

STATEMENT OF
REPRESENTATIVE DAVID P. JOYCE OF OHIO'S FOURTEENTH DISTRICT
BEFORE THE SUBCOMMITTEE ON HEALTH
ENERGY AND COMMERCE COMMITTEE
UNITED STATES HOUSE OF REPRESENTATIVES
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I would like to thank Chairman Burgess, Ranking Member Green, and the other Members of the Energy and Commerce Subcommittee on Health for holding this important and timely hearing. As an Ohio Member of Congress, and a former prosecutor of 25 years, I have seen firsthand the devastation caused by this epidemic.

This is why I introduced my legislation, the *Stem the Tide of Overdose Prevalence from Opiate Drugs Act of 2017*, or the *STOP OD Act*. I went straight to the source to craft this bill, gathering input from the healthcare experts that are treating overdose patients on a daily basis. Cleveland Clinic, MetroHealth, and University Hospitals were instrumental in the drafting of the STOP OD Act, and endorsed it in its final form. The bill also has the support of the Fraternal Order of Police (FOP), Community Anti-Drug Coalitions of America (CADCA), and the Association of the United States Navy (AUSN). We wanted to know what our local communities needed, so we took their invaluable feedback, developed a bill that would provide resources where necessary, and then identified a savings measure to pay for those resources.

As a Congress, we have made progress in this arena, but there is more work to be done. As an original cosponsor of my colleague's Comprehensive Addiction and Recovery Act of 2015, I was proud when that piece of critical legislation passed both Chambers and was signed into law. My legislation is intended to be complementary to that effort. Although CARA roll-out is still a work in progress, more and more victims are overdosing every day, and our communities in Ohio are still communicating the need for more resources. The longer we wait to provide these resources, the harder this epidemic will be to address in the future. This is a downhill snowball and we need more firepower.

First and foremost, the STOP OD Act would make available grants for not more than \$150 million annually for two years to provide access to life-saving Naloxone, training in the administration of the drug, and for coroners and medical examiners to test for fentanyl so we can get a better idea of just how deep this problem runs. Further, the bill would attach a fee of \$80 to drug-related offenses to ensure criminals that are enabling the supply and demand of the drug trade pay into mitigating the consequences of their actions. The fee goes toward paying for the grant programs under this bill, and after two years toward paying down the federal debt.

The STOP OD Act also makes available grants for not more than \$75 million annually for two years to expand educational efforts to prevent opiate abuse, promote treatment and recovery, and promote the understanding that addiction is a chronic disease. The educational grants, coupled with the Naloxone grants, total \$450 million. That's the maximum grant allocation. In addition to the fee for drug offenses, this bill contains a pay-for to completely cover the maximum grant allocation. I worked with GAO to identify savings of at least \$500 million by extending the current data center consolidation initiative. That effort is set to sunset in 2018, but the STOP OD Act would authorize the extension of that program for two more years, and would put those savings toward these grants, which will save lives and prevent further addiction. This bill works on the front end and the back end to address this crisis. Naloxone can resuscitate a victim of overdose. Meanwhile, we can utilize the other grant pool to educate our communities about the dangers of these drugs. We need a multi-faceted approach to tackling this problem. This legislation is an important step toward our shared goal: ending the opiate drug overdose epidemic that is ravaging our great nation. Moreover, I want to note that, as of this week, my legislation has a total of 46 bipartisan cosponsors, exactly evenly-split between Republicans and Democrats, and spanning 20 States. It's clear that no matter which side of the aisle you are on, your community has probably been affected by this epidemic, and you want to take even more action to address it. That's what I am seeing when talking to my colleagues, and the bottom line here is: this bill will do some good.

Thank you again for holding this hearing, and for inviting Members outside the Committee to weigh in and contribute our legislative proposals for your deliberation moving forward. I am happy to answer any questions regarding my legislation. I appreciate your time and consideration.