

# **The National Association of State Alcohol and Drug Abuse Directors**

## **Public Policy Update**

### **May 1, 2013**

#### **Highlights**

- Secretary Sebelius Testifies in the House and Senate on President's FY14 Budget Request – *Testimony* ([House](#), [Senate](#))
- ONDCP Releases 2013 National Drug Control Strategy – [Drug Control Strategy](#)
- CMS Releases FAQs on ACA Implementation- [CMS State Resource Center](#)
- Webinar on Mental Health Parity and Addiction Equity Act for NASADAD, NASMHPD, and NACBHDD Members – *to register visit*  
<http://event.on24.com/r.htm?e=615624&s=1&k=6817C2E45B6EBE93E025128C66ACF406>
- ICCPUD Webinar Series - Enforcing the Underage Drinking Laws (EUDL): Accountability and the Role of the Justice System- *to register visit*  
[www.stopalcoholabuse.gov](http://www.stopalcoholabuse.gov)

#### **Legislative News**

**Secretary Sebelius Testifies in the House and Senate on President's FY14 Budget Request**  
Secretary Sebelius appeared before the Senate Labor, Health and Human Services, Education Appropriations Subcommittee on Wednesday, April 24<sup>th</sup>, and the House Labor, Health and Human Services, Education Appropriations Subcommittee on Thursday, April 25<sup>th</sup> to discuss the President's FY14 Budget Request for the Department of Health and Human Services (HHS). Representative Rosa DeLauro (D-CT 3<sup>rd</sup>) referenced a NASADAD membership survey that found that virtually all SSAs consider prescription drug abuse and misuse to be a top issue in their State. She asked Secretary Sebelius if she agreed that prescription drug abuse is a top issue and to explain what in the President's FY14 Budget Request would help address the epidemic. She also noted that the overall budget for the Substance Abuse and Mental Health Services Administration (SAMHSA) proposes to cut prevention and treatment programs for substance abuse by nearly \$100 million. The Secretary discussed HHS efforts to partner with States, particularly around data gathering and data sharing. She also mentioned the Food and Drug Administration's (FDA) recent decision to take the original form of Oxycontin off of the market and replace it with a new abuse-resistant formulation. The Secretary didn't comment on the reduction to substance abuse prevention and treatment programs.

For Secretary Sebelius's written testimony, see [House](#) and [Senate](#)  
For the webcast of the hearings, see [House](#) and [Senate](#)

#### **News**

**ONDCP Releases 2013 National Drug Control Strategy (*Taken from ONDCP Press Release*)**  
On Wednesday, April 24<sup>th</sup>, the Office of National Drug Control Policy (ONDCP) released its annual National Drug Control Strategy, the Obama Administration's primary blueprint for drug policy in the United States. The plan contains a series of over 100 specific actions to reduce drug use and its consequences and expand prevention, treatment, and alternatives to incarceration.

The plan directs Federal agencies to expand community-based efforts to prevent drug use before it begins, which includes coordinating with the State, empower healthcare workers to intervene early at the first signs of a substance use disorder, expand access to treatment for those who need it, and support the millions of Americans in recovery.

For the full 2013 National Drug Control Strategy, see [2013 National Drug Control Strategy](#)

**GAO Releases Report on How ONDCP Can Increase Program Coordination (*Taken from GAO Report Summary*)**

The Government Accountability Office (GAO) released a report that highlighted efforts that ONDCP needed to undertake to accomplish the goals of the 2010 National Drug Control Strategy, which includes increasing coordination of drug control policy across the federal government. Drug abuse prevention and treatment programs are fragmented across 15 federal agencies and provide some overlapping services, which could increase the risk of duplication. Specifically, GAO identified overlap in 59 of the 76 programs included in its review. These programs could provide or fund one or more drug abuse prevention or treatment service that at least one other program could also provide or fund, either to similar population groups or to reach similar program goals. Such fragmentation and overlap may result in inefficient use of resources among programs providing similar services.

GAO's prior work has found that inefficiencies created by fragmentation and overlap can be minimized through coordination. However, many prevention and treatment programs that GAO surveyed did not report coordination efforts, and GAO contends that ONDCP has not assessed the extent of overlap, duplication, and coordination. Agency officials who administer the 21 programs that GAO reviewed in detail-- programs for youth and offenders--reported making various efforts to coordinate program activities, but 29 of 76 (about 40 percent) surveyed programs reported no coordination with other federal agencies on drug abuse prevention or treatment activities. According to GAO, ONDCP has not assessed all drug abuse prevention or treatment programs to identify the extent of overlap and potential duplication and any opportunities for coordination. The report concludes that such an assessment would better position ONDCP to help ensure that agencies better leverage and more efficiently use limited resources.

For full GAO report, see [Office Could Better Identify Opportunities to Increase Program Coordination](#)

**National Association of Medicaid Directors Sends Letter to Senate HELP Committee on Mental Health Services**

On Thursday, April 18<sup>th</sup>, the National Association of Medicaid Directors (NAMD) sent a letter to the Senate Health, Education, Labor, and Pensions (HELP) Committee discussing coverage of behavioral health services in Medicaid, including recommendations and issues for consideration. The letter addressed areas where Medicaid is currently providing effective support for mental health services, programmatic and operational considerations as Congress seeks to advance legislation, and initial recommendations for improving the availability, coordination, and efficacy of mental health services.

The NAMD letter is attached

**HHS Updates Standards for Culturally, Linguistically Appropriate Care (*Taken from HHS Press Release*)**

On Wednesday, April 24<sup>th</sup>, the HHS Office of Minority Health today issued enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, and a blueprint with guidance and strategies to help implement them. The first update to the standards since their release in 2000 expands the concepts of culture, audience, health and recipients to reflect new developments and trends, and includes a focus on leadership and governance as drivers of culturally competent health care and health equity.

To view the CLAS standards and blueprint, click [here](#)

**CMS Releases FAQs on ACA Implementation (*Taken from CMS Informational Bulletin*)**

On Thursday, April 25<sup>th</sup>, the Centers for Medicare & Medicaid Services (CMS) announced the release of the next in a series of Frequently Asked Questions (FAQ) to address Affordable Care Act implementation questions. These FAQs address three main topics: availability of the 75 percent federal match for maintenance and operations, systems issues regarding communication between the Federally-Facilitated Marketplace and Medicaid, and further policy guidance regarding the use of section 1115 demonstrations.

For Medicaid and CHIP ACA Implementation FAQs, see [CMS State Resource Center](#)

**Partnership to Fight Chronic Disease Holds Briefing on Implications of Multiple Chronic Conditions on the Health System**

On Tuesday, April 23<sup>rd</sup>, NASADAD's Andrew Whitacre and Cassondra Branderhorst attended a briefing hosted by the Partnership to Fight Chronic Disease on "the Implications of Growing Prevalence of Multiple Chronic Conditions." The Partnership released a white paper in conjunction with the briefing that highlighted the problem of multiple chronic conditions (MCC) and how to care effectively for those facing them. The panel addressed the policy decisions that could produce better care and outcomes for those suffering from or at-risk for developing MCC.

Dr. Kenneth Thorpe, Chairman of the Partnership to Fight Chronic Disease and Professor in the School of Public Health at Emory University, discussed the increased impact MCCs have had on Medicare spending. Virtually all of the growth in Medicare spending over the last 20 years is attributable to patients with MCC. Spending on patients with 5 or more chronic conditions composes 80 percent of Medicare spending. He argued that entitlement reform is needed, but not in the form of benefit redesigns. Instead, those reforms that address the drivers of health costs by engaging patients and keeping them healthier would be more impactful. Dr. Joe Selby, Executive Director of the Patient Centered Outcomes Research Institute (PCORI), discussed the mandate PCORI was given by the Affordable Care Act (ACA) and the role it plays in shifting health care from a fee-for-service to a value driven delivery system.

Myrl Weinberg, CEO of the National Health Council, discussed the need to have health research driven by the preferences of the patients. Engaging patients in developing research and implementing new practices ensures that end users of medical care have buy-in to the services

that they receive, which in turn generates better health outcomes. Dr. David Shern, Senior Public Health Advisor to the National Association of State Mental Health Program Directors (NASMHPD) and Senior Science Advisor to Mental Health America, discussed the usefulness of peers as part of the emerging healthcare workforce. Dr. Terry McInnis, Chief Transformation Officer for Cornerstone Health Enablement Strategic Solutions (CHESS), emphasized the need to get providers that are participating in both a fee-for-service model and value-based model of health care delivery to shift to only delivering care in a value-based payment system.

For Partnership to Fight Chronic Disease white paper, see [Implications of Growing Prevalence of Multiple Chronic Conditions: Needs Great, Evidence Lacking](#)

### **Council of State Governments and National Association of Counties Hosts Briefing on the Second Chance Act**

On Wednesday, April 24<sup>th</sup>, NASADAD's Andrew Whitacre attended a briefing hosted by the Council of State Governments (CSG) Justice Center and the National Association of Counties (NACo) on "the Second Chance Act: Supporting Effective Prisoner Reentry." The briefing highlighted successful State and local efforts funded by Second Chance Act grants and asked for support for the \$119 million (\$56m v FY12) for the program included in the President's FY14 Budget Request.

Denise O'Donnell, Director of the Bureau of Justice Assistance (BJA) in the Department of Justice (DOJ), discussed the important role the Second Chance Act has played in changing the way reentry is viewed and supporting the implementation of smart, evidence-based strategies that better prepare those reentering the community to become productive citizens. A.T. Wall, Director of the Rhode Island Department of Corrections, talked about the progress Rhode Island has made in reducing recidivism by using incentives provided by the Second Chance Act. The State has expanded the use of validated risk-needs assessments to utilize research to target services to those people most likely to reoffend. The State has also created linkages between prison staff, probation and parole staff, and community providers.

Pam Rodriguez, President of Treatment Alternatives for Safe Communities (TASC), discussed the Decatur Correctional Facility's Moms and Babies program funded by a Second Chance Act grant in Decatur, Illinois. The program provides an inside the prison nursery that permits women to keep their children with them and provides parenting and nutrition classes to the mothers. Of the 50 women that have completed the program, only 1 recidivated. David D'Amora, from the CSG Justice Center National Reentry Resource Center, went over the role of the Resource Center and what kind of technical assistance they provide. They view reentry not only as a public safety issue, but also a public health, employment, housing, and education issue. The assistance they give to grantees follows what the research shows reduces recidivism, including targeted services, tailored programs, services delivered at the right time in the correct dose by the right people for the appropriate length of time and for the right people.

To view the National Reentry Resource Center, see [National Reentry Resource Center](#)  
To view CSG Justice Center report on reductions in recidivism, see [States Report Reductions in Recidivism](#)

## Upcoming Events

### **Webinar on Mental Health Parity and Addiction Equity Act for NASADAD, NASMHPD, and NACBHDD Members**

On Thursday, May 16 from 2:30-4pm EST, a 90-minute webcast will be held developed specifically for the needs of the National Association of State Alcohol and Drug Abuse Directors (NASADAD), the National Association of State Mental Health Program Directors (NASMHPD), and the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD) members. The webinar will feature federal and national experts on the Mental Health Parity and Addiction Equity Act (MHPAEA) and Medicaid. Health and Human Services officials from the Assistant Secretary for Planning and Evaluation and Centers for Medicare and Medicaid Services will discuss key aspects of MHPAEA and Medicaid that are relevant to the membership.

Click on the following link to register:

<http://event.on24.com/r.htm?e=615624&s=1&k=6817C2E45B6EBE93E025128C66ACF406>

### **ICCPUD Webinar Series - Enforcing the Underage Drinking Laws (EUDL): Accountability and the Role of the Justice System**

The next webinar in the *Preventing Underage Drinking* series sponsored by the federal Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD) will be held on Tuesday, May 14<sup>th</sup> from 2-3 pm EST. The ICCPUD member agency hosting this event is the Office of Juvenile Justice and Delinquency Prevention (OJJDP).

In this webinar, national experts will discuss the importance of justice system involvement in preventing underage drinking and alcohol's negative impact on our nation's youth and public health and safety in general; the crucial role enforcement agencies play in preventing underage drinking; and the role of media and policy advocacy in ensuring that collaborative efforts are successful in moving effective strategies forward. Following their presentations, panelists will engage with participants in a live question-and-answer period.

To find more information and to register, please visit [www.stopalcoholabuse.gov](http://www.stopalcoholabuse.gov)

*Should you have any questions or concerns, do not hesitate to contact Michelle Dirst, Director of Public Policy, at [mdirst@nasadad.org](mailto:mdirst@nasadad.org) or Andrew Whitacre, Public Policy Associate, at [awhitacre@nasadad.org](mailto:awhitacre@nasadad.org)*