

count postcloture on the motion to proceed to S. 524.

The PRESIDING OFFICER. Without objection, it is so ordered.

ORDER FOR ADJOURNMENT

Mr. McCONNELL. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that it stand adjourned under the previous order, following the remarks of Senator WYDEN.

The PRESIDING OFFICER. Without objection, it is so ordered.

The Senator from Oregon.

OPIOID ADDICTION

Mr. WYDEN. Mr. President, tonight the Senate voted to turn its attention to the issue of opioid addiction. Clearly, what we know now is that opioid addiction has carved a path of destruction across America—a path of destruction from Medford, OR, to Manchester, NH.

During a number of community forums I held across my State just a few days ago, we talked about how we are going to grapple with this great challenge and what it is going to take to really turn the problem around.

My home State has the dubious distinction of ranking fourth worst for abuse and misuse of opioids in America. In my State, citizens made it very clear: They are not going to accept being fourth worst.

I know from talking with many of my colleagues that a whole host of States are dealing with this challenge, and what I have been struck by is how opioid addiction keeps manifesting itself in ways we certainly wouldn't have known about even 10 or 15 years ago.

At home in Oregon, I was particularly struck with parents who told me about high school athletes struggling with addiction to opioids. When I played basketball, dreaming of playing in the NBA, there was never any talk in the locker room about opioids. Now the next generation of young athletes seems to be getting caught up in this. If they have an injury, young people get down when they are not able to play sports. They get depressed. Maybe they go to a party. Maybe it starts with some alcohol. Maybe it starts with a prescription. But all of a sudden, it mushrooms and grows. This is what parents were telling me at home, and it is clear that Congress cannot sit on the side lines while the opioid addiction problem continues to mushroom.

In the coming years, Medicare and Medicaid are expected to account for over a third of substance abuse-related spending. We are talking about billions of dollars each year. As the ranking member of the Senate Finance Committee, which is required to pay for these bedrock health programs, I want to talk just for a little bit tonight about the critical role these programs are going to play in stemming the tide of opioid abuse.

I would like to begin by saying that it is my view that the American people are paying for a distorted set of priorities. Our people are getting hooked on opioids, there is not enough treatment, and vigorous enforcement is falling short. That, in my view, is a trifecta of misplaced priorities. And while it is not all going to be done this week, beginning this week the Congress has the opportunity to develop fresh policies that will begin to right the ship.

Last week the Senate Finance Committee held a hearing to discuss the opioid crisis. As I listened to the debate, there was a sense that policymakers are sort of lined up to choose between two sides. One is tough enforcement, which means cracking down on pill mills, fraudsters bilking Medicare and Medicaid with unneeded prescriptions, and unscrupulous abusers who doctor shop for their next bottle of pills. Then there is another side that believes there should be more focus on social services. My own view is that what is needed is a better approach that includes three priorities: more prevention, better treatment, and, yes, tougher enforcement. True success is going to require that all three work in tandem.

When it comes to preventing addiction, any discussion has to include how these drugs are prescribed in the first place. I have come to feel, as I got around Oregon and I listened to the testimony in the Finance Committee here recently, what has happened in America, for the last 15 or so years, has been on a prescription pendulum, where doctors were once criticized for not treating pain aggressively enough, today they seem to be criticized for prescribing too many opioids to manage pain.

In my view, our challenge is to work on a bipartisan basis to get this balance right. Of course we want our people to have an opportunity for science-based pain management, and we also don't want indiscriminate prescribing of opioids. It is about getting the balance right with respect to this prescription pendulum that our country has been on for the last 15 or 20 years.

I am pleased the Centers for Disease Control and Prevention is breaking new ground with their guidelines for prescribing opioids. If successful, I believe they could provide a meaningful reduction in overprescribing. I have also been concerned about the influence opioid manufacturers have on prescribing practices. So I have sent to the ranking Democrat on the Finance Committee an inquiry to Secretary Burwell to ensure that any potential conflicts of interest have been properly disclosed for members of government panels who are evaluating the Centers for Disease Control guidelines as a result of funding they receive from drug manufacturers.

Our physicians ought to have the best information on prescribing these powerful drugs without undue influence from the companies that are man-

ufacturing. In my view, a key piece of solving the opioid addiction puzzle has to be prompt and effective treatment of those who are dealing with an addiction to opioids.

The Finance Committee had three witnesses last week: a witness who was chosen by our distinguished chairman, Senator HATCH, a witness I chose, and an expert who was well thought of by all sides. The question was, How do you solve this opioid addiction challenge if you just restrict access to opioids?

I personally believe that kind of enforcement regime should be part of a solution, and I support that, but if all you do is restrict access to opioids, each of these experts—the one chosen by Chairman HATCH, the one I chose, independent expert, all of them said if all you do is restrict access to opioids, the addiction does not go away. The addiction doesn't just magically disappear.

I hope we can emphasize this as the Senate begins our debate. Any lasting solution is going to have to have enforcement, which this bill focuses on, but it is also going to have to have treatment and prevention. We are going to have to improve access to addiction treatment and mental health services.

I know the distinguished President of the Senate, like my State, has a lot of rural communities, and it is going to be particularly important to ensure that they are served. I think the distinguished President of the Senate knows it is not a surprise that some of the rural communities have some of the highest rates of abuse and opiate overdose in the country.

Mental health treatment for addiction certainly has gotten short shrift for too long. It is too important to have that kind of policy, and it is high time for a change. For example, Congress ought to also be taking a look at what is called the IMD exclusion, an out-of-date policy from the 1960s that says services like rehab or some emergency mental health stay in an inpatient setting can't be covered by Medicaid. That is a big policy change. I think it is important that we debate it, and I think we all understand finding the vast sums needed for those services would be a unique challenge.

Like so many other important issues, at the end of the day, this requires that our Congress make some tough choices. Yet if prevention and treatment are not locked in upfront, we ought to realize that if those are our choices, to not give adequate emphasis to prevention and treatment, the overall bill is going to come in even higher—pregnant mothers giving birth to opioid-dependent babies, EMTs and emergency rooms dealing with overdose calls every night, county jails taking the place of needed substance abuse treatment, able-bodied adults in the streets instead of working in the private sector at a family wage job. America's tax dollars ought to be spent more wisely. So as we begin this debate, we begin