



**Testimony of Michael Botticelli, Executive Director
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U.S. House of Representatives Committee on Energy and Commerce Health Subcommittee Hearing
Combatting an Epidemic: Legislation to Help Patients with Substance Use Disorders

Thank you Chairman Pallone, Ranking Member Walden, Chairwoman Eshoo, Ranking Member Burgess, and distinguished Members of the House Energy and Commerce Health Subcommittee, for the opportunity to speak today about legislation to help patients with substance use disorders, including continued efforts to address the national opioid crisis.

My name is Michael Botticelli. I am the Executive Director of the Grayken Center for Addiction at Boston Medical Center. Boston Medical Center is the largest safety-net provider and busiest trauma and emergency services center in New England. Our patient population has the highest public payer mix of any acute care hospital in Massachusetts at 77% – with approximately half of our patients receiving care funded through the state’s combined Medicaid and Children’s Health Insurance Program (CHIP).

For decades, Boston Medical Center, or BMC, has been a leader in substance use disorder treatment and research. Many BMC programs have been replicated across Massachusetts and nationally. The Grayken Center for Addiction at BMC, launched in 2017 with a \$25 million gift from the Grayken family, encompasses over eighteen clinical programs for substance use disorders and serves as the umbrella for all of BMC’s work in addiction including treatment, prevention, research, medical education and training.

I offer my perspective as the Executive Director of the Grayken Center, as well the insight gained from my over 30-year career in the addiction field, formerly having served as the Director of the White House Office of National Drug Control Policy and as Director of the Massachusetts Bureau of Substance Addiction Services. I am also a person in recovery.

In previous sessions of Congress, this Committee has taken the lead on passing landmark bipartisan legislation to improve addiction treatment and prevention through the 21st Century Cures Act, CARA, and most recently the SUPPORT for Patients and Communities Act in 2018. These laws have gone a long way to bringing much needed funding and comprehensive reforms to how our system treats and supports people with substance use disorders. That said, over 67,000 people died from a drug overdose

in 2018, and the rate of deaths from fentanyl and other analogs increased by 10%.¹ The epidemic continues to evolve as polysubstance use, namely mixing opioids with stimulants like cocaine and methamphetamine, has increased and disparities widened for certain segments of the population – including racial and ethnic minorities, youth and young adults, members of the LGBTQ community, and incarcerated individuals – who are disproportionately burdened by addiction and lack sufficient access to treatment. The epidemic’s moving target creates new challenges for our treatment systems and providers, while other longstanding challenges remain. Notably, in their 2019 report on addressing the opioid crisis, the National Academies of Sciences, Engineering, and Medicine (NASEM) recognized opioid use disorder as a chronic and treatable brain disease, while underscoring “inadequate professional education and training” as a key barrier to address the addiction epidemic.²

The bills before the Committee for consideration today, in many ways rise to meet the challenges. I would like to briefly discuss a few of the areas that I think are most pressing for action:

- The 1,000 additional addiction residency slots funded through **“The Opioid Workforce Act of 2019” (H.R.3414)** would significantly accelerate our ability to fight the mounting burden of addiction faced by individuals and communities nationwide. BMC was among the first institutions in the country to establish accredited fellowship programs in addiction psychiatry and addiction medicine – combined, BMC has over 30 years of experience in training physician leaders in addiction. This academic year, we’re hosting four fellows in addiction psychiatry and two fellows in addiction medicine – numbers which would be higher if more funding were made available. Graduates of addiction training programs like ours go on to hold faculty and clinical leadership roles in medical centers and treatment programs across the country, and in turn spread their wealth of skill and knowledge to train the next generation of providers, thereby providing a return that far outweighs the investment.
- Under the direction of the Grayken Center, BMC has taken the initiative to provide comprehensive education and training to staff on safe opioid prescribing and addiction treatment. Over the last several years, we have systematically reduced opioid prescribing across both inpatient and outpatient settings – meaning patients receive more appropriate doses and are less likely to become addicted. BMC requires physicians across our system to receive waiver training as part of a commitment to dramatically expand our workforce licensed to prescribe Medication for Addiction Treatment (MAT). We readily offer additional addiction treatment training opportunities for providers and support staff, including supplemental training beyond the waiver. A broader culture change is needed, however, to ensure that addiction training becomes a standard part of medical training and that addiction treatment is widely available in all of the places where people need it. Several of the bills under consideration would help a great deal to push us in the right direction, including the **“Medication Access and Training Expansion Act” (H.R.4974)** by Massachusetts Congresswoman Lori Trahan along with Energy and Commerce Committee members Representatives Carter and Kuster.

¹ Hedegaard H, Miniño AM, Warner M. “Drug Overdose Deaths in the United States, 1999–2018.” U.S. Centers for Disease Control and Prevention National Center for Health Statistics Data Brief No. 356, January 2020.

² National Academies of Sciences, Engineering, and Medicine. 2019. *Medications for opioid use disorder save lives*. Washington, DC: The National Academies Press. doi: <https://doi.org/10.17226/25310>.

- We know that addiction effects more than the individual – it impacts families as well. Families struggle with knowing how best to be supportive of their loved ones and avoid doing harm. We also know that getting evidence-based guidance into the hands of family and community support systems can dramatically influence the trajectory of an individual’s care and recovery. At the Grayken Center, we’ve seen firsthand the transformational difference family support services can make through our collaboration with the Partnership for Drug-Free Kids to provide a resource center and helpline for Massachusetts families impacted by addiction. We are therefore highly supportive of the **“Family Support Services for Addiction Act” (H.R.5572)**, and appreciate the Committee’s attention to this important, often overlooked aspect of addiction.
- Two years ago, in testimony before this Committee, I shared a disparaging insight gleaned from overdose data in Massachusetts: that individuals recently released from incarceration overdose at 120 times the rate of the general public, most often within the first two weeks following release.³ Based on the Grayken Center’s direct experience with treating individuals upon release from the local county House of Correction, we know that seamless coverage and care, including treatment with MAT, is crucial to reducing overdose risk (and recidivism) for this most vulnerable population. Our providers do in-reach into prisons to help incarcerated individuals prior to release establish connections to community treatment programs and providers, along with peer recovery and support. Just last year, several Massachusetts prisons and county jails began offering MAT to individuals while incarcerated or awaiting trial. Nationally, there remains much that can be done to improve treatment for individuals while incarcerated and upon release into the community. I am therefore pleased to see several bills (**H.R.1329, H.R.4141**) under review by this committee that intend to make substantial progress in this area.

Researchers at BMC in collaboration with officials at the Massachusetts Department of Public Health published a recent article in *Drug and Alcohol Dependence* that highlights eight key touchpoints in the system – four opioid prescription touchpoints (high dosage, benzodiazepine co-prescribing, multiple providers, or multiple pharmacies) and four critical encounter touchpoints (detox, nonfatal overdose, injection-related infection, or incarceration) – that identified more than half of opioid overdose decedents. The findings indicate significant opportunities for increased intervention to direct individuals to the appropriate treatment and reduce opioid-related mortality.⁴ The research also frames the work of addiction treatment in an important light: so that we see each person who dies of an overdose, is a patient deserving of treatment who fell through the cracks.

While we are seeing some modest progress against this epidemic, I think we all agree that we can and should do more. This will require continued leadership at the federal, state, and local levels, additional resources, and constant vigilance as this epidemic continues to evolve. I firmly believe that we know what we need to do to make more progress and we need the leadership, the will, and the resources to do it. I believe we can begin to make a real difference in both this epidemic and ensuring that we have an adequate system of care to prevent future ones.

³ Massachusetts Department of Public Health. “An Assessment of Fatal and Nonfatal Opioid Overdoses in Massachusetts (2011 – 2015).” August 2017.

⁴ Larochelle MR, Bernstein R, Bernson D, Land T, Stopka TJ, Rose AJ, Bharel M, Liebschutz JM, Walley AY. Touchpoints - Opportunities to predict and prevent opioid overdose: A cohort study. *Drug Alcohol Depend.* 2019; 204:107537. doi.org/10.1016/j.drugalcdep.2019.06.039

I've said this many times before, and I'll say it again – addiction is a disease, and recovery should be the expected outcome of that disease. The work lies in getting our systems to a place where patients with addiction are treated in a way that reflects this reality. We've done it before, with a whole litany of diseases and issues, and given Congress's record of bipartisan commitment to addressing addiction, I trust that we can do it again.

Thank you for your time. I look forward to your questions.