

PUBLIC POLICY OVERVIEW

NASADAD Annual Meeting

Indianapolis, IN

May 24, 2017

NASADAD'S
POLICY
DEPARTMENT

How is it structured?

What do we do?

How to we prioritize
policy issues?

SETTING THE STAGE

Flo Stein, North Carolina

Chair,

NASADAD Public Policy Committee

NASADAD PUBLIC POLICY LEADERSHIP

- Public Policy Committee
 - Flo Stein (NC), Chair; Cassandra Price (GA); Joe Harding (NH); Mark Stringer (MO); Kathy Stone (IA); Arlene Gonzalez-Sanchez (NY); Miriam Delphin-Rittmon (CT); Eddie Mersereau (HI); Barbara Cimaglio (VT); Kim Fornero (IL), NPN President; and Joyce Starr (OH), NTN President
- Public Policy Staff
 - Robert Morrison, Executive Director/Director of Legislative & Regulatory Affairs
 - Shalini Wickramatilake-Templeman, Federal Affairs Manager

ROLE OF POLICY DEPARTMENT

- ▶ Serve as voice of Association to Congress and the Administration
- ▶ Coordinate and facilitate timely information exchange to the States:
 - Weekly D.C. Updates
 - Monthly All States calls
- ▶ Help educate membership as well as stakeholders:
 - Fact sheets
 - Section-by-section legislative summaries
 - Appropriations charts
- ▶ Develop statements on particular policies of interest
- ▶ Offer technical assistance to States
- ▶ Facilitate connection between SSAs and members of Congress/Administration/NGO stakeholders

PUBLIC POLICY PRIORITIES

Annual Policy Survey

- “Takes the pulse” of State Directors and component group presidents regarding their federal funding and legislative priorities
- Used exclusively for the Public Policy Department and is strictly separate from the work of the Research and Program Applications Department.
- Policy staff use the survey results as both a guide to preparing for 2017 and as a “living document” to guide adjustments that may be necessary should conditions change throughout the year

2017 APPROPRIATIONS PRIORITIES

HHS Programs:

1. SAPT Block Grant
2. CSAT
3. CSAP
4. NIDA

DOJ Programs:

1. Drug Courts
2. Hal Rogers Prescription Drug Monitoring Program (PDMP)
3. MIOTCRA
4. Second Chance Act

Funding for Opioids:

1. Expansion of MAT
2. Warm handoff, including a bridge with recovery coaches
3. Services for individuals involved in the criminal justice system
4. Naloxone access
5. PDMPs

2017 LEGISLATIVE PRIORITIES

Substance Abuse Prevention, Treatment, and Recovery Related Legislative and Policy Priorities:

1. SAPT Block Grant
2. MAT
3. Integration of SUD services in primary care settings
4. Housing and homelessness
5. Opioid use disorders

Health Reform-Related Legislative and Policy Priorities:

1. Medicaid expansion
2. Healthcare workforce development
3. Parity implementation
4. Collaboration in community health centers
5. Quality measures

YEAR IN REVIEW

How have NASADAD's priorities aligned with actions by Capitol Hill and the White House?

- 21st Century Cures
 - STR to the Opioid Crisis Grants
 - SAMHSA Reauthorization
- Comprehensive Addiction and Recovery Act of 2016 (CARA)
- Regular Appropriations Process
 - FY 2017
 - FY 2018
- New Administration
- Health Reform

5 KEY QUESTIONS FROM NASADAD MEMBERS ON PUBLIC POLICY

- What's happened over the past year?
- How did it happen?
- What was NASADAD's role?
- How might these developments impact my State?
- What's next?

CURES ACT SIGNED INTO LAW

- 21st Century Cures Act
- Originally focused on expanding innovations in medical research
- Became vehicle for other legislation:
 - Funding for opioids
 - MH reform; SAMHSA reauthorization
 - STOP Act



ACCOUNT FOR STR TO THE OPIOID CRISIS GRANTS

- \$485 million in FY 2017
- All States and Territories received awards for year 1
- Focus on evaluation/outcomes data
- Year 2 funding is not guaranteed; must be appropriated by Congress

SAMHSA REAUTHORIZATION

- Creation of an Assistant Secretary for Mental Health and Substance Use position within HHS.
 - Assumes duties and authorities of the SAMHSA Administrator
- Reauthorization SAPT Block Grant, with \$1,858,079,000 (FY 2016 funding level) to be appropriated for each of fiscal years 2018 through 2022.
- Reauthorization of CSAP (\$211,148,000) and CSAT (\$333, 806,000)
 - FY 2016 funding levels for FY 2018-FY 2022
- Authorization of the Center for Behavioral Health Statistics and Quality (CBHSQ) within SAMHSA.
- Establishment of a National Mental Health and Substance Use Policy Laboratory, which assumes the authorities and activities of the Office of Policy, Planning, and Innovation (OPPI).



Implementation of the Comprehensive Addiction and Recovery Act (CARA)

OPIOID USE DISORDER TREATMENT MODERNIZATION

Buprenorphine Prescribing

- Did not change the buprenorphine cap of 30 in the first year followed by 100, but included language stating that the Secretary of HHS may change the cap by regulation.
- Amends the Controlled Substances Act (CSA) by adding to the category of “qualifying practitioner” a nurse practitioner or physician assistant who satisfies various criteria.
 - NPs and PAs may now apply for waiver for up to 30 patients after completing 24 hours of required training
 - ❖ SAMHSA website now includes information on NP/PA training as well as applying for the waiver
 - In November, HHS stated that it had plans to initiate rulemaking that would allow NPs and PAs who have prescribed at the 30-patient limit for one year to apply for a waiver to prescribe for up to 100 patients.
 - HHS has not yet begun that rulemaking process

COMPREHENSIVE OPIOID ABUSE SITE-BASED GRANT PROGRAM

- In February BJA (within DOJ) released solicitation associated with Section 201 (Comprehensive Opioid Abuse Grant Program) of CARA
- Six categories:
 - 1) Overdose Outreach Projects;
 - 2) Technology-assisted Treatment Projects;**
 - 3) System-level Diversion and Alternatives to Incarceration Projects;
 - 4) Statewide Planning, Coordination, and Implementation Projects;**
 - 5) Harold Rogers Prescription Drug Monitoring Program (PDMP) Implementation and Enhancement Projects; and
 - 6) Data-driven Responses to Prescription Drug Misuse.
- For category 4, eligible applicants are State Administering Agencies (SAA; NCJA members), which manage criminal justice funds (e.g. Byrne/JAG grant), or SSAs
- For category 2 applicants are limited to State agencies, such as SAAs or SSAs
- ❖ NASADAD sponsored meeting in DC hosted by Addiction Policy Forum on Promoting a Comprehensive Response to the Opioid Epidemic: Funding, Effective Design and Implementation, Research and Evaluation, designed to provide TA to applicants

IMPROVING TREATMENT FOR PPW

- Reauthorized the residential services for pregnant and postpartum women program (PPW) grant program within CSAT
- Created pilot program for SSAs to use up to 25 percent of funds for services to PPW in non-residential settings.
- Required SAMHSA to lead a process in which SSAs, experts in addiction services, and others develop the new application for the pilot program.
- CARA authorized \$16.9 million for FY 2017 through FY 2021 (was \$15.9 million in FY 2016)
 - Omnibus appropriations bill: \$19.9 million for FY 2017
- SAMHSA FOA: \$3.3 million grant program (3 awards; up to \$1.1 million each for 3 years)
 - Eligible applicants: SSAs
 - Applications due July 3rd



Appropriations

3 BUCKETS DESCRIBING OPIOID FUNDING FOR FY 2017

1. Regular FY 2017 appropriations process
2. President's proposed \$1.1 billion for opioids
3. Emergency supplemental for opioids as proposed by Senator Shaheen (D-NJ) and Rep. Courtney (D-CT)



Creation of account in 21st Century Cures for States to address opioid crisis (STR grants)

FY 2017 APPROPRIATIONS

- Series of Continuing Resolutions since beginning of FY 2017
 - Funding for programs in CARA
 - Year I funding for STR Grants
- On May 5th \$1.1 trillion FY 2017 omnibus appropriations bill signed into law
 - \$1,858,079,000 for SAPT Block Grant (level funding compared to FY 2016)
 - \$352,427,000 for CSAT (+\$17 million compared to FY 2016)
 - \$223,219,000 for CSAP (+\$12 million compared to FY 2016)



BUDGET
OF THE U.S. GOVERNMENT

FY 2018
Proposed
Budget

FY 2018 PROPOSED BUDGET

- Full budget proposal released May 23rd: “America First: A Budget Blueprint to Make America Great Again”

SAPT Block Grant: \$1,854,697,000 (\$3.3 million cut)

CSAT: \$341,738,000 (\$10.7 million cut)

CSAP: \$149,700,000 (\$73.5 million cut)

Cut \$61,057,000 for SPF-PFS

CMHS: \$277,419,000 (\$159.2 million cut)

CMHS Block Grant: \$415,539,000 (\$125.9 million cut)

SUPPORT FOR PRIORITY PROGRAMS

- SAPT Block Grant: Dear Colleague letter in House of Representatives
- Letter to Administration in support of ONDCP, HIDTA, and DFC
- Letter to Appropriators in support of PPW program



The Trump Administration & The 115th Congress

KEY ADMINISTRATION APPOINTMENTS

- 552 administration positions require confirmation
- Federal agencies important to SUD policy
 - HHS: Secretary Tom Price
 - SAMHSA: Elinore McCance-Katz
 - CMS: Seema Verma
 - HRSA
 - CDC
 - ONDCP
 - NIH (NIDA and NIAAA)
 - FDA: Scott Gottlieb
 - DOE: Secretary Betsy DeVos
 - DOJ: Attorney General Jeff Sessions
 - HUD: Secretary Ben Carson

WHAT'S NEXT?

- Funding for year 2 of STR to the Opioid Crisis grants
- Hearing and confirmation of Assistant Secretary for MH & SUDs
- Permanent Director of ONDCP
- Budget/ appropriations work for FY 2018
- ACA repeal/replacement and implications on financing of Medicaid

THANK YOU

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