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Hatch Statement at Finance Committee Hearing Examining the Opioid Epidemic

WASHINGTON – Senate Finance Committee Chairman Orrin Hatch (R-Utah) today delivered the following opening statement at a hearing examining the opioid abuse epidemic and its effect on Medicare and the child welfare system:

Today, we are here to discuss the very important issue of opioid abuse. Opioids are a powerful class of drugs prescribed to treat severe pain. When used appropriately, these drugs provide much needed relief to patients after a surgical procedure or during treatment for cancer.

Unfortunately, opioids also have qualities that make them addictive and prone to abuse. The goal of today's hearing is to help us gain a better understanding of why opioid use has risen dramatically in the past 15 years and how we can best curtail abuse.

Put simply, opioid abuse has become an epidemic and a significant public health problem.

While it puts serious strains on our health care system, including Medicare and other federal programs, the most devastating consequence of opioid abuse is the human impact. Opioid abuse takes a major toll on families and children often persisting for generations. The statistics are staggering.

Opioids are prescribed in such quantities that every adult in the United States could have a month's supply. Approximately, 7,000 people show up in an emergency room each day for treatment of problems associated with prescription opioid abuse. One opioid-related death takes place in our country almost every 30 minutes.

My home state of Utah has been hard hit by this epidemic. In 2014 alone, 289 Utahns died due to opioid abuse, which was more than half of all drug-overdose related deaths in the state.

The problem is even worse in other states. I am sure many of my colleagues will not only have numbers to share regarding their states, but have stories about individuals as well.

The good news is that there is wide recognition of the problem and shared interest in finding solutions.

A few weeks ago, the Senate Judiciary Committee unanimously reported the Comprehensive Addiction and Recovery Act, legislation sponsored by Sen. Portman. It is a good bill. I was pleased to vote for it in Committee and hope the full Senate will pass it swiftly and without unnecessary delay.

Today's hearing will focus on another good bill – one that is in the Finance Committee's jurisdiction.

As I mentioned, Medicare is not immune from the costs of opioid abuse. The Government Accountability Office, the Medicare Payment Advisory Commission, and others have identified it as a problem. Though only a relatively small number of beneficiaries are at risk, we owe it to those individuals, their families, and the Medicare program to do all we can to address this problem.

Senators Toomey and Portman have a very thoughtful bipartisan bill with Senators Casey and Brown that would provide Medicare with an important tool in the fight against opioid abuse. The bill will allow Medicare Part D prescription drug plans to work with at-risk beneficiaries to identify one physician to prescribe opioids and one pharmacy to fill all the opioid prescriptions. Having opioids prescribed by one physician instead of multiple doctors will result in better patient care and reduced abuse. It will also make it more likely that a beneficiary with a problem gets the help they need.

Nearly all Medicaid programs and private payers have such a prescription drug review and restriction, or "lock-in," program. I look forward to hearing more today about the success of these programs in Medicaid and how the Toomey-Portman bill would have a similar impact in Medicare.

The Toomey-Portman bill has bipartisan support on the Committee, with both Senators Brown and Casey acting as strong proponents. Establishing a lock-in program in Medicare is also supported by President Obama as it was proposed in the Administration's budget proposal.

I applaud Senators Toomey and Portman for their leadership on this legislation and I hope we can move it very soon.

Of course, the impact of the opioid epidemic stretches far beyond our health care system, touching on virtually all parts of the social safety net. Today, in addition to discussing the impact on the health care system, we'll hear more about the implications of these substance abuse crises for our child welfare system.

The current opioid epidemic is just the latest manifestation of an ongoing problem in child welfare. Whether it be the crack cocaine epidemic of the 1980's, the methamphetamine epidemic that has plagued many rural areas, or the current opioid crisis, we have seen time and again that the child welfare system is ill-equipped to deal with families struggling with substance abuse.

Instead of finding ways to get families affected by addiction the help and support they need to get and stay sober, the majority of federal dollars in the child welfare system are spent on removing children from their homes and placing them into foster care, which most have acknowledged is the least effective and most expensive outcome.

Children who are raised by the state in foster care face increased risks of substance abuse, homelessness, teen pregnancy, and other negative outcomes both while they're in the system and when they transition out as adults. And, in cases of untreated addiction, the cycle of addiction can persist for generations.

Senator Wyden and I have been working on bipartisan legislation that would provide states the flexibility to use federal child welfare funds to address issues of substance abuse and other risk factors. We're also talking with our colleagues over in the House, and I hope that we'll be able to get to a bipartisan/bicameral agreement on a path forward. Children and families are relying on us to take this important step.

Let me conclude by saying that the opioid epidemic is a complex problem that needs a multi-faceted solution. We will discuss at least opportunities to make a difference here today – the Toomey-Portman bill dealing with Medicare and our efforts with regard to child welfare.

Of course, these are not the only ideas out there. I am would be happy to hear about and consider any other ideas that might be within the Finance Committee's jurisdiction, so long as they are constructive and do not take an overly simplistic view of this serious and complicated problem.

I'd like to thank our witnesses for being here today to discuss this important to topic.

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