Opening Statement for Congressman Mark DeSaulnier (CA-11)
The Opioid Epidemic: Implications for the Federal Employees' Compensation Act
Subcommittee on Workforce Protections Hearing
Committee on Education and the Workforce
May 8, 2018 at 10 a.m.

Mr. Chairman--

Thank you for holding this hearing today.

It is timely to examine the Federal Employees' Compensation Program and policies the Department has adopted regarding opioid prescriptions.

We cannot overlook the magnitude of the opioid problem. In a November 2017 report, the President's Council of Economic Advisors estimated that the opioid epidemic cost the United States a startling $504 billion in 2015, when accounting for both the fatal and non-fatal costs. Put into context, this equals 2.8 percent of the gross domestic product.

The Department of Labor receives 118,000 occupational injury and illness claims from federal and postal workers each year. I want to be clear that protecting these workers from workplace injuries – which are often times avoidable – should be our first line of defense. Should an injury or illness occur, ensuring that workers receive timely and appropriate care through FECA is the priority and this often includes care for pain management. However, we must also examine whether the current DOL policy is appropriate and effective.

DOL recently adopted policies to address opioid dependency in its FECA program. The Department now authorizes 60 days for initial opioid prescriptions, but requires prior authorization for refilling prescriptions after the initial 60-day fill. By contrast, California's Division of Industrial Relations adopted a formulary which allows a 4-day supply of opioids after surgery or injury, but requires pre-authorization for refills and prior authorization for any opioid prescription outside those narrow circumstances.

Providing a robust level of case management requires adequate resources. DOL's staff in the FECA Program has dropped from 734 full-time equivalents in 2013 down to a projected 626 in the FY 19 budget request. DOL simply lacks the staff to carry out extensive oversight and robust management, much less take the path followed by my home state of California.

Moreover, DOL's opioid policies are still a work in progress, since the Department does not have a policy covering those who have been on opioids for a lengthy period of time.

Mr. Chairman, I would also note that DOL is conspicuously absent from today's hearing, even though it is their opioid program that we are reviewing, and I would respectfully ask that you invite them to provide data and discuss their program at a subsequent hearing.

It is no secret that the DOL's Office of Workers' Compensation Programs has been challenged to better manage prescription drug costs. Postal and Labor Department Inspector Generals have issued reports documenting a systemic failure to prevent payments for exorbitantly-priced compounded pharmaceuticals, many of which have dubious clinical benefit and in some cases included opioids. For that reason, I am pleased we have the Inspector General with us today.

Criminal conduct by pharmacies and physicians have fleeced the FECA program, as well as state workers' compensation programs, Medicare Part D, and Tricare. It is therefore imperative that this Committee should review the legislative recommendations from the Inspector General regarding compounded drugs in the FECA program.

As we think about this problem, let us not overlook the history of how the well-recognized dangers of opioid addiction, which was taught in medical schools, was turned on its head by shoddy science and avarice.

It begins with one-paragraph letter to the editor by Porter and Jick, which was tucked into the back pages of a 1980 issue of the *New England Journal of Medicine.* That letter reported that there were only 4 cases of opiate addiction out of 12,000 patients who were treated in hospitals prior to 1979. However, that letter did not address how often, how long, or at what dose levels patients received opiates.

As documented the book *Dreamland*, that obscure letter was cited in reports in prestigious journals which inflated this 1-paragraph letter into a "landmark study" proving opiates were non-addictive. In the hands of Purdue Pharmaceuticals salesmen, oxycodone was marketed as a non-addictive. Doctors were told that less than 1 percent of all patients ever grew addicted to oxycodone. The Sackler family became billionaires as they acquired the 16th largest fortune in the country, and museums were built in their name. Unfortunately, these ill-gotten gains have not been turned back over to the American people to help defray the costs of this fraud, much less bring back the lives that have been lost.

We know that long term use of opioids begins with the treatment of acute pain.

The Centers for Disease Control reports that a prescription for a 30-day regimen of opiates results in 35% of the patients still taking opiates year later.

This is playing with fire.

Mr. Chairman, I hope our witnesses today can compare best practices in the states with the Department of Labor's opioid policy, and help chart a path for this Committee's continued oversight.

I yield the balance of my time.