

**STATEMENT OF  
THE HONORABLE JACKIE WALORSKI  
INDIANA'S SECOND DISTRICT  
BEFORE THE  
SUBCOMMITTEE ON HEALTH  
COMMITTEE ON ENERGY AND COMMERCE  
U.S. HOUSE OF REPRESENTATIVES**

**October 11, 2017**

Thank you Chairman Burgess and Ranking Member Green for holding this hearing on the opioid crisis.

America is facing two inter-related public health epidemics: chronic pain and opioid addiction, misuse, and abuse. A long-term solution to the opioid epidemic will not be achieved without addressing the challenge of appropriately treating chronic pain. According to the Institute of Medicine (IOM), 100 million Americans suffer from chronic pain. Pain is the number one reason why Americans seek health care, the number one cause of disability, and costs the US economy more than \$600 billion in direct healthcare costs and lost productivity. The veteran population is particularly impacted by the chronic pain crisis with more than 50% of VA patients reporting chronic pain.

Thousands of lives are lost to both opioid-related overdose and chronic pain-related suicide. Reducing the supply of or access to opioids will not, by itself, solve this crisis. Currently, 80% of heroin users started with prescription opioids. We must reduce demand for them by more effectively treating chronic pain, and providing better access to FDA-approved non-opioid pharmaceuticals, advanced medical devices, and integrated alternative therapies.

As we look to develop policy, we should:

1. Recognize the importance of a multi-disciplinary approach to pain management as a key component of overcoming the opioid crisis. Chronic pain is pervasive and largely unaddressed public health crisis. Solving it is a crucial part of solving the larger opioid epidemic.
2. Promote cutting edge pain research to encourage effective opioid alternatives. High-quality evidence is urgently needed to help clinicians and patients make informed decisions about how to manage chronic pain safely and understand the causes and mechanisms of chronic pain.
3. Advance best practices in pain management in Medicare. Currently 1 in 3 Medicare beneficiaries are prescribed an opioid. The GAO should conduct a study of the coverage options for evidence-based pain management. In addition, there should be a study conducted on the Graduate Medical Education program on the training and education that providers receive regarding pain management.

I hope these ideas will be helpful in future policy discussions to reduce the abuse of opioids in our communities. Thank you for the time and I yield back.

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