

**Committee on Energy and Commerce**

**Opening Statement**

**of**

**Subcommittee on Health Ranking Member Gene Green**

***Combatting the Opioid Crisis: Improving the Ability of Medicare and Medicaid to Provide Care for Patients***

**April 11-12, 2018**

Thank you, Mr. Chairman.

This is the third in a series of hearings on the opioids epidemic and its impact on individuals, families, and communities in our nation. Our committee has heard from federal agencies and stakeholders on the terrible cost of opioids abuse, which takes the lives of 115 Americans each day and is estimated to cost our national economy over \$78 billion dollars annually.

Today's hearing will focus on the role Medicaid and Medicare play in providing health coverage for Americans in need of comprehensive treatment and recovery services.

Medicaid is the largest payer for behavioral health services – mental health and substance use disorder, or SUDs, in the United States. Medicaid delivers care to 4-in-10 nonelderly adults with an opioid use disorder. Nearly 12 percent of adults enrolled in Medicaid have a SUD. Adults on Medicaid are more likely than other adults to receive substance use disorder treatment.

Medicaid plays a critical role for children either suffering from substance use disorder or born with Neonatal Abstinence Syndrome (NAS). Medicaid covers more than 80 percent of NAS births nationwide.

Medicaid expansion, provided under the Affordable Care Act, has played a critical role in providing comprehensive coverage for Americans suffering from substance use disorder who live in the 31 states that have expanded.

Data recently published by the Center on Budget and Policy Priorities found that under the Medicaid expansion, the uninsured rate among people with opioid-related hospitalizations fell dramatically in states that expanded – from 13.4 percent in 2013, the year before expansion took effect, to just 2.9 percent two years later. For example, after Kentucky expanded Medicaid in 2014, Medicaid beneficiaries using substance use treatment services in the state rose by 700 percent.

My home state of Texas, and 18 other states, continue to refuse to expand Medicaid, denying millions of Americans the comprehensive services and continuum of care necessary to

April 11-12, 2018

Page 2

treat and recover from opioid addiction and other substance use disorders. Medicaid expansion includes substance use services as a mandatory benefit.

The reality is that if folks want to save the lives of these individuals, we have got to focus first on getting these people health insurance so they can access treatment.

Continuity of comprehensive health insurance makes the difference between life and death. Two weeks ago, the Texas Department of State Health Services released a report that found opioid overdoses as the leading cause of death for new mothers in our state, with most occurring after a pregnant woman's Medicaid benefits end 60-days after delivery.

Last year, I introduced the Incentivizing Medicaid Expansion Act, H.R. 2688, in order to incentivize states to provide critical Medicaid coverage for Americans in need and to avoid the kinds of tragedies that have led to the rising rate of maternity mortality in my home state.

My legislation would guarantee that the federal government covers 100 percent of expansion costs for the first three years for states that have not yet expanded and no less than 90 percent afterwards.

Medicare also plays an important role in the opioids crisis. According to SAMHSA, more than 1 million seniors suffered from substance use disorders in 2014.

While Medicare Part B and Part D provide SUD treatment services, there are significant gaps in Medicare's benefits, including no coverage for substance abuse treatment at opioid treatment programs or methadone clinics.

We also need to ensure that Americans on Medicare are not overprescribed opioids. HHS's Office of the Inspector General found that more than 500,000 Part D beneficiaries received high amounts of opioids in 2016, with the average dose far exceeding the manufacturer's recommended amount. Additionally, nearly one-third of beneficiaries in Medicare Part D received an opioid prescription in 2016.

Before closing, I need to voice my concern over the number of bills and discussion drafts being considered for this hearing – 34 in total.

Never in my time on the Energy and Commerce Committee have we had a legislative hearing on so many bills and drafts.

Combined with the bills and discussion drafts from the two previous opioid hearings, we are looking at over 70 pieces of legislation.

I am concerned that the Majority is planning to markup legislation later this month that has not been fully vetted by our staff, stakeholders, and the appropriate federal agencies.

April 11-12, 2018

Page 3

The opioids crisis is hitting communities throughout America, regardless of location or political affiliation. We can and must advance opioids legislation in the bipartisan manner that the American people deserve.

I ask for the Majority to work with us, provide the necessary time to vet legislation being considered, and ensure the anticipated markup will not become a partisan exercise.

Thank you and I yield the remainder of my time.