

# The National Association of State Alcohol and Drug Abuse Directors

## Public Policy Update

### October 4, 2013

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#### Legislative News

##### Federal Budget Update

Congress was unable to agree to a Continuing Resolution (CR) to fund the government by the beginning of FY14 on Tuesday, October 1<sup>st</sup>. The federal government is shutdown until an agreement is reached that can pass both chambers. This is the first shutdown since 1996. On Friday, September 20<sup>th</sup>, the House passed House Joint Resolution (H.J. Res.) 59, a bill that funds the government through a Continuing Resolution (CR) and permanently defunds the Affordable Care Act (ACA). The bill passed in a 230-189 party-line vote. The Senate held a series of procedural votes to strip the House CR of its ACA defunding provisions and held a vote on a “clean” CR on Friday, September 27<sup>th</sup>. The measure passed the Senate in a 54-44 party-line vote. The measure would fund the government through November 15<sup>th</sup>, which is a month shorter than earlier negotiations. The measure would maintain the \$987 billion spending level mandated by the Budget Control Act (BCA) and enforced through sequestration. The House refused to vote on the “clean” CR passed by the Senate, but instead passed a series of alternative proposals, including a measure that would fund the government through December 15<sup>th</sup> while delayed the implementation of the ACA for a year and repealing the medical device tax, and a series of measures that would fund non-controversial portions of the government like National Parks.

Negotiations to reach a deal to fund the government have stalled. There are a number of House Republicans that have publicly declared their support for a “clean” CR, including a number of House Appropriations subcommittee chairmen. The Senate Democratic leadership has made clear that it will not schedule a vote on any partial funding measures or any measures that include controversial policy riders that defund the ACA, and the House Republican leadership has not indicated that it will schedule a vote on a “clean” CR. A bipartisan group in the House has proposed a plan that would fund the government for 6 months at the \$987 billion level and would repeal the medical device tax. Neither chamber has indicated whether they would agree to hold a vote on the proposal. NASADAD will continue to update the membership on any negotiations or agreements that are reached.

The House leadership has crafted a measure to raise the debt limit, which is set to be reached in mid-October. The measure being discussed by House Republicans contains deficit reduction measures that have previously passed the House and a few measures included in President Obama's FY14 Budget Request. The measure would raise the debt limit for 1 year, delay the ACA for 1 year, and include mandatory spending cuts, a tax overhaul provision and economic development initiatives (i.e. approval of the Keystone XL pipeline). The Treasury Department released a report on Thursday, October 3<sup>rd</sup> that indicated that a breach of the debt limit could cause a recession that would rival the 2008 financial crisis, including a freezing of US credit markets, the devaluation of the dollar, and an increase in interest rates. A solution to the debt ceiling issue has been included in some of the negotiations over the CR.

For more information, see [H.J. Res. 59](#) (which includes amended version based by the Senate, and the amended version passed the 2<sup>nd</sup> time by the House)

**ASAM Hosts Briefing on Advancing Access to Addiction Treatment Medications – Rep. Tonko (D-NY) Calls on Support for Substance Abuse Prevention and Treatment Block Grant**

On Monday, September 30<sup>th</sup>, NASADAD Executive Director Rob Morrison and Public Policy Associate Andrew Whitacre attended a briefing hosted by the American Society of Addiction Medicine (ASAM) [and co-hosting by a number of other groups] on “Advancing Access to Addiction Treatment Medications.” Dr. Stuart Gitlow, President of ASAM, moderated the briefing. Rep. Paul Tonko (D-NY), Vice Co-Chair of the Addiction Treatment and Recovery Caucus, provided introductory remarks – noting the benefits of addiction treatment, prevention and recovery programs. He outlined the important need for a final rule implementing the Mental Health Parity and Addiction Equity Act (MHPAEA) and his strong support for the Substance Abuse Prevention and Treatment (SAPT) Block Grant.

The briefing included presentations from: Dr. Christopher Jones from the National Center for Injury Prevention and Control at CDC; Dr. Westley Clark, Director of the Center for Substance Abuse Treatment (CSAT) at SAMHSA; Dr. Jack Stein, Director of the Office of Science Policy and Communication at NIDA; Dr. Tom McLellan, Founder and CEO of the Treatment Research Institute (TRI); and Kurt Kemmling, Founder/Director of the Connecticut Chapter of the National Alliance of Medication Assisted Recovery. Dr. Jones discussed the epidemiology of prescription drug abuse with a focus on the opioid overdose epidemic. He noted that chronic non-medical use of prescription medication increased 75 percent between 2002 and 2010. There are nearly 1 million people needing treatment but not receiving it for prescription drug abuse. In discussing opioid overdose, he noted that the Medicaid and Medicaid-eligible population is a particularly high risk cohort for overdose death.

Dr. Stein discussed the advances in neuroscience related to addiction, noting that studies have revealed that the brain metabolism in a substance use disorder brain is slower. He stated that there is a low uptake of pharmacotherapy in specialty programs since 2007, and he noted that even those facilities that have adopted medications do not provide them to a majority of their patients. He highlighted the advances in medications for substance use disorders, including addiction vaccines and medication combinations. Dr. McLellan discussed his study of the literature on the benefits on medication-assisted treatments. He noted that less than 30 percent of addiction treatment programs offer medications. He also stated that there aren't enough physicians that are trained to prescribe medication-assisted treatments. He highlighted other barriers to access and coverage, including de-facto regulations, specialty care limitations, fail-first policies, utilization management, and prior authorization.

To learn more about Rep. Tonko, visit <http://tonko.house.gov>.

To read an “Impact Brief” by CDC regarding prescription drugs, please see <http://www.cdc.gov/homeandrecreationalafety/rxbrief>.

To learn more about ASAM’s work on accessing addiction medications, please see <http://www.asam.org/advocacy/aaam>.

### **Senate Caucus on International Narcotics Control Holds Hearing on Synthetic Drugs**

On Wednesday, September 25<sup>th</sup>, Public Policy Associate Andrew Whitacre attended a hearing hosted by the Senate Caucus on International Narcotics Control on “Dangerous Synthetic Drugs.” Witnesses included: Michael Botticelli, Deputy Director of the White House Office of National Drug Control Policy (ONDCP); Dr. Nora Volkow, Director of the National Institute on Drug Abuse (NIDA); Joseph Rannazzisi, Deputy Assistant Administrator of the Drug Enforcement Administration’s (DEA) Office of Diversion Control; and Timothy Heaphy, U.S Attorney for the Western District of Virginia. Caucus Co-Chairman Chuck Grassley (R-IA) noted the significant increase between 2010 and 2011 in calls to poison control for synthetic drugs, which saw such calls nearly triple from 2,900 to 6,959. He noted that the 2012 scheduling of a number of synthetic drugs through the Synthetic Drug Abuse Act of 2012 helped to decrease the number of calls to poison control for synthetic drugs. Caucus Chairman Dianne Feinstein (D-CA) discussed her Protecting Our Youth from Dangerous Synthetic Drugs Act, which seeks to set up an interagency committee to on drug analogues.

Mr. Botticelli noted the unpredictable nature of synthetic drugs. He also pointed out that synthetic drugs pose a significant problem for drug testing because they are not included in standard testing screens. He highlighted ONDCP’s prevention work through the Drug Free Communities Program, through which many communities have included synthetics in their priorities. Dr. Volkow stated that synthetic cannabinoids have a similar but more potent effect than the THC in marijuana. She also discussed the lack of knowledge of the short and long-term impact of synthetics, which NIDA is seeking to evaluate through a program to study their effects. Mr. Rannazzisi noted that there are over 200 different synthetic drugs that are sold as legal highs, which gives the impression that they are safe. He also noted that the scheduling of these drugs is well behind the speed of production and proliferation of new drug compounds. Mr. Heaphy discussed his office’s aggressive use of the analogue act to prosecute sellers, distributors, and manufactures of synthetic drugs. He noted that these prosecutions are very difficult and time-consuming because the government must prove that the analogue is chemically similar, has the same effect, and was intended for human use. This difficult burden of proof is compounded by the fact that there is no probable cause with synthetics, as there is with illegal drugs. He recommended standing the statutory rule of providing intent for human use.

For more information on the hearing, see [Senate International Narcotics Control hearing on “Dangerous Synthetic Drugs”](#)

## **News**

### **ONDCP and SAMHSA Host the Technology Innovations for Substance Abuse and Mental Health Treatment Conference**

On Monday, September 16<sup>th</sup>, NASADAD Research Analyst Sarah Wurzburg attended the Technology Innovations for Substance Abuse and Mental Health Treatment Conference hosted by The White House Office of National Drug Control Policy (ONDCP) and the Substance Abuse and Mental Health Services Administration (SAMHSA), in partnership with the Office of the National Coordinator for Health IT (ONC)

and the National Institutes of Health (NIH). The focus of the Conference was to highlight innovative technologies for substance abuse and mental health treatment as well as wellness. There were several apps highlighted and biosensor technology that can detect human emotion. The day ended with a panel on promising future technologies for substance abuse and mental health.

To view the agenda click [here](#), to view the video recording of the Conference click [here](#).

### **Kaiser Family Foundation Holds Briefing on Preparing for Outreach and Enrollment under the ACA**

On Tuesday, September 24<sup>th</sup>, Public Policy Associate Andrew Whitacre attended a briefing held by the Kaiser Family Foundation (KFF) on “Preparing for Outreach and Enrollment under the ACA: Lessons from the States.” Panelists included: Samantha Artiga, Associate Director at KCMU; Kathleen Westcoat, President and CEO of Healthcare Access Maryland; Samantha Shepherd, Outreach and Enrollment Strategist with Cover Oregon; Niki King, Executive Vice President of Member Experience with the Access to Healthcare Network in Reno, Nevada; and, Manny Lopes, CEO of East Boston Neighborhood Health Center. Ms. Artiga discussed the strategies that States are using to prepare their Health Insurance Marketplaces, including the utilization of existing data to automate eligibility information to facilitate enrollment. She noted that States are using existing data from programs like the Children’s Health Insurance Program (CHIP), the Supplemental Nutrition Assistance Program (SNAP), and others. She stated that a close collaborative relationship between a number of agencies and strong State leadership have been key in the States that have moved forward with their Marketplaces. She also noted that the lack of final rules and regulations from the federal government on a number of components of implementation have been a problem for the States in setting up their Marketplaces.

Healthcare Access Maryland, based in Baltimore, was awarded a connector grant in the central region of the State. Ms. Westcoat discussed the organization’s use of the State-wide enrollment campaign, which includes outreach and partnership with grocery stores, pharmacies, and the Baltimore Ravens. She noted that they are also embedding staff in local libraries, YMCAs, schools, and 20 drug treatment facilities. Ms. Shepherd discussed Cover Oregon’s Community Partner Program, which has used the State marketing campaigns, a strong partnership with Oregon’s Medicaid office, and an already existing outreach structure in the State. Ms. King discussed Access to Healthcare Network’s role as a medical discount plan operated for 7 years in Nevada, through which they developed a network of 2,000 providers. In their role in the Health Insurance Marketplace in Nevada, they have partnered with local insurance companies to coordinate care for their clients. Mr. Lopes discussed East Boston Neighborhood Health Center’s experience during health reform in Massachusetts in 2007, which included a \$3.5 million grant program for community health centers to expand their enrollment staff. Mr. Lopes noted that the grant received by his health center helped to expand their enrollment staff to 20 people and gave them the resources to train their entire organization on the reforms and how to prepare.

For more information on the briefing and the full recording, see [KFF Preparing for Outreach and Enrollment under the ACA](#)

### **PDMP TTAC Holds 2013 Hal Rogers PDMP National Meeting**

On Thursday, September 26<sup>th</sup>, Public Policy Associate Andrew Whitacre attended the 2013 Hal Rogers Prescription Drug Monitoring Program (PDMP) National Meeting hosted by the PDMP Training and Technical Assistance Center (TTAC). NASADAD Executive Director Rob Morrison attended the meeting on Wednesday, September 25<sup>th</sup>. The conference highlighted activities in the States to improve their PDMPs. Dave Hopkins, the Project Manager for Kentucky’s PDMP system KASPER, noted that they will be moving to improve their system by moving from weekly to daily reporting of data. Andrew Holt,

Director of Tennessee's PDMP system, noted that they are moving to make further enhancements to their system that include automated unsolicited reports to practitioners, and morphine equivalency calculations. Michael Baier discussed Maryland's integration of their PDMP with its Health Information Exchange (HIE). When the system opens registration in late October, PDMP data will be accessible through the HIE web portal.

Deb Bass, CEO of Nebraska's HIE NeHII, discussed the option they are exploring to create an automatic process for referral to a drug treatment facility. She noted that Nebraska was the first State to incorporate the PDMP into the HIE, which allows practitioners to see a broader picture of doctor shopping through Emergency Department visits and other data on the HIE. Dr. Deborah Galvin, Public Health Analyst at SAMHSA, discussed the Center on Substance Abuse Prevention's (CSAP) Preventing of Prescription Drug Abuse in the Workplace initiative. The initiative is a multi-disciplinary collaborative effort to provide technical assistance and resources to public and private organizations on prescription drug abuse in the workplace. Dr. Len Paulozzi, Medical Epidemiologist at the Centers for Disease Control and Prevention (CDC) and Dr. Douglas Throckmorton, Deputy Director for Regulatory Programs at the Food and Drug Administration (FDA) discussed the Prescription Behavior Surveillance System (PBSS), which is an effort to add PDMP data as a policy development tool by aggregating data across the States. At this point, 7 States have completed data use agreements for the PBSS project.

For more information on the conference, see [PDMP TTAC 2013 Hal Rogers National Meeting](#)

### **Rally for a Federal Response to the Opioid Epidemic Held Outside the Capitol**

On Tuesday, October 1<sup>st</sup>, a rally was held to demand a federal response to the opioid treatment epidemic entitled "Fed Up! Rally for a Federal Response to the Opioid Epidemic." The rally featured a number of congressional leaders, including: Senator Chuck Schumer (D-NY), Senator Joe Manchin (D-WV), House Appropriations Chairman Hal Rogers (R-KY 5<sup>th</sup>), Congressman Nick Rahall (D-WV 3<sup>rd</sup>), and others. The rally focused primarily on demanding that hydrocodone be changed from Schedule III to Schedule II by the FDA, but speakers also focused on availability of naran and naloxone.

For more information on the rally, see [Fed Up! Rally for a Federal Response to the Opioid Epidemic](#)

*Should you have any questions or concerns, do not hesitate to contact Robert Morrison or Andrew Whitacre, NASADAD Public Policy, at (202) 293-0090.*