

**Opening Statement of the Honorable Tim Murphy**  
**Subcommittee on Oversight and Investigations**  
**Hearing on “What are the State Governments Doing to Combat the Opioid Abuse Epidemic?”**  
**May 21, 2015**

*(As Prepared for Delivery)*

Today we convene the fourth in a series of hearings examining prescription drugs and heroin addiction; the growing nightmare of one of America’s biggest public health crises. Since our Opioid hearing earlier this month approximately 2,400 Americans have died from drug overdoses, most of them because of opioid use.

The size of this problem and the need for a new paradigm of treatment can’t be understated. And, the process of developing legislative solutions has already started. Ranking Member DeGette and I have identified 15 areas in need of reform. One of those is 42 CFR Part 2, which governs confidentiality protections for all substance use treatment records, both behavioral and physical, generated at a substance abuse treatment facility. Well intended, but out dated, Part 2 compromises medical care, increases the risk of dangerous and deadly adverse drug-to-drug interactions, and increases risk of relapse to addiction. Congressman Tonko from New York and I have been working together to stop this medical records discrimination. I thank him for his work.

At the state level, responses to the epidemic vary. States like Indiana are responding to outbreaks of HIV and hepatitis. States on the east coast are confronting the problem of heroin laced with fentanyl, another narcotic pain reliever 100 times as powerful as morphine. Some states, mostly in the South, are burdened with the highest prescribing rates of opioid pain relievers, rates that are 10 fold the rates in some states.

Also, State efforts share many similar challenges. The National Governors Association said states need accurate and timely information at their fingertips concerning the incidence and scope of the problem in order to develop an effective response. States have no choice but to use incomplete and outdated data to identify areas on which to concentrate their efforts given their limited resources.

Some states operate prescription drug monitoring programs, but these systems may not be easy to use. In Massachusetts, it takes doctors 11 steps to use its program, which makes it difficult to encourage a high degree of participation. State systems are not necessarily connected to the systems of neighboring states, enabling abusers to doctor-shop across borders since their actions are not tracked. Further, the data on these systems can sometimes be several weeks old, escalating the risk for errors from inaccurate data.

Overdose prevention remains a key aim of any meaningful state strategy, yet states have adopted different approaches to address it. Some provide liability protection for individuals who act in good faith to provide medical assistance to others in the event of an overdose or expand access to the life-saving drug naloxone or use public education on the proper disposal of prescription drugs that are vulnerable to misuse. States also differ on availability and financing of medication assisted treatments.

Opioid maintenance is a bridge for those with addiction disorders to cross over in the recovery process. Full recovery is complete abstinence. Medication assisted treatment must be coupled with proven psycho-social therapies and other wrap-around services to support the person traversing this difficult road and to help with long-term, sustained recovery.

Today we want to hear from the states about best practice models, problems they have encountered, and how states have addressed these problems. We also seek absolutely candid and honest input and ideas about where there are problems and successes with any federal policies.

We will hear from representatives of the Indiana, Massachusetts, Missouri, and Colorado state governments, a sampling of the 50+ separate efforts being pursued by U.S. states and territories to counter opioid abuse.

We are honored to have our witnesses join us this morning. We thank you for appearing today and look forward to hearing your testimony.

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