

Gary Mendell Remarks
Presidential Commission on Combating Drug Addiction and the Opioid Crisis

Good afternoon. Thank you, Governor Christie, for your kind invitation. It's an honor to be here with all of you.

My name is Gary Mendell. By way of background, unlike most in this field, I spent the majority of my career building and operating businesses. My life was going well until my older son Brian became addicted to opioids. Through eight years, and eight different treatment programs side by side with my son, I experienced first-hand what we call “treatment” in our country. As hard as Brian tried, on October 20th, 2011 I received a phone call letting me know my son had just died. He was 25 years old and hadn't used a substance in 13 months.

In the months that followed, it haunted me to know how many families were being shattered every day by this disease. And even worse, that NIH funding had created a wealth of knowledge that had proven to reduce the number of our loved ones who ever become addicted, and also increase the number of those in addiction to recover. However, **most of this research was not being implemented**. I couldn't believe it. Proven solutions not being used?

I decided I should leave my business, and have since formed a national non-profit called Shatterproof, whose sole mission is to spare other families from the devastation caused by addiction.

I miss my son, desperately. However, today I am excited. I am excited to share with you a few recommendations that I know can help your commission with its identical mission.

Given our time constraints, I will suggest only five evidence-based recommendations in my remarks; three related to treatment and two related to prevention. However, we have also prepared in writing more robust comments, highlighting several additional recommendations.

While ending this epidemic will be difficult, cutting this by two thirds, in just a few short years, and saving countless lives, is possible.

I'd like to begin by emphasizing three points that helped craft these recommendations:

1. We believe our federal government should limit the circumstances in which it regulates our states. However, there is no question that federal involvement can save tens of thousands of lives. In this regard, several of our recommendations are patterned after what our federal government did years ago to ensure states drop their speed limits to 55 mph; tying highway funding to state compliance.
2. A majority of the recommendations do not require a single penny; rather immediate and efficient implementation. For the few that do require funding, the return on investment is far greater than needed to justify their cost.
3. When I use the phrase Federal Funding, I am referring to four funding streams; funding related to SAMHSA block grants, funding related to the Comprehensive Addiction and Recovery Act, funding related to the 2nd \$500,000 of the 21st Century Cures Act, and other funding channels yet to be determined.

With this background, I'll start with three recommendations to save the lives of approximately 3 million Americans currently afflicted with an Opioid Use Disorder.

#1 End the Treatment Gap -- Fast. More than 80 percent of those with an opioid use disorder do not receive treatment. Three levers:

1. Close the gap of prescribers who are licensed to prescribe Buprenorphine by eliminating the required eight hours of training. This can be done quickly, and will not cost a single penny.
2. Close the gap of specialists who can effectively provide evidence-based behavioral therapies by mobilizing an Emergency Training Program. A program to be developed 60 days from today; fully implemented by December 31, 2018.

3. Close the gap of financing by having the federal government pay for all aspects of Medication Assisted Therapy, for every single American who doesn't have insurance. Additionally, eliminate all prior authorizations in all insurance plans for any and all aspects of MAT. This all can be done by the end of this year.

#2 Develop the Infrastructure to Ensure All Treatment is Evidenced Based. NIH sponsored research has already provided the knowledge to significantly improve outcomes.

Knowing this, Shatterproof recently started a process to implement the recommendations in the Surgeon General's Report and the 2006 Institute of Medicine report "*Improving the Quality of Health Care for Mental and Substance-Use Conditions*".

Pursuant to IOM recommendation 4.3, we ask HHS join us as our partner to accelerate this process.

#3 Broad Access, and Use of Naloxone -- Fast. Two levers:

1. Federal Funding to each state to be conditioned upon that state requiring every first responder to be trained and stocked with federally paid for naloxone, by September 1st of this year.
2. Federal Funding to each state to be conditioned upon that state complying with the nine best practices related to naloxone that have been documented by Shatterproof and our experts. This will not cost the federal government one penny.

Next, we all know that prevention is the best treatment. In this regard, I'd like to provide two recommendations to prevent our 320 million Americans, and our future generations, from ever becoming addicted to an Opioid.

#1 Broad Adoption of the CDC Prescribing Guideline – Fast. We recommend the federal government develop a robust goal setting and reporting infrastructure to drive local prescriber and state accountability. This would include:

- An analysis of new patient prescribing that is outside the CDC Guideline to set a benchmark for each state.
- Stringent goals to reduce inappropriate prescribing.
- Clinical education and interventions targeted to physicians and states with the greatest levels of inappropriate prescribing.
- Results published annually and publicly, within 60 days of the end of each year, to drive accountability.

Federal Funding to each state to be contingent upon achieving the goals defined in this program. The cost of this is negligible.

And #2 Full Utilization of Prescription Drug Monitoring Programs - Fast. In 2015, patient history was not checked by the prescriber in approximately 80 percent of prescriptions written for opioids. Half of our state pharmacies only upload the information weekly. Interstate sharing is horrendously low.

This can change broadly within months by conditioning 2018 Federal Funding to states upon adopting legislation and/or regulations by February 2018, that comply with the 12 best practices documented by Shatterproof and its experts. This will not cost one penny.

Every morning I wake up thinking of the Serenity Prayer. The serenity to accept what I cannot change, and the courage to change the things we can.

Our society must find the serenity to accept the lives that have already been lost. However, working together, Republicans and Democrats, government, businesses and families, we can save countless others.

We can and we must...

Thank you.