



*GEORGETOWN UNIVERSITY*

April 3, 2025

Ms. Emma Schultheis  
Legislative Clerk, Committee on Energy and Commerce  
2125 Rayburn House Office Building  
Washington, DC 20515

Dear Ms. Schultheis:

Please find attached my responses to the questions for the record from the February 6, 2025 Subcommittee on Health hearing entitled “Combatting Existing and Emerging Illicit Drug Threats”.

Please let me know if you have any questions.

Sincerely,

Regina LaBelle, JD

Professor, Director Master of Science in Addiction Policy and Practice  
Georgetown University  
37th and O Streets NW  
Washington, DC 20057

## **The Honorable Nanette Barragán**

**1. Last week, the Trump Administration tried to steal taxpayer dollars with a government-wide spending freeze that shut down Medicaid and Head Start portals, and threatened food and housing assistance for Americans. This illegal Republican Rip-off caused chaos in our communities. Edwin, a constituent from my district, shared with me that the mental health services he receives from a local community health center have been life changing. Health centers largely rely on federal funds already approved by Congress to provide critical services such as treatment and recovery services. How would a freeze on community health center funding impact our health providers' ability to prevent and treat substance use disorders?**

Community health centers are a lifeline for people with substance use and mental health conditions across the country. Funded with a combination of Medicaid and Medicare reimbursements, as well as other grant funds, community health centers already operate on thin margins. They are also faced with workforce shortages which limit their ability to keep up with the needs of local communities.

Freezes or reductions in federal funding such as Medicaid and other federal grant programs, will have a devastating impact on local communities. Given the client base served by community health centers, limits on services or a reduction in the number of community health centers will put people served by community health centers at risk of overdose and other serious outcomes. Further, [reducing Medicaid coverage will leave more people uninsured](#), putting further constraints on community health centers.

**2. There is a housing crisis in Los Angeles County, with over 75,500 homeless people, and we know that homelessness can increase the risk of substance abuse. Last week, the Trump Administration illegally tried to freeze over \$6.5 billion for the Substance Abuse and Mental Health Services Administration (SAMHSA), which funds grants to address the relationship between homelessness and substance abuse. For example, the Treatment for Individuals Experiencing Homelessness program increases access to treatment, peer support, and connections to permanent housing. If these grants were cut by Republicans, how would vulnerable communities in Los Angeles be impacted?**

Surveys have shown that [nearly 20%](#) of people experiencing homelessness have a substance use disorder. However, there is a complex relationship between substance use disorder and homelessness. In some instances, substance use and addiction may result from homelessness, rather than be the cause of homelessness. Further, for people in recovery from a substance use disorder, stable housing plays an important role in their sustained recovery.

Given the complex health needs of many people who are unhoused, and the important role that stable housing plays in improving health outcomes, cuts to federal grants will likely exacerbate conditions for people in cities such as Los Angeles. Grants from the federal government provide critically important funds to cities; these dollars are especially important to Los Angeles given the recent devastating fires.

## **The Honorable Marc Veasey**

**1. Ms. LaBelle, I know you've done research on the way the opioid epidemic affects communities differently across the country. While we've seen a slight dip in overdoses overall, Black communities are still experiencing disproportionately high opioid overdoses. I am interested in thinking outside-the-box when it comes to finding new ways to prevent addiction in the first place.**

I would like to draw your attention to two programs. First is [The Imani Breakthrough Project](#), an innovative approach that builds on the strength of the Black faith community to support treatment and recovery. The program has been implemented in New Haven, Connecticut.

The second program worth exploring is the [Black Faces Black Voices](#) project. This program was founded by individuals in the Black community with lived experience of substance use disorder. One of its projects is called Unity Dinners. The goal of Unity Dinners is to build dialogue in communities around issues of mutual interest. These issues are identified by communities, but could also include how to protect young people and prevent overdose deaths.

**2. I saw last week that a new non-addictive pain drug was approved by the FDA, something that will work as well as an opioid but without the addictive properties. That's something I want my constituents to have access to, as an alternative to addictive opioids. Do you think ensuring patients have access to non-addictive pain medicines after a surgery or injury is important?**

Making certain that people with pain, including people with chronic or acute pain is important. Unfortunately, some pharmacies are not stocking sufficient supplies of pain medications, including buprenorphine, out of fear they will run afoul of opioid litigation settlement agreements.

Adequate access to effective pain medications is important, and this new FDA approved medication will help people with pain relief. I agree, therefore, that access to this medication is important.