

Chairman Alexander Opening Statement
How Primary Care Affects Health Care Costs and Outcomes
February 12, 2019

The Senate Committee on Health, Education, Labor and Pensions will please come to order. Senator Murray and I will each have an opening statement, and then we will introduce the witnesses. After the witnesses' testimony, senators will each have 5 minutes of questions.

Dan, a constituent of mine who lives in Maryville, Tennessee, recently wrote me about his wife, who has a rare disease that causes her chronic pain.

Dan is concerned because it has become more difficult for her to access painkillers.

Dan wrote, "She is not an abuser, and is doing everything right. Now it's harder for her to get the medicine she needs."

Dan's wife is one out of 100 million Americans who, according to a 2011 report by what was then the Institute of Medicine, now the National Academy of Medicine, are living with some pain—that is about 30 percent of Americans. 25 million of those have moderate or severe pain.

A new report released in 2018, from the Centers for Disease Control and Prevention, says that about 50 million Americans have chronic pain, and nearly 20 million of those Americans have high-impact chronic pain.

Here is the reality: we are engaged in a massive effort to make dramatic reductions in the supply and use of opioids – the most effective painkiller we have.

But on the theory that every action has an unintended consequence, we want to make sure that as we deal with the opioid crisis, we keep in mind those people that are hurting.

We are holding this hearing to better understand the causes of pain, how we can improve care for patients with pain, and where we are on developing new medicines and ways to treat pain.

We know that pain is one of the most frequent reasons people see a doctor, and, according to the Mayo Clinic, the number of adults in the United States with pain is higher than the number of people with diabetes, heart disease, and cancer combined.

These Americans need more effective ways than opioids or other addictive painkillers to manage pain.

Opioids, which are commonly used to treat pain, can lead to addiction and overdose.

More than 70,000 Americans died from drug overdoses last year, including prescription opioids, making it the biggest public health crisis in our country.

Last year, Congress passed comprehensive opioid legislation to combat this crisis, which President Trump called “the single largest bill to combat a drug crisis in the history of our country.”

Our legislation included more than 70 ideas from 72 Senators, and eight committees in the House and five Committees in the Senate, that included:

Reauthorizing training programs for doctors and nurses who prescribe treatments for pain;

Increasing access to behavioral and mental health providers; and

Encouraging the use of blister packs for opioids, such as a 3 or 7-day supply, and safe ways of disposing unused drugs.

We also took steps to ensure our new law wouldn’t make life harder for patients with pain, but now we need to take the next step to try to find new ways to help them:

First – We gave the National Institutes of Health more flexibility and authority to spur research and development of new non-addictive painkillers.

We also asked the Food and Drug Administration to provide guidance for those developing new non-addictive painkillers to help get them to patients more quickly.

I’m pleased to see Commissioner Gottlieb’s announcement this morning that the agency is developing new guidances on how FDA evaluates the risks and the benefits of new opioid treatments for patients with pain and to help the development of non-opioid treatments for pain.

Sam Quinones, a witness at one of our hearings, called new non-addictive painkillers the “holy grail” to solving the opioid crisis.

We have backed up those new authorities with substantial funding – most recently \$500 million to help the National Institutes of Health find a new non-addictive painkiller.

Second, we included provisions to encourage new pain management strategies, such as physical therapy.

Third, the new law requires experts to study chronic pain and report to the Director of the NIH how patients can better manage their pain.

And fourth, the new law requires the Secretary of Health and Human Services to report the impact on pain patients that Federal and State laws and regulations that limit the length, quantity, or dosage of opioid prescriptions.

Now that we have started to turn the train around and head in a different direction on the use of opioids, everyone – doctors, nurses, insurers, and patients – will need to think about the different ways we should treat and manage pain.

There are other things the federal government is doing to better understand what causes pain and how we treat and manage it.

For example, the National Pain Strategy, developed by the Interagency Pain Research Coordinating Committee, which develops recommendations to prevent, treat, manage, and research pain.

Through the National Institute on Drug Abuse and the National Institutes of Health's HEAL Initiative, researchers are working to better understand pain and why some people experience it differently than others.

This will help us find more ways to more effectively treat pain and help get people the treatment they need.

For example – physical therapy or exercise may be the best course of treatment for some kinds of back pain.

It may also help us understand why some people can take opioids to manage their pain for years without becoming addicted, while others more easily become addicted.

Today, I hope to hear about how close are we to having a non-addictive painkiller, and how doctors and nurses can better treat people with pain.

###