



BIPARTISAN POLICY CENTER

April 11, 2018

The Honorable Lamar Alexander
Chairman, Committee on Health,
Education, Labor & Pensions
United States Senate
Washington, DC 20510

The Honorable Patty Murray
Ranking Member, Committee on Health,
Education, Labor & Pensions
United States Senate
Washington, DC 20510

Dear Chairman Alexander and Ranking Member Murray:

On behalf of the Bipartisan Policy Center, thank you for the opportunity to provide input on your draft legislation to address the nation's opioid crisis. The draft Opioid Crisis Response Act of 2018 (OCRA) includes critical next steps in the fight against the ongoing opioid epidemic.

BPC applauds your leadership to advance bipartisan solutions to address the opioid crisis. Many of the provisions included in OCRA are aligned with BPC's formal policy recommendations proposed by [BPC's Governors' Council](#)ⁱ, [Appalachia Initiative](#)ⁱⁱ, and [Early Childhood Initiative](#).ⁱⁱⁱ These recommendations are referred to throughout our comments below and are cited in the references section at the end. Additional recommendations below reflect our current thinking and not necessarily BPC-endorsed positions.

Improve Treatment

Sec. 101. Reauthorization and improvement of State Targeted Response to the Opioid Crisis Grants

We support the focus of federal funds on states and tribal organizations that have been heavily impacted by the opioid crisis by updating the funding formula to account for the number of overdose deaths in each state. We also support allowing the funds to be used as needed by the states, rather than requiring states to spend them within the fiscal year. Extending the time period for expending federal funds will also allow states to build a sustainable system to address substance use disorders over the long-term.

Sec. 201. Advancing cutting-edge research

BPC Governors' Council members previously [noted](#) the importance of funding for alternative pain treatments and supports the funding of research related to opioid use disorder. We support allowing the National Institutes of Health (NIH) to use "other transactional authority" for research to respond to public health threats. This will increase flexibility for NIH to approve high-impact, cutting-edge projects that address the opioid crisis more quickly and efficiently, including finding new, non-addictive treatments for pain. Research on alternative, non-addictive pain treatments is a long-term solution to the opioid epidemic and must be part of a broader solution, to include coverage for alternative therapies to treat pain.

Sec. 301. Clarifying the Food and Drug Administration (FDA) regulation of non-addictive and non-opioid products

BPC supports provisions to clarify the development and regulatory pathways for new non-addictive and non-opioid pain products. Enhancing the FDA's authority to utilize expedited pathways for non-opioid products, so long as safety and efficacy are demonstrated, will increase the FDA's ability to provide regulatory incentives to encourage development of these treatments.

Sec. 401. Comprehensive opioid recovery centers

To provide the full continuum of treatment for patients in areas hit hardest by the opioid crisis, this section would authorize a grant program for entities to establish or operate a comprehensive opioid recovery center and would require centers to serve as a resource for the community. BPC supports this effort that acknowledges that opioid use disorders, like all substance use disorders, are chronic conditions requiring long-term support to sustain recovery. BPC recommends that the Committee consider prioritizing areas of the country with above average access to medication-assisted treatment (MAT), or those that have a plan for improving access to MAT, in addition to the funding priorities included in the proposed legislation.

Sec. 402. Medication-assisted treatment for recovery from addiction

BPC supports the goal of increased access to MAT, which is considered the gold standard for treatment of opioid use disorders. BPC also supports increasing the number of patients for whom physicians can prescribe MAT, and we agree that legislatively codifying higher limits for eligible physicians can provide more certainty for providers. The larger challenge is incentivizing health care providers to get the required waiver for buprenorphine prescribing as mandated by the Drug Addiction Treatment Act (DATA) of 2000. Only 48,731 of our nation's physicians are DATA-waived, 73 percent of whom for only up to 30 patients.¹ While access to waived physicians has increased in recent years, in 2016, more than half of rural counties nationally (60.1 percent) still lacked a single physician with the ability to prescribe buprenorphine.² Thus, in addition to increasing the number of patients treated per health care professional, it is critical to ensure a sufficient number of health care professionals are trained in providing MAT – at higher patient limits where appropriate – to meet the needs of the patient population. Congress took an important step forward by extending temporary waiver eligibility to physician assistants and nurse practitioners through the Comprehensive Addiction and Recovery Act (CARA). Provider education and federal and state incentives can also be important tools for achieving this goal.

¹ Substance Abuse and Mental Health Services Administration. Physician and Program Data. Available: <https://www.samhsa.gov/programs-campaigns/medication-assisted-treatment/training-materials-resources/physician-program-data>.

² Andrilla CHA, Coulthard C, Larson EH. Changes in the Supply of Physicians with a DEA DATA Waiver to Prescribe Buprenorphine for Opioid Use Disorder. Data Brief #162. Seattle, WA: WWAMI Rural Health Research Center, University of Washington. May 2017. Available: http://depts.washington.edu/fammed/rhrc/wp-content/uploads/sites/4/2017/05/RHRC_DB162_Andrilla.pdf

Sec. 403. National Recovery Housing Best Practices.

BPC's Governor's Council has recognized the importance of recovery supports. Establishing best practices for recovery housing is another important element of effective recovery support programs. Policymakers should ensure that any best practices acknowledge the important role MAT plays in recovery from opioid use disorders, therefore individuals should not be excluded from recovery housing if they are engaged in a sanctioned course of MAT.

Enhance Prevention Efforts to Address the Opioid Crisis

Sec. 409. National Health Service Corps behavioral and mental health professionals providing obligated service in schools and other community-based settings

BPC supports the proposed authority for National Health Service Corps (NHSC) entities to deploy Corps members to areas of high need to build capacity in "treatment deserts." In a recent letter to House and Senate appropriations leaders, BPC's Governor's Council proposed increased funding to Federally Qualified Health Centers through the Health Resources and Services Administration to increase the number of health care providers who can provide MAT and to expand the capacity of community health centers to provide screening, early intervention, and treatment for all forms of substance use disorders.

Sec. 410. Loan repayment for substance use disorder treatment providers

The draft OCRA legislation builds on the FY 2018 omnibus legislation that expanded eligibility for loan repayment awards through the NHSC to include substance use disorder counselors. Expanding loan repayment to NHSC behavioral health providers practicing in treatment facilities in mental health professional shortage areas will help to fill in critical gaps in addressing the opioid epidemic and all substance use disorders.

Sec. 502-505 Centers for Disease Control and Prevention (CDC) Sections

The draft OCRA legislation builds on FY2018 omnibus funds of nearly \$476 million directed to the CDC for Opioid Overdose Prevention and Surveillance.³ These provisions will help the agency to effectively expand surveillance data, monitor prescribing and dispensing practices, provide better timeliness and quality of morbidity and mortality data, and enhance efforts with medical examiners and coroner offices. Further, the provisions direct CDC to promote the use of Prescription Drug Monitoring Programs (PDMPs) and enhance their utility, making them more interconnected and usable for public health surveillance and clinical decision-making. However, as BPC's Governors' Council has noted, it is critically important to increase prescribers' ability to screen and treat people with substance use disorders. The Council suggested tying the renewal of a Drug Enforcement Administration (DEA) controlled substances license to completing a required course in addiction and proper opioid prescribing.

³ Consolidated Appropriations Act, 2018. Public Law 115-141. Available: <https://www.congress.gov/bill/115th-congress/house-bill/1625/text>

Sec. 510. Surveillance and education regarding infections associated with injection drug use and other risk factors

This section would authorize \$40 million to prevent and respond to infections commonly associated with injection drug use. This program would support state and federal efforts to collect data on such infections and identify and assist patients at increased risk of infection. We commend your inclusion of provisions to improve surveillance regarding blood-borne diseases associated with injection drug use. Additionally, as the BPC Governors' Council has stated, funding for syringe services programs should be enhanced to support local governments. These programs provide an important intervention point for at-risk populations.

Sec. 306. First responder training

This section would expand the grant program from the new CARA law designed to allow first responders to administer a drug or device, like naloxone, to treat an opioid overdose. Naloxone is essential to every state's plan to address the epidemic, and federal resources are needed to expand availability and save lives. The U.S. Surgeon General recently announced that naloxone distribution should be expanded beyond first-responders to include co-prescribing by physicians, as well as family and friends of those at-risk for overdose, underscoring the critical need for broader access to this potentially life-saving treatment.

Curb Illicit Supply

Sec. 303. Strengthening FDA and U.S. Customs and Border Protection (CBP) coordination and capacity and Sec. 305. Strengthening FDA import authorities

To help curb the illicit supply of opioids, BPC's Governors' Council recommended funding to support efforts to detect shipments of illicit fentanyl. These recommendations were aligned with the bipartisan INTERDICTION Act signed into law by President Trump in January 2018. The FY2018 omnibus bill provided \$94 million to the FDA for Opioid Enforcement and Surveillance to strengthen FDA presence at international mail facilities. We support your efforts to build on recent appropriations and improve the capacity of the FDA and CBP to detect and seize illegal drugs.

Help Rural Areas Affected by the Opioid Crisis

Sec. 404. Addressing economic and workforce impacts of the opioid crisis

Funded through the National Dislocated Worker Grants, this program would authorize up to \$100 million per year in grants to support recovery and training programs. This provision targets vulnerable populations in states with higher rates of opioid overdose and mortality. BPC supports this section to provide flexibility, incentives, and leadership to empower local leaders to build education and workforce development strategies and programs.

As included in BPC's Appalachia Initiative report, BPC supports efforts to enhance the local workforce by partnering with community colleges to train individuals who can prevent and treat opioid use disorders, contributing to sustained recovery among people with opioid use disorders.

Sec. 408. Regulations relating to special registration for telemedicine

Technology-based approaches such as telemedicine can be useful tools in addressing provider shortages and supporting the existing mental health and substance use disorder treatment infrastructure. We support the provision to clarify DEA’s ability to allow qualified providers to prescribe controlled substances via telemedicine, which is particularly important in rural areas facing a workforce shortage.

Address the Impact of Opioid and Substance Use Disorders on Young Children and Families

Sec. 406. Plans of Safe Care

BPC has called for more comprehensive efforts to ensure that substance-exposed infants and families get the services they need to stay healthy, work towards recovery, and stay together as a family. The FY2018 omnibus legislation included a \$60 million increase for Child Abuse and Prevention Treatment Act Infant Plans of Safe Care. We support the more-than tripling of the funds available for grants to prioritize infant plans of safe care and help states improve their response to infants and their families who are affected by substance use disorders. OCRA builds on this increase by authorizing continued funding for the program at \$60 million for each fiscal year from 2018 through 2024. BPC supports the provision to implement plans of safe care.


We would support including Head Start and child care providers to the training and partnership provisions, specifically:

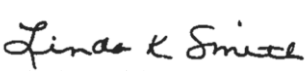
- 1) Page 64 paragraph (3) add “Head Start and child care providers” after “home visiting agency.”
- 2) Page 65, paragraph (4) add “Head Start and child care providers” after “home visiting providers.”

Further in this section, we recommend that the Committee consider increasing the set aside for Indian tribes and tribal organizations from two percent to at least five percent in line with other U.S. Department of Health and Human Services programs.

Thank you for your bipartisan commitment to addressing the nation’s opioid crisis through the work of the Senate HELP Committee, and for the opportunity to submit comments. We look forward to continuing to work with you on this important effort.

Sincerely,


Anand Parekh, M.D., M.P.H.
Chief Medical Advisor;
Director, Appalachia Initiative
Bipartisan Policy Center


Linda Smith
Director, Early Childhood Initiative
Bipartisan Policy Center


Michele Nellenbach
Director, Governor’s Council
Bipartisan Policy Center

References

ⁱ Bipartisan Policy Center. Governors' Council Letter to the President's Commission on Combating Drug Addiction and the Opioid Crisis. July 2007. Available at: <https://bipartisanpolicy.org/library/letter-to-the-presidents-commission-on-combating-drug-addiction-and-the-opioid-crisis/>

ⁱⁱ Bipartisan Policy Center. The Appalachia Initiative: A Bipartisan Approach for the 21st Century. September 2017. Available at: <https://bipartisanpolicy.org/library/the-appalachia-initiative/>

ⁱⁱⁱ Bipartisan Policy Center. A Bipartisan Case for Early Childhood Development. October 2017. Available at: <https://bipartisanpolicy.org/library/a-bipartisan-case-for-early-childhood-development/>