

Senator Maria Cantwell

May 23, 2024

Finance Committee Hearing on the Front Lines of the Fentanyl Crisis: Supporting Communities and Combating Addiction through Prevention and Treatment

Dr. Banta-Green Introduction

[\[AUDIO\]](#) [\[VIDEO\]](#)

Sen. Cantwell: Thank you, Mr. Chairman, and to Senator Crapo for having this important hearing. I'd like to introduce Dr. Banta-Green, a research professor in the School of Medicine at the University of Washington and adjunct research professor at the University of Washington School of Public Health.

He is also Director of the Center for Community Engaged Drug Education, Epidemiology, and Research within the Addictions, Drug, and Alcohol Institute. In his role, he leads research to generate evidence-based solutions to the opioid crisis. He also serves on local, state, and federal working groups, and committees related to interventions for those who use illicit substances.

In 2012, he served as Senior Science Officer for the Office of National Drug Control Policy in the Executive Office of the President, and I am confident that his experience in developing evidence-based treatment solutions for substance use will generate much needed insight during our hearing today.

Dr. Green participated in a roundtable that we had about treatment models, but his research on what are Community-Based Treatment Models and Health Engagement Hubs - I kind of say similar to how Senator Stabenow added mental health to the community on top of our already existing infrastructure, so it saved dollars.

But his research on these hubs have showed a 68% reduction in overdose deaths. So, to me, this is something we need to understand, see if we can implement this.

In King County, we lost [over] 1,000 people last year from opioid overdoses. So, I look forward to the discussion today on how we leverage these opportunities for community-based treatment so we can get something implemented as quickly as possible.

Thank you, Mr. Chairman.

Sen. Cantwell Q&A

[\[AUDIO\]](#) [\[VIDEO\]](#)

Sen. Cantwell: Thank you, Mr. Chairman. And thank you again to the witnesses.

Dr. Green, from 2022 to 2023, Washington state saw a 34% increase in drug overdose deaths, which is the single highest increase in the United States. And that overdose is now the leading cause of accidental death in our state, outnumbering firearms and car crashes. Out of a report, [on] drug overdose deaths in 2022, 70% involves synthetic opioids like fentanyl.

So I definitely appreciated your opening statement about this model that Washington State did as a demonstration program. It became impressive with the number of results ... it implies that if King County had those hubs in operation last year, the hubs could have saved over 600 lives.

But you're saying there's been a 68% reduction, I think, almost, to Dr. Perrone's point, you just made, that if you're not into the treatment, then you're not into a solution, basically, because it's such an addictive product.

So, one of the things that you discussed in your testimony was that low barrier community-based models and that bundled care basically solved two problems. One, it got people into immediate treatment, and got everybody else in the system, including the jails, to start this process with you. So basically, from the time of interaction with an individual, we now have them on a path to treatment. And then secondly, that that bundling of care with those care navigators also provided a support for the system.

My guess is, though, we don't have all the numbers from your result, we do have the information about how many lives are being saved. But my guess is that this also is cost saving. While it might sound that a bundled care payment, is, you know, similar to what Senator Stabenow has done on community-based care, but you're literally saving dollars, because now you're not seeing the same people over and over again, you're definitely not seeing them in the emergency room. You're definitely not housing them in our jails.

Could you speak to why this prospective payment model, I want to thank Senator Cassidy though, before you comment, because he's agreed to help us demonstrate this also at the federal level, he's done great work on methadone oversight, and trying to make sure that our clinic expansions on those issues. But could you talk about why this prospective payment system is so important?

Dr. Banta-Green: Yeah, as you're hearing, we really need to allow people to access care rapidly and stay engaged. The process of recovery for alcohol and cannabis generally takes about a year, per research from John Kelly. For opioids and stimulants, it's about three years. And during that process of recovery, people are often returning to use, they may continue to use substances.

So we need a place that people can start today and come back tomorrow, no matter what. Just like the woman I was describing in our program earlier, she kept coming back because she was treated well. We had another client tell us, "in previous treatment programs, when I relapsed, I didn't go back to treatment, because I knew they were going to kick me out. But this time, when I relapsed, I came back to care, because I knew you weren't, I knew you were going to keep caring for me."

So this model of care, this easy access no matter what, this open door while people work on building, their recovery over years, is really vital. And that takes the people and the place and it takes the model of care, it's all of those things together.

That stat to me is particularly exciting, because we hear these statistics around a 50%, or a two thirds reduction in mortality. This was a population that was largely unhoused. This was a very vulnerable population. And these statistics, the way we did our analysis is actually compared to other people who were in standard models of care and also got medications. So this reduction in mortality is really around high-risk populations, getting this complete model of care. And that's what's really exciting, and why we need to package those things together.

Sen. Cantwell: ... we're basically, though, tying into existing infrastructure, which is also the cost savings of the model.

Dr. Banta-Green: Right. And if you think about the cost savings, we're building on existing infrastructure, we're adding in things like nurse care managers and care navigators, which can be very difficult to bill for. There can be ways to bill for them in certain settings for certain types of conditions. But here, they need to be sort of universally folded into this bundle of services that are getting paid for, because they're the glue, they are the ones that are doing all of this face time.

There's been multiple research studies that have shown prescribers will see a lot more patients, they'll start seeing any patients and they'll see a lot more patients if they have these care supports, because it makes their job easier, and the patients do better.

Sen. Cantwell: So it's also, you're saying it's more streamlined. The whole system is streamlined.

Dr. Banta-Green: It's more streamlined – we haven't even talked about savings, you know, when you're actually able to intervene, test and treat someone's infectious diseases. I mean, there's a lot of things that we're doing here that isn't just treating the opioid use disorder. Opioid use disorder almost never occurs in a vacuum.

You know, if it's also the reason that we're able to bring people in who have mental health issues, who have infectious disease issues, we're going to realize those cost savings, they're no longer need to be stealing in order to obtain their substances. So there's lots of different ways that we obtain those cost savings.

Sen. Cantwell: Thank you. Thank you, Mr. Chairman.