Thank you, Chairman Rokita, for holding this important hearing today.

As each of us here knows, the opioid crisis is one that cuts across state lines and affects each of our congressional districts. In Colorado, the rate of drug overdose deaths since 2000 has more than doubled. The impact of the opioid crisis isn’t a partisan issue, and our response shouldn’t be either. I’m thankful we’re able to discuss this important issue at our joint subcommittee hearing this morning.

Addressing the opioid crisis should be a top priority for Congress. Last year, Congress passed and President Obama signed into law a set of policies that helped restructure our prevention and treatment efforts to better respond to substance use disorder. It did not, however, provide the funding necessary to affect the change needed to address this crisis.

To truly respond to this epidemic, we have to walk the walk, and without funding, we will not be doing enough for our constituents to move the needle.

We must match our rhetoric with action and real money. That means understanding the role that many programs fill in crafting a holistic approach to this crisis – programs within the jurisdiction of this Committee. For example, early learning programs help care for children who experience the trauma of having addicted parents. Public schools are on the front line in the delivery and coordination of services for students impacted by addiction. Congress must fully fund programs authorized under ESSA to ensure that teachers and school leaders are equipped to be ready partners in addressing opioid addiction and opioid use disorder.

We also cannot overstate the importance of access to health coverage in this discussion. Medicaid and the Affordable Care Act have dramatically improved and expanded access to health coverage, a vital part of responding to opioid use disorder and ensuring that Americans can get both needed preventive care and treatment. In my state alone, over 400,000 Coloradans have access to health insurance now through the Medicaid expansion.
But for the last ten months and counting, we have wasted precious time trying to repeal the Affordable Care Act and Medicaid expansion. This is especially cruel because 1.6 million people with substance abuse disorders now have access to treatment precisely *because* 31 states expanded Medicaid as part of the ACA.

Even last week, House Republicans advanced a bill that would cut billions from the Affordable Care Act’s Public Health and Prevention Fund, which helps states prevent and respond to the opioid epidemic.

Finally, as we address the opioid addiction, we have to remember that many communities were suffering from substance use disorders long before Congress woke up to this issue. Addiction affects both rural and urban communities and every Congressional district. Efforts to address addiction through treatment, instead of incarceration and instead of punishment, should apply to all communities as well.

We also need to think critically about alternative options to addressing this crisis. For some communities, such as veterans, cannabis should be considered as a replacement therapy for chronic pain treatment. Early research suggests implementing medical cannabis programs could reduce pain management medications associated mortality, improve pain management, and significantly reduce health care costs. In fact, a recent Journal of American Medical Association study analyzed all 50 states and found that those with medical marijuana laws had 25% fewer fatal opioid overdoses than states that had no such laws between 1999 and 2010.

*At this time, I ask unanimous consent to place this study into the record.*

Recently, I was honored to present a Purple Heart to a veteran who lives in Boulder, Colorado. This 29 year old young man put his life on the line for our country. He told me that he uses medical marijuana for all his pain and sleep issues, and has been able to take himself off all opioids the VA had prescribed. His girlfriend testified to the fact that he’s so much better for it. These are the type of stories we need to listen to.

It’s encouraging that Congress is taking time to discuss this issue and it is important that this Committee stay very involved in the federal response to the opioid epidemic. I am hopeful that we can address it through increased funding for effective, under-resourced programs and locally-driven state and federal initiatives.
that are built on evidence-based practices, not stigma or misperceptions about proven treatment strategies.

I thank the panelists for taking the time to testify today. I look forward to hearing from you.

Thank you, and I yield back the balance of my time.