

1 OPEN EXECUTIVE SESSION TO CONSIDER AN ORIGINAL BILL
2 ENTITLED "HELPING TO END ADDICTION AND LESSEN (HEAL)
3 SUBSTANCE USE DISORDERS ACT OF 2018"

4 TUESDAY, JUNE 12, 2018

5 U.S. Senate,
6 Committee on Finance,
7 Washington, DC.

8 The meeting was convened, pursuant to notice, at
9 2:06 p.m., in room 215, Dirksen Senate Office Building,
10 Hon. Orrin G. Hatch (chairman of the committee)
11 presiding.

12 Present: Senators Grassley, Crapo, Roberts, Enzi,
13 Thune, Portman, Toomey, Heller, Cassidy, Wyden,
14 Stabenow, Cantwell, Nelson, Menendez, Carper, Cardin,
15 Brown, Bennet, Casey, Warner, McCaskill, and Whitehouse.

16 Also present: Republican Staff: Brett Baker,
17 Health Policy Advisor; and Stuart Portman, Health Policy
18 Advisor. Democratic Staff: Anne Dwyer, Health Care
19 Counsel; Matt Kazan, Health Policy Advisor; and Beth
20 Vrabel, Senior Health Counsel. Non-designated Staff:
21 Athena Schritz, Hearing Clerk; and Joshua LeVasseur,
22 Chief Clerk and Historian.

23

1 OPENING STATEMENT OF HON. ORRIN G. HATCH, A U.S. SENATOR
2 FROM UTAH, CHAIRMAN, COMMITTEE ON FINANCE

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4 The Chairman. The Committee will come to order.
5 The markup will come to order I guess I should say.

6 I would like to welcome everyone to today's markup

7 The opioid epidemic has hurt and continues to
8 affect millions of Americans every year. I have noted
9 this before, but my home state of Utah has been
10 particularly hard hit. In 2014 alone, opioids killed
11 289 of my fellow Utahans, accounting for more than half
12 of the drug overdose-related deaths in the state for
13 that year.

14 According to information from the Utah Department
15 of Health, quote, "Every month in Utah, 24 individuals
16 die from prescription opioid overdoses," unquote. This
17 is true of a number of other states as well.

18 This is unacceptable.

19 And I am grateful to be here today with all of my
20 good friends and colleagues on this Committee to find
21 ways for Congress to assist states and communities as
22 they confront this crisis.

23 As we all know, our Committee has broad
24 jurisdiction over many different programs that touch on
25 the opioid space. For example, Medicaid is right in the

1 middle of the fight against opioids. In 2016, 4 million
2 people with a substance use disorder were covered by
3 Medicaid.

4 Additionally, in the Medicare space, in 2016, one
5 in three beneficiaries received at least one opioid
6 prescription, resulting in over \$4 billion in Part D
7 program spending.

8 But our jurisdiction does not end there. The
9 opioid epidemic has also had a significant impact on our
10 families with states reporting that more than one in
11 three children enter foster care in whole or in part
12 because of parental substance abuse. And the opioid
13 epidemic is a major cause of this increase.

14 It should come as no shock to anyone here with this
15 kind of jurisdiction, virtually every member of this
16 Committee has been engaged in this area for some time.
17 And I commend everybody on this Committee.

18 That is why earlier this year Senator Wyden and I
19 sent out a letter to stakeholders requesting feedback on
20 how we could improve our response to the opioid epidemic
21 through noncontroversial, bipartisan reforms in
22 Medicaid, Medicaid and human services programs.

23 As expected, we had an overwhelming response.
24 Together, Ranking Member Wyden and I shared the
25 responses we received publicly for members to read. We

1 then solicited feedback from Finance Committee members
2 on their priorities and asked that they focus on
3 policies that would meet a set of criteria intended to
4 maintain the bipartisan nature of this Committee while
5 also making significant reforms to the health and human
6 services programs within our jurisdiction.

7 The reason for these rules is simple: This
8 Committee has very broad and important jurisdiction over
9 things that are often complex and controversial.
10 Focusing the scope of this package ensures we have a
11 manageable objective.

12 In order to get things done, Senator Wyden and I
13 recognized that from the beginning we would need to
14 avoid the pitfalls and landmines that have previously
15 disrupted bipartisan work in the health care space.
16 After all, I firmly believe reforms made through regular
17 order are the most durable, meaningful and, generally
18 speaking, the best way to legislate.

19 That is what we are doing at today's meeting. The
20 package in front of us contains 22 noncontroversial,
21 bipartisan bills. These bills represent the diligent
22 work and effort by the members on this Committee, both
23 sides, and I am confident each of these proposals will
24 help make a difference in the millions of lives affected
25 by the ongoing opioid epidemic.

1 That is why I am so deeply committed to ensuring we
2 process this Mark today and get it out of the Committee.

3 Truly, this has been a team effort. And I am
4 grateful for each and every one of the members who have
5 taken the call seriously to construct this package
6 today.

7 These proposals will expand and clarify options
8 under Medicaid for treating people suffering from
9 addiction, as well as improve the data used to evaluate
10 approaches that address the epidemic.

11 Under this package, Medicare recipients will get
12 the treatment they need, while this package also
13 includes additional steps to weed out fraud, waste and
14 abuse.

15 But it does not end there. These proposals will
16 also help those with a substance abuse disorder who have
17 children by supporting family-focused residential
18 treatment, as well as programs that help parents
19 contemplate treatment and reunite with their children
20 more quickly. Truly, these are all important changes.

21 So with that said and without any further ado, I
22 will turn it over to my colleague -- I guess we are
23 going to go to Senator Menendez?

24 Senator Wyden. Yes. Mr. Chairman, just very, very
25 quickly, thank you very much for making this concerted

1 effort to try to find common ground today.

2 I will have plenty more to say over the course of
3 the afternoon, but he has to leave and I would like
4 Senator Menendez to consume the time for our opening
5 remarks.

6 The Chairman. Senator Menendez?

7

1 OPENING STATEMENT OF HON. ROBERT MENENDEZ, A U.S.
2 SENATOR FROM NEW JERSEY

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4 Senator Menendez. Thank you, Mr. Chairman.

5 Let me thank you and the Ranking Member for moving
6 this important package of bills addressing the opioid
7 crisis forward today.

8 And I particularly want to thank the Ranking Member
9 for yielding me his time so I can get to a North Korea
10 issue that I have to deal with.

11 Hopefully, in the future we can mark up a more
12 robust package that makes greater investments in
13 prevention and recovery, because like many states, New
14 Jersey remains gripped by a crisis that began with
15 prescription opioid abuse and has since grown to include
16 the abuse of deadly drugs like heroin and fentanyl.

17 In 2016, 2,221 New Jersians died in drug overdose
18 deaths. Already in 2018, overdoses have claimed another
19 1,324 lives. I fear we are losing a generation to this
20 epidemic.

21 Congress has to take bolder, more comprehensive
22 action to address prevention, treatment and support to
23 ensure long-term recovery.

24 With that said, the Helping to End Addiction and
25 Lessen Substance Use Disorders Act of 2018 is an

1 important step forward. The bill contains several of my
2 legislative priorities, such as the Improving Recovery
3 and Reunifying Families Act. This bill will help reduce
4 the time children spend in foster care while their
5 parents get treatment.

6 It embraces a recovery coach model and creates a
7 national pilot reunification program in which
8 caseworkers assist parents throughout the recovery
9 process.

10 Put simply, this provision will help keep families
11 together.

12 Secondly, the Supporting Family-Focused Residential
13 Treatment Act directs HHS to provide guidance and
14 flexibility to states like New Jersey to use Medicaid
15 and foster care dollars to keep families together
16 through family-focused residential treatment and
17 recovery centers.

18 And finally, the Building Capacity for Family-
19 Focused Residential Treatment Act will fund evidence-
20 based substance abuse prevention and treatment
21 facilities for families at risk.

22 Taken together, these bills will prevent more
23 families from being torn apart by addiction. We are
24 helping children stay out of foster care, while
25 providing parents with better supports throughout their

1 recovery.

2 Let me also thank Senators Scott and Grassley for
3 their leadership on these bills. I remain hopeful that
4 after advancing the legislation, the full Senate will
5 pass a comprehensive package that tackles every angle of
6 the opioid epidemic.

7 Back home in New Jersey, I meet too many families
8 who have lost someone they love to addiction. It does
9 not need to be this way. We must do everything in our
10 power to prevent the next overdose, the next tragedy and
11 the next family from being torn apart by opioids. I
12 think this is a good first step.

13 And I appreciate the Chairman and the Ranking
14 Member's leadership.

15 The Chairman. Well, thank you, Senator.

16 Ranking Member?

17 Senator Wyden. Do you want to go to your side and
18 then back to me?

19 The Chairman. Well, I guess I could do that.

20 Senator Grassley?

21 Senator Grassley. I might comment on some
22 amendment, but I have no opening statement.

23 The Chairman. Okay.

24 Then, Ranking Member?

25

1 OPENING STATEMENT OF HON. RON WYDEN, A U.S. SENATOR FROM
2 OREGON

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4 Senator Wyden. Thank you very much, Mr. Chairman.

5 And I know our colleagues do have opening
6 statements. And I appreciate your letting us do these
7 brief remarks.

8 The Committee, of course, meets to consider
9 legislation dealing with a host of problems dealing with
10 substance abuse.

11 What troubles me most in this area is the
12 extraordinary, long-running challenge of getting the
13 right policy when it comes to painkillers.

14 Years ago when I was director of the Gray Panthers,
15 I would get calls from the family of older people who
16 had a relative coping with pain. They would say dad is
17 93, he is in agony, but his doctor said he is not going
18 to get a prescription for pain because the doc says he
19 is worried the patient is going to become an addict.

20 And back then, I decided we have got to get this
21 pendulum right.

22 Then the pendulum swung too far in the direction of
23 denying appropriate pain medication. Now if you break a
24 bone, you come down with a bout of back pain, have a
25 root canal, you get a script for a bottle of opioids on

1 a routine basis.

2 So it is little wonder when the pendulum is out of
3 whack that millions of Americans get hooked.

4 Now, in this Committee -- and I want to thank
5 colleagues because, suffice it to say, we have had some
6 pretty spirited discussions around here and colleagues
7 have said we are going to get a bipartisan bill. And
8 the Chairman and I said that right out of the gate.

9 But unfortunately, the Trump administration has not
10 reciprocated. And the point person for the Trump
11 administration has been bobbing and weaving like a
12 prizefighter when asked the simplest question about
13 opioids.

14 For example, I asked this point person for the
15 administration what responsibility the drug makers have
16 in the explosive growth of this epidemic. What we got
17 was a textbook case of a non-answer to a vital question.

18 And I am particularly pleased Senator McCaskill
19 relentlessly keeps coming back to this point.

20 Now, the Committee brings several fresh policies
21 today that I think move in the right direction. Senator
22 Bennet, for example, led the way on a provision that is
23 going to help root out fraud by requiring that
24 prescriptions are sent electronically from doctors to
25 pharmacies. It is just too easy to fake on old-

1 fashioned paper.

2 Senators Brown and Stabenow have important
3 provisions that will make sure new mothers and infants
4 get access to the care and treatment they need.

5 Senator Menendez and Senator Scott -- he touched on
6 this -- worked on the provisions that will help parents
7 get treatment and find smart, safe ways to reunify
8 families.

9 Because homelessness and addiction go hand in hand,
10 Senator Cardin led the effort -- and I was happy to work
11 with him -- on a provision that is all about uncovering
12 innovative opportunities in Medicaid to provide housing
13 supports and also to help individuals struggling with
14 substance use disorders.

15 And Senators Warner and Cardin and Thune have also
16 brought forth an important provision that expands
17 telehealth services for older people with these
18 disorders.

19 Finally, the Physician Payments Sunshine Act -- and
20 this is an area that Senator McCaskill has really led --
21 really strips away some of these unsavory ties between
22 providers and drug makers. There is a whole shadowy
23 universe of advocacy organizations who, in my view, are
24 essential front groups for the opioid manufacturers.
25 And in my view, we ought to have some sunshine because

1 it is the best disinfectant.

2 Finally, I do not think anybody would have thought
3 that this Committee could have begun the effort to
4 update the Medicare guarantee. Medicare is not a
5 voucher, it is a guarantee. And with the CHRONIC Care
6 Bill signed into law, we begin the effort of dealing
7 with a major challenge. And a lot of those individuals
8 also face real challenges with respect to opioids.

9 This is a first step today. There is a lot of
10 heavy lifting to be done in conjunction with this bill
11 and other committees and this topic overall.

12 But my view is that the Finance Committee, with
13 jurisdiction over literally a trillion dollars' worth of
14 health care spending -- Medicare, Medicaid, CHIP, tax
15 credits -- we have got to step up on this. This is a
16 beginning.

17 Thank you, Mr. Chairman.

18 The Chairman. Our next person will be Senator
19 Stabenow.

20

1 OPENING STATEMENT OF HON. DEBBIE STABENOW, A U.S.
2 SENATOR FROM MICHIGAN

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4 Senator Stabenow. Well, thank you very much, Mr.
5 Chairman.

6 And to you and the Ranking Member, congratulations
7 on this bipartisan effort.

8 As we all know, we get things together and we get
9 things done when we work together. So thank you very
10 much for that.

11 And just to underscore the importance of addressing
12 not only this bill, but a number of things, frankly,
13 related to treatment, opioid, the epidemic, is claiming
14 about 115 Americans every day. So today, another 115
15 people, tomorrow another 115 people.

16 In Michigan, 2,347 people have lost their lives
17 just in one year. So this is very important.

18 And I want to thank you, Mr. Chairman, for
19 including a bill of mine called the Help for Moms and
20 Babies Act.

21 And I want to thank Senator Heller and others on
22 the Committee for working with me.

23 Right now, if a pregnant or post-partum woman is on
24 Medicaid and decides to receive substance abuse
25 treatment in a facility classified as an IMD, not only

1 will Medicaid not cover it, but she loses her health
2 care even for services that are being provided to her
3 outside of the substance abuse treatment.

4 So that means a pregnant or post-partum woman might
5 not be able to see their OB/GYN or get a basic checkup
6 just because they are trying to get substance abuse
7 treatment. So we make this very clear that moms can
8 keep their health care while they are going through
9 treatment.

10 The other provision I want to thank you for -- and
11 I want to thank Senator Cassidy for being such a great
12 partner on the CHIP Mental Health and Addiction Parity
13 Act and the Chairman and Ranking Members for agreeing to
14 discharge this bill alongside what we are doing today.

15 Our bill would remove any remaining ambiguity about
16 the need for CHIP programs to include coverage for
17 mental health and substance abuse disorder services and
18 to offer them at parity with medical and surgical
19 services.

20 So this is pretty basic and we need to get it
21 signed into law so that we can ensure access to critical
22 services for all children and pregnant moms covered by
23 CHIP.

24 Finally, I would just urge, Mr. Chairman, one of
25 the big issues in terms of saving lives is access to

1 Naloxone, as we know, for overdoses. The President's
2 Commission on the Opioid Crisis called on the President
3 to negotiate a lower price for law enforcement and
4 emergency room physicians and others to be able to have
5 access to this.

6 Unfortunately, even though Naloxone was approved by
7 the FDA in 1971 and there have been generic versions out
8 since 1985, and as recently as 2005 you could get a vial
9 for a dollar, but today those generic vials cost 15
10 times more, we are seeing huge cost increases. And so I
11 would ask that we bring Secretary Azar in before the
12 Committee to talk about the HHS drug pricing plan,
13 because taxpayers are now absorbing the cost for what is
14 certainly lifesaving medicine, but it used to cost a
15 dollar for a vial and now we are having to pay much,
16 much more. And so I would appreciate that.

17 And I would finally just indicate just very briefly
18 that as we talk about all these issues, Mr. Chairman, I
19 hope we will also talk about not just prevention, but
20 providing more treatment. And that is why Senator Blunt
21 and I introduced the Excellence in Mental Health and
22 Addiction Treatment Act. And I will not get into more
23 of what that is right now, but we have effective ways in
24 the community to actually provide treatment. And I hope
25 we will focus on that as a Senate as well.

1 Thank you.

2 The Chairman. Thank you, Senator.

3 Senator Roberts?

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1 OPENING STATEMENT OF HON. PAT ROBERTS, A U.S. SENATOR
2 FROM KANSAS

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4 Senator Roberts. Thank you, Mr. Chairman.

5 I understand we have three minutes and I will try
6 to do that.

7 I especially want to thank you, sir, and Senator
8 Wyden and, for that matter, all Committee members for
9 the work of this Committee to help address the opioid
10 epidemic.

11 We all know that the growing prevalence of
12 substance abuse and opioid use disorders is one of the
13 greatest challenges now facing our nation.

14 I want to stress that in Kansas and other rural
15 areas, opioid and substance abuse in rural areas is a
16 particular concern, especially given the unique
17 challenges that people face.

18 Many folks in rural Kansas simply do not have
19 access to the treatment they need to overcome addiction.
20 One of the major barriers to treatment I consistently
21 hear from both physicians and patients in Kansas is the
22 prior authorization process.

23 For this reason, I along with Senator Carper --
24 thank you, Tom -- and Senator Grassley -- thank you,
25 Chuck -- introduced the Electronic Prior Authorization

1 in Medicare Part D Act. This is to streamline the
2 process by encouraging the use of a common electronic
3 standard in Part D plans. This would really help
4 overcome one of the primary challenges to patients
5 receiving their medications, which includes treatments
6 for substance use disorders and non-opioid alternatives
7 to treating pain.

8 The HEAL Substance Use Disorders Act includes our
9 language to use e-prior authorization within Part D to
10 strike a proper balance between limiting the unnecessary
11 dispensing of opioids and avoiding overly burdensome
12 requirements on our health care providers.

13 Additionally, I have long been interested in the
14 potential for telehealth to overcome some of the
15 barriers faced by our rural patients. The bill being
16 considered today includes language from the TeleCAST Act
17 which I introduced with Senator Bill Nelson last month.

18 Thank you, Senator.

19 This provision will help shed light and information
20 on the best practices and barriers to using telehealth
21 for treating substance use disorders in children who are
22 covered by Medicaid.

23 It would also focus on how we can utilize
24 telehealth to help children in rural and underserved
25 areas, including how treatment could be offered in

1 school-based settings.

2 I would like to thank those colleagues who worked
3 with me on this important area. It is my hope we can
4 move these policies to the Senate floor today and help
5 bring real relief from this terrible epidemic to Kansas
6 and all Americans.

7 Mr. Chairman, you have 55 amendments to consider, I
8 have 190 for the farm bill which goes into effect
9 tomorrow.

10 [Laughter].

11 Senator Roberts. And so I will vote by proxy in my
12 best way.

13 The Chairman. Well, thank you, Senator.

14 Senator Bennet?

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1 OPENING STATEMENT OF HON. MICHAEL F. BENNET, A U.S.
2 SENATOR FROM COLORADO

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4 Senator Bennet. Thank you, Mr. Chairman.

5 Thank you so much to you and the Ranking Member for
6 holding this markup.

7 When I joined this Committee, opioid addiction
8 almost never came up in my town halls, if it ever did.
9 Now it comes up in every single town hall that I do
10 throughout Colorado.

11 When I visit rural parts of the state, it is clear
12 that the opioid crisis has left our hospitals with a
13 shortage of beds and specialists, our courts are barely
14 staying above water as they foot the bill for addiction
15 treatments that were difficult to afford or access.

16 Last year, the Otero County sheriff told me that
17 his prison cells are more crowded than ever because he
18 has nowhere to send people struggling with addiction.

19 In Colorado, deaths from opioid overdoses increased
20 from 528 in 2016 to 595 in 2017. That mirror the trend
21 we have heard this afternoon across the country. And it
22 will continue unless we take steps to address it.

23 For that reason, I welcome the Senate's attention
24 to this problem, even if it comes later than it should
25 have.

1 In April, the HELP Committee marked up a bill to
2 begin tackling this crisis. It had good ideas from all
3 sides, including some proposals from me to encourage
4 more nonopioid and nonaddictive treatments for pain.

5 And I am encouraged to see the Finance Committee
6 following suit with its own bipartisan process. I want
7 to credit Chairman Hatch and Ranking Member Wyden for
8 their leadership in making that happen.

9 I also want to thank them for including the Every
10 Prescription Conveyed Securely Act in this bill, which
11 emerged from collaboration with Senators Heller, Toomey
12 and Warren.

13 This provision aims to stem the opioids flooding
14 into our communities from forged prescriptions and
15 doctor or pharmacy shopping. It does that by
16 establishing a process to prescribe opioids and other
17 controlled substances electronically under Medicare.
18 According to the Congressional Budget Office, this would
19 save taxpayers \$250 million.

20 This bill also includes language on which I worked
21 with Senator Heller. It directs the GAO to identify
22 barriers that make it difficult for providers to access
23 vital opioid addiction treatments that they administer
24 in the office.

25 These are small, but they are meaningful steps and

1 they have to be prepared with the resources necessary to
2 reverse the alarming trends of this epidemic.

3 Last year, the opioid crisis claimed the lives of
4 over 42,000 Americans. Millions more are addicted. I
5 have a hard time imagining that our parents and
6 grandparents would allow that to happen without
7 mobilizing the resources needed to confront the crisis
8 and help our fellow Americans.

9 We should do the same.

10 Thank you, Mr. Chairman, for holding this hearing.

11 The Chairman. Thank you, Senator.

12 Senator Casey?

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1 OPENING STATEMENT OF HON. ROBERT P. CASEY, JR., A U.S.
2 SENATOR FROM PENNSYLVANIA

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4 Senator Casey. Thank you, Mr. Chairman.

5 I will try to keep within my three minutes.

6 Thank you for this hearing. And I want to thank
7 you and the Ranking Member.

8 I think with due respect to the work that is being
9 done on this package of bills, we need to do a lot more.
10 This is in no way meeting the challenge that we face.

11 Think about it in this way. Just in Pennsylvania
12 in 2016, 4,600 Pennsylvanians died from overdoses. So
13 this is probably the biggest public health threat we
14 have faced in a hundred years for sure.

15 I have a couple of amendments I just wanted to
16 highlight. One amendment I have is to ensure that all
17 former foster care youth are eligible to receive
18 Medicaid coverage until they turn 26 years old.

19 Another amendment I have is to assist and
20 incentivize state Medicaid programs to offer medication-
21 assisted treatment for opioid use disorders.

22 We have lots more to do on this issue, but I am
23 grateful for this effort. I just think it should be of
24 a broader and more substantial scope.

25 Thank you.

1 The Chairman. Okay. Our next one will be Senator
2 Warner.
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1 OPENING STATEMENT OF HON. MARK R. WARNER, A U.S. SENATOR
2 FROM VIRGINIA

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4 Senator Warner. Thank you, Mr. Chairman.

5 Let me thank you and the Ranking Member for
6 bringing this legislation.

7 And like other states that have been mentioned,
8 Virginia has suffered greatly from the opioid addiction
9 epidemic. In 2016, there were 1,460 deaths from
10 overdoses, a 38 percent increase over 2015; 80 percent
11 of those deaths involved opioid use.

12 Opioid overdoses are now the leading cause of
13 accidental death in Virginia, surpassing car accidents
14 and gun violence.

15 Still, I am encouraged by the robust response to
16 addiction crisis in Virginia where the ARTS Program has
17 demonstrated strong success. And now in the
18 commonwealth, we are in the process of expanding our
19 Medicaid program, which, as other states have
20 demonstrated, will greatly increase access to preventive
21 care and treatment for individuals suffering from
22 substance use disorder.

23 We know this epidemic stems far beyond Virginia.
24 As a matter of fact, the White House Counsel of Economic
25 Advisers estimated that the opioid cost to the country

1 was \$504 billion in 2015. Obviously, we must do more.
2 This legislation takes us in the right direction.

3 I have worked with Senators Thune and Cardin on the
4 eTREAT Act, legislation that expands access to
5 telehealth services for individuals suffering from
6 substance use disorder.

7 In addition, I have worked with several other
8 members here on additional legislation that will better
9 equip us to combat opioid and substance use disorders.

10 I will be offering an amendment later that I will
11 withdraw on quality measures to make sure that we
12 measure and get the best bang for our buck on these
13 efforts.

14 Again, I want to thank the Chairman and the Ranking
15 Member for their holding this important markup today and
16 look forward to working with you to get this piece of
17 legislation to the floor and ultimately passed and to
18 the President for signature.

19 Thank you, Mr. Chairman.

20 The Chairman. Thank you, sir.

21 Senator Nelson?

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1 OPENING STATEMENT OF HON. BILL NELSON, A U.S. SENATOR
2 FROM FLORIDA

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4 Senator Nelson. Thank you, Mr. Chairman.

5 And my kudos as well also to the members of the
6 Committee that have sponsored with me parts that were
7 put into the bill, not only what Senator Roberts had
8 already mentioned, but also Senator Heller on Informing
9 Seniors About Opioids Act, senior citizens.

10 Also, to Senator Cassidy, which it was the COMBAT
11 Act, Cassidy and Cardin, cosponsored with me, the bill
12 that would create a five-year demonstration serving
13 about 2,000 Medicare beneficiaries that states could
14 apply for.

15 Having said that, we are going to get into the meat
16 of the bill, but I want to point out one other thing,
17 Mr. Chairman.

18 In February, attorneys generals in 20 states filed
19 a lawsuit to attack the nation's health care law and
20 keep protections that go with it. And one of those
21 protections is preexisting conditions.

22 Addiction is a preexisting condition. And I do not
23 think we want to prevent insurance companies from
24 covering preexisting conditions and, therefore,
25 addiction.

1 And just last week, the U.S. Department of Justice
2 sided with those states and told the court to do away
3 with the law that bans insurers from charging people
4 more or denying them coverage based on preexisting
5 conditions.

6 And so if this administration prevails, insurance
7 companies across the country will once again be able to
8 charge unlimited premiums for older adults and deny
9 people with preexisting conditions health coverage.

10 And the subject in front of us is addiction. We do
11 not want to deny insurance coverage for that. This
12 could affect overall, beyond addictions, 130 million
13 Americans and right at 8 million people in my state of
14 Florida.

15 And so that faulty argument flies in the face of
16 the promise to protect people with preexisting
17 conditions.

18 No less than the Chairman of this Committee,
19 Senator Hatch, said, and I have the quote, "Let us be
20 clear, repealing the tax" -- this was on the tax bill --
21 "repealing the tax does not take away anyone's health
22 insurance away. No one will lose insurance they are
23 currently getting from insurance carriers."

24 "Nothing, nothing," the Chairman said, "And the
25 modified mark impacts Obamacare policies like coverage

1 for preexisting conditions or restrictions against
2 lifetime limits on coverage," end of quote.

3 And so here we are months after zeroing out a key
4 provision of the health law. And DOJ is now renegeing on
5 the promise about preexisting conditions.

6 And as we talk about this critical subject that we
7 are on, addictions and substance abuse, let us do not
8 forget that addiction is in fact a preexisting
9 condition.

10 Thank you, Mr. Chairman.

11 The Chairman. Thank you, Senator.

12 Senator Portman?

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1 OPENING STATEMENT OF HON. ROB PORTMAN, A U.S. SENATOR
2 FROM OHIO

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4 Senator Portman. Thank you, Mr. Chairman.

5 And as you know and Ranking Member knows, I have a
6 couple of amendments I had hoped to add to the process
7 here today.

8 Let me start, though, by saying that I believe this
9 legislation today will be a step in the right direction.
10 And it comes at a critical time.

11 We sadly are not making the progress we all wish we
12 were making on the opioid epidemic, despite the federal
13 government finally engaging more and acting and this
14 Congress in particular passing the Comprehensive
15 Addiction Recovery Act which Senator Whitehouse and I
16 coauthored, and then the Cures legislation.

17 In the last 10 days, I have been at three different
18 parts of my state where they are using these grant
19 monies very effectively to try to get people who have
20 overdosed into treatment using some innovative new ways
21 where you have law enforcement working with social
22 workers, with treatment providers to deal with one of
23 the huge gaps we have, which is people being saved by
24 Narcan, this miracle drug that can reverse the effects
25 of an overdose, and then people falling between the

1 cracks and not going to treatment, but rather going back
2 to the same environment and overdosing again and again.

3 It is the number-one cause of death in my state of
4 Ohio. We are one of the states that has been hardest
5 hit.

6 It is actually the number-one cause of death now in
7 America for those under age 50. It is an epidemic. And
8 there is no question that the CARA and Cures Acts are
9 beginning to help, but we need to do more. And CARA
10 2.0, which Senator Whitehouse and I have introduced, we
11 think would help quite a bit.

12 I think, again, some of the legislation that we
13 will consider today will be a step in the right
14 direction.

15 On the two amendments that I had hoped to offer
16 today, one is as it relates to the IMD exclusion. A lot
17 of you are aware of this because you confront it, as I
18 do back home. You go to these great residential
19 treatment centers, they have got 16 beds because that is
20 the limit that Medicaid will reimburse. They are ready
21 to take on more people and they want to take on more
22 people.

23 And tragically, there are many people who seek
24 access who cannot get it. And I have heard from too
25 many families who have lost a child who was ready to go

1 to treatment, but there was no room at the facility.
2 And during that period of time, in one case, it was
3 literally seven days between the time the person was
4 ready to go and the time the person overdosed and died,
5 because when that person was ready, that is when the bed
6 should have been available.

7 The 16-bed limit makes no sense. It is arbitrary.
8 And the IMD exclusion is something that I think is
9 hindering our ability to really address this crisis.

10 So we have legislation to do this. It is
11 legislation that Senator Durbin and I introduced last
12 year. It is pretty expensive, to be honest, and the
13 pay-fors are hard to get.

14 We do have a different proposal we are working on -
15 - and I appreciate the Chairman and Ranking Member for
16 working with us on this -- that would limit some of the
17 costs of it, but through good policy by saying that, if
18 you want to increase the cap beyond 16 beds, it could be
19 without limit, but if you use all three methods of
20 medication-assisted treatment, which I think is good
21 policy. So methadone, Suboxone and Vivitrol would all
22 have to be offered in that kind of a treatment facility.
23 That reduces the cost, frankly, the pay-for, but it
24 also, I think, leads to better policy.

25 And I would hope that, even if we cannot succeed

1 today because of the restrictions that we had to put in
2 place on this particular markup to be able to reach
3 consensus and not have significant pay-fors and costs,
4 that we can take this up on the floor.

5 And I look forward to working with my colleagues,
6 including the Chair and Ranking Member, on that. I know
7 they both agree that we need to address this issue of
8 the IMD exclusion.

9 The second amendment I had hoped to offer is about
10 the STOP Act. I see many of you who are in the room
11 today are cosponsors, in fact half of this Committee is
12 a cosponsor of this legislation.

13 We have spent 18 months studying this. Claire
14 McCaskill and I, who is here, took this up under the
15 Permanent Subcommittee on Investigations, so did Tom
16 Carper when he succeeded her. And we did a good study
17 and we did a good investigation. We had two hearings on
18 this where we finally realized you have got to change
19 the law to require the Post Office to try to stop this
20 deadly fentanyl from coming into our country.

21 And it is a very sad reality that the number-one
22 killer in Ohio and in our country today is fentanyl.
23 Roughly, two-thirds of our deaths from overdose last
24 year in Ohio were estimated to be from fentanyl.

25 The new information coming out is it is being

1 spread on everything else, from marijuana and cocaine
2 and crystal meth to other drugs. And it is 50 times
3 more powerful than heroin; it is inexpensive.

4 And one reason it is accessible and inexpensive is
5 this synthetic form of opioid is being produced overseas
6 and shipped into our country primarily through the U.S.
7 mail system. Law enforcement, intelligence communities
8 all agree with that. And they all agree, as did our
9 investigation, as Senator Carper knows, that when we
10 actually found a few hundred websites willing to sell
11 fentanyl online and were able to dig down into the
12 issue, every one that we studied said send it by the
13 U.S. mail because they do not require the kind of
14 information that allows law enforcement to identify
15 these packages.

16 And so our legislation is very simple. It says
17 that we should require the Post Office to do what FedEx,
18 UPS, DHL, other carriers have to do under law that we
19 all passed here 16 years ago. We think this would make
20 a huge difference in keeping some of this poison out of
21 our communities and, at the very last, raising the cost
22 by reducing the supply.

23 And again, I know there have been some concerns
24 raised about how we did it with the Post Office.
25 Senator Wyden had raised some of those and I appreciate

1 his concerns. And I appreciate him working with us to
2 try to come up with a solution that can protect our
3 kids, protect our communities and, at the same time, be
4 sure it is done in a practical way.

5 The Chairman. Senator McCaskill?

6

7

1 OPENING STATEMENT OF HON. CLAIRE McCASKILL, A U.S.
2 SENATOR FROM MISSOURI

3

4 Senator McCaskill. Thank you, Mr. Chairman.

5 Thank you for the work on this bill.

6 My minority staff on Homeland Security and
7 Government Affairs Committee has been doing an extensive
8 investigation into the manufacturing and distribution of
9 opioids. The first report we issued actually found
10 documents that one of the companies that was
11 manufacturing fentanyl in this country had an inside
12 sales slogan within their company that said "start them
13 high and hope they do not die."

14 And they actually had people fraudulently posing as
15 doctors' offices trying to get authorizations through
16 for people who should not be taking fentanyl.

17 We will have a report out soon on the distribution
18 networks and the inappropriate shipping of opioids, way
19 out of proportion to populations of counties, and the
20 failure of the DEA, especially after an amendment to the
21 law, to be able to stop those proactively when they are
22 identified.

23 But the last report we issued was called "Fueling
24 an Epidemic." And what this did is it exposed the
25 financial ties between opioid manufacturers and third-

1 party advocacy groups.

2 I would certainly ask folks to take a look at the
3 report.

4 We discovered that millions of dollars were going
5 straight from opioid manufacturers to organizations such
6 as the U.S. Pain Foundation and the American Academy of
7 Pain Management. And all of this was being done in a
8 black box with no transparency.

9 And these very same organizations were, for
10 example, lobbying against the reduction of the
11 prescription leveling that CDC advocated. They were
12 actually making appearances in court trying to defend
13 doctors who were prescribing thousands of doses a day of
14 opioids from being disciplined.

15 All my amendment is going to do is just make this
16 transparent. And I will modify my amendment so it only
17 applies to opioids. And it will be done very simply and
18 easily under a bill that Senator Grassley passed, which
19 is in fact called the Sunshine Act. It is just going to
20 make them report payments to these organizations the
21 very same way they report payments to doctors under the
22 current law.

23 This is not onerous. This is not -- and we are
24 giving CMS five years to implement it. I cannot imagine
25 this is not a U.C. under the current scenario we have

1 got in this country, that we do not want people to be
2 able to determine that opioid manufacturers are funding
3 these organizations.

4 It is very straightforward. And it is troubling to
5 me that there has been opposition that has surfaced to
6 this. I do not understand it, frankly.

7 So I will be offering that amendment. Somebody
8 said, well, it looks like it is going to be a party-line
9 vote. I am going to be very optimistic and say I just
10 hope that does not happen.

11 Thank you, Mr. Chairman.

12 The Chairman. Thank you.

13 Senator Carper?

14

1 OPENING STATEMENT OF HON. THOMAS R. CARPER, A U.S.
2 SENATOR FROM DELAWARE

3

4 Senator Carper. On the point that Senator
5 McCaskill just mentioned, requiring disclosure from
6 pharmaceuticals, I think she has made some changes, we
7 are delighted with those. And I am happy to join her in
8 offering this and would ask our Republican colleagues to
9 consider supporting this initiative.

10 I just want to come back to Senator Portman and
11 thank him for his dogged work on the STOP Act and the
12 partnership we had with Senator McCaskill and the effort
13 that we were able to join him in.

14 And I think we reached an agreement on language
15 that will hold the Postal Service, I think the State
16 Department and foreign posts more accountable.

17 At the same time, I am told that the new language
18 recognizes our obligations under international treaties
19 to handle mail from abroad when it comes into our
20 country.

21 So thank you very, very much for not giving up and
22 getting us to a good place.

23 Senator Roberts has already spoken about
24 legislation that he and I have joined with some others
25 on on electronic prior authorization in Medicare Part D

1 to help improve the access to alternatives to opioid
2 pain medication and medication-assisted treatment by
3 increasing the use of electronic prior authorization in
4 Medicare.

5 It is a good proposal. We think it will help.

6 And also, Senator Thune and I will offer
7 legislation that is included in this package. I think
8 it is called the Medicaid Substance Use Disorder
9 Treatment Via Telehealth Act. There are several bills
10 that have mentioned that include the word "telehealth."

11 And we think that is part of the solution, not all
12 the solution here, as we fight this battle. But happy
13 to join John Thune and others in that endeavor.

14 Some of us are baseball fans and some teams win
15 games by hitting a lot of homeruns. Sometimes teams win
16 games by hitting doubles and triples. Sometimes teams
17 win games by hitting a lot of singles. And when I look
18 at this legislation, I might describe it as a lot of
19 singles, a couple of doubles maybe. But at the end of
20 the day, it is not a game we are in, but it is a battle
21 and a serious battle.

22 And I think these pieces of legislation, whether
23 they are singles or doubles, are going to help us save a
24 bunch of lives. And that is exactly what we need to do.

25 So, Mr. Chairman, Ranking Member, good work and

1 thank you for letting us be a part of it.

2 The Chairman. Thanks so much.

3 Senator Enzi.

4 Senator Enzi. Mr. Chairman, in order to speed up
5 getting us to actually doing the bill, I will submit my
6 comments for the record.

7 The Chairman. Well, thank you so much. That is
8 awfully nice of you.

9 Senator Crapo is not here.

10 Senator Cassidy?

11

1 OPENING STATEMENT OF HON. BILL CASSIDY, A U.S. SENATOR
2 FROM LOUISIANA

3

4 Senator Cassidy. Yes, I will briefly speak. I
5 want to thank you for the good work. Thank you for
6 including the mandatory reporting with respect to adult
7 behavior health measures. Medicaid needs to do a better
8 job of seeing which programs work well.

9 I thank Senator Stabenow for working on the CHIP
10 mental health. The father of a 17-year-old who died,
11 when I asked him what could be done, he said we need to
12 have mental health parity for those who are younger.
13 And the CHIP program would address this.

14 But let me speak directly to Senator McCaskill's
15 bill, which I think is a great idea.

16 There should be transparency in what
17 pharmaceuticals give to patient advocacy groups because
18 those advocacy groups are so important. And if there is
19 a conflict of interest, the patient should know that.
20 The patient should have the power.

21 This has been done with physicians. It has been
22 better. So in the patient-physician relationship, now
23 the patient understands there is not a conflict of
24 interest.

25 I was prepared to support, but then Senator

1 Grassley's staff was the one that said wait a second,
2 this really should go through an IRS-type function and
3 not from HHS because there is reporting numbers and
4 guidelines that would work for these 501(c)(3)s.

5 I accept that. But I have also received assurances
6 from the Committee that we will have a separate hearing
7 on drug costs and that this could be considered then.

8 And so I am going to not support your bill, not
9 because I do not support the concept, but because I
10 think it has a different route to take.

11 But on the other hand, I think it should not just
12 be for opioids, it should be for every patient advocacy
13 group because patients need to know that there is not a
14 conflict of interest.

15 I also thank you for working with me on price
16 transparency on another issue. Again, transparency is
17 where we should be.

18 Senator Wyden. Would my colleague yield just for a
19 question so I can get the sense of the lay of the land?

20 Senator Cassidy. I will.

21 Senator Wyden. I am trying to figure out why my
22 colleague would want another 1099. I think this is much
23 like the physician's database, which is what Senator
24 McCaskill is talking about. And I think we are going to
25 be --

1 Senator Cassidy. May I respond?

2 Senator Wyden. Yes, just let me finish the
3 sentence. I think we are going to be here for a few
4 minutes. I think it would be very helpful if Senator
5 McCaskill and your folks could work with us and see if
6 we could work this out so it would be an HHS database
7 question and not be something that we ship off to the
8 netherworld of taxes and more 1099s and the like.

9 Senator Cassidy. You know, I would like to. If we
10 are going to have that, I would like to involve Senator
11 Grassley's staff.

12 Senator Wyden. Of course, of course.

13 Senator Cassidy. Because, one, he wrote the
14 original provision.

15 Senator Wyden. Absolutely.

16 Senator Cassidy. And what I would add to that is
17 that physicians have a provider number. That provider
18 number is on file with HHS. It is my understanding that
19 501(c)(3)s do not otherwise register with HHS, but do
20 with IRS. And so that is why the logic of, okay, this
21 is where I file my numbers makes more sense to me.

22 Senator Wyden. My colleague -- and I will just
23 wrap this up with this, Mr. Chairman -- is raising
24 important issues. So I think it would be very helpful
25 if the Senator from Missouri, the sponsor of the

1 amendment, my colleague from Louisiana and Chairman
2 Grassley could put their heads together and see if we
3 can make this a database issue and bring it to the
4 Chairman and myself and we could move it today.

5 So if you three could do that, that would be great.

6 Thank you, Mr. Chairman, for the time.

7 Senator Cassidy. I yield. Thank you.

8 The Chairman. Okay.

9 Let's go to Senator Toomey.

10 Senator Toomey, you pass? Okay.

11 We will go to Senator Whitehouse.

12

1 OPENING STATEMENT OF HON. SHELDON WHITEHOUSE, A U.S.
2 SENATOR FROM RHODE ISLAND

3

4 Senator Whitehouse. Thank you very much, Chairman.
5 I will be brief.

6 I wanted to thank you and the Ranking Member for
7 including Section 210, the Cassidy-Whitehouse provision,
8 on better access to prescription drug monitoring
9 programs for state Medicaid programs. That seems like a
10 very useful piece of information for them to have. And
11 I am glad that it is included in the bill. I appreciate
12 how many people worked together.

13 I want to say a particular thank you to Senator
14 Portman and express my support for his STOP Act. And
15 look forward to continuing to work with him to make sure
16 that finds its way out of this Committee and onto the
17 floor in some fashion.

18 And to point out that the CARA bill, the
19 Comprehensive Addiction and Recovery act, that Senator
20 Portman and I did was a very helpful and significant
21 piece of legislation, but particularly as it went
22 through the House it lost some of its topspin, if you
23 would. And we need to and have a great opportunity to
24 fix it.

25 And so I just wanted to alert everybody that I am

1 going to be extremely interested and quite determined to
2 see to it that when this measure gets to the floor we
3 have a robust chance to get CARA 2.0 into the mix as an
4 amendment and, with any luck, pass it as part of a
5 comprehensive opioids package with this bill, the HELP
6 bill that came out and CARA 2.0 and potentially STOP as
7 well.

8 It has been a pleasure working with Senator Portman
9 on both of those.

10 Thank you.

11 The Chairman. Thank you, Senator.

12 Senator Cantwell?

13

1 OPENING STATEMENT OF HON. MARIA CANTWELL, A U.S. SENATOR
2 FROM WASHINGTON

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4 Senator Cantwell. Mr. Chairman, thank you so much.

5 And I wanted to bring up two issues just quickly.

6 Obviously, I hope that our Committee post this
7 legislation could continue to work on Medicaid and
8 opioids and ways to make these issues and treatment more
9 cost-effective.

10 As I have gone around my state and visited with law
11 enforcement in practically every community, our jails
12 are still being plagued by this issue. And then what
13 happens is they help in stabilizing the individuals,
14 only to have them released and nowhere to go, no
15 facility to go, no management, only to find them back in
16 their facilities a short while later.

17 So I just hope that after this process that we
18 continue to think about the most cost-effective way to
19 use all our tools to drive down the cost of this crisis.

20 I think working together there are other solutions.
21 I do not think we are avoiding costs just because we do
22 not look at this Medicaid issue and continuity of care
23 more closely. I do not think that that means we are
24 saving money. I think it is just the opposite. I think
25 we are paying more to try to solve this problem.

1 But I do want to just thank you, Mr. Chairman,
2 because I do think the Mark is a positive step forward.

3 I do want to continue to work with my colleague
4 Senator Portman and others on the enforcement aspect of
5 this that will be, I believe, in a bill on the floor
6 when it is finally moving through. That is that one
7 physician in Everett, Washington wrote more than 10,000
8 prescriptions of highly addictive oxycontin and 26 more
9 times the average than the other prescribers.

10 So I want to make sure that the pharmaceutical
11 industry who fails to report suspicious orders to Drug
12 Enforcement Agency actually is penalized at a penalty
13 that will get their attention. Because what is
14 happening now has not gotten their attention and they
15 certainly are continuing to flood the markets.

16 So we do have comprehensive addiction reform
17 legislation sponsored by myself and my colleague Senator
18 Harris. It is moving through the Judiciary Committee.
19 It increases the civil penalties per violation quite
20 significantly. And we hope that this will be part of a
21 final package.

22 This is supported by 39 attorney generals
23 throughout the United States. And we have to get more
24 serious about the impact.

25 I know my colleague has other reforms he is looking

1 at in the distribution. We have got to attack this end
2 of the problem as well.

3 Thank you, Mr. Chairman.

4 The Chairman. Thank you.

5 Senator Heller?

6

1 OPENING STATEMENT OF HON. DEAN HELLER, A U.S. SENATOR
2 FROM NEVADA

3

4 Senator Heller. Mr. Chairman, thank you and to the
5 Ranking Member for holding the markup today.

6 And it is obvious with the comments that have been
7 made that there is no state that is immune from opioid
8 crisis.

9 In my home state of Nevada, this epidemic continues
10 to rip apart both families and communities. With more
11 than 600 Nevadans losing their lives annually to a drug
12 overdose, I think that this measure that we are working
13 on today goes a long way to help solve and address some
14 of these issues.

15 This bipartisan legislation will make a difference,
16 make a difference in the lives of Nevadans suffering
17 from substance use disorders, will help prevent
18 addiction from happening in the first place.

19 So I am also pleased that the Chairman's Mark
20 includes several bills that I have worked on, including
21 those to encourage the use of non-opioid treatments,
22 assist pregnant mothers with a substance use disorder
23 and to expand care for newborns suffering with
24 withdrawals.

25 Additionally, the Chairman's Mark includes

1 legislation Senator Bennet and I introduced, which he
2 discussed earlier, which our bill will significantly
3 improve patient outcomes, increase drug security and
4 prevent misuse and diversion of opioids.

5 I also believe further examination of Medicare and
6 Medicaid policies is critical to ensure that patients
7 have access to the treatments that are right for them.

8 And that is why I have introduced the Opioid
9 Addiction Plan Act that I have filed as an amendment to
10 the Chairman's Mark.

11 Senator Nelson and I have also filed our Opioid
12 Workforce Act as an amendment which would help train
13 more doctors in addiction medicine. These are important
14 policies that will go a long way towards assisting
15 patients and addressing the epidemic.

16 I have also teamed up with members of the Senate
17 Judiciary and HELP Committees to offer solutions to the
18 opioid epidemic. For instance, Senator Kennedy and I
19 have introduced legislation that will crack down on
20 fentanyl-related crimes. We all know that fentanyl is a
21 terrifying opioid. It is lethal in amounts of just a
22 few grains of sand. It is being laced with other drugs,
23 like heroin, and it is killing Americans at an alarming
24 rate.

25 Our bill will strengthen penalties for fentanyl

1 distribution and trafficking to ensure they better
2 reflect the serious nature of this crime.

3 I have also worked with the HELP Committee,
4 Chairman Alexander, on the Opioid Crisis Response Act.
5 This bill will take a well-rounded approach to
6 addressing the opioid crisis by helping to advance the
7 development of new nonaddictive and non-opioid pain
8 products, including encouraging the safe disposal of
9 leftover drugs and, finally, supporting first responders
10 who administer drugs to treat an opioid overdose.

11 Mr. Chairman, I know you have played a major role
12 in moving this legislation forward as a member of the
13 HELP Committee. And I want to thank you for your
14 leadership on this critical bill as well as the one that
15 we have before us today.

16 So I look forward to continuing our work together
17 to get these bills across the finish line this year,
18 which will help our communities combat this crisis.

19 Thank you, Mr. Chairman.

20 The Chairman. Thank you, Senator. Appreciate it.

21 Senator Cardin?

22

1 OPENING STATEMENT OF HON. BENJAMIN L. CARDIN, A U.S.
2 SENATOR FROM MARYLAND

3

4 Senator Cardin. Thank you, Mr. Chairman.

5 I thank you and Senator Wyden for your leadership
6 in bringing us together. I thank you for your patience.
7 And this is a subject that all of us feel very deeply
8 about.

9 I have traveled through all parts of Maryland. It
10 is not only every county in this nation that has an
11 opioid crisis, it is every community that has an opioid
12 crisis.

13 Wherever I go in Maryland, from the most western
14 rural counties to the most urban parts of Baltimore or
15 Washington suburbs, the opioid crisis has hit and hit
16 hard and still growing. So we need to do something
17 about it.

18 One of the things I have learned is the value of
19 peer support where you have people who have gone through
20 this crisis and getting people to treatment as they are
21 vulnerable, because a lot of times people end up in the
22 emergency rooms, they get put back to life and then they
23 just go and do it again. And with peer support, we can
24 get people into the treatment that they need.

25 So, Mr. Chairman, I am particularly pleased that we

1 do have an amendment that Senator Isakson and I worked
2 on on peer support so we can get a GAO report on how we
3 can bring this into the regular reimbursement structure
4 within Medicaid.

5 Fourteen states do cover peer support through
6 Medicaid through the SAMHSA program. And I am hopeful
7 that we can get the best practices through the GAO study
8 so we can make this more available as a help.

9 I also appreciate the fact that the eTREAT Act is
10 included in here -- Senator Thune and Senator Warner,
11 Cornyn, Whitehouse, Grassley and other members -- to
12 help telehealth. There are obstacles that are in the
13 way for this and this amendment helps us make it more
14 available, the use of telehealth in dealing with the
15 opioid crisis.

16 I also thank you for including an amendment by
17 Senator Isakson and myself for an HHS study for the
18 innovative ways to provide housing-related services to
19 substance abuse under Medicaid.

20 All these are going to be helpful.

21 And lastly, let me just point out you have also
22 incorporated an amendment that I worked on with Senator
23 Cassidy and Nelson that would allow Medicare Part B
24 coverage of the medications necessary in regards to
25 treating those that have an opioid addiction.

1 This is not the end of the subject. There are a
2 lot of other issues that I would like us to be able to
3 deal with, including screening for substance use on
4 youth and adolescents so we can get better practices on
5 how to deal with our young people.

6 I also hope we can deal with the problems of ODs in
7 our emergency rooms where there may be other facilities
8 that could handle this in a less disruptive way. We do
9 have stabilization centers that are now starting to
10 emerge. And I think we need to take a look at how we
11 can try to adjust the reimbursement structure to deal
12 with innovative suggestions.

13 Bottom line is this bill moves us forward and I
14 look forward to working with my colleagues to advance
15 this bill and other suggestions.

16 The Chairman. Thank you, Senator.

17 Senator Thune?

18

1 OPENING STATEMENT OF HON. JOHN THUNE, A U.S. SENATOR
2 FROM SOUTH DAKOTA

3

4 Senator Thune. Thank you, Mr. Chairman.

5 And I appreciate you and the Ranking Member and
6 members on both sides working together to produce a
7 bipartisan package.

8 It has already been described by members of this
9 Committee, but every state, every group of people across
10 this country is experiencing this crisis on a daily
11 basis. And I think it is a crisis. I think there needs
12 to be a sense of urgency in how we respond. And I think
13 this package of bills moves us in the right direction
14 and hopefully, coupled with some of the things that the
15 HELP Committee is doing, will lead to a product on the
16 floor that we can get broad bipartisan support for and
17 really take head-on what has become a real epidemic
18 around this country.

19 And I just want to mention briefly, too, that I am
20 pleased that the eTREAT bill that Senator Cardin
21 mentioned, he and Senator Warner and others have worked
22 with me to expand access to substance abuse disorder
23 treatments via telehealth. That is included in this
24 legislation. And I just very much appreciate as well
25 the chance to work on a number of what I think are good

1 policies that are included in this bill and I think
2 really have an eye toward remedying and addressing and
3 taking on a very, very serious challenge for our
4 country.

5 So I appreciate the good work that has been
6 evolved. I look forward to hearing about other
7 amendments that we might consider here today and
8 hopefully, ultimately, to passing something through the
9 Committee that we can report to the floor, have
10 considered by the full body and get to the President's
11 desk for his signature.

12 So thank you, Mr. Chairman, for your leadership.

13 The Chairman. Thank you, Senator.

14 Senator Brown?

15

1 OPENING STATEMENT OF HON. SHERROD BROWN, A U.S. SENATOR
2 FROM OHIO

3

4 Senator Brown. Thanks, Mr. Chairman.

5 I want to start out by thanking the Finance
6 Committee staff for their time and energy and expertise.
7 It was a colossal and well-considered and well-done
8 effort with each of our offices. And I know there
9 probably was not a member of this Committee that did not
10 step up in a big way.

11 I want to thank Chairman Hatch and Ranking Member
12 Wyden for including three of the priorities that I had
13 in this Mark. The CRIB Act was my bill to increase
14 access to care for babies born suffering from opioid
15 withdrawal, facilities like Brigid's Path outside
16 Dayton, Ohio.

17 I want to thank Senator Portman especially and
18 Senator Caputo for their work on this legislation.

19 The Comprehensive Screenings for Seniors Act, a
20 bill I drafted with Senator Isakson and Senator Nelson,
21 both members of this Committee, to encourage doctors,
22 nurses and physician assistants to have meaningful
23 conversations with their patients about addiction risks
24 in pain management, the same way they might discuss
25 diabetes and other health conditions.

1 Last, thanks to the leadership of Senator Grassley,
2 we were able to get an improvement to the Sunshine Act
3 included in the Chairman's Mark, which will increase
4 transparency around the payments that opioid
5 manufacturers make to prescribers of these addictive
6 medications.

7 I am also pleased the subcommittee was able to get
8 an agreement to discharge the STOP Act, legislation I
9 have worked on with Senator Portman and Senator Cardin,
10 so that it could be considered for inclusion as part of
11 a large Senate package later this year.

12 I am appreciative that the final Mark includes
13 those bipartisan priorities in addition to several other
14 policies.

15 I remain concerned that many of the bills that have
16 passed out of the House recently and that we are
17 considering here today represent small improvements to
18 current law when this public health crisis demands
19 something much bigger. Small improvements, simply put,
20 will not turn the tide in this epidemic. We need to
21 invest resources across the full continuum of care to
22 increase access to treatment and provide communities
23 with support that they need to get ahead of this
24 epidemic.

25 There are other bipartisan priorities that members

1 of this Committee have been working on that have the
2 potential to make a real difference right now in
3 fighting this epidemic. Today's markup may not be the
4 right time to consider all of these; we cannot let this
5 markup be the last thing the Finance Committee does to
6 address this problem.

7 I am reminded of the Cleveland City Club where Rob
8 has spoken a number of times, as I have, a hundred-year-
9 old club in Cleveland that has featured pretty much
10 every major political figure, presidents on down to the
11 rest of us, over the years.

12 And I mentioned it -- 50 years ago or so, the
13 federal government decided it wanted to engage in the
14 tobacco issue, something near and dear to Chairman
15 Hatch's heart and many of the rest of us.

16 And I believe the surgeon general's name was Dr.
17 Terry, if I remember. When he brought this forward, 45
18 percent of American adults smoked. And because of the
19 resources of the federal government and local
20 communities and all kinds of organizations, that number
21 has gone from 45 percent of American adults smoked 50
22 years ago to 15 percent today.

23 So we know how to launch big, big public health
24 initiatives. We need to think bigger. We need the
25 President to weigh in. You do not arrest your way or

1 execute your way out of this. We need a broad-based,
2 comprehensive approach that we are capable of doing, Mr.
3 Chairman.

4 But thank you.

5 The Chairman. Thank you, Senator Brown.

6 Has anybody not given their opening statement?

7 [No response.]

8 Well, the Committee has before it the Chairman's
9 Mark of Helping to End Addiction and Lessen Substance
10 Use Disorders Act of 2018, otherwise known as the HEAL
11 Act, along with a Chairman's modification developed by
12 bipartisan staff, which is hereby incorporated into the
13 Mark without objection.

14 Today, Brett Baker, Stuart Portman, Beth Vrabel,
15 Matt Kazan and Anne Dwyer, all health policy staff for
16 the Senate Finance Committee, are sitting before us to
17 walk through the modifications to the Mark and answer
18 any questions.

19 Mr. Baker, will you please get us started?

20 Mr. Baker. Thank you, Mr. Chairman.

21 The first change in the modification to the
22 Chairman's Mark is to Section 102, Expanding Telehealth
23 Response to Ensure Addiction Treatment.

24 There are three changes to this section, all made
25 to the proposed provision description paragraph that is

1 on page four of the Chairman's Mark.

2 The first change is to modify the first sentence to
3 read as follows: The Chairman's Mark would amend
4 Section 1834(m) of the Social Security Act to eliminate
5 certain statutory originating site requirements for
6 services furnished via telehealth for the purposes of
7 treating substance use disorders, beginning January 1,
8 2019.

9 This change clarifies that most, but not all of the
10 originating site requirements in statute would be
11 eliminated for this purpose.

12 The second change is modification to the second
13 sentence in the paragraph to read as follows: Thus, the
14 provision would allow payment for these telehealth
15 services when furnished to a beneficiary at an
16 originating site, including the beneficiary's home,
17 without regard to its geographic location.

18 This change clarifies that the specific sites from
19 which a beneficiary can receive a telehealth service --
20 specifies the specific sites from which a beneficiary
21 can receive a telehealth service, which does include the
22 beneficiary's home.

23 The third change is to strike the third sentence
24 and replace it with the following: A separate facility
25 fee would not be provided if the originating site is the

1 beneficiary's home.

2 This change would allow sites that are newly
3 eligible to serve as originate sites to receive the
4 Medicare originating site payment associated with
5 hosting the beneficiary, while specifying that no fee is
6 paid if the originating site is the beneficiary's home.

7 With that, I will now turn to my colleague Beth
8 Vrabel to walk through the other Title I modifications.

9 Ms. Vrabel. On page nine of the Mark, two new
10 sections are added.

11 Section 109 is a modified version of the Cassidy
12 1/Nelson/Cardin amendment. This section would require
13 the HHS Secretary to conduct a five-year demonstration
14 to test coverage and payment for opioid use disorder
15 treatment services furnished by opioid treatment
16 programs commonly known as OTPs.

17 OTPs provide FDA-approved, medication-assisted
18 treatment to individuals with opioid use disorder, along
19 with counseling and other supportive services.

20 Although Medicare currently pays for services for
21 treatment of opioid use disorder provided in certain
22 outpatient settings, including community health centers
23 and physician offices, it does not recognize OTPs as
24 Medicare providers; and therefore, OTPs are not eligible
25 to receive Medicare payment.

1 Under this demonstration, an eligible OTP selected
2 to participate would receive a bundled payment made
3 under Medicare Part B for opioid use disorder treatment
4 services.

5 The five-year demonstration would begin no later
6 than January 1st, 2021 and the HHS Secretary would be
7 able to include up to 2,000 beneficiaries in a
8 demonstration at any one time.

9 No later than two years after the demonstration
10 concludes, the HHS Secretary would be required to
11 provide a report to Congress that includes an evaluation
12 of the demonstration.

13 The second new section is Section 110. Section 110
14 would deposit \$50 million into the Medicare Improvement
15 Fund.

16 Mr. Portman. For Title II, the first section that
17 is changed in the modification to the Chairman's Mark is
18 Section 208. It is retitled the MACPAC Study and Report
19 on MAT Utilization Controls under State Medicaid
20 Programs.

21 The Chairman's Mark would create a standalone
22 requirement that the Medicaid and CHIP Payment and
23 Access Commission, within one year after the date of
24 enactment, make publicly available a report on states'
25 Medicaid programs for utilization control policies for

1 medication-assisted treatment. The report must include
2 policies for both fee-for-service and managed care
3 delivery systems and contain an inventory of policies
4 related to ensuring beneficiaries' access to medically
5 necessary treatment, an analysis of states' compliance
6 with regulations on managed care entities' utilization
7 controls and identify states' policies that limit access
8 to medication-assisted treatment by limiting quantities
9 without evaluating the potential for fraud, waste and
10 abuse.

11 The second change in Title II is to accept Cassidy
12 2/Brown 2, which is a change related to adult behavioral
13 health quality measures. This would add Section 211,
14 Mandatory Reporting with Respect to Adult Behavioral
15 Health Measures.

16 The Mark would amend Social Security Act Section
17 1139B to require states to report quality measures
18 related to behavioral health included in the core set of
19 adult health quality measures beginning in 2024. It
20 would also require the HHS Secretary to maintain such
21 behavioral health measures within its core set for
22 purposes of state reporting requirements.

23 Ms. Dwyer. And finally, on page 16 of the Mark,
24 two new sections are provided.

25 Section 212 -- under the Mark, this section would

1 create a standalone requirement that the Secretary of
2 HHS within one year after the date of enactment issue a
3 report on innovative initiatives and strategies that
4 states may use under Medicaid to provide housing-related
5 services and supports to beneficiaries with substance
6 use disorders who are at risk of experiencing
7 homelessness.

8 The report would focus on successful methods and
9 strategies to increase housing stability for
10 beneficiaries with substance use disorders, including
11 innovative approaches and lessons learned from states
12 providing housing-related services and supports under
13 Medicaid waivers, existing opportunities for states to
14 provide housing-related services and supports through
15 such waivers and under state plan amendments and
16 strategies and partnerships developed and implemented by
17 state Medicaid programs and other entities to identify
18 and enroll eligible individuals with substance use
19 disorders who are experiencing or at risk of
20 experiencing homelessness.

21 And finally, the Mark would also add new Section
22 213. Under the Mark, this section would require the
23 Secretary of HHS to provide technical assistance and
24 support to states seeking to provide housing-related
25 supports and services as well as care-coordination

1 services under Medicaid to beneficiaries with substance
2 use disorders, and issue a report detailing an action
3 plan to do so within 180 days after enactment.

4 I believe this concludes the modifications for the
5 Mark, Mr. Chairman.

6 The Chairman. Well, thank you.

7 Are there any members who have any questions for
8 the staff?

9 Okay. We are going to need nine members present.
10 I think we are pretty close.

11 We do have it?

12 If there are no further questions, the modification
13 to the Chairman's Mark is now open to amendment.

14 Are there any amendments?

15 Senator Portman?

16 Senator Portman. Colloquy. Mr. Chairman, as I
17 mentioned in my opening remarks, I appreciate you and
18 Senator Wyden working with us on a couple of amendments.
19 One is the STOP Act that was referenced by a number of
20 other people.

21 And I would love to enter into a colloquy with you
22 and Senator Wyden if that is appropriate at this time.

23 The Chairman. Yes. Okay.

24 Senator Portman. Mr. Chairman, the STOP Act is a
25 product of bipartisan and bicameral agreement. I

1 appreciate the support that you and Ranking Member Wyden
2 have given this process, as well as the support of the
3 product by Ways and Means Chairman Kevin Brady and, of
4 course, my coauthor Senator Klobuchar, as well as many
5 members of this body, including Senator Whitehouse, who
6 is on his way back, Senator Brown and others.

7 As we mentioned earlier, fentanyl is the number-one
8 killer in the opioid epidemic. In my own home state of
9 Ohio, it looks like it is going to be responsible for
10 nearly two-thirds of our deaths this least year alone.

11 In my hometown, the number of fentanyl deaths has
12 increased by a thousand percent just since 2013.

13 We know where these drugs are coming from, for the
14 most part. They are being manufactured in China,
15 primarily. We know they are coming in through one
16 source, for the most part, and that is the U.S. Postal
17 Service. And we know that this legislation would be
18 helpful to be able to help law enforcement identify some
19 of these packages to find that needle in the haystack.
20 Nine hundred million packages a year, they need the
21 information that we are requiring the Post Office under
22 this legislation to provide.

23 So I appreciate the fact that you have worked with
24 us on this legislation. I thank you for your support of
25 it. And I look forward to debating and voting on it on

1 the Senate floor very soon.

2 The Chairman. Well, thank you, Senator Portman.
3 The STOP Act is an important issue to consider as
4 Congress addresses the opioid crisis.

5 As you know, this amendment is nongermane to
6 today's Mark. But the Ranking Member and I have agreed
7 to seek to discharge the measure as modified so the
8 provision can be considered on the Senate floor.

9 Senator Wyden, do you have anything to add to this?

10 Senator Wyden. I do, Mr. Chairman. And I will be
11 brief.

12 First of all, Mr. Chairman, I want to thank you for
13 your leadership, Chairman Hatch, in facilitating the
14 compromise we have now reached with Senator Portman.

15 I think my colleagues know I did have some concerns
16 about earlier versions of the STOP Act. We do not have
17 to get down into all the weeds here, but I simply
18 thought the earlier version was unworkable.

19 So at the same time, I agreed with Senator Portman
20 and Senator Brown and Senator Stabenow and our
21 colleagues who made it clear that they wanted some
22 version of legislation here so we could up our fight
23 against the scourge of opioids that too often is
24 delivered through the mail.

25 So Senator Portman and I reached an agreement this

1 morning on a way to address the concerns I have been
2 talking about lo these last few weeks. The plan that
3 Senator Portman is now talking about reflects our
4 agreement. I intend to be a cosponsor of the bill.

5 And, Mr. Chairman, I am pleased that we were able
6 to reach an agreement with all the parties to now
7 discharge from the Finance Committee this matter and the
8 full Senate would be able to consider it.

9 I want to thank my colleagues for their patience.
10 I think Senators know that this has been I might
11 describe it as a spirited exchange and we have worked
12 out our differences. And that is the way the Finance
13 Committee is supposed to work.

14 The Chairman. Have any members have any questions
15 at this point?

16 Senator Stabenow. Mr. Chairman, if I might just on
17 the STOP Act, I just want to first commend Senator
18 Portman for his tenacity in this. And very pleased to
19 be a cosponsor with him as well as Senator Brown and
20 other members of this Committee.

21 And I thank both of you and the Ranking Member for
22 working things out so that we can move forward on this.
23 So I am very hopeful this will be able to move through
24 the process quickly and be able to be passed. Thank
25 you.

1 Senator Portman. Thank you.

2 And, Mr. Chairman, can I just say I thank you and
3 Senator Wyden and my colleagues on the Committee who
4 have spoken today for your willingness to work with us
5 to get a result. That is ultimately what this is about.

6 And, Senator Wyden, thank you in particular for
7 your willingness to engage with us on some substantive
8 issues that ended up changing the bill slightly, but
9 keeping the spirit and the effect of this alive. So we
10 look forward to getting it discharged and voting on the
11 floor.

12 Thank you, Mr. Chairman.

13 The Chairman. Okay. Thank you.

14 We do have nine members present, so we can move
15 forward.

16 If there are no further questions, the modification
17 to the Chairman's Mark is now open to amendment.

18 Are there any amendments?

19 Senator Casey. Mr. Chairman?

20 The Chairman. Who is it? The Senator from
21 Pennsylvania.

22 Senator Casey. Mr. Chairman, I would like to call
23 up the Casey Amendment number one which Senator Carper
24 has asked to cosponsor.

25 This amendment reflects a very simple principle

1 that a copayment should not stand in the way of any
2 senior who seeks recovery.

3 We know that through the CHRONIC Care Act, we voted
4 in this Committee to take a nationwide Medicare
5 demonstration to lower out-of-pocket costs to treat
6 diabetes, heart disease, dementia and more. This
7 amendment simply signals that the administration should
8 apply that same idea to combat the opioid crisis.

9 Seniors and people with disabilities seeking opioid
10 treatment should benefit from the same test to see
11 whether lowered copayments would make it easier to
12 access care, just like we did in the other context, not
13 in the context of opioids, but in the context of
14 diabetes, heart disease, dementia and more.

15 When the administration testified before this
16 Committee, we heard that out-of-pocket costs are one of
17 the many barriers that prevent people with Medicare from
18 accessing treatment.

19 Recovery advocates and national groups representing
20 seniors agree this amendment, supported by the Harm
21 Reduction Coalition, the National Committee to Preserve
22 Social Security and Medicare and, in Pennsylvania,
23 leading voices for people living in long-term recovery.

24 This amendment is about using every tool at our
25 disposal to enhance access to opioid treatment and the

1 lifesaving medications that reverse overdose.

2 As I mentioned earlier today, in 2016, more than
3 4,600 Pennsylvanians died from drug overdoses in just
4 that one year; 13 are lost every day due to a drug
5 overdose.

6 To stop those deaths, we must ensure that people
7 can afford treatment. This is a no-cost amendment. Let
8 me say that again: a no-cost amendment. And it takes a
9 small and important step in that direction.

10 And I would ask for a recorded vote.

11 The Chairman. -- on this amendment?

12 If not, do we need a vote on it?

13 Senator Wyden. Mr. Chairman, I think my colleague
14 would like a vote on the amendment.

15 The Chairman. The clerk will call the role.

16 The Clerk. Mr. Grassley?

17 Senator Grassley. No.

18 The Clerk. Mr. Crapo?

19 The Chairman. No by proxy.

20 The Clerk. Mr. Roberts?

21 The Chairman. No by proxy.

22 The Clerk. Mr. Enzi?

23 Senator Enzi. No.

24 The Clerk. Mr. Cornyn?

25 The Chairman. No by proxy.

1 The Clerk. Mr. Thune?
2 The Chairman. No by proxy.
3 The Clerk. Mr. Burr?
4 The Chairman. No by proxy.
5 The Clerk. Mr. Isakson?
6 The Chairman. No by proxy.
7 The Clerk. Mr. Portman?
8 The Chairman. No by proxy.
9 The Clerk. Mr. Toomey?
10 Senator Toomey. No.
11 The Clerk. Mr. Heller?
12 Senator Heller. No.
13 The Clerk. Mr. Scott?
14 The Chairman. No by proxy.
15 The Clerk. Mr. Cassidy?
16 The Chairman. Mr. Cassidy? No by proxy.
17 The Clerk. Mr. Wyden?
18 Senator Wyden. Aye.
19 The Clerk. Ms. Stabenow?
20 Senator Stabenow. Aye.
21 The Clerk. Ms. Cantwell?
22 Senator Cantwell. Aye.
23 The Clerk. Mr. Nelson?
24 Senator Wyden. Aye by proxy.
25 The Clerk. Mr. Menendez?

1 Senator Menendez. Aye.

2 The Clerk. Mr. Carper?

3 Senator Wyden. Aye by proxy.

4 The Clerk. Mr. Cardin?

5 Senator Wyden. Aye by proxy.

6 The Clerk. Mr. Brown?

7 Senator Brown. Aye.

8 The Clerk. Mr. Bennet?

9 Senator Wyden. Aye by proxy.

10 The Clerk. Mr. Casey?

11 Senator Casey. Aye.

12 The Clerk. Mr. Warner?

13 Senator Warner. Aye.

14 The Clerk. Mrs. McCaskill?

15 Senator Wyden. Aye by proxy.

16 The Clerk. Mr. Whitehouse?

17 Senator Whitehouse. Aye.

18 Senator Wyden. Aye by proxy.

19 Oh, he is in person. You are not in your place.

20 [Laughter].

21 Senator Wyden. Let him be recorded in person.

22 The Clerk. Mr. Carper?

23 Senator Carper. Aye.

24 The Clerk. Mr. Chairman?

25 The Chairman. No.

1 The clerk will tell the tally.

2 The Clerk. Mr. Chairman, the final tally is 13
3 ayes, 14 nays.

4 The Chairman. The amendment is defeated.

5 Senator Toomey. Mr. Chairman?

6 The Chairman. Who is it? Senator Toomey.

7 Senator Toomey. I have an amendment at the desk.

8 I would like to call up Toomey number one.

9 The Chairman. Mr. Toomey, we will go to your
10 amendment.

11 Senator Toomey. So I think we all know the federal
12 government continues to be the largest single purchaser
13 of opioids in the entire world. In addition to that,
14 the federal government pays for about 60 percent of all
15 opioid-related hospitalizations.

16 That tells me that Medicare and Medicaid have an
17 obligation to try and remedy the problem that they are
18 frankly paying for.

19 We held a field hearing in Bensalem, Pennsylvania
20 recently, including expert panels from government and
21 outside of government. And one of the major takeaways
22 when we discussed the efforts that Medicare and Medicaid
23 has to reduce opioid overutilization and misuse, one of
24 the major takeaways was that there are far too few
25 Medicare and Medicaid beneficiaries who are consuming

1 significant and large dosages of prescription opioids,
2 far too few of them are being monitored by the program
3 that is meant to monitor overutilization and misuse.

4 A case in point. The Centers for Disease Control
5 establishes guidelines for chronic pain prescribing.
6 And they suggest to avoid or carefully justify dosages
7 over 90 milligrams morphine-equivalent dose, MED, 90
8 milligrams per day.

9 And the CDC says, when you are at or above that
10 level, the risks begin to outweigh the evidence of
11 medical benefit. That is the CDC.

12 Well, 1.6 million Medicare beneficiaries met that
13 threshold in 2016. And as I say, Medicare has a tool
14 for dealing with overutilization. It is called the
15 Overutilization Monitoring System.

16 And CMS believes that this tool is effective, but
17 here is a problem: It captures far too few people who
18 meet these criteria.

19 This chart is a depiction of this. The large
20 magenta circle represents the 12.6 Medicare
21 beneficiaries that received an opioid prescription in
22 2017. Of those 12.6, the green piece of the pizza pie
23 represent -- I am sorry. The 1.6 million who received a
24 prescription dosage at the level that the CDC says puts
25 you at risk. That is about 12.6 percent of the larger

1 circle, one in eight Medicare beneficiaries.

2 How many are CMS actually monitoring of this
3 amount? A tiny, tiny slice, 44,332, fewer than 3
4 percent of the people that CDC believes are at risk are
5 actually being monitored.

6 Now, at the hearing we discussed one specific
7 beneficiary population that really seems like a no-
8 brainer to include in this monitoring and that is those
9 people who have already suffered an opioid-related
10 overdose. It happens to be, not surprisingly really,
11 one of the most significant predictors of a future
12 overdose is someone who has had one previously.

13 And yet, individuals who have already suffered a
14 nonfatal overdose continue to receive opioid
15 prescriptions funded by Medicare and Medicaid, known to
16 Medicare and Medicaid, including at high doses. And
17 these programs have no systemic effort to even monitor
18 this consumption.

19 No method for even informing their physician, the
20 prescribing physician, that this person earlier had an
21 overdose.

22 So my amendment, Mr. Chairman, would simply use the
23 existing tools within Medicare and Medicaid to try to
24 encourage a monitoring, a more appropriate prescribing
25 for this vulnerable population.

1 For Medicare, it would require CMS to first
2 identify beneficiaries who have overdosed and then
3 include them in this Overutilization Monitoring System.
4 That means telling the plan that they participate in
5 that there has been an overdose, making sure the
6 beneficiary is notified and provided every opportunity
7 to appeal, alert prescribers so that the doctors who are
8 prescribing opioids know that this person had an
9 overdose in the past, and a plan must enroll the
10 beneficiary in case management.

11 Now, for the vast majority of individuals, that is
12 it, those items that I just went through would be the
13 sole consequence. But for a small percentage, a plan
14 could take a further step and have a beneficiary-
15 specific point-of-sale safety edit.

16 In other words, the plan could work out a threshold
17 above which a person cannot automatically get their
18 prescription filled. It would be stopped at the
19 pharmacy. The physician could override that, but at
20 least there would be a check on this vulnerable
21 population.

22 And finally, only if none of those measures worked,
23 then the plan would have the ability to adopt a policy
24 that we passed by a voice vote in CARA in 2016, and that
25 is the lock-in provision that says, under those

1 circumstances, a person would be required to get their
2 prescription from a single provider and a single
3 pharmacy.

4 That is a tiny, tiny percentage of these people,
5 but I think we are doing a great disservice to knowingly
6 continue to provide sometimes very large quantities of
7 opioids to people who clearly are at substantial risk.

8 The lock-in amendment, I appreciate the work with
9 Senator Brown, Senator Kaine and Senator Portman a
10 couple of years ago when we got that adopted. It was
11 adopted by voice vote.

12 For Medicaid, a similar approach. We would ask
13 states to identify beneficiaries with a history of
14 nonfatal overdoses, use existing drug utilization review
15 programs, very similar tools. They vary a little bit
16 state by state, but the idea is to remediate any
17 inappropriate prescribing for these beneficiaries.

18 These are modest steps, Mr. Chairman. It would at
19 least help us to identify these at-risk beneficiaries
20 and inform prescribing physicians about the potential
21 danger for the prescriptions.

22 And so I would ask for a recorded vote.

23 Senator Wyden. Mr. Chairman?

24 The Chairman. The Senator from --

25 Senator Wyden. Mr. Chairman, I would like to be

1 recognized to speak in opposition to the Toomey
2 amendment.

3 Colleagues, I have said for quite some time that a
4 lock-in can be part of the solution, but only if it is
5 coupled with real efforts to connect these older people
6 with treatment, treatment that is going to get at the
7 underlying issue of a potential substance use disorder.
8 And I cannot find in the Toomey amendment that kind of
9 connection.

10 So I want to ask Mr. Kazan, who is one of our
11 experts on this, a couple of questions as we start the
12 debate.

13 And the first, Mr. Kazan, is, does the Toomey
14 amendment, the version of the lock-in proposal he offers
15 today, does it include increasing access to treatment?

16 Mr. Kazan. Senator, no. The Part D lock-in
17 program does not traditionally offer increased access to
18 treatment services.

19 Senator Wyden. All right.

20 Now, the second point as we start this debate is
21 the sponsor indicates that there is going to be some
22 identification kind of program. What recourse would a
23 senior citizen have if they had been misidentified as a
24 beneficiary at risk in this area? Because I do not see
25 anything relating to that either.

1 Mr. Kazan. Senator, so under the current Part D
2 lock-in program, the onus is on the beneficiary to
3 navigate the appeals process if they feel that he or she
4 has been misidentified by the Part D plan when they are
5 locked in.

6 So the first step would be for the Part D
7 beneficiary to appeal to the same plan that identified
8 them in the first place. And the plan would have to
9 recertify their original decision.

10 If that decision is not in favor of the
11 beneficiary, the beneficiary would then be required to
12 navigate a separate appeal process by an independent
13 entity and then that entity would take a look at what
14 the plan had decided.

15 Senator Wyden. Colleagues, I would only say, if
16 there had been an effort by the sponsor to work as we
17 have been trying to do in a bipartisan way so we could
18 tie lock-in to treatment, I would not be making the
19 remarks that I am making today.

20 But it seems to me, with having only the
21 enforcement arm, it is almost like you have several
22 pieces to this puzzle, I think what experts tells us is
23 this could lead to seniors, in effect, trying to find
24 medicine illicitly, perhaps, as we have seen in the
25 past, turning to heroin.

1 This is, in my view -- and I regret to say it, and
2 perhaps there will be a chance to work this out before
3 the floor -- the answer here is to ensure that
4 enforcement is coupled with treatment. This proposal is
5 only a part of the equation. It is treatment without
6 enforcement.

7 And I know my colleague, if I could yield to
8 Senator Stabenow, has great interest in treatment as
9 well.

10 Senator Stabenow. Well, thank you.

11 The Chairman. Senator Toomey. Oh, I am sorry.
12 Okay. Let's go to Senator Stabenow, and then go back to
13 you, Senator Toomey. Is that okay?

14 Senator Toomey. Fine. Go ahead.

15 The Chairman. Senator Stabenow.

16 Senator Stabenow. Okay. Okay, thank you.

17 Well, I just -- thank you, Mr. Chairman.

18 I appreciate the goal of the amendment. I think
19 the bigger issue, though, rather than saying too few
20 people are monitored -- that is certainly a part of it -
21 - but just to underscore what Senator Wyden said. The
22 fact is, too few people are getting treatment.

23 And so if we were coupling this with the amendment
24 that I have that is based on the legislation Senator
25 Blunt and I have and other members of the Committee

1 called the Excellence in Mental Health and Addiction
2 Treatment Act, if we were putting those together so we
3 actually were not just saying to people, no, you cannot
4 get a painkiller because you are using too many of them,
5 but if you have a problem, we are going to make sure you
6 can get treatment. That would make sense to me.

7 But just locking people out of the capacity to get
8 the medicines, particularly seniors and people with
9 disabilities -- that is who we are talking about, people
10 on Medicare -- that piece alone I think could have some
11 real unintended consequences.

12 And given the complexity of trying to figure out
13 who these folks are and what happens if there is a
14 mistake, again, I think this sets up too many unintended
15 consequences.

16 I would love to work on a way to combine this so
17 that we were actually not only monitoring those who may
18 in fact have challenges, but making sure that they were
19 getting the treatment that they needed. That would make
20 sense to me.

21 Thank you, Mr. Chairman.

22 Senator Toomey. Mr. Chairman?

23 The Chairman. Senator Toomey?

24 Senator Toomey. Thank you, Mr. Chairman.

25 First of all, I would like to just remind the

1 Ranking Member that our staffs did have extensive
2 discussions about this along the way.

3 As far as the appeals process goes, first of all,
4 my understanding is that CMS is the one that identifies
5 patients that are over utilizing, not the plans. I
6 believe it is CMS.

7 And as far as the appeal process goes, if someone
8 is identified as over utilizing the medicines, I believe
9 Senator Brown has an amendment that would, to some
10 degree, expedite the appeals process. And I am likely
11 to support that because I think that was the intent of
12 the original lock-in legislation.

13 But this idea that without having additional
14 treatment programs we must make sure that we are not
15 monitoring excessive consumption is unbelievable to me.

16 I might agree that we should consider broadening
17 treatment. As it happens, according to the data that
18 the Substance Abuse and Mental Health Service
19 Administration puts forward, they maintain that 93
20 percent of people with substance abuse disorder do not
21 get treatment because they do not believe they need it.
22 Of course, they do need it, but they have not been
23 convinced of this.

24 I am open to more ways to persuade these people to
25 come in for treatment. I am open to a discussion about

1 funding for this. But the idea that we must make sure
2 that a prescribing doctor does not know that the person
3 they are about to prescribe an opioid for recently had
4 an overdose, because we have not agreed on an increase
5 in treatment, so we are going to intentionally and
6 systematically keep the prescribing doctor in the dark,
7 I just for the life of me I do not understand it.

8 To me, that is like saying, unless you can cure
9 cancer, you better not doing anything about heart
10 disease. Let people die because you have not cured
11 everything.

12 This is a step in the right direction of helping to
13 get people into treatment, frankly.

14 Finally, let me just give a brief quote from Dr.
15 Andrew Kolodny, who is the co-director of opioid policy
16 research at Brandeis University. He has testified
17 before Senate committees on this topic at the invitation
18 of Democratic colleagues. And I quote, "Opioid-addicted
19 older Americans have not been switching to heroin.
20 Evidence suggests that more cautious opioid prescribing
21 in this group reduces overdose deaths, making
22 prescription opioids harder to access, especially for
23 opioid-addicted pain patients, will improve quality of
24 life and lead many to seek addiction treatment. Efforts
25 like Senator Toomey's amendment will encourage more

1 appropriate prescribing and will save lives.”

2 So I would urge my colleagues to support the
3 amendment.

4 The Chairman. Any further debate?

5 Pursuant to Rule 2A, the Chair rules that the
6 amendment is not germane. So the amendment is out of
7 order.

8 Senator Toomey. So I will respect the ruling of
9 the Chair. My understanding is that it is only out of
10 order because of the portion that pertains to Medicaid.
11 And so without any further elaboration on my part, I
12 would like to bring up Toomey number two which is the
13 exact same amendment except that it is silent on
14 Medicaid, it applies only to the Medicare section. And
15 I believe that is fully germane under the standards of
16 this Mark.

17 The Chairman. The Senator can bring up his
18 amendment.

19 Senator Wyden. Does the Senator want to speak on
20 the new amendment?

21 Senator Toomey. So it is amendment number two.
22 All of the same arguments pertain because it is
23 exclusively applicable to Medicare, it is not applicable
24 to Medicaid.

25 Senator Wyden. Mr. Chairman, just so we are clear,

1 we are now dealing with another amendment that deals
2 just with Medicare, but the basic issue is still the
3 same. This does not provide access to treatment.

4 And the only additional argument, because my
5 colleague and I have already gone through one round, is
6 my colleague just said in his remarks, Senator Toomey
7 said, that he is especially concerned about people who
8 are overdosing.

9 And I have known Senator Toomey for a long time.
10 He has strong views. And I do not doubt his sincerity
11 that he cares about people who have had an overdose.

12 But those who have just had an overdose should be
13 the first ones, colleagues, connected to treatment.
14 They should be the first ones connected to treatment.
15 And this amendment is silent when it comes to helping
16 someone like that recover.

17 So I still urge my colleagues to oppose this simply
18 because it remains just one of the two parts of the
19 puzzle. Enforcement, very important nobody is
20 disagreeing, but enforcement without a link to
21 treatment, that is a mistake.

22 And the new element here, which we did not talk
23 about on the first round, was Senator Toomey said he was
24 concerned about people who are overdosing. And I accept
25 his concern as one that he sincerely expresses.

1 But it still means that if you have overdosed, you
2 ought to be the first one, the very first one from a
3 standpoint of health policy, who would be connected to
4 treatment, you ought to have that opportunity. This
5 bill does not stipulate that the treatment would be
6 available.

7 I urge the opposition to the second version of the
8 Toomey amendment.

9 Senator Toomey. Mr. Chairman?

10 The Chairman. The Senator from Pennsylvania.

11 Senator Toomey. I would like to make just one
12 brief point in rebuttal.

13 A person who has had a nonfatal overdose is very,
14 very likely addicted. A person who is addicted and who
15 continues to have a ready stream of opioids provided to
16 him is unlikely to seek treatment. They need to be
17 identified. This needs to be brought to the attention
18 of the doctor who does not know that they have had this
19 overdose, who is about to provide them with yet another
20 prescription so that you can begin the conversation and
21 get that person into treatment.

22 But continuing Medicare, giving them a ready supply
23 of the very drug to which they are addicted, that is not
24 going to get them treatment.

25 Senator Stabenow. Mr. Chairman, if I just might

1 say first that I just disagree with the assessment of
2 addiction in terms of what is being said.

3 But secondly, if you are concerned about getting
4 people into treatment, we do not have enough treatment
5 right now. And I support the policies that we are
6 putting forward today, but none of them will increase
7 actual funding for treatment in the community or in
8 hospitals.

9 And so if we want to get people into treatment,
10 then we have to support treatment and funding treatment
11 and not just putting people in a horrible situation
12 where they do not have options for treatment.

13 Senator Cassidy. Mr. Chairman?

14 The Chairman. Senator Cassidy?

15 Senator Cassidy. I was not going to speak, but as
16 a physician who until recently practiced, I cannot
17 believe you would not tell the doctor this. The doctor
18 is the patient's advocate. The doctor will actually go
19 out and find a treatment bed.

20 The doctor may be committing malpractice because he
21 does not know that this patient should not be taking
22 opioids, but because the doctor is not told, she will
23 prescribe something which she should not prescribe.

24 I just cannot believe that you would blind the
25 patient's advocate to this information. And I am

1 strongly in support. For the patient's sake, I am
2 strongly in support of what Toomey is trying to do.

3 The Chairman. Any further debate?

4 If not, then the clerk will call the role.

5 The Clerk. Mr. Grassley?

6 Senator Grassley. Aye.

7 The Clerk. Mr. Crapo?

8 The Chairman. Aye by proxy.

9 The Clerk. Mr. Roberts?

10 The Chairman. Aye by proxy.

11 The Clerk. Mr. Enzi?

12 Senator Enzi. Aye.

13 The Clerk. Mr. Cornyn?

14 The Chairman. Aye by proxy.

15 The Clerk. Mr. Thune?

16 The Chairman. Aye by proxy.

17 The Clerk. Mr. Burr?

18 The Chairman. Aye by proxy.

19 The Clerk. Mr. Isakson?

20 The Chairman. Aye by proxy.

21 The Clerk. Mr. Portman?

22 The Chairman. Aye by proxy.

23 The Clerk. Mr. Toomey?

24 Senator Toomey. Aye.

25 The Clerk. Mr. Heller?

1 The Chairman. Aye by proxy.
2 The Clerk. Mr. Scott?
3 The Chairman. Aye by proxy.
4 The Clerk. Mr. Cassidy?
5 Senator Cassidy. Aye.
6 The Clerk. Mr. Wyden?
7 Senator Wyden. No.
8 The Clerk. Ms. Stabenow?
9 Senator Stabenow. No.
10 The Clerk. Ms. Cantwell?
11 Senator Cantwell. No.
12 The Clerk. Mr. Nelson?
13 Senator Nelson. No.
14 The Clerk. Mr. Menendez?
15 Senator Wyden. No by proxy.
16 The Clerk. Mr. Carper?
17 Senator Carper. Aye.
18 The Clerk. Mr. Cardin?
19 Senator Wyden. No by proxy.
20 The Clerk. Mr. Brown?
21 Senator Brown. No.
22 The Clerk. Mr. Bennet?
23 Senator Wyden. No by proxy.
24 The Clerk. Mr. Casey?
25 Senator Wyden. No by proxy.

1 The Clerk. Mr. Warner?

2 Senator Warner. No.

3 The Clerk. Mrs. McCaskill?

4 Senator McCaskill. Aye.

5 The Clerk. Mr. Whitehouse?

6 Senator Whitehouse. No.

7 The Clerk. Mr. Chairman?

8 The Chairman. Aye.

9 The clerk will report the tally.

10 The Clerk. Mr. Chairman, the final tally is 16
11 ayes, 11 nays.

12 The Chairman. The amendment passes.

13 Senator Brown. Mr. Chairman?

14 The Chairman. Senator Brown?

15 Senator Brown. I would like to call up Brown
16 amendment number three. It was partly discussed in
17 Senator Wyden's questioning of Mr. Kazan.

18 I would like to thank the Chair and Ranking Member
19 for including Brown number two in the revised Mark.
20 This measure will go a long way towards improving
21 quality across Medicaid plans for individuals with
22 behavioral health and substance use disorder needs.

23 I thank you for working with my staff, Mr.
24 Chairman, on this.

25 Brown amendment three would clarify Section 704 of

1 CARA, which created a lock-in program in Medicare and
2 passed into law in 2016 that Senator Toomey had
3 mentioned.

4 For authors of the CARA Section 704, Senator Toomey
5 and Senator Portman from on this Committee and Senator
6 Kaine from Virginia, I am offering this amendment to
7 clarify our intent in drafting this provision and ensure
8 proper implementation of the law.

9 The amendment guarantees that beneficiaries who
10 appeal their inclusion in a lock-in program have an
11 independent decision-maker review the appeal as opposed
12 to having the plan make the appeal determination since
13 plans may have a financial interest in keeping that
14 beneficiary locked in.

15 The amendment has received technical feedback from
16 CMS. CBO has determined the measure has no budgetary
17 effect.

18 I encourage my colleagues to support the amendment,
19 simple clarification.

20 The Chairman. Any further debate?

21 Is there a need for a rollcall vote?

22 Senator Toomey. Mr. Chairman?

23 The Chairman. Is there a need for a rollcall vote
24 here?

25 Senator Toomey. Very briefly, I would just suggest

1 that I think that Senator Brown's amendment is
2 consistent with the intent when we drafted the lock-in
3 provision.

4 There is an appeal process that is available, but
5 at the first level it is routinely denied. And this
6 would facilitate patients seeking a redress if they are
7 mistakenly put there. So I support his amendment.

8 The Chairman. Any further comment?

9 Is there a need for a rollcall vote?

10 Senator Wyden. I think we can do it by voice.

11 The Chairman. All those in favor of Senator
12 Brown's amendment, say "aye."

13 [A chorus of "ayes."]

14 The Chairman. Any opposed?

15 [No response.]

16 The Chairman. The amendment is agreed to.

17 Senator Whitehouse. Mr. Chairman?

18 The Chairman. Any further amendments?

19 Senator Whitehouse. Mr. Chairman? Senator
20 Whitehouse, down here.

21 The Chairman. Senator Whitehouse, oh, I see.

22 [Laughter].

23 Senator Whitehouse. I do not have an amendment. I
24 did want to make a very brief comment because I love
25 being proud of Rhode Island.

1 And with respect to the conversation about Senator
2 Toomey's amendment, I wanted to report that Rhode Island
3 has a statewide health information exchange so that
4 electronic health records populate their information
5 onto a health information exchange.

6 And because of the robust nature of our electronic
7 health records and our robust statewide health
8 information exchange, any patient who turns up in an
9 emergency room or emergency department with an overdose,
10 their doctors will automatically know about this without
11 the requirement of any change or effect in the law. It
12 is part of their electronic health record and that
13 information goes automatically out to our full medical
14 community.

15 And indeed, they are even allowed to put family
16 members onto that electronic health record so that a
17 family caregiver or person of responsibility can get
18 notice, despite the medical disclosure rules, because we
19 have had some tragedies where people who are of adult
20 age died of overdoses after repeated appearance in
21 emergency rooms and their parents were simply never
22 notified because of that rule.

23 So we have this problem solved in a different way
24 and I simply wanted to bring that to the attention of my
25 colleagues.

1 The Chairman. Well, thank you, Senator.

2 Senator McCaskill, I understand, has some comments
3 to make.

4 Senator McCaskill. Yes. I am not going to offer
5 my amendment today. I think we have made some progress,
6 both with Senator Grassley and Senator Cassidy in terms
7 of I think we all agree on the goal here, we want
8 transparency for opioid manufacturers and the funding
9 they are giving to patient advocacy groups that then
10 allow them to front and have advocacy without anyone
11 knowing who is paying the bills.

12 We are going to continue to work on it. And I
13 think we have gotten a quasi-commitment that we will
14 either have an opportunity in a manager's package or on
15 an amendment on the floor, if we ever do amendments on
16 the floor again, that we could actually add this
17 provision at that time.

18 But I really want to thank Senator Grassley and his
19 staff and Senator Cassidy and his staff for spending
20 some time with us and working out what appeared to be
21 differences, but as we dive into it I think we are
22 getting perilously close to an agreement. And I think
23 we can probably get that done before this bill gets to
24 the floor.

25 The Chairman. Well, thank you, Senator.

1 Senator Wyden. Mr. Chairman?

2 The Chairman. I understand that Senator Nelson has
3 some comments.

4 Senator Wyden. Mr. Chairman, if I could just make
5 a quick comment about Senator McCaskill's efforts, and
6 then I know Senator Nelson wants to speak and we can be
7 wrapped up just in a few minutes.

8 First of all, I think it is critically important
9 that we work out Senator McCaskill's amendment prior to
10 going to the floor. Because what she is trying to do is
11 trying to ensure that these boards do what they are
12 intended to do, which is make decisions that are based
13 on sound health care policy, not somebody who has
14 figured out how to milk the system and gain a financial
15 advantage. So I think she is doing very important work.
16 And I think it is important that we work this out and
17 include it as part of any final bill.

18 And I know Senator Nelson would like to talk about
19 another matter, and then we are ready to vote.

20 The Chairman. Senator Nelson?

21 Senator Nelson. Mr. Chairman, we are going to have
22 a shortage in this country in just 12 years of somewhere
23 between 42,000 and 121,000 physicians -- a shortage.

24 And obviously, physicians with a specialty on
25 addiction, there is going to be a shortage.

1 So the amendment I have filed -- and obviously, I
2 am going to withdraw it because it is going to cost
3 money -- would be a thousand new Medicare-supported GME,
4 that is the medical residency positions, for doctors
5 trained in addiction medicine and addiction psychiatry.
6 And obviously, it is needed in a society that is
7 changing as ours is.

8 I will try to pass this in more appropriate forums.
9 But when we talk about addiction, this is certainly one
10 way to get at it. We have a shortage of doctors.

11 The Chairman. Thank you, Senator.

12 If there is no further amendments, the clerk will
13 call the roll on the bill.

14 The Clerk. Mr. Grassley?

15 Senator Grassley. Aye.

16 The Clerk. Mr. Crapo?

17 The Chairman. Aye by proxy.

18 The Clerk. Mr. Roberts?

19 The Chairman. Aye by proxy.

20 The Clerk. Mr. Enzi?

21 Senator Enzi. Aye.

22 The Clerk. Mr. Cornyn?

23 The Chairman. Aye by proxy.

24 The Clerk. Mr. Thune?

25 Senator Thune. Yes.

1 The Clerk. Mr. Burr?

2 The Chairman. Aye by proxy.

3 The Clerk. Mr. Isakson?

4 The Chairman. Aye by proxy.

5 The Clerk. Mr. Portman?

6 The Chairman. Aye by proxy.

7 The Clerk. Mr. Toomey?

8 Senator Toomey. Aye.

9 The Clerk. Mr. Heller?

10 The Chairman. Aye by proxy.

11 The Clerk. Mr. Scott?

12 The Chairman. Aye by proxy.

13 The Clerk. Mr. Cassidy?

14 Senator Cassidy. Aye.

15 The Clerk. Mr. Wyden?

16 Senator Wyden. Aye.

17 The Clerk. Ms. Stabenow?

18 Senator Stabenow. Aye.

19 The Clerk. Ms. Cantwell?

20 Senator Cantwell. Aye.

21 The Clerk. Mr. Nelson?

22 Senator Nelson. Aye.

23 The Clerk. Mr. Menendez?

24 Senator Wyden. Aye by proxy.

25 The Clerk. Mr. Carper?

1 Senator Carper. Aye.

2 The Clerk. Mr. Cardin?

3 Senator Wyden. Aye by proxy.

4 The Clerk. Mr. Brown?

5 Senator Brown. Aye.

6 The Clerk. Mr. Bennet?

7 Senator Wyden. Aye by proxy.

8 The Clerk. Mr. Casey?

9 Senator Wyden. Aye by proxy.

10 The Clerk. Mr. Warner?

11 Senator Wyden. Aye by proxy.

12 The Clerk. Mrs. McCaskill?

13 Senator McCaskill. Aye.

14 The Clerk. Mr. Whitehouse?

15 Senator Whitehouse. Aye.

16 The Clerk. Mr. Chairman?

17 The Chairman. Aye.

18 The clerk will tally the vote.

19 The Clerk. Mr. Chairman, the final tally is 27

20 ayes, zero nays.

21 The Chairman. It looks to me like this bill

22 passes.

23 [Laughter].

24 The Chairman. I ask consent that --

25 Senator Wyden. Mr. Chairman, before we wrap --

1 yes? Why don't you do that and then I would like to be
2 recognized for, like, one minute.

3 The Chairman. All right.

4 I ask consent that staff be granted authority to
5 make technical, conforming and budgetary changes. And
6 without objection, it is so ordered.

7 Let us see. Let us see. Okay, that is -- I will
8 wait until after you.

9 Senator Wyden. Yes. Mr. Chairman, I am not going
10 to do any speechifying. I just want to thank you and
11 the staff for the efforts and the spirit in which these
12 discussions have taken place. This is a topic that is
13 not for the fainthearted. We all understand this is not
14 the last word with respect to getting this policy area
15 right.

16 But suffice it to say, if you had said in January
17 of 2017 that we were going to get a 10-year CHIP bill,
18 number one, that we were going to get Families First,
19 number two, that we were going to update the Medicare
20 guarantee to include CHRONIC care, people would have
21 said all of that was just simply impossible. It
22 happened. It happened because you tried at every
23 opportunity to try to bring this Committee, the Finance
24 Committee, which pays for much of health care in
25 America, together.

1 This is a good start. And I appreciate the fact
2 that you and the staff have worked so constructively.
3 We have got a lot of heavy lifting to go to the floor.
4 And I look forward to pursuing it with you.

5 The Chairman. Well, thank you, Senator. It has
6 been my pleasure to work with you all these years. And
7 I really appreciate your comments here today.

8 This is a very, very important bill. And I would
9 like to thank all my colleagues for their attendance
10 today.

11 This was an important step toward getting millions
12 of beleaguered families the assistance and help they
13 need to climb out of the dark pits of despair that this
14 crisis has brought.

15 I look forward to continuing our work together and
16 passing these important reforms into law.

17 With that, this markup is adjourned.

18 Oh, let me just say one other thing, too, before I
19 finish.

20 We could not do any of this as well without the
21 staff. The staff on this Committee is superior. They
22 are all excellent, excellent staff people. They are
23 experts in the field. I think they do a terrific job.
24 They do a terrific job of bringing us together and it is
25 really a privilege to chair this Committee and to have

1 us work as closely as we have through all these years.

2 I am really very grateful, especially on this particular
3 bill, but on so many others as well.

4 And I want to personally pay tribute to the Ranking
5 Member. Senator Wyden is a joy to work with most of the
6 time.

7 [Laughter].

8 Senator Wyden. Borderline. Borderline.

9 The Chairman. In fact, almost all the time. We
10 meet regularly and we have worked very closely together
11 on so many issues. And I just want to personally pay
12 tribute to him. This is an important bill for him as
13 well and, frankly, for everybody on this Committee.

14 So, Senator Wyden, thank you.

15 Senator Wyden. Thank you, Mr. Chairman.

16 The Chairman. With that, we will recess until
17 further notice.

18 [Whereupon, at 3:57 p.m., the meeting was
19 concluded.]

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