

ONE HUNDRED FIFTEENTH CONGRESS  
**Congress of the United States**  
**House of Representatives**  
COMMITTEE ON ENERGY AND COMMERCE  
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**MEMORANDUM**

**March 17, 2017**

**To: Subcommittee on Oversight and Investigations Democratic Members and Staff**  
**Fr: Committee on Energy and Commerce Democratic Staff**  
**Re: Hearing on “Fentanyl: The Next Wave of the Opioid Crisis”**

On **Tuesday, March 21, 2017 at 10:15 AM in room 2123 of the Rayburn House Office Building**, the Subcommittee on Oversight and Investigations will hold a hearing titled “Fentanyl: The Next Wave of the Opioid Crisis.”

**I. FENTANYL IN THE UNITED STATES**

Fentanyl is a powerful synthetic opioid pain reliever, about 50 times more potent than heroin and up to 100 times more potent than morphine.<sup>1</sup> Fentanyl is a Schedule II drug under the Controlled Substances Act and is legally available through a nonrefillable prescription.<sup>2</sup> Fentanyl is so potent that touching or inhaling the equivalent of two grains of salt (just two milligrams) can be lethal.

Illicitly manufactured fentanyl is primarily responsible for the current domestic emergency.<sup>3</sup> Law enforcement has found fentanyl in every state, often mixed into other illicit drugs.<sup>4</sup> In response to the growing fentanyl abuse problem, in March of 2015 and June of 2016, the U.S. Drug Enforcement Administration (DEA) issued nationwide public health and public safety alerts regarding the lethality of the drug.<sup>5</sup>

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<sup>1</sup> U.S. – China Economic and Security Review Commission, *Fentanyl: China’s Deadly Export to the United States* (Feb. 2017).

<sup>2</sup> *Id.*

<sup>3</sup> Drug Enforcement Administration, *Fentanyl* (Dec. 2016) ([https://www.deadiversion.usdoj.gov/drug\\_chem\\_info/fentanyl.pdf](https://www.deadiversion.usdoj.gov/drug_chem_info/fentanyl.pdf)).

<sup>4</sup> *See* note 1.

<sup>5</sup> *Id.*

Experts believe China is currently the primary supplier of fentanyl now illegally entering the U.S.<sup>6</sup> The Chinese supply a range of fentanyl products including raw fentanyl, precursors, analogues, and counterfeit fentanyl-laced prescription drugs to the United States. China also sends precursor chemicals to Mexico, where drug cartels can process them into finished fentanyl. The finished fentanyl is then trafficked into the United States or mixed with other illicit drugs like heroin. Experts also believe finished fentanyl enters the U.S. through direct mail shipments.

In response to the burgeoning production of illicit fentanyl in China, the U.S. and China have taken steps to increase counternarcotic cooperation, including strengthening regulations to control the movement of some precursor chemicals. These steps, however, have been inadequate to effectively regulate the high volumes of chemicals and drugs China produces.<sup>7</sup>

## II. U.S. OPIOID EPIDEMIC CONTINUES TO HARM PUBLIC HEALTH

The Centers for Disease Control and Prevention (CDC) has called prescription drug abuse in the United States an epidemic.<sup>8</sup> Nearly half of all U.S. opioid overdose deaths involve a prescription opioid.<sup>9</sup> Roughly 9,500 people died from overdoses involving synthetic opioids, other than methadone, in 2015.<sup>10</sup> According to the CDC, 91 Americans die every day from an opioid overdose.<sup>11</sup>

The subcommittee held hearings on the opioid abuse epidemic in 2014 and 2015. At the first hearing on March 26, 2014, the subcommittee heard from state and local experts on prevention and treatment efforts. At the second hearing on April 23, 2015, medical experts testified on opioid addiction treatment and prevention. All concurred that serious impediments to widespread access to treatment persist, including high costs and difficulty getting insurers to cover behavioral health treatment services. At the third hearing on May 1, 2015, the subcommittee heard from federal witnesses about combatting the opioid epidemic. At the fourth hearing on May 21, 2015, experts on state responses testified, including the Health Commissioner from the Indiana State Department of Health, who stated that the country's prescription opioid crisis was at the root of an unprecedented HIV outbreak in Indiana.<sup>12</sup>

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<sup>6</sup> *Id.*

<sup>7</sup> *Id.*

<sup>8</sup> The White House, Office of National Drug Control Policy, *Prescription Drug Abuse* (online at <https://obamawhitehouse.archives.gov/ondcp/prescription-drug-abuse1>) (accessed Mar. 14, 2017).

<sup>9</sup> Centers for Disease Control and Prevention, *Prescription Opioid Overdose Data* (available at <https://www.cdc.gov/drugoverdose/data/overdose.html>) (accessed Mar. 14, 2017).

<sup>10</sup> Centers for Disease Control and Prevention, *Increases in Drug and Opioid-Involved Overdose Deaths – United States, 2010–2015* (Dec. 2016).

<sup>11</sup> Centers for Disease Control and Prevention, *Injury Prevention & Control: Opioid Overdose* (<https://www.cdc.gov/drugoverdose/epidemic/index.html>) (accessed Mar. 6, 2017).

<sup>12</sup> House Committee on Energy and Commerce, *Hearing on Examining the Growing Problems of Prescription Drug and Heroin Abuse: State and Local Perspectives*, 114th Cong. (Mar. 26, 2015); House Committee on Energy and Commerce, *Hearing on Combatting the*

The Affordable Care Act (ACA) and the 2008 Mental Health Parity and Addiction Equity Act made significant progress in expanding and providing treatment to Americans with substance use disorders. These advancements increased insurance access by expanding Medicaid eligibility, eliminating gaps in coverage, lowering treatment costs, and prohibiting restrictive caps on behavioral health treatment visits.<sup>13</sup> For example, in Ohio, Governor John Kasich expanded Medicaid and added 700,000 new Medicaid recipients, about one-third of whom were diagnosed with substance abuse disorders.<sup>14</sup> Of the 20 million Americans who gained coverage as a result of the ACA, many are in need of treatment for opioid and other substance use disorders, as well as for behavioral health problems.<sup>15</sup>

### III. WITNESSES

The following witnesses have been invited to testify:

**Kemp Chester**

Acting Director

White House Office of National Drug Control Policy

**William Brownfield**

Assistant Secretary

Bureau of International Narcotics and Law Enforcement Affairs

U.S. Department of State

**Louis Milione**

Assistant Administrator

Diversion Control Division

U.S. Drug Enforcement Administration

**Matthew Allen**

Special Agent in Charge

Homeland Security Investigations

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*Opioid Abuse Epidemic: Professional and Academic Perspectives*, 114th Cong. (Apr. 23, 2015); House Committee on Energy and Commerce, *Hearing on What is the Federal Government Doing to Combat the Opioid Abuse Epidemic*, 114th Cong. (May 1, 2015); House Committee on Energy and Commerce, *What are the State Governments Doing to Combat the Opioid Abuse Epidemic*, 114th Cong. (May 21, 2015).

<sup>13</sup> Center on Budget and Policy Priorities, *ACA Repeal Would Jeopardize Treatment for Millions With Substance Use Disorders, Including Opioid Addiction* (Feb. 2017).

<sup>14</sup> The Pew Charitable Trusts, *ACA Repeal Seen Thwarting State Addiction Efforts* (Feb. 2017).

<sup>15</sup> Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, *Continuing Progress on the Opioid Epidemic: The Role of the Affordable Care Act* (Jan. 2017).

U.S. Immigration and Customs Enforcement

**Dr. Wilson Compton**

Deputy Director

National Institute on Drug Abuse

National Institutes of Health

**Dr. Deborah Houry**

Director

National Center for Injury Prevention and Control

Centers for Disease Control and Prevention