

Senator Susan M. Collins
April 12, 2018

Mr. President, I rise today to discuss three bipartisan bills that I have introduced this week to combat the vast and growing opioid epidemic. I want to begin by first thanking the Chairman and Ranking Member of the Senate HELP Committee for their leadership in putting together a comprehensive bill to address opioid addiction and abuse. The HELP Committee has held seven bipartisan hearings on opioid issues since October, and I commend the committee's leaders in crafting a bipartisan framework, the Opioid Crisis Response Act, that the Committee intends to take up later this month. My hope is that the three bipartisan bills that I am about to describe will either be incorporated into their more comprehensive legislation or approved separately.

Mr. President, last year in the State of Maine, 418 people died from overdoses—a record number and an 11 percent increase compared to the year before. Just this past weekend, there were nine overdoses in one night alone, largely as a result of fentanyl-laced heroin. Fortunately, first responders were able to save those individuals.

It's clear that we need to take an all-of-the-above approach to tackling this crisis. This includes more support for education and prevention, treatment and recovery services, and law enforcement efforts. No single focus will be sufficient to combat this crisis.

Mr. President, the first bipartisan bill that I have introduced with Senators Hassan, Capito, Baldwin, and Warren is the Safe Disposal of Unused Medication Act. Our bill would address the problem of unused prescription painkillers when a person is receiving hospice care at home. Currently, hospice staff are not allowed to dispose of unused medications, including powerful opioids, even after the patient has died. As a result, these dangerous medications with a high risk of diversion, theft, and abuse are frequently left in the deceased person's home. Mr. President, I have heard stories about criminals who actually scan the obituary pages to figure out when the family will be away at the deceased person's funeral so that the criminals can target that time to break into the family's home to steal these dangerous drugs.

Our bill would allow certain hospice staff and emergency medical services personnel, such as paramedics, to dispose of these potentially addictive medications once the patient dies. Registered nurses and physicians involved in hospice care can not only help families that are dealing with difficult end-of-life issues but also assist them by making their homes safer by disposing dangerous, leftover medications. All of the drug disposals would be documented in the patient's clinical record. Our bill would also allow the Drug Enforcement Agency to develop regulations permitting hospice staff to dispose of drugs if a patient's plan of care has changed and the patient no longer needs the medications.

The disposal of unused prescription drugs is key to making sure they do not fall into the wrong hands, and this bill would help solve that problem.

Mr. President, one way that families struggling with addiction are finding support is through peer-to-peer recovery groups. The second bipartisan bill that I have introduced with Senator Shaheen is the Opioid Peer Support Networks Act. This bill would foster the creation of peer

support networks, also known as communities in recovery. The bill would provide them with the resources and training they need to be successful. In peer support networks, individuals and families battling addiction help one another stay on the road to recovery and assist with employment, education, housing, health, and overall wellbeing.

Last year, I visited the Bangor Area Recovery Network, known as BARN, in Brewer, Maine. It is a volunteer-led organization that provides support to individuals that are recovering from addiction. BARN is a model for peer-led counseling and brings hope, recovery, and healing to those struggling with substance abuse. Individuals who are themselves in recovery can make that critical connection to others facing addiction, which, in turn, can make the recovery process sustainable and reduce the stigma of addiction and treatment.

Yesterday, the Senate Health Committee, on which I serve, heard from three experts about the legislation that the Committee is developing. Jessica Nickel, the founder and President & CEO of the Addiction Policy Forum, told us, “peer recovery support specialists are a key component to making sure that we are providing the services that are needed for folks that are in recovery or those that need treatment.”

The Opioid Peer Support Networks Act would bring critical training and assistance to these on-the-ground peer-to-peer networks and help build up these important recovery support systems.

Finally, Mr. President, the Community Action Opioid Response Act, which I have introduced with Senator Klobuchar, would provide competitive grants to help Community Action Agencies and Community Action Partnerships – known as CAPs in my state – expand their efforts to respond to opioid misuse and addiction problems experienced by low-income individuals and their families. Our bill would support a wide range of activities, such as treatment and recovery referral, direct services for children and their caregivers, including their grandparents, and two-generation anti-poverty models that respond to the needs and barriers that are facing both parents and children.

The CAPs are uniquely positioned to help take on and be our partners in the opioid crisis. They can leverage their current programs, community relationships, and existing infrastructures to respond to the unmet needs resulting from the opioid epidemic, but they need more help to do so.

CAPs in my state have told me about how the opioid crisis has affected their programs, and how they are thinking innovatively to improve the services that they provide. For example, the Waldo CAP in Belfast, Maine, uses its transportation services to bring 175 people a week to drug treatment programs. That is a 175 people who otherwise might like the transportation necessary for them to receive the treatment services needed for them to cope with their addiction. Penquis, a CAP agency in Bangor, Maine, has found that some clients don't access treatment because they can't find transportation for their children to safe child care settings. In York County, the Community Action Agency has partnered with the Sanford Police Department to deliver access to medication-assisted treatment for clients struggling with opioid addiction. Our bill would give these CAP agencies additional resources to develop the wrap-around services that make it possible for treatment to succeed, for recovery to take hold.

Mr. President, tackling the opioid epidemic, both its causes and consequences, takes a multi-pronged approach. The three bipartisan bills that I have introduced provide additional ways to respond to this growing problem. I urge my colleagues in supporting them, and I look forward to their enactment.