

May 27, 2021



D.C. Update: Senate confirms Chiquita Brooks-LaSure as CMS Administrator, Research letter examines trends in naloxone prescriptions during COVID-19, and more



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Meet the Member

Kelly Welker, Women's Services Coordinator from State of Indiana

Kelly Welker is the Assistant Deputy Director of Addiction with the Division of Mental Health and Addiction (DMHA) and the Women's Services Coordinator for the State of Indiana. She started as Bureau Chief of Addiction Services in May 2017 and was promoted to Assistant Deputy Director in October 2017. As part of her role, she assists with oversight of grants that fall under the addiction treatment team including the Substance Abuse Prevention and Treatment (SAPT) Block Grant, State Opioid Response (SOR) Grant, and Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP). Prior to her time at DMHA, she spent fourteen years in three different Problem-Solving Courts, Adult Drug Treatment Diversion, Community Court, and Family Recovery Court. Her roles included Case Manager, Resource Coordinator and Court Coordinator. Kelly received her Bachelor of Science in Psychology from Ball State University.



Capitol Hill Happenings

Senate confirms Chiquita Brooks-LaSure as CMS Administrator

The Senate recently voted to confirm Chiquita Brooks-LaSure to lead the Centers for Medicare and Medicaid Services (CMS). Ms. Brooks-LaSure most



recently worked as a managing director for legal consultancy firm Manatt Health, analyzing ways to expand coverage and stabilize insurance markets. Prior to this, she served as deputy director for policy at the Center for Consumer Information and Insurance Oversight within CMS and as director of coverage policy at the Department of Health and Human Services (HHS). In addition, Ms. Brooks-LaSure previously served in a number of roles in the Obama administration and on President Biden's transition team for HHS.

[Bipartisan senators reintroduce bill to establish opioid manufacturing fee](#)

Senators Tammy Baldwin (D-WI), Joe Manchin (D-WV), Mitt Romney (R-UT), Amy Klobuchar (D-MN), Angus King (I-ME), Jeanne Shaheen (D-NH), Maggie Hassan (D-NH), Richard Blumenthal (D-CT), Tina Smith (D-MN) and Sheldon Whitehouse (D-RI) recently [announced](#) reintroduction of the bipartisan [Life Budgeting for Opioid Addiction Treatment \(LifeBOAT\) Act](#). As described in the press release from Sen. Baldwin's office, the bill would establish a one-cent stewardship fee for opioid manufacturers and importers for each milligram of active opioid ingredient in a prescription pain pill. The funds collected from the stewardship fee would then be allocated to the Substance Abuse Prevention and Treatment (SAPT) Block Grant to support treatment efforts including: establishing new residential and outpatient substance use disorder (SUD) facilities; recruiting, training, and increasing reimbursement for SUD providers; expanding access to long-term residential programs; establishing or operating support programs offering employment services, housing, and other support services; establishing or operating facilities to provide care for babies born with neonatal abstinence syndrome; and establishing treatment programs in conjunction with drug courts.

[Research Roundup](#)

[Research letter examines trends in naloxone prescriptions during COVID-19](#)

A [research letter](#) published in the *Journal of the American Medical Association* examined trends in naloxone prescriptions before and during the COVID-19 pandemic. Researchers collected data on the number of patients filling naloxone prescriptions, opioid prescriptions, and all prescriptions from May of 2019 to December of 2020. Results of the study indicated that, in March 2020, the average number of naloxone prescriptions filled per week declined by 26%. This exceeded the decline in the number of individuals filling prescriptions for any medication (14.8%) and for opioid medications (8.7%). In addition, there was no statistically significant change in the rates of naloxone prescriptions over the course of the study indicating that the number of individuals filling naloxone prescriptions remained low throughout the pandemic. Researchers also noted that individuals with Medicare and commercial insurance had the largest decline in filling naloxone prescriptions at the start of the pandemic.

[NIAAA study finds brain cells that compete to sustain or suppress traumatic memories](#)

A new [study](#), led by researchers from the National Institute on Alcohol Abuse and Alcoholism (NIAAA), found two clusters of brain cells that compete to promote the persistence or disappearance of traumatic memories. The study, conducted with mice, examined clusters of neurons and found two clusters that promote either a fear response or an extinction of the memory. As described in a [press release](#), researchers also found that the clusters compete with one another to determine the strength of each memory. NIAAA Director Dr. George F. Koob noted that "Over time, the distress of having experienced trauma will subside for some people, as memories of the trauma cease to provoke a fearful response. For other people who have experienced trauma, however, the fearful memories persist..."



National Institute on Alcohol Abuse and Alcoholism

The current study sheds light on the specific neural circuits that may underlie the persistence and the extinction of fearful memories associated with trauma.”

Study finds decrease in number of tablets in opioid prescriptions

A recently published [study](#) examined post-operative opioid prescriptions and found that prescription amounts are decreasing, but have not reached recommended levels. Researchers collected data on the number of opioid tablets prescribed after 10 common same-day surgical procedures. For the four orthopedic procedures included in the study, the median number of tablets prescribed decreased by half but are still above recommended quantities. Of the six non-orthopedic surgeries studied, four currently meet recommendations. Overall, the number of tablets decreased by half between January 2017 and December 2020, although it remains higher than best-practice recommendations for some procedures. Notably, researchers determined that while fewer tablets were prescribed, there were not fewer opioid prescriptions overall.
