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Grace Meng

Congress of the United States

Sixth District, New York

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January 5, 2018

The Honorable Elinore F. McCance-Katz
Assistant Secretary for Mental Health and Substance Use
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, MD 20857

Dear Assistant Secretary McCance-Katz:

Two months ago, I visited my friend Rep. Ann Kuster's congressional district in New Hampshire to witness firsthand the impact of the opioid epidemic on America's communities. As you know, New Hampshire currently ranks second in the nation for the number of opioid-related deaths relative to its population, and ranks first for fentanyl-related deaths per capita. What I witnessed and what I heard from Granite Staters horrified me. As a Member of the House Appropriations Committee, I am committed to doing everything within my power to combat this epidemic. Toward that end, I write to commend you on the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-based Programs and Practices (NREPP), and to inquire as to how I may further support its work during the coming fiscal year.

Two days ago, I happened to read the incredible *New York Times* article "The Giant, Under Attack" by Michael Corkery and Jessica Silver-Greenberg. Their reporting is outstanding, yet troubling at the same time. In their coverage of America's opioid crisis, and the explosion of rehabilitation centers servicing Americans afflicted by addiction, they write the following:

Addiction treatment is one of the most lucrative health care industries to emerge in a generation, a massive business fed by a national addiction crisis that, by most measures, is out of control. Drug overdoses kill more Americans than car accidents, but only a fraction of the country's 23 million addicts go into rehab, creating an untapped market – and an enormous business opportunity. Yet the industry focused on curing addiction has its shortcomings. One of the most significant: There is little consensus on the most effective ways to treat patients.

They go on to write:

There is great debate about which treatment approaches work best, and even how

to measure their efficacy. "A lot of organizations say they have the cure, but they have no incentive to try to prove it through the data," said Robert Poznanovich, executive director of Business Development at Hazelden Betty Ford Foundation, one of the best-known addiction treatment providers in the United States.

While troubling, I feel that this problem is solvable. I believe that tools such as the NREPP are exactly what are needed to combat the lack of reliable information that currently pervades the rehabilitation industry. Of the hundreds of reviewed programs currently viewable through the NREPP website, there are four listed programs that yield "effective" or "promising" outcomes with respect to the problem of opioid dependency. They are: 1) the Collaborative Opioid Prescribing Education (COPE) Program, 2) the ED-BNI + Buprenorphine for Opioid Dependence Program, 3) the Interim Methadone Maintenance Program, and 4) the Recovery and Training Self Help (RTSH) for Opioid Use Program. In a matter of minutes, my staff was able to quickly and easily find and review the efficacy of these programs; there is no reason that rehabilitation centers across America cannot do the same.

Again, thank you for the NREPP. I feel that the registry and its website are crucial public health tools. Respectfully, I wish to know how you will grow the NREPP and its website, how you intend to review more opioid abuse-specific programs, and how I may be of help to you in these endeavors. You may contact me anytime to discuss this letter, and your staff may contact David Bagby of my staff at david.bagby@mail.house.gov or (202) 225-2601.

Sincerely,



Grace Meng
Member of Congress