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Governor Chris Christie's Remarks As Prepared For Delivery At Hearing On The President's Commission On Combating Drug Addiction

Tuesday, November 28, 2017 Tags: [Addiction Taskforce](#)



**Baltimore, Maryland
November 28, 2017**

Chairman Gowdy, Ranking Member Cummings, and members of the Committee, thank you for inviting me to testify today about the critical public health emergency of opioid addiction.

I am pleased to see that this Committee is focusing on this issue. I appreciate the opportunity to play a role in your efforts today, and I offer you my full commitment to providing any assistance I can going forward. I come before you today as Governor of the State of New Jersey and Chairman of the President's Commission on Combating Drug Addiction and the Opioid Crisis; but most importantly I am also here as a concerned citizen and a father.

In my testimony I will give an overview of the breadth this crisis, what my Administration has done in New Jersey to combat opioid addiction, briefly touch on key recommendations put forth to the President in the Commission's report as well as federal action thus far, and appeal to this Committee that Congress should put this public health emergency front and center.

Let me be clear right from the start: this epidemic is the greatest public health issue of our time. And it deserves the full attention of the federal government, state and local governments, private industry, and individual citizens. Without that, we cannot beat this. We cannot wish it away, and goodwill will only take us so far. We need a fully coordinated attack with all our forces behind us.

Our people are dying. More than 175 lives are lost every day. If a terrorist organization was killing 175 Americans a day on American soil, what would we do to stop them? We would do anything and everything. We must do the same to stop the dying caused from within.

It is time we all say what we know is true: addiction is a disease. However, we do not treat addiction in this country like we treat other diseases. Neither government nor the private sector has committed the support necessary for research, prevention, and treatment like we do for other diseases. Today, only 10.6% of youth and adults who need treatment for a substance use disorder receive that treatment. This is unacceptable. Too many people who could be helped are falling through the cracks and losing their lives as a result.

Although many of us at the state and local level have been undertaking this battle for many years, the President has now taken it to the next level by declaring the opioid crisis a national public health emergency under federal law. Through this one act, the President signaled to the country that the force of the federal government should and will mobilize to reverse the rising tide of overdose deaths. Now, Congress must play its role and provide the funding that this country needs to do just that.

I am encouraged that there is a growing national focus on this epidemic: starting with the President's formation of the Commission that I am proud to Chair, followed by the President's bold and decisive action in declaring a national public health emergency, and now the work of this Committee and hopefully all of Congress soon.

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I am proud to say that in my home state of New Jersey, we have set the tone for this national focus. As Governor, my Administration has committed not only historic funding for this effort, but also a comprehensive, robust, and coordinated approach to providing programs and supports for addiction prevention, treatment, and recovery. There are addiction specific programs throughout the state agencies in New Jersey - everything from housing supports to educational programs; physician education initiatives to criminal justice reforms.

In the beginning of this year, I dedicated nearly all my State of the State address to the issue of addiction. I laid out an aggressive plan including the development of a website and hotline where individuals have access to information on opioids, available treatment providers, and other critical resources. ReachNJ.gov and 1-844-REACH-NJ have literally been lifesavers for our citizens, and they can serve as a model for other states.

I also set forth a plan to develop a full-scale marketing and public outreach campaign designed not only to inform our citizens about the new resources available to them, but also to fight the stigma of addiction and let those suffering know that they are not alone; help is within reach. We put significant funding behind this campaign, which has allowed us to blanket our communities with our message on TV, radio, social media, and billboards.

In my State of the State, I also announced the formation of the Drug Abuse Control Task Force, which pulled together several members of my Cabinet, all of whom head up departments that have a significant role to play in combating this epidemic. I charged this Task Force with developing a multipronged, multi-agency attack on the addiction crisis, and it did just that. My Administration is working to implement the 40 recommendations set forth by the Task Force that touch on education, prevention, intervention, treatment, recovery, and reentry.

The work of the Task Force also inspired a broad initiative in New Jersey through which my Administration has committed approximately \$200 million to implement and expand 25 groundbreaking programs that aid the diverse population that suffers from addiction, including new and expecting mothers, high school and college students, those in need of housing, parents struggling to keep their families together, and individuals who are re-entering society from incarceration. One thing we know for sure about addiction is that it does not discriminate so we need a multi-faceted approach to help all those affected.

It is time now for the federal government to follow the lead of my state, and many other state and local governments who have begun to face this challenge head-on. In New Jersey, we are committing resources across all agencies and the federal government must do so as well if we are going to have a chance to win this battle. This cannot be just a health matter, just a criminal justice matter, or just a matter of educating kids about drugs; we need a robust and inclusive response.

As Chairman of the President's Commission on Combating Drug Addiction and the Opioid Crisis, I am proud to say that we have laid out a comprehensive, aggressive, and evidence-based plan for success. Our interim report set forth several practical recommendations, including the recommendation to declare addiction a national public health emergency which, as discussed, the President has already implemented. Our final report, which the bi-partisan Commission approved unanimously on November 1, 2017, incorporates our interim recommendations and sets forth dozens more, all of which are designed to treat addiction as a national priority.

The Commission's recommendations will help doctors, addiction treatment providers, parents, schools, patients, faith-based leaders, law enforcement, insurers, the medical industry, and researchers fight opioid abuse and misuse by reducing federal barriers and increasing support to effective programs and innovation.

In addition to the national public health emergency declaration, the Trump Administration has already taken several other significant actions:

The President has acted to remove one of the biggest federal barriers to treatment by announcing the launch of a new policy to tamper down the restrictive, decades-old federal rule that prevents states from providing more access to care at treatment facilities with more than 16 beds. These CMS waivers will take people in crisis off waiting lists and put them into a treatment bed and on the path to recovery. I am proud to say that New Jersey has received a waiver, and I urge all Governors to apply to CMS for their own waiver. This policy will – without any doubt – save lives. Governors across this nation are thankful that the President listened to our call for help.

In the interim report, the Commission called for prescriber education and enhanced access to medication-assisted treatment for those already suffering from addiction. The President acknowledged the need for these recommendations and directed all federally employed prescribers to receive special training to fight this epidemic. This was a bold step to deal with this issue.

The Commission recommended that the Department of Justice, which has already acted forcefully to stop the flow of illicit synthetic drugs into this country through the U.S. Postal Service, continue its efforts. The aggressive enforcement action being taken by the Trump Administration is critical in our efforts to reduce the rise of overdose deaths in this country.

National Institutes of Health (NIH) Director Dr. Francis Collins has been partnering with pharmaceutical companies to develop non-addictive pain medication and new treatments for addiction and overdose. The Commission worked with Dr. Collins to convene a meeting with industry leadership to discuss innovative ways to combat the opioid crisis. The Commission also held a public meeting to highlight the progress and innovation occurring today resulting from the NIH's work. This type of scientific progress is a positive step to stem the flow and help free the next generation from the widespread suffering addiction is causing today.

These actions demonstrate a clear commitment to combating the scourge of addiction, but they are just a start. The Commission's interim recommendations called for more data sharing among state-based prescription drug monitoring programs and recognized the need to address patient privacy regulations that make it difficult for health providers to access information and make informed healthcare decisions for someone who has a substance use disorder. We also recommended that all law enforcement officers across the country be equipped with life-saving naloxone.

Further, and here is an area where we need Congress to act, we recommended full enforcement of the Mental Health Parity and Addiction Equity Act to ensure that health plans cannot provide less favorable benefits for mental health and substance use diagnoses than physical health ailments. Statutory changes are needed for the Department of Labor to have enhanced penalty and enforcement powers directly against insurers failing those who depend on them for life-saving treatment. The Secretary of Labor testified he needs the ability to fine violators and to individually investigate insurers not just employers. The Commission agreed with Secretary Acosta. If Congress does not give him these tools, we will be failing our mission as badly as health insurance companies are failing their subscribers on this issue today leading to deaths.

The Commission also recommended an expansive national multi-media campaign to fight this national health emergency.

This campaign, including aggressive television and social media outreach, must focus on telling our children of the dangers of these drugs and addiction, and on removing stigma as a barrier to treatment by emphasizing that addiction is not a moral failing, but rather a chronic brain disease with evidence based treatment options. People need to be aware of the health risks associated with opioid use, and they must stop being afraid or ashamed of seeking help when facing their addiction.

As I mentioned, my State of New Jersey has joined many other states to undertake this media strategy with significant positive results. However, having a nation-wide campaign will serve to reinforce the message and ensure, for example, that youth and young adults no longer believe that experimenting with pills from a doctor is safer than experimenting with illegal substances from a drug dealer.

As part of its prevention recommendations, the Commission also called for better educating middle school, high school, and college students with the help of trained professionals such as nurses and counselors who can assess at-risk kids. Children have not escaped the consequences of addiction and our efforts to reduce overdose deaths must start early. The First Lady's dedication and leadership in helping our nation's children will make this a top priority and help save innocent young lives.

One of the most important recommendations in the Commission's final report is getting federal funding support more quickly and effectively to state governments, who are on the front lines of fighting this addiction battle every day. Bureaucracy, departmental silos, and red tape must not be accepted as the norm when dealing with funding to combat this epidemic.

Accordingly, we have urged Congress and the Administration to block grant federal funding for opioid related and SUD-related activities to the states. There are multiple federal agencies and multiple grants within those agencies that cause states a significant administrative burden from an application and reporting perspective. Money is being wasted and accountability for results is not as intense as it should be. Block granting them would allow more resources to be spent on administering life-saving programs. This was a request shared with me by nearly every Governor, regardless of party, across the country. And as a Commission that has three governors as members, all of whom know the frustration of jumping through multiple hoops to receive the funding we need, we wholeheartedly agreed.

Throughout the comprehensive recommendations of its final report, the Commission also identified the need to focus on, deploy and assess evidence-based programs that can be funded through these proposed block grants. Many of the recommendations acknowledge a need for better data analysis and accountability to ensure that any critical dollars are spent on what works best to fight this disease.

From its review of the federal budget aimed at addressing the opioid epidemic, the Commission identified a disturbing trend in federal health care reimbursement policies that incentivizes the widespread prescribing of opioids and limits access to other non-addictive treatments for pain, as well as addiction treatment and medication-assisted treatment.

First, individuals with acute or chronic pain must have access to non-opioid pain management options. Everything from physical therapy, to non-opioid medications, should be easily accessible as an alternative to opioids. The Commission heard from many innovative life sciences firms with new and promising products to treat patients' pain in non-addictive, safer ways; but they have trouble competing with cheap, generic opioids that are so widely used. We should incentivize insurers and the government to pay for non-opioid treatments for pain beginning right in the operating room and at every treatment step along the way.

In some cases, non-addictive pain medications are bundled in federal reimbursement policies so that hospitals and doctors are essentially not covered to prescribe non-opioid pain management alternatives. These types of policies, which the federal government can fix with the large entitlement programs, are a significant deterrent to turning the tide on the health crisis we are facing. The Commission has urged the President to direct HHS to fix it.

Second, as a condition of full reimbursement of hospitals, CMS requires that hospitals randomly survey discharged patients. HHS previously included pain question response information in calculations of incentive payment, but in 2017 thankfully abandoned this practice. However, all pain survey questions were not withdrawn from the surveys. The Commission recommended that CMS remove pain questions entirely when assessing consumers so that providers won't ever use opioids inappropriately to raise their survey scores. We urged the President to order HHS to do this immediately.

The expectation of eliminating a patient's pain as an indication of successful treatment, and seeing pain as the fifth vital sign, which has been stated by some medical professionals as unique to the United States, was cited as a core cause of the culture of overprescribing in this country that led to the current health crisis. This must end immediately.

Also contributing to this problem is the fact that HHS/CMS, the Indian Health Service, Tricare, and the VA still have reimbursement barriers to substance abuse treatment, including limiting access to certain FDA-approved medication-assisted treatment, counseling, and inpatient/residential treatment.

It's imperative that federal treatment providers lead the way to treating addiction as a disease and remove these barriers. Each primary care provider employed by the above-mentioned federal health systems should screen for SUDs and, directly or through referral, provide treatment within 24-to-48 hours. Each physician employee should be able to prescribe buprenorphine (if that is the most appropriate treatment for the patient) in primary care settings. The Commission urged the President to make this happen immediately.

A good example of this federal leadership occurred when Department of Veterans Affairs Secretary Shulkin, in response to the Commission's interim report release, immediately launched eight best practices for pain management in the VA health-care system. These guidelines included everything from alternatives and complimentary care, counseling and patient monitoring to peer education for front-line providers, informed consent of patients and naloxone distribution for veterans on long-term opioid therapy. I had the opportunity to visit with doctors and patients at the Louis Stokes Northeast Ohio VA Healthcare System and witnessed first-hand the positive results of a hospital that has embraced a different continuum of care for pain management. The VA doctors, which included behavioral health specialists, acknowledge and treat those with addiction in the full complement of ways the medical community would tackle other chronic diseases. Let's use these VA practices as an example for our entire healthcare system.

As was made clear in the Commission's recommendations, the Federal Government, including Congress, has a number of avenues through which it can ensure that individuals with addiction disorders get the help they need; including changing CMS reimbursement policies, enforcing parity laws against noncompliant insurers, promoting access to rural communities through such tools as telemedicine, and incenting a larger treatment workforce to address the broad scope of the crisis.

For individuals with a substance use disorder, ensuring life-saving access to affordable health care benefits is an essential tool in fighting the opioid epidemic. Let that sink in. Look at Indiana as an example. After Indiana used an insurance access program to rapidly respond to a rural, opioid-related health crisis, the Indiana Department of Health reported that such a program opened the door to life changing medical treatment.

The Commission recommended that a drug court be increased at the state level and established in every one of the 93 federal district courts in America. It is working in our states and can work in our federal system to help treat those who need it and lower the federal prison population. For many people, being arrested and sent to a drug court is what saved their lives, allowed them to get treatment, and gave them a second chance.

Drug Courts are known to be significantly more effective than incarceration, but 44% of U.S. Counties do not have an adult drug court. DOJ should urge states to establish state drug courts in every county. Further, drug courts need to embrace the use of medication-assisted treatment for their populations, as it clearly improves outcomes. The criminal justice system should accept that medication, when clinically appropriate, can lead to lasting recovery; abstinence-only sobriety is not the only path to recovery. Lastly, the Commission's recommendations identified multiple ways to reduce the supply of licit and illicit opioids and enhanced enforcement strategies. Recognizing the growing threat of synthetic opioids such as fentanyl, the Commission recommended enhanced penalties for trafficking of fentanyl and fentanyl analogues and called for additional technologies and drug detection methods to expand efforts to intercept fentanyl before entering the country.

Many other thoughtful, vital recommendations were included in the Commission's final report. These recommendations were informed by expert testimony provided during the Commission's public meetings, which included treatment providers and experts, pharmaceutical innovators and insurers. They also were informed by thousands of written submissions accepted by the Commission as part of its public process.

The Commission is confident that, if enacted quickly, our recommendations will strengthen the federal government, state, and local response to this crisis. But it will take all invested parties to step up and play a role: the federal executive branch, Congress, states, the pharmaceutical industry, doctors, pharmacists, academia, and insurers. The responsibility is all of ours. We must come together for the collective good and acknowledge that this disease requires a coordinated and comprehensive attack from all of us.

The time to wait is over. The time for talk is passed. 175 deaths a day can no longer be tolerated. Obviously, many of the Commission's recommendations will require appropriations from Congress into the Public Health Emergency Fund, for block grants to states and to DOJ for enforcement and judicial improvements. It was not the Commission's charge to quantify the amount of these resources, so we did not do so in our report.

The President has made fighting the opioid epidemic a national priority, and the country is ready to follow his lead. On behalf of the Commission, my state, my family, and our country, I urge Congress to do their constitutionally delegated duty and appropriate sufficient funds (as soon as possible) to implement the Commission's recommendations.

If at any point, you question the urgency and severity of this national crisis, I encourage you to watch the video of the Commission's final public meeting on November 1, 2017. At that meeting, the Commission was honored to be joined by individuals who have suffered through this crisis either personally or through a loved one. The Commission members and others in attendance listened with tears in our eyes to the heart-wrenching stories of personal suffering and the devastating loss of children to the ravages of this disease. If you are at all uncertain about the need for change, the importance of making this a national priority, and the absolute necessity of funding, you must experience

the stories that we experienced. And when you do, remember that, unfortunately, they are just a mere fraction of the heartbreaking scenarios that are playing out each day in our country because of this disease. And remember: there but for the grace of God, go I.

I want to thank this Committee again for providing me the opportunity to join you today to discuss this critical issue, and I am happy to take any questions.

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