



October 11, 2017

Rep. Mullin Testimony for E&C Member Day on the Opioid Crisis

It's so common to hear from the media about the dysfunction of Washington. It's so uncommon to hear the success stories. As a member of the Energy and Commerce Committee, I've been working on legislation related to opioid abuse since March of 2015, when our committee led a number of bipartisan initiatives to help address the opioid epidemic. That year, we were successful in passing numerous pieces of legislation through committee and through the House.

In July of 2016, President Obama signed the Comprehensive Addiction and Recovery Act, or CARA, into law – which included over a dozen bills passed by the Energy and Commerce Committee. Our committee is a productive one and the legislation passed helps fight the opioid epidemic from the ground up.

The Comprehensive Addiction and Recover Act (CARA) and the 21st Century Cures Act offered a truly comprehensive response to the opioid epidemic and touches on prevention, criminal justice reform, access to treatment, overdose reversal, and recovery. The final bill included an amendment that I offered, which ensures that the Attorney General considers the needs of Native Americans, rural communities, and communities heavily impacted by opioid overdose deaths when awarding grants.

Overprescribing painkillers has been a significant driver in the opioid and heroin epidemic, which is why CARA and CURES created a task force to review best practices for chronic and acute pain management and prescribing pain medication. It improved access to the overdose treatment and the opioid reversal drug naloxone and it expanded NIH opioid research.

Just last week in my district, the Claremore Police Department used the opioid reversal drug, Narcan, for the first time in the field. The victim, who was found unconscious and admitted to

using opioids, was taken to the hospital for further treatment after police were able to administer the Narcan drug. These success stories are taking place nationwide, thanks to CARA and CURES. I am very proud to have worked on CARA and CURES, but there is still more work that needs to be done.

Oklahoma has been hit hard by the epidemic. Our Attorney General has filed a suit against opioid manufacturers, Cherokee Nation has filed a suit against drug distributors and pharmacies, and our Governor has assembled an Oklahoma Commission on Opioid Abuse. In 2014, Oklahoma had the 10th highest drug overdose death rate in the nation. More people died from overdoses than in car crashes. My district also has two of the five counties in the entire state that have the highest rates of unintentional painkiller overdoses – Coal and Muskogee.

We can all agree that more needs to be done to address this crisis, which is why I have worked with my colleague Rep. Katherine Clark to introduced H.R. 3528, the Every Prescription Conveyed Securely (EPCS) Act. The EPCS Act would direct all states to employ electronic prescribing for controlled substances (EPCS) technology for Medicare Part D transactions by 2020. This is a step that seven states have already taken in an effort to combat the crisis and better secure the prescription distribution chain. So far all of our policy has been reactive, and this policy is proactive.

This policy prevents large amounts of opiates from ever reaching the addicts hands and dramatically decreases doctor shopping. The EPCS Act will provide real-time reporting and ensure that the information gathered by electronic medical records can be used in a meaningful way. Electronic prescribing solutions, currently provided by more than 20 companies, are used like an app on the Electronic Health Records and give prescribers feedback on when prescriptions are filled and with what drug.

According to the Department of Justice, most illegally-obtained prescription opioids are obtained either through doctor shopping, forged prescriptions, and theft, which can be addressed by an EPCS regime. Another piece of legislation I am supportive of is H.R. 3545, the Overdose Prevention and Patient Safety Act, also known in the Senate as Jessie's Law. This legislation would help put the laws governing the medical records of those struggling with addiction into the 21st Century.

Currently, a law that was passed in 1972 still governs how doctors and health care professionals share alcohol or substance use disorder treatment records. Under this law, when a patient goes to receive treatment at an addiction treatment facility, their medical records will remain segregated from the patient's overall medical record. This puts the patient at tremendous risk because doctors can no longer know their patient's substance use or history of care. In the case of Jessie Grubb, this outdated law was fatal.

Jessie, who was in substance use recovery, went in for routine surgery, and providers were informed by her parents that she should not be given opioids except under strict supervision. However, upon discharge Jessie was prescribed 50 oxycodone pills, and the hospital pharmacy filled the prescription because her substance use disorder treatment history was not in her medical record. That night, she died as the result of an overdose. Doctors cannot safely treat their patients if they don't know the whole story. H.R. 3545 would prevent tragedies like Jessie's and bring the Part 2 law into the 21st century.

Our committee has done good work to combat the opioid epidemic, but our work isn't done. We can do more. We can inspire more success stories, but our work starts here. I urge my colleagues today to support these two bills and continue our dedication on this committee to combating the deadly opioid epidemic. I yield back the remainder of my time.