we are actually seeing that as well. In fact, there is

PSAs in our region and among a number of States that have legalized marijuana and components like gummies. Advising kids and parents about that and how to store it and the dangers of it. And there is some discussions about trying to make some of these gummies not look like little characters that attract the kid or the packaging that attracts children because they think it might be candy or it might be vitamins, but, in fact, it has a drug component.

Mr. Griffith. And it really would be helpful for you to get guidance from the FDA, wouldn't it?

Sheriff Bouchard. Yes, sir.

Mr. Griffith. Dr. Westlake, the same questions.

Dr. Westlake. Great, I personally saw some marijuana poisonings last week from gummies. I have seen it in the past, and two or three episodes last week alone. If it is illegal in Wisconsin and comes up from Illinois and from Michigan and from around.

The other part we see is the fentanyl-laced marijuana. I have had overdoses from that. And we are also seeing that with what you are talking about with like CBD that is unregulated. People come in, and they don't know what is going on, and it turns out that they are intoxicated from marijuana that they thought they were just taking because there is no quality control or oversight over that.

Mr. Griffith. All right. I appreciate that.

Dr. Westlake, can you -- I am switching back now to HALT Fentanyl -- can you explain because we have heard about scheduling side -- and there is some disagreement on that? I really like the part -- of course, so it is my bill so it is natural I would like for it to have -- but I like the part that allows for research to go on almost 4,800 estimated analogs or fentanyl-related substances. Can you tell us what you think about that, and how you think that we ought to go forward with that?

Dr. Westlake. Yeah, I think it is a huge -- and thank you for your leadership on the bill. It is a huge benefit to have to open up schedule I research. I think there has not been a lot of schedule I research on schedule I drugs because of that. So this will be a huge boom to that. And that is why it was signed off on by NIH and HHS and FDA.

On here, there are some initial concerns about whether it would be too restrictive. But because of the way we design the language, it really has only affected those that are bioactively, you know, would structure relationships bioactively, likely to be active.

Mr. Griffith. I really appreciate it. It is part of why I really like the bill. I yield back.

Mr. Carter of Georgia. The gentleman yields back. The gentleman had asked for three articles to be inserted into the record. Without objection, that will be the order.

[The information follows:]

***** COMMITTEE INSERT *****

Mr. Carter of Georgia. Can I have members' attention for one second? Y'all please try to get these to us before the meeting so that we don't have to be interrupted with this and don't have any controversy about it. Okay? Thank you.

At this time, the chair will recognize Representative Dingell for 5 minutes of questioning.

Mrs. Dingell. Thank you, Mr. Chairman. The opioid epidemic has ravaged families across the country, and quite frankly, has touched many of us, if not all of us, personally. It is an issue that requires serious bipartisan attention, and we have to work together because we know too many people are dying of it.

Mr. Cullen, I join my colleagues in thanking you for having the courage to tell your personal story. I want to start by thanking Sheriff Bouchard for being here with us today. Mike has been a friend for decades. John, James, and I both share him. He is the sheriff in my district. But more importantly, when my sister died of a drug overdose, and I didn't understand it, I didn't understand what was in her blood, I didn't understand how she got it, where it came from, was there something more that I can do -- Mike Bouchard was there for me. So I have lived this personally with the sheriff that is with us today.

Sheriff Bouchard, the drug chemistry section of Oakland County's Forensic Science Laboratory analyze samples submitted by various law enforcement agencies for controlled substances and illegal drugs. I introduced legislation to reauthorize the support ex lab pilot program to improve coordination between public health laboratories, and those operated by law enforcement to better detect fentanyl and other synthetic opioids.

Can you tell us more about the Oakland County lab's effort and ability to detect fentanyl, fentanyl analogs, and the emergency threat of the xylazine, and what challenges

come up in conducting this testing, and what Congress can do to provide further support?

Sheriff Bouchard. Thank you. And I appreciate our friendship, too. In terms of our lab, you know, sometimes we are not even aware of some of these changes that are being seen from the street, and we hear about it from the medical profession or elsewhere. So I have learned about xylazine happening, I believe, in the State of Pennsylvania was where some of it really started to catch fire. So I asked our lab to figure out a way to test for it, and then come back and tell me what they were seeing. And I was shocked as they were how much were in all of the test samples that were on their bench.

So the communication between public health and crime labs is very helpful for us to know what we are looking for and what we should be anticipating on the street and what our folks that are touching and coming into contact that would need to be aware of. You know, we had to change all of our field-testing kinds of things because just coming into contact with certain drugs is, as you know, caused overdoses for police agencies in those situations. So I think that would be very helpful and important.

Mrs. Dingell. Thank you. In your testimony, you mentioned Oakland County's Crisis Response Unit and the Cosponsor Program which both partner healthcare providers and law enforcement to implement preventative measures, find treatment sources, and deescalate crisis situations.

Can you tell us more about the success of your partnership with the Oakland Community Health Network, the importance of a comprehensive approach that includes both law enforcement and healthcare providers? And are you being impacted by current potential Federal grant nonpayments.

Sheriff Bouchard. Thank you. At this point, none of our staff have said they are having any interruption. But the partnership is critical. We work hand in glove with

our health department with the community of coalitions, a group that focuses on substance use disorder, and all of the associated preventative, both educationally, free Narcan kits, visits to school. I go to schools with this one group called Fentanyl Fathers that tragically are in that club they never want to join. One father talked about his daughter taking what she thought was a half an Adderall pill, and it had fentanyl, and it killed her. And so that is why we adopted The One Pill Can Kill. And in some of our discussions, and the pill press thing is very front and center with us as well.

I think it is important that, you know, we do those preventative things in partnerships with all of those agencies. We are not going to arrest our way out of it, but we can punish the folks that are profiting from the suffering and the death of others.

Mrs. Dingell. Thank you. We know more than when my sister died. But, Dr. Camenga, your work focuses specifically on addressing substance use and substance use disorders. Your research has explored development of novel technology, enhanced interventions to reduce drug use in adolescents and young adults.

Can you share more about the status of these interventions and their funding sources?

Dr. Camenga. As part of my research, I develop interventions for vaping prevention in middle school students. Students love technology. It is a way to communicate important education to them. We have been developing these interventions for years. Right now, we are on hold not knowing, you know, how to continue to build them out until we understand funding a little better.

Mrs. Dingell. Thank you, we need funding. I yield back, Mr. Chair.

Mr. Carter of Georgia. The gentlelady yields back. The chair now recognizes the gentleman from Florida, Dr. Dunn, for 5 minutes of questioning.

Mr. Dunn. Thank you very much, Mr. Chair. Thank you, again, to our witnesses

for being here with us today. I am gravely concerned with the illicit drugs that have been pouring across our southern border for years. It is clear that this problem requires significant attention to resources from us.

For years, the drug cartels have exploited our southern border, and they are working with the Chinese Communist Party to poison Americans. But alarmingly, recent reports show that these cartels are mobilizing along our northern border as well. They are creating super labs to illegally distribute drugs throughout our communities.

I would like to submit an article for the record that highlights these crimes titled, "British Columbia Organized Crime, Expanding Export of fentanyl and Other Drugs," published in the Vancouver Sun. And, yes, it was submitted earlier. So thank you, Mr. Chairman.

[The information follows:]

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Mr. Dunn. Sheriff Bouchard, can you speak to how the drug cartels actually move drugs across our border, specifically, how drugs get from their facilities into the hands of our citizens?

Sheriff Bouchard. Thank you. They move it in a variety of ways. They are much like any private company that is looking for a fish and effective routes. Sometimes it is muled across the border and then has transportation routes up into every community. And other times, we see it shipped in or come across in different fashions. We have seen it both in parcels and in vehicles moved across the border.

Mr. Dunn. So in follow-up to that question, have you seen the cartels adjusting their operations in response to how we adjust at the border?

Sheriff Bouchard. One hundred percent, yeah. They are very nimble. They look for everything that we do. They look for countermeasures. One of the largest seizures in the history of our State happened in a dump house where they were storing drugs about a mile from one of our substations. And we took over policing that community. And within a month, we found that, and it was staggering the amount of drugs. And it was definitely directly tied to cartel activity.

Mr. Dunn. I appreciate your insights as critical. We do everything we can, and we need to know those things that you know to respond intelligently.

Dr. Westlake, as a medical doctor, I am interested to hear from you as to how this issue presents in the emergency room. You speak from your own experience, how the presentations of drug overdoses have evolved over the last few years.

Dr. Westlake. I am sorry. I didn't understand the question.

Mr. Dunn. How have the presentations in the emergency room, how are they changing over the last few years?

Dr. Westlake. Yes, so I think when we kind of saw the start, and it was with

prescription opioid epidemic, and there were overdoses on prescription pills because of the overprescribing issue, that has pretty much -- at least in Wisconsin, and my understanding across the country -- it has pretty much stopped, and now it has moved on to the illicit substances. And then once they became the counterfeit substances, you know, initially, it was people that knew they were using and was taking risks, and now it has moved to people that don't even know that they are using.

And the majority of overdoses that I see are people that are not aware that they are taking fentanyl. The last 10 overdoses that I have seen in the last couple of months all thought they were taking heroin. And when we tested it, there was no opioid, it was all pure fentanyl that they were overdosing from. So it has been a huge shift.

Again, it is fire hydrants taking it more soft into different things.

Mr. Dunn. So I think that it is an important key point there. People think they are taking something else. They even think they are smoking some marijuana or something. And what they get exposed to is a really, really dangerous substance. And even microscopic amounts of it can kill.

So that is a -- thank you very much. This threat is obviously to all of us. We can't sit back and watch the cartels poison our society. So I look forward to working with all of you and all of my colleagues here to address these problems. Thank you very much, Mr. Chair. I yield back.

Mr. Carter of Georgia. The gentleman yields. Is there a question on the article to be inserted into the record?

Ms. DeGette. Mr. Chairman, what is source of this article?

Mr. Dunn. The Vancouver Sun.

Ms. DeGette. Thank you. I have no objection.

Mr. Dunn. The Vancouver Sun. It is a regular newspaper.

Mr. Carter of Georgia. Without objection, the article is included in the record.

[The information follows:]

***** COMMITTEE INSERT *****

Mr. Carter of Georgia. The chair now recognizes the gentlelady from Washington, Dr. Schrier, for 5 minutes of questioning.

Ms. Schrier. Thank you, Chair Carter. And thank you, Ranking Member DeGette. And thank you to our witnesses today.

In my State of Washington, like every other State, fentanyl and other illicit drugs have had a profound and devastating impact.

Last Monday, Washington State had a \$155.6 million disbursement frozen due to President Trump's halt of fentanyl spending -- excuse me, of Federal spending. And to be clear, that amount of money included grants for SAMSA, which is the Federal agency responsible for substance abuse prevention and treatment. And I just have to point out the real ramification of Trump Federal spending freeze, not opposed by a single Republican so far, has on overdose deaths in this country.

I know everyone here is committed to stemming the flow of illicit fentanyl and other drugs that supporting a funding freeze that guts substance use prevention and addiction treatment programs is antithetical to solving this problem and is absolutely reckless.

Mr. Cullen and others sitting in this room are family members of people who have died from fentanyl poisoning. And freezing treatment programs will only add more grieving families.

I want to pivot to xylazine. It was later in coming to the State of Washington, I am hearing our State narcotics investigators that this use of xylazine as a cutting agent in fentanyl is very much increasing locally. There is currently no known treatment for xylazine overdose. And so Narcan, of course, if you have a mixed overdose, may not save a life in that case.

Ms. LaBelle, in light of the recent OMB funding freeze, I wondered if you could

speak to the impact of withholding NIH funds, especially when it comes to developing xylazine detection tests and potential xylazine reversal agents.

Ms. LaBelle. Yeah, I mean, there -- I can't speak to specific grants that we have approved at NIDA, or will approval at some point, but I know that having worked closely with people in the University of Washington, there is a lot of ongoing research that has to be funded. And the only people who have that type of funding is the Federal Government through the National Institute on Drug Abuse.

Ms. Schrier. That is right. Thank you very much. To pivot to China's role in all of this, the People's Republic of China shipped the precursor chemical needed to make fentanyl to Mexico, the United States, or elsewhere in the world where that has been assembled into fentanyl and fentanyl analogs by criminal groups. And then, it floods into the U.S. market.

I grilled representatives from the Chinese embassy about this, and they so proudly claimed that they were addressing this problem seriously. But then, I pressed them on this. And it turns out that while they are supposedly curtailing the shipments to Mexico, they are sending fentanyl precursors to very suspect places around the world.

For example, they showed me a list. They are sending to clinics and to hospitals. And as a physician, I can assure you that there are no clinics or hospitals in this country manufacturing fentanyl. It is still making its way to the cartels.

So, Sheriff Bouchard, I was wondering what steps you think the Federal Government should take to stem this flow of fentanyl precursors from China?

Sheriff Bouchard. Oh, obviously, that is solely within the purview of the Federal Government is pressure on nation states, especially ones that are dealing this into our country, obviously, intentionally. And I think that great pressure has to be brought to bear because they are the origin of a lot of what we are seeing across the country in

terms of death and misery.

Ms. Schrier. Any specific recommendation that you would make?

Sheriff Bouchard. That would get into policy things on how the Federal Government deals with a nation state. You know, I again go back to anything that would strongly enough discourage them or let them know there would be consequences for them to continue to traffic this into our country. I mean, you can get xylazine mailed to you direct right now from China.

Ms. Schrier. It certainly is to their advantage to weaken the United States, and this is part of what will do that. Absolutely.

I just want to mention in these last 30 seconds, I am a pediatrician, and so I am very concerned about the poisoning of kids, they think they are buying something else, and 60 percent is tainted with fentanyl, and so many of these are deadly amounts. We have so many youths who overdose. They are now filling our emergency rooms. There aren't enough treatment facilities for them.

And so just a last quick question. I don't have time to ask the question, but I will just point out that Dr. Camenga and I both know that we need more resources for kids and treatment. I yield back.

Mr. Carter of Georgia. The gentlelady yields. The chair now recognizes the gentleman from Florida, Mr. Bilirakis, for 5 minutes of questioning.

Mr. Bilirakis. Thank you, Mr. Chairman, for holding our first healthcare subcommittee hearing on this very critical topic, the illicit drug threats that are plaguing our constituents through fentanyl-related substances that have flooded through our borders unfortunately.

I am thankful that President Trump has taken quick action to address the water crisis. I am proud to join with Representative Griffith and Latta in support of the HALT

fentanyl Act, which would finally classify fentanyl-related substances as a class I drug and give law enforcement the certainty it needs to fight back against drug traffickers. It is long overdue.

And while we are trying to keep pace with this evolving landscape, new threats continue to emerge unfortunately. I am proud to co-lead the Combating Illicit xylazine Act with my good friend, August Pfluger, and Jimmy Panetta, which would schedule xylazine as a schedule III drug under the Controlled Substances Act.

Why the animal or drug xylazine has horrific side effects in human use, it prolongs the effects of fentanyl, making it extremely dangerous on the streets. Our bipartisan legislation strikes a key balance to provide more tools while maintaining legitimate use for veterinarians and others to use this drug safely without diversion in large animals.

So my first question is for Sheriff Bouchard. You touched upon the emerging threat of xylazine and other new drugs in your testimony.

Can you elaborate why it is critical from a law enforcement perspective to keep, as you say, and I quote, "a more agile regulatory framework," so we can address these threats faster and more effectively.

Sheriff Bouchard. Thank you. Well, I guess it also touches on what we just talked about. When you have a nation state involved that has the resources and the capability to create laboratories and factories that can quickly change one component of what they are making in a lab, and then suddenly make it legal, or have a different kind of thing that they can send in, suddenly, we are dealing with something we are not aware of because they changed in the lab, and it is landing in our laps. And that is how I found out about xylazine hitting a different State and asked our lab and it was already there. And that is the kind of nimbleness we need to be capable of dealing with when you have somebody that is intentionally of a nation-state status allowing that to occur.

Mr. Bilirakis. Thank you very much. Over the years during this overdose crisis, we have sadly seen time and time again parents were prescribed opioids for legitimate purposes -- I said parents, I meant patients. But still parents and kids, what have you -- like a surgery or an injury, but often go down on paths towards illicit or diverted pills, and even fentanyl once they are addicted. And this is the majority of the cases in my opinion.

Our committee has worked on policies that incentivized non-opioids. And I have been long been interested in encouraging alternative therapies to pain moment. I am glad to see that last week, the FDA approved the first in-class non-opioid alternative for acute pain.

So, Dr. Westlake, you testified about your inspiration after the tragedy of your friend's son who was a victim of this trend of getting hooked on legitimate prescriptions, which led to worse illicit options, such as heroin. I believe this contributes to further illegal fentanyl crossing our southern border. And we should work towards methods to cut off the demand here wherever plausible.

Would you agree that patient access to additional pain management tools beyond opioids are an important component of addressing the illicit drug threats in a comprehensive way? And we have made some changes in the VA, but we have got to do more. So if you can answer that question, I would appreciate it.

Dr. Westlake. Yes, absolutely. I think opioids should not be the last medication you use. I used to normally tell my patients to, you know, use Tylenol and Ibuprofen and prescription strength, which has been shown as effective as oxycodone for acute fracture pain. And then at nighttime only to take opioids if needed if they are going to be pain from the surgery or from the fracture -- got to kind of get through that, but they don't want to get hooked on opioids. Half of the people that got hooked on opioids

didn't start by trying to get it.

Mr. Bilirakis. Thank you, sir. Mr. Cullen, thank you for being here to tell about your story. I am so sorry to hear about Zachary. I want to highlight an important part of your testimony when you say most kids are not addicts. I believe that. They are stressed and anxious. And that social media provides a platform for kids to easily purchase drugs online, which get laced with fentanyl and lead to overdose poisoning.

I am committed to holding Big Tech social media accountable for enabling this on their platform. Can you share your perspective on this and what suggestions you might have to curb this horrific trend? Because we are going to refile COSA, and I want as much input as possible, please.

Mr. Cullen. Yes, thank you for your question. Yes, we talked to several of Zach's friends afterwards, and they told us how easy that it could be. That you could order prescription-strength pills of Snapchat, TikTok, Instagram, that sort of thing, delivered right to your house.

I think what I spoke about in my testimony was that we would like to see PSAs. But the PSAs need to be directed at the platforms that they are utilizing, not ABC News, NBC News. That is not where they are getting their information from. I think it needs to be targeted. And I have seen some mad counsel ads for drunk driving in the past week or so. I think that it needs to be -- something that needs to be elevated.

Mr. Bilirakis. Good suggestion. Thank you very much. I yield back, Mr. Chairman.

Mr. Carter of Georgia. The gentleman yields. The chair now recognizes the gentlelady from Massachusetts, Representative Trahan, for 5 minutes of questioning.

Mrs. Trahan. Thank you, Mr. Chair. Thank you, ranking member. Thank you especially to our witnesses. I appreciate the subcommittee's focus on an issue that

affects Americans across geography, demographics, and politics.

However, I would like to understand how broad funding cuts backed by my Republican colleagues would undermine the efforts to combat this addiction overdose crisis.

Overdose trends show a rise in fentanyl mixed with xylazine, a powerful animal sedative known as tranq dope. First responders in my home State of Massachusetts have seen it spreading across communities. And what is particularly concerning is that experts warn that Narcan is ineffective against xylazine. And the FDA had stated it is unclear if today's Narcan can reverse its effects. We can't be caught flat-footed when the next dangerous substance like xylazine emerges.

Additionally, the recent drop in overdose deaths is largely due to increased Narcan access, which has been critical for those with opioid use disorder.

So, Ms. LaBelle, how did significant NIH research funding cuts undermine our ability to develop more effective overdose reversal medication and keep pace with evolving overdose crisis?

Ms. LaBelle. NIDA is the number one source of funding for research worldwide. There is no philanthropy that can make up for that. So it could have a devastating impact.

Mrs. Trahan. Thank you, Mr. LaBelle. It seems that we all agree that strong support for the research landscape is key to finding new treatments and lifesaving anecdotes.

The opioid crisis continues to devastate communities across the country. And Medicaid has been a vital lifeline for those struggling with substance use disorder, providing access to essential treatment and recovery services.

However, my Republican colleagues supporting Medicaid proposals that would cut

Federal funding, especially in Medicaid expansion. Many individuals with SUD could lose access to critical care at a time when they need it most.

Ms. LaBelle, again, how would cutting Federal funding for Medicaid expansion affect individuals with substance use disorder who are already in a invulnerable situation without the critical care that they rely on.

Ms. LaBelle. One good example is treatment, in carceral settings, when people are leaving incarceration and need to be connected to care. And about 15 States have been approved for using Federal funds, Federal Medicaid funds. So cutting back on that would devastate a population that is at heightened risk of overdose.

Mrs. Trahan. Thank you. Sheriff Peter Koutoujian, the Sheriff of Middlesex County in my State of Massachusetts has been a leader in tackling the opioid crisis through initiatives like the Sheriff's Outreach and Recovery Program, which helps individuals access treatment and support.

Sheriff Bouchard, could you just share an example of how you collaborate with the Drug-free Community Grant Program? Additionally, how would the potential loss of nearly 670,000 in Federal funding as outlined in the OMB memo on behalf of the President impact your work and the communities that you serve?

Sheriff Bouchard. Thank you. I can speak to the partnership of the actual grants and who gets them, whether it is our agency or our partners. It probably is more my CFO. But as it relates to the partnership, it is critically important that we are hand in glove. And a lot of those programs that we have, our crisis response unit is in partnership with those folks and with the grants. And having that capability to work together to intervene, then connect them with the resources -- as I said, I am one of those house visits after we had saved the individual ones. They were checking up on them and found them overdosing again. Saved their lives. So to correct those

resources in a partnership is critically important so that we can not only save lives, but put them on a different path.

Mrs. Trahan. Thank you. Thanks so much again. I yield back.

Mr. Dunn. [Presiding.] The gentlelady yields back. I now recognize the gentleman from Texas, Representative Crenshaw.

Mr. Crenshaw. Thank you, Chairman. Thank you for holding this important hearing today. And thank you to our panel of witnesses for being here.

I am really focused on this issue as a committee before. I am sure it won't be the last time, and I am glad we talked about it again. This is an easily bipartisan issue.

I wish some of my colleagues weren't wasting time talking about a so-called funding freeze that is not even in effect. That is a fact. It is not. The distraction from the fact that fentanyl is pouring across our southern border, it is trafficked by Mexican drug cartels, and it is laced into street drugs that is killing our kids.

This isn't just a drug problem, this is a deliberate act of poisoning against the American people, and cartels are the culprit. As chairman of the cartel task force, I have introduced real bipartisan solutions to battle the cartels. We have a lot of work to do to dismantle this terrorist insurgency that is destroying both Mexican and American societies.

This is a supply problem. Whether someone is addicted or whether they were just partying and got a pill that was laced with fentanyl, the fact is they would have never gotten fentanyl without the supply from cartels. Supply creates the demand. It creates the addiction. That is a fact.

Another fact that deterrence matters. Criminals and cartels will be less inclined to traffic fentanyl and deal it to kids if the penalty is high enough. This is also a very simple concept.

So I would like to start with Sheriff Bouchard. Thank you for being here. In your line of work, how often do you come across counterfeit pills?

Sheriff Bouchard. Regularly, sir.

Mr. Crenshaw. And let's talk about how these pills are getting made.

How often are the cartels getting their hands on pill presses, and who sells them?

Sheriff Bouchard. It is a big problem. Our narcotics team and teams across the country and our Association of Major County Sheriffs of America are seeing more and more pills that look like something they are not that have fentanyl as a component or all of fentanyl.

Mr. Crenshaw. Do you have any idea of where they are getting them, who makes them? Is it just that, or is it just extremely easy to get them so we don't know?

Sheriff Bouchard. It is extremely easy to get them right now. They are not serialized, or there is not any kind of registration requirement. So it is, in essence, you know, super easy, and it is a pathway to bring something in under the guise of something else. It is a Trojan horse that is killing a lot of kids.

Mr. Crenshaw. So it would be helpful to serialize them and be able to track these pill processes.

Sheriff Bouchard. Yes, sir.

Mr. Crenshaw. I appreciate that. And that is one of the reasons I have bipartisan legislation that requires the serialization of pill presses. Because we need to cut off the cartel's access to the tools they use to manufacture this poison, and trick kids into taking something that they think is something else, but it is not in the place of fentanyl.

Senator Cornyn also has this legislation in the Senate. I would encourage everyone to get on this. Again, it is bipartisan.

Sheriff, do dealers generally understand the danger of the counterfeit pills they are pushing.

Sheriff Bouchard. The dealers do, but the kids don't. That is why it is so deadly.

Mr. Crenshaw. But the dealers do.

Sheriff Bouchard. Absolutely. Understanding that fentanyl, in even small doses, can kill people. And there has been kind of a paradigm change over time where the old dealers of all that have been in this business a long time, used to start you with a little bit to get you to be a regular customer. Today, they don't care how many people they kill.

Mr. Crenshaw. I agree with you. I think the dealers absolutely know what they are doing. You know, in Texas, I think we got it right. Although, I think we could even make this law better. We passed the law to enhance penalties for fentanyl distribution, giving law enforcement the ability to go after these criminals with murder charges.

Since that law went into effect, overdoses in Texas are down 56 percent. That was pretty good progress. The U.S. Sentencing Commission data for fiscal year 2021 released last year shows that the average for fentanyl trafficking was just over 4 years. Four years, that is less than some people get for robbery. Does that seem right?

Sheriff Bouchard. No, sir, because, you know, they are spreading that pain well across your population before they actually got successfully prosecuted for the one they did.

Mr. Crenshaw. I mean, you would agree that perhaps -- would there be an argument for a similar law at the Federal level to put it on the dealers that dealing fentanyl knowingly could occur in a murder charge?

Sheriff Bouchard. I think that would send a very strong message.

Mr. Crenshaw. It certainly would, again. Sentence matters. I am nearly out

of time on -- in your experience as well, would you say that cartels are exploiting the fact that fentanyl analogs are not criminally classified as schedule I substances?

Sheriff Bouchard. Yes.

Mr. Crenshaw. Have you seen a decline in fentanyl overdoses since Congress extended the temporary scheduling order?

Sheriff Bouchard. We have seen a decline in deaths, but not necessarily overdoses because they keep changing.

Mr. Crenshaw. Well, I hope that as we vote on that today, that we do make it permanent. Thank you, and I yield back.

Mr. Dunn. The gentleman yields back. And I recognize Representative Veasey from Texas.

Mr. Veasey. Absolutely. Thank you very much. I want to thank -- I know that Chairman Carter had stepped away, but I want to thank him and everyone on this panel, the way that they have been addressing the grieving parents that are here and other people that have experienced loss due to fentanyl.

In the eighties and nineties, people just used to talk about people that have become addicted to drugs or were using drugs, just talked about them like they were dirt and garbage.

And I am just happy that there seems to be a bipartisan sense in this committee that we need to get beyond that and actually try to help people do better, whether or not we disagree on their approaches. I think the language as the news here today is really encouraging.

And I want to thank Mr. Cullen for sharing a story about his son. I have an 18-year-old son that is a freshman at college. And I was talking to my wife the other day, and I said, you know, even if your kids aren't on drugs, they are saying that you

should keep a can of Narcan at your house just in case one of your friend's kids come over. And it might not even be something that is drug-related.

A lot of the pressures that high school and college students are under today to keep up will oftentimes send them onto the black market for Adderall and add-related drugs. And sometimes they are fake pills that are laced with Adderall. So it may not be anything that is cocaine or heroin or I-want-to-get-high related. It may just be someone just trying to keep up in what is a very competitive universe in our college campuses, and they are absolutely victims.

But I want to be clear, when we discuss solutions here today. President Trump just illegally seized \$8.6 billion, and Congress approved opioid funding. And the fallout has been an unmitigated disaster, I think, due to the chaos that was unleashed by the government freeze.

And I want to just, you know, say something that my colleagues said. That there ended up not being a government freeze. But before the 5 p.m. deadline, there were federally qualified healthcare centers across Texas that couldn't get into the database. So they couldn't treat people for things like what we are talking about here today.

And there is a federally qualified healthcare center in Virginia just this past Tuesday that announced the closure of several locations because they still cannot access their funding to help the people that you are here talking about today and that other people are here talking about today. And so this isn't some sort of a game. This is serious. And lives are at stake.

And so I wanted to ask the sheriff, Trump's illegal funding freeze put critical programs like high-intensity drug trafficking area programs at risk, programs that help law enforcement, including your own and the fight against fentanyl in high-risk areas. And even the Office of National Drug Policies web page has been wiped by President Elon.

And so, Sheriff, can you confirm, yes or no, that the programs like HIDTA and other Federal grants are essential for reducing the supply of fentanyl in your community?

Sheriff Bouchard. Yes, HIDTA is very important, not only for your coordination, but deconfliction and partnership.

Mr. Veasey. So you agree that a funding freeze or any attempt to freeze these funds or cut resources directly endangers Americans by weakening our efforts in the fight against fentanyl?

Sheriff Bouchard. Well, as I said earlier, my staff hasn't told us there has been any shutdown in terms of our operations that we are aware of, but obviously it is an important program.

Mr. Veasey. Yeah, well, thank you very much. This is for the professor. Last year, there was a bipartisan Senate bill that would have delivered critical resources to the border to combat fentanyl trafficking and funding that law enforcement and public health officials agreed was desperately needed to stem the flow of drugs into our country.

But instead of putting public safety first, the President and the Speaker of the House decided that for political gain, that we would slow the immigration bill. And now a year later we are still waiting for any meaningful action from colleagues to help stop the pour of fentanyl into our legal ports of entry.

And given this failure, what sort of resources are most urgently needed to strengthen interdiction efforts and disrupt the supply of fentanyl and other dangerous substances at our ports of entry.

Ms. LaBelle. So I think there are three pieces. First is investing in our workforce so they are trained. The second is intelligence sharing. And lastly, the technology. So we have the best technology to identify drugs that may be coming in over the border.

Mr. Veasey. Thank you very much. Thank you, Mr. Chairman, I yield back.

Mr. Dunn. The gentleman yields back. I now recognize Dr. John Joyce from Pennsylvania for 5 minutes.

Mr. Joyce. Thank you, Chairman. And thank you for holding this hearing. And thank you to all the panel for taking out of your busy schedules to be with us. I also want to acknowledge and thank Chairman Griffith for his incredible work on the Halt fentanyl Act, a bill that I am proud to be a co-sponsor. And look forward to see its passage through the House of Representatives this week.

Since the inauguration of President Trump, we have seen President Trump take immediate action to combat the growing threat of illicit fentanyl flowing through our borders. He designated the cartels in Mexico as a foreign terrorist organization, and reached an agreement with the Mexican President to deploy her country's National Guard to help stop the transport of this deadly drug into our country.

Unfortunately, these positive steps come only a few years after the inaction of the Biden administration. And because of that delay, fentanyl poisoning has risen dramatically with seven out of ten illicit fentanyl pills tested by the DEA in 2023 containing a potentially lethal dose of fentanyl. That is seven out of 10. And go back just 2 years before that, it was only four out of 10. Why would I say only four out of 10 deadly pills.

Ray Cullen, thank you for being here. Thank you for sharing the story of your son, Zach. Can you talk about how fentanyl poisoning is distinct from an accidental overdose?

Mr. Cullen. Yes, thank you for the question. So in my opinion, an accidental overdose is when someone takes something, whether prescribed or not, more of what they were supposed to than the body could handle. A poisoning to me means that

someone took something that had something in it that they were not expecting.

So in our case, Zach purchased cocaine. Bad decision. But the coroner told me that there was more fentanyl than cocaine in his system. So he did not die because he took too much cocaine.

Mr. Joyce. So the accidental deaths that we are seeing because of this poison being mixed in to other street drugs is causing the increase of the fentanyl deaths that we are seeing in the United States. And many of these are fentanyl analogs. Fentanyl analogs laced into, as you mentioned, cocaine that are being created by the Mexican cartels. And they use precursor drugs that are created by the Chinese Communist Party. And those are shipped to Mexico, where the cartels, in their labs, mix these drugs up, or use these pill presses, or mix them up with other drugs, as simple as marijuana as well.

These are multinational organizations. They are sending thousands of pounds of deadly drugs into the United States to kill our friends, our neighbors, our children.

Mr. Cullen, with all of this in mind, do you agree with President Trump's classification of the cartels as foreign terrorist organizations?

Mr. Cullen. One hundred percent. This was something that we brought up at the roundtable about 2 years ago where that was one of the things that we would like to have seen happen, along with the declaring fentanyl a weapon of mass destruction.

Mr. Joyce. Dr. Westlake, as an emergency physician, can you speak to how continued emergence of new, deadlier, illicit drugs make it more difficult for you, when you are in the emergency room, which you were just this week, and patients that come in, do you have to use higher doses to reverse the overdoses that you are seeing?

Dr. Westlake. Yes. Thanks for the question, Congressman. It kind of depends. So Narcan works, and it works well. But the problem isn't that there isn't a potent enough Narcan. Although that may be partially the problem. The problem is

that people are exposed to these poisons to begin with. The prevention of stopping them from existing is critical.

I also want to point out one thing going back to weapons of mass destruction. Fentanyl is more deadly than Sarin nerve gas. It is easier to die from Sarin nerve gas than from fentanyl. The lethal dose is higher in Sarin. So it is a chemical-weapons-based created poison.

Mr. Joyce. As we sit here and discuss the threat the cartels are working, this multi-national and described as being a nimble group by the sheriff here, they are working to create cheaper and deadlier drugs to smuggle across our borders.

We have responsibility here in this committee and in Congress to protect our communities from these ongoing and emerging chemical threats. While the passage of the HALT Fentanyl Act will represent a great start, I remain personally committed to combating the production and sale of all of these illicit substances.

Thank you, Mr. Chairman, and I yield back.

Mr. Dunn. The gentleman yields back. I now recognize the gentlelady from New York, Ms. Ocasio-Cortez.

RPTR MARTIN

EDTR ZAMORA

[11:56 a.m.]

Ms. Ocasio-Cortez. Thank you, Mr. Chairman.

Thank you all, to all of our witnesses here today, sharing their expertise and their story.

And, Mr. Cullen, thank you for sharing your son's story with us here in the committee. And I think it is tremendously important that we communicate to you that what happened to your son will not happen in vein and that we are going to fight to make sure that there is real change that happens to ensure that victims across the country are protected from this happening ever again.

I represent the South Bronx, and the South Bronx, historically, if it were its own State, would have the second highest per capita rate of overdoses in the entire country, second only to West Virginia. And so this is a well-known issue in our community.

I, like the ranking member, keep Narcan in my car. We have communities that have been ravaged by fentanyl. And one thing that is also in New York's 14th Congressional District is Rikers jail.

We have seen the impacts of Schedule I on certain drugs and substances, and these scheduling differences matter, Schedule II, Schedule I, Schedule III, et cetera. When we look at the impacts of these things, what I think is very important when we look at Schedule I is the presence of mandatory minimums. And what happens in mandatory minimums is that many of the victims of fentanyl distribution, drug distribution, themselves become incarcerated, while many of the upstream distributors go off scot-free.

If we want to address this issue, we need to look at financial crimes. And, in fact,

many of the industries responsible for supercharging the distribution of fentanyl are getting off without enforcement, and one such industry is crypto. And I think it is very important that if we want to make sure that we take an important approach on this, we need to go after the folks who are responsible for the upstream distribution of this, but I want to put that aside.

Ms. LaBelle, in your testimony, you named some very key different factors in this crisis and how we can address it. First, you named transnational efforts, which I think are tremendously important and, to that extent, addressing the financial chokepoints that actually reward fentanyl trafficking.

But then, secondly, you talked about prevention and treatment. And one thing that I thought was very significant in your testimony is you naming the healthcare agencies that are responsible for helping reduce fentanyl and fentanyl use, and one of those that you named was not just the CDC, the NIH, but you also named Medicaid.

Would it be fair to say that Medicaid is actually one of the most important and strongest protections we have in the opioid crisis in the United States?

Ms. LaBelle. Yes. It treats a lot of people with addiction who would not otherwise be able to receive care.

Ms. Ocasio-Cortez. And cutting off Medicaid and cutting off access to Medicaid could potentially increase the fentanyl crisis in the United States and certainly result in deaths from the fentanyl crisis?

Ms. LaBelle. I have -- I think it is safe to say that if Medicaid were significantly reduced, more people would die of overdoses.

Ms. Ocasio-Cortez. So we are talking about the prospect of cutting Medicaid as exploding the fentanyl crisis in the United States. And I imagine you see in many communities where there are fentanyl -- when there is widespread fentanyl use, there is

also large interplays with the Medicaid system, correct?

Ms. LaBelle. Yes.

Ms. Ocasio-Cortez. Can you explain that a little bit further, what you see?

Ms. LaBelle. So, I mean, people are, especially in Medicaid expansion States -- I mean, one area that I keep bringing up, but it is so important, and we have done a lot of work on this at Georgetown, is people upon leaving incarceration are at 10 times greater risk of overdose. And so cutting off Medicaid for that population will leave them not only probably more mortality but also increase their risk they are just going to end up back in prison.

Ms. Ocasio-Cortez. So one of the things you are saying, very importantly, someone leaving incarceration is at 10 times higher risk of overdose, demand. And so incarcerating people too broadly can also create a demand on fentanyl because these are people who are struggling with a lot of these issues.

And I think one of the things that is important for us to see here is, in those threats to Medicaid, just last month in our continuing resolution, we had bipartisan efforts to address fentanyl, including expansion of Medicaid to address the fentanyl crisis, treatment, that the Republican majority stripped on orders of Elon Musk. People are dying because of this, and we have to make sure that we are protecting our Medicaid system, not cutting it, because cuts to Medicaid are going to expand our fentanyl crisis.

And with that, I yield back.

Mr. Carter of Georgia. The gentlelady yields.

The chair now recognizes the gentleman from Ohio, Representative Balderson, for 5 minutes of questioning.

Mr. Balderson. Thank you, Mr. Chairman. Thank you all for being here today.

My first question is for Dr. Westlake. And Dr. Joyce touched on it a little bit. I

know your experience is in the emergency room, but I am interested in hearing how Wisconsin has approached provider education for opioids. I know that your experience is largely with the ER, but I would like to ask what you believe can be done regarding post-op monitoring to reduce the number of Americans that come away from surgeries with an opioid addiction.

Dr. Westlake. Yeah, that is a great question, Congressman.

So I actually was a Medical Examining Board chairman and led the Wisconsin prescription opioid reform effort and started doing that in 2014, over 10 years ago. So I led, and my strategy was implemented and was key for there to be prescriber education. So we look for a cultural shift in prescribing. I mean, honestly, the derivation of the opioid crisis began with pain is the fifth vital sign. You know, mandated treatment of pain, patients have a right to have their pain treated, kind of forced our hand as physicians. And we released that, and then we mandated prescriber education through the Medical Examining Board. So we have got to be careful. Medical regulation and education needs to go at the State level through the Medical Examining Board.

You know, the Federal Government is great at providing grants to the municipalities and localities that can then implement the strategy that they need. So education is key but also education of the entire populous that you don't need opioids for pain, and I think that that has happened, and I think we have seen a significant decrease.

But you are right, we need to make sure that we don't overprescribe, continue to overprescribe, and use other treatments, other methods.

Mr. Balderson. I can validate. I had a hip replacement and I have had a surgery replacement, and they cut me way back, so -- thank you.

Sheriff, thank you for being here today and thank you for your service. I represent a district in central and southeast Ohio which is largely rural. The opioid

epidemic has devastated the State of Ohio and Ohio's 12th Congressional District for years. Ohio has the second highest opioid overdose rate, with a whopping 39.2 deaths per 100,000 people. The State's opioid use rate is twice the national average encompassing 1.4 percent of the State's population. And, unfortunately, opioid-related deaths have continued to increase over the past 4 years.

Can you talk to me a little bit about what policies are being employed in rural areas to reduce the opioid use and misuse?

Sheriff Bouchard. Thank you. Yes. You know, we have, in my county, both urban and rural, and so a big part of that, obviously, is education to try to make sure that people are aware of the dangers. Again, that is why we use the one pill can kill kind of thing to explain that. So many people are unaware. When you tell most parents that, they get this blank look on their face, and they are horrified. And to have that communication with their kids, so we try to go into schools, and we have a lot of our SROs, our school resource officers, talking to kids about that. We partner with the folks that, unfortunately, like Mr. Cullen, is a part of a club he never wanted to join. We have some of those. I believe Rebecca from our county testified she lost two of her sons in one day. When you have parents that are willing to rip off the scab of something that is so horrific to explain it to others, it makes a deep impact on them.

So we do a lot of education, partnership with our prevention, our coalitions, our health department. And then we are vigorous in our enforcement to go after those that are making profit off of, again, other people's misery and death.

My daughter played soccer with a lot of girls on her team, and three of those girls have perished from overdoses. And it is primarily the pathway that they got into it was through sports injuries. So the paths alter and are varied, but the outcome is typically the same.

Mr. Balderson. Thank you. I like the SRO, the resource officers in the schools.

I have another question for you, Sheriff. In 2022, Ohio ranked third in the country for the highest total fentanyl deaths. While the number of Ohio deaths caused by fentanyl have decreased since 2022, there are still far too many lives lost at the hands of fentanyl.

What steps, whether it be through policy or enforcement, do you believe must be taken to better combat the risk of accidental fentanyl use both from a law enforcement and a public health perspective?

Sheriff Bouchard. Well, I think the step of permanently scheduling is a good step, and it is important. I think a continuation of the partnerships with health and law enforcement and all across the different disciplines is critically important. The communication between the labs of trends and what they are seeing and how we get in front of it and prepare for it and respond to it, you know, all of those are critically important components. And I think a lot of the facts that we are seeing a reduction in deaths isn't necessarily because we have won, it is because we have more people out there with Narcan or Opvee who are saving lives and giving folks a second chance, and, you know, we have broad distribution. We have vending machines all across the county. I have a vending machine that is free when you leave the jail for Narcan in it. They can take it with them.

Mr. Balderson. Okay.

Sheriff Bouchard. And I think that is in part why we are bringing it down. We definitely have not won the war on this.

Mr. Balderson. All right. Mr. Chairman, thank you very much. I yield back.

Mr. Carter of Georgia. The gentleman yields.

The chair now recognizes the gentleman from Massachusetts, Representative

Auchincloss, for 5 minutes of questions.

Mr. Auchincloss. Thank you, Chair.

There is no policy issue more personal than the opioid crisis. I think to the exhibit I went to in my own district of parents telling the stories of their children who had had their developing brains hijacked by the most addictive chemical in history, and hearing about these bright, promising kids who descended into a spiral of lying and stealing and addiction and broken relationships, and at the end so, many of the parents said that their focus was on just letting their kids know that they were loved before they died.

And we all have an obligation to stop this epidemic, and I appreciate and applaud each of the five of you for the work that you are doing there, and in particular you, Mr. Cullen, for your bravery in coming forward with your wife on this issue. There is none of us up here on the dais whose decisions as 23-year-olds would survive congressional scrutiny, and coming forward with this story is so powerful because the word you used, "poisoned", is exactly the right word. He was poisoned.

And it is not just the cartels, as the gentleman from Texas pointed out rightfully. It is also the Chinese Communist Party who are engaged in a state-sponsored poisoning of the American public. Ninety-eight percent of fentanyl precursors are coming from the Chinese mainland. These chemical manufacturers are being facilitated and subsidized by the Chinese Communist Party, oftentimes at a profit of individual CCP members.

And as co-chair of the Fentanyl Working Group last term, I introduced three pieces of bipartisan legislation to interdict the supply of this fentanyl directly on the Chinese mainland because, as all five of you have said, prevention, preventing this chemical from reaching the U.S. mainland is the best way to stem this tide. And I would implore my Republican colleagues, instead of taking a buzz saw to SAMHSA and to Medicaid and to

the program -- and to biomedical research, the programs that we know help treat people with substance use disorder, work with us on the three pieces of bipartisan legislation already introduced to create a joint task force to counter opioids, to sanction the Chinese manufacturers of fentanyl, to emplace fines on Chinese shippers whose manifests do not recognize that they have fentanyl on these ships. These are things that we can work on right now if the GOP would come under the thumb from Elon Musk.

Dr. Westlake, I want to transition to the other side of the problem, which is not on supply but on demand. A couple of other colleagues have mentioned Journavx, which is the new drug that has been introduced for acute pain that is nonopioid based. And this is the fruits of two decades' worth of biomedical research, biomedical research that my Republican colleagues are trying to cut. And it is going to be, I think, a game changer. Forty million Americans are diagnosed with acute pain every year. 85,000 of those develop opioid use disorder, and this drug is similar in its efficacy for treating pain without being addictive.

Now, the problem is the commercial health plans are creating the generic level copays for this drug, but on part D, where millions of Americans access their prescription drugs and where a lot of people with acute pain will get their drugs, the copay is at \$50, more or less, whereas the opioid copay is at about \$2.

Based on your experience dealing with patients with acute pain, do you think that difference in out-of-pocket cost might disincent the use of the less addictive painkiller?

Dr. Westlake. Yeah. I always -- when I prescribe medications for people, I always just start with something even more simple than that, than anything prescription. Tylenol and ibuprofen together, if you can take them, are as effective. But I think, yeah, definitely cost is a driver of what patients take. If they can get something for 2 bucks versus, you know, 50 bucks, there is going to be a shift towards the less expensive.

Mr. Auchincloss. Ms. LaBelle, would you agree that a higher copay is disincenting exactly the behavior we want to see?

Ms. LaBelle. Sure. I mean, you know, people are cost-sensitive, and that is a lot of money.

Mr. Auchincloss. That is a lot of money. And we know that anything particularly above \$35 copay tends to really rapidly disincen patient adherence.

This is an example, again, of the pharmacy benefit managers, the health insurance own drug pricing middlemen not enacting and enforcing their formularies in a way that is actually helpful to public health. They are directly undermining public health by pushing the opioids. And by the way, there is huge evidence that the PBMs profited off of the overprescription of these opioids. They are continuing to push these opioids on to part D beneficiaries despite the fact that there is a brand drug out there that is nonaddictive that treats pain similarly and that they could easily put forward at the same copay tier if they wanted to.

I will yield back.

Mr. Carter of Georgia. The gentleman yields.

The chair now recognizes the youngest and the prettiest pharmacist in Congress, Representative Harshbarger from Tennessee.

Mrs. Harshbarger. You are so sweet. Thank you, Mr. Chairman.

Thank you to the witnesses for being here today. I am the other pharmacist in Congress.

And, Mr. Cullen, condolences to you and your family for the loss of your son, and only someone who has lost a child can understand what you have gone through, and I am sorry about that. And I am glad you gave us a list of things to look at and prioritize. It is going to help us quite a bit.

I want to start with a question to Dr. Westlake. You know, in my view, we need to be as bold as possible when it comes to taking steps to protect our children and our families from these illicit fentanyl overdoses. And, you know, you talked about the FRS -- the opioids, the nitazenes, the xylazines -- the things that you are seeing in the ER. In east Tennessee I have talked to my healthcare providers and my law enforcement, and they are saying it is taking multiple doses of naloxone to bring these people out, because you know as well as I do, naloxone and fentanyl bind to different receptor sites. And I know they are working on some -- I think it is a cannabidiol modifier to reverse that fentanyl.

So I guess the thing is, my question would be, what are you seeing? How many doses is it taking to reverse these people when you see them in the ER, or law enforcement?

Dr. Westlake. So what I see in Wisconsin is that, you know, again, the issue is having the Narcan in law enforcement, the first responders on the scene. You, know sometimes, people do come in, and they have too much opioid in their system, and so the Narcan wears off. But my experience is that the critical access point is getting them the intervention of the initial reversal agent.

Mrs. Harshbarger. That initial dose.

Dr. Westlake. So we are not seeing that, but that is not to say that that is not an issue nationally. It is just we are not seeing it in Wisconsin.

Mrs. Harshbarger. Well, Sheriff, even with some of the drug-sniffing dogs, they have to carry the Narcan because the dogs will get a -- you know, they will be overdosed as well. Is that what you are seeing in your area?

Sheriff Bouchard. Yes, ma'am. We actually have Narcan. We have changed our procedures for handling and evidentiary rules for our narcotics team and our road

deputies because of the risk that they can overdose from mere contact with some of these components.

Mrs. Harshbarger. You are probably triple gloving, aren't you? Even the -- switching evidence. You know, when I was on Homeland Security, they would have to double or triple glove just to transfer the evidence, because the skin is the biggest organ that will, you know, take that fentanyl up.

I will go along with this one, Sheriff. You mentioned the challenges of those pill presses, those tablet machines, that we need better regulation around the possession of those. I am a compounding pharmacist so, you know, a lot of those compounders will use tablet presses to do, you know, prescription drugs. But most of those come from China, if I am not mistaken, when they ship those in. But it is the dyes that make those drugs look like the Xanax, or the Percocet, or the Adderall.

I guess, where are you finding out -- are you looking to see who is making those dyes for the tablet machines?

Sheriff Bouchard. If we find them in our AOR, we are. But sometimes, you know, we get a bag of pills and we don't know where they were pressed into being, if you will.

Mrs. Harshbarger. Yeah.

Sheriff Bouchard. Obviously, you know, everybody can go on line and look up the numbers and say, OH, this is a pill I have.

Mrs. Harshbarger. Yeah.

Sheriff Bouchard. But that is not the pill they have.

Mrs. Harshbarger. Well, no. And they are using the fentanyl as fillers just to -- you know, it is easier to make fentanyl than it is cocaine or heroin. You can make it in a few hours. It is easily transportable, and that is why they are -- you know, and they

sell it for 100 times more than what the cost of the drug is. So there you go.

I want to continue along that line and ask about the HIDTA. I saw some statistics, and in 2022, we had 134 criminal organizations that were dismantled by HIDTA. We had over 8,700 kilograms of drugs that were removed nationally. And the Appalachian HIDTA, because I am in east Tennessee, a task force was operating, and Tennessee was responsible for removing drugs off the market that had a street value of \$51 million.

And I just want you to tell us a little bit more about why it is important to continue that program, sir.

Sheriff Bouchard. It is important to continue the program because there are so many layers to this that are outside our own individual circle. So I have one of the largest counties, but they are not just making it and distributing it in my county. So where it is coming from can be anywhere in the world, so that is why coordination and communication and deconfliction are all critical components, and that is where HIDTA comes in.

You know, I have got people assigned to the DEA. They have people assigned to me, but we all have to do that systemically to target a problem that is coming from other countries.

Mrs. Harshbarger. Yeah. It is interagency collaboration.

And I guess with that, Mr. Chairman, my time is up, and I will yield back.

Mr. Dunn. [Presiding.] The gentlelady yields back.

And I now recognize the gentleman from Louisiana, Mr. Carter, for 5 minutes.

Mr. Carter of Louisiana. Thank you, Mr. Chairman. And thank you to our witnesses.

Particularly, Mr. Cullen, my heart goes out to you for your great loss. As a father of two sons, I could only imagine the pain that you and your family suffers, and know that

we care and that we are desperately trying to find a way to address this epidemic that we have with fentanyl-laced drugs that are taking the lives of far too many of our people.

I am concerned about the President's proposed freeze, and I know our colleagues suggested we shouldn't talk about the freeze because the freeze has been blocked because it is, in fact, unconstitutional. My fear is that there may be another attempt or another approach used to slow, reduce, or cut resources that would aid in the slowing and hopeful elimination of these uses of fentanyl.

We know that SAMHSA, the Office of National Drug Policy, Federal funding makes up 60 percent of the budget in New Orleans, which goes a long way to addressing the concerns. It is important to tell the real story about the lives of people who are impacted by these cuts, people who depend on resources that will aid them in getting off of illicit drugs or having education so they never get on them in the first place.

Odyssey House in Louisiana currently operates several SAMHSA-funded projects of regional and national significance, including a rural area drug court which diverts individuals with drug-related offenses into treatment and case management aimed at reducing recidivism. Freezing or eliminating these grants could result in some \$600,000 a year loss for the organization, staff reduction, and loss of vital services. This directly impacts the people who need the resources the most.

I would like to ask Ms. LaBelle -- and thank you for your testimony with us today. As a former official of ONDCP, I was hoping that you could speak to the negative ramifications of this proposed freeze or any other freeze that may take dollars away from this vital action.

Ms. LaBelle. Thanks. Thank you, sir.

So, I mean, for too long we have had a bake sale approach to addiction, and we have put scraps together to fund the Nation's addiction treatment prevention program

and supporting recovery. Now, Congress has been very generous in the last several years also through Medicaid expansion to make sure that we no longer have to scrap for pennies to put together the type of comprehensive approach. So cutting it further will set us back.

Mr. Carter of Louisiana. And real quickly, I have got a little bit of time, Dr. Camenga, I would like to thank you for the incredible work that you have done, as with all of the witnesses. Bless you for the great work that you do. This is really a all-hands-on-deck bipartisan effort to cure a horrible ill, a horrible stain in our country. But if we were to look at the disturbing actions in taking down critical public health information on government websites -- agencies such as CDC have taken down pages such as the Youth Risk Behavior Surveillance System -- how does the removal of this critical information impact the work of providers such as yourself? These are places where people can get information on how to get help.

Dr. Camenga. Removal of that information really has real-time impacts on healthcare providers as well as public health professionals. We look to that to say how we should be focusing our clinical care or how we should in communities be directing resources, and not having that available makes it very difficult for States in real time to know how to direct funding for programs.

On the clinical front, the removal of clinical information, as was described, can have direct clinical impacts in real time. And the longer they are down -- and I will speak from a different perspective -- is as a medical educator, our trainees who will be taking care of us as physicians as we age are not learning that, because those are the foundational documents that we use to teach new healthcare providers how to provide care. The longer we can't access it, think about it, they may lose the opportunity to learn about standard evidence-based practices.

So, yes, the removal of that information definitely has real-time clinical impacts as well as impacts on public health.

Mr. Carter of Louisiana. And my time is up, but I will close real quick by saying, if ever there was an issue that called for a bipartisan effort to fix, the epidemic of fentanyl in our country certainly is that.

Mr. Chairman, I yield.

Mr. Dunn. The gentleman yields back.

And I now recognize Dr. Miller-Meeks for 5 minutes for questioning.

Mrs. Miller-Meeks. Thank you very much, Mr. Chairman. And thank you to the witnesses for testifying before the subcommittee today.

This hearing could not come at a more important time with the House considering H.R. 27, the HALT Fentanyl -- let me repeat that, "fentanil," not "fentanol" -- the HALT Fentanyl Act which I proudly cosponsor.

Let me also say that it is critically important that it is a bipartisan hearing, and it would have been very helpful to have bipartisan support for securing our southern border and reducing the flow of fentanyl, fentanyl precursors into this country, especially through Mexico and, as you have heard, incentivized by the Chinese Communist Party to send fentanyl precursors to this country.

According to the CDC data, we lost more than 110,000 Americans to drug overdose deaths in 2022. It is estimated that 75 percent of these deaths involved opioids, meaning that 226 Americans died every day to opioids.

While many cases of drug-related deaths are poisoning where the individual does not know the product they are about to use is laced with another substance like fentanyl, more needs to be done to prevent addiction, including minimizing unnecessary exposure to opioids. And as a director of public health and as a State senator, I was very

influential in getting substance use disorder treatment as well as reducing preauthorization to medicated-assisted treatment for substance use disorder, as well as trying to stem the flow of opioids.

Ninety percent of acute pain patients receive opioids to manage their pain, whether they need them or not. Between 2011 and 2019, opioid prescriptions decreased by 40 percent, from approximately 250 million to 150 million prescriptions dispensed. This is true across most payer audiences: Medicaid, private, and cash patients. However, among Medicare patients, opioid prescribing actually increased. Medicare's share of opioid prescribing during this time increased substantially from approximately 20 percent to the country's opioid prescriptions in 2011 to 35 percent in 2019. This represents a 75 percent increase in just under a decade.

We clearly have more work to do in Medicare to make sure that patients have access to effective pain relief agents while also not unnecessarily exposing them to narcotic painkillers. One way to do this would be to increase access to nonopioid pain management medications, which I am proud to accomplish with my legislation, the Alternatives to PAIN Act. This legislation, which I thank Congresswoman Barragan for cosponsoring and coleading, would decrease barriers to accessing nonopioid pain management alternatives that are FDA-approved.

Dr. Westlake, thank you for testifying today. Do you agree that prevention needs to be part of our strategy to combat illicit drug use and addiction?

Dr. Westlake. Absolutely.

Mrs. Miller-Meeks. Do you believe that our current reimbursement policies appropriately align incentives to ensure patients have access to opioids and nonopioid pain management alternatives?

Dr. Westlake. Yeah, I think it is important to make sure that they are

cost-effective solutions.

Mrs. Miller-Meeks. And do providers have the education and resources available to know what other alternatives could be available?

Dr. Westlake. I think so. I think so.

Mrs. Miller-Meeks. Do you agree or think that patients should not be forced to fail first on an opioid before being given the option to use a nonopioid to treat their pain if a nonopioid is prescribed by their doctor?

Dr. Westlake. Yeah, that seems counterproductive.

Mrs. Miller-Meeks. And how would you suggest Congress work to appropriately align incentives to ensure seniors have access to novel nonopioid pain management alternatives especially in the postacute hospital care setting or as they are discharged from the emergency room?

Dr. Westlake. I think you, again, try to encourage nonprescription, you know, solutions, not prescription drugs, but also to make sure that there is some parity in the cost pricing structure.

Mrs. Miller-Meeks. Thank you.

Switching gears, I would like to focus on another critically important issue that pertains to people purchasing drugs over social media applications, especially our youth. The U.S. Centers for Disease Control and Prevention recently published an analysis finding a 182 percent increase in illicit fentanyl poisoning or overdose deaths among 10- to 19-year-olds between 2019 and 2021.

Again, our condolences, Mr. Cullen.

Counterfeit prescription pills were present in nearly 25 percent of deaths. The DEA released an updated public safety alert finding that 6 out of 10 fentanyl-laced counterfeit prescription pills contained a potentially lethal dose, which was an increase

from the agency lab's analysis from 2021 when the rate was 4 out of 10.

Sheriff Bouchard, as a result of online sales, do you think a framework like the one I outlined in platforms directing social media, such as the Cooper Davis and Devin Norring Act, would be helpful in reducing these tragic deaths?

Sheriff Bouchard. Yes. I think we have to look at the component of what technology and social media companies are doing and taking part now, especially as many of them have moved or have already moved to end-to-end encryption. We know that that is a big challenge on so many levels, and many of them are resistant, if not outright obstructionists, to law enforcement, even with a valid search warrant.

Mrs. Miller-Meeks. Thank you so much.

I see my time has expired. I yield back.

Mr. Carter of Georgia. [Presiding.] The gentlelady yields.

The chair now recognizes the gentleman from Ohio, Representative Landsman, for 5 minutes of questioning.

Mr. Landsman. I thank you, Mr. Chair. And I thank you all for being a part of today's hearing.

To the Cullens, thank you for sharing your testimony. As my colleague said, it couldn't have been easy sitting here today. I have a 13-year-old son. And I am just repeating what he said, which is I can't possibly imagine, but what you are doing, obviously, is making a difference in raising awareness and getting those of us who are already passionate about this even more passionate because of Zachary's life and you all being here to tell that story. So thank you.

Couple of things. One is -- and this is across the board, anyone can answer it. But there are, obviously, concerns, and I think in some ways they are bipartisan concerns, about the funding issues. Hopefully, they will be bipartisan concerns, because we have

talked about all of these, you know, critically important investments, Federal investments, recovery investments.

In Cincinnati where I represent, we have the Addiction Services Council. They do incredible work. So much of their resources come from the Federal Government. The education work that we have all talked about or you all have talked about, PreventionFIRST! in our district does incredible work. Half their budget is Federal dollars. We have a Quick Response Team that has been incredibly successful, was featured in The Washington Post a couple of weeks ago.

The worry is that you had -- the freeze was put on hold or it was stopped, but there is concerns and reporting about workarounds. There is also, you know, potential looming budget cuts. So I want to get to a place where sort of there is this bipartisan appreciation for what could be taken from us. And I was wondering if each of you could just say what the one or two most significant investments, Federal investments, are that we have to protect, starting with you, Sheriff.

Sheriff Bouchard. I think HIDTA is critically important on this front, partnerships on that level, deconfliction and a variety of things, but also how we fund task forces and the kind of methodology. You know, there is a lot of discussion which we have been a part of, and we look forward to a partnership on that about forfeiture and equitable sharing. That does impact our work in that space. Contrary to a lot of information that is out there, there is no law enforcement agency in America that is making money on forfeiture. It just helps with some of the ancillary costs.

Mr. Landsman. I am glad you brought that up because there is some discussion about, you know, changing those rules, but the forfeiture money is critically important and then, as you mentioned, how these task forces get set up and funded.

Ms. LaBelle. It is hard to answer just one because I think they all work together.

Mr. Landsman. Yeah.

Ms. LaBelle. But, you know, obviously, you know, the Affordable Care Act, Medicaid expansion, the block grant from SAMHSA, the SOR grant from SAMHSA, which is the State Opioid Response grant which provides, you know, money to every State, those are all critically important and they work together.

Mr. Landsman. There is a whole host of law enforcement grants and investments that go along with those too that I would add to the list.

Any others that you want to point out?

The last thing I will mention is on the budget -- the policy questions. There, hopefully, will be a bipartisan border agreement, and the work to stop these drugs from coming in has to be way more robust than it is today.

There is this question about getting in front of -- how does Congress stay in front of the synthetic drugs. And you may have mentioned it, but I am curious, just very quickly, what is it that we should be doing that we are not? I mean, obviously, we are going to pass this bill today, but, in general, how do we -- is it just the way in which the legislation is written that matters most, or should we be sort of approaching this differently? And I have only got 20 seconds, so --

Dr. Westlake. I think it is important to understand to make sure that there is no innovation that is being harmed by regulation. So to make sure -- I know there is discussion about testing strips and things, and there has been -- you know, to just make sure that the oversight that is being done isn't hampering the critical research, because the problem is it has to be nimble. Xylazine was an issue, and we talked about this 2 years ago, and, you know, it is still an issue. I started fentanyl-related substances 8 years ago, and so I think that is the -- you know, is to watch for the unintended consequences.

Mr. Landsman. Yeah, thank you.

Before I yield back, I think that is one thing, hopefully, we can get after this hearing is a better sense of.

Thank you.

Mr. Carter of Georgia. The gentleman yields.

The chair now recognize the gentleman from Michigan, Representatives James, for 5 minutes of questioning.

Mr. James. Thank you, Mr. Chairman. And I also appreciate the opportunity you gave me to introduce my friend and American hero, Sheriff Bouchard, and for having this hearing.

Opioid addiction has impacted every community across America, and it has especially hit the residents of my district in Oakland and Macomb Counties. The previous administration's policies left a trail of destruction, heartbreak, and broken families in its wake, and now it is up to us to clean it up. Simply going from 100,000 deaths per year to 90,000 deaths per year is not a success we should be applauding. The number is zero, and we will work continuously across the aisle to continue to move in that direction.

Recent data from the CDC demonstrates that in 2024, 2,931 lives were lost in Michigan, in Michigan alone. That is the number of U.S. servicemembers that died in 20 years in Afghanistan, 200 -- I am sorry. 2,352 is how many people we lost in Afghanistan, 20 years -- more than a war's worth of death in 1 year in my State alone.

Previous year's data shows a trend of failed border policies from a President that failed American families. The rising tide of fentanyl-related tragedies has made it evident that something is not working when it comes to stopping the flow of illicit drug trafficking. And families in Oakland and Macomb Counties continue to experience

personal loss. Highlighting this urgency for innovative and investigative approaches is essential.

However one feels about tariffs, President Trump is right, our neighbors in Canada and Mexico must help us stop the flow of illicit drugs entering our borders. No amount of scapegoating and retaliatory tariffs is going to stop our people from dying.

Sheriff Bouchard, can you please speak briefly to the experiences that your officers have gone through in dealing with the fentanyl and instances of overdoses in opioids that you have seen?

Sheriff Bouchard. Thank you. We have seen an increase in difficulty in bringing them back. That is part of the reason we added Opvee to our tool chest, because we were seeing multiple people we tried to resuscitate weren't responding on one or two or even three doses of Narcan as you wait for the prescribed time, things like that. We know that communication and some of the prevention programs have been helpful, I think, eye-opening, especially when we are doing them in high schools.

But it is important that we don't minimize or reduce our focus on holding the people that are killing people intentionally for profit accountable for what they do. That is why in that one case I mentioned earlier, we prosecuted the individual for causing the death, murdering the person that died from the overdose. It's a poisoning. It is something they did not anticipate, did not ask for, and did not want, and that is murder in my book.

Mr. James. One hundred percent. There are considerable drains on your resources which inhibit your ability to fight trafficking and confront emerging threats as well. What are some of these drains on your resources? What are some of those emerging threats? And what can Congress do to assist?

Sheriff Bouchard. Well, now we are getting into a broader question, specifically

above and beyond fentanyl, and that goes to counterterrorism and the threat matrix that we are facing, the threat picture that we see. And former Director Wray testified multiple times that we are seeing more bells and whistles now than we did on 9/10. As a member of the Joint Terrorist Task Force and very involved in that space, we are very concerned, and, obviously, that is drawing more and more of our resources and attention to what things we may be facing that we are not communicating about.

And I would encourage all of Congress to reexamine what we are doing. It seems on many fronts we have lost some of the lessons of 9/11. We are communicating less, sharing intel less. We don't have a real-time ability to even communicate on it, even at secret level, where you have got terrorists that are communicating on encrypted apps and I am having to go find a SCIF to get a brief on something that is emerging. We need to figure this out and get back to understanding there is a real threat facing this country on lots of levels.

Mr. James. So it is easier to conduct criminal activities in this country than it is to conduct law enforcement operations in this country?

Sheriff Bouchard. Absolutely.

Mr. James. And we need to fix that. I totally agree.

What specific resources, funding streams, or interagency coordination mechanisms do you believe Congress should prioritize to strengthen fentanyl trafficking and trafficking enforcement, sir?

Sheriff Bouchard. I think it is important to, again, focus on some of the programs that have worked. We are good with examining and auditing programs to make sure that the money is being properly and wisely spent, because in our agencies we do that. We know that there is a limited pool and it has got to be spent appropriately and on the priority mission.

But for us in specifically the fentanyl space, it would be the joint teams and HIDTA. That partnership and that relationship, it grants the labs that can be maybe getting out in front of some of these things and protocols on what our folks should be doing on the street not only to save people but how to handle anything they recover.

Mr. James. Thank you.

I would like a couple of seconds. I would like to recognize Ms. Kristine Sabo who I witnessed save a life on a Detroit street corner. For all of those who are invisible who are saving lives, we see you. We appreciate you. Thank you for your service.

Thank you all.

Mr. Dunn. [Presiding.] The gentleman yields back.

I now recognize the gentlelady from Illinois, Ms. Kelly.

Ms. Kelly. Thank you, Mr. Chair.

I want to thank Chair Carter and Ranking Member DeGette for holding our first subcommittee hearing of the new Congress on today's critically important topic. I want to thank all the witnesses, and like my colleagues, especially to you, Mr. Cullen.

In Illinois, the leading cause of pregnancy-related deaths is due to mental health conditions, including substance use disorders which comprise 32 percent of these deaths. The United States is facing a maternal mortality health crisis. There has been a bipartisan focus on addressing and reducing all causes of maternal mortality and morbidity, and I have been pleased to work with several of my colleagues across the aisle to pass important legislation to address this maternal health crisis.

That is why I am deeply troubled at this administration's actions since last week when we witnessed a halt on federally funded programs. I won't go through them because my colleagues, you know, have talked about them, but I did want to talk about my concern for deep cuts to the Medicaid program, including the Maternal Opioid Misuse

Model, or the MOM model, which is intended to address fragmentation in the care of pregnant and postpartum Medicaid beneficiaries with opioid use disorder.

Dr. Camenga, in your work as a pediatrician, have you seen that fragmentation of care can contribute to obstacles for patients who seek recovery and support resources from opioid use disorder and other substance use disorders?

Dr. Camenga. Thank you for that question.

I have definitely seen the impact of fragmentation of care both with children and teens and young adults and actually with mothers. You have to go one place for mental healthcare, a completely different system for substance use disorder care, a completely different system for obstetric care, and then, you know, a completely different system for the newborn baby.

So, you know, as a pediatrician, I will say, access to resources for parents to improve their mental health is part of what we do. In the clinic, for example, I do have a poster in the clinic for our local State mental health access line for parents. The reason pediatricians give this information out is they come to us with newborns and asking us about their mental health, and we love being able to connect them with community resources.

So having these resources available as a pediatrician we support because healthy moms, healthy children.

Ms. Kelly. And access to such issues. My district is urban, suburban, and rural, and in some of my more rural areas, there is not that access, and even in some of my urban areas, but it is harder for people that live in rural areas to get to places. Whether you are in a program receiving Federal funding in a blue or red State, the consequences of deep cuts and funding freeze will be very detrimental.

Ms. LaBelle, can you discuss what disruptions in access to treatment and recovery

services mean for patients and particularly new moms?

Ms. LaBelle. Yeah. Well, I mean, new moms have a higher rate of overdose. And, you know, it is often hard for mothers, for parents to seek out treatment. So when they do, we shouldn't make it harder for them to access that treatment, and disruptions and confusion will make it harder for them to access the treatment.

Ms. Kelly. And then how important is funding for HHS agencies like the CDC and NIH in informing understanding in response to access, immediate threats as they occur at the State and local level?

Ms. LaBelle. Yeah. I mean, these funding sources are lifesaving to, you know, hundreds of thousands of people, millions across the country.

Ms. Kelly. I want to thank you for your responses. And, hopefully, my colleagues will recognize and we can work in a bipartisan way to make sure that the funding that is needed will happen.

Thank you. And I yield back.

Mr. Dunn. The gentlelady yields back.

And I now recognize the gentleman from New Jersey, Mr. Kean, for 5 minutes.

Mr. Kean. Thank you, Mr. Chairman. And thank you to all of our witnesses for being here today.

The increasing prevalence of xylazine in the United States is a dangerous trend. Public health officials have warned of the skin wounds that can occur from repeated use of xylazine and the risk of worse health complications if the wounds are left untreated.

How much are healthcare providers aware of the dangers of these health complications and how best to treat them, Dr. Westlake?

Dr. Westlake. Yes. So I just actually saw a patient with ulcers from xylazine about 2 weeks ago, and I asked him why he was doing it, and he knew the risks associated

with it, and he just couldn't stop himself because he liked the high too much. I mean, the issue is that the xylazine is available, and, you know, it is not scheduled. It is legal to get it shipped in now, and so that needs to change, you know, whether it is placing it as a controlled III schedule drug or placing the same restrictions that Schedule IIIs have on it as far as being imported and monitoring it. Treating it is -- you know, treating the ulcers, it is difficult, but it is -- the problem is that it is there, that it is happening.

Mr. Kean. So what steps can policymakers make on the State or the Federal level to increase the awareness of xylazine-associated wounds and treatment options amongst healthcare professionals?

Dr. Westlake. Yeah, I think just encouraging the awareness. I think there is a pretty broad awareness of it now, but I think -- and a way to get that done is to get it spread through the local, like, specialty organizations, like American Academy of Pediatrics, American Board of Emergency Medicine. You know, it is not necessarily through Federal. It is spreading it out through the networks that the doctors listen to.

Mr. Kean. Okay. Thank you.

Sheriff Bouchard, in my district, the Morris County Sheriff's Office partners with the county health department, the mental health association, the Morris County Prevention, to operate Hope One, which is a vehicle that travels to sites throughout the county to provide services and support for those struggling with addiction. At these sites the vehicle provides immediate access to services, treatment facilities, and Narcan training and kits. In fact, at least 177 of these Narcan kits have been used to save a life in New Jersey. These sites are staffed by sheriff's officers, licensed mental health professionals, and certified peer support specialists.

Can you speak to the vital role that law enforcement has in these holistic approaches to treatment?

Sheriff Bouchard. Yes, sir. Thank you.

It is critically important that we are all connected, whether it is health prevention or law enforcement. As I mentioned earlier, we are typically the first one on scene at any situation. CBS, I believe national, did a story on one of my deputies saving a woman in a Dollar General. You know, typically we are around and spread through the community. Fire departments or EMS comes from a station. Lots of times we get there first, and those first 2 or 3 minutes may be critically important to saving that life.

So that partnership, and then the handoff to follow-up care and to prevention in the future, that is where our crisis response unit and our partnership with the health department comes in.

Mr. Kean. Can you speak to how drug trafficking contributes to violence in communities and how law enforcement is an essential component in combating illicit drug threats?

Sheriff Bouchard. Yes. You know, when you think about an establishment, let's say a McDonald's, if it is an armed robbery there, they are going to take the cash. When you have got even a legal licensed facility, whether it is a pharmacy or a medical marijuana or marijuana facility, they both have cash and drugs. And so what we are seeing is the violence that are directed sometimes at armed robberies or situations there are much more escalated.

We had a homicide about a week and a half ago at one of our licensed marijuana grow operations where they came in, just barely creased the door and shot the individual in the face and killed them and then stole 50 pounds of marijuana. So they tend to draw attention for armed robbery and for ancillary drug activity.

Mr. Kean. And earlier in this hearing you responded that today Americans can get xylazine mailed to their house from vendors in China. Can you walk me through how

that process works or any current barriers that exist of this emerging danger?

Sheriff Bouchard. At this point I am not aware of any barriers. We have been trying to get a State law passed to deal with xylazine. It is still not scheduled on the national level, so there is not a barrier to shipping or mailing something direct to an end consumer that is not prohibited by either State or Federal law.

Mr. Kean. And do you have any advice for how to combat this international flow of xylazine in the United States?

Sheriff Bouchard. I think it needs to be scheduled. I think we need a whole-of-government effort, as I said, nimble enough to deal now with xylazine, but what is the next iteration that is going to come down the pike.

Mr. Kean. Thank you. I yield back my time.

Mr. Dunn. Thank you. The gentleman yields back.

And I now recognize the gentlelady from Texas, Ms. Fletcher, for 5 minutes.

Mrs. Fletcher. Thank you, Mr. Chairman.

And thanks to Chairman Carter and Ranking Member DeGette. I am glad to be back on the Health Subcommittee this Congress.

And I thank all of the witnesses for your testimony today. It has been very helpful and important, and I appreciate your perspectives, your passion, and your purpose. So thank you all.

During this hearing I have heard my colleagues on both sides of the aisle express concerns about the overdose epidemic and about combating illicit drugs in this country, and I think that these concerns are sincere.

Ms. LaBelle, I think you provided a really important overview of the interplay of complex challenges and the many fronts on which we must combat the existing and emerging illicit drug threats. But what we have seen in just the last few weeks from the

Trump administration undermines efforts to address this challenge as you described them. "Undermines" isn't actually a strong enough word.

What the administration has done in the last few weeks is really decimating our efforts and our ability to respond and address these complex challenges. Certainly, efforts to disrupt international supply chains requires robust collaboration with law enforcement partners, so firing FBI and CIA agents and outing them is making us all less safe and less able to combat these illicit drug threats. Gutting the Federal workforce, of course, affects not only those and other law enforcement officers, it also affects the entire healthcare system across the United States. Halting all Federal funding, including funding for the NIH, the largest funder of biomedical research in the world which funds critical research on substance abuse and addiction, also impedes our ability to respond. And as Dr. Ruiz noted, the administration has also halted funding for SAMHSA, Substance Abuse and Mental Health Services Administration, the main government agency tasked with improving mental health across the country and addressing substance use disorders.

And following up on some prior exchanges today, the only reason these funds are now available to grantees is because multiple Federal courts have blocked the administration's actions. And even though that freeze of funding has been blocked, we are hearing reports today that the SAMHSA website has been inaccessible. This website has critical resources that can help our constituents find the help and support that they need.

And our job as Members of Congress and as members of this committee is to tackle these complex issues thoughtfully, to tackle the things that we are talking about today and craft legislation that helps address them: to find a legislative solution to address the supply of drugs entering the country illegally, to take measures to make the public aware of the threats of these illicit drugs, to address substance abuse disorders by

expanding access to prevention and treatment programs, and to fund research -- to fund research for new treatments and new innovative ways to address the crisis.

We say we are doing that today with this hearing, but what is this committee doing? What is this Congress doing to assert its authority here over congressionally appropriated funds and congressionally established agencies and programs as President Trump and Elon Musk stop payments, eviscerate programs, and fire qualified personnel?

Ranking Member DeGette noted that, in the last Congress, Republicans failed to bring the SUPPORT Act to the floor. And as a reminder, the SUPPORT Act was a bipartisan agreement that would have extended scheduling for fentanyl-related substances and reauthorized programs for the prevention and treatment of addiction. It was included in the bipartisan continuing resolution last December, but then Elon Musk tweeted that he didn't like the CR, and that was that. There was no SUPPORT Act.

So why are we here if Elon Musk can at any time substitute his judgment for all of ours at a moment's notice without any meaningful objection from the House majority? If we pass the bill to address the overdose crisis, or any bill, how do we know that the Trump administration or Elon Musk won't just cut off any programs for any funding that we authorize?

I hope this committee will assert its jurisdiction to the executive branch. I hope that this Congress will assert its authority to the executive branch. As we have seen from the testimony today, the stakes are too high for us to do anything else.

Now, with the time I have left, which isn't much, I do want to turn to something that we expect this committee to take up, and that is Medicaid. And one of the current attacks on Federal funding Republicans have outlined in their budget reconciliation is a proposal to cut \$2.3 trillion in cuts for Medicaid.

So, Dr. Camenga, in your testimony, you talked about how we should increase

funding for Medicaid. Can you just discuss, with the time left, how you think significant cuts to Medicaid may harm our efforts to combat this epidemic?

Dr. Camenga. Cuts to Medicaid harm children. That is the period in the sentence. Fifty percent of children are ensured by Medicaid. That is how they receive healthcare. So AAP is very concerned about cuts to Medicaid.

Mrs. Fletcher. Thank you.

I have gone over my time. I have a few more questions I will submit for the record, but I thank you all again for your testimony and your time here today and your work.

Thank you. I yield back.

RPTR SINKFIELD

EDTR ZAMORA

[12:56 p.m.]

Mr. Carter of Georgia. The gentlelady yields back.

The chair now recognizes the gentleman from Oregon, Representative Bentz, for 5 minutes of questioning.

Mr. Bentz. Thank you, Mr. Chair. And thank you, panel, for your patience.

So I have a question on demand and a question on supply. I will go to demand first. I am from Oregon. And in November of 2020, Oregon passed Ballot Measure 110, which reduced the penalties for most possession of controlled substances down to a mere violation.

Between that year 2020 and 2022, the number of overall overdose deaths in Oregon increased by 75 percent, from 797 to 1,392 people. Nationally, over the same period, overdose deaths grew by only 18 percent. Deaths in Oregon from opioids specifically increased 101 percent between 2020 and 2022, compared to 33 percent nationally over the same period.

Prior to the implementation of Measure 110, emergency department visits for nonfatal overdoses decreased by 4 percent. But afterwards, it was one of three States that reported an increase rate of such visits.

Between February 5, 2023, and February 4, 2024, Oregon had a rate of nonfatal overdoses more than 200 percent above the national average. And Multnomah County, home of Portland, has the highest rate of nonfatal overdoses in the Nation.

So, Dr. Westlake, would you recommend legalization of drugs as a way to address the demand issue, the demand side of the opioid problem similar to that in Oregon?

Dr. Westlake. Obviously, of course not.

Mr. Bentz. I noticed that you were on several groups that are trying to figure out what to do about the supply side. It appears that education is the answer. Is that correct? Is education the best thing we can do.

Dr. Westlake. It is a key component to it, definitely.

Mr. Bentz. And you are doing that in your State?

Dr. Westlake. Correct. Prescriber education and then just a cultural education. I think even more about intoxicants in general throughout our entire, you know, American culture, the way that we approach alcohol and legal drugs, illegal drugs, I think we have a drug issue in America that needs to be looked at societally.

Mr. Bentz. You know, I am happy to say that Oregon recognizes that it has not done it right, but they have not corrected at all the damage being done by the failure to have a control mechanism in place that gives you some way to prompt people -- if that is the right word -- to actually go get care. Because we used to have drug courts. We don't anymore. We used to have people actually arrested. We don't anymore because the law enforcement justifiably says, why bother. It's supposed to be small amounts. No one knows, no one cares, because no one is going to be prosecuted for it. There is a law enforcement component to it, for no other reason than to force people to get treatment. Is that in your thought? Because we can't seem to get back to where we actually were with drug courts.

Dr. Westlake. Many of the patients that I see that are in recovery are thankful that law enforcement had to intervene and got them to the bottom, that their bottom wasn't their death, but their bottom was an encounter with law enforcement and drug courts,.

Mr. Bentz. Right. Well, thank you for that.

I am going to shift back to the supply side. Sheriff, thank you for being here. I

have the good fortune of having a younger brother who was sheriff in Oregon, now retired, and happy to be away from the politics of the office, not that that is an issue today before us.

But let me just ask this question. The Trump administration just filed a lawsuit against Illinois and Chicago for being a sanctuary State and city, indicating that under the Supremacy Clause their sanctuary status is interfering with what the Federal Government needs to do.

In Oregon, back in 2020 -- actually, it happens all the time, but I will use an event in 2020 in my district -- two cartel member drug runners were picked up by State police and were held until released on bail. But they were not, the State police, allowed -- because Oregon is a sanctuary State -- to contact ICE. They promptly disappeared. This was the third time they had been apprehended. And there is no doubt they were arrested with drugs in their car.

My question to you is, do sanctuary State status interfere with your ability to try to address this issue, drugs?

Sheriff Bouchard. Well, I am speaking hypothetically since we are not one.

Mr. Bentz. But you have some cities in your State I think that are, but go ahead.

Sheriff Bouchard. So, absolutely, if someone is not cooperating and sharing information about who they have in custody, they may not know who they have in custody. We don't have access to some of the Federal databases, so we may not know, you know, what that person is or what they are wanted for. And that goes to my earlier comments about Homeland Security and communication and post-9/11, how that was one of the key findings of the 9/11 Commission is we have to share information, we have to partner better, we have to communicate better.

Now, I don't think immigration enforcement is a local law enforcement issue, but

sharing information and cooperating with other law enforcement agencies on their lawful mission is important.

Mr. Bentz. I appreciate that.

I yield back. Thank you.

Mr. Carter of Georgia. [Presiding.] The gentleman yields.

The chair now recognizes the gentlelady from California, Representative Barragan, for 5 minutes of questioning.

Ms. Barragan. Thank you.

Mr. Chairman, I just wanted to follow up on an exchange earlier with Mr. Griffith. There continues to be a concern about the freezing of the dollars, Federal funds that community health centers have -- either not have access to and some that have shut down or reportedly shut down.

We did followup to call the New River Valley Health Center, which is in Mr. Griffith's district, and we did not get an answer. We did hear that they were one of many health centers at risk of closing their doors. So just wanted to recommend that the member reach out and actually connect with them to get that information.

And with that, I want to turn to what we have been talking about here. I have the majority memo in my hand, and it says the hearing is to combat existing and emerging illicit drug threats. Part of the memo says, "According to the DEA, the Mexican Sinaloa and Jalisco cartels are the transnational criminal organizations primarily responsible for manufacturing and trafficking illicit fentanyl in the United States."

Sheriff, do you agree with that assessment?

Sheriff Bouchard. That they are a key component, absolutely.

Ms. Barragan. Yes. And so do you think that one step to combat illicit drug threats like fentanyl should include weakening the drug cartels?

Sheriff Bouchard. Weakening the cartels? Absolutely, yes.

Ms. Barragan. Great. Well, thank you. Are you familiar with the Organized Crime Drug Enforcement Task Force which is part of the Department of Justice?

Sheriff Bouchard. I don't have anyone assigned to that, so I don't know the inner workings of that particular task force.

Ms. Barragan. Okay. Well, I am going to read from the Department of Justice website about the OCDETF, which is the short version of the Organized Crime Drug Enforcement Task Force. It is an independent component of the U.S. Department of Justice. It was established in 1982. It is centerpiece of the Attorney General's strategy to combat transnational organized crime and to reduce the availability of illicit narcotics in the Nation by using a prosecutor-led multiagency approach to enforcement. And they investigate transnational organized crime and money laundering and major drug trafficking networks.

It sounds to me like this would be pretty important in our combating the flow of fentanyl across the southern border and elsewhere. Yet we have -- and these are going to go into evidence in a second, into the record -- a January 21, 2025, memorandum from the Justice Department that is changing policy and their priorities. And lo and behold, this organized crime task force is now to prioritize immigration offenses instead of the so very important work of combating the drug trafficking, of being those that combat the transnational criminal organizations.

So, Ms. LaBelle, despite the facts, President Trump has redirected Federal drug enforcement, particularly officers on this Organized Crime Drug Enforcement Task Force, to prioritize immigration offenses over gangs that deal with the drugs. How do you think this will impact our law enforcement's ability to fight the opioid epidemic?

Ms. LaBelle. Well, when I was at the Office of National Drug Control Policy, we

gave the grants for the High Intensity Drug Trafficking Areas program, and we worked very, very closely with OCDETF. And OCDETF is a key component of drug trafficking efforts in the Federal Government.

So deprioritizing and kind of changing their priorities, obviously, would have a big impact on our ability to go after drug trafficking organizations.

Ms. Barragan. Thank you. The other thing that I have heard to weaken drug cartels would be for the United States to stop the trafficking of guns going to the drug cartels. Because in Mexico it is very hard to find, and they are hard to get actual arms and drugs.

And there is article after article. And I actually even have a Justice Department ATF report talking about the U.S. to Mexico pipeline. We also have plenty of articles of how the United States arms the Mexican cartels.

Sheriff, do you think the cartels would be weakened if they didn't have access to guns and arms?

Sheriff Bouchard. Would they be weakened?

Ms. Barragan. Yeah, that is the question. If they didn't have any guns or arms, would they be weakened?

Sheriff Bouchard. I think if you could eliminate their access to weapons, absolutely, they would be less lethal, but I am not sure --

Ms. Barragan. Thank you, sir. That is what I was getting at. If you don't have access, it is another way to weaken the cartels.

I just want to end -- and by the way, there is no action being taken by my colleagues or the majority on doing just that to stop the flow.

I want to just take a moment as I end to thank Representative Miller-Meeks on our work together on having alternatives to opioids and having Alternatives to PAIN Act

which we are working on closer together in a bipartisan fashion.

Thank you. I yield back.

Mr. Carter of Georgia. The gentlelady yields.

The chair now recognizes the gentleman from Ohio, Representative Rulli, for 5 minutes of questioning.

Mr. Rulli. Well, thank you, Chairman.

And this question will be directed at Sheriff Bouchard. And I appreciate you all and all the time that you donated today.

So I have listened for the last couple of hours with all my honorable friends on the other side of the aisle and their immediate point of focus to say let's just throw a lot more money at this problem. It was an overall theme for the last 3 or 4 hours. Throw more money at the problem. Throw more money at the problem. And Medicaid expansion was brought up.

So I was in the Ohio Senate for almost 6.5 years, and in Ohio we have the sixth largest Medicaid expansion there is. We operate on a general assembly of about \$93- to \$94 billion biannual general assembly, and about \$44 billion goes to Medicaid expansion and the drug problem. And Ohio is running crazy.

I don't think that throwing money at problems is ever the answer. I think you have got to get to the core root of it. And there is a lot of hard work that is involved with that.

One side of my district last week, sheriffs in my district pulled over a man who had discovered fentanyl in his trunk that would be enough to kill 30,000 people. A small little county. It sent shock waves through the county that that much fentanyl was being trafficked right below their noses, to be honest with you. That is more than twice the population of that county.

Sheriff, what other tools can we get to locate these drugs when they are moving through these small counties? And is there some advice that you could get with your expertise to help these small county sheriffs get a better grip on this and instruct their deputies how to proceed forward and keeping in mind their safety?

Sheriff Bouchard. Yeah, the detection is a tough one because of the components. They are not as prone to, let's say, a K-9 detection, and some of the things that we, say, historically have used on corridors of trafficking.

In terms of education, we try to share -- again, we are Major County Sheriffs of America, so we try to help the smaller agencies, whether they are sheriffs' office or a police department, with our partnership and with our expertise. And that then goes back to what we talked about, whether it is HIDTA or other kinds of things. We need to work together -- share information, share resources, share capability, and technical knowledge. And we do that a lot. But it is such an evolving landscape. So sometimes they may not know what they have got.

As I mentioned, even me being one of the largest sheriff's offices in the country, I heard about, a number of years ago now, but xylazine. And I was like I hadn't heard about that. And so went and had our lab go back and test things on the bench, and lo and behold it was there. So that is where robust communication and the public health space, law enforcement, and cooperation, communication is critical.

Mr. Rulli. Is there any websites or any periodicals that a sheriff that is in a small town in Ohio that you could perhaps -- because I think a lot of them are watching this today -- that you could recommend for them?

Sheriff Bouchard. Well, I know that NSA, the National Sheriffs', which represents all of them, they have a publication. And then, again, we share information, the Major County Sheriffs of America. We have a website, and we partner and share information

regardless of whether you are a member or not.

So I would encourage them to either reach out to NSA or to check some of the resources that MCSA has.

Mr. Rulli. Really appreciate that information.

Now I am going to have a quick question for Mr. Cullen. The HALT Fentanyl Act, I support. I lost my cousin to addiction. He was only 23 years old. I was in a rock and roll band, I lost one of my band mates to addiction. It is very personal. I can't find a single family in this country that doesn't have somebody close to them or related to them that has perished through this.

Fentanyl and other opioids ravaged our district. Any opinions from you -- and sorry for your loss, sir -- that you can give mom and dad, especially when you hear, like, mom and dads doing testimonies on Instagram or TikTok and they are talking about a son of theirs that just tried to get a Percocet in the mail, and they checked on him in the morning, and they found him dead.

Is there anything you could -- my daughter is going to college next year. It scares us to death. Any advice for mom and dad?

Mr. Cullen. Thanks for that question.

So we are raising awareness as much as we can. And that is what we want this body to do. I have said before that I feel like we are screaming underwater at times because the message is just not getting out. We speak to people at gas stations. We speak to people everywhere.

Don't be afraid to have a conversation. I think a lot of times parents are afraid to have a difficult conversation, but it could be a life or death conversation. So just talk. That is all I can say.

Mr. Rulli. Do you think talking like, you know, having that adult conversation,

hey, you know, I know you don't want me to think that you are doing drugs, but even a little pill could literally kill you. That is such a different thought process that didn't exist 5 years ago.

Mr. Cullen. So what I often say to a lot of parents is -- or even to kids is, look, I don't mean to presume that you are doing drugs, but you are going to be in a situation, you may be in a situation where someone is about to do something that could kill them.

So now I make it more personal saying, now it is not a news item. You know somebody who lost somebody. And I make it more personal that way. And I just tell them, I don't presume that you are drugs, but you could be in a situation to save somebody.

Mr. Rulli. I appreciate that. Thank you, Chairman.

Mr. Carter of Georgia. The gentleman yields.

The chair now recognizes the gentleman from New York, Representative Langworthy, for 5 minutes of questioning.

Mr. Langworthy. Thank you very much to the chairman and the ranking member and to all of our witnesses for their incredible testimony here today.

It is hard to find someone in America who has not felt the devastating impact of fentanyl or other synthetic drugs. Whether it is a family member, a friend, a neighbor, this poison is tearing through our communities in an unprecedented rate.

I have sat and had roundtables with law enforcement officials and health professionals throughout my district, which I represent the western part of New York State and the southern tier counties along the Pennsylvania line, and they all say the same thing, that we are losing ground in this fight.

Police officers responding to overdoses several times a week, it is having a great impact on, you know, their mental health. Community leaders are witnessing

fentanyl-laced drugs killing people at an alarming rate, even showing up in things like gummies, as you have talked about here today, poisoning children.

Enough is enough, and I am very grateful that we have -- finally have someone in the White House who is laser-focused on securing our borders, and holding foreign entities accountable, and providing our law enforcement with the tools that they need to combat this epidemic. And passing the whole fentanyl act today is a huge step in that direction.

But with that, in the area of lab innovation, Dr. Westlake, last year the Biden FDA issued a final rule that would regulate lab-developed tests as medical devices, which would severely hamstring definitive drug testing by stifling the innovation needed to keep pace with what we are seeing in the streets.

The additional regulatory burdens could delay the detection of emerging substances, allowing dangerous drugs to circulate longer and putting more lives at risk and potentially disrupting patient care. With the rapid rise of these deadly substances, it is critical that our labs have the ability to quickly adapt and stay ahead of evolving drug trends.

So, Dr. Westlake, can you speak to the importance of lab tests and the innovation in this area when it comes to detecting novel, illicit compounds?

Dr. Westlake. Yeah, I think it is critically important for labs and for science in general to be able to combat the new emerging threats. When they talked about the fire, I heard spigots, there is new spigots popping up all the time. If you have to wait and go through a burdensome regulatory environment to be able to detect those and to combat those, then that doesn't do any good.

My experience at the State level, coming up and seeing what the regulatory burden at the State level is, you know, at the Federal level is as much or more. So I

encourage any type of regulation that encourages innovation when it comes to that. Because it is a significant risk of delayed response. And we need to be nimble. We can't be -- you know, you can't be a battleship that turns, it has got to be a speedboat.

Mr. Langworthy. Thank you. I think it is critical that we don't stifle innovation. And that goes to many facets of the Federal Government. When we stifle innovation, we deny ourselves the potential of lifesaving new technology that would revolutionize the way we can combat this epidemic.

Pivoting here to emergency room screening. Dr. Westlake, we have heard tragic stories of young people dying from fentanyl overdoses because they were not tested for fentanyl. The detection of fentanyl in overdose patients who go to the emergency departments is critical to saving lives and combating this opioid crisis.

As an emergency medicine physician, do you agree that there needs to be greater use of fentanyl screening in overdose patients?

Dr. Westlake. Yeah, absolutely. I think it pretty much should be the standard of care for fentanyl to be the sixth -- there used to be a five-panel drug screening for drugs that you would get at every facility when a patient came in if they were concerned with overdose. And now most of them have gone to fentanyl. And if they haven't, then they are behind the times, and they should. And that -- you know, definitely, that is critical -- the majority -- I don't think I have seen a heroin overdose in a couple of years, but I have seen, you know, dozens of fentanyl overdoses that thought it was heroin. And I knew that because of the drug screening.

Mr. Langworthy. Very important to know. Do you also agree that it would be helpful for the Health and Human Services Department to study the current frequency and benefits of fentanyl testing in the ER and provide guidance on how ERs implement fentanyl testing in overdose cases?

Dr. Westlake. Yeah, I would be cautious with kind of regulatory involvement, to make sure that it didn't get in the way of something in the future. You know, there is a lot of intended consequences. But I think looking at and making sure that the ground level should be, you know, the state of the art science should be including fentanyl and it should be -- definitely should be reviewed.

Mr. Langworthy. Well, thank you to all the witnesses for your expert testimony and the role that you all play in combating this opioid crisis. And my thoughts and prayers are with your family for your terrible loss.

It is clear we must take a stronger action across the Congress, across the Federal Government to combat this evolving threat of illicit drugs, support our law enforcement, and ensure that our healthcare system is equipped to save lives.

And with that, I yield back, Mr. Chairman.

Mr. Carter of Georgia. The gentleman yields.

The chair now recognizes the gentlelady from Florida, Representative Cammack, for 5 minutes of questioning.

Mrs. Cammack. Thank you, Mr. Chairman.

I would like to make a point of order and move to take down words spoken earlier today.

Mr. Carter of Georgia. The committee will suspend. The gentlewoman will state the words she wishes taken down.

Mrs. Cammack. Thank you, Mr. Chairman.

Our colleague, Mr. Veasey, stated that, quote, "the Office of National Drug Policy's web page has been wiped by President Elon." That was his words.

And I would like to remind the committee, as well as the chairman and our colleague, that no matter what Mr. Veasey has read on the internet, that his statement is

false. This committee should set the record straight. And, finally, the President of the United States is Donald J. Trump.

He would be correct to state the facts instead of having hurt feelings.

So with that, Mr. Chairman, I would like to have his words taken down.

Mr. Carter of Georgia. Okay. In the gentleman's absence --

Ms. DeGette. Point of order.

Mr. Carter of Georgia. -- I am going to recognize --

Ms. DeGette. Point of order.

Mr. Carter of Georgia. In the gentleman's absence I am going to recognize Representative DeGette for her response.

Ms. DeGette. Mr. Chairman, first of all, under rule 17, clause 4, this motion is out of order because under that rule it must be made at the time.

Secondly, I find it extremely amusing Mrs. Cammack feels compelled to come all the way back at the end of this very important hearing on fentanyl to let us know that Elon Musk is not, in fact, President of the United States.

And, in fact, the rules do not allow the words to be taken down except for, quote, personal abuse, innuendo, or ridicule of the President. Well, as she herself says, Elon Musk is not the President, so there is no basis for these words to be taken down. And I would urge the chairman to overrule her.

Mr. Carter of Georgia. Okay. The chair asks the gentlelady if she wishes to seek unanimous consent to modify or withdraw her remarks?

Mrs. Cammack. No. Mr. Chairman, no.

Mr. Carter of Georgia. No.

The chair is ready to rule. The chair finds the words of the gentleman from Texas are not parliamentary because they constitute personalities toward the President.

However, committee rule 17, clause 4 requires a point of order be made immediately.

Therefore, I'll overrule the point of order.

I ask that members please remain respectful and refrain from this type of rhetoric.

And I now recognize Representative Cammack for 5 minutes of questioning.

Mrs. Cammack. Thank you, Mr. Chairman. And thank you for recognizing that this committee should be above any attacks on our President.

Thank you for the opportunity to be here to discuss these existing and emerging drug threats. As a Representative from the Sunshine State in Florida, we are all too familiar with the consequences of open borders and how every town in America has been turned into a border town and State as a result of open borders.

Over 100,000 individuals have lost their lives to fentanyl poisoning every single year. And should this have been a airline incident where a hundred thousand people were going down, it would have never taken as long in order to start addressing it. It is absolutely infuriating.

And, sir, I want to express, as many of my colleagues have here today, our tremendous sympathies and condolences for your loss. Never should have happened in the first place.

The opioid epidemic remains a persistent crisis, claiming lives at an alarming rate. Synthetic drugs like fentanyl have become increasingly potent and pervasive, exacerbating the public health emergency. And new substances continue to emerge often faster than our regulatory and enforcement framework can adapt to. These substances not only threaten public health, but also strain our healthcare system and law enforcement resources. This hearing has been a fantastic opportunity to look at the full scope of the threats and to talk broadly about strategies that we can put together to address them.

Now, my first question is for you, Sheriff. I am actually the wife of a first responder. My husband Matt is a 18-year-career firefighter/SWAT medic. So he has been on the front lines dealing with this. And we collectively have understood for the past 10 years it is not a matter of if but when he himself becomes a victim of fentanyl poisoning because of how many people he encounters on a daily basis that are overdosing.

So given the rapid evolution of the synthetic drug analogs, what technologies does law enforcement have to detect the substances? You can touch on that very briefly. But, more importantly, address if these mechanisms are sufficient to detect the new and emerging threats.

As these drugs continue to evolve, different strains, new additives, it becomes very tough to test for them. So can you talk about if we are keeping pace with the molecular changes in the drugs, and what strategies are in place or what do we need to adopt in order to have timely identification to keep our first responders safe, and then we can properly schedule them?

Sheriff Bouchard. That is a complex-layered question. I think a lot of that goes to the difficulty of us understanding what has changed in a lab that is basically a nation-state lab that has abilities and facilities way beyond ours. And they are trying to dial in what is no longer scheduled and what they think will be profitable or deadly or whatever the, you know, adjective is.

So I think a big part of that is for us as a country to put pressure on the countries in whatever way you and the President deem is appropriate to let them know there is consequences for doing that. For constantly sending things to America, whether it is China or through Mexico with the cartels, that there is real consequences for them to intentionally do that and keep trying to stay one step ahead of our regulating or our

scheduling of what they just used to make a big profit on.

In terms of the technology and equipment -- and it is hard to say what we need because we don't know what is coming at us. And that is a big challenge for us on the local level. As I said earlier, I did not know we had xylazine in our lab until we specifically went to look for it, because I had heard it being found in other States a number of years ago. So sometimes we don't even know what we don't know until it is upon us, because we have very well-funded nation-state adversaries or cartels that are, obviously, very flushed with cash that can do these things and then they end up in our lab before we even know it comes down the pike.

Mrs. Cammack. Thank you. And I am going to have a bunch of follow-up questions for you. But in the interest of time, I am going to turn to you, Dr. Westlake.

Given the increasing prevalence of fentanyl as analogs and other synthetic opioids in overdose cases, could you discuss the differences in treatment protocols for fentanyl-related overdoses compared to other opioid analogs? And again, I know we need to be sensitive to fentanyl and carfentanil being used in medical settings, so if you could address that.

Dr. Westlake. Sure. The receptor that -- antidotes use are the same, whether it is synthetic opioid or natural opioid. The problem comes when they are flooded with massive amounts. And in that case, you just need to use more of the Narcan.

There sure -- there is some space for a more potent antidote. Narcan works. You just have to get it to the person before they are dead from not breathing. So the issue is getting an interdiction of the Narcan to the patient or stopping the patient from taking the poison and the deadly opioid to begin with.

Mrs. Cammack. Now, what challenges do emergency personnel face in quickly identifying the specific substances involved in an overdose? And how would this

ultimately impact outcomes? The reason -- where I am going with this is to our point originally. How can we get ahead in making sure that when EMTs, medics are onsite, are on scene, that if they are dealing with a patient, they can test quickly so they know what to test for but how they can best protect themselves as well?

Dr. Westlake. At the level in the emergency department you just treat for the respiratory suppression that is there. A lot of times we don't even know what people -- what people are overdosing from. So, you know, we treat there. We treat the symptoms that cause the respiratory suppression. So you just -- you treat symptomatically. So it would be difficult to -- it doesn't kind of matter what opioid you took; what matters is that we got you breathing again and that we got --

Mrs. Cammack. Okay. Thank you. I yield.

Mr. Carter of Georgia. The gentlelady yields.

The chair now recognizes the gentleman from New York, Representative Tonko, for 5 minutes of questioning.

Mr. Tonko. Thank you, Chair Carter. And thank you to all of our witnesses for being here today. And my condolences to the Cullen family. You all bring an important perspective.

We are in the midst of an overdose crisis, and we need to treat it as such. Now is not the time for half measures that make us feel good or for outdated and unsubstantiated stereotypes and stigmas that hold us back. It is not the time to freeze critical funding for treatment and prevention.

I continue to hear from local providers that people are anticipating cuts and, in turn, limiting expanding programs on care that would offer lifesaving treatment for addiction or access to public health resources like naloxone or fentanyl testing strips that save lives.

I have heard from programs that are afraid that funding will dry up and they will be forced to lay off staff and, in turn, serve fewer people or shut down entirely. We know that costs of such cuts would be lives lost, families ripped apart by poison seemingly beyond our control. The American people are watching Congress to see if we still consider treatment for addiction and overdose prevention a priority, and I would say a high priority. Let's not turn our back on them.

So we know that our justice system is a revolving door for those struggling with addiction and mental health issues. Over half of people in State prisons and two-thirds of individuals in jails have substance use disorder. By allowing inmates to receive addiction treatment and other services before returning home, my Reentry Act would bring targeted treatment to those at the highest risk of overdose. The Reentry Act would be a game changer for reducing overdose deaths and suicides by allowing all States to provide prerelease care to Medicaid-eligible individuals up to 30 days prior to release from incarceration.

I thank the Major County Sheriffs of America and the National Sheriffs Association for their strong support of the Reentry Act.

Sheriff Bouchard, thank you for your efforts and many people that have joined in the effort. Many people don't think of sheriffs as playing a role in treatment for addiction. How do you approach that, the role?

Sheriff Bouchard. Thank you, and thank you for that legislation. As you know, our organization does strongly support that.

Mr. Tonko. We appreciate that.

Sheriff Bouchard. You know, we have a role in treatment, prevention, and kind of the next path forward on lots of levels, because we are typically, again, the first to respond when someone out in the community is having an overdose. And then once

somebody, for whatever reason, on a different level is incarcerated with a substance use disorder, we have medically assisted treatment in our facilities, we have a Narcan vending machine as you go out, and you can take that for free. We try to connect them with resources, to the extent we can, with programs and funding we have for aftercare. Because when you drop them back in the same environment, that is when they are most at risk to recidivism in that behavior. And as was mentioned earlier, the likelihood of an overdose is very magnified to that population when they come out without anything in their system and they immediately go back sometimes to look for that.

Mr. Tonko. Thank you. And I know that Oakland County Jail's medication-assisted treatment, MAT program, has been praised for its comprehensive approach to treating opioid use disorder in jail, including medication access, therapeutic services, and post-relief support.

How has the availability of FDA-approved medications along with the support services impacted the effectiveness of the program? And what measurable outcomes have you observed in terms of inmate recovery and reduced recidivism?

Sheriff Bouchard. Yeah. It is helpful to have, you know, a continuum and choices that the medical professional can decide based on that individual rather than one prescribed route. And so we leave that to our medical professionals and the individual and the treatment and care that gives us the best path forward. And we have seen noticeable results in how outcomes are achieved, especially when paired with partnerships outside the building.

Mr. Tonko. Thank you. I see my time is near up, and I did have questions for Regina LaBelle. We will forward those to the committee, and I appreciate your response.

With that, I yield back, Mr. Chair.

Mr. Carter of Georgia. The gentleman yields.

The chair now recognizes the gentlelady from Virginia, Representative McClellan, for 5 minutes of questioning.

Ms. McClellan. Thank you, Chairman Carter and Ranking Member DeGette, for holding this very important hearing. Thank you to our witnesses, particularly Mr. Cullen. I add my condolences. But I also want to commend you for turning tragedy into advocacy and make sure that no one suffers the same tragedy that you did. I really want to commend you for that today.

We have seen in Virginia alone over 2,400 Virginians have lost their lives to drug overdoses each year. Community health centers stand on the front lines of this opioid epidemic response, providing essential services of preventing and treating substance use disorders, delivering primary care and dental care, offering low-cost prescription drugs. And for many families, especially in rural areas like the southern end of my district, community health centers are the only option for accessing healthcare and prescription -- I am sorry, substance use disorder treatment.

These centers can't operate without critical Federal funding from the Health Resources and Services Administration to pay their healthcare workers and keep the doors open.

On his first day in office, President Trump issued executive orders silencing Federal agencies and halting all communal -- external communication. Then, Trump and Elon Musk unleashed a sweeping unconstitutional freeze on funding for programs, including those supporting federally qualified health centers. And despite several courts blocking this action, chaos and confusion have ensued.

In Virginia, the funding freeze abruptly cut 16 of our 31 community health centers off from Federal funding. Some are still struggling to regain access to these critical

resources. And just yesterday, the Capital Area Health Network, which operates seven facilities around Richmond, was forced to announce the closure of at least three locations and the transfer of patients to other sites, increasing the workload on those other sites and impacting their access to care.

This was entirely unavoidable. But Trump handed over control to an unelected billionaire and let him work without thinking through the consequences to our communities of rash action.

I am glad to see bipartisan agreement on addressing the substance abuse disorder crisis, but we have to make sure that our healthcare systems have the ability to rapidly respond. We have to demand accountability when they can't. We have to assure that the damage that has been done on this important healthcare safety net isn't done again.

So, Ms. LaBelle, I wonder if you could please explain the role that community healthcare centers play in helping patients access the full continuum of care, including on fighting substance abuse disorders?

Ms. LaBelle. Yeah, I mean, you know, nationwide we need to make getting care and treatment easier than getting illegal drugs. And that is one key role that these community health centers play, is that they meet people where they are, they provide a continuum of care for people, wraparound services, and, you know, play an important role in reducing overdose deaths.

Ms. McClellan. And can you explain how the backlog over accessing payment systems, paying the healthcare workers has impacted our community health systems and what we can do to address the backlog of care that patients particularly in rural areas need?

Ms. LaBelle. I mean, there is obviously a real dire workforce shortage in a lot of parts of the country, particularly in rural areas. And these types of kind of starts and

stops cause a lot more confusion. And people who could potentially work in those areas be recruited are likely not to come if there is confusion or a lack of funding for their services.

Ms. McClellan. Thank you.

And I will just note in my last 43 minutes -- seconds, this impacts urban areas, this impacts suburban areas, it especially impacts our rural areas. And in my district which is 2 hours end to end, many people in the southern part of the district have to go to the Southside Community Health Center, which now is closed and sending patients even further north. And trying to get time off from work to travel long distances to get the care that you need only to be told your appointment now is transferred further north has a real impact that we can't afford that kind of delay.

I thank you for sharing the importance of community health centers.

And, Mr. Chair, I yield back.

Mr. Carter of Georgia. The gentlelady yields.

At this time, I am going to ask unanimous consent to insert in the record the documents included on the staff hearing documents list.

Without objection, that will be ordered.

[The information follows:]

***** COMMITTEE INSERT *****

Mr. Carter of Georgia. I want to thank all the witnesses again for being here today. Especially you, Mr. Cullen, thank you so much. You and Mrs. Cullen, your bravery, your courage is admired. And we all extend our heartfelt condolences for your loss. Hopefully that your testimony today can help to save at least one life. And if that is the case, then it is worth it. So thank you very much.

Members may have additional written questions for all of you. And if we do, we would appreciate it if you could get back with us as soon as possible with that.

I will remind members that they have 10 business days to submit questions for the record, and I ask the witnesses to respond to questions promptly. Members should submit their questions by the close of business on February 20.

Without objection, the subcommittee is adjourned.

[The information follows:]

***** COMMITTEE INSERT *****

[Whereupon, at 1:37 p.m., the subcommittee was adjourned.]