



FOR IMMEDIATE RELEASE

April 19, 2018

CONTACT: [Katie Niederee](#), [Julia Lawless](#)

202-224-4515

Hatch Opening Statement at Finance Hearing on Tackling Substance Abuse in Medicare, Medicaid

WASHINGTON – Senate Finance Committee Chairman Orrin Hatch (R-Utah) today delivered the following opening statement at the Senate Finance Committee hearing to address opioid and substance-abuse disorders in Medicare, Medicaid and human services programs:

I'd like to welcome everyone to today's hearing on tackling opioid and substance use disorders in Medicare, Medicaid, and human services programs.

I feel compelled to start with news that we all wish was untrue: more than 60,000 Americans died from a drug overdose in 2016. The majority of these overdoses involved prescription opioids or illicit opioids like heroin or fentanyl. These numbers are more than mere statistics. They represent our constituents, our friends, and our loved ones.

My home state of Utah continues to be hard hit. An alarming number of Utahns have undergone hospital stays and emergency room visits due to opioid overdoses. In 2016 alone, over 450 Utahns died from an opioid overdose.

Americans across the country recognize the challenges posed by the epidemic and are fighting against it.

President Trump and Secretary of Health and Human Services Alex Azar have made tackling the opioid epidemic a top priority, and I look forward to working with them to advance policy solutions.

Congress continues to support states and communities in their efforts, and has a record of working in a bipartisan manner to identify solutions that can have a meaningful impact for struggling individuals and families. I was proud to work with Ranking Member Wyden and other members of this committee to lead an effort that makes significant strides to address the opioid epidemic: the Family First Prevention Services Act, enacted in February.

This bill will provide states with access to funds to help families with substance abuse disorders and allow more children to stay safely with their families instead of being placed in foster care.

I'm also pleased that Congress wisely opted to build on the foundation of the Family First Prevention Services Act in the March omnibus law by providing states with additional funds to ramp up these services immediately. This will allow states to develop more evidence-based services that will make a real difference in the lives of families affected by substance use disorders.

The federal government cannot solve this crisis alone, but my hope is that we can work together to ensure that our federal programs, such as Medicare, Medicaid, and human services programs are innovative and responsive to the needs of Americans with chronic pain or opioid use disorders.

Ranking Member Wyden and I have successfully partnered to make numerous recent improvements in health care. We worked together to realize a ten-year extension of the Children's Health Insurance Program. We pushed through a package of policies, known as the CHRONIC Care Act, that improve Medicare for beneficiaries with chronic conditions.

I'd be remiss if I didn't point out that none of these accomplishments would have been possible without the bipartisan engagement of members on this Committee.

Identifying policies to evaluate and improve the federal response to the opioid epidemic will be no different, and the success of these efforts will depend upon bipartisan, committee-wide support.

Today, members will have an opportunity to speak with two of the administration's leading experts on opioid-related policies; how Medicare, Medicaid, and human services programs can adapt and be improved to address the crisis; and what this administration and Congress can do to save lives together.

It is my hope that members take advantage of this hearing and the expertise of our two witnesses to drill down into policies that are likely to garner bipartisan support to help this Committee advance its long record of working together collaboratively. Anything less would be a missed opportunity to help individuals, families, and communities across the nation.

In fact, through outreach to stakeholders and soliciting input from each member of the committee, we've already identified areas of potential bipartisan support. These include the need to evaluate access to and utilization of non-opioid treatment options for managing pain;

enhancing data-sharing to promote appropriate healthcare interventions and strengthen program integrity; and ensuring evidence-based care is available for patients to identify and treat opioid use disorders.

In closing, my view is that the committee must do all it can to prevent and relieve opioid-related suffering by implementing effective policies in Medicare, Medicaid, and human services programs. We have a unique opportunity to do so in the near term.

We'll hear the Ranking Member's thoughts on this momentarily, but I do hope that he agrees on the need to work toward bipartisan solutions that would add to the Committee's long list of bipartisan health care accomplishments.

The witnesses will get a proper introduction shortly, but I would like to briefly say a few words before I have to attend a Judiciary Committee markup.

First, I'd like to welcome Dr. Brett P. Giroir. His recent appointment as Secretary Azar's point-person on opioid policy speaks highly of his capabilities. I am grateful that the Finance Committee will be the first Congressional Committee to hear from him in this capacity.

I am also delighted to have CMS' Kim Brandt appear before the Committee today.

Ms. Brandt likely needs no introduction to my fellow Committee members, as she served as a senior member of my staff for six years before assuming the role of Principal Deputy Administrator for Operations at CMS last year.

I would like to quickly say that, while I certainly gave my blessing to Ms. Brandt before she moved on to a CMS leadership role, it was difficult for me to see Kim go.

I ask that you all indulge a point of personal privilege to allow me to explain why. I no longer get those uplifting visits from her puppy, Sherlock.

And those incredible cookies and other goodies she frequently provided to members and staff are now much harder to come by.

But I am glad to know that Kim is helping to steer the ship at CMS. Truly, it could not be in better hands. As we all know, Kim served me and the other members of this Committee—on both sides of the aisle—with great distinction. And I'm glad to have her here today.

###