

**Chairman Roy Blunt Opening Statement  
Senate Appropriations Subcommittee on Labor, Health and Human Services,  
Education, and Related Agencies**

**Hearing titled "Addressing the Opioid Crisis in America: Prevention, Treatment,  
and Recovery"**

**December 5, 2017**

*(As prepared for delivery)*

Good morning. Thank you to our witnesses for being here today to talk about a critical issue confronting our nation – the opioid epidemic.

The opioid crisis has been called the worst drug epidemic our nation has ever faced.

Current death rates for all drug overdoses rival those at the peak of the AIDS crisis in the 1990s and opioid-specific overdoses now surpass car accidents as the number one accidental death in the country.

Over the last three years that Senator Murray and I have been the Chair and Ranking Member of the Labor/HHS Subcommittee, we have written bills that have increased opioid funding by \$760 million, or over 1,300 percent.

This is an issue the Appropriations Committee has confronted head-on and I appreciate that we have a president focused on this problem. In October, President Trump declared a Public Health Emergency, and in November his commission on opioids released its final report recommending a number of specific areas where we should focus response efforts.

These recommendations include many of the programs we have funded the last several years as well as novel ideas that I think our Subcommittee should closely consider as we finalize a funding bill for FY2018. As we move forward, I am interested to hear our witnesses' perspectives on what programs are effective, where we should focus future funding, and what new proposals we should consider as part of an Omnibus.

In particular, as I continue to hear from constituents back home, leaders on this issue in Missouri, and experts in the addiction field – including all the panelists from HHS here with us today – I think this Subcommittee needs to consider three key proposals moving forward.

First, we need to understand the best options for treating an opioid use disorder. I believe this means recognizing that behavioral health issues should be treated like any other physical health ailment. Mood and anxiety disorders double the risk of addiction. If we are going to effectively address opioid addiction, we need to ensure that those suffering can access effective treatment – and that should include mental health services.

Second, we need to stem the number of individuals who become addicted in the first place. This involves improving surveillance to better understand where the problems are and where they are most severe. It includes educating physicians about the possible risks of prescribing opioids while also ensuring that we do not penalize physicians who act responsibly. Also, and perhaps most importantly, we need to ensure the public understands the risks of taking opioids. Many individuals do not realize how easy it is to become addicted and we need to increase our public awareness education efforts.

Finally, simply reducing opioid prescriptions does not address the core problem of the crisis – effective pain management. We need to focus on developing new pain treatments as adequate alternatives to opioids. If patients with acute or chronic pain do not have reasonable access to non-addictive pain medications or alternative treatments, it will be difficult to get this crisis under control.

Unfortunately, there is no silver bullet to solve this crisis. We need a comprehensive plan to address all of these issues if we're going to get the opioid epidemic under control. I look forward to hearing the witnesses' testimony today and remain committed to working with my colleagues to continue to address this significant public health crisis.

Thank you.

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