



Actions the Federal Government Should Take to Have a Significant Impact on the Opioid Epidemic

To help facilitate the process of taking tangible and effective steps to address the opioid epidemic, The National Center on Addiction and Substance Abuse created a guide for federal action. This set of recommendations presents concrete actions the federal government can and should take to have a measurable impact on the crisis. It includes specific recommendations to help make significant and meaningful progress in ending the opioid crisis.

The detailed recommendations draw from years of our own work on this issue as well as other organizations with a deep interest in finding workable solutions to help end this epidemic. In all cases, the recommendations are based on research evidence and a health promoting rather than punitive approach to opioid misuse and addiction. We urge the federal government to take them into consideration in crafting its approach to address our nation's addiction crisis. We cannot wait for further study or recommendations to address this problem. We know how to fix it and we desperately need our federal government to act. American lives are at stake.

Prevent Opioid Misuse and Addiction

1. Develop, Fund, and Implement Effective Public Education and Awareness Campaigns

- Develop prevention campaigns based on effective messaging and evidence-based prevention strategies
- Information campaigns should inform the public about:
 - Opioid addiction and how best to identify, prevent, and treat it.
 - How to access quality addiction care services.
 - How to safeguard controlled prescription medications from children and adolescents.
 - How to dispose properly of unused controlled prescription medications.
- Frame addiction as a chronic medical disease for which there are effective treatments, including medication and behavioral therapies.
- Design campaigns to reduce the stigma of addiction and its treatment.
- Identify the most pressing or emerging issues and target informational campaigns accordingly.
- Create targeted campaigns to protect the safety of people who already misuse opioids.
- Evaluate the impact of all campaigns and adjust the messaging and implementation accordingly.

2. Develop, Fund, and Implement Effective School- and Community-Based Prevention

- Require schools and communities to deliver evidence-based prevention that is health based and not punitive.
- Address both prescription and illicit opioid misuse as well as co-occurring health conditions.
- Include a special focus on children and adolescents who are most vulnerable to opioid misuse.
- Screen all young people for signs of risk, provide effective intervention services to those identified as being at risk, and refer to treatment those who may have an opioid use disorder (i.e., conduct screening, brief intervention, and referral to treatment, or 'SBIRT').
- Adequately fund prevention programs, including funding for evaluation of programs.



3. Reduce the Availability of and Accessibility to Opioids

- Promote the adoption of standardized Prescription Drug Monitoring Program (PDMP) systems that would allow for interstate collaboration and data sharing, which are essential for preventing diversion and misuse.
- Provide financial incentives and technical support for states to develop and operate PDMPs in accordance with national standards.
- Ensure that PDMPs protect patient privacy, allow physicians and pharmacists access to patient data, provide law enforcement officials with access based on probable cause, and stipulate specific outcome measures to determine the efficacy of state programs.
- Require that all Medicaid Part D plans include a prior authorization requirement stating that prescribing physicians must attest to having checked the state PDMP prior to prescribing any controlled prescription opioid medication.
- Require that, as a condition of becoming registered by the Drug Enforcement Administration (DEA) to prescribe or administer controlled medications, physicians demonstrate competence in proper treatment of pain, prescribing controlled substances, recognizing the signs and signals of misuse or diversion, and knowing how to respond in the event of suspicion of misuse or diversion.
- Prohibit direct-to-consumer advertising of controlled prescription drugs.
- Prohibit sale or purchase of controlled prescription drugs on the Internet without an original copy of a prescription issued by a licensed DEA-certified physician, licensed in the state of purchase, based on a physical examination and evaluation.

4. Invest in Research

- Conduct/fund research to help develop non-addictive pain treatments.
- Conduct/fund research on new treatments for opioid addiction and treatment for pregnant women and babies born with neonatal abstinence syndrome.
- Accelerate data collection and dissemination on opioid misuse, addiction, overdose, and consequences to facilitate more frequent and timely statistical reports on trends and populations and locations at high risk.
- Conduct/fund research on the effectiveness of PDMPs and optimal use of the data collected.
- Conduct/fund research to evaluate treatment approaches for parolees and probationers to help determine whether addiction-related interventions are delivering their intended results for justice-involved individuals.

Reduce Overdose Deaths and Other Harmful Consequences

1. Increase Access to Naloxone

- Require states, as a condition of receiving federal funding, to mandate that every first responder be trained to administer naloxone and provided with a supply of the medication.
- Use federal purchasing power to help drive down the cost of naloxone.
- Make naloxone an over-the-counter medication.
- Provide model legislation for states to allow the dispensing of naloxone through standing orders and to require the prescribing of naloxone along with prescriptions for all controlled opioid medications.



- Require health plans under federal jurisdiction to cover naloxone with minimal utilization requirements and cost-sharing.

2. Fund Enhanced Monitoring and Tracking of New and Emerging Synthetic Opioids

- Create national standards for monitoring and tracking new and emerging synthetic opioids (“drug checks”) to facilitate data collection and rapid data sharing within and among States.

Improve Opioid Addiction Treatment

1. Improve Providers’ Knowledge and Clinical Practice

- Expand the addiction medicine workforce by increasing the availability of addiction medicine training programs.
 - Allocate a designated portion of the federally funded (primarily through Medicare) medical residency training positions to residency training in the specialties of addiction medicine and addiction psychiatry.
 - Allocate residency training slots through the U.S. Department of Veterans Affairs and the Indian Health Service to addiction medicine to help ensure the availability of specialty care for veterans and Native Americans.
- Establish national standards for educational curricula, licensing, and certification requirements that include core clinical competencies in addiction care for health care providers, including physicians, physician assistants, nurses and nurse practitioners, dentists, and clinical mental health professionals (psychologists, social workers, therapists, counselors).
- Require medical and nursing schools that receive federal loans to provide comprehensive addiction care education and training.

2. Improve Access to Quality Treatment and Disease Management

- Require insurance coverage for comprehensive addiction care, including all forms of medication-assisted treatment (MAT), with minimal utilization requirements and cost sharing.
 - Require all federally funded insurance programs, including Medicaid, Medicare and VA/TRICARE, to include comprehensive benefits for addiction care -- including patient education, screening, assessment, intervention, treatment, and management -- without limitations or exclusions.
 - Enforce the provisions of the Patient Protection and Affordable Care Act (ACA), which require covered plans, as part of the Essential Health Benefits package, to offer addiction services.
 - Enforce the provisions of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), which require insurance benefits for mental health and addiction care to be offered on par with coverage for medical and surgical benefits. The Department of Labor and the Internal Revenue Service are responsible for enforcing MHPAEA in private employer-sponsored group health plans; the Department of Health and Human Services is responsible for enforcing MHPAEA in non-federal government health plans. Insurance regulators should be required to levy penalties against health plans that violate MHPAEA.



- Expand access to medication-assisted treatment (MAT) for opioid addiction by eliminating barriers to providers for prescribing effective medications:
 - Remove the limits set for physicians on the number of patients they can treat with buprenorphine and the eight hours of training required to prescribe the medication. Such limits do not exist for physicians to prescribe the opioid medications to which patients have become addicted in increasing numbers.
- Eliminate barriers to treatment throughout the states resulting from the federal Institutes for Mental Diseases (IMD) exclusion within the Medicaid program. This component of the Social Security Act prohibits federal Medicaid funds from being used to reimburse services provided in an inpatient facility that has more than 16 beds from treating “mental diseases” (including substance use disorders).
- Require all facilities and programs providing addiction treatment to adhere to established national minimum standards for accreditation as a condition of licensure.
- Establish national licensing and accreditation standards for addiction treatment facilities and programs that reflect evidence-based care. While the federal government does not regulate addiction treatment facilities or programs (with the exception of opioid treatment programs), it does impose certain conditions through the federal health insurance programs.
 - Subject all addiction treatment facilities and programs to the same mandatory licensing processes as other health care facilities.
 - Encourage coordinated care of co-occurring conditions by dually licensing qualified addiction treatment facilities to provide both mental health and addiction treatment services.
 - Require addiction treatment programs to seek accreditation from one of the national accrediting organizations: The Commission on Accreditation of Rehabilitation Facilities, The Joint Commission, The Council on Accreditation, The National Committee for Quality Assurance or The National Commission on Correctional Health Care.

Provide Opioid Addiction Care in the Criminal Justice System

1. Implement Comprehensive, Evidence-Based Addiction Care Services

- Condition federal funding for treatment provided within the federal criminal justice system on the implementation of comprehensive, evidence-based services, including medication-assisted treatment (MAT).
- Require agencies that receive federal grants, such as Second Chance Act grants which provide funding for agencies to improve the lives of those re-entering communities after incarceration, to provide evidence-based treatment or refer individuals to treatment providers that offer evidence-based services.
- Ensure that policies around relapse for drug court participants and individuals formally incarcerated are not punitive, but rather treatment-focused and responsive with increased intensity of treatment, monitoring, and supervision.

2. Remove Restrictions on Needed Services for Individuals in the Criminal Justice System

- Eliminate the federal policy in the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) that bans individuals with drug felony convictions from receiving federal benefits such as Temporary Assistance for Needy Families (TANF), the Supplemental



Nutrition Assistance Program (SNAP, formerly known as Food Stamps) and other benefits (e.g., public housing, education assistance). Such policies create barriers to recovery.