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## **Wyden Statement at Finance Committee Markup of the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act** *As Prepared for Delivery*

The Finance Committee convenes today to vote on a package of health proposals that represents key bipartisan initiatives undertaken by this Committee and achieves four goals: expanding access to mental health care and mental health parity for Americans with Medicare and Medicaid coverage; further reining in the shadowy tactics by pharmacy benefit managers that hurt community pharmacies and drive up prescription drug costs for seniors and taxpayers; extending essential Medicaid and Medicare provisions that expire this year; and shoring up Medicare payments to physicians.

I thank Senator Crapo for partnering on this package, and I thank every member of this Committee who has worked diligently to advance this important work. I'd like to say a few words about each goal I outlined before we begin the proceedings.

First, with this package, the Committee will tackle unfinished business working to guarantee that Americans everywhere can get the mental health care they need when they need it. As I travel my home state holding open-to-all town meetings, I continue to hear firsthand just how badly people – and in particular young people – are struggling, and they are not alone. One-third of Americans have suffered or have a family member who has suffered a mental health crisis. Yet, the U.S. Surgeon General, Dr. Vivek Murthy, testified in this Committee that Americans experience an 11-year gap between the time they first experience symptoms of a mental health condition and when they finally get treatment. And then there is the substance use disorder crisis in America. Overdose deaths in this country hit a new high in 2022, fueled by the rise of fentanyl use.

In response, this Committee got to work – with hearings, requests for proposals, and bipartisan working groups. Last year, nearly 20 mental health proposals developed in the Finance Committee were passed and signed into law. The proposals we authored included: measures to get more mental health counselors for kids in both schools and through telemedicine. More resources for community behavioral health centers. New benefits that cover family therapists in Medicare and funding to train new doctors, including psychiatrists.

Today, the Finance Committee builds on our record with additional mental health measures. For example, this Committee has been working to stamp out ripoff “ghost networks” to make sure provider directories from Medicare Advantage plans are up-to-date and accurate. “Ghost networks” will be a

thing of the past with the consumer protections in this bill – because insurers will have to actually cover the mental health providers listed in their directories. In this package, we also will get help to more young people struggling with substance use disorders. We’ve made it easier for states to provide continuity of mental health and substance use disorder care for people in the justice system who haven’t yet been convicted of a crime. We’ve included several provisions to help states work with neighboring states to expand telehealth for mental health providers so that more practitioners can offer their services across state lines, and we increase the kinds of providers serving seniors in Medicare so that counseling services to support mental health are more widely available.

Second, this package builds on our markup in July when we voted 26-1 to modernize federal prescription drug programs and put a stop to PBM practices that drive up drug costs for seniors and taxpayers. As part of that proceeding, Senator Crapo and I agreed to continue working with the Congressional Budget Office and members of this Committee on additional PBM proposals that did not have CBO scores in July.

The Committee will consider these additional proposals today. They are groundbreaking efforts that will protect community pharmacies from predatory PBM tactics and lower out-of-pocket costs for chronic disease drugs. The package will also further root out middlemen tactics that drive up health costs for patients and taxpayers. These measures steer America’s prescription drug market towards a state of rationality where the incentives are always to have lower costs for patients and taxpayers.

Senator Crapo and I also agreed to continue working with CBO on a proposal that’s not included in today’s package – a proposal from Senators Lankford and Menendez that would make lower-cost biosimilars more accessible to seniors under Medicare Part D. We await CBO scoring of this proposal, and we will have more to say about this proposal during the markup.

Third, this package extends provisions of law that are set to expire this year. Importantly, it averts cuts to safety net hospitals that treat low-income patients in every one of our states, and it provides another year of bonus payments to physicians who move away from the practice of “fee-for-service” medicine toward value-based care.

Fourth, this package provides a one-year increase to Medicare physician payment. Our goal is to shore up Medicare’s effort in 2024 to boost payment for primary care. Next year, the Finance Committee will take a deeper look at Medicare physician payment as several provisions in current law need to be re-examined. In doing so, let’s keep in mind that each year the United States spends more than four trillion dollars on health care – too much is frittered away on middlemen, yet a large share is spent on chronic diseases that afflict 1 in 3 Americans today. Rooting out inefficiencies of middlemen and better serving the health needs of people with chronic illness must be our north star.

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