

Thank you, Chairman Walden and Ranking Member Pallone for this opportunity to speak about the opioid addiction crisis in Minnesota.

Minnesota is like the rest of the United States in and unfortunately, it is suffering with addiction to and death from opioids.

It's a crisis tearing families apart through addiction and death and the numbers are only getting worse. Minnesota saw a 12 percent rise in 2016 over 2015-with 376 opioid related deaths. The crisis affects Minnesotans of all backgrounds in rural communities, big cities, and suburbs. In April 2016, in my hometown of Chanhassen, we saw the passing of music legend Prince due to an opioid overdose.

In Minnesota, there are 50 opioid prescriptions written for every 100 patients that visit our doctors. Clearly we need to change the culture in our delivery of care to stop the flow of opioids when there are proven alternative types of treatments that may not require those prescriptions.

When someone requires surgery for back pain, they can choose between minimally invasive surgery or the standard surgery that requires a long post-surgery stay in the hospital and powerful pain killers. One way to reduce the dependency on opioids is to use procedures that are minimally invasive and so do not require long hospital stays and opioids to dull the pain from other invasive procedures. An example is minimally invasive sak-roh-il-ee-ak joint, or SI fusion, which has been shown to reduce the need for dangerous pain killers.

Unfortunately, some private insurers don't cover this procedure, forcing people to choose the standard surgery that requires addictive opioids for pain management. Instead of simply prescribing a drug for the pain, providers should look to other therapies and insurers should proactively cover those therapies so that people are given more choices to manage their pain. We must hold providers and patients accountable, and encourage insurers to cover more types of procedures.

The opioid crisis also affects businesses, many times our local pharmacies. According to the DEA, in 2014 there were 16 armed robberies involving stolen opioids at Minnesota pharmacies. Last year, that number doubled. People get hurt and die during these crimes, dangerous drugs are put on the street, businesses have to close their doors because of safety concerns and communities lose vital resources and neighbors because of addiction and the crime that goes with it.

Earlier this year, I spoke to a mother Maple Grove, MN whose son bought carylfeentanyl online, consumed it, and died. We must increase funding for safety resources for addicts and train law enforcement officers to spot, and stop opioid-related crime. Our communities depend on access to health care, but we must do something to reduce the crime and death associated with opioid addiction if we are going to help people get and keep the care they need.

I thank you again Mr. Chairman and Ranking Member Pallone for allowing me this opportunity and I look forward to working with to come up with more bipartisan solutions to the problems associated with opioid addiction.