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RANKING MEMBER FRANK PALLONE, JR.
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CONTACT
CJ Young – (202) 225-5735

Pallone Remarks at Opioid Legislative Hearing

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Washington, D.C. – *Energy and Commerce Ranking Member Frank Pallone, Jr. (D-NJ) delivered the following opening remarks today at a Subcommittee on Health hearing on "Combating the Opioid Crisis: Improving the Ability of Medicaid and Medicare to Provide Care for Patients:"*

Thank you, Mr. Chairman. Today's hearing is the third in a series of hearings to address the opioid and substance abuse crisis that is ravaging communities across the country. Our focus today is on the role of the two largest public health insurance programs in the country, Medicaid and Medicare.

A lot needs to be done to address this epidemic, but we should focus our time on what is most meaningful and impactful. While I support addressing this crisis through a bipartisan process, I am concerned that the sheer quantity of bills before the Committee today and the Chairman's extremely ambitious timeframe will not leave us much time to get these policies right. Today we will discuss 34 bills in one two-day hearing, the vast majority of which the members of this Committee have seen for less than a week. I am concerned that many of the proposals have not been introduced, and most have not had the benefit of technical assistance or a CBO score. In fact, CMS' own testimony today doesn't discuss any of the bills under consideration.

At times, to me, this process feels more like an opioids media blitz than a thoughtful discussion about our national public health crisis. This is not the deliberative process that the members of this Committee and the American people deserve.

With that important caveat aside, I will say that many of the proposals we are examining today have merit and strive to address a number of policy problems that Medicaid and Medicare face in combating the opioids epidemic. In Medicaid, we are considering legislation that would strengthen the continuity of coverage that people receive—particularly

vulnerable populations like adults and children leaving the justice system and former foster youth. We know that the best way to combat the opioids crisis is for people to have access to strong and consistent health coverage that provides the treatment they need. We also will hear about policies that invest in our providers on the ground and our state Medicaid infrastructure, help states to build on what works, like Medicaid health homes, and promote new models of care to expand treatment capacity of providers.

We are also looking at complex issues related to how our Medicaid programs track and dispense prescribing of opioids, and relieving barriers to lifesaving treatment, like Naloxone and MAT—and I think we could do even more in that area. There are bills to improve quality and data on how this crisis impacts Medicaid that will be important to know in the coming years.

Finally, there is legislation related to repealing the so-called IMD exclusion for a five-year period. Medicaid IMD's are one very important piece of the treatment puzzle that states are incorporating into their delivery systems already through Medicaid's special Substance Use waivers. This is an example of a bill that needs a very thoughtful approach, so we do not hurt the efforts that are already occurring in states today.

We are also considering legislation regarding the role of Medicare Parts B and D to address the rising epidemic of opioid over-prescription and misuse among seniors. For example, we will discuss legislation under Medicare Part B to expand opioid disorder treatment options through telehealth and also legislation under Part D to ensure "e-prescribing" is utilized when prescribing controlled substances. We will also discuss legislation to create an Alternative Payment Model to incentivize the delivery of high-quality, evidence-based opioid treatment services for Medicare beneficiaries. These bills are important because evidence suggests that opioid use among older adults is a significant and growing problem. According to the OIG 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.

I want to be clear though. This Committee must focus on meaningful proposals that will address the opioid crisis. I intend to oppose any bill that has nothing to do with opioids, that may make the problem worse, or that are simply not ready and vetted in the time that we have allotted to us. Our policy goal should always be to first "do not harm" and without the proper time to vet the legislation before us, I cannot be sure that we are meeting that goal.

For instance, I have significant concerns regarding one of the discussion drafts, to add a pain assessment to the Welcome to Medicare physical. While well-intentioned, I am concerned that this bill could actually exacerbate our opioid crisis. I have heard from numerous stakeholders in the medical community that a similar approach adopted by the Joint Commission in 2001 to treat pain as a "fifth vital sign" actually contributed to the opioid epidemic. By requiring healthcare providers to ask every patient about their pain, and incentivizing aggressive management of pain, these measures may have resulted in the overprescribing of opioids.

I hope to work with my colleagues to address these concerns so that we can all support concrete and thoughtful legislation that will actually help address the opioid crisis.

Thank you, I yield back.

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