

December 19, 2019



D.C. Update: Lawmakers pass FY 2020 L-HHS appropriations bill, DOJ announces additional grant funding to address opioids, and more



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### Meet the Member Dani Kirby, Region V Director

Danielle Kirby, serving as Regional Director for Region V on NASADAD's Board of Directors, is the Director of the Illinois Department of Human Services, Division of Substance Use Prevention and Recovery (IDHS/SUPR). In this role, Dani focuses on Illinois' response to the opioid crisis, promoting a recovery-oriented system of care and innovating the State's approach to increasing access to services. She played a pivotal role in the approval and launch of the substance use disorder pilots included in Illinois's 1115 Demonstration Waiver. Director Kirby's leadership is grounded in the Division's mission: to provide a system of care along the continuum of prevention, intervention, treatment, and recovery support where individuals with substance use disorder, those in recovery, and those at risk are valued and treated with dignity.



Director Kirby has worked at IDHS/SUPR since 2003, previously serving as Deputy Director for Planning, Performance Assessment, and Federal Projects. Director Kirby is a certified Project Management Professional with a Master of Public Health in Epidemiology from the University of Illinois Chicago School of Public Health and a Master of Education in Secondary Education from Northwestern University.

[Capitol Hill Happenings](#)

## Lawmakers pass FY 2020 L-HHS Bill

On Monday, lawmakers released two minibuses that package together FY 2020 appropriations bills. One of the minibuses includes the Labor, Health and Human Services (HHS), Education, and Related Agencies [appropriations bill](#) and accompanying [report](#). The House and Senate passed both minibuses this week, and the President is expected to sign them into law before the current continuing resolution expires on December 20<sup>th</sup>. Lawmakers propose the following funding levels for some of the organization's priority programs:

### *Substance Abuse and Mental Health Services Administration (SAMHSA)*

- Substance Abuse Prevention and Treatment (SAPT) Block Grant: \$1.858 billion (level compared to FY 2019)
- State Opioid Response (SOR) Grant: \$1.5 billion (level)
  - Report language: "The agreement includes bill language to make addressing stimulant abuse an allowable use of funds while maintaining the existing formula."
- Strategic Prevention Framework-Partnerships for Success: \$119 million (level)
- Medication-Assisted Treatment for Prescription Drug and Opioid Addiction (MAT-PDOA): \$89 million (level)
- Drug Courts: \$70 million (level)
- Pregnant and Postpartum Women: \$31.9 million (+\$2 million)
- Screening, Brief Intervention, and Referral to Treatment (SBIRT): \$30 million (level)
- Treatment, Recovery, and Workforce Support: \$4 million (+\$4 million; newly funded program)
- Emergency Department Alternatives to Opioids: \$5 million (+\$5 million; newly funded program)
- Building Communities of Recovery: \$8 million (+\$2 million)
- Comprehensive Opioid Recovery Centers (CORCs) within Center for Mental Health Services: \$2 million (+\$2 million; newly funded program)

### *Centers for Disease Control and Prevention (CDC)*

- Prescription Drug Overdose (PDO): \$475 million (level)
- Tobacco: \$230 million (+\$20 million)
- Excessive Alcohol Use: \$4 million (level)

### *Health Resources and Services Administration (HRSA)*

- Rural Communities Opioids Response Program: \$110 million (-\$10 million)

### *National Institutes of Health (NIH)*

- National Institute on Alcohol Abuse and Alcoholism: \$545 million (+\$20 million)
- National Institute on Drug Abuse: \$1.462 billion (+\$42 million)

Access NASADAD's complete overview of FY 2020 appropriations for HHS programs, as well as priority programs within the Department of Justice and Office of National Drug Control Policy [here](#).

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## Around the Agencies

### DOJ announces \$333 million in additional grant funding to address opioids

The Department of Justice (DOJ) recently [announced](#) more than \$333 million in additional funding to address the opioid crisis. Nine programs received funding, including several NASADAD priority programs:

- The Comprehensive Opioid Abuse Programs - \$163 million
- The Justice and Mental Health Collaboration Program - \$23.8 million
- The Enhancing Community Responses to the Opioid Crisis: Serving Our Youngest Crime Victims - \$15.8 million
- The Opioid Affected Youth Initiative - \$7.9 million
- The Drug Courts Program - \$83.5 million
- The Child Abuse Training for Judicial Personnel Program - \$1 million
- The Mentoring Opportunities for Youth Initiative - \$15 million

- The Research and Evaluation on Drugs and Crime Program - \$6 million
- The Paul Coverdell Forensic Science Improvement Grant Program - \$17 million

As described in the announcement, the awards will be distributed to jurisdictions throughout the U.S. and further information about the programs and awards can be found [here](#).

### **SAMHSA announces grant to expand SUD treatment in drug courts**

The Substance Abuse and Mental Health Services Administration (SAMHSA) recently released a funding opportunity announcement (FOA) for FY 2020 Grants to Expand Substance Abuse Treatment Capacity in Adult Treatment Drug Courts (ATDC), Adult Tribal Healing to Wellness Courts, or Family Treatment Drug Courts (FTDC). The purpose of these programs is to expand substance use disorder (SUD) treatment services to individuals involved in drug courts. Eligible applicants include State, local, and tribal governments with direct involvement in drug treatment courts. An anticipated award amount of up to \$400,000 per year will be awarded to 25 applicants over 5 years. Further information and application materials can be found [here](#).

### **SAMHSA releases prevention resource guide addressing marijuana use during pregnancy**

The Substance Abuse and Mental Health Services Administration (SAMHSA) released a new [publication](#) titled, "Preventing the Use of Marijuana: Focus on Women and Pregnancy." The evidence-based resource guide is intended for health care providers, systems, and communities to support their efforts in preventing marijuana use among pregnant women. The guide includes an issue brief, a review of evidence-based prevention practices, examples of effective prevention programs, information to consider when implementing prevention practices, and resources for quality improvement and evaluation of programs.

### **HRSA announces grant to train nurses in substance use and mental health**

The Health Resources and Services Administration (HRSA) is now accepting [applications](#) for the Nurse Education, Practice, Quality, and Retention Interprofessional Collaborative Practice Program: Behavioral Health Integration (NEPQR: BHI). As described in the funding opportunity announcement (FOA), the purpose of the program is to increase the access to and quality of substance use and mental health services through team-based care models. The program will train and educate future nurses who will lead primary care teams in rural and underserved areas. Eligible applicants include accredited schools of nursing, health care facilities, or partnerships of schools and facilities. Approximately \$8.5 million will be available in FY 2020 to fund an estimated 17 programs. HRSA also announced a pre-application technical assistance webinar for potential applicants to be held on January 16, 2020.

### **CMS releases fact sheet on Medicare billing and payment in OTPs**

The Centers for Medicare and Medicaid Services (CMS) recently issued a [fact sheet](#) to assist providers with Medicare billing and payment for Opioid Treatment Programs (OTPs). The fact sheet includes information on covered opioid use disorder (OUD) treatment services, eligible providers for OTP services, enrolling in Medicare Electronic Data Interchange (EDI), checking Medicare beneficiary eligibility, coding and submitting claims for OTP services, payment and remittance advice (RA), issues with payment, checking claims status, and other helpful

**OPIOID TREATMENT PROGRAMS (OTPs)  
MEDICARE BILLING AND PAYMENT FACT SHEET**



**TARGET AUDIENCE**  
OTP Providers

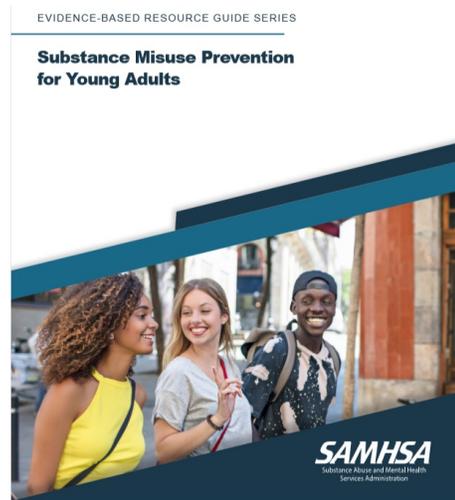
**CMS releases guidance on dually-eligible beneficiaries receiving opioid treatment services**

The Centers for Medicare and Medicaid Services (CMS) recently issued [guidance](#) to States regarding coverage changes for dually-eligible beneficiaries receiving opioid treatment services. As authorized in the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act) of 2018, Medicare will become the primary payer for opioid treatment program (OTP) services on January 1, 2020. OTPs will be required to complete the Medicare enrollment

process in order to bill for services. However, CMS recognizes the possibility that not all providers will have completed the process by January 1<sup>st</sup>. The guidance is intended to prevent any disruption in OTP treatment by providing background information and options available for States to consider.

**SAMHSA releases guide on substance misuse prevention for young adults**

The Substance Abuse and Mental Health Services Administration (SAMHSA) released a new [publication](#) titled, “Substance Misuse Prevention for Young Adults.” The evidence-based resource guide is intended to support health care providers and communities working to prevent substance misuse among young adults. The guide includes chapters that discuss the effectiveness of substance misuse prevention among young adults, evidence-based programs for preventing substance misuse in this population, guidance for selecting and implementing evidence-based practices and programs, and resources for evaluation and quality improvement.



**CMS announces awards for the Maternal Opioid Misuse and Integrated Care for Kids Models**

The Centers for Medicare and Medicaid Services (CMS) recently announced funding awards to ten States for the [Maternal Opioid Misuse \(MOM\) Model](#). The model is intended to serve pregnant and postpartum Medicaid beneficiaries with opioid use disorder (OUD). As described in the announcement, the model has the potential to improve the quality of care and expenditures for this population, increase access to treatment, and create sustainable coverage and payment strategies. The 10 States awarded funding include Colorado, Indiana, Louisiana, Maine, Maryland, Missouri, New Hampshire, Tennessee, Texas, and West Virginia.

CMS also announced eight cooperative agreements for the [Integrated Care for Kids \(InCK\) Model](#) beginning in January 2020. This seven-year model will serve children and caregivers covered under Medicaid and the Children’s Health Insurance Program (CHIP). The program is intended to improve child health, reduce avoidable inpatient stays and out-of-home placement, and create sustainable payment models to coordinate physical health care with mental

health and substance use services. InCK funding was awarded to Connecticut, Illinois (2 awards), New Jersey, New York, North Carolina, Ohio, and Oregon.



## In the News

### Report discusses approaches to high-risk impaired drivers

The Governors Highway Safety Association (GHSA) recently published a report titled, "[High-Risk Impaired Drivers: Combating a Critical Threat](#)." The report calls for a comprehensive, holistic, and individualized justice approach for individuals who are deemed "high-risk" due to high blood alcohol concentration (BAC), repeat offenses, and polysubstance use. As described in the report, individualized justice is a multidisciplinary effort to identify the root cause of an offender's behavior and provide the necessary services to prevent recidivism. GHSA concludes the report with best practices including DUI

treatment courts, alcohol and drug monitoring, public outreach and education, and high visibility enforcement.

## Policy brief addresses e-cigarette use among youth

Carnevale Associates released a new [policy brief](#) that addresses the increase in vaping among youths. "Why Are Youth Vaping and How Prevention Can Respond" covers current data on the use of e-cigarettes, including trends in 30-day prevalence of use and gaps in perceptions of harm among students. The brief also discusses the regulatory environment and summarizes the current public health response to lung-related injuries due to e-cigarettes. Finally, the brief offers recommendations, including the expansion of regulatory oversight of devices and liquids, addressing the gaps in youth perceptions of harm, expanding youth sales enforcement, and increasing the minimum legal age of purchase.



### POLICY BRIEF

#### Why Are Youth Vaping and How Prevention Can Respond

The use of electronic vaporizing devices ("vaping") among youth presents an urgent challenge. This policy brief explains the popularity of vaping, examines the regulatory environment, summarizes the current public health response, and recommends steps to prevent long-term use and consequences.

#### WHAT IS VAPING?

Vaping is the practice of using a battery-powered device, often known as an electronic cigarette or vaporizing pen, to inhale an aerosol derived from a heated liquid compound. Many liquids can be "vaped," and liquid cartridges can be bought separately from the vaporizing device. Nicotine (combined with flavorings) is the most commonly vaped substance, but marijuana-derived chemicals (including THC and CBD) are also common. Importantly, all vaporizer cartridges contain at least some other chemicals, and additional compounds may be created when the liquid is exposed to the heating element.

#### HIGHLIGHTS

- 88% decrease in high school cigarette use from 1997 to 2018
- 78% increase in youth vaping rates from 2017 to 2018
- 26% of 12<sup>th</sup> grade students do not believe there is "great risk" associated with regular cigarette smoking
- 82% of 12<sup>th</sup> grade students do not believe there is "great risk" associated with regular vaping
- FDA does not currently approve vaping products or enforce product standards
- Retail inspections to prevent youth sales do not automatically include vaping products

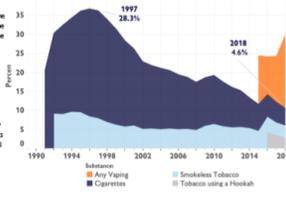
#### NICOTINE VAPING IN CONTEXT: SPIKING

#### NICOTINE USE

Fluctuations in tobacco use over the past several decades are one of the great public health successes in the U.S. As Figure 1 shows, past 30-day cigarette use among high school students declined 83% from 1997 to 2018, with other forms of tobacco use similarly in decline.

But the vaping trend threatens to undo years of success. Past-30-day vaping among high school students nearly doubled from 2017 to 2018 (11.7% to 20.8% in the National Youth Tobacco Survey and 12.0%

FIGURE 1. TRENDS IN 30-DAY PREVALENCE OF USE AMONG 8<sup>TH</sup>, 10<sup>TH</sup>, AND 12<sup>TH</sup> GRADE STUDENTS<sup>1</sup>



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