

**Congress of the United States**  
**House of Representatives**

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**Opening Statement on ONDCP Reauthorization Bill**

**Ranking Member Elijah E. Cummings**

**May 23, 2018**

Thank you, Mr. Chairman. Before I start, I want to commend the Committee staff for all of their hard work on this bill. They have devoted many hours and an incredible amount of effort to this legislation. I want each and every one of you to know how much every Member of this Committee—Democrats and Republicans alike—appreciates your dedication.

The bill we are considering today is a good one. It would increase ONDCP's control over the budgets of agencies to help direct resources where they are needed most. It also would strengthen data collection and analysis.

In addition, I am also thankful that last night, Chairman Gowdy agreed to three additional proposals that I requested:

- (1) New Treatment Coordinator: For the first time ever, we will create a Treatment Coordinator within ONDCP. There is already an Interdiction Coordinator, and my proposal will help ensure that there is also someone to coordinate efforts to expand the availability and quality of evidence-based treatment. Creating this position is an important first step to enhancing ONDCP's focus on treatment, which is critical to effectively combating this crisis.
- (2) Additional Resources: In addition, we will ensure that ONDCP has the resources it needs to carry out not only its current responsibilities, but also the new responsibilities set forth in this legislation.
- (3) Model Standards for Treatment Facilities: Finally, we will require ONDCP, through an advisory committee, to develop and promulgate model standards for treatment facilities. We need evidence-based treatment, but right now, too many so-called treatment facilities are taking advantage of desperate families, charging outlandish prices, bilking insurance companies, and failing to help those in need.

I thank the Chairman for agreeing to my requests. With his commitments on these proposals, I support this bill and encourage my colleagues to support it as well.

With that said, I will continue to emphasize one key point. I know I may sound like a broken record, but this point is crucial.

Reauthorizing ONDCP is important to make sure our nation has a strategy to combat the opioid epidemic, but if we fail to dedicate significant new funding for treatment, our efforts here will be meaningless. They will be nothing but moving around the deck chairs on the Titanic.

Sadly, when I ask my Republican colleagues to support funding for treatment, here is what they say: “Sorry, our leadership says we can’t do that. Our leadership says we can’t spend any new money on the opioid crisis. Our leadership says we need to find an offset. Our leadership says we just don’t have the votes for new spending.”

With all due respect, these same Republican leaders just passed a \$1.5 trillion tax cut for the richest corporations and the wealthiest individuals in our country. And they didn’t pay for it. They didn’t find an offset for it. They rammed it through because it was a priority for them.

So while I support the bill we are considering today, let me address my Republican colleagues as directly as I can—from my heart.

I have spoken with many of you face to face, eye to eye. Just yesterday, Chairman Meadows told me about his own experience witnessing the pipeline of individuals struggling with addiction for years without adequate treatment—just to become part of the latest statistic on overdose deaths.

Others have shared with me very personal stories about your own constituents and even your own loved ones who are dying every single day. I know you understand that this is the most devastating health crisis we have witnessed in three decades, and it affects many of the souls you represent.

We may pass this bill today. We may pass it on the floor in June. We may work with the Senate to send some version of it to the President.

But then, the new fatality numbers will come out. They will show overdose deaths continuing to rise. They will show emergency room visits increasing again. They will show the economic costs of this crisis going through the roof in every state in the union.

Today, we cannot pat ourselves on the back and say, “job well done.” This is a fine bill, a good bill even. But this bill will not make a dent in the opioid crisis without increased funding for treatment.

For that, we need new leaders in Congress who are willing to put the priorities of the American people first. We need leaders like we had 30 years ago who supported treatment funding—on a bipartisan basis—to take on the greatest health crisis of their generation, the AIDS crisis.

As we move forward, I sincerely hope that we in this room will be among those new leaders. Because our country desperately needs them.

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