Statement of Karl A. Racine
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Before

The Committee on the Judiciary & Public Safety
The Honorable Charles Allen, Chair
&
The Committee on Health
The Honorable Vincent C. Gray, Chair

Public Oversight Hearing
on

Bill 22-458, the "Opioid Overdose Prevention Act of 2017" &
Bill 22-459, the "Opioid Abuse Treatment Act of 2017"

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12:00 pm
Room 412
John A. Wilson Building
1350 Pennsylvania Avenue, NW
Washington, District of Columbia 20004

Introduction

Greetings Chairman Allen, Chairman Gray, Councilmembers, staff, and residents. My name is Karl A. Racine, and I have the honor to serve as the Attorney General for the District of Columbia. I am pleased to appear before you in support of Bill 22-458, the "Opioid Overdose Prevention Act of 2017," and Bill 22-459, the "Opioid Abuse Treatment Act of 2017."

Opioids are a class of drugs that include illicit drugs such as heroin as well as legal prescription pain killers such as oxycodone, codeine, morphine, and fentanyl. These drugs are both highly addictive and expensive. When addiction occurs, often the price of these drugs becomes prohibitive and the problem becomes exacerbated by sharp drops in the price of heroin, leading addicts to use both heroin and illegal, non-prescribed drugs.

Opioid overdoses have quadrupled since 1999. Drug overdoses are the leading cause of accidental death in the United States, with 52,404 lethal drug overdoses in 2015. Opioid addiction is a driving force behind this trend, with 20,101 overdose deaths related to prescription pain relievers in 2015. Last year, overdoses killed more people than guns or car accidents, and are doing so at a pace faster than the H.I.V. epidemic at its peak. In the District of Columbia, which has fewer than 700,000 residents, we saw an average of about 30 deaths per year from opioid overdoses until 2013. According to an Office of Chief Medical Examiner report dated October 25, 2017: in 2014, that number went up to 83 deaths; in 2015, we saw 114 deaths from overdoses; in 2016, opioid overdoses led to 231 deaths; and there were 216 opioid overdose deaths in the first three quarters of 2017. Disturbingly, more than 80% of those decedents had fentanyl in their systems.

I am pleased to report that the District, under the leadership of the Department of Behavioral Health (DBH) and the Department of Health (DOH), is taking a holistic look at the

challenge we are facing regarding the national opioid crisis, and OAG has joined them for a stronger and more collaborative approach to this problem. I recently participated in an opioid summit sponsored by DBH and DOH with leaders in our government and key private service providers. There, we discussed possible barriers that exist that do not allow critical information to be shared throughout the government. Our office is working with the District's Criminal Justice Coordinating Council and our behavioral health agencies in the District to determine what legal barriers may exist that contribute to these information silos with regard to opioid use. We will then take the lead in helping to remove those barriers.

At OAG we work with partner agencies in law enforcement to educate them about opioid use and investigating overdose deaths; in fact, just last week, we hosted a training for prosecutors and investigators provided by the National Association of Attorneys General. Moreover, we are active partners with private-sector businesses as well as the DEA in supporting and sponsoring prescription drug take-back and drug disposal programs; in our office we have actually hosted drug takeback days to remove unused opioids from medicine cabinets, so they will not be available to be abused. Just last week, I introduced the *Revised Synthetics Abatement and Full Enforcement Drug Control Amendment Act of 2017* to make it easier for law enforcement to prosecute fentanyl distribution in the District. I look forward to participating in a hearing on the bill and enactment of both the permanent and emergency versions of that legislation.

Finding additional legislative tools to combat this problem is critically important. I commend the Council for both bills on the agenda today.

Legislation

Bill 22-458, the *Opioid Overdose Prevention Act of 2017*, will require the Metropolitan Police Department (MPD) to provide opioid antagonist kits to qualifying MPD members to prevent potential overdose deaths. The rescue kits include overdose education materials that conform to specific guidelines for overdose education that explain the signs and causes of an opioid overdose and instructions on when and how to administer life-saving rescue techniques. I appreciate that appropriate steps to ensure the officers are immune from civil and criminal liability in these situations are included in the legislation.

This bill also allows for voluntary surrender of opiates and drug paraphernalia at MPD stations. OAG strongly believes that the safe disposal of both illicit and prescription drugs is vital in combating this national health crisis. Allowing the safe, voluntary, surrender of drugs and paraphernalia will reduce the circumstances where these items can change hands in the streets.

While OAG fully supports the concepts of expanding naloxone availability and creating voluntary surrender stations, I recommend that the Council work closely with MPD prior to passage of this bill. Having the agency's concerns fully explored and addressed will ensure a more effective implementation.

Bill 22-459, the *Opioid Abuse Treatment Act of 2017*, is quite comprehensive and well thought out. I will summarize my thoughts on each substantive section:

Sec. 3. Access to insurance network providers

OAG supports this section that will allow consumers to know which insurers provide for opioid disorder treatments. Moreover, having providers issue an annual report to the District

updating these providers will allow for the full review of these services to ensure District consumers are receiving the best possible care.

Sec. 4. Additional medication offerings in certified Opiate Treatment Programs

Assuming that the Department of Health Care Finance (Department) is properly resourced, OAG supports this feasibility study to expand opioid use disorder medication offerings in certified Opiate Treatment Programs. The District must use every tool available to combat this problem.

Sec. 5. Substance Abuse Reimbursement Rate Study

OAG supports this section requiring a cost reimbursement study to both fill treatment gaps and determine the costs the District is forced to incur due to existing treatment gaps. This study would provide appropriate data for the Department to make informed decisions regarding opioid disorder treatment.

Sec. 6. Open access to treatment options

OAG supports the requirement that medication-assisted therapies prescribed for the treatment of substance abuse be covered under a Medicaid plan.

Sec. 7. Training of Physicians and Sec. 8. Department of Corrections Medical Director

While OAG defers to our partners at DOH regarding the appropriate training of physicians, we fully support the goals of these sections. Requiring increased training on how to treat substance abuse disorders seems to be a logical step to combating addiction.

Sec. 9. Ongoing treatment in the Department of Corrections

OAG supports the ongoing treatment for substance abuse for those individuals in the custody of the Department of Corrections (DOC). I am advised that DOC, under its excellent

leadership, is currently providing these medical treatments. Therefore, OAG will defer to DOC and DOH to determine how the goal of this section is best executed.

Sec.10. Fatality review team; Sec. 11. Fatality review team access to information; and Sec. 12. Meetings of fatality review team

OAG supports the establishment of a Fatality Review Team within DBH to analyze the circumstances related to drug overdose deaths. Particularly because part of the Team's mission is to recommend "needed changes to laws, policies, or practices to prevent drug overdoses deaths," I recommend that OAG be formally included in this process. As states around the country face the scourge of overdose deaths, OAG is in constant communication with other state Attorney General offices to share and review data. I contend that having a formal OAG presence will help the Fatality Review Team accomplish its prescribed mission.

Sec. 13. Availability of Substance Use Disorder Treatment Prescribers

OAG supports the requirement that all health care facilities and systems incorporate at least one health provider trained in opioid treatments. This may be accomplished either through direct service or telehealth.

Sec. 14. Hospital discharge protocols

OAG supports the goals of this section. Working with the District of Columbia Hospital Association and other relevant stakeholders, it is vitally important to ensure patients in need of care post-release are placed in the best position to succeed. OAG particularly appreciates the coordination with peer recovery counselors and the December 1, 2018 report detailing barriers to an effective and efficient continuum of care.

Conclusion

While this summarizes my support for the bills being considered today, I again want to offer the commitment of OAG as we move forward. As we continue to address the opioid crises, I strongly suggest we review our Prescription Drug Monitoring Program to ensure that we are using the best available standards. Moreover, I suggest we look further than our emergency first responders with regards to naloxone access. I am pleased to be working with DBH and DOH on these important issues, and offer our assistance to the Council as well.

Thank you for allowing me to testify. I am happy to answer any questions.