

# COALITION TO **STOP OPIOID** OVERDOSE

Sent 13 Coalition  
Letters to  
Lawmakers

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Hosted Impactful  
Congressional  
Briefing

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Added 11 New  
Members

# 2018

# YEAR IN REVIEW



## ADVOCACY

In 2018, the Coalition to Stop Opioid Overdose (CSOO) continued bringing together mental health, substance use disorder, and health care professional organizations united around common policy goals to reduce opioid overdose deaths. CSOO worked to elevate the national conversation around opioid overdose and enact meaningful and comprehensive policy change that supports prevention, treatment, and recovery services.

CSOO coalesced around four policy priorities that guided its work throughout the year. The coalition's advocacy priorities included:

1. **Enactment of additional funds to expand access to evidence-based prevention, treatment, and recovery support services and to support research into effective prevention programs and pharmacological and non-pharmacological treatments for addiction and chronic pain.** The \$1 billion authorized in 21st Century Cures was time-limited to two years. Advocacy efforts aimed to a) ensure dollars continue flowing; b) ensure funds were used to provide evidence-based prevention programs and to provide evidence-based addiction treatment by licensed practitioners and by licensed treatment programs with accountability measures, and c) ensure sufficient funding to support research into effective prevention programs and pharmacological and non-pharmacological treatments for addiction and chronic pain.
2. **Implementation of CARA and passage of supplemental legislation.** Various CSOO members also advocated for legislation that intended to fill in some gaps from the original CARA bill, including:
  - a. Mainstream prescriber education;
  - b. Permanent buprenorphine prescribing authority for NPs and PAs and codifying the 275-patient limit for certain physicians into law;
  - c. Reduction in barriers to Medication Assisted Treatment and take-home naloxone; and
  - d. Federal funding and support for recovery support services.
3. **Inclusion of substance use disorder treatment benefits and parity protections in any plan to replace the Affordable Care Act.** Various CSOO members advocated to ensure Members of Congress understood the potential effects on the opioid overdose epidemic of rolling back substance use disorder treatment benefits and parity protections and stood ready to champion their inclusion in any ACA replacement legislation.

#### 4. Passage of the YOUTH Act (S.2055/HR 3382).

Members of Congress and their staff reached out to CSOO for their feedback on and support for proposed pieces of legislation. **In response, various CSOO members joined CSOO letters of support, including for the following bills:**

##### [The Medicaid Reentry Act, H.R. 4005](#)

The Medicaid Reentry Act would have granted states limited new flexibility to restart benefits for Medicaid-eligible incarcerated individuals 30 days prior to release. With this flexibility, states would have been able to facilitate access to medication treatment for inmates prior to release and better coordinate care with community providers, allowing for uninterrupted, evidence-based treatment for these individuals during a transition when they are at heightened risk of overdose and death. A variation of this bill was included in the SUPPORT for Patients and Communities Act of 2018.

##### [Reinforcing Evidence-Based Standards Under Law in Treating Substance Abuse \(RESULTS\) Act of 2018, H.R. 5272](#)

The RESULTS Act would have ensured that federal grants intended to prevent or treat mental health and substance use disorders fund initiatives that are rooted in scientific evidence. The bill would have also established a waiver mechanism for new or innovative treatments that may offer promise but have not established a full evidence base. A variation of this bill was included in the SUPPORT for Patients and Communities Act of 2018.

##### [Substance Use Disorder Workforce Loan Repayment Act of 2018](#)

The Substance Use Disorder Loan Repayment Act would have created a more robust treatment workforce program by helping clinicians who pursue full-time substance use disorder treatment jobs in high-need geographic areas repay their student loans. This bill was essentially included in the SUPPORT for Patients and Communities Act of 2018.

##### [Advancing Cutting-Edge \(ACE\) Research Act](#)

The Advancing Cutting-Edge (ACE) Research Act would have provided the National Institutes of Health (NIH) with additional tools and flexibility to support innovative medical research to combat the opioid overdose crisis. This bill was essentially included in the SUPPORT for Patients and Communities Act of 2018.

## The Behavioral Health Coverage Transparency Act of 2018

The Behavioral Health Coverage Transparency Act would have required issuers to disclose the analysis they perform in making parity determinations; required federal regulators to conduct random audits; and required the federal parity agencies to review denial rates for mental health versus medical claims. Additionally, it would have created a central online portal so that people can access all information as a one-stop shop and submit complaints and violations.

## Addiction Treatment Access Improvement Act, H.R. 3692

The Addiction Treatment Access Improvement Act would have codified the Final Rule issued by the Department of Health and Human Services (HHS) in July 2016 that raised the DATA 2000 patient limit for certain physicians to 275 patients, eliminated the sunset date for nurse practitioners' (NPs) and physician assistants' (PAs) prescribing authority for buprenorphine, and expanded the definition of 'qualifying practitioner' to include nurse anesthetists, clinical nurse specialists, and nurse midwives. This bill was essentially included in the SUPPORT for Patients and Communities Act of 2018.

## The SUPPORT for Patients and Communities Act (H.R.6)

On October 24, President Trump signed H.R. 6, the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act, into law. The landmark legislation includes critical provisions to increase and strengthen the addiction treatment workforce, expand access to quality prevention, treatment, and recovery support services, and support innovative medical research to combat the opioid overdose crisis. CSOO weighed in on many important provisions that were included in the bill.

### **Some key provisions of H.R.6 include:**

- Encouragement of increased training on addiction & pain in medical school/residency programs by authorizing \$4M in grants for each of FY 2019-2023 to support curriculum development;
- New DATA 2000 waiver pathway for recent medical school graduates who have successfully completed curriculum covering DATA 2000 waiver training elements;
- Loan repayment program for SUD treatment providers practicing in high-need areas (up to \$250,000); authorizes \$25M for each of FY 2019-2023;
- Qualifying physicians board-certified in addiction medicine or addiction psychiatry or qualifying practitioners practicing in a qualified practice setting can immediately treat up to 100 patients with buprenorphine (in lieu of 30);
- Permanent buprenorphine prescribing authority for NPs and PAs;
- Addition of qualifying clinical nurse specialists, certified registered nurse anesthetists, and certified nurse midwives to list of practitioners eligible to prescribe buprenorphine until October 1, 2023;

- Directions to SAMHSA to provide information for entities applying for grants or cooperative agreements from SAMHSA to encourage the implementation & replication of evidence-based practices;
- Authorization of new grant resources (\$10M for each of FY 2019 - 2023) for hospitals and other entities to develop protocols on discharging patients who have presented with an opioid overdose. Protocols would address the provision of an overdose reversal medication, such as naloxone, upon discharge, connection with peer-support specialists, and the referral to treatment and other services that best fit the patient's needs;
- Oct. 1, 2019 - Sept. 30, 2023: State Medicaid plan amendment option to cover inpatient/residential treatment in facilities with more than 16 beds
  - 30 days for 12-month period
  - Must ensure eligible individuals receive evidence-based assessments
  - Eligible facilities must follow evidence-based practices and offer at least 2 forms of MAT onsite, including in the case of MAT for OUD, at least one antagonist and one partial agonist;
- Convening of stakeholders to develop best practices for health care related transitioning of inmates of public institutions back into the community upon release;
- Medicare coverage of OTPs beginning January 2020; and
- October 2020 – September 30, 2025: Required coverage of OUD treatment medication in Medicaid, subject to some allowable exceptions.

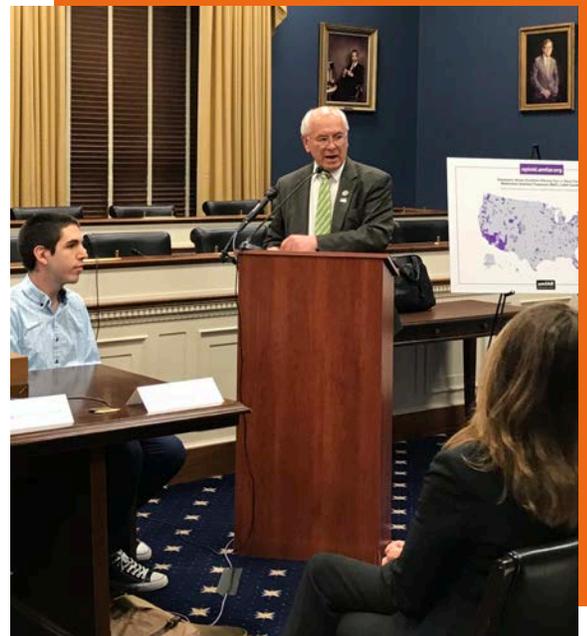
## CONGRESSIONAL BRIEFING

On May 22, the [Coalition to Stop Opioid Overdose](#), in coordination with Representative Steve Stivers (OH-15), held a briefing on Capitol Hill that offered new insights into how evidence-based addiction treatment is necessary to prevent opioid-related deaths and facilitate the delivery of effective treatment and recovery services.

The briefing, titled “**Transforming Addiction Treatment: A Bigger, Bolder Response to America’s Opioid Overdose Epidemic**,” was moderated by German Lopez, Senior Reporter at Vox and attended by leading members of Congress. Representative Brad Wenstrup (OH-2) and Representative Paul Tonko (NY-20) made remarks at the event.

The briefing was paneled by leadership representatives of CSOO member organizations, including:

- **Kelly Clark, MD, MBA, DFASAM**, President, American Society of Addiction Medicine
- **Joyce Knestrick, PhD, C-FNP, APRN, FAANP**, President, American Association of Nurse Practitioners
- **Gary Mendell**, Founder & CEO, Shatterproof
- **Justin Luke Riley**, President & CEO, Young People in Recovery
- **Corey Waller, MD, MS, FACEP**, Chair, Legislative Advocacy Committee, American Society of Addiction Medicine



During the briefing, the panelists discussed the need for systemic and sustainable changes to America's addiction treatment infrastructure and highlighted innovative proposals and programs that would help grow the addiction treatment workforce and expand access to comprehensive, evidence-based addiction treatment for all Americans who need it. The discussion took place as the House was set to vote on a comprehensive set of reforms aimed at addressing the opioid misuse and overdose epidemic.

## NEW MEMBERS

**CSOO added 11 new members, growing from 26 to 37 members in 2018.** CSOO is excited to have these new members as part of our growing coalition!

A New PATH

Academy of Integrative Pain Management

American College of Medical Toxicology

American Psychological Association

amfAR

HIV Alliance

The Kennedy Forum

NASTAD (National Alliance of State and Territorial AIDS Directors)

National Council for Behavioral Health

Shatterproof

South Carolina Harm Reduction Coalition