

Congress of the United States

House of Representatives

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Opening Statement Ranking Member Elijah E. Cummings

Hearing on “A Sustainable Solution to the Evolving Opioid Crisis: Revitalizing the Office of National Drug Control Policy”

May 17, 2018

Fighting the opioid epidemic has been one of my top priorities for several years, not only because of its terrible effects in Baltimore, but also because of its devastating effects across the nation—in red states, blue states, and purple states.

It is time that we finally recognize this epidemic for what it is: a national emergency that is killing 115 Americans every single day.

In December, the Centers for Disease Control and Prevention warned that life expectancy in the United States dropped for the second year in a row, and drug overdoses are the single biggest reason why. In 2016, nearly 64,000 Americans died from drug overdoses. These numbers are only getting worse with every passing minute.

I understand that today’s hearing is supposed to be about proposals to reauthorize the Office of National Drug Control Policy (ONDCP). But it is hard to do that when we have not been able to speak to the Acting Director of that office. We asked for him to testify here today, but our request was denied. It is also hard to do when we will not be hearing from other stakeholder agencies that are involved in this fight, like the DEA and Coast Guard.

We are supposed to mark up a bill next week, but we have not received any official feedback or technical assistance from the Administration. We had a roundtable meeting with ONDCP staffers, but I am concerned that this legislation may not be ready for prime time.

Compounding this problem is the Trump Administration’s total lack of leadership on this issue—they are missing in action. The National Drug Control Strategy was due last February, but they did not submit one. Now, the President had just assumed office, so maybe that was understandable. But this February also came and went, and he still has not submitted a strategy.

ONDCP staff told us that Kellyanne Conway is calling the shots. I sent a letter to the Chairman on February 16, 2018, asking for a briefing from her or anyone else from the White House who could tell us what is going on. But that never happened.

This is the most deadly national health crisis we have seen in three decades. Where President Trump has shown no leadership, Congress must step into the void and demonstrate a bipartisan commitment to taking on this fight in an effective and efficient manner.

We can talk all we want about how we might want to reorganize ONDCP, require new reports, and reshuffle the lines of authority. But they are not doing their jobs now. They are already failing to do what Congress required, so I have little hope that these kinds of changes alone will make a difference.

Here is the main point I would like to convey today. Reauthorizing ONDCP is an important step. We want to ensure that we have a coordinated, effective, and evidence-based strategy. But rearranging the deck chairs is not enough. Nibbling at the edges is not adequate.

If someone has a gaping wound, we cannot just slap on a band-aid. If someone is fatally hemorrhaging, we cannot just hand them a new organizational chart for a government office. They need expert medical care. As a nation, we need to dedicate significant and sustained new funding for treatment to combat this epidemic.

The Department of Health and Human Services estimates that more than 2 million people in this country have opioid use disorders, which is likely an undercount. Yet, only 10% are able to access the specialty treatments they need. We cannot stop this crisis if 90% of those affected cannot get treatment.

Last month, I introduced the CARE Act with Senator Elizabeth Warren to start treating the opioid crisis like the public health crisis it is. Our bill is modeled directly on the Ryan White Act, which Congress passed with bipartisan support in 1990 to address the AIDS crisis. It has been endorsed by more than 30 organizations, including health advocacy groups, nursing organizations, local government associations, and public health organizations.

I urge all of my colleagues on both sides of the aisle to join our bill. My staff has already contacted each of your offices, and my door is open to answer any of your questions.

To conclude, I thank our witnesses for being here, including Ms. Goodwin from GAO and Dr. Parekh from the Bipartisan Policy Center.

I look forward to hearing from Mr. Carr, the Executive Director of the Washington/Baltimore High Intensity Drug Trafficking Area. I appreciate his effective leadership, and I thank him for his endorsement of the CARE Act.

Finally, I thank Commissioner Gupta of the West Virginia Bureau for Public Health for joining us today. He is on the front lines of this battle, and I look forward to his insights and counsel.

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