RECOMMENDATIONS TO ADDRESS THE OPIOID EPIDEMIC

FOUR KEY AREAS TO ADDRESS:
These four areas come from BPC Governor’s Council recommendations to the President’s Commission on Combating Drug Addiction and the Opioid Crisis. Many of them were included in the final commission’s report.

• **Curb Illicit Supply** by increasing Customs and Border Protection and United States Postal Service efforts to detect shipments of illicit fentanyl and fentanyl analogs coming into the United States at ports of entry or through parcel post.

• **Curb Unnecessary Prescription Opioid Supply** by tying the renewal of a Drug Enforcement Agency (DEA) controlled substances license to a requirement for a course in proper opioid prescribing and treating substance use disorders. The Food and Drug Administration should also consider adding such training requirements to a Risk Evaluation and Mitigation Strategy for any newly approved opioids. Bureau of Justice Assistance Grants for prescription drug monitoring programs (PDMPs) should make checking PDMPs mandatory.

• **Improve treatment for substance use disorders and promote recovery** by preserving, not rolling back, current Medicaid funding to treat opioid use disorders, and support states to seek innovative ways to enhance coverage for patients with opioid use disorders through federal Medicaid waivers. In addition, any federal grants for substance use disorders should include funding for the entire continuity of care, to include recovery supports.

• **Educate America** by working to address the stigma attached to substance use disorders and those suffering from them; ensure federal support for syringe services programs; and encourage a targeted campaign through Medicaid for pregnant women with opioid use disorders and newborns with neonatal abstinence syndrome (NAS) to ensure they receive evidence based prenatal care and treatment.

HELP RURAL AREAS AFFECTED BY THE OPIOID CRISIS:
These recommendations come from BPC’s Appalachia Initiative.

- Ensure funding of the Substance Abuse and Mental Health Services Administration (SAMHSA)’s Screening, Brief Intervention and Referral to Treatment grant program to support health professional training.
- Address the shortage of behavioral health care professionals needed to treat substance use disorders. Community colleges can help train people to provide recovery supports. Technology-based approaches such as telemedicine could also be supported to address provider shortages and support the existing mental health and substance use disorder treatment infrastructure.
- Require holders of a DEA controlled substances license to take a course in proper opioid prescribing and treating substance use disorders.

ADDRESS THE IMPACT OF OPIOID AND SUBSTANCE USE DISORDERS ON YOUNG CHILDREN AND FAMILIES:
These recommendations come from BPC’s Early Childhood Initiative.

- Align Title IV-E of the Social Security Act (Federal Foster Care Payments) with Child Abuse and Prevention Treatment Act Requirements to:
  - Develop and implement a “plan of safe care” for substance-exposed infants and young children and their families.
  - Report annual data to the federal government on the number of substance-exposed infants, young children, and families for whom a plan of safe care was developed, and report service referrals.
- Require the U.S. Department of Health and Human Services to identify and share model strategies to support state and local implementation of “plans of safe care” and data collection and reporting.
- Require SAMHSA to encourage and provide guidance on how the Substance Abuse and Mental Health Services Block Grant can be used to address treatment and recovery service needs for parents and their infants and young children, and coordinate this funding with other available federal funding streams.
- Amend Part C of the Individuals with Disabilities Education Act to improve linkages among services for early intervention and substance use disorders.
- Authorize a targeted campaign through Medicaid encouraging evidence-based prenatal care and treatment for women with opioid use disorders and care for infants born with NAS.

Resources:

