

Committee on Energy and Commerce, Subcommittee on Health “Member Day: Testimony and Proposals on the Opioid Crisis”

Introduction

Thank you Chairman Burgess and Ranking Member Green for having this hearing today to discuss solutions for addressing the opioid crisis plaguing communities across America.

We have seen drug overdoses surpass traffic accidents as the leading cause of accidental death in the United States.

This issue affects everyone – no matter your race, income level, gender, or political party. We need to work together to curb this epidemic.

My District

Ohio has been devastated by this crisis. In 2016, 4,050 Ohioans died from an unintentional drug overdose. This was a 32.8 Percent increase from 2015 (3,050).

In my district alone, there were 112 overdose deaths in 2015, according to the Ohio High Intensity Drug Trafficking Area.

Because of how much this has affected my district, I have held roundtables for the past 5 years to bring together people from all sides of the issue to discuss how we can better work together to address this issue in Ohio.

Evidence-Based Treatment

In one of my recent roundtables, we discussed how we need to ensure that we support only the treatments that are proven to work and are evidence-based.

Based on these discussions, we have learned of a serious need to raise the evidenced based standards that are used in approving treatment programs that are largely funded by the federal government and administered at the local level.

The Ohio Department of Mental Health and Addiction Services estimates that almost 500,000

Ohioans receive publicly funded mental health services, which includes addiction treatment, every year.

Whether it be a discrepancy between accreditation standards, or inadequate reporting requirements, Congress should be ensuring that federal funds going to Ohio, and to my district, are going towards treatments that are based on a foundation of evidence as to its efficacy.

Simultaneously, we need to promote data collection and research in order to better inform our evidence-based efforts over time, so that we do not discourage emergent therapies and can justify deploying innovative approaches that can meet this epidemic head on.

Pain as a Vital Sign

Another issue we discussed is removing pain as the fifth vital sign and finding ways to change the culture surrounding pain management and the over-prescription of opioids.

Pain being considered a vital sign can, in some cases, lead to the over-prescribing of opioids by focusing on pain management instead addressing and treating the underlying causes of pain.

This culture of over-prescribing has also been found in patient-reported satisfaction scores. On these surveys, “pain management” is a section doctors and hospitals have been scored on.

Poor marks in satisfaction scores can lead to lower reimbursements for these doctors and hospitals, and this attempt to manage pain, while well intentioned, created a perverse incentive that led to some health care professionals to work towards a score, rather than the best overall health of the patient.

Recently, CMS has announced that they will no longer be directly tying these “pain management” questions to the Hospital Value-Based Purchasing Program, starting next year.

I am encouraged by CMS’s recent actions. By building upon these actions and working to remove the use of pain as a vital sign, we can remove the

incentive to over-prescribe opioids to patients, and rather focus on prescribing them when they are absolutely necessary. I implore the committee to learn from this example to ensure further policies are always focused on the long term health of the patient over short term benchmarks and quotas.

Encouraging Alternatives

As we seek to change the culture of pain management, we also need to find ways to support and bolster alternative methods for treating and managing pain - outside of opioids.

This can include treatment options such as chiropractic services and acupuncture.

There is no doubt that we should ensure patients can receive the medicine they need, but over-reliance as a quick and easy fix must be discouraged when there are other alternatives that could be used.

Tapering Opioid Use

Furthermore, as you know, last year, the passage of the Comprehensive Addiction and Recovery Act (CARA) was one of the highlights in the fight against opiate addiction.

Language from my legislation, the Reducing Unused Medications Act was included in the final passage of CARA. This bill allows for the partial fill of prescriptions at the request of patients or doctors, reducing the number of unused painkillers that can be abused or diverted.

With more than 70 percent of adults who misuse prescription opioids getting them from medicine cabinets of friends or relatives, we needed to reduce unused medications in homes.

Now, we need build on that legislation. One way to do that is to focus on supporting better education and protocols for physicians to taper down the dosages of prescribed opioids over the course of treatment.

This approach must be specific to each patient, and we should be finding ways to encourage better

conversations about pain management between patients, their doctors, and their pharmacists.

I look forward to working with this committee to find better ways to better inform patients of resources and tools at their disposal – like partial fill opportunities – and giving physicians more freedom to address pain management at an individual level.

Closing

There is no single legislative fix for the opioid epidemic. We need to keep pushing to find ways to better prevent opioid abuse and treat those who are suffering from addiction.

Those are just a few of the proposed solutions I am advocating, and I hope I can continue working with everyone on this committee to craft legislation that delivers relief to Ohio's 15th District and all communities suffering from this epidemic.

Again, I want to thank the Chairman and Ranking Member for having this important hearing. I look

forward to working with everyone on solutions to stop the opioid epidemic in our country.