

May 5, 2017

Richard J. Baum
Acting Director
White House Office of National Drug Control Policy
750 17th St NW,
Washington, DC 20006

Dear Director Baum,

On behalf of the Coalition to Stop Opioid Overdose, the undersigned organizations are writing to urge the inclusion of the following essential provisions to address the opioid misuse and overdose epidemic in the Administration's 2017 Drug Control Strategy.

The Coalition to Stop Opioid Overdose is a coalition of diverse stakeholders united around common policy goals that will lead to meaningful and comprehensive opioid overdose prevention policy. We collectively represent consumers, families, providers, health care and social service and correctional professionals, advocates and allied organizations who are committed to meaningful and comprehensive policies to reduce the toll of substance use disorders through prevention, treatment and recovery support services.

We support a comprehensive approach to addressing the opioid misuse and overdose epidemic, which must include full funding for programs to prevent or reverse overdoses, develop best prescribing practices, modernize prescription drug monitoring programs and expand access to treatment and vital recovery support services. Specifically, we believe the following key strategies to combat the opioid epidemic are critical and should be part of the Administration's 2017 Strategy:

- **Funding and Implementation of Programs to Address the Opioid Misuse and Overdose Crisis**
 - As an immediate action item, the Department of Health and Human Services should begin the grant making process for new grants included in the *Comprehensive Addiction and Recovery Act* (CARA). In particular, we hope the following programs authorized by CARA will be swiftly implemented:
 - Section 102 – Awareness campaigns
 - Section 103 – Community-based coalition enhancement grants to address local drug crises
 - Section 107 – Improving access to overdose treatment
 - Section 109 – National All Schedules Prescription Electronic Reporting Reauthorization
 - Section 301 – Evidence-based prescription opioid and heroin treatment and interventions demonstration
 - Section 302 – Building communities of recovery
 - Section 501 – Improving treatment for pregnant and postpartum women
 - Section 601 – State demonstration grants for comprehensive opioid abuse response
 - Section 901 – the Jason Simcakoski Memorial and Promise Act

- Full funding for CARA should be included in the Fiscal Year 2018 appropriations bill, and at least the \$500 million included as part the *21st Century Cures Act* to expand access to critical prevention, treatment and recovery support services should be appropriated in Fiscal Year 2018.

- **Access to Treatment and Recovery Support Services**

- We respectfully request that the Administration fully implement and enforce the *Mental Health Parity and Addiction Equity Act's* (MHPAEA) requirements.
- The Administration must ensure addiction and mental health treatment benefits continue to be available to Americans enrolled in the individual, small and large group markets as well as Medicaid plans, and that these benefits are compliant with MHPAEA.

For example, Medicaid expansion has been associated with an 18.3 percent reduction in unmet need for addiction treatment services among low-income adults. Any reduction to the Medicaid expansion or fundamental change to Medicaid's financing structure to cap spending on health care services will certainly reduce access to evidence-based treatments and reverse much or all progress made on the opioid crisis last year. Moreover, the loss of Medicaid-covered mental health and substance use disorder services for adults would result in more family disruption and out-of-home placements for children, significant trauma which has its own long-term health effects and a further burden on a child welfare system that is struggling to meet the current demand for foster home capacity. In addition, Medicaid offers the only opportunity to access medical care for most citizens re-entering the community from criminal justice settings, a population deeply in need of mental health and substance use disorder treatment.

- **Access to Naloxone**

- We support greater use of naloxone in public and private health settings, including co-prescribing naloxone to patients at high risk of overdose. Family members and caregivers who observe the initial signs of an opioid overdose before a first responder comes to the scene should also be encouraged to use naloxone to prevent overdose. As referenced above, we support swiftly implementing CARA's Section 107, which would train prescribers on naloxone co-prescribing.

- **Prescriber Education**

- All practitioners who prescribe controlled substances including, but not limited to, physicians, nurse practitioners, physician assistants, veterinarians, dentists, oral surgeons and pharmacists should have access to voluntary education on proper prescribing, screening and appropriate treatment interventions of opioids and pain management.

Often physicians have little to no training about addiction. Nine out of ten primary care physicians fail to diagnose substance use disorder when presented with symptoms in an adult patient. There is emerging data that suggests that when primary care physicians are educated on pain, pain medication prescribing, and assessing patients for risk, trends in opioid overdose deaths can be reversed.

Thank you for the opportunity to comment as ONDCP develops the 2017 Strategy and we pledge to continue working with the Administration to comprehensively and meaningfully combat the opioid epidemic.

Sincerely,

American Association of Nurse Practitioners

American Congress of Obstetricians and Gynecologists

American Correctional Association

American Psychiatric Association

American Society of Addiction Medicine

Association of Women's Health, Obstetric & Neonatal Nurses

International Nurses Society on Addictions (IntNSA)

National Association of Clinical Nurse Specialists

National Healthcare for the Homeless Council

The National Center Addiction and Substance Abuse

Treatment Communities of America

Young People in Recovery