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Wyden Statement at Finance Committee Hearing on Fentanyl and Combating Addiction through Prevention and Treatment

As Prepared for Delivery

This morning the Finance Committee gathers to discuss the scourge of the deadly synthetic opioid fentanyl. Fighting fentanyl requires fitting all of the pieces of the puzzle together. Already this year, Congress has acted to disrupt the flow of fentanyl from other countries like China, thanks to the work of Senator Brown.

Today, the Committee is looking at how the health care piece fits in. These health care issues have not had the attention they deserve. Senator Cantwell has been leading the way in our region, and I want to thank her for her attention to this issue. This epidemic has hit communities like a wrecking ball, especially in the Northwest in recent years. The health care puzzle piece is about people - real people - whose lives have been ripped apart by the devastating disease of addiction.

I'm going to focus on a few areas that need attention. First is prior authorization.

Only one in five Americans receive life-saving medication treatment for opioid use disorder - despite evidence that it works. Two months ago, Congress passed a law that I championed requiring state Medicaid programs to cover "medication-assisted treatment" or MAT on a permanent basis, which is the gold-standard treatment for opioid use disorder. I'm very concerned that big health insurers like UnitedHealth and Aetna that contract with Medicaid are using "prior authorization" at high rates and that is causing delays and denial of this treatment.

In the context of the opioid epidemic, prior authorization can be the difference between life and death. If someone walks in for treatment for their opioid use disorder, and gets stymied by prior authorization, they may never return, dying from an overdose before the prior authorization is approved.

Last fall, I launched an investigation looking into how these insurance companies are ripping off patients and taxpayers in Medicaid by using the program as a piggybank through tactics like prior authorization. As patients suffer and these mega corporations post record profits, they are also dragging their feet providing the Committees with answers about these tactics. These multi-billion dollar companies owe answers to taxpayers about how these Medicaid dollars are being used.

Now I'd like to talk about opioid use disorder treatment for individuals that are coming out of prisons and jails. I have heard from law enforcement officials in rural Oregon time and time again that these individuals need to be able to receive adequate treatment for this disease during and after their sentence.

Making these reforms is common sense. States are working on their own initiatives to support access to care for people before coming out of incarceration who need uninterrupted care, including my state. I'm working with state legislators like Pam Marsh from Southern Oregon and sheriffs across the state to get this done. These reforms are a start towards being responsive to what law enforcement officials are asking for: getting people help for their addiction before they get out of jail so they don't come back.

Let's wrap up by talking about prevention and thoughtful approaches to pain management. More needs to be done to head off opioid use in the first place and encourage more non-opioid pain management to be used in American health care. There are promising new therapies in development that block pain signals rather than flooding receptors in the brain with opioids that create an addictive feedback loop. Members of this committee will be watching the development of these therapies closely, and looking for ways to accelerate their entry into the health care system if they prove to be safe and effective.

Every single member of this committee knows the anguish and pain that opioids bring to our communities from coast to coast. I look forward to hearing from our witnesses and members of this committee about how to tear down the remaining barriers to treatment, save lives, and get struggling Americans the help they need.

A web version of this statement is [here](#).

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