

Recent Federal actions impacting State alcohol and drug agencies:

Cures, CARA and recent actions by the Trump Administration

AMERICAN PUBLIC HEALTH ASSOCIATION (APHA)

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Disclosure Statement

I have no personal financial relationships with commercial interests relevant to this presentation.

Recent milestones in addiction policy

- Drug Free Communities Act (1998)
- SAMHSA reauth/Children's Health Act (2000)
- Regional Partnership Grants/Child and Family Services Improvement Act (2006)
- Second Chance Act (2008)
- MH Parity/Addiction Equity Act (2008)
- Affordable Care Act (2010)
- Comprehensive Addiction/Recovery Act (2016)
- 21st Century Cures Act (2016)

21st Century Cures Act

- **Established a \$1 billion account** for grants to States to address opioid crisis
- **Authorized new positions and structures within SAMHSA**
- **Reauthorized Programs within SAMHSA** – including Center for Substance Abuse Prevention (CSAP) and Center for Substance Abuse Treatment (CSAT)

21st Century Cures Act: State Targeted Response (STR) to the Opioid Crisis Grants

- **\$1 billion account allocates \$500 million in each FY '17 and '18**
- “...supplement activities pertaining to opioids undertaken by the **State agency responsible for...the substance abuse prevention and treatment block grant**”
- “Sec. will give preference to States with an incidence or prevalence of opioid use disorders that is relatively higher than other States”

21st Century Cures Act: State Targeted Response (STR) to the Opioid Crisis Grants

- SAMHSA released application in 12/16—**State alcohol and drug agency directors identified as eligible applicants**
- 5 percent allowed for admin
- Of the remaining amount, **80 percent required to go to treatment/recovery**
- Remaining **20 percent allowed for prevention**, other initiatives

STR Grants: What are States doing with the funding? (based on 40+ applications)

- **Virtually all States are focusing on expanding availability of treatment**
 - Greatest number of treatment initiatives are working to **expand medication assisted treatment (MAT)** – mostly through expansion of office based opioid treatment (OBOT)
 - Most States proposed **to improve effectiveness of OBOT** care through ensuring linkage with counseling; care management assistance; and recovery support specialists

STR Grants: What are States doing with the funding? (based on 40+ applications)

- **Nearly every State has a criminal justice re-entry/treatment initiative** for cj involved populations with opioid use disorders. Small number proposed diversion initiatives such as drug courts.
- **All States proposed one or more prevention initiatives.**
- **Virtually all States proposed at least one overdose/naloxone initiative** that provides naloxone, supports training about opioid misuse, safe/appropriate use of opioid medications and use of naloxone to reverse effects of overdose

STR Grants: What are States doing with the funding? (based on 40+ applications)

- **Half the States proposed outreach efforts to the OUD population**, provide expedited access to treatment (often MAT) and/or make strong efforts to engage them in treatment
- **Half of States proposed initiatives focused on opioid prescribers** (e.g. cancer, pain and primary care docs; PAs) with training on SUDs. Alternatives to opioid pain meds, safe and effective prescribing practices and effective treatment for OUD.

Cures: Many other provisions impacting SUD system (a few examples)

○ **Structural changes/authorizations in SAMHSA:**

- Asst. Secretary for Mental Health/Substance Use (Sec. 6001)
- Chief Medical Officer (Sec. 6003)
- Center for Behavioral Health Statistics and Quality (CBHSQ)
- National Mental Health and Substance Use Policy Lab (Sec. 7001)

Cures: Many other provisions impacting SUD system (a few examples)

- **Workforce provisions (Sec. 9022)**
- **MH/SUD Insurance Parity:**
 - Enhanced compliance (Sec. 13001)
 - Enforcement (Sec 13002)
 - CMS report on parity investigations (Sec. 13003)
 - GAO study on insurance company compliance (Sec. 13004)

Comprehensive Addiction and Recovery Act (CARA)

- Reauthorized the **Residential Treatment Program for Pregnant and Postpartum Women (PPW)**
 - Long-time program within Center for Substance Abuse Treatment (CSAT) supporting **residential, family-centered services for pregnant women/mother and infants-toddlers as a family unit**

CARA: Pilot Program for PPW (Title V, Section 501)

- **A new pilot program for pregnant and postpartum Women (PPW)**
 - **Enhance flexibility** in the use of funds for family-based, **non-residential** **services** for PPW with SUDs
 - Address gaps in services and eye on innovation
 - State alcohol drug/agency directors are eligible applicants
 - Virginia, New York and Massachusetts received \$1.3 million in FY 2017

CARA: A sample of other initiatives

- Task Force on Pain Management (Sec. 101)
- Community Based Coalition Enhancement Grants (Sec. 103)
- NASPER Reauthorization (Sec. 109)
- Opioid overdose reversal access and education program (Sec. 110)
- Grants to States to Expand Treatment with Emphasis on MAT (Sec. 301)
- Grants Demo Grants for Comprehensive Response (Sec. 601)

President's Declaration of the Opioid Crisis as Public Health Emergency: October 19, 2017

Agency Action. The Secretary of Health and Human Services shall, consistent with section 319 of the Public Health Service Act, 42 U.S.C. 247d, **consider declaring that the drug demand and opioid crisis described in section 1 of this memorandum constitutes a Public Health Emergency.** Additionally, **the heads of executive departments and agencies**, as appropriate and consistent with law, **shall exercise all appropriate emergency authorities**, as well as other relevant authorities, to reduce the number of deaths and minimize the devastation the drug demand and opioid crisis inflicts upon American communities.

<https://www.whitehouse.gov/the-press-office/2017/10/26/presidential-memorandum-heads-executive-departments-and-agencies>

President's Declaration of the Opioid Crisis as Public Health Emergency: HHS on Impact

- accelerate temporary appointments of specialized personnel to address the emergency (pending any funding needed);
- work with DEA to expand access for certain groups of patients to telemedicine for treating addiction;
- provide new flexibilities within HIV/AIDS programs.

<https://www.hhs.gov/about/news/2017/10/26/hhs-acting-secretary-declares-public-health-emergency-address-national-opioid-crisis.html>

- CMS “Dear State Medicaid Director” letter on revised waiver process through section 1115(a) demos

• <https://www.medicaid.gov/federal-policy-guidance/downloads/smd17003.pdf>

President's Commission on Combatting Drug Addiction and the Opioid Crisis

- **March 29:** President releases Executive Order establishing the Commission
- **June 16:** First meeting
- **July 31:** Second meeting; Interim Report Released
- **September 27:** Third meeting
- **October 20:** Fourth meeting
- **November 1:** Fifth meeting; release of final report with 56 recommendations

<https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Meeting%20Draft%20of%20Final%20Report%20-%20November%201%2C%202017.pdf>

President's Commission: Final Report: Recommendations

Four Categories

- Federal Funding and Programs
- Opioid Addiction Prevention
- Opioid Addiction Treatment, Overdose Reversal and Recovery
- Research and Development

President's Commission: Final Report: *Federal Funding and Programs*

- “The Commission urges Congress and the Administration to ***block grant federal funding for opioid-related and SUD-related activities to the states***, where the battle is happening every day.”
- ONDCP review of every federal program

President's Commission: Final Report: *Opioid Addiction Prevention*

- Department of Ed development of student assessment programs/SBIRT
- 6 recs regarding prescribing guidelines, regulations, education
- 5 recs. regarding PDMP enhancements
- 14 recommendations regarding supply side activities

President's Commission:

Final Report: *Opioid Addiction Treatment, Overdose Reversal and Recovery* (20 recs)

- Incorporate ***quality measures*** that address SUD screening and treatment referrals across relevant federal agencies
- Adoption of “**outcome, process and prognostic measures of treatment**” as presented by National Outcome Measurement and ASAM
- HHS should review and modify ***rate setting***
- States should use a standardize tool to require insurers to disclose NQTLs (prior auth/medical necessity)

President's Commission: Final Report: *Research and Development (5 recs)*

- CMS, FDA and US Preventative Task Force should implement a ***fast-track review process for evidence-based SUD treatment/prevention technologies***
- Relevant federal agencies should review existing programs and establish goals for ***pain management and addiction research*** (prevention and treatment)

Questions; Comments; Discussion

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