



BIPARTISAN POLICY CENTER

February 26, 2018

The Honorable Thad Cochran
Chairman
Senate Committee on Appropriations
S-128 Capitol
Washington, DC 20510

The Honorable Rodney Frelinghuysen
Chairman
House Committee on Appropriations
H-305 Capitol
Washington, DC 20515

The Honorable Patrick Leahy
Ranking Member
Senate Committee on Appropriations
S-128 Capitol
Washington, DC 20510

The Honorable Nita Lowey
Ranking Member
House Committee on Appropriations
H-305 Capitol
Washington, DC 20515

Dear Chairmen Cochran and Frelinghuysen and Ranking Members Leahy and Lowey:

We write as members of the Bipartisan Policy Center's Governors' Council to provide input on how best to prioritize the \$6 billion, which is included in the proposed congressional budget agreement to address the opioid epidemic.

In July 2017, we provided recommendations to the President's Commission on Combating Drug Addiction and the Opioid Crisis. In November 2017, the Commission issued a comprehensive and bipartisan report containing more than 50 recommendations to address the opioid epidemic. The report, grounded in science and evidence, reflected the bipartisan consensus of its membership, a membership that included three governors.

We recommend that Congress take the following steps in FY 2018 and FY 2019 spending bills:

Enhance Federal Coordination:

Fund in full the Office of National Drug Control Policy (ONDCP) at FY 2017 levels and empower it to track all Federal drug control initiatives. At a time of increased federal funding, ONDCP's coordinating role is even more critical to measuring outcomes and ensuring that taxpayer dollars are spent wisely.

Treatment:

- Increase funding for the following programs under the Substance Abuse and Mental Health Services Administration (SAMHSA):
 - Substance Abuse Prevention and Treatment (SAPT) block grant, which is essential to ensuring that states have the resources necessary for opioid-addiction treatment and prevention services. While it is the largest source of prevention funding for states, it has been level funded for several years.
 - Pregnant and Postpartum Women (PPW) program, which provides family-centered, substance-use treatment programs for parents and their children at risk of, or involved in, the child welfare system.
 - Direct SAMHSA funds to states to expand access to evidence-based treatment for incarcerated populations and to provide treatment services to the reentry population, along with other recovery supports. Such programs will reduce recidivism and decrease overdose deaths.
 - Syringe services programs; streamline the process for securing funding.
- Provide additional funding to the Department of Health and Human Services' (HHS) National Health Service Corps or the Commissioned Corps of the U.S. Public Health Service to deploy officers to areas of high need and to help states identify "treatment deserts."
- Increase funding to federally qualified health centers through the Health Resources and Services Administration (HRSA) to increase the number of health care providers who can provide medication-assisted treatment. In addition, expand the capacity of community health centers to provide screening, early intervention, and treatment for all forms of substance-use disorders.

Prevention:

- Fund the Centers for Disease Control and Prevention (CDC), HRSA, & SAMHSA to support education initiatives and community-based resources that give patients tools and information necessary to manage pain (e.g., alternative pain treatments).
- Allow SAMHSA and funding from the Department of Justice (DOJ)'s Office of Community Oriented Policing Services (COPS Office) to be used for the purchase of the overdose reversal drug, naloxone, in bulk to be distributed to first responders as well as to the public. The increasing costs of paying for naloxone is burdensome for state and local governments. Naloxone is essential to every

state's plan to address the epidemic, and federal resources are needed to expand availability and save lives.

- Provide resources for the implementation of the Child Abuse Prevention and Treatment Act (CAPTA) to enhance the ability of states to develop plans of safe care for the health and substance-use-disorder-treatment needs of infants and their affected family members or caregivers.

Interdiction:

Provide sufficient funding to Customs and Border Protection (CBP) to implement the Interdict Act, ensuring that CBP has the necessary resources to identify and interdict packages containing illicit fentanyl or other psychoactive substances.

Recovery Supports:

Allocate funds to HHS and DOJ to support housing, employment, and other social support programs essential to sustaining recovery.

Data:

- Increase funding for the CDC's National Center for Injury Prevention & Control in order to fund a "hot spot" joint operations center. From this center, federal epidemiologists and other public-health professionals can identify areas of the country where opioid overdoses are increasing or are at risk of increasing. This group of professionals could then work with state public health officials to intervene and pose solutions to address the problem.
- Increase funding for DOJ's Hal Rogers Prescription Drug Monitoring Program and SAMHSA to fund states to enhance the efficacy of Prescription Drug Monitoring Programs by integrating these databases into other electronic health records and health information exchanges. This would allow health care providers to use these databases to improve patient outcomes and intervene earlier in cases of possible drug dependency or addiction.
- Sufficiently fund HHS (CDC and SAMHSA) and DOJ to collect data to help ensure the fidelity of federal data sets, including overdose data and emergency responder data. Such data helps the federal government and individual states evaluate the efforts that are working and those that are not working to stem overdose deaths and the opioid epidemic.

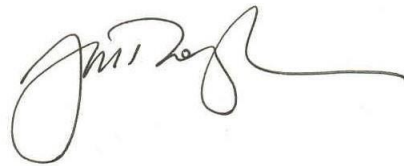
The agreed-upon \$6 billion for FY 2018-2019 appropriations dedicated to opioids and mental health, recently announced by congressional leaders, is significant. It does,

however, pale in comparison to the estimated national costs of the epidemic itself. According to the White House Council of Economic Advisers, in 2015 the opioid epidemic cost the U.S. economy more than \$500 billion. We commend Congress for taking this initial step to pursue our mutual goal of decreasing overdoses and overdose deaths across the country.

Sincerely,



Mike Beebe, former Governor
State of Arkansas



Jim Douglas, former Governor
State of Vermont



Steve Beshear, former Governor
State of Kentucky



Linda Lingle, former Governor
State of Hawaii



Christine Gregoire, former Governor
State of Washington



Dave Heineman, former Governor
State of Nebraska