

The President's Commission on Combating Drug Addiction and the Opioid Crisis met on Friday, June 16, 2017. The Commission is chaired by New Jersey Governor Chris Christie. The written testimony of six of the panelists is attached. An archived webcast of the meeting is available [here](#).

The Commission's objectives are to:

- Identify and describe the existing Federal funding used to combat drug addiction and the opioid crisis;
- Assess the availability and accessibility of drug addiction treatment services and overdose reversal throughout the country and identify areas that are underserved;
- Identify and report on best practices for addiction prevention, including healthcare provider education and evaluation of prescription practices, collaboration between State and Federal officials, and the use and effectiveness of State prescription drug monitoring programs;
- Review the literature evaluating the effectiveness of educational messages for youth and adults with respect to prescription and illicit opioids;
- Identify and evaluate existing Federal programs to prevent and treat drug addiction for their scope and effectiveness, and make recommendations for improving these programs; and
- Make recommendations to the President for improving the Federal response to drug addiction and the opioid crisis.

Commission members began the meeting with opening statements, which are briefly summarized below:

- Department of Health and Human Services (HHS) Secretary Tom Price – Secretary Price noted that addiction is one of HHS's top priorities that they plan to approach with:
  1. Treatment and recovery
  2. Overdose reversal drugs
  3. Public health and surveillance strategies
  4. Research
  5. Pain management best practices
- Veterans Affairs (VA) Secretary David Shulkin – Secretary Shulkin said addiction is one of the VA's top priorities, along with suicide prevention. Shulkin noted that the VA, as the country's largest integrated health system, can often forecast issues that will arise on a larger scale, and in this case, they noticed the growing opioid epidemic in 2010. He said he hopes solutions the VA has found effective can be incorporated into the Commission's report.
- Gov. Charlie Baker (R-MA) – Governor Baker noted that he worked on bi-partisan comprehensive legislation to address the opioid misuse and overdose epidemic in Massachusetts and he is looking for more best practices and shared consensus among the group to further address this issue in his state.
- Gov. Roy Cooper (R-NC) – Governor Cooper said he knows this is a problem we cannot arrest our way out of. The Governor added that federal help is needed to stop the importation of fentanyl and other dangerous drugs along with increased treatment and prevention efforts to reduce demand.
- Bertha Madras, Researcher, Harvard Medical School – Dr. Madras said the opioid misuse and overdose epidemic has been one of the most daunting challenges of her career, but she is hopeful that we can solve this together.

- Former Congressman Patrick Kennedy (D-RI) – Former Rep. Kennedy stressed the need for enforcement of mental health and addiction parity and holding insurance companies accountable so the public sector doesn't have to pick up the tab. He also noted that Medicaid is the largest provider of mental health and addiction coverage in the U.S. and we need to make sure we don't revert on the progress we've made. As someone in recovery he hopes to move this agenda forward with a new attitude on addiction as a disease and not a moral failing.

Representatives from the offices of the Attorney General and Department of Education were present but did not make statements. In addition, White House advisors Kellyanne Conway and Jared Kushner were in attendance.

Nine representatives representing non-profits in the addiction treatment and recovery field gave brief remarks with their recommendations. Each representative listed areas where the federal government can act to address the opioid epidemic and, in many cases, there was overlap and consensus. Nearly all the panelists stressed the importance of evidence based treatment and prevention practices, expanding access to Medication Assisted Treatment (MAT), maintaining Medicaid expansion, and enforcing the Mental Health Parity and Addiction Equity Act (MPHAEA). The panelists also spoke about the need to provide evidence based care and grow the addiction treatment workforce to meet the demand.

As the report for the commission is developed, it is apparent that cost savings data and data showing treatment and prevention program's effectiveness will be important.

Participants included:

- Dr. Kelly Clark, American Society of Addiction Medicine (ASAM)
- Marcia Lee Taylor, Partnership for Drug-Free Kids
- Dr. Mitchell Rosenthal, National Council on Alcoholism and Drug Dependence (NCADD)
- Dr. Joe Parks, National Council for Behavioral Health (NCBH)
- Gary Mendell, Shatterproof
- Jessica Nickel, Addiction Policy Forum (APF)
- General Arthur Dean, Community Anti-Drug Coalitions of America (CADCA)
- Hugh Guill, Young People in Recovery (YPR)
- Dr. John Renner, American Academy of Addiction Psychiatry (AAAP)

On behalf of ASAM, Dr. Kelly Clark suggested immediate action items and a long-term strategy to address the opioid epidemic, noting that she could speak about larger mental health and addiction issues but would focus her remarks on the opioid epidemic. To rein in the rising death rate, she suggested concentrating on three primary areas:

- 1) Evidence-based treatment
- 2) Evidence-based prevention
- 3) Workforce development

Regarding quality access to evidence based opioid treatment, she said the most effective treatment options involve the use of medications in combination with specific psychosocial interventions to support recovery. For prevention efforts, she recommended the CDC launch a national public education campaign to raise awareness about the issue. Dr. Clark also recommended the federal government work with payers and purchasers – including CMS, private insurers, and employers – to make sure they

are covering and adequately paying for evidence based care, and that they do not pay for non-evidence based treatment.

In the short term, Dr. Clark suggested the following policy changes:

- Incentivizing states to use State Targeted Response Grants to fund treatment for programs that meet level of-care standards defined by the ASAM Criteria and meet evidence-base standards;
- Permanently authorizing buprenorphine prescribing authority for nurse practitioners and physician assistants;
- Investing in training opportunities for clinicians seeking to specialize in addiction treatment, as well as for primary care providers so they are able to effectively screen patients, engage them in treatment, and manage less-complex patients; and
- Solicit commitments from medical and nursing schools to increase education on addiction in the curriculum.

Marcia Lee Taylor with the Partnership for Drug-Free Kids, cited five policy options as most promising:

- 1) Dedicated funding streams to support families
- 2) Dedicated funding to support work by national organizations such as the Partnership
- 3) Enforcement of MHPAEA
- 4) Moving addiction treatment into the medical mainstream with mandatory education at medical schools on addiction
- 5) A comprehensive federal approach that is coordinated by the White House Office of National Drug Control Policy (ONDCP). Ms. Taylor also recommended that ONDCP director should be re-instated as a cabinet level position.

On behalf of NCADD, Dr. Mitchell Rosenthal spoke of the need for increased drug treatment capacity, and the current lack of long-term treatment. He also mentioned his concern about using MAT without the proper counseling and behavioral therapies. His suggestions included:

- Equipping communities with naloxone, but make sure that once an overdose is reversed that the patient be treated properly; and
- Considering the needs of the most vulnerable, those without resources who need vocational training and housing to sustain recovery after long-term treatment.

He ended his presentation with two success stories of two Phoenix House graduates.

On behalf of the National Council, Dr. Joe Parks suggested using the same resources to tackle the opioid and suicide epidemics as was used towards the HIV, polio and heart disease epidemics. Other recommendations included:

- Expanding parity requirements to all forms of health care coverage from all payers;
- Mandating coverage of treatments for addictions and mental illnesses;
- Classifying MAT as a protected medication class in Medicaid and Medicare part D;
- Expanding DATA 2000 waivers to continue recruitment and training of physicians, physician assistants, and nurse practitioners and to incentivize uptake in buprenorphine prescribing with continued post-training support;
- Requiring professional schools to expand their curriculum in addiction treatment;
- Integrating addiction treatment with the rest of the healthcare workforce;

- Upholding current policies that encourage jail diversion from incarceration for those already in the criminal justice system; and
- Enforce network adequacy standards to ensure access to MH/SUD treatment.

On behalf of Shatterproof, Gary Mendell spoke about the loss of his son to an overdose and suggested seven evidence-based policy recommendations:

- 1) Tie federal funding to state compliance with evidenced based addiction treatment protocols
- 2) End the treatment gap (close the gap of prescribers, eliminate 8 hours of training to prescribe MAT; eliminate prior authorization requirements for MAT and naloxone)
- 3) Broaden access to naloxone
- 4) Broadly implement CDC prescribing guidelines, including analysis to set benchmarks for each state
- 5) Fully utilize PDMPs
- 6) Ensure access to addiction treatment through health insurance by maintaining Medicaid coverage, maintaining the Affordable Care Act's Essential Health Benefit (EHB) requirements and enforcing parity
- 7) Reduce the shame and stigma associated with addiction

Jessica Nickel with the Addiction Policy Forum shared her personal story as child of parents who struggled with heroin use disorders as well as the stories of several families of loss. She spoke of seven key buckets to address the opioid epidemic in a comprehensive way:

- 1) Overdose intervention (treatment plan and recovery supports; MAT; reduce risk for future overdose)
- 2) Change HIPAA laws
- 3) Provide more resources to families
- 4) Advance treatment options (use IOM report; address workforce shortages; increased training in medical schools; remove addiction from the IMD exclusion; educate providers on all FDA approved treatment options; and more research)
- 5) Devise a 3-5 year recovery plan
- 6) Devise a prevention education plan and protect children of parents with SUDs
- 7) Reframe the criminal justice system

General Arthur Dean with CADCA primarily discussed prevention efforts and named several programs CADCA has launched that focus on community prevention at the local level.

Hugh Guill with Young People in Recovery gave a blueprint of advocacy objectives that will help create "Recovery Ready Communities":

- Evidence based prevention programs;
- Access to recovery high schools and collegiate recovery programs;
- Equitable access to treatment; access to housing and job-training programs for those in treatment and criminal justice involved;
- Harm reduction services; and
- The implementation and oversight of problem-solving courts.

Dr. John Renner with AAAP stressed the importance of treating underlying mental health issues associated with many that also suffer from SUDs. He also promoted the use of MAT – evidence based

treatment that is proven to reduce costs; the need for criminal justice; and increased workforce in the field.

After the panelists gave their recommendations, Governor Christie asked the room for questions. Gov. Cooper began by asking, "You mentioned wasting money on non-evidence based methods, what percentage of reimbursements cover non-evidence based treatment? Dr. Clark answered that she did not have exact figures, but that typically in-patient detox with a 28-day rehabilitation stay is not evidence based care for opiate use disorders. She said the resources are not being directed towards the on-going treatment of opioid use disorder as a chronic disease.

Gov. Cooper also asked about naloxone price increases and whether access to naloxone was becoming more difficult. Jessica Nickel answered that there have been reports of issues where the naloxone dose has not been adequate for fentanyl overdose and first responders have needed to use multiple doses to revive a patient.

At the end of the meeting, Governor Christie said he believes stigma is the most pressing problem that prevents access to treatment and spoke about how when his mother had lung cancer no one said to him that she brought it on herself by smoking, but rather offered support and assistance.

A final report from the Commission is due by October 1, 2017 unless the Commission is extended. Drafting on an interim set of recommendations is already underway.

Minutes from the meeting will be on the Commission's website: [www.whitehouse.gov/ondcp](http://www.whitehouse.gov/ondcp) and written comments can be submitted to: [commission@ondcp.eop.gov](mailto:commission@ondcp.eop.gov). The Commission will be hosting a conference call on their interim report on June 26; see the federal register posting [here](#).