December 18, 2025

NASADAD
NATIONAL ASSOCIATION OF STATE ALCOHOL AND DRUG AGENCY DIRECTORS

**DC Update: House Action on Addressing Health Care Costs, CMS Calls for Participants for Health Technology Ecosystem Initiative, PTTC Webinar, and More.**

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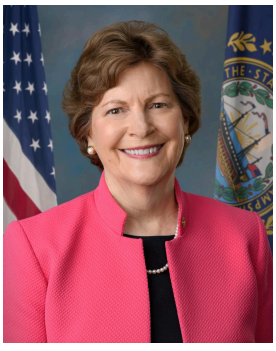
## Voices on the Hill

### Senator Jeanne Shaheen, Senator for New Hampshire



Senator Jeanne Shaheen (D-NH) currently serves as the senior senator from New Hampshire, a position she has held since 2009. Prior to her election to Congress, Senator Shaheen served as the Director of Harvard University's Institute of Politics from 2005 to 2008, and, before that, as the 78th governor of New Hampshire from 1997 to 2003 following two terms in the New Hampshire state Senate for the 21st district beginning in 1990. On March 12, Senator Shaheen announced that she will not seek reelection in 2026. Senator Shaheen received her B.A. in English from Shippensburg University of Pennsylvania in 1969 and a master's in political science from the University of Mississippi in 1973.

Senator Shaheen has a long history of support for bipartisan efforts to address substance use disorder (SUD) issues, with a particular emphasis on addressing the opioid epidemic, improving data collection, and expanding flexibilities and funding for SUD services across the full continuum of care. Specifically, in 2017, Senator Shaheen introduced the *Student*

*and Student Athlete Opioid Misuse Prevention Act (S.786)*, a bill that sought to amend the Public Health Service Act to authorize the Substance Abuse and Mental Health Services Administration (SAMHSA) to support programs for schools, school athletic programs, or communities to prevent prescription drug misuse related to opioids and other medications for pain or injury recovery. Senator Shaheen reintroduced the measure in 2022 as *S.3940*. Later, Senator Shaheen was an original cosponsor of the *State Opioid Response Grant Authorization Act of 2022 (S.4839)*, which aimed to reauthorize the State Opioid Response (SOR) Grants through Fiscal Year (FY) 2027, with a few changes, including expanding its scope to include stimulant use/misuse, establishing a funding methodology and minimum funding allocations, and allowing the use of funds for recovery services. More recently, in 2025, Senator Shaheen was an original cosponsor of the *Cooper Davis and Devin Norring Act (S.2316)*, legislation that would require social media companies and communication service providers to alert federal law enforcement when illicit drug-dealing and distribution occurs on their platforms. Senator Shaheen has been a strong supporter of the Substance Use Prevention and Treatment Recovery Services (SUPTRS) Block Grant. For example, as initiatives were being considered to address the opioid crisis in 2016, Senator Shaheen called on Congress to route an additional $300 million through the SUPTRS Block Grant.

Senator Shaheen serves on the Senate Appropriations Committee, the committee in the Senate that oversees federal funding, including as Ranking Member of the Subcommittee on Agriculture, Rural Development, Food and Drug Administration, and Related Agencies, and a member of the Subcommittee on Labor, Health and Human Services, Education, and Related Agencies, which oversees federal funding for programs at the Department of Health and Human Services (HHS). Senator Shaheen also serves on the Senate Armed Services Committee, Senate Small Business Committee, and as Ranking Member of the Senate Foreign Relations Committee.

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## White House Happenings

### President Trump Signs Executive Order Designating Fentanyl as a Weapon of Mass Destruction


The WHITE HOUSE

PRESIDENTIAL ACTIONS

DESIGNATING FENTANYL AS A WEAPON OF MASS DESTRUCTION

Executive Orders | December 15, 2025

By the authority vested in me as President by the Constitution and the laws of the United States of America, it is hereby ordered:

Section 1. Purpose and Policy. Illicit fentanyl is closer to a chemical weapon than a narcotic. Two milligrams, an almost undetectable trace amount equivalent to 10 to 15 grains of table salt, constitutes a lethal dose. Hundreds of thousands of Americans have died from fentanyl overdoses.

The manufacture and distribution of fentanyl, primarily performed by organized criminal networks, threatens our national security and fuels lawlessness in our hemisphere and at our borders. The production and sale of fentanyl by Foreign Terrorist Organizations and cartels fund these entities' operations — which include assassinations, terrorist acts, and insurgencies around the world — and allow these entities to erode our domestic security and the well-being of our Nation. The two cartels that are predominantly responsible for the distribution of fentanyl in the United States engage in armed conflict over territory and to protect their operations, resulting in large-scale violence and death that go beyond the immediate threat of fentanyl itself. Further, the potential for fentanyl to be weaponized for concentrated, large-scale terror attacks by organized adversaries is a serious threat to the United States.

On December 15, President Trump signed an executive order designating illicit fentanyl and its core precursor chemicals as Weapons of Mass Destruction (WMD). The executive order, *Designating Fentanyl as a Weapon of Mass Destruction*, applies to "illicit fentanyl," defined as "…fentanyl that is manufactured, distributed, or dispensed, or possessed with intent to manufacture, distribute, or dispense in violation of section 401 and 406 of the Controlled Substances Act (21 U.S.C. 841, 846)," and its "core precursor chemicals," defined as the "…core chemicals that create illicit fentanyl and its analogues, such as Piperidone or other Piperidone-based substances." Specifically, the executive order grants specific agencies, including the Department of Justice (DOJ), Department of State, Department of the Treasury, Department of War, and Department of Homeland Security, additional tools to assist in targeting countries, cartels, and organizations connected to the manufacture and distribution of illicit fentanyl. These tools revolve around increasing criminal charges and the seizure of financial assets for those involved in the manufacture, distribution, or sale of illicit fentanyl and its core precursor chemicals, as well as enhancing resources for national security and intelligence to bolster the U.S.' response to activity involving fentanyl.

The White House also released a fact sheet with additional details on the executive order, including background on the spread of fentanyl in the U.S., components of the executive order, and other ongoing efforts to address illicit fentanyl.

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## Capitol Hill Happenings

### House Action on Addressing Health Care Costs

On December 12, House Republicans released draft legislation of a package of health proposals aimed at reducing health care costs. The *Lower Health Care Premiums for All Americans Act (H.R.6703)*, sponsored by Representative Mariannette Miller-Meeks (R-IA-01) of the House Energy and Commerce Subcommittee on Health, incorporates several provisions from other previously introduced bills aimed at expanding access to affordable health insurance for Americans, but does not include an extension of the expiring COVID-era Affordable Care Act (ACA) enhanced premium credits that are currently set to expire on December 31, 2025. Specifically, the package includes provisions designed to achieve the following key objectives:

- Loosen restrictions and codify and expand access to association health plans (AHP) and CHOICE Arrangements
- Increase guardrails and require more transparency from pharmacy benefit managers (PBM)
- Appropriate funding for cost-sharing reduction (CSR) payments to ACA marketplace insurers (subject to Hyde amendment restrictions on abortion)
- Lift certain requirements related to small businesses' insurance benefits (safeguard stop-loss insurance for small employers)

The House approved the package, by a vote of 216-211, on December 17. Representative Thomas Massie (R-KY-04) was the lone Republican to vote against the bill.

**Recent actions:** The vote came after the House Rules Committee approved, by a vote of 6-4, on December 16, a closed rule for floor date, blocking consideration of amendments to the package. The Committee rejected, by a vote of 4-6, an amendment to the rule from House Rules Committee Ranking Member Representative McGovern (D-MA-02) that would have allowed for floor votes on an amendment by Representative Fitzpatrick (R-PA-01); one by Representative Kiggans (R-VA-02); and two by Representative LaLota (R-NY-01), as well as consideration of the Democrat-led three-year extension bill H.R.6074. The Committee also rejected, 4-6, an amendment from Representative Leger Fernández (D-NM-03) that would have allowed for a vote on an amendment from Representative Sykes (D-OH-13) to remove abortion restrictions from cost-sharing reduction language included in the Republican-led health bill.

**Other recent House action on health care:** On December 17, four Republican members of the House, Representatives Fitzpatrick (R-PA-01), Lawler (R-NY-17), Bresnahan (R-PA-08), and Mackenzie (R-PA-07), joined all 214 Democrat members of the House in signing a discharge petition for H.Res.780, meeting the 218-signature threshold required to trigger a vote on Democrats' straight three-year extension of the expiring ACA premium enhanced tax credits. The discharge petition, introduced by House Minority Leader Representative Hakeem Jeffries (D-NY-08) on November 12, is a legislative tool that allows a majority of members in the House (218) to bring a bill to the floor regardless of consent of leadership. Once a petition hits 218 signatures, its supporters must wait seven legislative days before notifying the House of their intention to bring a motion to discharge the bill for a vote.

**Outlook:** With both chambers of Congress set to leave for winter recess on December 18, trade press reports that Senate consideration of the House-passed health package and the House vote on the three-year extension will likely be set for early January.

*NASADAD will continue to monitor developments and report to the membership.*

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## Around the Agencies

### CMS Calls for Participants for Health Technology Ecosystem Initiative

The Centers for Medicare & Medicaid Services (CMS) is calling on interested stakeholders across the healthcare industry to participate in the *Health Technology Ecosystem Initiative*. CMS' Health Technology Ecosystem Initiative, launched by the Trump Administration at the end of July, is a voluntary initiative designed to modernize the nation's digital health infrastructure and reduce costs and fragmentation, with an emphasis on empowering Medicare beneficiaries with greater access to innovative health technologies. Specifically, CMS is calling on key stakeholders from the healthcare industry, including health providers, payers, data networks, electronic health record (EHR) systems, patient-centered health apps, and States, to voluntarily align on a framework for data collection and sharing with the health care sector. Organizations and individuals that cannot participate directly in the initiative can participate by providing input on requests for information (RFI) from CMS seeking public input on health technology infrastructure.

Additional details, including eligibility and how to sign up to participate, can be found here.

CMS' press release announcing the launch of the initiative in July can be found here.

An introductory video announcing the launch of the initiative can be viewed here.

### FDA Launches TEMPO for Digital Health Devices Pilot to Expand Access to Chronic Disease Technologies

On December 8, the Food and Drug Administration (FDA) published a notice in the Federal Register announcing the launch of the *Technology-Enabled Meaningful Patient Outcomes (TEMPO) for Digital Health Devices Pilot*. Developed by the Food and Drug Administration's Center for Devices and Radiological Health (CDRH) in collaboration with the Centers for Medicare & Medicaid Services' (CMS) Innovation Center 's Advancing Chronic Care with Effective, Scalable Solutions (ACCESS) model, the voluntary pilot seeks to promote access to certain digital health devices for chronic conditions, including mental health and substance use disorder (SUD), to improve patient outcomes. Under the pilot, participating manufacturers of certain digital health devices may offer the devices to provide care covered by the ACCESS model while collecting, monitoring, and reporting on performance data. Ultimately, the pilot aims to better understand how digital health technologies perform in real-life settings and how they may improve care for people with chronic conditions while also protecting patient safety.

FDA's press release announcing the launch of the pilot can be found here.

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## Research Roundup

### Study Compares Extended-Release Buprenorphine Doses for Treating High-Risk Opioid Use

A group of researchers recently published a study in *JAMA Network Open* on *Comparison of Extended-Release Buprenorphine Doses for Treating High-Risk Opioid Use*. The study analyzed data from a randomized clinical trial of 436 participants with moderate to severe opioid use disorder (OUD) in 28 outpatient treatment centers from October 2021 to June 2024 to compare the efficacy and safety of 100-mg vs 300-mg once-monthly maintenance doses of extended-release buprenorphine for patients with high-risk opioid use, including fentanyl. Specifically, the study found that both the 100-mg and 300-mg extended-release buprenorphine doses were well-tolerated and improved opioid abstinence among patients with high-risk opioid use without any new safety signals. Other key findings include:

- "With both dosing regimens, the frequency of opioid use decreased from more than 43 instances at screening to fewer than 3 instances by week 3 (through week 38).
    - Participants in the 100-mg arm reported a mean (SD) of 82.3% (27.8%) days with abstinence between weeks 10 and 38, and those in the 300-mg arm

reported a mean (SD) of 84.1% (26.1%) days with abstinence between weeks 10 and 38.

- In post hoc analyses, the 300-mg maintenance dose performed significantly better than the 100-mg maintenance dose among participants who used fentanyl daily (difference, 11.1%), used fentanyl 14 times or more per week (difference, 12.2%), or both (difference, 15.4%).

- Extended-release buprenorphine–related adverse events were similar between groups, except for injection-site reactions, which were higher in the 300-mg arm (difference, 9.2%).

- Treatment-emergent adverse events with an onset after extended-release buprenorphine injection 3 were reported in 45.9% of participants (100 of 218) in the 100-mg arm and 53.5% of participants (116 of 217) in the 300-mg arm, which did not have a significant between-arm difference (7.6%)."

The study also includes data on demographics, history of mental health or substance use disorder (SUD), and prevalence and type of opioids used among participants.

The authors call for expanded availability of extended-release buprenorphine given the rise in exposure to highly potent synthetic opioids, such as fentanyl, in the United States.

The study can be downloaded in full, here.

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## Webinars to Watch

### Great Lakes PTTC Webinar: Uncovering What Does NOT Work in Substance Misuse Prevention

The Substance Abuse and Mental Health Services Administration (SAMHSA)-funded Great Lakes Prevention Technology Transfer Center (PTTC) is hosting a webinar on *Uncovering What Does NOT Work in Substance Misuse Prevention*. This no-cost webinar is on January 7, at 11:00 am ET. The webinar aims to explore several common, yet misguided, prevention practices in use today and share the evidence base demonstrating that they are outdated, ineffective, and potentially harmful interventions. Specifically, the webinar will review certain misguided approaches to prevention and their unintended consequences, as well as offer practical strategies for prevention professionals to overcome any resistance they may face when challenging entrenched practices. Learning objectives include:

- “Identify at least 5 interventions that have been shown through research to NOT be effective in preventing substance misuse

- List evidence-based approaches that are alternatives to the ineffective/counterproductive strategies

- Describe strategies to address resistance to discontinuing ineffective and/or counterproductive prevention strategies”

Certificates of attendance are available for participation in this webinar.

Registration is required.