

**U.S. Senate Homeland Security and Governmental Affairs Committee**

**“Unintended Consequences: Medicaid and the Opioid Epidemic”**

**January 17, 2018**

**Ranking Member Claire McCaskill**

**Opening Statement**

Thank you, Mr. Chairman. Mr. Chairman, as everyone can agree, the deadly scourge of opioids in our communities is the most critical national public health issue confronting our country today. We must do everything in our power to confront this epidemic head-on and bring every tool possible to the fight.

I look forward to working with Chairman Johnson and my Democratic and Republican colleagues to uncover the real causes of the opioid epidemic. But this idea that Medicaid expansion is fueling the rise in opioid deaths is total hogwash. It is not supported by the facts. And I am concerned that this committee is using taxpayer dollars to push out this misinformation to advance a political agenda. The work we do in this Committee has real world consequences. And if we advance an idea that's not supported by the facts, we can endanger people's lives.

So, Mr. Chairman, let's look at the facts. Two researchers recently reviewed data from the National Vital Statistics Mortality Files. This data shows all the reasons people die in the United States, state by state. They reviewed the data for five years and found there is no statistically significant evidence that Medicaid

expansion affects drug-related overdoses. Separate scientific studies conducted by other authors show that opioid epidemic predates Medicaid expansion and that recent increases in overdoses stem from fentanyl and heroin, not prescriptions obtained through Medicaid. Unlike the report released by the majority staff today, these studies were both scientific and comprehensive.

Rather than fueling the opioid epidemic, Medicaid expansion is providing important tools for patients, doctors, and states to combat this crisis. Medicaid is a first responder to the epidemic, not the cause. Medicaid expands access to our most valuable tool in the fight against opioids – addiction treatment. Only 10% of individuals who meet the diagnostic criteria for a substance abuse disorder receive treatment in any year and, although there are many reasons for failure to treat, key reasons include lack of insurance coverage and inability to pay.

Following expansion under the ACA, approximately 12 million Americans were able to receive health care coverage under Medicaid for the first time — including thousands of people addicted to opioids.

Medicaid provided coverage to three in ten people grappling with opioid addiction in the United States in 2015. Medicaid covers services to treat substance use disorder, such as intensive outpatient treatment and inpatient detoxification.

The ACA broadened Medicaid coverage to include medication-assisted treatment, a recovery program that combines medication with counseling and other therapies.

Medicaid expansion helps address the opioid problem – it did not create it. Let's look at some more facts. In September, Mr. Chairman, you invited Dr. Katherine Baicker to a hearing on the history and current realities of the U.S. healthcare system. Last month, Dr. Baicker and her colleagues issued a report examining data from the state of Oregon. By comparing the use of opioids between the population that received health care coverage under Medicaid expansion and the uninsured population, Dr. Baicker found that Medicaid expansion had a near-zero effect on opioid *use*—meaning that the expansion itself did not *cause* increased opioid used among the newly covered population. The study also found that expanding Medicaid coverage resulted in a higher use of opioid *treatment* by the newly covered population.

Mr. Chairman, I have asked my staff to draft a memorandum to staff summarizing the important scientific data on this topic. I ask unanimous consent for it to be entered into the record.

The science dispels any anecdotal information that Medicaid expansion is fueling the opioid epidemic. But the Chairman is correct that the ongoing opioid epidemic is a real public health crisis. In the United States today, too many opioids

are prescribed, too many are abused, and too many are paid for by the federal government. But instead of blaming a first-responder to this crisis, we should work together to hold those truly responsible for fueling the worst public health crisis in decades accountable.

I have devoted the better part of the last two years to this effort. I began my investigation because time and time again, we have heard about how opioid manufacturers used legal and illegal techniques to expand their market share and increase dependency on powerful – often deadly – painkillers. And we have heard about the failure of opioid distributors to monitor the flow of hundreds of millions of painkillers to pharmacies across the United States and then on to the black market. So, in an effort to determine the extent of the opioid industry’s culpability, I issued document requests to the largest opioid manufacturers and distributors.

My investigation is still ongoing. Meanwhile, dozens of states and counties – including Harrison County, Indiana, whose Prosecuting Attorney is here today – have sued opioid distributors or manufacturers or both for allegedly fueling the opioid epidemic. I am confident that over the coming years we will learn the full extent of industry’s role in causing this crisis.

It’s time for us to stop playing politics with people’s lives. And I invite the Chairman to join me in investigating the true root causes of the epidemic – and to

stop spreading this false, biased, and debunked narrative that the Medicaid expansion caused the opioid crisis.

Thank you, Mr. Chairman.