

This morning, the Senate Health, Education, Labor and Pensions (HELP) Committee held a hearing entitled, “The Front Lines of the Opioid Crisis: Perspectives from States, Communities and Providers.”

Witnesses included:

- Dr. Omar Abubaker, Professor, Virginia Commonwealth School of Dentistry
- Rebecca Boss, Director, Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals
- Andrea Magermans, Managing Director of the Wisconsin Prescription Drug Monitoring Program, Wisconsin Department of Regulation and Licensing
- John Tilley, Secretary, Kentucky Justice and Public Safety Cabinet

Full witness testimony is available [here](#) and Chairman Alexander’s (R-TN) opening statement is available [here](#).

Chairman Alexander noted that this is the second hearing the Committee has held on the opioid misuse and overdose epidemic; at least month’s hearing federal officials testified. Alexander said the Committee will hold a third hearing on this topic early next year.

On a related note, the Committee formally announced today that they will hold a hearing on December 13th on implementation of the mental health title of the 21st Century Cures Act.

Some of the most compelling testimony at today’s hearing came from Dr. Abubaker who testified about losing his son to an overdose and his subsequent commitment to teaching about the proper prescribing of opioids. He stated, “Nothing I have done, or will ever do, will bring my son back. It is too late for Adam and for another 165,000 like him, but it may not be too late for other fathers and mothers. I am doing my part to see to it that it is not too late for these parents. I am praying that all Americans will do their part, regardless of their political position or role, so that my efforts will be worthwhile.”

Additionally, Sen. Isakson (R-GA) also spoke candidly and personally about the death of his grandson, Charlie, to an overdose last year. Of losing Charlie, Isakson said, “these tragedies don’t happen to other people. They happen to us.”

Some of the key policy issues raised at the hearing are summarized below.

Naloxone

Sen. Kaine (D-VA) referenced that he supported the co-prescribing of naloxone in the Comprehensive Addiction and Recovery Act.

Secretary Tilley said he would support having naloxone available over the counter in order to increase its availability.

Ms. Boss noted peer counselors in Rhode Island are going out into the community and distributing naloxone.

Funding to address the epidemic

Sen. Hassan (D-NH) noted that thus far the Trump Administration has not sent a request to Congress for supplemental funds to address the epidemic. She asked the witnesses if they thought the additional funding is necessary and all responded, “yes.”

Additionally, Senator Casey (D-PA) raised a bill he introduced that would appropriate \$45 billion annually to address the epidemic. He asked what additional actions the state could take with the additional funding. In response, Ms. Boss from Rhode Island said they would invest in: pre-arrest diversion programs; rapid access to crisis centers; affordable naloxone; women specific treatment programs; increase programs for peers; effective prevention; engaging families, youth and increasing education through media campaigns; better research; and workforce development.

Secretary Tilley added that he agreed with Ms. Boss that neonatal abstinence syndrome is the number one funding priority. He also said they need funding for law enforcement to cut off the supply of heroin and fentanyl.

Access to treatment services for criminal justice involved individuals

In response to a question from Sen. Warren (D-MA) Secretary Tilley said that the problem is made much worse by incarcerating individuals with substance use disorders. He said incarceration results in their children being in foster care and then the individual cannot get a job because of their criminal record.

Warren also asked about programs to re-direct individuals into treatment and supporting law enforcement. Tilley responded that police and other first responders are overwhelmed – they need more social workers in their departments and training in crisis intervention.

The collateral health costs associated with substance use such as HIV/AIDs and Hepatitis C

Secretary Tilley testified that the Centers for Disease Control and Prevention (CDC) identified that 54 of the top 220 counties nationwide that are most vulnerable to a rapid outbreak of HIV are in Kentucky. He said that in response to the HIV outbreak in nearby Indiana in 2014, Kentucky has become the first southern state to authorize a syringe exchange program.

During the hearing, Sen. Young (R-IN) also brought up the outbreak in Indiana and said that he had visited with Indiana sheriffs who told him they worry about testing individuals waiting for trial for HIV and Hepatitis because of the costs associated with treating those diseases. Young said it is important to keep in mind the costs of not treating the underlying addiction.

The overprescribing of opioids

Sen. Paul (R-KY), a physician by training, said that doctors generally do not want to hurt people or for their patients to be in pain. He noted that after his recent attack where he suffered several broken ribs, he was prescribed opioids. He said he personally stopped taking them and switched to high doses of ibuprofen because he understood the risks.

Secretary Tilley noted that Kentucky has limited prescriptions for opioids to 3 days and said the University of Kentucky now has a protocol that narcotics should be used as a last resort instead of the first treatment for pain.

In response to a question from Sen. Baldwin, Ms. Magermans said that the Wisconsin Prescription Drug Monitoring Program (PDMP) utilizes alerts based on the CDC prescribing guidelines. In addition to educating physicians about their own practices the data is also sent to the controlled substances board that can flag concerns.

Patient Privacy

Senator Whitehouse (D-RI) said Rhode Island has a novel program that puts peer recovery coaches into the Emergency Department (ED) but he has become aware of privacy protections as a barrier; he said he was aware of an adult son whose parents were unaware he had multiple visits to the ED before he overdosed and died.

Ms. Magermans said Senator Whitehouse was raising two issues: 1) hospitals cannot contact family members without express permission of the patient, but a workaround is to get prior approval for an emergency contact when the patient is not in active addiction and 2) the ability for peers to contact patients after they leave the ED has run into privacy issues, which have been resolved with a special authorization that allows the peer to contact the patient at a later date.

Next Steps

As referenced above, the Committee will hold a hearing on December 13th on implementation of the mental health title of the 21st Century Cures Act and a hearing sometime early next year on opioids.

Separately, the Senate Appropriations Committee Labor-HHS Subcommittee will hold a hearing on opioids next week.

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