

Congress readies band-aid measure for opioid crisis

Tom Eley**28 September 2018**

Late Tuesday congressional Democrats and Republicans approved compromise legislation that purports to address the opioid crisis, which claimed more than 70,000 lives last year. The House might approve the measure this week. Assuming Senate approval, it could be signed into law by President Donald Trump as early as next week.

The 653-page bill, reconciled from two previously-adopted Senate and House bills, is primarily focused on law enforcement. One measure contained in the legislation targets the importation of synthetic fentanyl and other illegal opioids through the mails. It will require anyone sending a package to the United States to provide their own name and address and to describe the package's contents. If this is not done, the parcel could be detained or destroyed.

It also creates provisions for monitoring the dispensation of prescriptions and puts in place packaging rules designed to limit prescription abuse.

The bill would allow physicians' assistants and certain categories of nurses to prescribe buprenorphine, an anti-addiction medication that, currently, only 5 percent of physicians nationwide can prescribe. It provides a modest amount of temporary funding for health experts to research less addictive forms of pain relief.

However, the most immediate factor driving the spike in drug overdose deaths—which, according to the CDC, increased last year to 72,000, most of which were caused by opioids—is a lack of both in-patient and out-patient treatment. The bill's only provision in this regard is a measure that lifts a rule blocking Medicaid reimbursements for some forms of inpatient treatment at mental health care facilities with more than 16 beds.

Funding in the bill can only be called derisory, given the dimensions of the epidemic. Its precise cost is not

clear, but one early version would have earmarked about \$8 billion over five years, or roughly \$1.6 billion per year—a figure, that were it translated into personal wealth, would not make the Forbes 400 list of richest Americans. It would also be less by a factor of about 600 than the amount doled out to the American military—a figure expected to reach \$1 trillion in the coming years—which politicians of both parties endlessly justify by the claim that it “protects American lives.” In fact, while the opioid crisis last year killed more Americans than died in the entire Vietnam War, the Chinese, Russian, and Iranian governments—the primary targets of the US military build-up—have not killed a single American in decades.

Advocates roundly criticized the bill for not providing adequate funding. “Without real money, it’s just lip service,” said John Rosenthal of the Police Assisted Addiction and Recovery. “This disease has been raging for more than a decade without any serious federal response. Now they’re playing catch-up.”

Chuck Ingoglia of the National Council for Behavioral Health told Politico that the level of funding does not meet the dimensions of the crisis. “The data keeps showing us we have more and more people dying, so what’s the reluctance to actually spend money and actually do something?” he asked.

In general the media has hailed the bill as an example of “bi-partisan cooperation.” However, it has also been admitted in some quarters that the legislation is largely for public consumption prior to the upcoming November elections.

In the words of the *Washington Post* online health industry blog, “Regardless of the disagreement over the bill’s effectiveness, it’s really come down to a question of optics. The fact that Congress rushed to finish this work before the midterms shows how eager lawmakers

on both sides are to be able to go home with this victory in their back pockets.”

As it worked its way through Congress the bill very nearly added a \$4 billion windfall for the giant pharmaceutical corporations in the form of relief from a budget law passed last February that required them to give elderly Medicare recipients a discount on expensive prescription drugs that fall in the Medicare Part D “doughnut hole.” However, lobbyists for the pharmaceuticals were opposed by those representing the major health insurance corporations, as well as the American Hospital Association, and the measure was excluded by a narrow margin.

This is the second piece of legislation addressing the opioid epidemic in as many years. The crisis has grown dramatically worse since 2016, when President Barack Obama signed into law the Comprehensive Addiction and Recovery Act, which allotted paltry grants to states for rehabilitation and prevention.

The author also recommends:

Dopesick by Beth Macy: Dealers, Doctors, and the Drug Company that Addicted America

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