Front Lines of the Fentanyl Crisis: Supporting Communities and Combating Addiction through Prevention and Treatment

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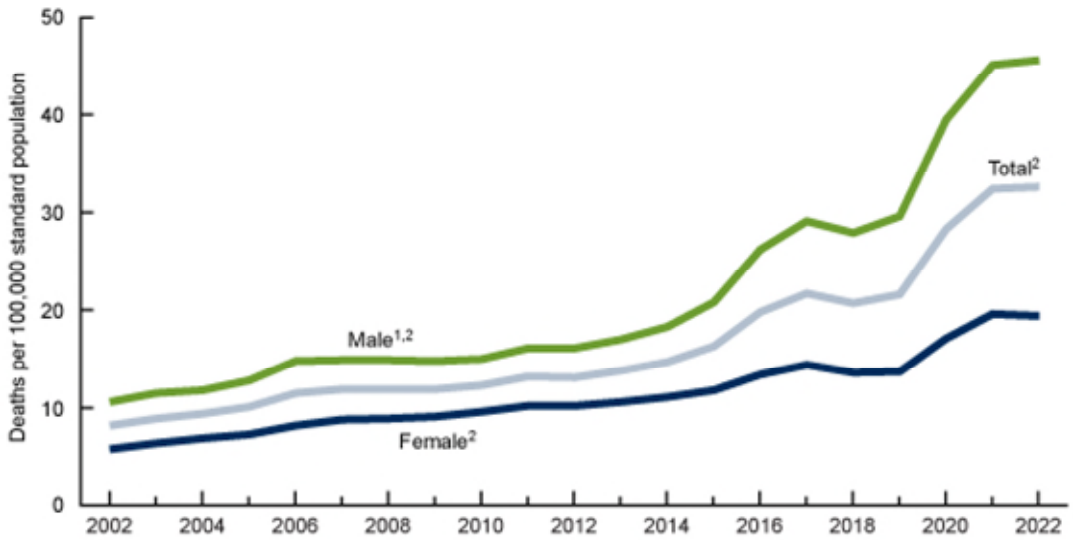
Chairman Wyden, Ranking Member Crapo, and Members of the Committee, thank you for the opportunity to speak with you today.

Introduction

As a psychiatrist specializing in the treatment of addiction, I have had the privilege of caring for individuals with mental health and substance use disorders for the past twenty years. I am the Chief Behavioral Health Officer at the Institute for Family Health, one of the largest federally qualified health centers in New York State, where we provide outpatient services for people affected by opioid use, as well as train clinicians to make this care more widely available. My career as a psychiatrist and health care administrator has been defined in many ways by the opioid epidemic, and more recently the rise of illicit fentanyl, which has catastrophically worsened this public health crisis. The CDC estimates that 107,000 US residents died of a drug overdose in 2023.[1]

Age-adjusted rate of drug overdose rates by sex: United States 2002-2022[2]



The Fentanyl Epidemic

Fentanyl is a synthetic opioid—a member of the class of medications called opioid analgesics, which are used for pain relief. While opioids have legitimate medical indications, they also carry a high liability for misuse because they not only relieve pain, but can also produce euphoria. Opioids can be misused when individuals use them without a prescription, ingest them in ways other than prescribed (such as taking

[1] Ahmad FB, Cisewski JA, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2024.
[2] Spencer MR, Garnett MF, Miniño AM. Drug overdose deaths in the United States, 2002–2022. NCHS Data Brief, no 491. Hyattsville, MD: National Center for Health Statistics. 2024. DOI: https://dx.doi.org/10.15620/cdc:135849

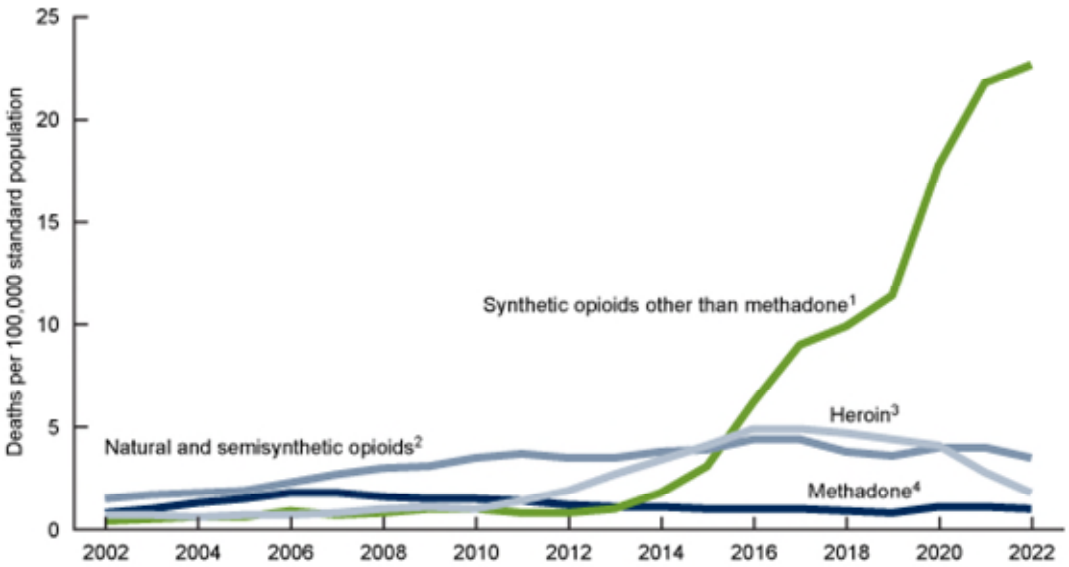
excessive quantities, taking doses too frequently, or consuming via other routes such as injection), and/or use them in combination with other substances.

In addition to the desired effect of pain relief, opioids can also produce respiratory depression, suppressing the body's ability to breathe adequately. In an overdose, this can progress to loss of consciousness, coma, and death.

Individuals who use opioids regularly will develop tolerance, meaning they need to take greater or more frequent amounts over time in order to get the desired effects and avoid symptoms of withdrawal. Because tolerance varies among individuals, the amount of opioid that will cause an overdose is also highly variable.

Synthetic opioids, primarily fentanyl, are currently the primary driver of deaths due to overdose, with synthetic opioids involved in over 74,000 opioid deaths in 2023.[3]

Age-adjusted rate of drug overdose deaths involving opioids, by type of opioid: United States, 2002–2022[4]



[1] Stable trend from 2002 to 2013, then increasing trend from 2013 to 2022, with different rates of change over time, $p < 0.05$.
[2] Significant increasing trend from 2002 to 2016, then stable trend from 2016 to 2022, with different rates of change over time, $p < 0.05$.
[3] Significant increasing trend from 2002 to 2016 with different rates of change over time, stable trend from 2016 to 2020, then significant decreasing trend from 2020 to 2022, $p < 0.05$.
[4] Significant increasing trend from 2002 to 2006, decreasing trend from 2006 to 2018, then stable trend from 2018 to 2022, $p < 0.05$.

Illicitly manufactured fentanyl has become prevalent in the street drug supply throughout the U.S., and is extremely dangerous. Fentanyl is highly potent—about fifty times stronger than heroin and one hundred times stronger than morphine. Taking even a

[3] Ahmad FB, Cisewski JA, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2024.
[4] Spencer MR, Garnett MF, Miniño AM. Drug overdose deaths in the United States, 2002–2022. NCHS Data Brief, no 491. Hyattsville, MD: National Center for Health Statistics. 2024.
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small amount of fentanyl can result in overdose, respiratory depression, and death. Because the illicit manufacturing is unregulated, the dosing of fentanyl is extremely variable and unpredictable.

Fentanyl is inexpensive to produce, which has led to the sharp increase in its availability. Fentanyl is frequently found as a contaminant in illicitly obtained opioids, including heroin. It is also pressed into pills where it may be marketed and sold illegally as a prescription opioid, or it may also be passed off as a non-opioid substance such as a benzodiazepine, cocaine, MDMA or methamphetamine. When an individual who has not used opioids, and therefore has no tolerance to the effects of opioids, is exposed to fentanyl, the risk of overdose is especially great.

Importance of Treatment and Prevention

Treatment and prevention are both essential components of addressing this crisis. No one is immune to the risks posed by fentanyl and other substances of abuse.

Medical treatment for opioid dependence is available and is known to save lives. Prescription medications for opioid use disorder (MOUD), such as buprenorphine (also known as Suboxone) and methadone, are safe and effective. However, accessing this type of treatment can be difficult. Individuals attempting to engage in care face stigma, lack of available treatment providers, and inadequate insurance coverage.

In addition, health care and other human service providers have several tools to help individuals at risk for overdose who are not yet engaged in treatment. Education about the risks of opioids, as well as the risk of contamination of non-opioid substances with fentanyl, prepares individuals for the possibility of fentanyl exposure. Naloxone is a life-saving medication that can reverse opioid overdose. We need to educate people to recognize the signs of opioid overdose, and provide access and training in administering naloxone.

At the Institute for Family Health, we are able to utilize our electronic health record to identify patients who may be at increased risk due to a variety of factors such as current opioid prescriptions, illicit substance use, or past history of overdose. We then provide education regarding overdose prevention and dispense naloxone, which can be used to reverse an opioid overdose. Last year, a student at a high school where we operate a school-based health center experienced an overdose while at school. Our onsite primary care provider was able to administer naloxone and provide other medical attention, thus saving the student's life. Partially in response to this incident, the New York City Department of Education now requires all public-school buildings to stock naloxone.[5]

[5] A Local Law to amend the administrative code of the city of New York, in relation to requiring the department of education to stock opioid antagonists in all school buildings. (New York City Council.) Accessed May 21, 2024. https://legistar.council.nyc.gov/LegislationDetail.aspx?ID=5555536&GUID=F7A649E0-7DD7-4C5B-9B3F-19A79ACA97F8&Options=Advanced&Search=

Investing in the Behavioral Health Workforce

In addition to expanding the workforce of addiction specialists, all health professionals should receive education and training in substance use disorders and available treatments. At the Institute for Family Health, we focus on training the next generation of providers ready and willing to incorporate addiction treatment into community-based services. We have made treatment of substance use disorders a core component of our primary-care residency training programs, and operate an accredited fellowship program in addiction medicine.

HRSA's Teaching Health Center Graduate Medical Education (THCGME) program supports innovative community-based residencies like the Institute for Family Health's programs. Despite the proven success of this innovative model, the THCGME program receives less than 1% of the funding of traditional hospital-based residencies. As the Committee considers how to invest Medicaid and Medicare funding in graduate medical education, I urge you to consider the advantages of training medical, dental, and psychiatry residents in outpatient, safety net provider settings:

- Compared to traditional residencies, Teaching Health Center graduates are more likely to practice in a rural location and provide medications for opioid use disorder or behavioral health care;[6]

- Teaching Health Centers attract residents from rural and/or other under-represented backgrounds;[7]

- Teaching Health Center graduates are also more likely to continue to work in safety net clinics than residents who did not train in those centers.[8]

Expanding Access to Integrated, Whole Person Care

Addiction treatment needs to be fully integrated into mainstream healthcare so that we are prepared to welcome patients into care through multiple entry points. At the Institute for Family Health, we practice an integrated care model which allows patients to receive primary care, behavioral health care, and addiction treatment in a shared treatment setting. Integrated treatment allows individuals to access care for substance use disorders from the same treatment teams they already work with for their physical and mental health. Co-located, integrated care increases patients' acceptance of behavioral health care, and reduces stigma in accessing services.

There are challenges to the implementation and expansion of an integrated care model. In New York and elsewhere, same-day billing restrictions on medical and behavioral health services prevent a single provider entity, such as a federally qualified health

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[6] Davis, et al. "Evaluating the Teaching Health Center Graduate Medical Education Model at 10 Years: Practice-Based Outcomes and Opportunities," *Journal of Graduate Medical Education* (2022) 14(5):599-605.
[7] Talib, Z, Jewers, MM, Strasser, JH, Popiel, DK, Goldberg, DG, Chen, C, Kepley, H, Mullan, Regenstein, M. Primary Care Residents in Teaching Health Centers: Their Intentions to Practice in Underserved Settings After Residency Training. Academic Medicine. 2018; 93(1): 98-103
[8] Bazemore A, Wingrove P, Petterson S, Peterson L, Raffoul M, Phillips RL Jr. Graduates of Teaching Health Centers Are More Likely to Enter Practice in the Primary Care Safety Net. Am Fam Physician. 2015;92(10):868

center (FQHC), from billing insurance for a medical visit and a behavioral health visit provided to the same patient on the same day. This creates barriers for patients who face transportation and scheduling limitations common in low-income populations. In addition, there is a tremendous need for better reimbursement for case management, screening, and preventive mental health services.

Importance of Telehealth Flexibilities

The rise of telehealth over the past several years has led to a great improvement in access for patients with substance use disorders. There is strong support for telehealth from both patients and healthcare providers, and its value as an integral component of the healthcare system has been clearly demonstrated. In addition to combating workforce shortages, telehealth decreases delays in accessing care, provides expanded availability outside of traditional hours, boosts communication between patients and their clinicians, and enhances engagement in care. During the COVID pandemic, many regulatory agencies and insurers removed restrictions on telehealth services and provided for reimbursement rates that were on par with in person services. It is vital that we maintain the flexibilities allowed during the public health emergency for providing substance use treatment, including prescribing medications for opioid use disorder via telehealth.

Telehealth payment parity is also a crucial component of the ability to combat the fentanyl crisis. Full payment parity for telehealth services, and not just coverage parity, will require insurers – including Medicare - to pay for telehealth and in-person services at equal rates.

Underserved communities and health center patients deserve access to telehealth. Without payment parity, many healthcare providers will be forced to limit or eliminate telehealth services because they cannot afford to provide care at reduced reimbursement rates.

Conclusion

Chairman Wyden and Ranking Member Crapo, thank you for allowing me this opportunity to share my thoughts and experiences from throughout my career. On behalf of the Institute for Family Health, I appreciate this Committee's commitment to combatting addiction and expanding access to treatment and recovery. I welcome your questions once witness testimony has concluded.