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April 11, 2018

The Honorable Lamar Alexander
Chairman
Health, Education, Labor and Pensions
Committee
U.S. Senate
Washington, D.C. 20510

The Honorable Patty Murray
Ranking Member
Health, Education, Labor and Pensions
Committee
U.S. Senate
Washington, D.C. 20510

Dear Chairman Alexander and Ranking Member Murray:

On behalf of the Association of State and Territorial Health Officials (ASTHO), we are pleased to submit comments on the discussion draft legislation entitled, "The Opioid Crisis Response Act of 2018." ASTHO is the national nonprofit organization representing the state and territorial public health agencies of the United States, U.S. territories, and Washington, D.C. ASTHO's members, the chief health officials of these jurisdictions, are dedicated to formulating and influencing sound public health policy and assuring excellence in state-based public health practice. Our members are on the frontlines everyday responding to the current crisis of substance misuse, addiction, and drug overdoses. We witness the consequences of this crisis in the form of overdose deaths, substance-related interaction with the criminal justice and welfare systems, HIV and hepatitis C infections, prenatal substance exposure effects, and the burden on the healthcare system.

Collectively, states and territories recognize the opioid crisis as a public health emergency. As with any emergency, we must respond with the resources necessary to sustain a full continuum of care and ensure that proven prevention, treatment, and recovery services are used consistently. To do that, we need to work with other government agencies, healthcare providers, law enforcement, as well as local, state, and national organizations to counteract stigma and view addiction as a chronic health condition that affects the brain. Just like asthma or diabetes, if we apply appropriate, evidence-based strategies, addiction is both preventable and treatable. **We firmly believe that preventing individuals from misusing opioids and other substances in the first place is the best way to end our nation's epidemic. We strongly encourage the committee to include primary prevention as a core component of opioid-related legislation moving forward.**

ASTHO wishes to highlight the following important provisions in the bill. Please note our comments on the discussion draft legislation are primarily focused on public health prevention provisions:

- **Sec. 403 National Recovery Housing Best Practices**

This section will greatly assist state health agencies adopt or implement best practices for recovery housing agencies. We appreciate that nothing in this section will be construed to provide the secretary with the ability to require states to adhere to minimum standards.

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- **Sec. 405 Youth Prevention and Recovery**

ASTHO supports the inclusion of the development of evidence-based best practices for prevention of substance misuse and abuse by children, adolescents, and young adults. We appreciate that the grant authorization language includes public health agencies.

- **Sec. 501 Study on Prescribing Limits**

ASTHO supports a study on prescribing limits especially as almost half of states have enacted laws or adopted rules dictating the length or dosage of initial opioid prescriptions for pain. It is important that federal legislation not impair state efforts.

- **Sec. 503 Education and Awareness Campaign**

CDC's Rx Awareness campaign tells the real stories of people whose lives have been torn apart by prescription opioids. The goal of the campaign is to increase awareness that prescription opioids can be addictive and dangerous. The campaign also strives to decrease the number of individuals who use opioids recreationally or overuse them. Supporting an ongoing mass-media campaign to increase awareness that prescription opioids can be addictive and dangerous is an important national-level support that would undergird other prevention policies. Additionally, we encourage the committee to ensure this program includes provisions to address local perceptions and information gaps in an effective, culturally relevant fashion, and to support school-based prevention work.

- **Sec. 504 Enhanced Controlled Substance Overdoses Data Collection, Analysis, and Dissemination, and Sec. 505 Preventing Overdoses of Controlled Substances**

Improved data collection, analysis, and dissemination would strengthen understanding of the epidemic, including expanding surveillance activities to include syndromic surveillance data from all funded states, initiating surveillance activities on linkages to treatment and other risk reduction services and drug product surveillance, linking data from prescription drug monitoring programs to mortality data, as well as further increasing the timeliness of morbidity and mortality data. These important activities would also strengthen collaborations and support among public health professionals and other stakeholders at both the state and community level by enhancing the timeliness and comprehensiveness of surveillance efforts with medical examiner and coroner reporting to better identify causes of death. This would allow for a more targeted and focused response to changes in the epidemic.

- **Sec. 509 Pregnant and Postnatal Health**

ASTHO supports improving data collection on prenatal smoking, alcohol, and substance abuse and misuse.

In regard to **Sec. 101 Reauthorization and Improvement of State Targeted Response Grants**, ASTHO urges caution before any changes are made to the CURES grant formula structure. While some states may experience a decline in death rates, grant funding via the CURES mechanism should not change solely based on declining death rates and must provide predictable resources for states, territories, and local health departments so they can continue prevention, treatment, and recovery programs to improve the population's health.

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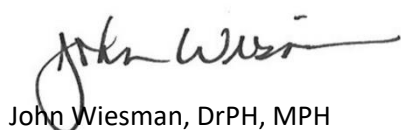
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For future consideration in any opioid or substance abuse and misuse legislation, ASTHO recommends:

- We strongly encourage the bill text to refrain from a narrow focus on “opioids” when referencing prevention, treatment, and recovery activities in statute and encourage broadening the legislative language to include, “substance abuse and misuse disorders.” While the opioid epidemic is a crisis of the moment in many states other drugs such as methamphetamine, cocaine, and benzodiazepines, often in combination with opioids, are emerging predominant causes of substance abuse and misuse among some populations. This is in addition to the long-standing challenge of alcohol misuse and addiction.
- ASTHO recommends that Congress build upon the existing system and programs that currently exist as opposed to potentially creating separate or parallel programs through statute.
- In order to fully address this epidemic (as well as substance abuse and misuse disorders as a whole), we must move further upstream to address toxic stress in infants, adverse childhood experiences, work with schools and school-age children, build resilient communities, and increase investment in programs that work to address the social determinants of health. We encourage the committee to include more primary prevention provisions.
- Include substance abuse treatment in correction settings.
- Policies and funding to further destigmatize substance abuse and misuse disorder.
- Further encouragement or incentives for cross-sector collaboration.
- The Centers for Medicaid Services (CMS) plays a crucial role in addressing the current epidemic. While CMS is outside the jurisdiction of the HELP Committee, ASTHO encourages the development of payment pathways for non-pharmacological pain management. Additionally, we encourage CMS to promulgate policies to develop and implement leading substance use disorder treatment practices and guidelines.

We applaud your commitment to addressing the ongoing fight against opioid abuse and misuse. ASTHO and our members look forward to working with you and your committee to help address this public health epidemic. Please contact Carolyn Mullen, ASTHO chief of government affairs (cmullen@astho.org) for additional information.

Sincerely,



John Wiesman, DrPH, MPH
ASTHO President, Secretary of Health,
Washington State Department of Health
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