



FOR IMMEDIATE RELEASE

Contact: Taylor Harvey (202) 224-4515

April 19, 2018

Wyden Statement at Finance Committee Hearing on the Opioid Epidemic
As Prepared for Delivery

Thank you, Chairman Hatch, for convening this vitally important hearing, which gives the committee an opportunity to examine the opioid issue while it works on bipartisan legislation under the chairman's leadership. I'm going to have some comments on that process in a moment, but here's where I want to begin my remarks.

It is long past time to get the opioid executives before this committee, have them raise their right hands, and hold them accountable for their role in creating a public health calamity that is killing tens of thousands of Americans each year.

Some years ago, I participated in a House hearing where a panel of tobacco executives said under oath that their products were not addictive. And in my view, there's a clear parallel you can draw to this issue today.

Back then it was tobacco companies that concealed the dangers of their products and denied they were addictive. Now it's the opioid companies, including those that manufacture the drugs and those that distribute the drugs, that have misled the country about the dangers of their products. The opioid executives, however, have avoided the spotlight that Congress put on the executives of the big tobacco companies.

That has got to change, colleagues. The executives need to be brought before this committee and held accountable. Flooding American communities with these drugs is big business, and so-called "safer" opioid pills keep the cash registers ringing. Congress would be derelict in its responsibilities if it pretends there is no profit motive or corporate scheming behind this addiction crisis.

In 2015, more than 52,000 Americans died of a drug overdose. In 2016 it increased to 64,000. In 2017, it was 71,000. There's a tragic and well-documented pattern of opioid addiction escalating into abuse of heroin and fentanyl. Now an even stronger narcotic called is spreading. Carfentanil is supposed to be used as a sedative for elephants. It's so potent and dangerous, first responders are advised to wear hazmat suits when they're around it. That's the horrifying level of danger plaguing our communities as a result of this epidemic.

Those of us looking for answers also have to deal with the paradoxical reality that cutting down the supply of opioids too sharply could drive even more people to heroin and other drugs, leading to even more overdose deaths. There is no easy way out of this crisis.

With that said, I believe Congress has an opportunity to take bipartisan action. For example, there must be a way to address what I call the “prescription pendulum.” Doctors used to be criticized for prescribing too conservatively. Now they’re criticized fairly for prescribing too much. There’s got to be a safer middle ground.

I remember a case from my days as the head of the Oregon Gray Panthers. A gentleman called me and said his 92 year old father was in pain and couldn’t get a prescription. Ninety-two years old, and his doctor said “No no no, the risk of addiction is way too high.” Compare that with the fact that today, one in three Medicare patients has a prescription for opioids.

I’ve also heard powerful, agonizing stories from parents in Oregon who’ve lost children to this epidemic. At a roundtable, I met Kerry Strickland, who lost her son, Jordan, to an overdose. Jordan was a star athlete in the tiny Columbia River town of Knappa. When he suffered an injury, he was prescribed opioids. He started using heroin, and for years he struggled in the battle between addiction and recovery. I went to school on a basketball scholarship myself. It’s heartbreaking to hear these stories, which are far too common. I’ve heard them in every corner of my home state, in communities of all stripes.

Here on this committee, under Chairman Hatch’s leadership, there is bipartisan interest in finding new legislative proposals to help make a difference. And the chronic care legislation that just became law shows that this committee can work together on the big health policy challenges. So the chairman and I are working with every member to identify meaningful policies that can achieve broad, bipartisan support. Colleagues on both sides have done a lot of work on this issue. On our side, Senator Brown has been tireless. And I particularly want to mention how fortunate the committee is to have the senior Senator from Missouri on our roster. Nobody has outworked Senator McCaskill when it comes to investigating how this crisis came to be and how to hold accountable those who are responsible.

Particularly important to this committee is the vital role Medicaid plays in treatment. Four out of ten working-age Americans suffering from opioid addiction rely on Medicaid. It’s the largest source of funding for treatment in the country, so in my view, Medicaid is going to be a key part of any solution.

The landmark reforms to our child welfare system that this committee led on a bipartisan basis, the Family First Act, are also going to help curb this epidemic. Family First is all about keeping families together whenever possible. So under the law, if a parent is swept up in opioid addiction, a grandparent or another close relative can step in to care for youngsters while mom or dad gets the treatment they need. It would provide support for both the parent’s treatment and services for the relatives. The end result you hope for is a family that’s able to stay together safely. It’s going to take hard work between HHS and the states to prepare for this major reform, but the chairman and I are determined to see this law implemented as intended.

Finally, a warm welcome to our witnesses, one of whom, Kim Brandt, is a Finance Committee veteran. It’s great to have Kim back to work on this vital subject.

Thank you, Chairman Hatch. I look forward to continuing our work on this critical issue.

###