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Wyden Statement at Finance Committee Hearing on Opioids
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Thank you, Chairman Hatch. As the committee that's required to pay for the most important health programs in the nation, the Finance Committee needs to do its part to address the opioid crisis. In the coming years, Medicare and Medicaid are expected to account for over a third of substance abuse-related spending. That amounts to billions and billions every year. Any solution that's going to stem this tide needs to include the Finance Committee and our bedrock health programs.

Americans today are paying for a distorted set of priorities – people are getting hooked on opioids, there's not enough treatment, and enforcement is falling short. That sounds like a trifecta of misplaced priorities to me, and the Finance Committee has the opportunity to develop fresh policies to start righting the ship.

As one listens to the current debate on opioids, there is a sense that policymakers will have to choose between two solutions. One approach is tough enforcement, which means cracking down on pill mills, fraudsters bilking Medicare and Medicaid with unneeded prescriptions, and unscrupulous abusers doctor-shopping for their next bottle of pills. Others want to focus on more social services. My own view on what's needed is a better approach that includes three things: more prevention, better treatment, and tougher enforcement. True success will require all three to work in tandem.

When it comes to preventing addiction, any discussion has to include how these drugs are prescribed in the first place. In Oregon last week, I heard about the "prescription pendulum" – where doctors were once criticized for not treating pain aggressively enough, and today they are being criticized for prescribing too many opioids to manage pain. So let's look at how to get that balance right.

The Centers for Disease Control and Prevention is trying to break new ground with their guidelines for prescribing opioids. Along with better prescribing practices, there needs to be more responsible marketing practices by opioid manufacturers. I'm pleased that we're joined today by David Hart, with the Oregon Attorney General's office, who will be able to discuss his considerable experience in this area.

I am also concerned about the influence the manufacturers have on medical prescribing practices. I've sent an inquiry to Secretary Burwell to ensure any potential conflicts of interest have been properly disclosed for members of government panels who are evaluating CDC's guidelines, as a result of funding they receive from drug manufacturers. Doctors ought to have the best information on prescribing these powerful drugs without undue influence from the companies that are manufacturing them.

In my view, a key piece of the puzzle has to be prompt and effective treatment of those who are dealing with an addiction to opioids. A prerequisite for any lasting solution needs to include improving access to addiction treatment and mental health services – something that's very important for rural and under-served communities. It's no coincidence these areas have some of the highest rates of abuse and overdose in the country.

Mental health and treatment for addiction have gotten short-shrift for too long, and it's high time for a change. For example, the Finance Committee could also be taking a look at what's called the IMD exclusion – an out-of-date policy from the 1960s that says services, like rehab or some emergency mental health stays in an inpatient setting, can't be covered by Medicaid. That's a big policy change that should happen, but finding the vast sums needed for these services will be uniquely challenging.

So Congress has to make some tough choices to solve this crisis. If prevention and treatment aren't addressed up front, the costs to come will be even higher: Pregnant mothers giving birth to opioid dependent babies. EMTs and emergency rooms dealing with overdose calls every night. County jails taking the place of needed substance abuse treatment. Able-bodied adults in the streets instead of working at a family-wage job. America's tax dollars should be spent more wisely, and it's my hope the Finance Committee can take the lead to find the right mix.

There is an example of how to do this right. The Committee is working in a bipartisan way on a proposal to get parents and kin care providers the kind of help they need to keep children safely out of foster care when addiction strikes a family member.

A parent's drug addiction is becoming a growing reason for removing children from their homes and placing them in foster care. A recent Reuters investigation found that on average, a baby is born opioid-dependent every 19 minutes. Using hospital records, the reporters found there were more than 27,000 drug-dependent babies born in 2013.

Many of these babies will enter the foster care system. In fact, as the Committee will hear from Dr. Young, infants made up the largest group of children placed in out-of-home care in 2014, and growth in the share of infants entering care is a trend that has been consistently increasing over the past several years. Protecting these babies and their siblings is, in part, going to mean getting better help, and treatment, for the moms and dads in these situations.

The Chairman and I are engaged in a very active effort to address these daunting challenges with our Family First Act which would help prevent unnecessary foster care stays through programs like evidence-based substance abuse treatment, reduce unnecessary congregate care stays, and put in place stronger protections to keep kids in foster care safe. It's about making sure the system works better for the children, and I hope the committee is able to act soon.

As I spent the last week travelling around my home state – from Medford to Eugene to Portland, the message on opioids was clear: this epidemic is carving a path of destruction through communities all across the country. Oregon has the dubious distinction of ranking fourth worst for abuse and misuse of opioids in the country. In my home state, citizens will not accept being fourth worst. And I know from talking with many of my colleagues that every state is dealing with this crisis as well.

One story out of the many I heard was especially devastating. I spoke with a parent who told me about high school athletes struggling with addiction to these medicines. When I played basketball in my younger years, there was never any talk in the locker room about "opioids." Now, the next generation of young people are getting swept up in a crisis beyond their control.

Thank you to our witnesses for coming before the committee today, and in particular I want to thank David Hart for flying all the way out from Oregon to speak about some of the important work he's done to curb improper marketing practices and help establish a comprehensive program to deal with this epidemic in our state.

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