

**THE OPIOID CRISIS:
LEADERSHIP AND INNOVATION
IN THE STATES**

HEARING
OF THE
**COMMITTEE ON HEALTH, EDUCATION,
LABOR, AND PENSIONS**
UNITED STATES SENATE
ONE HUNDRED FIFTEENTH CONGRESS
SECOND SESSION
ON
EXAMINING THE OPIOID CRISIS, FOCUSING ON LEADERSHIP AND
INNOVATION IN THE STATES

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MARCH 8, 2018
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Printed for the use of the Committee on Health, Education, Labor, and Pensions



Available via the World Wide Web: <http://www.govinfo.gov>

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**THE OPIOID CRISIS:
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Thursday, March 8, 2018

U.S. SENATE,
COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS,
Washington, DC.

The Committee met, pursuant to notice, at 10:06 a.m. in room SD-430, Dirksen Senate Office Building, Hon. Lamar Alexander, presiding.

Present: Senators Alexander [presiding], Isakson, Collins, Cassidy, Young, Murkowski, Scott, Murray, Casey, Bennet, Baldwin, Murphy, Warren, Kaine, Hassan, Smith, and Jones.

OPENING STATEMENT OF SENATOR ALEXANDER

The CHAIRMAN. The Senate Committee on Health, Education, Labor, and Pensions will please come to order.

Today, we are holding our sixth hearing in this Congress on the opioid crisis. Joining us, to talk about what is working in their states, is Governor Larry Hogan from Maryland and Governor Kate Brown, who has come all the way from Oregon. We thank you both for taking time from your very busy schedules to be here.

This hearing is a follow-up to a roundtable that Senator Murray and I hosted last week with 13 governors, who were here for the National Governors Association Meeting. Thirty-two Senators of both parties attended at some time during that roundtable, which is a large gathering of Senators, to hear from the governors about the opioid crisis.

Senator Murray and I will each have an opening statement, then I will introduce the witnesses, and then we will hear from the governors. Senators will each have 5 minutes of questions.

In January, I dropped by a meeting at the Tennessee governor's residence in Nashville. Governor Bill Haslam had invited the heads of all of our state's institutions that are involved in educating doctors, and they were planning on how to discourage the over-prescription of opioids.

Governor Haslam told me that in our state of 6.6 million people, there were 7.6 million opioid prescriptions written in 2016. And that even though the state has reduced the amount of opioids prescribed—to that still very high number—the number of overdose deaths is still rising because of the abuse of fentanyl, a synthetic opioid.

In fact, according to a recent report from the Centers for Disease Control and Prevention, opioid overdoses spiked 30 percent between July 2016 and September 2017 across our country. So this is an evolving crisis that has affected nearly every state, but the specific challenges faced by Tennessee may be very different from what Oregon or Maryland faces.

States really are the ones that come up with the best ideas on how to tackle big problems because states are on the front lines. It is usually the Federal Government's role to encourage them to cut the red tape and to create an environment so that states and communities can innovate. That is true with addressing the opioid crisis.

Governors are coming up with innovative solutions. They are leading the fight against specific problems their states face in the midst of the crisis.

For example, Governor Hogan in Maryland has allowed all pharmacies to dispense naloxone, the drug that stops a drug overdose, and opened an Opioid Operational Command Center to coordinate the state and local governments' response to the crisis.

Governor Brown has prioritized improving Oregon's Prescription Drug Monitoring Program and is working with the state legislature in Oregon on a peer mentorship program for individuals struggling with addiction.

Congress also has taken a number of steps to support states fighting the opioid crisis. In 2015, we passed the Protecting Our Infants Act to help ensure that Federal programs are more effective in helping expectant mothers struggling with opioid abuse, and that they receive more help so that they have healthy babies.

In 2016, we passed the Comprehensive Addiction and Recovery Act to give new authorities to states, including grants to expand access to naloxone, and to provide a comprehensive response of education, prevention, treatment, and recovery.

Also in 2016, we passed the 21st Century Cures Act and included \$1 billion over 2 years in state grants to address the opioid crisis.

Congress is considering, in the appropriations process, approving additional funding as well.

In December, Senator Murray and I sent a letter to every governor and state insurance commissioner asking if these laws were working and how the Federal Government can be a better partner for states. We have heard back from 21 governors and 11 state health officials, in addition to the feedback we heard at the roundtable this week.

Governor Haslam suggested additional funding to encourage states to share data in their prescription drug monitoring systems, something we talked about at our hearing last week. I think this is one of the most promising areas where the Federal Government can be helpful to states.

Former Governor Terry McAuliffe of Virginia suggested we support research on non-opioid pain management.

I have encouraged Dr. Collins, Director of the National Institutes of Health, to use additional research money, which Congress has appropriated, to focus on finding a non-addictive painkiller. Senator Murray and I have introduced legislation last month to give him more flexibility and funding to do that.

This Committee hopes to approve that piece of legislation, as well as others, later this spring so that we can recommend those bills to the full Senate to vote on. So it is helpful to have the input from governors here today, as well as the written responses from other governors and state commissioners.

I am looking forward to hearing what Oregon and Maryland are doing to address this crisis and what lessons can be learned. Senator Murray.

OPENING STATEMENT OF SENATOR MURRAY

Senator MURRAY. Well, thank you very much, Mr. Chairman.

Thank you to both of our witnesses for making the trip out here to join us today, in particular, Governor Brown. You came a little bit longer way than Governor Hogan. But thank you to both of you.

I am really glad that we are able to bring two leaders together to face an issue, who come not only from opposite sides of the aisle, but even from opposite sides of the country. So we look forward to hearing from both of you today on how you are working in your state to address this opioid crisis.

Throughout our series of hearings on this crisis so far, we have heard from a wide range of voices with different and important perspectives on this epidemic.

Whether we have been speaking with government officials or families, medical professionals or data experts, journalists or academics, individuals who have personally lost someone to an opioid addiction, or people who have personally overcome it, we have seen that this crisis does impact everyone. The 115 people who die each day from an opioid overdose are young and old, they are from all backgrounds, and they are from all over the country.

We have seen that while this is a national problem, empowering local officials with the tools they need is one of the most important solutions. We have seen, after far too long, that we cannot simply treat this as a law enforcement issue. To fully address the crisis, we must also treat it as a healthcare issue, as a child welfare issue, and a drain on local economies.

It is clear this disease is not only hard on the patients facing it. It impacts entire families and communities, including parents, like Becky Savage, the mother we listened to in a recent Committee hearing, who tragically lost two sons to opioid overdose; kids whose lives are thrown into uncertainty when a parent is battling addiction; and the grandparents and relatives who step up to raise them in this hardship; educators, like the principal I recently spoke with in Everett, Washington, who had seen firsthand the strain this crisis put on the students at school.

We have heard time and time again how heartbreaking, how far-reaching, this crisis has become. And it is clear that in order to find the solutions, we are going to have to reach just as far.

We have heard in our last hearing about how beneficial it can be when our states' prescription drug monitoring systems can talk to each other and work together. We discussed how, by making technology like the drug monitoring systems more interoperable, we could collaborate more effectively on the challenges we face. This is a lesson that also goes beyond data.

It is not enough that we have technology in one state that is able to talk to technology in another state. We need to make sure this is happening on a human level too. We need to make sure that not only good data, but good ideas, are being shared. And that is what today's hearing is all about.

A good example, of the potential of shared ideas, comes from my home state.

Back in Washington, King County has been running a diversion program for a couple of years now that gives law enforcement a new resource in the fight against addiction. It lets them put struggling patients on the road to recovery, instead of into prison. The approach does not only help people themselves recover, but as one patient put it a few years ago it, "Makes us feel human again."

After seeing that program succeed and learning more about it, Snohomish County recently opened a similar rehabilitation program. And these programs are a model for the similar grants authorized through the Comprehensive Addiction and Recovery Act that was passed last Congress. That is just one example of how Congress can take what is happening in the states and use it to benefit more people across the country.

As this Committee undertakes another legislative effort around opioids, I believe we can again find room for similar progress between states and here in Washington, DC. As more states learn what is working in their communities, I believe conversations like this can help make sure good ideas are being put to good use for families everywhere.

Which is why I am so eager to hear from both of our witnesses today, and so grateful they could join us to discuss the efforts you have underway in your states to address this crisis, and what lessons you have for other communities, and states, and those of us working on this nationally.

I believe today's discussion will offer some interesting insights as we continue here to look for common ground and common sense solutions to help those struggling with the menace of opioid addiction.

Mr. Chairman, before we begin, I do want to submit for the record, testimony from the Port Gamble S'Klallam Tribe. They have been doing some really important work to address the opioid crisis and call attention specifically to the challenges that our Tribes are facing in responding to this epidemic.

Senator MURRAY. I look forward to this hearing.

The CHAIRMAN. Thank you, Senator Murray.

Governors, our practice is to ask you to summarize your remarks, if you can, in about 5 minutes and that will permit more time for conversation back and forth between you and the Senators.

Governor Hogan is the 62d Governor of Maryland. He is a Republican. He has more than 25 years of private sector experience.

In response to the opioid crisis, he signed an executive order creating a Heroin and Opioid Emergency Task Force, which developed 33 recommendations related to treatment, prevention, and enforcement. His administration has implemented many of these recommendations. We look forward to hearing these efforts.

Our second witness is Governor Kate Brown. She is the 38th Governor of Oregon. She is a Democrat and previously served as

Oregon's Secretary of State, and as a state Senator and state representative in the Oregon legislative assembly.

Governor Brown has also convened an Opioid Epidemic Task Force. Two of her priorities is improving access to treatment and requiring that licensed prescribers use the State's Prescription Drug Monitoring Program.

We look forward to hearing about her work as well.

Welcome to each of you. Thank you, again, for being here.

Let us begin with you, Governor Hogan, and then go to Governor Brown.

STATEMENT OF HON. LARRY HOGAN, GOVERNOR, STATE OF MARYLAND

Governor HOGAN. Well, thank you, Chairman Alexander, Ranking Member Murray, distinguished Members of the Committee.

Thank you for your focus on this issue, and thank you for giving us the opportunity to provide testimony here today regarding what I believe is the No. 1 health crisis facing our Nation.

We have been sounding the alarm and shining a spotlight on this issue for about 4 years now. It was during my campaign for governor in 2014, as I traveled all across the State of Maryland, I would go and meet with local officials and community leaders, and I would ask them what was the No. 1 issue facing their community.

Everywhere I went, whether it was in the wealthy suburbs of Washington, or the inner city of Baltimore, or we were in small towns and rural communities, the answer was always the same, and it kind of took me by surprise. But we learned about the magnitude of this problem.

In one of my first actions as governor, we established an emergency opioid and heroin taskforce which, as the Chairman said, came up with 33 recommendations, most of which we implemented.

We focused on a four-pronged approach of education, prevention, treatment, and enforcement. I was the first governor in America to declare a real state of emergency on this issue because we decided that we needed to treat this crisis just like we would treat any other natural or manmade disaster.

We have already committed, in our small state, more than a half a billion dollars toward fighting the heroin, opioid, and substance abuse epidemic from all directions.

Yet, in spite of our efforts, we still had nearly 2,000 people die last year. That is far more than those killed by firearms and motor vehicle accidents added together.

The good news is that with our efforts, we have been able to bend the curve downward on prescription opioids and on heroin. But a new, and even more deadly drug, is now growing out of control across America, and that is fentanyl.

Overdose deaths from fentanyl were up a staggering 70 percent in our state last year. The majority of this fentanyl is being shipped in from China or it is crossing the border, being smuggled in from Mexico. We simply cannot stop it without the Federal Government stepping up.

This crisis is going to take an all hands on deck approach from the Federal, state, and local governments along with community or-

ganizations and faith based organizations, and others in the communities. We all need to be working together on this issue.

I urge you, and your colleagues, to make increased funding for the opioid crisis a top priority. Maryland, and many other states, are all working to provide naloxone to all of our local jurisdictions, but greater Federal support would help make this lifesaving medication available to even more of our first responders, our police officers, and emergency room personnel.

I would like to recommend that the Federal Government encourage advertising, public service campaigns, to educate the public about how lethal fentanyl and these other drugs are.

We also need more targeted and aggressive Federal enforcement interdiction efforts when it comes to fentanyl and these other opioids through initiatives like the Synthetic Trafficking and Overdose Prevention, or STOP, Act. As this crisis evolves, so must our response to it.

I will agree with Senator Murray, this crisis is not just a health crisis. This is tearing apart families and communities from one end of the country to the other, from Maryland to Oregon and everywhere in between.

Ultimately, this really is about saving lives. It will take a collaborative, holistic, and bipartisan approach to accomplish that.

Again, thank you for having us and we look forward to the dialog and answering any of your questions.

Thank you.

[The prepared statement of Governor Hogan follows:]

PREPARED STATEMENT OF GOVERNOR LAWRENCE J. HOGAN, STATE OF MARYLAND

Chairman Alexander, Ranking Member Murray, and Distinguished Members of the Committee:

Thank you for the opportunity to be here today to discuss what I believe is the number one health crisis facing our Nation. In Maryland, we have been shining a spotlight on the heroin and opioid crisis for the past 4 years. Sitting next to my honorable colleague from Oregon, I want to underscore how non-partisan this issue is for the states. This is about doing everything we can to fight an epidemic that has already claimed too many lives and sparing families from the destruction and despair caused by opioid addiction and overdose.

My message to the Federal Government is simple: With fentanyl—which is fifty times more powerful than heroin—now the leading cause of overdose deaths in Maryland, we need our Federal partners to step up, stop the flow of illicit synthetic drugs into our country, and provide the resources necessary for battling this scourge. I am pleading with you, your colleagues in Congress, and the Administration to take action, as only the Federal Government can truly prevent illegal drugs from entering our country. Washington may be paralyzed by partisanship, but every second we waste in addressing this crisis, lives are being lost, families are being forever changed, and futures are being squandered.

Since taking office in 2015, fighting the heroin and opioid epidemic in Maryland has been a top priority of our administration. The epidemic has hit Maryland hard, with statistically higher rates of drug overdose deaths than the national average. From 2015 to 2016, total intoxication deaths increased from 1,259 to 2,098, signaling an alarming upward trend. By contrast, in 2016, motor vehicle accidents accounted for only 569 deaths. Nearly every day, in the most prosperous suburbs, rural towns, and everywhere in between, people wake up to the reality of their community's heroin and opioid problem.

Last March, I signed an executive order declaring a State of Emergency in response to the heroin, opioid, and fentanyl crisis, activating emergency management authority and enabling increased and more rapid coordination between our state and local emergency teams. Additionally, our administration has established the Opioid Operational Command Center to lead the state's response and coordinate directly with all 24 local jurisdictions.

We remain steadfast in our commitment to using all the tools at our disposal to fight this epidemic and save lives. Our administration has committed half a billion dollars toward fighting the heroin and opioid epidemic and substance use disorders, with a four-pronged approach focused on education, prevention, treatment, and enforcement.

But even as our state commits ever greater resources to this fight, the challenge we face continues to grow, and the evolving threat posed by fentanyl and other synthetic drugs has made our efforts that much more difficult. According to the latest Maryland Department of Health data released in January 2018, as heroin-related and prescription opioid-related deaths have started to show a slight drop, fentanyl and fentanyl analog-related deaths are steadily increasing. Illicit drugs blended or substituted with fentanyl are being purchased and trafficked into our country at a staggering rate and are more dangerous than ever. Due to the cheap price of fentanyl, wholesale suppliers sell heroin and other drugs mixed or substituted with fentanyl to make a larger profit. Law enforcement tells us that fentanyl is being unknowingly substituted in the drug supply prior to entering the Maryland area, and we're seeing that reflected in the latest overdose data.

Fentanyl is now the deadliest controlled dangerous substance in the State of Maryland, with over two-thirds of all overdose deaths in 2017 through September involving fentanyl. Of the 1,705 drug and alcohol-related deaths across the state, the vast majority of those deaths (1,501) were opioid-related, and 1,173 deaths were related to fentanyl.

The increase in fatal fentanyl overdoses is widespread across Maryland and is occurring within all demographic populations, affecting all ages and backgrounds. Fentanyl overdoses are increasingly impacting younger age demographics, possibly because of the increased chance of accidental overdose to unknowing users. However, the impact appears to be widening toward all age ranges. Additionally, the number of fatal cocaine overdoses is increasing and is primarily attributed to cocaine being mixed with fentanyl analogs. Fatal overdoses from cocaine laced with fentanyl are increasing across demographic lines and are driving an increase in overall fentanyl-related overdose deaths.

We know that Maryland's current drug threat is primarily from fentanyl. Even more alarming, we know that fentanyl is now present in the majority of the drug market, not just opioids. As governor, I am committed to doing everything in our power at the state level to protect Marylanders from this scourge and prevent future victims. But there's no denying that the majority of this illicitly manufactured fentanyl killing our citizens is being shipped in from China or smuggled across the border from Mexico, so it naturally falls on the Federal Government to stop it. Without ramped up enforcement efforts at the Federal level, and more resources to supplement the state's efforts on prevention and treatment, we're tragically going to keep seeing more fentanyl-related deaths.

Clearly, combating a crisis of this scale is going to require a much more aggressive approach from the Federal Government, backed up by sufficient Federal funding. I recognize this Committee's leadership on this issue and want to thank you for getting the 21st Century Cures Act passed back in 2016. As a result of this law, the Maryland Department of Health was awarded a \$20 million grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), to be used over 2 years to combat opioid abuse. This investment in Maryland's opioid response efforts has already made a positive impact, supporting our balanced approach of prevention, enforcement, and improving access to treatment. I also welcomed the Administration's declaration of the opioid crisis as a public health emergency in October 2017. However, while the 21st Century Cures funding and Federal emergency declaration are both significant steps in the right direction, they are clearly not enough to tackle a crisis that continues to ravage our Nation.

Your outreach to states regarding specific recommendations is appreciated, as we are on the front lines of this epidemic. I'm grateful for the continued conversation this Committee has fostered and want to emphasize that action on these items can't come soon enough.

Increased Federal Funding for the Opioid Crisis

First, we need to treat the heroin, opioid, and fentanyl crisis as we would treat any other life-threatening emergency: with an all-hands-on-deck approach and resources that measure up to the severity of this problem. I urge you and your fellow lawmakers to make increased funding for the opioid crisis a top priority as you negotiate the Fiscal Year 2018 appropriations bill in the coming weeks.

First Responder Training and Increased Availability of Naloxone

In June 2017, our administration issued a statewide standing order that allows pharmacies to dispense naloxone, the non-addictive life-saving drug that can reverse an opioid overdose, to all Maryland citizens. We are working tirelessly to bring naloxone to all jurisdictions through coordinated efforts and distribution to local health departments, and grant funding from the 21st Century Cures Act, along with state funds, is helping us accomplish this. However, the need continues to grow, especially with fentanyl and carfentanil requiring multiple doses of naloxone to be administered to help victims overdosing on these substances. More Federal support is needed to help us make naloxone available to first responders and law enforcement. We also must provide resources to first responders on safety around fentanyl and how to respond after exposure.

Education on Fentanyl

We ask the Federal Government to support campaigns at the national and state level to educate the public about the lethality of fentanyl, which is increasingly mixed with heroin and other drugs, including those that appear to be prescription drugs.

In May 2017, our administration launched “Before It’s Too Late,” a web portal designed to provide resources for individuals, families, educators, and health care professionals and raise public awareness of the rapid escalation of the heroin, opioid, and fentanyl crisis in Maryland. We also signed into law the Start Talking Maryland Act (HB 1082/SB 1060), which increases school and community-based education and awareness efforts to continue to bring attention to the crisis and to equip Maryland’s youth with knowledge about the deadly consequences of opioids. Among other provisions, the legislation requires programming on heroin and opioid related addiction and prevention (including information on fentanyl) beginning in third grade, a county-level school policy on naloxone, the designation of a school health services coordinator, and community action officials to coordinate school-based community forums and public awareness efforts.

Targeted Enforcement of Fentanyl and Other Synthetic Opioids

One thing Congress can do right now is pass the Synthetic Trafficking & Overdose Prevention (STOP) Act, which would help address dangerous vulnerabilities in international mail by requiring the U.S. Postal Service to collect advanced electronic data on international packages. The tightening of international parcel shipping regulations has never been so critical for Maryland, with the majority of all opioid fatalities now coming from illicit synthetic fentanyl. Most deadly fentanyl is purchased online from labs in China and shipped into the U.S. through the mail, and funding and support for USPS drug detection and interdiction efforts is essential.

The Federal Government can also be supportive of Maryland’s law enforcement efforts by:

- Enhancing data collection, collation, and analysis for strategic intelligence and situational awareness related to the opioid threat.
- Increasing the availability of data to identify criminal networks responsible for trafficking and distributing fentanyl and other synthetic opioids in Maryland.
- Enhancing enforcement efforts focused around the identification, dismantlement, and disruption of criminal organizations importing drugs into the country.
- Expanding the capacity of law enforcement to quickly and safely detect fentanyl seizures to better mirror overdose data specificity and more quickly identify trafficking organizations to increase interdiction.

In January, as part of a package of proposed legislation targeting the opioid crisis, we introduced the Overdose Data Reporting Act to allow Emergency Medical Services (EMS) providers and law enforcement officers to input and share data about opioid overdoses. This enhanced data-sharing ability will enable first responders to track this information and allocate resources, including life-saving naloxone, in near real time to respond to an extremely potent batch of opioids in a specific area. We are eager to see a greater focus at the Federal level on information sharing initiatives to link law enforcement investigations across jurisdictions.

Thank you for your time today and for your consideration of these recommendations. I was pleased to see many of these ideas embraced in the bipartisan opioid legislation introduced last week in the Senate, as well as in the House Energy and

Commerce Committee legislative package on opioids. I urge you to keep this momentum going—Maryland needs action now, and we look forward to continuing to work with our Federal partners to address this epidemic. Federal support is desperately needed to stop the flow of fentanyl into our country and end this scourge. As this crisis evolves, so must our response to it, and in Maryland, we are using every possible tool at our disposal. Ultimately, this is about saving lives, and it will take a collaborative, holistic approach to achieve that.

[SUMMARY STATEMENT OF GOVERNOR HOGAN]

Maryland's current drug threat is primarily from fentanyl, which is fifty times more powerful than heroin. Even more alarming, fentanyl is now present in the majority of the drug market, not just opioids. As governor, I am committed to doing everything in our power at the state level to protect Marylanders from this scourge and prevent future victims. But there's no denying that the majority of this illicitly manufactured fentanyl killing our citizens is being shipped in from China or smuggled across the border from Mexico, so it naturally falls on the Federal Government to stop it. Without ramped up enforcement efforts at the Federal level, and more resources to supplement the state's efforts on prevention and treatment, we're tragically going to keep seeing more fentanyl-related deaths.

Recommendations:

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I urge you and your fellow lawmakers to make increased funding for the opioid crisis a top priority as you negotiate the Fiscal Year 2018 appropriations bill in the coming weeks.

First Responder Training and Increased Availability of Naloxone

More Federal support is needed to help us make the life-saving drug naloxone available to first responders and law enforcement, especially with fentanyl and carfentanil requiring multiple doses of naloxone to be administered to victims overdosing on these substances. We also must provide resources to first responders on safety around fentanyl and how to respond after exposure.

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Targeted Enforcement of Fentanyl and Other Synthetic Opioids

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The CHAIRMAN. Thank you, Governor Hogan.
Governor Brown, welcome.

STATEMENT OF HON. KATE BROWN, GOVERNOR, STATE OF OREGON

Governor BROWN. Chairman Alexander, Ranking Member Murray, Committee Members.

Thank you so much for having me here today. I am also honored to be sharing the dais with my colleague, Governor Larry Hogan.

By providing our states' perspectives, I hope we can underscore the urgency of tackling the opioid crisis that has touched every single corner of every state in our entire Nation.

Part of what makes opioids so dangerous is the fact that there is so much of it and it is not hard to get. Abuse can begin as easily as reaching into the average family medicine cabinet.

That is what happened to Max Pinsky of southern Oregon. He was a poet and a chef. When he was 17 years old, he got into a car accident and was prescribed opioid painkillers. What started as therapy became self-medication and spiraled into abuse.

From prescription pills, he moved onto heroin. His mother, Julia, was devastated as she watched the grip of opioids consume his life. He died of an overdose at age 25.

It is hard to look back on Max's story and wonder what could have been. What if we lived in a society where he was not shamed for having a problem or for reaching out for help? What if he had access to better treatment? What if the first responders had life-saving overdose drugs?

Addiction is blind to circumstance, but the high cost of addiction is borne by our children, whose parents are unable to care for them while struggling with substance abuse.

Right now, the Federal Government recognizes the problem, but is focused on punishment. That leaves us, the states, to right the wrongs of a war on drugs that has done nothing to address the issues that drive this public health crisis, while our prisons and our foster care systems are filled to capacity with its victims. I have seen it firsthand.

Prior to becoming governor, I worked as a lawyer representing parents and children in the foster care system. I watched children come in and out of foster care as their parents struggled with substance abuse disorders.

As children struggled with the foster family they barely knew, their parents struggled with addictions that overwhelmed our treatment systems. In Oregon, 60 percent of foster children have at least one parent with a substance abuse issue, including opioids.

If we can make meaningful change in prevention, treatment, and recovery from substance abuse, we can create better lives for our families. We can see more success for our students in schools. We would lift a burden off our hospitals, and our law enforcement, and our prisons.

In my own family, access to comprehensive behavioral health treatments changed the trajectory of addiction. My stepchild started abusing drugs in high school. My husband, Dan and I, watched him change and felt powerless to do anything about it.

Eventually, a teacher caught him using at school. Instead of kicking him out, she called us. We knew that just trying to stop using would not work. His daily routine had become centered around getting high. He needed an immersive treatment program, but our insurance policy stood in the way.

He had to go through two separate outpatient and inpatient treatments, and relapses, before our insurance would cover the residential program he desperately needed.

Fortunately for us, our family story turned out very differently than the Pinsky's, but it taught me how different recovery can look for every individual. We need to think about it as a process that needs to be tailored to a person's unique circumstances and envi-

ronment, turning away from a failed first model. That is something we are working on in Oregon.

We are also getting more lifesaving overdose drugs into the hands of first responders, and implementing creative programs to provide a warm hand-off from emergency room to treatment and recovery.

In addition to increasing treatment resources, we need to make sure that we are focusing on decreasing stigma as well. We must break through the barriers of shame to provide the best treatments possible first and the most effective assistance now.

We need to let people know that it is Okay to come out of the shadows. That it is Okay to ask for help and that there is help that is available for them.

At the Federal level, there is so much that can and must be done: improving data sharing from the Federal to the state level, making affordable generic overdose drugs more available, and rejecting a punitive approach to addiction.

Who knows? May be this could have saved Max Pinsky's life. We know it can save millions of others.

Thank you.

[The prepared statement of Governor Brown follows:]

PREPARED STATEMENT OF HON. KATE BROWN, GOVERNOR, STATE OF OREGON

Chairman Alexander, Ranking Member Murray and Members of the Committee; thank you for the opportunity to speak before the Senate's Health, Education, Labor, and Pensions Committee as it continues to examine and respond to the opioid crisis.

Like many states across the Nation, Oregon is in the throes of an ongoing opioid epidemic. In Oregon, I will soon declare addiction and substance abuse to be a public health crisis, in no small part because of the impacts of opioids. We have seen a 400 percent increase in opioid use disorder over a 10-year period ending in 2015. Roughly one in ten of our young adults aged 18 to 25 have abused opioids. Every other day, on average, we lose one more Oregonian due to an opioid overdose.

These numbers are bad enough, but their ripple effects are horrific. In Oregon, 60 percent of foster children have parents that struggle with addiction in general, which includes opioid addiction. Our foster care system has one and a half times more children than the national average. If we can make meaningful change in prevention, treatment and recovery from opioid abuse, we will better the lives of not only these individuals, but of all Oregon families. Our students would be more successful, and we would lift the heavy burden from our overtaxed hospitals.

It is important to recognize that large scale changes require first steps. Last year, I signed legislation that helps put life-saving overdose drugs into the hands of first responders. However, recognizing more needed to be done, I convened an Opioid Epidemic Task Force. This bipartisan, bicameral group is aimed at providing consensus-based recommendations to address the ongoing opioid epidemic. Each chamber of the Oregon Legislature is represented by a both a Republican and a Democrat. Additionally, the Task Force is comprised of treatment and recovery experts, doctors, public health officials and agency representatives, among many others. Their thoughtful advice and recommendations have become a key portion of my 2018 legislative agenda in Oregon, in the form of House Bill 4143 that recently passed the legislature.

House Bill 4143 provides a three-pronged approach to tackling the opioid epidemic in the following ways: (1) Establishing a pilot program aimed at bridging the gap between an overdose episode and efficacious, evidence-based treatment; (2) Requiring that all licensed prescribers in the State of Oregon register for the Prescription Drug Monitoring Program (PDMP); and (3) Mandating that our Department of Consumer and Business Services, working in conjunction with the Oregon Health Authority, study barriers to accessing treatment for all Oregonians. These important steps will help us not only address the crisis in the present, but set Oregon on the right path for badly needed future policy changes. This bill is the first step in a long journey.

In order to properly address this ongoing epidemic, we must employ data metrics to make certain we see the right results. Working with the Oregon Health Authority, our Task Force is committed to measuring the outcomes of this new pilot program. While we want to see deaths from overdose decline, we also want to see vast improvement in access to treatment, improved insurance coverage and better availability of life-saving overdose drugs such as naloxone. Some Oregonians must travel great distances to access appropriate treatment, something that we must improve.

Two weeks ago, I co-led a session at the National Governors Association winter meeting where I heard not only the struggles all states share in common, but also how other states have made progress through implementing creative approaches. As individual states we cannot tackle this crisis alone. That's why Oregon, California, Washington and the province of British Columbia are planning to tackle this issue as a region. As part of our existing Pacific Coast Collaborative, we will work together in sharing best practices and identifying opportunities to cooperate.

Oregon already has a history of interstate cooperation in the fight against the opioid epidemic, particularly in the context of drug pricing. This is exemplified through the formation of the Oregon Prescription Drug Program and the Northwest Prescription Drug Consortium with Washington. Important lifesaving drugs such as naloxone have seen steep pricing increases from 2015 to the present, in some cases as much as 487 percent. These innovative programs have enabled Oregonians to benefit from more aggressive prescription drug pricing, a result of pooling our drug purchasing. Since 2007, groups that joined the Consortium have seen savings on their pharmacy benefit programs, more aggressive prescription drug prices, 100 percent pass-through pricing on drug costs and manufacturer rebates, lower administrative costs and complete program transparency. The Consortium today serves over 1,000,000 individuals and purchases in excess of \$800 million in drugs each year. This program additionally offers aggressive discounts to participating programs for substance use disorder treatments.

Oregon has also joined national Group Purchasing Organizations (GPO) to access special class-of-trade pricing for eligible institutions. Today, state facilities, public health and other state and local entities participate in our GPO arrangements and purchase in excess of \$50 million annually. We continue to explore new and innovative ways that Oregon can leverage the value of pooling our resources in order to extract greater benefit from buying in bulk from suppliers. This, of course, extends to exploring options for purchasing and distributing naloxone and other substance use disorder treatments.

We have also looked for ways to improve our healthcare system through increased efficiency. PDMPs represent an important tool for developing best prescribing practices and maximizing ease of use as the best way to ensure buy in from professionals. That's why Oregon has worked to integrate our electronic health records with our PDMP, thus providing prescribers with an important tool to make better informed decisions about their patients. This process has already begun with our emergency departments, and Oregon has an eye toward full integration across our healthcare system.

Right now, the Federal Government has recognized the opioid epidemic but is overly focused on punishment. That leaves us, the states, to right the wrongs of a war on drugs that has done nothing to address the issues that drive this health crisis, while our prisons and our foster care systems are filled to capacity with its victims. I know that you have held several sessions on the opioid crisis to date, and I applaud this Committee for taking such a close, thoughtful look at the issue. There are a wealth of ideas that this Committee has the power to turn into reality. As part of this conversation, I ask that the Federal Government stop the punitive approach to addiction and begin treating substance abuse disorder as the disease it is.

Oregon looks forward to continued collaboration and dialog with our Federal partners, who we are heartened to see take such a keen interest in this epidemic.

Thank you again for the opportunity to provide testimony on this important issue.

[SUMMARY STATEMENT OF GOVERNOR BROWN]

Snapshot of the opioid epidemic in Oregon

- Immediate effect
- 400 percent increase in opioid use disorder from 2005–2015
- 1 in 10 young Oregonians aged 18–25 have abused opioids
- On average, one Oregonian a day is lost due to overdose

- Ripple Effect
- 60 percent of foster children have parents that struggle with addiction
- Oregon's foster system has 1.5 times the national average

Proactive actions to address the epidemic

- Signed legislation that put overdose drugs in the hands of first responders last year
- Created a bipartisan and expert-filled Opioid Epidemic Task Force
- Championed a key 2018 legislative bill that recently passed that the task force helped to shape
- Three-pronged approach: (1) new money for a pilot program to provide immediate treatment after an overdose; (2) requiring Prescription Drug Monitoring Program (PDMP) use; (3) mandating a study of barriers to treatment access

Needs of the state going forward

- Data/information—Oregon prides itself on data driven policy decisions and thus there will be close measurement of the pilot program and more data is needed to properly address a complex and evolving epidemic
- Regional cooperation—Oregon is committed to working with neighboring states and provinces to share information and best practices.
- Reduce Prescription Drug Costs—Oregon has a history of interstate cooperation dating back to the Northwest Prescription Drug Consortium helping to reduce drug costs including naloxone. Oregon also joined national group purchasing agreements to purchase more than \$50 million in drugs for state and local entities annually.
- Increased efficiency/integration—Oregon continues to work to integrate our electronic health records with our PDMP
- Value treatment over punishment—Federal Government remains overly focused on punishment when the issues that drive the epidemic require greater treatment focus

The CHAIRMAN. Thank you, Governor Brown. And thank you, especially, for your personal story.

We will now begin a 5 minute round of questions.

Senator Isakson.

Senator ISAKSON. Thank you both for being here today. We appreciate it very much.

Governor Hogan, in my state, it is estimated by professionals that there are 541 million doses circulating in my state right now of opioids in Georgia.

Last year in June, we had an epidemic run where, in 2 weeks, there were eight deaths from overdoses, and 40 hospitalizations through middle Georgia where a number of percocet pills laced with fentanyl had gotten loose in the public.

You testified on fentanyl in your testimony and I understand your state has been dealing with similar problems, because fentanyl is a growing magnification of the opioid problem.

What are you doing in Maryland that is working? What can you share with us that will help us to work to reduce the fentanyl effect?

Governor HOGAN. Thank you, Senator.

First, the problem started with prescription opioids and we put in a region. In fact, we worked together with the District of Columbia and Virginia. We did a regional Prescription Drug Monitoring Program. We put in legislation to limit the number of pills you can prescribe. We were focused on that part of the issue and had done pretty well. We were squeezing that down.

Then, unfortunately, more people were doing heroin because they could not get access to the prescription opioids. And then, we started to clamp down on the heroin distribution. We got this new fentanyl and carfentanil, which is 50 to 100 times more deadly than anything else.

As we have been working on the crisis, it just evolves into something else. So we have to constantly be shifting.

They are lacing not just heroin. They are stealing fentanyl directly. But they are also lacing now cocaine and marijuana, and people do not know that they are getting fentanyl.

Some people are seeing out and some people are unaware, but it is killing people every day in our streets. We had seven people die in one of our wealthiest counties in 1 day.

I know that you and I shared, I know your story about your back surgeries, and I am sure they prescribed opioids to you.

I went through 18 months of battling cancer in my first 2 years as governor and I had four or five surgeries. And I know one time three different doctors within a matter of weeks prescribed me 30-day supplies of three different opioids. That cannot happen anymore in our state.

But the fentanyl, we are really trying to crackdown, but it is coming, a lot of it is coming through the U.S. Postal Service. It seems like nobody uses the postal service anymore, but the drug dealers from China are because they are not checking the packages the way the other delivery services are. We have to put some Federal funding in that.

It is now being manufactured or transported and smuggled in across the border in Mexico.

Senator ISAKSON. Right.

Governor HOGAN. This is actually, we have to do what we can from the local level on interdiction, but the Federal Government has to step up, keeping it from coming into the country.

Senator ISAKSON. Would you agree with me that it is not totally an addiction problem? It is a one-time problem too because fentanyl is so powerful, a person could get one pill. They are not an addict. Never were one, but that one pill could kill them alone.

Governor HOGAN. Well, there is no question. People that are addicts and have fentanyl once are killing themselves. People that do not even know are doing it once and killing themselves. It is a deadly, deadly thing and it is 50 to 100 times worse than heroin.

Senator ISAKSON. Governor Brown, I appreciate your testimony and I enjoyed our conversation earlier before your testimony, and as I told you or shared with you, I lost my oldest grandchild to an overdose the day before he was receiving his summa cum laude diploma from Georgia Southern University in mathematics. It was a one-time occurrence in terms of that.

He had a problem, but it had been years ago. He had been clean. He had done everything he needed to do. He was rehabilitated and then one exposure took his life.

The reason I am so big on this is prevention is as important as enforcing the law to arrest people to put them in jail. I mean, education is the key in this as Governor Hogan said.

I got a first class education myself because of my back surgery and the pain management problems you get into there. Fortu-

nately, I had heard everything that was going on up here, so I knew a lot of things to do and not to do, and Tylenol worked pretty doggone well, and hydrocodone can kill you.

What all are you doing from the education process to get, not only those who are circulating the stuff, but to prevent people from thinking about even taking it in the first place?

Senator BROWN. Thank you, Senator Isakson, and I am terribly sorry for your loss.

This is one issue that unites all of us regardless of where we live or what party we are with. We have had family, friends, relatives impacted by substance abuse. I think because it is an issue that unites us, we can all work together to tackle it.

For us, education and prevention are key. We want to make sure that our students throughout our schools—Oregon is big, but we are small in terms of the number of population. We are only 4 million—we want to make sure that our students have access to mental health services, comprehensive mental health services, behavioral health services in every single school across the entire State of Oregon. We think that is key that students be able to access therapy and treatment if they need it from an early age.

We also need to make sure we are working hard to educate students about the impacts of substance abuse in schools throughout the State of Oregon.

I think the challenge is that these drugs are coming on so quickly and they are so dangerous. It is hard to get the word out. Certainly, partnering with us at the state level, providing resources around education and prevention would be extremely useful for us at the state level.

Senator ISAKSON. Thank you very much.

I know my time is up, Mr. Chairman.

I would point out, though, that the methamphetamine program that has now been in place about 4 years to try and stop people from getting exposed has paid some dividends. So educating people against ever getting into it in the first place can be as big a help as stopping somebody from selling it to somebody who wants it.

Thank you.

The CHAIRMAN. Thank you, Senator Isakson.

Senator Murray.

Senator MURRAY. Thank you very much, Mr. Chairman.

I want to follow-up on Senator Isakson's first question because we do know that there is a decrease in opioid prescribing, but overdoses are rising, as both of you talked about. And just this week, the CDC released new data that shows a 30 percent increase in emergency department visits associated with opioid overdose and we do know that illicit drugs, fentanyl is part of that.

Mr. Chairman, I am working, and I hope to work with you on clarifying some of FDA's authorities at our international mail facilities where fentanyl is entering this country. I think we need to focus on some resources through our appropriations process to deal with it.

But if either of you have any other ideas, and want to submit them to us, I think this is one we have to start getting a handle on. So I appreciate both of you commenting on that.

Governor Brown, I understand Oregon does not allow law enforcement access to its State Prescription Drug Monitoring Program.

Can you tell us what decision was made and what the implications are for sharing PDMP data with other states?

Governor BROWN. We are just beginning our work with our PDMP, and I just introduced legislation, and passed the legislature. I have not signed it yet.

As a result of the work from the Opioid Taskforce, that would require our physicians to register with the PDMP. The Opioid Task Force is looking at the law enforcement issue.

The goal for us is to make sure that we have a physician registry and that just got done this past couple of weeks.

Senator MURRAY. It is not that you are not doing it with law enforcement. You want to look at it before you start.

Governor BROWN. Absolutely.

Senator MURRAY. Okay.

Governor, did you want to add anything to that?

Governor HOGAN. Well, I would just add that we are trying to look at it from both directions.

People that are addicted need treatment, and they need help, and we are trying to get them the help they need rather than go after them on the law enforcement side.

But the folks that are bringing in these large quantities of deadly drugs, knowing that they are going to kill our citizens, we are cracking down and getting tougher on those folks that are doing much of, not only the drug dealing that is killing people, but the shootings in Baltimore City where we had 343 people killed last year by gunshot. Nearly all of that was opioid-related as well with gangs.

It has to take a comprehensive approach. It is the early education and the prevention, and then it is the treatment for the folks who need it, but also cracking down on the people that are profiting from death.

Senator MURRAY. Over the past couple of years, through the actions of this Committee actually, we have increased the caps on the number of patients a healthcare provider can prescribe buprenorphine and expanded the types of providers who can do so.

Can you both talk a little bit about some of the benefits from increasing the caps on MAT's and providers? Is there more you think we can do to increase those caps further?

Governor Brown.

Governor BROWN. Thank you, Senator Murray.

Yes, we think having access to evidence-based treatments is the most effective approach. And my understanding is that a Medically Assisted Treatment can be extremely effective.

One of the challenges that we face in this arena is that the data—in terms of the physicians that are able to prescribe Medically Assisted Treatment—is not available to the states. It would be extremely useful if we could access that information.

Senator MURRAY. It is not available because?

Governor BROWN. It is my understanding that we are not able to access which physicians are prescribing Medically Assisted Treatment.

It is a challenge, as you might imagine, particularly in our rural communities where we have limited access to treatment. We cannot access that information for rural Oregon and make sure that folks get the treatment that they need.

Senator MURRAY. Governor Hogan.

Governor HOGAN. Yes, I would agree with Governor Brown that we do need help from the Federal Government on expanding Medically Assisted Treatment. That is the only way that you can get people off these drugs. It is the most effective way to break these addictions.

On the NARCAN-Naloxone front, we have opened them up. You no longer need a prescription. They are available in every pharmacy and drugstore across our state. We have tried to provide them to every single first responder, police officers, fire department officials, people in the emergency rooms, and it is saving lives temporarily.

Senator MURRAY. Right.

Governor HOGAN. But the same folks are showing up over and over again in our emergency rooms.

Senator MURRAY. Yes, it is the MAT side of it that we are not getting.

Governor HOGAN. Yes.

Senator MURRAY. Okay. Go ahead.

Governor BROWN. Senator Murray, thank you.

The only other thing I would add in terms of treatment, one of the new, innovative policies that we are moving forward on—it was legislation that I just passed at the request of my Opioid Task Force—is making sure there is a warm handoff.

Folks go into emergency rooms having overdosed. We have just saved their lives. What I have heard is that they go to the next room, the next bathroom and end up using right away.

One of the innovative pilot programs that we just funded is a program to ensure a warm handoff, that we can have a peer mentor in the emergency room to help people get directly into treatment and recovery. We think that will be a creative approach to enable folks to access treatment immediately.

Senator MURRAY. Thank you very much. My time is up.

The CHAIRMAN. Thank you, Senator Murray.

Senator YOUNG. I am sorry. Senator Collins.

Senator COLLINS. Thank you, Mr. Chairman.

I know we look a lot alike.

[Laughter.]

Senator COLLINS. In all seriousness, thank you very much for holding this series of really important hearings from what is a public health crisis and also a crisis for families all across this country. As Governor Brown pointed out, there is no place that is immune.

Governor Hogan, I wanted to start with you. This month, as we have been tallying up the numbers from 2017, we have been hit by a series of heartbreaking statistics.

Just a few weeks ago, we learned that last year, drug overdoses killed a record 418 people in the State of Maine. That is an 11 percent increase. So we are going in the wrong direction.

Then this week, the CDC announced that in Maine, emergency visits for opioid overdoses jumped by 34 percent last year.

In the past 3 years, the number of people in Maine who died by drug overdoses has doubled. And at the same time we, at the Federal level, have increased funding and Federal efforts year after year to combat this crisis.

My question to you is what are we not doing right? You talked about the multipronged approach, that I totally agree with: the education, prevention, treatment, and enforcement. We, due to the leadership of this Committee, have poured a lot of money into all four of those categories.

What is it that we are not doing right?

Governor HOGAN. Well, Senator Collins, thank you.

We ask ourselves that same question nearly every day. I mentioned in my testimony at the beginning that we were ahead of the curve focusing on this issue going back to 2014, and we immediately took every action that anyone could think of from every direction, and put half a billion dollars into it, in our little state, in state money.

Then we created the first state of emergency where we stood up our emergency operations center to coordinate every single state, and Federal, and local agency to provide real time assistance in all these different directions.

As I said, we made slight improvements in prescription opioids and in heroin. But because of these new synthetics, fentanyl and carfentanil, we still had more people die, and we had nearly 2,000 people die in our state and a 70 percent spike in this new drug that no one knew anything about.

I mentioned a few things, but I think more coordination and more cooperation from the Federal Government with the state and local, so we all know what we can each do to collectively make this happen.

I think we do need more Federal funding with some flexibility for each state, how they can utilize these funds depending on how the issue is shifting and where they are at that point.

In talking with Governor Brown, fentanyl is not yet a big issue in Oregon, but I believe it will be. Other things are starting on the West Coast and coming out to us.

I talked to other governors. We had all the Nation's governors together last week at NGA, and there were people talking about how crystal methamphetamine is now reviving in their states, and they are lacing that with fentanyl. They do not even have opioids and heroin. But I think it is going to take all of us working together.

You are right. The Federal Government, and your Committee, has been on top of this issue. It has been a focus and I know that there was a taskforce put together with a lot of smart people with lots of recommendations. But it is going to need Federal funding.

I think the STOP Act on fentanyl, so we can interdict, is important. The Opioid Response Enhancement Act, the Comprehensive Addiction and Recovery Act, the CARA, Synthetic Trafficking and Overdose Prevention Act; there are many good pieces of legislation in the House and the Senate that should be passed, and they are coming from both sides of the aisle in both houses, and they all ought to be considered because we have to look at this thing from every direction.

Senator COLLINS. Thank you. My time is nearly expired, so Governor Brown, I will submit a question to you for the record.

But just so you know what it is going to be about, you mentioned that lifesaving drugs such as naloxone have seen exorbitant price increases in the past 3 years, in some cases, as much as 487 percent.

For the record, I am going to ask you to explain what your state is doing to try to combat those huge price increases which limit the availability to first responders.

Senator COLLINS. Thank you, Mr. Chairman.

The CHAIRMAN. Thank you, Senator Collins.

Senator Warren.

Senator WARREN. Thank you, Mr. Chairman.

Thank you both for being here today.

Far too many families in Massachusetts, and all across the country, have had to bury someone they love because of this opioid crisis; more deaths, more funerals. But this crisis did not happen overnight and it did not happen on its own.

A big reason it happened is because the biggest drug companies in the country pushed powerful and addictive pills, lied about how addictive those pills were, and made billions of dollars doing it.

I think it is time to start talking about holding these companies accountable and holding their executives accountable for the crisis they helped create.

In Massachusetts, Attorney General Maura Healy is helping lead a bipartisan coalition of 41 states investigating drug manufacturers and distributors for their role in the opioid epidemic. More than 30 cities and towns in Massachusetts have already filed lawsuits, and a number of Native Tribes, including the Cherokee Nation, have also sued in both Tribal and Federal Courts.

Let me ask this. Governor Hogan, Maryland is also part of this investigation. Baltimore and several county governments in Maryland have filed lawsuits against manufacturers and distributors.

Do you agree that part of tackling this crisis is holding these companies accountable?

Governor HOGAN. There is no question about that.

We have directed our Attorney General, Brian Frosh, to also take action and to sue some of these pharmaceutical manufacturing companies. There is liability. Some of them knowingly pushed the sale of some of these drugs knowing that they had these addictive capabilities and did not disclose it.

You cannot paint all of the people that were trying to help people with pain with a broad brush, but the ones who were doing these things definitely should be held accountable. I agree with you. Absolutely.

Unfortunately, we can take those actions, and we should, but it is not going to stop the people that are dying on the streets.

Senator WARREN. Yes, I understand. But the investigation is ongoing and we should let the attorneys general do their work on this.

But if it turns out that the drug companies broke the law, lied about it, and hurt people in order to rake in profits, it will not be the first time on this.

A few years ago, a corporation called INSYS Therapeutics made a spray out of fentanyl, a power opioid. The FDA told the company that its spray was approved only for use in cancer patients who were in such pain that other drugs like morphine just were not enough to control that pain.

But it turns out, there just were not enough of these cancer patients for the company to make buckets of money. And so, it started illegally marketing the drug to people with milder forms of pain and bribing doctors to overprescribe it.

A lot of states sued INSYS, including Massachusetts. Oregon was the first state in the country to reach a settlement and it forced the company to pay up. So Governor Brown, that settlement occurred a few months after you took office in 2015.

Has the money that Oregon recovered from INSYS helped the state fight the opioid epidemic?

Governor BROWN. Absolutely. Thank you for the question, Senator Warren.

We received a little over \$1 million. Over half of it went directly to opioid substance abuse treatment and recovery. A portion of it went to Oregon Health Sciences University. They are a world renowned research medical university and they are doing incredible work. And I was very pleased with how the dollars were targeted.

Senator WARREN. Good. I am glad to hear it, because here is the thing. When a company breaks the law, it is because the people running the company broke the law.

A few months ago, the Department of Justice announced that the founder and owner of INSYS, along with six top executives, had been indicted for fraud and racketeering because of their actions. So let me ask you this, Governor Brown.

Do you agree that CEO's deserve to be held personally accountable when the companies they run break the law and hurt people?

Governor BROWN. Senator Warren, in egregious cases like INSYS, absolutely. But obviously, these cases need to be taken on a case by case approach. This was a particularly egregious case and people should be held personally accountable.

Senator WARREN. I agree on this one. This crisis is not a Democratic or a Republican issue, and neither is holding drug companies accountable.

The Department of Justice announced last week, they are forming a taskforce to target opioid manufacturers and distributors that have contributed to the epidemic, and I am very glad to see it. I think it is important.

Families and communities have already paid an enormous price for this crisis, and it is time to start holding companies and their CEO's accountable.

Thank you both.

The CHAIRMAN. Thank you, Senator Warren.

Senator Cassidy.

Senator CASSIDY. Thank you, Chairman, and the Ranking Member for holding these series of meetings highlighting both the statistics, but also the individual families, and that is what we are here for.

Governors, thank you all for being here. Thanks for being front-line and finding solutions.

I want to agree with using the PDMP data. We have a bill included that would encourage states to proactively share this with law enforcement.

Governor Brown, you have mentioned that; I think you said that is your goal. But Governor Hogan, I do not know that Maryland does not proactively share with law enforcement. I say that not to accuse, but rather to ask.

Why not and what can we learn from the difficulties of implementing this program?

Governor HOGAN. Well, I think we have to be careful about the sharing of information. We want to protect the folks that actually have drug addictions and not treat them just as law enforcement cases. That is what we were talking about all the treatment, and all the other education, and prevention.

Senator CASSIDY. Now, if I may.

Governor HOGAN. Yes.

Senator CASSIDY. The way I see this is not so much that you would track folks down who are addicts. Rather, you would track down pill mill doctors and pharmacies which are knowingly over-prescribing and for pharmacies which are not aware that a patient is going from pharmacy to pharmacy to pharmacy, and doctor-doctor-doctor in order to aggregate.

Governor HOGAN. Yes, we are doing exactly that, actually.

I was just talking with our czar who is heading up this entire emergency operation that we have declared and we are shutting down pill mills all across the state, and certainly would be happy to share that information across state lines.

Senator CASSIDY. Now, let me ask. Again, not to interrupt, but I just have such limited time.

What are the lag times, in each of your states, between someone getting a prescription filled and it showing up on your PDMP? I say that because I spoke yesterday to Walgreens and they said in most states, it is at least 5 days, at which point, some doctor-shopping patient can go to five different pharmacies.

Governor HOGAN. I do not know the exact time, but we will get back to you with that information, but we did boost the enforcement capabilities, and we are trying to go after it as fast as possible.

Senator CASSIDY. I have to ask you a question. If your czar were a woman, would she be a czarina? Just to ask that.

Now, let me also ask because Senator Murray and I have both discussed, in different settings, the limitation because, apparently, there is a huge lag time as Walgreens reports.

Would you agree that the ideal system would have real time upload of prescriptions being written, capturing people from all states and capturing people who are paying cash?

Governor HOGAN. I think that is exactly what we are doing in the Washington Metropolitan region with Virginia, DC, and Maryland.

Senator CASSIDY. My only concern is your PDMP probably has a lag time. According to the pharmacists, that can be up to five maybe even 2 weeks; 5 days, 2 weeks.

Governor BROWN. Senator Cassidy, in terms of Oregon, the legislation just passed 2 weeks ago. I have not signed it into law yet

in terms of requiring physician registration with the PDMP. So our time frames, we will get that to you as soon as we have any available evidence.

In terms of connecting with law enforcement, that is something we want to take a look at. I think it is going to be critically important.

One of the tools that we think is going to be extremely effective, in terms of the PDMP, is that we now have a good electronic records health system. We are able to connect the PDMP with electronic health records—

Senator CASSIDY. Can I interrupt?

Governor BROWN.—In our emergency rooms.

Senator CASSIDY. Are vendors cooperating with that?

Governor BROWN. Yes, so far, yes. But like I said, the law was just passed 2 weeks ago, so I have not even signed it into law yet.

Senator CASSIDY. The Chairman and the Ranking Member have intense interest in EHR's, as do I, so if you can give us feedback on whether or not that is collaborating, we would like that.

Can I move on? Not to be rude, but just because there is so much to ask you.

You all are implementing treatment programs. Not all treatment programs are equal. Some are very effective; some have high rates of recidivism.

How do you decide which programs to use? And how do you monitor whether or not they are a good program or there is a high rate, not of recidivism, but rather of relapse?

Governor BROWN. Senator Cassidy, I will be signing an executive order in the next few days, asking for a comprehensive, strategic plan regarding our treatment program statewide.

Seventy-four percent of the people in treatment for substance abuse are on the Oregon Health Plan. So one of the challenges is making sure every one has access to healthcare and that we have comprehensive—

Senator CASSIDY. Let me ask, because when I speak to providers, and I say this statement, their heads nod. There are some that are merely combing jails, finding people on Medicaid to bring them out and to put them into a treatment without follow-up and with high rates of relapse. And there are others who do it right. You say that to providers, they nod their head yes.

How do you sort those from those?

Governor BROWN. Senator Cassidy, we are going to use evidence based in terms of our treatment and that is why we think Medically Assisted Treatment is so effective because there is evidence that it works.

Senator CASSIDY. I am out of time; much to ask, but no more time.

I yield back. Thank you.

The CHAIRMAN. Thanks, Senator Cassidy. If you want to stick around, we will have a second round, if you would like to do that.

Senator HASSAN.

Senator HASSAN. Well, thank you, Mr. Chairman and Ranking Member Murray.

Thank you, Governors Hogan and Brown, for being here.

Thank you, Governor Brown and Senator Isakson, too, for being brave to speak about your personal stories as they connect to this epidemic.

Other Americans have been speaking up, being brave, and sharing their stories, too. So I just would like unanimous consent to enter some narrative and some photos from this week's "Time" magazine called, "The Opioid Diaries." It is compelling and I think the pictures, in particular, capture what is happening in our country because of this epidemic.

With unanimous consent, I would like to enter some of those photos into the record.

The CHAIRMAN. It is so ordered.

Senator HASSAN. I want to return to the issue of Medication Assisted Treatment in a minute, but I want to touch on something that we have not talked about that much yet.

I believe that strategies to address the opioid epidemic need to be thoughtful. They need to be long-sighted and multifaceted because while we talk about this as a crisis, we now have a generation's worth of work to do before we begin to truly turn ourselves around from the impact of this health epidemic.

It is not something we can fix overnight. So while the \$6 billion we secured in the bipartisan budget agreement is a start, we know that we ultimately need far more funding beyond this to truly address this crisis.

I am going to keep fighting to make that happen. I know a lot of people here are doing that as well.

The National Governors Association recommendations for Federal action to end the Nation's opioid crisis, recognizes the need to increase Federal investments. During my time as Governor of New Hampshire, I worked with Governor Baker to develop the first NGA recommendations on the epidemic, which similarly noted the need for additional resources.

The bipartisan consensus among governors on the need for increased resources highlights just how serious this epidemic is. I have made this point in our other opioid hearings and I will make it again.

We have to make sure we are making robust, sustained investments to stop this epidemic; investments to support those on the frontlines of this crisis and investments in prevention, treatment, and recovery.

To that end, governors, what would additional funding mean for your efforts on the ground?

Governor Brown, why do I not start with you?

Governor BROWN. Thank you, Senator Hassan.

In terms of additional resources, I think they would be key for making sure that we have affordable, generic overdose drugs available to all of our first responders. That is huge. It is an issue for us. And having additional resources would be key.

Making sure that we have access to comprehensive behavioral health treatment, and effective substance and alcohol abuse treatments; that is how our dollars would be focused.

Senator HASSAN. Thank you. Governor Hogan.

Governor HOGAN. Senator Hassan, I agree with you that we need more Federal funding. And not to say that \$6 billion is not a lot

of money; it is to the taxpayers. But it is a drop in the bucket compared to what we actually need.

I mentioned earlier, our small, little State of Maryland, we have already spent half a billion dollars in state funds.

Senator HASSAN. Yes.

Governor HOGAN. \$6 billion stretched across the country is not going to go very far. But we need it from different places and for different reasons. Medically Assisted Treatment, we talked about. Long term, you mentioned.

It is not just the immediate crisis, but it is the long term recovery support services that we are going to need a way to pay for.

Senator HASSAN. Such as housing, for example.

Governor HOGAN. Exactly. So it might be additional funding in multiple different departments' budgets. This is not just a health issue.

Senator HASSAN. Yes.

Governor HOGAN. Or just an education issue or just a crime prevention issue; it is across almost everything you are funding.

Senator HASSAN. Well, I appreciate that. The cost to New Hampshire in 2014 economically was \$2 billion. The cost to our country in 2015 was \$504 billion from this. That is the economic impact of this crisis. So I agree, \$6 billion, while it is a lot of money, is not going to do the trick.

Just quickly on the Medication Assisted Treatment, and if I am around for a second round of questions, I will go into it more, but SAMHSA does have a buprenorphine practitioner locator on its website by state and by ZIP Code even. So that may be of assistance.

I have a bill, and I will provide it to you, that would provide grants to medical schools to develop curricula around Medication Assisted Treatment. Standardize those curricula so that, as people are learning about prescribing opioids, they can also learn about addiction and treating addiction.

If we can standardize those curricula, and agree on some basic credentials for it, that would allow them to automatically get the kind of waiver that they need to become practitioners in this field wherever they decide to go practice.

I am hopeful that will help us with the volume of practitioners because in New Hampshire, it is a great need and I am hearing from you it is too.

Governor HOGAN. Yes, I would agree with that completely, Senator.

Governor BROWN. Absolutely, thank you.

Senator HASSAN. Thank you, both.

The CHAIRMAN. Thank you, Senator Hassan.

Senator Murkowski.

Senator MURKOWSKI. Thank you, Mr. Chairman.

Thank you for this very important hearing.

Thank you, Governors, for your appearance here today, but also for participating with the broader group of governors around the country to focus on this issue.

Senator Cassidy has raised the fact that not all treatment is equally effective. And in far too many places and cases, we simply

do not have the treatment facilities available. Alaska is a pretty sad case in point, unfortunately.

While we are getting more treatment beds, our reality is we have eight detox beds in the state for opioids. We have more detox beds for alcohol, but our reality is it is pretty dire and pretty desperate for somebody who is addicted and decides that they are ready for treatment. Where do you go? How do you get the services?

A question for you, in either Oregon or Maryland, within your jails, are there any treatment programs for addiction within your facilities?

Governor HOGAN. Yes, it is an important part of the program because people enter jail addicted. They leave jail addicted. We are hitting that from a number of different directions.

First of all, we had some corruption in our prison system where jail guards were smuggling drugs into the prison population, and we have indicted 100 people in that scandal by rooting out that corruption.

But we have also increased the dollars, the funding, and the number of treatment beds and options for prisoners because getting them the help they need while they are in prison makes a big difference.

We have a problem, though. We have these 8–507 beds, as we call them, that judges can send people to a treatment bed rather than jail. These are supposed to be for the nonviolent offenders who really need help.

We have our judges now, there was a huge, front page expose in the “Baltimore Sun” yesterday about judges sending hardened, repeat violent criminals to the 507 beds. And so, the people that really need the treatment are not getting them.

The people that really should be in jail for a long time are getting out, and they are sentenced to a 10 or 20 year sentence, and they are getting out in a year or two after they have received the treatment.

We have to look at it from all directions.

Senator MURKOWSKI. But it is a program that, from the state’s perspective, having those individuals, again, who need that treatment. They are there. You do not need to build a standalone facility on the treatment side. They are getting the treatment program within the jail itself.

Governor HOGAN. It is very effective.

Senator MURKOWSKI. Yes. Governor Brown.

Governor BROWN. Senator Murkowski, yes, we are.

But I cannot say that every one of our adults in custody has access to the substance and alcohol abuse treatment that they need. We simply do not have the resources to provide it.

We now have 14,733 adults in custody right now. The vast bulk of them, as you probably are aware, are suffering from some type of substance and alcohol disorder, as well as some type of mental health issue.

We have really focused on tackling it at the front end, in terms of our law enforcement system. A number of our state courts have drug courts that have been extremely effective. We also recently reduced possession of a controlled substance, small amounts, from a

felony to a misdemeanor because of the significant impacts, particularly on African-American and Latino men in our state.

But certainly, we would like to have substance abuse treatment available to everyone that is in custody.

Senator MURKOWSKI. Let me ask you, Governor Hogan. You just mentioned that you spent about half a billion dollars that the State of Maryland has put for treatment, education, prevention, and enforcement.

Can you break that down? I always think that the more that we can put in prevention, the less we have to put in treatment. But for purposes of your spending, how does that break out?

Governor HOGAN. Most of the funding goes into treatment, probably less on education. But we have also put into interdiction and crime fighting, because you have to do both.

We have a situation in our largest city where, as I mentioned, 343 people were shot. A thousand people are killed by overdoses. We got tougher. I passed the biggest criminal justice reform bill in Maryland in a generation, which lowered sentences for certain crimes, but also toughened sentences for people who commit a crime with a gun; people who are repeat violent offenders because we have to get them off the streets.

We just had a very successful kind of surge in Baltimore where we sent in 500 state and Federal officers and arrested 500 people, including 289 of the most violent repeat offenders. Those are the folks that we want to get off to jail.

All of these things require funding, but most of our money goes into treatment. But we are spreading it out to wherever the need is and no matter how much we spend, it does not seem to be enough.

Senator MURKOWSKI. Thank you, Mr. Chairman.

I am out of time, but I appreciate the responses and your leadership.

The CHAIRMAN. Thank you, Senator Murkowski.

Senator Smith.

Senator SMITH. Thank you, Mr. Chairman and Ranking Member Murray.

Governor Hogan and Governor Brown, it is wonderful to have you here. Governor Brown is from Minnesota originally, and so I am very happy to see you here today.

Governor Brown, you mentioned in your testimony about how this opioid epidemic touches every one of us in one way or another. It does not matter whether you are rich or poor, or you live in rural communities or urban communities. I certainly know that is true in Minnesota.

Also, we see in our Tribal communities in Minnesota a particular challenge. I know that this is true in many of our states, including Alaska as well.

When I was Lieutenant Governor, I helped to convene a Tribal Opioid Summit so that we could benefit from the learning, and the understanding, and the strength, and the cultural resources of tribal communities.

Mr. Chairman, this November, the Indian Affairs Committee held a roundtable with witnesses, including representatives from

the White Earth MOMS program in Minnesota, talking about the challenges of coordinating with tribal communities.

I would like to ask unanimous consent to submit this transcript for the record.

The CHAIRMAN. It is so ordered.

Senator SMITH. Thank you.

Senator SMITH. Governor Brown, could you talk a little bit about what you are seeing in Oregon and what you are hearing from tribes in Oregon about this issue?

Governor BROWN. Thank you, Senator Smith.

We have nine federally recognized tribes in Oregon. Our tribes feel the impacts of historical trauma on a regular basis, and the consequences and the high rates of substance and alcohol abuse on our tribal communities, on our Reservations.

We have on some of our Reservations very high unemployment rates. Warm Springs, for example, over 50 percent, and the substance and alcohol abuse is very, very high.

I think what is really important is to make sure that we are not doing a one size fits all approach. And so, we worked closely with the tribes at a number of levels. I have good working relationships with our tribal chairs and with their health policy advisors.

We meet annually in a government to government summit, but we also have cluster meetings on a quarterly basis to make sure that we are working hard to collaborate around this issue.

One of the most successful programs has been the Native American Rehabilitation Association, a long time, culturally competent program designed to meet the needs of our tribal communities, and they have had very good and effective results.

But I think it is really important that we look at it in a comprehensive way, that we provide wraparound services for the families that are struggling. We cannot just treat the underlying substance abuse issue. We need to treat the other issues that follow that: the homelessness, the lack of employment, those other issues as well.

We are finding, in our tribal communities, that a wraparound approach can be extremely effective.

Senator SMITH. Thank you. Thank you very much.

I think that sounds like a great model and a very important way of thinking about this.

In just the little bit of time that I have left, I would like to touch a little bit also on this connection between substance abuse and behavioral health, and how we need to make that connection more firmly.

I think it also relates to this tendency that we have where we focus on one crisis, while another crisis is developing. You spoke about this, Governor Hogan, in your comments.

I am wondering if each of you, in just the little bit of time that I have, could just talk a little bit about what we can do at the Federal level to avoid that and try to have more of a long term sustainable strategy that addresses all of these "diseases of despair," as some of our friends in the public health community call them.

Governor HOGAN. Well, Senator Smith, I agree with that.

I think at the Federal level, we have to focus on mental health and substance abuse issues together because, in many cases, they

are overlapping. And those are the two issues that almost everyone in our prison system has: mental health or substance abuse issues are responsible for a lot of the crime that we are dealing with. It is tearing apart families.

We should not look at them separately. They are different problems, but we need more coordination and funding for both.

Senator SMITH. Thank you.

Governor Brown.

Governor BROWN. Thank you. I absolutely agree.

I think we need to reduce the stigma related to substance and alcohol treatment, and I appreciate Senator Isakson coming forward and sharing his family's story.

I think it is also critically important that we expand access to comprehensive behavioral health treatment. And the only way you can do that is to make sure that everyone has access to healthcare.

I just want to share again, 74 percent of those diagnosed with opioid disorder rely on the Oregon Health Plan for treatment. We could not be providing treatment without the Oregon Health Plan and it is a comprehensive behavioral approach.

Senator SMITH. Yes. I know I am out of time, but I also just have to add that we have laws about mental health parity, yet we know that we are not living up to the promise of that legislation.

Governor Brown. Thank you.

The CHAIRMAN. Thank you, Senator Smith.

Let me ask as couple of questions. We often have good ideas presented to us, and then we have a spirited discussion here, and sometimes differences of opinion about whether the Federal Government ought to do the good idea or whether the state government ought to do the good idea. And as a former governor, I have a bias in that respect.

But I wanted to get your advice for us about some good ideas we have heard and to what extent the Federal Government should do it, or to what extent the states should do it, or how should we do it together?

For example, and you have mentioned this, curriculum. I mentioned I dropped by Governor Haslam's meeting with heads of institutions that train doctors. They were talking about a different curriculum for each of those medical institutions so that doctors would have a better understanding about how to prescribe opioids.

Should that be done from Washington or should that be done in the states?

Another example would be Prescription Drug Monitoring. Senator Cassidy asked some questions about that. Forty-nine states have a Prescription Drug Monitoring system, and we have had a variety of suggestions about how to make those more effective.

One proposal is that we have a Federal Prescription Drug Monitoring outfit—in addition to the state organizations—housed at the Department of Justice.

Another is that we help states do a better job of connecting interoperability.

Another is that we establish Federal standards about how states should set up their systems.

What should we do about Prescription Drug Monitoring from here?

Another example is e-prescribing. Many witnesses have suggested that is a very good thing to do, and seven or eight states have already taken steps to do that, some in different ways.

Is that something we should do from here or something that states should continue to explore and do?

Then finally, limits on prescriptions. In an effort to try to avoid overprescribing, about half the states, in different ways, have limited the doses of opioids that a doctor may prescribe. Some say three, some say seven, some say ten pills. It has been suggested that we ought to have Federal rules about that.

In terms of curriculum, Prescription Drug Monitoring, e-prescribing, limits on opioids, what is your advice about the division between the Federal responsibility and what states ought to do?

Governor Hogan.

Governor HOGAN. Well, Mr. Chairman, those are all really difficult and important questions.

Typically, I agree with you. I am a states' rights guy, and I believe that much of the innovation is happening out in the states. I like the flexibility of states being able to do what they feel is right for their own individual state.

But some of these things, I think the Federal Government needs to play a role. We are a small, border state. Some of these issues that we may be trying to address in Maryland do not really help if somebody goes into Washington, DC. to buy heroin or they cross over the border into Virginia.

The CHAIRMAN. But any specifics, for example, on prescription drug monitoring? Do you think we need Federal?

Governor HOGAN. It has been working in our state and it has been working in the region. I do not know why it would not work if there was, at least, some standards from the Federal level.

The CHAIRMAN. What about e-prescribing?

Governor HOGAN. On e-prescribing, it is worth taking a look at, too, because the state cannot really control what is happening across the Internet.

What is the other one? You mentioned a couple of others. I am sorry.

The CHAIRMAN. Well, curriculum, limiting the doses.

Governor HOGAN. On the limiting the doses, I know Massachusetts just recently passed a 3-day limit. We pushed for a 7-day limit in Maryland.

The CHAIRMAN. Right.

Governor HOGAN. I think limiting the doses is important, but many of the states are already taking those actions.

The CHAIRMAN. Governor Brown.

Governor BROWN. Senator Alexander, I do not know that I disagree with anything that Governor Hogan said.

There are two areas that I think the Federal Government can be most effective and that is we are doing some pooling with the State of Washington around reducing drug costs. To the extent that the Federal Government can assist us with making sure that we have generic overdose drugs available and affordable that would be absolutely key.

The other area where I think that the Federal Government can assist is around a more comprehensive approach to pain manage-

ment. From my perspective, obviously, the opioid crisis, part of it results in our challenge in this country in dealing with effective pain management.

Certainly, we have work happening at our research institutions around this arena. But for us, to be able to see what is happening across the country would be absolutely key.

I recently appointed Esther Choo, a well-renowned researcher from Oregon Health Science University, to head our Cannabis Commission. We are just beginning to take a look at the data there. It is just beginning the research.

But I think we could sure use the support of the Federal Government around comprehensive pain management strategies for our people.

The CHAIRMAN. Thank you, Governor Brown.

We will go to Senator Kaine.

But we have encouraged—this Committee—Dr. Collins at the National Institutes of Health to accelerate research on non-addictive pain medicine and management strategies. Senator Murray and I have introduced legislation to allow him to move money around in a way to accelerate that. So that is very helpful.

Senator Kaine.

Senator KAINE. Thank you, Mr. Chairman.

Thank you to the witnesses.

In 2016 in Virginia, 1,460 people overdosed; 80 percent were an opioid-based overdose. The thing that is really tragic about that is that was a 38 percent increase in the O.D. deaths from 1 year before, 2015, even though we had been paying attention to it. So it was not increasing because we were not paying attention. To the contrary, our governor, Governor McAuliffe had an opioid taskforce.

We were debating and passing CARA. We were having endless hearings. Books are being written, “Dreamland: The True Tale of America’s Opiate Epidemic,” and others. And with all eyes on it, the O.D. deaths still went up by 38 percent, largely because of the potency of fentanyl. So this details the magnitude of our challenge.

We have a wonderful journalist in Virginia, Beth Macy. We heard from Sam Quinones recently who wrote the book “Dreamland.” Beth is a great journalist who is writing a book about opioids in Appalachia. The working title of the book is, “Dopesick: Dealers, Doctors, and the Drug Company that Addicted America.”

She points out something that just widened my thoughts about the magnitude of the challenge. She was interviewing a teacher who works as a summer counselor at a camp and has for decades. And says when he started working as a counselor at a camp, the campers would come in, and some would have medications they were supposed to take during the week. It might be asthma, but it was just a handful.

But now he talks about the kids who come. They are 11 or 12 years old and so many of them are bringing medications, not just asthma, but ADHD, and all kinds of other medications.

This was an observation, not a scientific study, but the individual was asking whether we are just so normalizing pills. Not just as a pain management strategy, but normalizing at a younger and younger life that pills are what you take whether it is to your sum-

mer camp, or pills dumped into a hat and passed around at a party, or pills prescribed for pain management.

This demonstrates the magnitude and the complexity of what we are dealing with. I want to thank both of you for the work that you have done and especially Governor Brown.

My brother and sister-in-law live in Oregon and they are both involved in substance abuse prevention, suicide prevention activities in the state, and they are big fans of yours.

Governor Brown, you talked about foster care and I want to ask each of you about that. In Virginia, we are seeing a tremendous increase in the number of children who come into the foster care system because their parents are either disabled, or in jail, or died because of opioid overdoses.

Talk a little bit about what you are seeing in foster care in your own state and are there things that we could do to be helpful in foster care policies as you are dealing with this challenge?

Governor BROWN. Thank you, Senator Kaine.

As a lawyer, I represented children and parents in the foster care system. I saw the havoc that substance and alcohol abuse wreaked on our families. Sixty percent of our children in foster care have one parent struggling with a substance abuse issue.

I have to say a shout out. I mentioned the foster families that are caring for these children. A lot of the foster families are grandparents, and I want to say thank you to the grandparents that are just doing an extraordinary job taking care of their grandchildren across the country.

The other thing that we are doing, and I just met on Monday at our governor's residence with what we call the three branches of government. We had our judicial branch, our executive branch, and our legislative branch there to tackle the issues that we are facing in our foster care system because of the growing numbers of children being placed in foster care due to the substance abuse issues.

I think it is so critical that we work together, that we work collaboratively. Some of our courts have created a one family court, so if there is a drug issue, a domestic violence issue, a juvenile court issue that one judge is dealing with the whole family one judge at a time, one family at a time. That has been a very successful model, and we hope to share it with the rest of the country.

Senator Kaine. Governor Hogan, how about foster care issues in your state?

Governor HOGAN. Well, thank you, Senator Kaine and your opening comments about Virginia. We were working very well with Governor McAuliffe, and we both had great ideas, and we both focused on it, and we both had increases.

Senator Kaine. Yes.

Governor HOGAN. The frustrating part is just imagine if we had not taken all the steps we have taken, how many deaths we would have had.

But the child welfare and foster homes are a really important part of the issue. I think most of the children that we are dealing with, that are going into foster care now, have some relation to the parents being involved in substance abuse of some kind; much of that are opioids.

In many cases, the grandparents are actually taking care because the parents of the children are addicted and have issues. But in many cases, they do not have someone directly family related to take care of them, and they are going into foster homes. It is a growing, growing problem.

In addition to that, we are getting a big issue on the neonatal. Many of our babies being born into our hospitals are addicted. So it starts even before they get to the foster care level.

Senator KAINE. Great, thank you.

Mr. Chairman, thank you very much.

The CHAIRMAN. Thank you, Senator Kaine.

We have a couple of Senators who would like to ask additional questions, if the governors have a few more minutes.

Senator Murray, do you have any other questions?

Senator MURRAY. I do not. I would believe on our side, Senator Hassan wanted to ask another question. Anybody else? Senator Kaine? I believe Senator Baldwin is hoping to return.

The CHAIRMAN. Well, why do we not go to Senator Cassidy?

Senator CASSIDY. Governors, I actually have questions from a father whose son died. As I read his testimony, it is very moving. So excuse me as I feel his pain. He says, "If your son is 17-years-old, treatment options are limited."

In your state, what is available for someone who is a less than an 18-year-old person, as his was?

Governor BROWN. Thank you, Senator Cassidy. And I am terribly sorry for this man's loss.

In Oregon, we are working hard to make sure that our young people have access to treatment. I mentioned earlier, focused on comprehensive behavioral health.

We, unfortunately, are struggling with some of the barriers through insurance policy and requiring failure first before getting the best possible treatment. We want to change that dynamic.

The legislation that just passed 2 weeks ago is going to be taking a look at the insurance barriers that are out there.

Senator CASSIDY. Let me come back to that.

Governor BROWN. Okay.

Senator CASSIDY. But if somebody is less than 18 years old, do they have the same access to treatment as does someone who is over 18?

Governor BROWN. Yes, I believe so.

Senator CASSIDY. Governor?

Governor HOGAN. Yes, I do not think we discriminate based on age.

Senator CASSIDY. Let me ask. He also suggested—these questions are based upon his suggestions—he suggested, and one of you thought, I thought I might have gleaned this, that you decriminalize possession, if you will. You decriminalize addiction because a 17-year-old could end up being forever ostracized from normal society if that is on his record.

Have your states decriminalized addiction, if you will?

Governor HOGAN. Well, we have not decriminalized drug use, but we have lowered penalties and changed things from felonies to misdemeanors.

Senator CASSIDY. But if the 17-year-old was found with fentanyl, and it was clearly he was not a distributor, but rather he was a user, would he end up with a criminal record?

Governor HOGAN. He would. It would depend on the circumstances of the individual case, but our preference would be to try to get him into treatment. But obviously, each case is separate and it would be dealt with in drug courts.

Senator CASSIDY. Are there increased penalties for dealers associated with an addict's death? Not just a dealer, but someone associated with someone dying?

Governor BROWN. Senator Cassidy, I will have to get back to you on that specific question, but I will get the information to you.

Governor BROWN. In terms of our decriminalization, it was a lowering, just like Governor Hogan, it was lowering of the penalty from a felony to a misdemeanor.

I am not sure what the sentencing is for juveniles. Again, particularly with regard to juveniles, we obviously want to take a treatment first approach.

Governor HOGAN. We increased the penalties for people who knowingly deal fentanyl, knowing that it could cause the death of another individual.

Senator CASSIDY. But would they get also a secondary manslaughter charge?

Governor HOGAN. Yes, they would get a primary manslaughter charge on top of anything else. In fact, we just passed a law that I introduced and the State of Maryland passed our legislature.

My daughter is a prosecutor in St. Mary's County, southern Maryland, who actually is prosecuting eight of these cases. We are charging them with second degree depraved hard murder, which is a step higher than manslaughter.

Senator CASSIDY. Wonderful. Can I ask? Again, limited time; I do not mean to interrupt.

Now, you mentioned the obstacles in mental health parity. Do your state group plans offer mental health parity for both addiction and mental health services? If so, does it cost money? Or if not, what are the obstacles?

Governor BROWN. Senator Cassidy, we passed mental health parity legislation in the mid 2000's in Oregon. I spent 10 years working to pass that legislation.

In terms of coverage, I do not know from specific plan to specific plan. I will tell you through the Oregon Health Plan, we now have 100 percent of our children covered. We treat our substance abuse as part of our comprehensive.

Senator CASSIDY. Now, publicly funded seems to work in some cases, but it seems to be the private insurance. I am told that there can be, as you said, you have to fail or there has to be preauthorization and other obstacles that seem to inhibit in fact if not in the law. Is that also your impression in your state?

Governor HOGAN. Yes, I think if you are using the Federal programs, I think you are covered. But different individual health plans, I think, vary.

Senator CASSIDY. Do you have suggestions as to how the law could be changed so that it is actually in fact as opposed to just on paper?

Governor BROWN. Sorry, Governor Hogan.

We need to provide the best possible treatments first and the most effective assistance immediately. The legislation that just passed, that I have not signed yet into law, will take a look at the insurance barriers that are present that my own family had to deal with.

Senator CASSIDY. Governor Hogan.

Governor HOGAN. I think it is something maybe that the Federal Government and all of you ought to take a look at for Federal standards.

Senator CASSIDY. If you have suggestions of how to do so, I think we would be interested in understanding that.

Governor HOGAN. Absolutely, we will.

Senator CASSIDY. Thank you.

Governor BROWN. Thank you.

The CHAIRMAN. Thanks, Senator Cassidy. Thank you for staying. Senator Hassan.

Senator HASSAN. Well, thank you, and thank you for having the second round of question, Mr. Chairman and Ranking Member Murray.

Thank you both for your persistence and stamina.

Look, I think one of the things that is really important, as we talk about all the challenges that this epidemic brings, is for us also to focus on the fact that recovery is possible.

In my state, I have been just honored to know people who have suffered from this disorder, and gotten better, and turned their lives around, and then are in the field working for people every day.

I am reminded of a grandmother. I did not know it at the time. It was the annual egg roll hunt at the state house the day before Easter a few years ago when a woman came up to me with a baby in her arms, and I admired the baby. We took our picture. You both know how this works.

She then pulled me aside, the woman, and she said, "I am not this child's mother. I am his grandmother. His mother died of an overdose a month ago."

That grandmother was there with her grandbaby to ask me for help on the weekend that we celebrate renewal and resilience as Christians. And I keep her in mind all the time because, in fact, this is an illness that can be treated and people can have productive lives afterwards.

We had talked a little bit about the importance of Medication Assisted Treatment here. We have talked about the barriers of insurance. One of the things I would like you both to address is whether there is action we can take from here. Generally, we regulate insurance, both state and the Federal levels.

Should we be looking at Federal regulations to make sure that insurance coverage gets the best treatment to the person first? How can we increase our capacity for treatment and recovery services?

Why do I not start with those two general themes, whichever one of you wants to start?

Governor BROWN. Well, thank you, Senator Hassan.

I think one of the key pieces is making sure that our substance and alcohol abuse treatment programs are effective, and that folks have access to the best treatment first, and the most effective assistance immediately.

I would welcome—normally, as a governor, I do not always welcome Federal engagement in this issue—but to the extent of Federal conversation about what comprehensive behavioral health looks like, and making sure that we understand that every one needs to have access to it, I think, are absolutely key.

We know that we are seeing challenges in our kindergartens and early pre-K with children that are really struggling. We need to be able to make sure that they have access to therapy, the support, and the wraparound services they need so they can be successful.

We do not want to end up 20 years from now having to address substance and alcohol abuse treatment issues.

Senator HASSAN. Thank you.

Governor HOGAN.

Governor HOGAN. Senator, thank you for sharing that story. I think every one of us has been either touched by it personally or we had those same kinds of conversations with people that moved us.

I mean, I did not mention it early and do not talk about it much, but I had a first cousin who went through 3 years of treatment, and became clean, and got married, and had a kid. And was happy, and turned his life around, and had a good job, and then one time, went out and died of a heroin overdose.

It is great to see the people who have gone through treatment and been successful, and many of them are the best folks to talk to other people and to work in some of these treatment and counseling centers. But there are the sad cases. Unfortunately, the majority of people, the treatment does not work.

Senator HASSAN. Let me interrupt there and then move on to one other quick issue.

I think the treatment over time can work, but this is a chronic illness.

Governor HOGAN. Yes.

Senator HASSAN. When a diabetic happens to have an insulin level go wrong, we do not say, “No treatment will ever work for that person again.” We understand it is the chronic disease that it is.

I think we are just learning about how to treat this disease, especially with the onslaught of these incredibly powerful opioids like fentanyl, which just has raised this to a different level.

I will ask, for the record, because my time is almost up. One of the things we are doing in New Hampshire with Federal funds is bringing mental health and substance use professionals into our school systems to deal with the trauma that children are facing who are coming from situations where addiction has really turned their lives upside down, and created trauma.

I would love to know whether you have similar programs in your state, and if and how Federal funds could help you do more of that.

Governor BROWN. Thank you.

Governor HOGAN. Yes, thank you, Senator. We just recently beefed up our program after the school shootings in Florida. I put

\$125 million more into our schools for school safety issues and \$50 million or more per year. Part of that was specifically geared toward mental health counselors in the school to make sure that every single school had the capacity, so that they could catch some of these troubled youth at an earlier stage before we have a tragedy happen.

Senator HASSAN. Thank you.

The CHAIRMAN. Thank you, Senator Hassan.

Senator Scott and Senator Baldwin are here. We will go first to Senator Scott, then to Senator Baldwin, then we will conclude the hearing.

Senator Scott.

Senator SCOTT. Thank you, Mr. Chairman.

It is good to see both of you here this morning. Thank you for being willing to share your stories. Governor Hogan, it is certainly good to see you healthy.

Governor HOGAN. Thank you very much.

Senator SCOTT. We know that, at least in South Carolina, we have seen about a 9 percent increase in opioid related deaths; about 616 in 2016. I think nationwide, that number seems to be heading toward 70,000.

The crisis is absolutely an epidemic, but when you think about the crisis—perhaps larger—we would need more time together to discuss the crisis around mental health.

My understanding is we are focusing some attention on gun violence in this Nation and I think we should. We had 33,000 gun-related deaths last year. About 20,000 plus of those deaths were suicides.

Governor HOGAN. Yes.

Senator SCOTT. My question is how are you and your states using telemedicine as a means of addressing some of the shortages that we are all experiencing?

South Carolina is a fairly rural state. Our Medical University of South Carolina is spending some resources toward the challenges that we see in some of our areas where it is harder to get healthcare workers, much less mental healthcare workers.

As opposed to specific programs that you have within your states, can you talk about a willingness to use telemedicine and/or its application in parts of your state that may have a mental health desert from folks who could help treat folks who are suffering because it does appear to be a major challenge that is growing?

Governor HOGAN. Well, thank you, Senator Scott.

I just mentioned a moment ago, we are trying to put more money into mental health counseling. I am not sure that we are taking advantage of that, using telehealth for mental health issues, but I would love to hear how it is working in South Carolina, and maybe reach out, and talk with folks there.

Senator SCOTT. Absolutely.

Governor HOGAN. To get some input because it sounds like you are right. You cannot hire enough people to be everywhere if it is to be effective.

Senator SCOTT. Absolutely.

Governor HOGAN. We would love to take a look at it.

Governor BROWN. Thank you, Senator Scott.

I know we are using telemedicine very effectively, particularly under unique or emergency situations in rural Oregon. But I am not aware of its use in mental health.

I will certainly ask my experts and get back to you with some information on that.

Governor BROWN. I will tell you that suicide is a huge challenge for my state. Obviously, drugs certainly contribute to that and guns also contribute to that as well.

We were able to pass red flag legislation last year that enables courts to take away guns from folks who are a danger to themselves or others. I was very pleased to sign that into law.

Senator SCOTT. Thank you.

Mr. Chairman, I will just note the fact that my answer, really, started in a conversation with my brother, who is now a retired Command Sergeant Major in the military. They were experiencing a suicide a day.

The importance of focusing our resources for those folks, who need the help desperately, seems to be an urgent opportunity for us.

I hope that as we look for ways to deal with the challenges that we face as a Nation, whether it is our military folks or our civilians, the reality of it is we just simply do not have enough people who are experts to help other people who are suffering.

If there is a new way to help them through telemedicine, I hope that we have more time and more information on the success of telemedicine, not simply from a mental health perspective, but just overall. That uniquely, with 20,000 plus suicides from the gun-related perspective, it would be helpful.

Governor BROWN. Senator Scott, if I may?

One of the challenges we face in rural Oregon is a lack of pediatric specialists in children's mental health care. I am hoping that your suggestion around telehealth, telemedicine can be a useful tool. But we literally lack specialists in children's mental health care outside of our metropolitan areas, and it is a dire need. Our children are desperate.

Senator SCOTT. Thank you so much, ma'am. Thank you, governors.

Governor HOGAN. Thank you, Senator.

Governor BROWN. Thank you.

Senator SCOTT. Thank you, Mr. Chairman.

The CHAIRMAN. Thank you, Senator Scott.

Senator Baldwin.

Senator BALDWIN. Thank you, Mr. Chairman and Ranking Member.

Thank you to our witnesses for being here. You are on the frontlines and your perspective is very, very helpful to us.

I have had an opportunity now for several years to meet with some of the workers on the frontline in Wisconsin, as well as families, impacted by the opioid epidemic. And the lion's share of work is done on the ground.

But I recently introduced a bill—Governor Hogan, I understand you referenced it earlier before I arrived—that would increase and extend funding for the state targeted response opioid grant that we

included in the 21st Century Cures Act. This funding expires at the end of this year. So we have to act to maintain it.

My bill would also give states flexibility to use some of the funding for other substance abuse issues such as methamphetamine.

In Wisconsin, meth abuse has drastically increased by more than 300 percent in parts of our state, while we continue to see a record number of fentanyl deaths and heroin deaths in other parts of the state, particularly. It is almost an eastern part of the state, western part of the state division, if you travel around and listen to what people are struggling with.

This is further straining our local resources and forcing our leaders to look for other ways to adapt to this crisis.

Governor Hogan, how would additional funding, and that sort of flexibility through the Cures opioid grant, help you in your fight against this ever evolving epidemic?

Governor HOGAN. Well, thank you, Senator Baldwin.

It would help tremendously and I did mention your legislation earlier. I think it needs to get passed and we need to reauthorize the bill. We cannot have it run out. It would be a critical situation if that happened.

I agree with you on creating more flexibility for the states to be able to utilize and focus on the problems that they are having.

You just mentioned in your state, and Governor Walker brought this up at the National Governors Association, it surprised me because we do not really have a methamphetamine problem, and we have a fentanyl problem. Most of the other governors were dealing with heroin, but a couple of states did mention that this was coming back again, making a comeback.

I think providing the funding and giving us the flexibility at the state level to use it as we see fit in this critical fight. We need the help. Thank you.

Senator BALDWIN. Thank you.

I understand that Senator Kaine had some questions about foster care earlier. I want to follow on that.

The rise, the dramatic rise in opioid addiction has proliferated a cycle of trauma that has significantly impacted Wisconsin children. The number of children in foster care in Wisconsin has grown 20 percent in the last 5 years due, in large part, to parental substance use addiction.

The last time we convened for a hearing on the opioid epidemic, I shared with the Committee a little bit. They had heard me for years talk about the fact that I was raised by my grandparents. But revealing that part of the reason I was raised by my grandparents was my own mother's struggle with addiction due to prescribed narcotics for chronic pain that she suffered throughout her life.

I have bipartisan legislation called the Family Based Care Service Act. This focuses on therapeutic foster care by providing foster care for a child with significant medical or mental health needs.

What it would do is help enhance access to services through Medicaid. It provides special training to foster parents and kinship families for youth with major mental health challenges where children receive in-home clinical trauma informed services to help keep them in the community.

Governor Brown, you note that Oregon's foster care system is similarly struggling with the impacts of childhood trauma from addiction.

Can you discuss what your state is doing to address this and why it is important to strengthen Federal programs like Medicaid and foster care services to prevent our struggling kids from growing up to be struggling parents?

Governor BROWN. Thank you, Senator Baldwin, and thank you for your leadership in this arena.

We are struggling, our foster care system. We have one-and-a-half times the children of the national average. Sixty percent of the children that are in our foster care system, one of their parents is struggling with substance abuse. A good portion of them, obviously, being opioid abuse.

I think more resources are key for us. As you know, intensive, comprehensive foster care programs, like the one you just mentioned, are extremely expensive. But I will tell you that by investing those dollars at the early age, we will prevent significant expenses to state government in the future. So I applaud your efforts. More resources would be key for us.

We are struggling trying to get the appropriate number of caseworkers and the appropriate number of trained foster families to deal with these children's special needs; these trauma impacts that they are seeing from their families.

Resources would be absolutely crucial to a state like Oregon.

Senator BALDWIN. Thank you.

The CHAIRMAN. Thank you, Senator Baldwin.

Senator Murray, do you have concluding remarks?

Senator MURRAY. I just want to thank both the governors for being here today. It is an incredibly helpful part of our conversation as we move forward on bipartisan legislation.

Thank you.

The CHAIRMAN. Thank you.

This is our sixth hearing. Very, very helpful and we are working on drafts of legislation we hope to recommend to the full Senate shortly.

As the staff works on that, we heard Senator Murray's comment and my interest also when the witnesses in suggesting that Scott Gottlieb, the FDA Commissioner, interdict fentanyl from China through the U.S. Postal Service, and more authority to seize fentanyl in different ways sent through the U.S. Postal Service. There is the STOP Act that Senator Portman and others have introduced.

Also, your comment about public service television; I wish there was a way we could have the testimony of Becky Savage, whom Senator Murray mentioned, who said that when she showed the picture of her two sons who took an overdose—that the children she was talking to listened—died from that mixing at a graduation party at her own home. When she put their picture up and told their story that the high school students listened.

It made me think if we could find some way to find something that would go viral on the Internet or be on television that many young people simply do not know that if they mix a pill with a drink, they might be dead in their basement the next morning.

I heard your comment on additional funding that making overdose drugs available to everybody and then treatment.

Then the comment on the unevenness of treatment programs; I think that is an area that we need to be careful about because we are obviously going to have a large number of new treatment programs. They are very expensive and they are very uneven, and it is hard for us to regulate that from here. But obviously, that may be something where the Federal Government and the states could work together, but states could take a lead on.

Thank you, again, for coming.

The hearing record will remain open for 10 days. Members may submit additional information for the record within the time, if they would like.

The CHAIRMAN. Our Committee will meet again Thursday, March 15 at 9:45 a.m. for a hearing on the 340-B program.

Thank you for being here.

The Committee will stand adjourned.

[Whereupon, at 11:49 a.m., the hearing was adjourned.]

