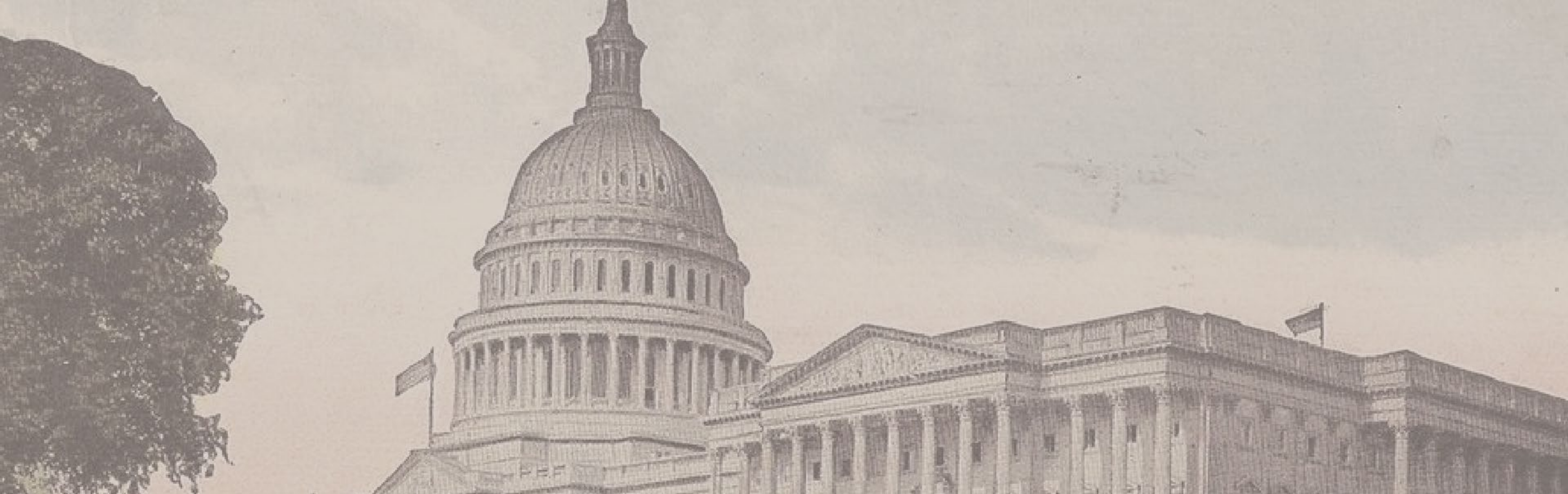


NASADAD Annual Meeting

June 6, 2019

Hyatt Regency Bethesda



Capitol Hill Happenings: Life after CARA, CURES, and SUPPORT

NASADAD Annual Meeting
June 6, 2019



Robert Morrison
Executive Director/Director
of Legislative Affairs,
NASADAD



Carol McDaid
Principal, Capitol Decisions



Mark Stringer (SSA, MO)
Director, Missouri Dept.
of Mental Health

FEDERAL LEGISLATION AND APPROPRIATIONS IMPACTING THE SUD FIELD

NASADAD ANNUAL MEETING

BETHESDA, MARYLAND

JUNE 6, 2019

ROBERT MORRISON, EXECUTIVE DIRECTOR/DIRECTOR OF LEGISLATIVE AFFAIRS



TOPICS TO COVER

- Recap of recent legislative milestones
 - Comprehensive Addiction and Recovery Act of 2016
 - 21st Century Cures Act of 2016
 - SUPPORT for Patients and Communities Act of 2018
- Federal budget and appropriations
 - FY 2020 funding for HHS programs
- What to expect next
 - CARE Act
 - Tobacco 21 initiatives
 - MAT in criminal justice settings
 - Continued focus on STR/SOR



RECAP: CARA, CURES, AND SUPPORT

SERIES OF LEGISLATIVE MILESTONES IMPACTING THE SUD FIELD



CARA OF 2016

- CARA signed into law on July 22, 2016.
- Provisions related to prevention and education, treatment, recovery, law enforcement, and services for women, families, and veterans, among others.
 - Primarily HHS and DOJ programs
- Provisions that NASADAD tracked closely:
 - Improving Treatment for Pregnant and Postpartum Women
 - Opioid Use Disorder Treatment Modernization (Buprenorphine Prescribing)
- CARA did not include funding for treatment of opioid use disorders.

21ST CENTURY CURES ACT

- 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



GRANTS TO STATES TO ADDRESS THE OPIOID CRISIS

CURES authorized account for State Targeted Response (**STR**) to the Opioid Crisis Grants:

- \$500 million in FY 2017 (year 1)
- \$500 million in FY 2018 (year 2)

Additionally, in FY 2018, appropriators allocate, above and beyond year 2 of STR, "\$1 billion in new funding for grants to States to address the opioid crisis"--the State Opioid Response (**SOR**) grants.

- \$1 billion in FY 2018
- \$1.5 billion in FY 2019

Administration and House Appropriations Committee recommend \$1.5 billion (level funding) for SOR in FY 2020



SUBSTANCE USE-
DISORDER PREVENTION
THAT PROMOTES OPIOID
RECOVERY AND
TREATMENT (“SUPPORT”)
FOR PATIENTS AND
COMMUNITIES
ACT SIGNED INTO LAW IN
OCTOBER 2018

SUPPORT ACT COVERS A RANGE OF ISSUES...

- State Targeted Response to the Opioid Crisis (STR) reauthorization
- Comprehensive Opioids Recovery Centers (CORCs)
- Recovery coaches in ERs
- Student loan repayment for SUD treatment professionals
- Recovery housing
- PPW reauthorization
- Patient limit for buprenorphine prescribing
- DATA waiver
- IMD exclusion
- PDMPs
- ONDCP reauthorization
- Medicare and MAT
- Regional Centers of Excellence in SUD Education
- Loan Repayment Program within HRSA

GRANTS TO STATES TO ADDRESS THE OPIOID CRISIS (SEC. 7181)

- 21st Century Cures Act of 2016 authorized grants to States to address the opioid crisis→
 - **Title:** State Targeted Response to the Opioid Crisis grant administered by SAMHSA
 - **Eligible applicants:** State alcohol & drug agencies
- SUPPORT Act *reauthorized* this grant program
 - \$500 million for each of FY 2019-2021
 - 5% set-aside for tribes
 - Up to 15% set-aside for States and Tribes with highest age-adjusted mortality rate

RESIDENTIAL TREATMENT FOR PREGNANT AND POSTPARTUM WOMEN (PPW) (SEC. 7062)



- SUPPORT Act reauthorizes PPW program within SAMHSA/CSAT
 - \$29 million for FY 2019- FY 2023
 - Family-based services for women in residential settings
 - Pilot program in non-residential settings for State alcohol and drug agencies of up to 25 percent of the residential PPW program referenced above (originally created in CARA)
 - 6 pilots States
 - **Important messaging:** Pilot is a supplement and not replacement – the PPW residential program is vital
- Target populations: Low-income women, age 18 and over, who are pregnant, postpartum (the period after childbirth up to 12 months), and their minor children, age 17 and under, who have limited access to quality health services

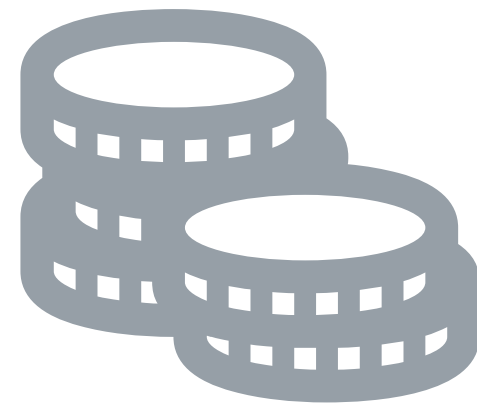
INTERDEPARTMENTAL SUBSTANCE USE DISORDER COORDINATING COMMITTEE (SECTION 7022)

- Secretary of HHS, in coordination with the Director of the Office of National Drug Control Policy (ONDCP), will establish an interdepartmental committee to coordinate federal activities related to SUDs
 - Federal members will include the Secretary of HHS (Chair); Attorney General; Secretary of Labor; Secretary of Housing and Urban Development; Secretary of Education; Secretary of Veterans Affairs; Commissioner of Social Security; Assistant Secretary for Mental Health and Substance Use; and Director of ONDCP.
 - 15 non-federal members of the Committee
 - **2 will be State alcohol and drug agency directors**
- ❖ **Applications due June 14th**

COMPREHENSIVE OPIOID RECOVERY CENTERS (SEC. 7121)

- Authorizes Secretary of HHS, acting through the Assistant Sec. for MH & SU, to establish a grant program to develop at least 10 “Comprehensive Opioid Recovery Centers” (CORCs).
- \$10 million authorization.
- CORCs would—either directly, through referral, or through contractual arrangements—have to provide:
 - Intake, evaluation, and assessments
 - Full continuum of treatment services, including: all three FDA-approved MAT drugs, plus medically supervised withdrawal management, including patient evaluation, stabilization, and readiness for and entry into treatment
 - Residential rehabilitation
 - Recovery housing
 - Community-based and peer recovery support services
 - Job training; job placement assistance
 - On-site pharmacy and toxicology services
 - Secure, confidential, and interoperable electronic health information system
 - Periodic patient assessments to ensure sustained and clinically significant recovery, as defined by the Assistant Secretary for MH/SU
 - ... and more

FY 2020 BUDGET AND APPROPRIATIONS



SAMHSA PROGRAMS IN FY 2020 PROPOSED BUDGET

- \$1.858 billion for the Substance Abuse Prevention and Treatment (SAPT) Block Grant (level compared to FY 2019)
- \$1.5 billion for the State Opioid Response (SOR) Grant (level)
- \$430 million for the Center for Substance Abuse Treatment (CSAT), a \$30 million cut
- \$144 million for Programs of Regional and National Significance (PRNS) within the Center for Substance Abuse Prevention (CSAP), a \$61 million cut

SAMHSA's Center for Substance Abuse Treatment (CSAT)

| Program | FY 18 | FY 19 | President's FY 20 Request | FY 20 Request vs. FY 19 | House Approps FY 20 | House FY 20 vs. FY 19 |
|--|---------------|---------------|---------------------------------|-------------------------------|---------------------------|--------------------------|
| CSAT TOTAL | \$403,427,000 | \$458,677,000 | \$429,888,000 | -\$28,789,000 | \$472,177,000 | +\$21,500,000 |
| Addiction Technology Transfer Centers (ATTCs) | \$9,046,000 | \$9,046,000 | \$9,046,000 | Level | \$9,046,000 | Level |
| Building Communities of Recovery | \$5,000,000 | \$6,000,000 | \$6,000,000 | Level | \$6,000,000 | Level |
| Children and Families | \$29,605,000 | \$29,605,000 | \$29,605,000 | Level | \$29,605,000 | Level |
| Comprehensive Opioid Recovery Centers | N/A | N/A | N/A | N/A | \$10,000,000 | +\$10,000,000 |
| Criminal Justice Activities | \$89,000,000 | \$89,000,000 | \$89,000,000 | Level | \$89,000,000 | Level |
| <i>Drug Courts</i> | \$70,000,000 | \$70,000,000 | \$70,000,000 | Level | \$70,000,000 | Level |
| First Responder Training* | \$36,000,000 | \$36,000,000 | \$36,000,000 | Level | \$36,000,000 | Level |
| <i>Rural Focus*</i> | \$18,000,000 | \$18,000,000 | \$18,000,000 | Level | \$18,000,000 | Level |
| Grants to Develop Curricula for DATA Act Waivers | N/A | N/A | \$4,000,000 | +\$4,000,000 | \$4,000,000 | +\$4,000,000 |
| Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths* | \$12,000,000 | \$12,000,000 | \$12,000,000 | Level | \$12,000,000 | Level |
| Improving Access to Overdose Treatment | \$1,000,000 | \$1,000,000 | \$1,000,000 | Level | \$1,000,000 | Level |

*Previously funded within CSAP until FY 2019

CSAT (continued)

| Program | FY 18 | FY 19 | President's FY 20 Request | FY 20 Request vs. FY 19 | House Approps FY 20 | House FY 20 vs. FY 19 |
|--|---------------------|---------------------|---------------------------|-------------------------|---------------------|-----------------------|
| Minority Fellowship | \$4,539,000 | \$4,789,000 | Not funded | -\$4,789,000 | \$4,789,000 | Level |
| Opioid Treatment Programs/Regulatory Activities | \$8,724,000 | \$8,724,000 | \$8,724,000 | Level | \$8,724,000 | Level |
| Peer Support Technical Assistance Center | N/A | N/A | N/A | N/A | \$2,000,000 | +\$2,000,000 |
| PPW | \$29,931,000 | \$29,931,000 | \$29,931,000 | Level | \$29,931,000 | Level |
| Recovery Community Services Program | \$2,434,000 | \$2,434,000 | \$2,434,000 | Level | \$2,434,000 | Level |
| SBIRT | \$30,000,000 | \$30,000,000 | Not funded | -\$30,000,000 | \$31,000,000 | +\$1,000,000 |
| Strengthening Community Crisis Response Systems | N/A | N/A | N/A | N/A | \$2,500,000 | +\$2,500,000 |
| Targeted Capacity Expansion (TCE) | \$95,192,000 | \$100,192,000 | \$100,192,000 | Level | \$100,192,000 | Level |
| <i>MAT-PDOA</i> | <i>\$84,000,000</i> | <i>\$89,000,000</i> | <i>\$89,000,000</i> | <i>Level</i> | <i>\$89,000,000</i> | <i>Level</i> |
| Treatment Systems for Homeless | \$36,386,000 | \$36,386,000 | \$36,386,000 | Level | \$38,386,000 | +\$2,000,000 |

COMPREHENSIVE OPIOID RECOVERY CENTERS

House Appropriations Committee Report:

“The Committee includes \$10,000,000 to help ensure that people with substance use disorders can access proper treatment, as authorized by section 7121 of the SUPPORT Act. The Committee recognizes that there is a tremendous need for increasing access to coordinated, comprehensive care services that utilize the full range of FDA-approved medications and evidence-based treatments. These long-term care and support services dramatically improve outcomes for individuals and generate meaningful outcomes data to contribute to best practices for substance use disorders.”

GRANTS TO DEVELOP CURRICULA FOR DATA WAIVERS

House Appropriations Committee Report:

“The Committee includes \$4,000,000 for this new program, which is authorized by section 3203 of the SUPPORT for Patients and Communities Act, to enhance access to substance use disorder treatment by providing grants to accredited schools of allopathic or osteopathic medicine and teaching hospitals located in the U.S. to support the development of curricula.”

SUPPORT TECHNICAL ASSISTANCE CENTER

- House Appropriations Committee report:

“The Committee provides \$2,000,000 for the creation of a Peer Support Technical Assistance Center, as authorized in section 7152 of the SUPPORT Act. The Center will provide technical assistance and support to recovery community organizations and peer support networks, including such assistance and support related to best practices and data collection.”

STRENGTHENING COMMUNITY CRISIS RESPONSE SYSTEMS

- House Appropriations Committee Report:

“The Committee provides \$2,500,000 for the creation of a competitive grant opportunity to support communities for crisis intervention and prevention, as authorized by section 9007 of the 21st Century Cures Act.”

PREGNANT AND POSTPARTUM WOMEN

- House Appropriations Committee report:

“The Committee provides \$29,931,000 for Pregnant and Postpartum Women. The Committee recognizes SAMHSA for its work managing the Pregnant and Postpartum Women program which utilizes a family-centered approach to provide comprehensive residential substance use disorder treatment services for pregnant and postpartum women, their minor children and for other family members. A provision in the Comprehensive Addiction and Recovery Act (CARA) authorizes SAMHSA to allocate a portion of these resources for a pilot program to State alcohol and drug agencies to support outpatient, intensive outpatient and related services in a family-centered approach. **The Committee encourages SAMHSA to fund an additional cohort of States above and beyond those pilots already funded.**”

SAMHSA's Center for Substance Abuse Prevention (CSAP)

| Program | FY 2019 | President's FY 20 Request | FY 20 Request vs. FY 19 | House Appropriations FY 20 | House FY 20 vs. FY 19 |
|---|---------------------|---------------------------------|----------------------------|----------------------------------|----------------------------|
| CSAP TOTAL | \$205,469,000 | \$144,090,000 | -\$61,379,000 | \$212,469,000 | +\$7,000,000 |
| CAPT | \$7,493,000 | \$7,493,000 | Level | \$7,493,000 | Level |
| Federal Drug-Free Workplace/Mandatory Drug Testing | \$4,894,000 | \$4,894,000 | Level | \$4,894,000 | Level |
| Minority AIDS | \$41,205,000 | \$41,205,000 | Level | \$46,205,000 | +\$5,000,000 |
| Minority Fellowship | \$321,000 | Not funded | -\$321,000 | \$321,000 | Level |
| Science and Service Program Coordination | \$4,072,000 | \$4,072,000 | Level | \$4,072,000 | Level |
| Sober Truth on Preventing Underage Drinking (STOP Act) | \$8,000,000 | \$8,000,000 | Level | \$10,000,000 | +\$2,000,000 |
| <i>National Adult-Oriented Media Public Service Campaign</i> | <i>\$1,000,000</i> | <i>N/A</i> | <i>N/A</i> | <i>\$2,000,000</i> | <i>+\$1,000,000</i> |
| SPF-PFS | \$119,484,000 | \$58,426,000 | -\$61,058,000 | \$119,484,000 | Level |
| <i>Strategic Prevention Framework Rx</i> | <i>\$10,000,000</i> | <i>\$10,000,000</i> | <i>Level</i> | <i>\$10,000,000</i> | <i>Level</i> |
| Tribal Behavioral Health Grants | \$20,000,000 | \$20,000,000 | Level | \$20,000,000 | Level |

Note: Administration proposed moving Drug-Free Communities (DFC) program from ONDCP to CSAP; House Appropriations Committee did not recommend moving DFC into CSAP.



What's next?

INTEREST FROM FRESHMEN OFFICES

- 100 newly-elected freshmen in House and Senate
- High interest in addressing opioids specifically, and addiction more broadly
- In House, Rep. David Trone (D-MD) is leading Freshmen Addiction Working Group
 - ~60 freshmen Members of Congress
- “What can we do to address SUDs?”
 - Background on CARA, CURES, SUPPORT
 - Education about publicly-funded system
 - Importance of full continuum: prevention, treatment, and recovery
 - Congress has accomplished a lot legislatively, and now States are in implementation mode (especially with STR/SOR)

NASADAD: FOCUS ON ALL SUBSTANCES OF CONCERN

- Recognition of the importance of focusing on SUDs more broadly—including and beyond opioid use disorders
- Prior to facing potential fiscal cliff for opioid-specific programs, gradually transition federal funds to the SAPT Block Grant

IMPORTANCE OF PRIMARY PREVENTION

- Education on existing programs (SAPT BG, SPF-PFS, DFC) that support primary SUD prevention
- Interest from Congressional offices in strengthening school-based programs for SUD prevention
 - Concept of grant program to State alcohol and drug agencies to create evidence-based SUD prevention programs in elementary and secondary schools; and
 - Promote school-based prevention programming across the State through coordination with relevant stakeholders, including the State educational agency.

CARE ACT

- The Comprehensive Addiction Resources Emergency (CARE) Act
- Sponsored by Rep. Elijah Cummings (D-MD) in the House, and Senator Elizabeth Warren (D-MA) in the Senate
- Re-introduced last month
- Proposes Ryan White HIV/AIDS program model for substance use disorders:
 - \$100 billion over next 10 years
 - Grants to States, local entities, and tribes

TOBACCO TO 21 INITIATIVES

- A bill to increase the minimum age for sale of tobacco products to 21 (S.1541)
 - **Sponsors:** Senate Majority Leader Mitch McConnell (R-KY) and Senator Tim Kaine (D-VA)
 - Would prohibit retailers from selling tobacco products to anyone under age 21.
 - Would require States to enact their own laws raising the tobacco-purchasing age to 21 Tobacco to 21 Act
- Tobacco to 21 Act (S. 1258)
 - **Sponsors:** Senators Brian Schatz (D-HI), Todd Young (R-IN), Dick Durbin (D-IL), and Mitt Romney (R-UT)
 - Would be unlawful to sell a tobacco product to anyone under the age of 21, or to sell a tobacco product to anyone under 30 without verification of age by means of photo identification.
- **Potential impact on Synar**

INCREASING ACCESS TO TREATMENT IN JAILS AND PRISONS

MAT in CJ settings

- Corrections Public Health and Community Re-entry Act (H.R. 7079)
- Rep. Kuster (D-NH), Sen. Markey (D-MA)
- Authorizes program within the National Institute of Corrections (NIC) for State and local governments to develop, implement, or expand MAT for incarcerated individuals
- Grantees would have to offer:
 - At least 1 opioid antagonist; at least 1 opioid agonist or partial agonist
 - A certified recovery coach to work with newly released individuals recovering from addiction to opioids

ON THE HORIZON

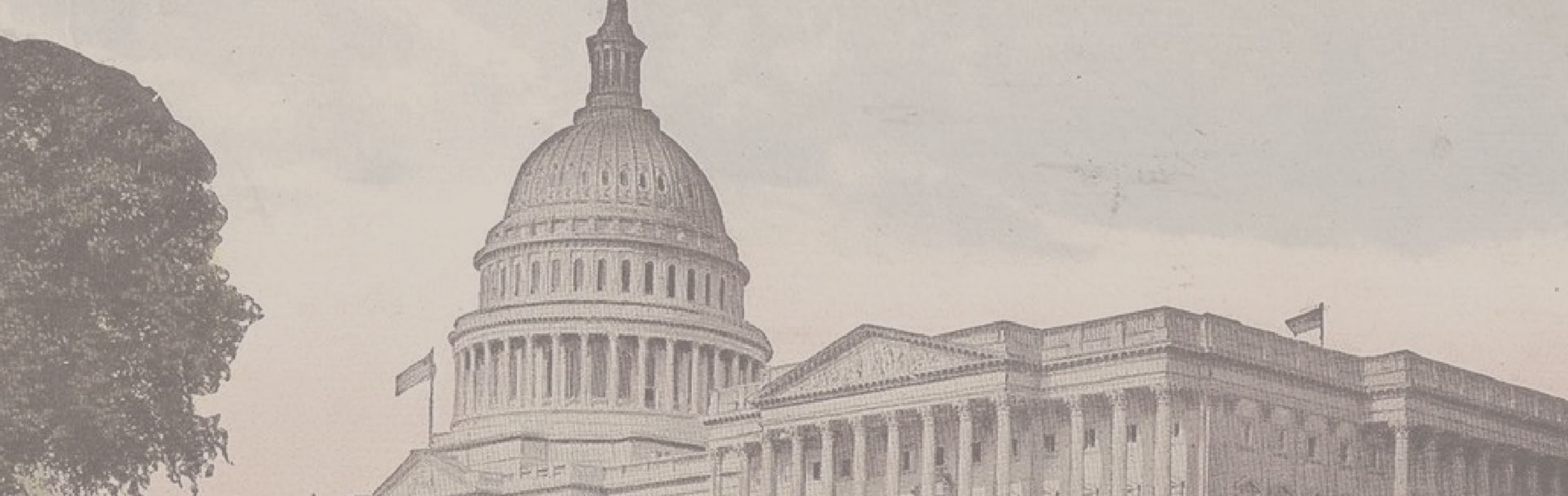
- FY 2020 appropriations process: full House vote; Senate L-HHS subcommittee
- Year 1 supplemental funding for SOR allocated in March
- Year 2 of SOR grant dollars will be allocated later this fiscal year
- Seeking funding for/implementation of
 - Comprehensive Addiction and Recovery Act (CARA)
 - 21st Century Cures Act
 - SUPPORT Act



REMINDER: NASADAD RESOURCES

www.nasadad.org

- Fact sheets on priority programs
 - SAPT Block Grant
 - Prevention Set-Aside
 - Discretionary funding for primary prevention (Prevention Set-Aside, SPF-PFS, DFC)
- Budget/appropriations overviews
- Timeline of STR/SOR
- Overview of patient limits for buprenorphine prescribing
 - ...and more



Carol McDaid

Principal, Capitol Decisions

PATIENT LIMITS FOR BUPRENORPHINE PRESCRIBING (SECTION 3201)

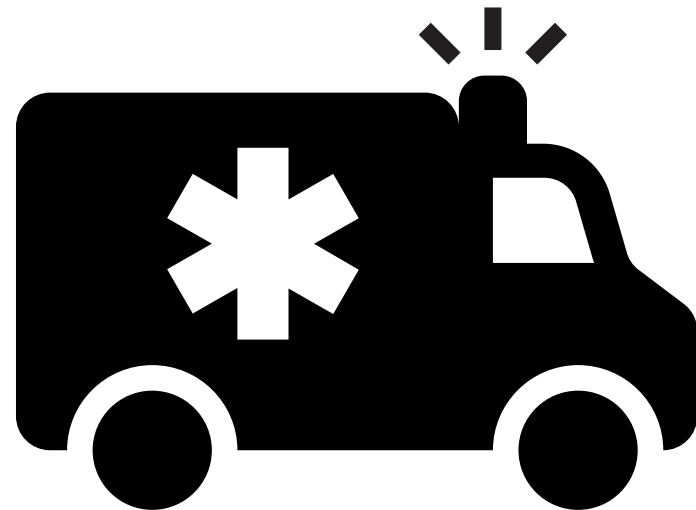
- Adds to the category of “qualifying practitioner” clinical nurse specialists, certified nurse anesthetists, and certified nurse midwives for a period of 5 years.
- Makes permanent the prescribing authority for physician assistants and nurse practitioners.
- Allows qualifying practitioners to treat up to **100 patients (instead of 30) in the first year** of holding a DATA waiver if:
 - at least one year after the practitioner submitted the initial notification, the practitioner submits a second notification to the HHS Secretary of the need and intent of the practitioner to treat up to 100 patients;
 - the practitioner holds additional credentialing (board certification in addiction medicine or addiction psychiatry); or
 - the practitioner provides MAT in a qualified practice setting.
- Allows qualifying practitioners to treat up to 275 patients if they meet certain requirements, such as having maintained the 100-patient limit waiver for at least 1 year.
 - Cap was already raised to 275 patients by regulation in 2016

ENSURING ACCESS TO QUALITY SOBER LIVING (SEC. 7031) & PILOT PROGRAM TO HELP INDIVIDUALS IN RECOVERY FROM A SUD BECOME STABLY HOUSED (SEC. 8071)



- **National recovery housing best practices**
 - \$3M authorized for FY19-21
 - Requires HHS to issue best practices for operating recovery housing facilities to state agencies, and assist those recovering from an OUD with housing
 - Sec. shall consult with stakeholders, insurers, accrediting entities, state health depts., etc. identify or facilitate the development of common indicators that could be used to identify potentially fraudulent recovery housing operators
- **Housing Pilot Program**
 - Authorizes pilot program to provide individuals in recovery from a SUD with stable, temporary housing
 - Funds shall be allocated based on a funding formula established by HUD
 - Funds provided to States from FYs19-23 for a period of not more than 2 years or until the individual secures permanent housing, whichever is earlier

PREVENTING OVERDOSES WHILE IN EMERGENCY ROOMS. (SEC. 7081)



- **Program to support coordination and continuation of care for drug overdose patients**
 - Provides resources for states, tribes, hospitals or EDs to develop protocols on discharging patients who have presented with an opioid overdose
 - Eligible entities may use grant funds to hire or utilize recovery coaches and connecting patients to recovery community organizations
 - \$10M authorized for FYs19-23- a grant awarded to an eligible entity under this section for a period of not more than 5 years

CAREER ACT (SEC. 7183)

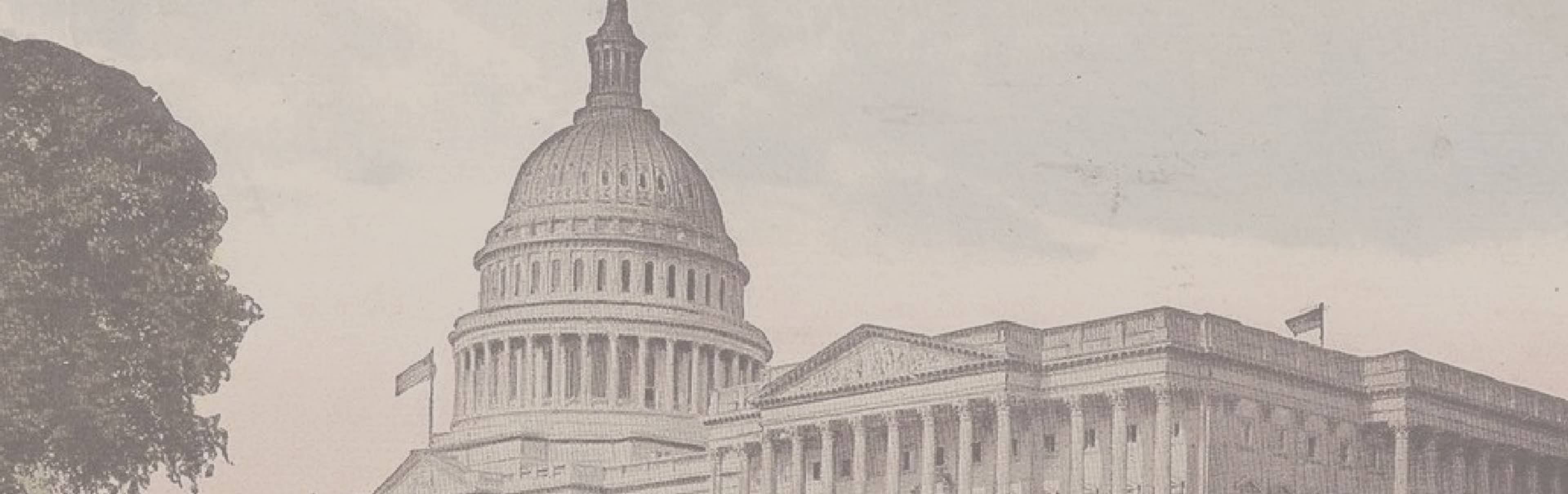


- Provides \$5M for FYs19-23 to grantees for a period of no more than 5 years
- Requires HHS to continue or establish a program to support individuals in recovery from SUD's transition to independent living & workforce
- Requires a report to Congress on the effectiveness of these grants and recommendations on best practices for health care professionals to support individuals in recovery
- Eligible entities include those providing treatment and recovery services to individuals with SUDs & partners with one or more local or State stakeholders such as local employers, community organizations, local workforce development board, local and State governments, and Indian Tribes or tribal organizations

PEER SUPPORT TECHNICAL ASSISTANCE CENTER (SEC. 7152)

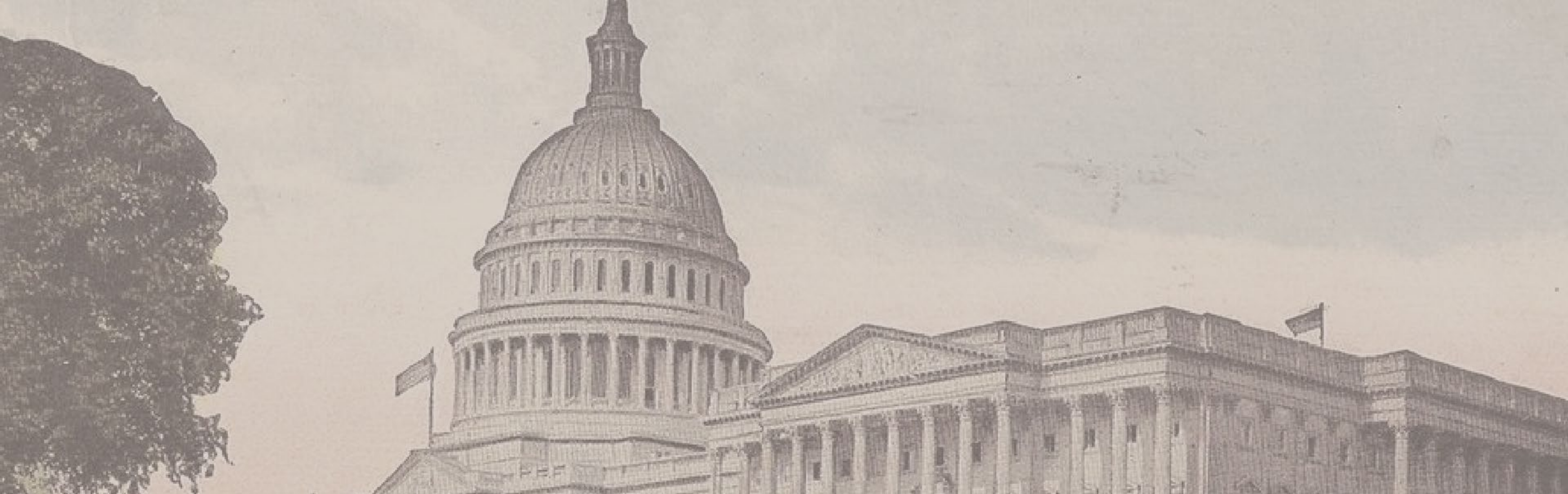


- Requires HHS to establish or operate a National Peer-Run Training and Technical Assistance Center for Addiction Recovery Support & provide technical assistance and support to recovery community organizations and peer support networks providing peer support services related to SUD
- \$1M authorized to be appropriated for FYs19-23



Mark Stringer (SSA, MO)

Chair, NASADAD Public Policy Committee



Questions?