Hearing on "A Public Health Emergency: State Efforts to Curb the Opioid Crisis"

Verbal testimony, as prepared, to:

The House Committee on Energy and Commerce
Subcommittee on Oversight and Investigations

The Honorable Diana DeGette, Chairwoman
The Honorable Brett Guthrie, Ranking Member

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As submitted by:

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Testimony

Good morning, thank you Chair DeGette, Ranking Member Guthrie, and the honorable members of the Subcommittee for the opportunity to testify on North Carolina's response to the opioid epidemic.

On behalf of 10.4 million North Carolinians – approximately 426,000 of whom misuse prescription or illicit opioids – I want to express my **deepest gratitude** for your support of funding that has helped us **turn the tide on the epidemic**. This investment has saved lives, transformed communities, and has made the down payment on breaking the cycle of addiction, trauma, and poverty in our state.

I am also grateful to the **committed staff of numerous Federal agencies** that have worked quickly to support a concerted strategy – working across interconnected systems of health care, housing, employment, and justice.

North Carolina was hard hit by the crisis. In 2016, 1,407 North Carolinians died of an unintended opioid overdose. For each death, there were six overdose hospitalizations, and we were one of the top eight states for fentanyl overdose deaths. Since the start of the epidemic, nearly 100,000 workers have been kept out of the workforce because of opioid misuse alone. Today, close to half of the children in North Carolina's foster care system have parental substance use as a factor in their out-of-home placement.

And of course, the human cost – the loss to communities and families – is immeasurable.

The scale of the problem underpins the **magnitude of our accomplishments**. Our state's comprehensive response, the North Carolina Opioid Action Plan, is organized into three pillars: **Prevention, Harm Reduction, and Connections to Care.**

These pillars encompass numerous strategies, **all made possible by federal funding**: cutting the supply of inappropriate opioid prescriptions, making access to life-saving naloxone ubiquitous, supporting syringe exchange programs, making addiction medicine a core of medical education, partnering with county and local communities, launching interventions that start treatment at the time of overdose reversal, and blending together broader efforts that support recovery into housing, employment and address the root-causes of substance use disorder.

With these efforts, funded by the first major federal opioid grant authorized in 2016 and managed by the Substance Abuse and Mental Health Services Administration (SAMHSA), North Carolina saw the first decline in overdose deaths in five years – decreasing 9% between 2017 and 2018. We have also seen a 24% decline in opioid prescribing, and a 20% increase in the number of uninsured individuals receiving treatment.

With one million uninsured North Carolinians and half of the opioid overdose visits at the Emergency Department uninsured, our highest priority has been **expanding evidence-based treatment to those without insurance.** We have focused on medication assisted treatment as the gold standard of care. Federal funds have provided treatment to an additional 12,000 people.

Our success is clear, but with your help, there is much more we can do.

We could stretch grant dollars further if doctors were **no longer required to obtain a separate DEA waiver to prescribe buprenorphine for addiction**. There is no additional waiver requirement to prescribe the exact same medication, when its being prescribed for other conditions. And doctors routinely prescribe medicines with more risk like insulin and blood thinners.

We should strengthen our focus on justice involved populations. A recent study found that people exiting North Carolina prisons were 40 times more likely to die of an opioid overdose than the general population. We are grateful to have recently received a $6.5 million grant from the Department of Justice to create pre-arrest diversion programs and expand jail-based treatment in our state. This work augments our re-entry and treatment programs funded through the federal opioid grants. But with 56 prisons and 96 jails in North Carolina, we still have a long way to go.

With your support, efforts like these would allow us to prioritize treatment resources in high volume settings with evidence-based strategies and push prevention and readiness for the next epidemic.

But most significant would be **giving us more time**. Sustaining funding over longer windows of time - or permanently - would allow states to ready systems for the next wave of the epidemic. That wave is already cresting as we are starting to see rising rates of overdose deaths from methamphetamine and benzodiazepines.

Before major federal funding for this epidemic became available, 12,000 people in North Carolina had already died. Meanwhile, the total funds for North Carolina's Substance Abuse Prevention and Treatment Block Grant hasn't changed in recent years, while North Carolina has one of the fastest growing populations in the country, growing 9% from 2010 to 2018.

Growing the block grant at pace with population and inflationary costs and an updated allocation formula would allow states to make better use of short-term funding, prevent the next epidemic, and save lives.

Safeguarding Medicaid Expansion and the Affordable Care Act is also critical to our long-term success in fighting the opioid epidemic. States with higher rates of insurance coverage have a more sustainable way of providing treatment and are able to prioritize their precious federal block grant dollars and opioid response grants on system investments. This is why we are working hard, every day, to expand Medicaid in North Carolina.

In closing, I want to applaud the flexibility of much of the federal opioid funding provided, which has allowed each state to respond to its own pressing needs. Our strategies are working, but our eyes are on the horizon. We appreciate your leadership and I welcome your questions.