



HOUSE COMMITTEE ON ENERGY AND COMMERCE SUBCOMMITTEE ON
HEALTH

An Epidemic within a Pandemic: Understanding Substance Use and Misuse in America

Wednesday, April 14, 2021 at 10:30 AM, Cisco WebEx

PURPOSE

The purpose of this hearing is to discuss the current opioid epidemic, what efforts have worked, and what has not worked. Additionally, the panelists focused on the expiration of the class wide scheduling rule and discussed either support or opposition to its extension.

KEY TAKEAWAYS

- Opinions varied greatly on the effectiveness of fentanyl class scheduling established by the soon to be expired class wide scheduling rule of fentanyl, of which Congress is considering placing a temporary extension.
- Stated challenges providers face in treating substance use disorders drive the priority for bolstered provider education efforts.
- Equity in access to quality substance use treatment is a focus for Congress and the Biden Administration alike.

MEMBERS PRESENT

Chairwoman Eshoo, Chairman Pallone, Ranking Member Guthrie, Ranking Member Cathy Rodgers, Representatives Butterfield, Upton, Matsui, Burgess, Sarbanes, Griffith, Schrader, Bilirakis, Dingell, Long, Ruiz, Bucshon, Kuster, Carter, Kelly, Dunn, Schrier, Joyce, Curtis, Craig, Trahan, Castor, Cardenas, Tonko, Fletcher, O'Halleran, and Latta.

PANEL I:

WITNESSES

Regina M. LaBelle

Acting Director

White House Office of National Drug Control Policy

OPENING STATEMENTS

Chairwoman Eshoo (D-CA) stated the addiction crisis presents a crisis within the larger COVID-19 pandemic crisis. Congress has provided \$8 billion to address opioid abuse while also providing additional funding through the American Rescue Plan and the 2021 Consolidated Appropriations Act. Today, this Committee will consider 11 bills, many of which are bipartisan. Chairwoman Eshoo said that it is important that Congress address the complexity of this issue and identify early intervention needs. For those who have died

from an opioid overdose, 3 out of 5 of them had an identified opportunity for care prior to overdose. Medicaid eligibility in incarcerated people and the replacement of all fentanyl drugs in schedule 1 have been efforts recently supported in Congress. Yet, even with rescheduling, fentanyl deaths have risen by 10%, indicating that class scheduling is not the silver bullet.

Rep. Kuster (D-NH) said the addiction crisis did not occur overnight, and the complexity of this epidemic is large. She stated there is no silver bullet, and the issue requires an all-hands on deck approach. By passing the Support, Treatment, and Overdose prevention of Fentanyl Act of 2021 (H.R. 266), Congress can begin to truly work towards solutions for the substance use disorder issues in this country.

Ranking Member Guthrie (R-KY) said that while the deaths from COVID-19 have been devastating, around the same number of lives have been claimed by opioid overdoses. While opioid overdoses have been a significant issue in this country for some time, this current wave is the first to include synthetic drugs like fentanyl. Ranking Member Guthrie said it's important to look back and examine the existing laws that have the intention of addressing this issue to analyze what works. The extension of the scheduling of fentanyl analogs is one way to address this issue. He stated Congress must work to protect Americans and providers from this growing issue.

Chairman Pallone (D-NJ) said it's important that Congress works to address the epidemic within the pandemic, which has been exacerbated by the isolation caused by COVID-19 and the growth of synthetic drugs. Laws have expanded community health centers and funding aimed at overdose deaths, but more needs to be done. There are many panelists that can speak to the breadth of the crisis from different perspectives today, which in and of itself reflects the complexity of the issue. The legislation discussed today would tackle the crisis, and Chairman Pallone notes that these efforts are largely nonpartisan.

Ranking Member Rodgers (R-WA) said that this past year the nation has had the highest number of overdose deaths in the history of the country. Stress within society can increase the desire to abuse substances. She said that people need hope to overcome fear and provide for their families. While some of the bills are concerning, it is good that Congress is furthering its effort to address the addiction crisis. Congress needs to stop the growth of volume of fentanyl coming over the border as well as from China. With wide scale scheduling, drug officials may have more opportunities to protect citizens from the multiple variants in drug formulations that are fatal, but Congress needs to work fast. Customs and borders protection needs a one year extension to seize drugs from crossing the border.

TESTIMONY

Regina M. LaBelle said the timing of this hearing reflects the urgency of the crisis. The released Office of National Drug Control Policy (ONDCP) analysis includes a balanced

drug policy that involves both public health and public safety focuses. The seven priorities produced from the Biden Administration include two general themes: immediately getting services to those at risk for overdose and building the infrastructure to meet the needs of those who are at risk of overdose. Also highlighted in the ONDCP policy priorities is racial equity. Moving forward, efforts to disrupt drug trafficking requires working with multiple stakeholders, such as mail couriers and various countries. Additionally, the Administration is asking Congress to address the law of class scheduling. Congress plays an important role in providing needed resources, which should include an investment of \$10 million to reduce overdose deaths in the short term and to lay the ground work to address the issue in the long term.

QUESTIONS AND ANSWERS

Chairwoman Eshoo (D-CA) posed the question of what is not working and what more needs to be done to address substance use disorders. **Ms. LaBelle** said the issue is very complex, but the growth of fentanyl has been the main driver of overdoses. The efforts that have been accomplished so far haven't been wasted, but individuals need full continuity of care. **Chairwoman Eshoo** asked where the ONDCP stands in regards to the expiration of the class scheduling. **Ms. LaBelle** said the ONDCP is looking closely at the effects of the scheduling to respond appropriately. **Ms. Eshoo** asked does ONDCP address concerns that scheduling of drugs discriminates against people of color with mandatory sentencing issues. **Ms. LaBelle** said mandatory sentencing is a much broader issue.

Ranking Member Guthrie (R-KY) asked if the ONDCP is willing to work with the Committee to analyze current programs that are authorized for substance use disorders. **Ms. LaBelle** said the ONDCP is working to ensure quality and evidence-based practices are being used. **Ranking Member Guthrie** asked how to address polysubstance use issues. **Ms. LaBelle** said that the ONDCP and Congress shouldn't have blinders on when addressing all substance abuse scenarios.

Chairman Pallone (D-NJ) asked what actions are being taken to expand access to evidence-based treatments. **Ms. LaBelle** said continuity of care is important while also increasing access to buprenorphine and modernizing methadone services. **Chairman Pallone** asked what barriers the Administration sees in access to buprenorphine. **Ms. LaBelle** said providers do not feel comfortable to prescribe this drug as there's little training in medical schools on how to address substance abuse. There are barriers in regards to the X-Waiver. **Mr. Pallone** asked what can be done to expand the addiction workforce. **Ms. LaBelle** said many of the appropriations have expanded the addiction workforce, while Congress still needs to analyze where money has been authorized but not yet distributed. Also, providers need to be trained to screen addiction early on in treatment.

Ranking Member Rodgers (R-WA) asked if the ONDCP believes Congress should extend the scheduling order. **Ms. LaBelle** said the ONDCP wants Congress to pass the

temporary extension but needs more time to assess its impact before Congress extends it further. **Ranking Member Rodgers** asked if the scheduling order should be made permanent. **Ms. LaBelle** said the ONDCP needs more time to assess the GAO report. The drug environment is changing every day, so it is important that Congress addresses today's problems, not yesterday's.

Rep. Butterfield (D-NC) asked what the ONDCP's role is and how it differs from the Department of Health and Human Services (HHS) and the Drug Enforcement Administration (DEA). **Ms. LaBelle** said the ONDCP's purpose is to bridge the gap between public health and public safety. **Rep. Butterfield** asked how the Administration will leverage the ONDCP to carry out its drug policy. **Ms. LaBelle** said by building the bridge between public health and public safety, the ONDCP has convening authority to have one voice on the many issues.

Rep. Upton (R-MI) asked how international synthetic drug issues are being addressed. **Ms. LaBelle** said the commission will be able to look at the international synthetic landscape and take the time to come up with specific approaches to help with this issue. **Rep. Upton** asked if an executive order can be used to extend the scheduling by May 6th. **Ms. LaBelle** said she isn't sure. **Rep. Upton** asked how drugs from China are being addressed. **Ms. LaBelle** said Congress has passed several pieces of legislation to allow customs and border patrol to identify drugs that have come through the mail. This legislation has addressed the influx of drugs from China. This has moved drugs to now enter through Mexico, whose government is working to identify these labs and address the issue on the border. **Rep. Upton** asked what is being done to address drugs sent by mail. **Ms. LaBelle** said there has been a drop in received fentanyl from China by mail, and Congress has allocated more resources for mail companies to identify drugs in packages.

Rep. Matsui (D-CA) asked how the Biden Administration is working to expand already existing services. **Ms. LaBelle** said Certified Community Behavioral Health Clinics have received additional funding, which requires participation in recovery services and peer-to-peer relationships, and the ONDCP looks forward to working with Congress on how to integrate more recovery services. **Rep. Matsui** asked what the ONDCP is doing to support telehealth services for substance use disorders. **Ms. LaBelle** said the ONDCP is assessing whether there are administrative or legislative changes to improve these services.

Rep. Burgess (R-TX) asked how the ONDCP sees telehealth being complementary to the available treatment. **Ms. LaBelle** said while telehealth will not replace in person care, it has been successful at increasing access to services. **Rep. Burgess** asked if methadone should be included in these assessments since they have to be in person. **Ms. LaBelle** said the ONDCP is relying on evidence to support programs but is focused on decreasing any barriers to important services so take-home methadone treatments may be important in the future. **Rep. Burgess** asked how the ONDCP is working to prevent the supply of substances over the Mexican border. **Ms. LaBelle** said the ONDCP

is involved in the North American Drug Dialogue with the governor of Mexico and border agency representatives in the states to make sure the substances never even get to the border.

Rep. Sarbanes (D-MD) asked what some of the challenges in addressing workforce issues are. **Ms. LaBelle** said loan forgiveness is important so more people can attend medical school. The ONDCP is in talks with John Hopkins to include substance treatment training in their curriculum. **Rep. Sarbanes** asked what specific actions the ONDCP is taking over the next few months to address this issue. **Ms. LaBelle** said there are substance use disorder provider fellowships that are funded by HRSA that are not yet filled yet, so it is important to spread knowledge of such opportunities. Additionally, it is important to expand training curriculum in all medical schools to include substance treatments.

Rep. Griffith (R-VA) asked how recommendations differ between schedule 1 and schedule 2 drugs. **Ms. LaBelle** said the ONDCP assesses data on both schedule 1 and schedule 2 drugs. The ONDCP is trying to look at this issue from a holistic standpoint that includes polysubstance use. **Rep. Griffith** asked if the ONDCP is addressing barriers to research on substance abuse. **Ms. LaBelle** said the ONDCP is working with HHS to understand their experienced barriers.

Rep. Schrader (D-OR) asked what policies the ONDCP is considering to encourage the increase of substance use providers. **Ms. LaBelle** said the ONDCP is assessing where barriers exist and looking to strengthen The Mental Health Parity and Equity Addiction Act. **Rep. Schrader** asked if the ONDCP is assessing digital therapeutics. **Ms. LaBelle** said that technological innovations are abound and the ONDCP is looking into these further.

Rep. Bilirakis (R-FL) asked what a working relationship with China to prevent entry of substances looks like. **Ms. LaBelle** said the ONDCP is having regular conversations with the embassy in Beijing to address these issues.

Rep. Dingell (D-MI) asked if the ONDCP has been reviewing the rules and regulations for methadone innovations. **Ms. LaBelle** said the ONDCP hasn't yet reviewed the rules and regulations but as soon as it does, the ONDCP will inform Congress. **Rep. Dingell** asked if the requirement for in-person treatments for methadone services is a barrier. **Ms. LaBelle** said that while methadone services do require in-person appointments for safety, this requirement can act as a barrier. **Rep. Dingell** asked how methadone vans can be useful to remove barriers. **Ms. LaBelle** said that mobile treatment availability is important for both urban and rural areas and proves as another example as to why methadone rules need to be reviewed.

Rep. Long (R-MI) asked what the ONDCP is seeing in regards to the use and manufacturing of meth. **Ms. LaBelle** said today's meth is not yesterday's meth, and labs across the country are growing. The ONDCP is working with HHS to address barriers to treatment services.

Rep. Ruiz (D-CA) asked how training improved provider confidence to treat substance use disorders. **Ms. LaBelle** said the ONDCP is working with the National Academy, the American Medical Association, and pediatricians to ensure every medical student gets the proper training. **Rep. Ruiz** asked how the Biden Administration is working to strengthen and diversify the substance abuse workforce. **Ms. LaBelle** said while the Biden Administration is working to address this issue, the ONDCP is seeking to identify which programs have been allocated funds already yet have not received them.

Rep. Bucshon (R-IN) asked if the White House is establishing a federal non-opioid directive and if the White House would address reimbursement issues with alternative therapeutics since opioids are far cheaper. **Ms. LaBelle** said ONDCP would be happy to work with Congress to get direction on that directive and the ONDCP is assessing the reimbursement issue. **Rep. Bucshon** asked what the ONDCP's position is on providing alternative therapies. **Ms. LaBelle** said that is an important issue the ONDCP will look at in the future.

Rep. Kuster (D-NH) asked how another temporary extension is necessary to explore a more comprehensive approach to fentanyl. **Ms. LaBelle** said the Administration has only been in place for 85 days so it needs more time to address this issue. **Rep. Kuster** asked what the plan is to use the extension effectively. **Ms. LaBelle** said it is a process plan to bring representatives with all appropriate agencies to address this issue. **Rep. Kuster** asked how Congress can do a better job with a public health approach to address racial inequities. **Ms. LaBelle** said the work to bring services to incarcerated individuals is growing.

Rep. Carter (R-GA) asked if the majority of fentanyl comes through the southern border. **Ms. LaBelle** said that the majority of seized substances are found on the border and in mail couriers. **Rep. Carter** asked if the ONDCP has discussed with the White House the issue of open borders in regards to drug trafficking. **Ms. LaBelle** said the ONDCP has separated the migrant and the substance issue, but the Administration is having daily conversation with border agency representatives.

Rep. Kelly (D-IL) asked if plans have been identified to ensure Black people have more access to services. **Ms. LaBelle** said the ONDCP is working with HHS to put in place specific programs to tackle these issues. **Rep. Kelly** asked how Congress can ensure equity to geographical access to providers. **Ms. LaBelle** said removing barriers to buprenorphine is very important. **Rep. Kelly** asked how Congress can address workforce

weaknesses. **Ms. LaBelle** said it is important to expand the number of people who can treatment substance disorder issues.

Rep. Dunn (R-FL) said identifying this issue is very important in the state of Florida as well as the nation.

Rep. Schrier (D-WA) asked how the ONDCP is addressing youth substance abuse disorders. **Ms. LaBelle** said SAMHSA is a great resource for youth struggling with this issue. The ONDCP is also working on addressing adverse childhood events that would lead to the use substances. **Rep. Schrier** asked how the test strip is used to identify fentanyl work. **Ms. LaBelle** said the pill is rubbed against the strip and it shows its percentage of fentanyl immediately. **Rep. Schrier** asked where pediatricians fall into increasing substance disorder trainings. **Ms. LaBelle** said the ONDCP is currently working with pediatrician representatives.

Rep. Joyce (R-PA) asked why the Biden Administration pulled guidelines on buprenorphine. **Ms. LaBelle** said the Administration is focused on ensuring that guidelines can withstand legal scrutiny. **Rep. Joyce** asked what Congress should be doing to help the ONDCP. **Ms. LaBelle** said the policy priorities lay out an expansive approach to look at all the tools available to address all issues involving substance disorders.

Rep. Rochester (D-DE) asked what the Administration is planning to do to stop fentanyl from entering the country. **Ms. LaBelle** said the ONDCP is working with China to look at their regulatory controls and is working with Mexico on their extradition efforts to identify traffickers inside their borders. **Rep. Rochester** asked how much time the ONDCP needs to create a permanent solution. **Ms. LaBelle** said the ONDCP cannot provide a timeline, but they understand the urgency of the issue. **Rep. Rochester** asked what would be the impact on those with substance use disorders, barring a public health intervention. **Ms. LaBelle** said the ONDCP is very concerned that if the country doesn't follow evidence based solutions, the cases will continue to climb.

Rep. Curtis (R-UT) asked what the ONDCP is doing to address the growing meth issue. **Ms. LaBelle** said the ONDCP is looking at expanding contingency management services and disrupting the drug supply coming in from Mexico. **Ms. LaBelle** said Congress should allocate more funding to support states outside of one-time grant disbursement. **Rep. Curtis** asked if machine learning can be leveraged to help augment the abilities of local authority. **Ms. LaBelle** said the ONDCP works with an OD Map that collects data that is used nationwide.

Rep. Craig (D-MN) asked how the ONDCP is working to reduce stigmas around substance use disorder. **Ms. LaBelle** said some of their staff members are recovering

addicts so they are helping lower stigmas. **Rep. Craig** asked what the ONDCP is doing to expand access to care. **Ms. LaBelle** said the ONDCP is working to increase coverage, strengthen the workforce, and decrease barriers to buprenorphine. **Rep. Craig** asked what Congress can do to support solutions for substance use disorders. **Ms. LaBelle** said Congress needs to recognize these are not acute conditions and require continuity of care.

Rep. Trahan (D-MA) asked how prescription drug misuse continues to add to substance overdoses. **Ms. LaBelle** said the ONDCP is assessing how to provide quality of treatment across substances. **Rep. Trahan** asked if the Biden administration believes it is the responsibility of all providers to treatment substance use disorders. **Ms. LaBelle** said the ONDCP has long emphasized the importance of substance use disorder training.

Rep. Castor (D-FL) asked how the ONDCP is looking to support drug free community coalitions. **Ms. LaBelle** said the ONDCP understands supporting these coalitions is important since they rely on in-kind contributions. **Rep. Castor** asked how the ONDCP is working with local partners to identify they are receiving their appropriate funding. **Ms. LaBelle** said the ONDCP is working closely with SAMHSA to identify gaps and vulnerable groups to identify funding needs.

Rep. Cardenas (D-CA) asked how the ONDCP is working to lower disparities in treatments. **Ms. LaBelle** said the President has committed to reducing rates of incarceration to make sure people are not incarcerated for drug possession alone. The ONDCP is working to ensure they have better data sources on where disparities exist, making sure the workforce reflects the people they are serving, and reforming the criminal justice system at large.

Rep. Tonko (R-NY) asked if the passage of the Medicaid Reentry Act would help achieve access goals. **Ms. LaBelle** said individuals regardless of their circumstance should have access to evidence based services. **Rep. Tonko** asked if the ONDCP is aware of the negative implications of the X-Waiver in accessing care. **Ms. LaBelle** said there's a great deal of stigma in every process in regards to substance use disorders.

Rep. Fletcher (D-TX) asked what benefits exist in recovery peer-to-peer services. **Ms. LaBelle** said there are many people that have benefited from recovery programs but the research is still new. **Rep. Fletcher** asked what ways the federal government supports Americans in long term recovery. **Ms. LaBelle** said the ONDCP has hired people who are in long term recovery, engages with those who are in recovery, and is working with HHS to expand recovery services.

Rep. O'Halleran (D-AZ) asked how the Administration is planning on addressing the issue in rural America. **Ms. LaBelle** said the country needs to expand naloxone availabilities and needs to encourage providers to stay in rural communities.

PANEL II:

WITNESSES

Geoffrey M. Laredo, Principal; Santa Cruz Strategies, LLC.

Patricia L. Richman, National Sentencing and Resource Counsel; Federal Public and Community Defenders

Mark Vargo, Pennington County State's Attorney; Legislative Committee Chairman, National District Attorneys Association (NDAA)

Timothy Westlake, M.D., F.F.S.M.B., F.A.C.E.P., Emergency Department Medical Director; Pro Health Care Oconomowoc Memorial Hospital

J. Deanna Wilson, M.D., M.P.H., Assistant Professor of Medicine and Pediatrics; University of Pittsburgh School of Medicine

TESTIMONY

Mr. Laredo said it is important to define what the country cares about and every policy needs to be focused on identifying substance disorder issues. Scheduling compounds is not the solution as no evidence has been produced to showcase scheduling is effective at lowering overdose deaths. Evidence-based public health interventions are far more impactful and local public health agencies should be given authority in addressing this issue. When discussing requirements for schedule 1 drugs, research shows that a varying formula of a drug does not necessarily equate to a varying abuse likelihood. While class wide scheduling is understandable, it would not be impactful. If Congress does follow this pathway, it should treat all drugs in schedule 1 as schedule 2 drugs and should focus on evidence-based reports.

Ms. Richman said Congress should reject the extension of schedule 1 of fentanyl as it disproportionately impacts vulnerable communities. Class wide scheduling only produces a fast track for mandatory sentences, which has again impacted vulnerable communities. Class wide scheduling does not reduce deaths or the use of substances and the CDC has stated that during the three years where the law has been in place, deaths by fentanyl have continued to increase. Class wide scheduling is counterproductive, because even if there is a shift away from fentanyl, another substance that is just as fatal will arise. **Mr. Laredo** stated that class wide scheduling is not effective, it is punitive.

Mr. Vargo said addiction is the only disease where the country allows people to diagnose themselves only when they hit rock bottom. It is disastrous that early treatment is

important to lower deaths by overdose, but communities of color do not have access to early treatments. Additionally, it is disastrous for communities and families and substance use disorder rates continue to grow. Divergent programming is one solution to assist individuals with access to services and recovery programming. The NDAA is asking Congress to allocate money to the criminal justice system and to reduce the conviction of minimal sentencing within the criminal justice systems.

Dr. Timothy Westlake said in 2020 Congress enacted a temporary extension to close a loophole that cartels have used to distribute drugs, and now is not the time for this to protection to dissolve. Because of the strength of fentanyl, it could be seen as a chemical agent since just the same amount of powder that is found in a package of sugar could kill 2,000 people. Fentanyl and its derivatives have been researched for decades but no treatment to reverse its effect have been found. Additionally, little incarceration has occurred with the class scheduling since the language focuses on public health efforts and not sentencing efforts.

Dr. Wilson said the country needs to prioritize equity, increases access, and strengthens the workforce. The racial and ethnic disparities reflect the failure of the country to address differential access and disproportionate treatment outcomes. By partnering with community centers, lowering barriers to access, assessing the racial biases of the current utilized programs, and increasing equitable services within both the in person and telehealth settings. The success of methadone has been burdened by the intense regulation of the therapy, which should be addressed in the near future. Further, incarcerated individuals are far more susceptible to die from substance abuse than the general public, so further efforts need to focus on addressing this issue. While removing the X waiver is low hanging fruit, it would greatly increase access to necessary and important services.

Questions and Answers

Chairman Eshoo asked what is being done to address all these significant issues. **Dr. Wilson** says equitable access to therapies need to increase. **Dr. Westlake** said this issue is extremely significant and so much more needs to be done.

Ranking Member Guthrie asked how the scheduling orders are meant to disrupt the disbursement of drugs and not sentencing. **Dr. Westlake** said scheduling has shut down new fentanyl substances by eliminating the incentives for that to happen. **Ranking Member Guthrie** asked what would hamper the prosecution of major criminals. **Mr. Vargo** said it does appear the class wide scheduling has been effective. The number of drugs crossing the border fell significantly after the scheduling. In regards to prosecution, there have only been two cases that have been sentenced under the fentanyl class wide scheduling.

Rep. Matsui asked what the difference is between meth and opioid prosecution. **Mr. Vargo** said meth carries with it biological factors that renders people more dangerous. **Rep. Matsui** asked how the treatment is different for these substances. **Dr. Wilson** said while there is very effective treatments for opioid disorders, there is very few treatments for stimulants.

Rep. Rodgers asked why class wide scheduling decreases encounters with fentanyl. **Dr. Westlake** said deaths are being seen from older fentanyl formulas but not new ones since new ones have significantly decreased from China. **Mr. Vargo** said it is hardly surprising that criminal enterprises go where the money is and where risk is low. **Rep. Rodgers** asked what is being done to meet the needs to tribal communities. **Mr. Vargo** said Congress should enhance and support what tribes are doing both on and off reservations.

Rep. Cardenas asked how rural Medicaid and access to health care play roles in addressing substance abuse. **Ms. Richman** said there is a direct relationship between access to services and benefits to accessing appropriate treatments. **Dr. Wilson** said reinstating Medicaid coverage before reentry into the community is an important way to keep people alive.

Rep. Griffith asked what the status of fentanyl will be if the scheduling order would not be extended. **Mr. Vargo** said the analogues are arguably legal and individuals become emboldened when scheduling is not effective. **Rep. Griffith** asked if valuable research could continue if analogues would continue if they remain in schedule 1 drugs. **Mr. Laredo** said research could be done, but a lot less would be feasible. **Rep. Griffith** asked when Congress could assess the impact of the full picture of the pandemics impact on drug abuse. **Mr. Vargo** said it will take years to understand the impact. **Ms. Richman** said the department only relied on the analogue act five times, when in all other cases the department has used other tools. Further, many of these cases includes polysubstance use so class schedules are not effective.

Rep. Ruiz asked what barriers to access to services drive inequalities. **Dr. Wilson** said stigma related to addiction and racial biases really overlap and contribute to lower quality of care. **Rep. Ruiz** asked if the systemic issues are more responsible for creating barriers to access of services. **Dr. Wilson** said the issue complex but comprehensive care needs to be provided. **Rep. Ruiz** asked if the community health worker model should be expanded. **Dr. Wilson** said yes. Congress needs to support training in addiction medicine and supporting a diverse workforce.

Rep. Latta (R-OH) asked if the permanent scheduling of fentanyl would help lower overdose death rates. **Dr. Westlake** said it would decrease the existence of newly created fentanyl substances. Addiction and training surrounding substance use disorders needs to be de-stigmatized.

Rep. Kuster asked how class scheduling exacerbates sentencing processes. **Ms. Richman** said that most individuals that are incarcerated are low level drug dealers, so class scheduling is further worsening racial inequities. **Rep. Kuster** asked why harm reduction services are important. **Dr. Wilson** said these services keep people alive and increased access to services.

Rep. Bilirakis asked why fentanyl class scheduling is critical. **Dr. Westlake** said scheduling decreases deaths by fentanyl. **Rep. Billrakis** asked what law enforcement gaps exist in the current drug monitoring program to detect abuse. **Mr. Vargo** said there's room for improvement within data collection. **Rep. Billrakis** asked if patients should be required to show an ID when picking up these therapies. **Mr. Vargo** said identity conformation is important.

Rep. Rochester asked how a public health response would address these issues. **Dr. Wilson** said it is clear that addiction is a disease so the country cannot sentence or schedule itself out of this epidemic. **Ms. Richman** said it is important to identify early intervention points even dating back to childhood that would make an individual susceptible to substance use disorder. **Rep. Rochester** asked why harm reduction services are important. **Dr. Wilson** said harm reduction services have proven to save lives.

Rep. Craig asked how drug courts are effective for substance use disorders. **Mr. Vargo** said divergent programs are very successful in responding to the person early.

Rep. Schrier asked what it looks like for pediatricians to screen for substance abuse. **Dr. Wilson** said it is essential that pediatricians do a much better job at identifying substance use disorders early on. **Rep. Schrier** asked if the Title X-Waiver should be eliminated. **Dr. Wilson** said the X-Waiver training is an additional regulatory hurdle.

Rep. Trahan asked why all providers should know how to treat substance use disorder. **Dr. Wilson** said addiction medicine should be seen as a part of care all practitioners should be providing. **Rep. Trahan** asked if standardized training would lead to better access to treatments. **Dr. Wilson** said yes.

Dr. Fletcher asked if Medicaid expansion would help reduce barriers to substance abuse treatments. **Dr. Wilson** said it is cost prohibitive to pay for treatment out of pocket. **Mr. Vargo** said it is not just about lapse of coverage, it is also about no coverage at all. **Mr. Laredo** said there is a nationwide lack of funding to pay for these services.