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To:
Subject: Federal Opioid Bill Update



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On Friday, the Senate [released](#) the Opioid Crisis Response Act of 2018, a bipartisan package to address the opioid epidemic. This bill is an updated version the Senate Health, Education, Labor, and Pensions Committee considered earlier this year. The Opioid Crisis Response Act *authorizes* funding to expand prevention, research, treatment, and recovery programs. However, since it is an authorizing bill, funding for many of these initiatives must be sought through the separate appropriations process.

ASTHO's press statement can be found [here](#).

It is important to note that the Opioid Crisis Response Act is over one hundred pages long and this legislative alert represents ASTHO's first review of the legislation. ASTHO will provide additional analysis as the team continues to review and analyze the bill. A comprehensive section-by-section summary of the bill can be found [here](#).

Below is a summary of the provisions relevant to state and territorial public health.

Prevention

- Requires HHS to submit to Congress a report on the impact of federal and state laws and regulations that limit the length, quantity, or dosage of opioid prescriptions
- Authorizes CDC's work to combat the opioid crisis through the collection, analysis, and dissemination of data, including through grants for states, localities, and tribes

- Authorizes funding through CDC from FY19-FY24 for states and localities to improve their PDMPs and implement other evidence-based strategies, encourages data sharing between states, and supports other prevention and research activities related to controlled substances
- Authorizes funding from FY19-FY21 for CDC to support states' efforts to collect and report data on adverse childhood experiences through existing public health surveys
- Reauthorizes a HHS grant program through 2026 to allow states to develop, maintain, or improve PDMPs and improve the interoperability of PDMPs with other states and with other health information technology
- Requires the HHS secretary to notify providers annually regarding sharing of certain health information with family and caregivers during an emergency such as an overdose
- Authorizes data collection and analysis through 2023 on neonatal abstinence syndrome or other outcomes related to prenatal substance abuse and misuse, including prenatal opioid abuse and misuse
- Reauthorizes from FY19-FY23 and builds upon CDC's program to prevent and respond to infections commonly associated with injection drug use, including viral hepatitis and HIV, by supporting state and federal efforts to collect data on such infections and identify and assist patients who may be at risk of infection
- Creates an interagency task force to make recommendations regarding best practices to identify, prevent, and mitigate the effects of trauma on infants, children, youth, and their families. This task force sunsets in 2022.
- Authorizes the U.S. Secretary of Education, in coordination with the Assistant Secretary of Mental Health and Substance Use, to make grants that link educational agencies with mental health systems in order to increase student access to evidence-based trauma support services to help prevent and mitigate trauma that children and youth experience

Treatment and Recovery

- Reauthorizes the SAMHSA 21st Century Cures funding from FY19-FY21. This funding is now discretionary and not mandatory.
- Requires the secretary of HHS to submit a report to Congress on the health effects of new psychoactive synthetic drugs by adolescents and adults
- Authorizes a grant program from FY19-FY23 through SAMHSA for entities to establish or operate comprehensive opioid recovery centers that serve as a resource for the community. These entities may utilize the ECHO model.
- Requires HHS to issue best practices for emergency treatment of known or suspected drug overdose, use of recovery coaches after a non-fatal overdose, coordination and continuation of care, as well as treatment after an overdose and provision of overdose reversal medication as appropriate

- Requires HHS to provide technical assistance to hospitals and other acute care settings on alternatives to opioids for pain management
- Authorizes a grant program from FY19-FY23 to support hospitals and other acute care settings that manage pain with alternatives to opioids
- Allows physicians who have recently graduated in good standing from an accredited school of allopathic or osteopathic medicine and who meet the other training requirements to prescribe medication-assisted treatment to obtain a waiver to prescribe MAT
- Authorizes a grant program from FY19-FY23 to support development of curriculum that will help healthcare practitioners obtain a waiver to prescribe MAT
- Codifies the ability of qualified physicians to prescribe MAT for up to 275 patients if the practitioner meets the requirements specified in section 8.610 of title 42, Code of Federal Regulations
- Requires HHS to issue best practices for entities operating recovery housing facilities to assist those recovering from an opioid addiction with housing
- Authorizes the U.S. Department of Labor to award dislocated worker grants to states through the Workforce Innovation and Opportunity Act to support local workforce boards and local partnerships in tackling shortages in substance use disorder and mental health treatment workforce and provide coordinated job training and treatment services to individuals in affected communities with opioid or substance use disorder
- Authorizes funding for a program from FY19-FY23 for states to collaborate and improve plans of safe care for substance-exposed infants. States may use funds to coordinate with various agencies responsible for child and family wellbeing, develop policies and procedures, train healthcare and child welfare professionals, and develop and update technology and monitoring systems to more effectively implement plans of safe care.
- Requires the Center for Substance Abuse Prevention to develop, in cooperation with CDC educational materials for clinicians to use with pregnant women for shared decisionmaking regarding pain management during pregnancy

Medical Products and Controlled Substances Safety

- Clarifies FDA's authority to require drug manufacturers to package certain opioids to allow for a set treatment duration—for example, a blister pack with a 3-7 day supply. It also clarifies FDA's authorities to require manufacturers to give patients simple and safe options to dispose of unused opioids.
- Improves detection and seizure of illegal drugs such as fentanyl by strengthening coordination activities between FDA and the U.S. Customs and Border Protection
- Expands a grant program authorized by CARA which was designed to allow first responders to administer a drug or device, like naloxone, to treat an opioid overdose

and include training on safety around fentanyl, carfentanil, and other dangerous licit and illicit drugs

Medicaid

- Clarifies states' ability under Medicaid to provide care for infants with NAS in residential pediatric recovery centers as well as those centers' option to provide counseling or other services to mothers or caretakers provided those services are otherwise covered.
- Directs GAO to study and submit a report on how Medicaid covers peer support services
- Directs CMS to issue guidance to states on options for providing services via telehealth that address substance use disorders under Medicaid
- Directs CMS to issue guidance on states' options for treating and managing beneficiaries pain through non-opioid pain treatment and management options under Medicaid
- Modifies IMD exclusion for pregnant and postpartum women to address a subset of the prohibition on Medicaid from paying for otherwise coverable Medicaid services for certain adults while in institutions for mental disease. This ensures that pregnant and postpartum women receiving care for substance use disorders in an IMD can continue to receive other Medicaid covered care outside of the IMD, such as prenatal services.
- Clarifies flexibilities around Medicaid's IMD exclusion where in some cases managed care plans may provide alternative services in lieu of other services that are not permitted under the state plan. It also codifies regulations permitting managed care plans to cover treatment in an IMD for a certain number of days in a month in lieu of other types of services.
- Clarifies states' ability to access and share data from PDMP databases consistent with the parameters established in state law, including with providers and managed care entities and in adherence to applicable security and privacy protections and laws
- Directs HHS to provide technical assistance to states to develop and coordinate housing-related supports and services under Medicaid, either through state plans or waivers, and care coordination services for Medicaid enrollees with substance use disorders

Office of National Drug Control Policy (ONDCP)

- Reauthorizes ONDCP at the White House and the drug free communities program through FY22
- Reauthorizes the ONDCP High-Intensity Drug Trafficking Area Program. It seeks to improve this program by coordinating multi-disciplinary efforts to prevent, reduce, and

respond to drug overdose, increase data sharing among public safety and public health officials on drug-related abuse trends, and enables collaborative resources on substance use addiction and narcotics trafficking.

- Expands scope of ONDCP's media campaign to focus on anti-drug messages for all age groups and not limiting it to only a "youth" anti-drug media campaign
- Allows HHS to award grants to states, local, and tribal governments to develop programs designed to keep pregnant women who have substance use disorder together with their newborns and support the attendance of children who have a family member with substance use disorder at therapeutic camps or programs aimed at addiction prevention education, coping strategies, and family support initiatives aimed at keeping families together.

Outlook: The Senate is expected to vote on this bill soon without the opportunity for amendments. It is expected that the Senate will approve the bill on a broad bipartisan basis. After its approval, it is unclear whether the House will vote on this version or the bill or move to conference the Opioid Crisis Response Act with the recently House-approved SUPPORT for Patients and Communities Act (H.R.6).

If you have any questions, please contact [Carolyn Mullen](#), ASTHO's chief of government affairs and public relations.