

Public Health Federal Funding Request to Address the Opioid Epidemic

In response to the President's recent declaration of the opioid epidemic as a public health emergency and the final report of the President's Commission on Combatting Drug Addiction and the Opioid Crisis, public health leaders call on Congress to provide additional resources to expand and strengthen state and territorial capacity to respond to the opioid crisis. State and territorial health agencies are on the front lines of responding to the current crisis of substance misuse, addiction, and drug overdose. Major federal investments in treatment and recovery should also be complemented with funding for prevention. Preventing individuals from using opioids or other illicit substances in the first place is the best way to end our nation's epidemic.

The Association of State and Territorial Health Officials (ASTHO) requests that Congress provide \$1 billion in emergency supplemental funding to be spent during fiscal years 2018 and 2019 by the Centers for Disease Control and Prevention (CDC) and state and territorial health departments to do the following activities:

Improve Monitoring and Surveillance

- Strengthening public health surveillance to improve our understanding of the epidemic.

Expand and Strengthen Evidence-Based Prevention and Education Strategies

- Expanding opioid misuse and addiction prevention campaigns.

Manage Access to Opioids

- Linking electronic health records and prescription drug monitoring programs (PDMPs).
- Expanding partnerships and collaboration with law enforcement.

Improve Access to and Use of Effective Treatment Recovery and Support

- Expanding access to naloxone and linking patients to services including medication assisted treatment.

This supplemental funding will spur critical activities to rapidly respond to the opioid epidemic, and does not preclude the need for Congress to provide sustained, continued, and increased investments in CDC, SAMHSA, or other agencies at HHS to continue to address the ongoing opioid epidemic. This funding should not be offset by cutting other public health programs.

Consistent with past public health emergencies, funds could be appropriated to the Public Health and Social Services Emergency Fund. Funds could then be allocated through the Cooperative Agreement for Emergency Response: Public Health Crisis Response, a recently developed flexible CDC funding mechanism designed specifically to allow states the ability to rapidly apply for and receive funds to respond to urgent public health threats, which can be easily tailored to respond to the opioid crisis. **The program announcement was published by CDC on Oct. 11, and applications are due Dec. 11, 2017. Funds could be allocated to all states**

and territories according to a formula which uses data and measures that relate to the opioid epidemic, so that funding is targeted according to where the need is greatest. There is an urgent need to prevent opioid use through population-based and community-wide public health programs including connecting PDMPs with electronic health records, surveillance, implementing prescribing guidelines, and prescription drug public awareness campaigns.

Improve Monitoring and Surveillance

This 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 as well as drug product surveillance, linking PDMP data to mortality data, and further increase the timeliness of morbidity and mortality data.

It would also strengthen collaborations and supports between public health and other stakeholders at the state and community level by enhancing surveillance efforts with medical examiner/coroner reporting (both timeliness and comprehensiveness) to better identify the causes of death, allowing for more targeted and focused response to changes in the epidemic.

Expand and Strengthen Evidence-Based Prevention and Education Strategies

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. Recommendation #5 in the Commission's report highlights that there are not yet strong data on mass-media campaigns on prescription opioids, heroin, and other opioids, but that a mass media campaign could be modeled on alcohol and tobacco prevention successes. Funding to support 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, funding at the state and territorial level is needed to identify and address local perceptions and information gaps in an effective, culturally relevant fashion, to support school-based prevention work.

Manage Access to Opioids

Link Electronic Health Records and Prescription Drug Monitoring Programs (PDMPs)

States are still in need of support to continue integrating PDMPs into systems that providers use such as electronic health records (EHR), working to allow physicians to delegate access to other health professionals in their office, and expediting registration for providers.

PDMP-EHR integration makes accessing PDMP information easier and faster by integrating data in the daily work flow of prescribers in hospitals and physician offices and into the EHR systems used by emergency departments, hospitals health record systems, pharmacy dispensing systems, and others. This work would build upon efforts already occurring in some states to

support PDMP-EHR integration and expand the work nationally. To ensure consistency and efficiency of state efforts, a national organization should be funded to provide technical assistance and expedite implementation of state and territorial actions to accomplish this goal. The Commission's report includes this activity as Recommendation #14: "PDMP data integration with electronic health records, overdose episodes, and SUD-related decision support tools for providers is necessary to increase effectiveness."

Expand Partnerships and Collaboration with Law Enforcement

This would increase coordination between public health and public safety by expanding CDC's work with High Intensity Drug Trafficking Areas (HIDTA) and management of the Heroin Response Strategy, as well as expanding the number of HDTAs and reach of existing HDTAs. CDC currently supports 10 HDTAs and could scale this work across all 28 HDTAs. This work seeks to leverage public health and public safety data to create interventions that work across law enforcement, healthcare, treatment, and prevention.

Improve Access to and Use of Effective Treatment Recovery and Support

Naloxone is a life-saving opioid antagonist and should be readily available to first responders across the country. States sometimes face barriers accessing the drug due to higher prices. Large variances exist across the country when it comes to availability of naloxone in pharmacies. Funding to states will allow increased access to the life-saving drug. Additionally, when someone experiences an overdose and is revived using naloxone, this may be an opportunity to discuss the possibility of treatment. Funding for medication assisted treatment need support through a state and territorial level coordination and referral service for individuals seeking care and immediate referral to treatment. States need to support models that allow patients the best possibility of accessing treatment when they are ready, such as using telehealth and telemedicine. Training to support peer and coach recovery models should be expanded.

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