



**BILL LEE**  
GOVERNOR  
STATE OF TENNESSEE

October 30, 2019

Honorable Frank Pallone, Jr., Chairman  
Committee on Energy and Commerce  
2125 Rayburn House Office Building  
Washington, D.C. 20515-0001

Honorable Greg Walden, Ranking Member  
Committee on Energy and Commerce  
2125 Rayburn House Office Building  
Washington, D.C. 20515-0001

Honorable Anna G. Eshoo, Chairwoman  
Subcommittee on Health

Honorable Michael C. Burgess, M.D., Ranking Member  
Subcommittee on Health

Honorable Diana DeGette, Chairwoman  
Subcommittee on Oversight and Investigations

Honorable Brett Guthrie, Ranking Member  
Subcommittee on Oversight and Investigations

Dear Chairman Pallone, Ranking Member Walden, Chairwoman Eshoo, Ranking Member Burgess, Chairwoman DeGette, and Ranking Member Guthrie:

Tennessee has received numerous federal grants in recent years that have aided our state's efforts to address the opioid epidemic. These grants help support our Department of Health (TDH) and Department of Mental Health and Substance Abuse Services (TDMHSAS) across a continuum of services, including prevention, early intervention, treatment, and recovery support. These grants also support the continued surveillance and prevention of opioid misuse within the state.

Our TDH and TDMHSAS have been the recipients of ten federal grants (both discretionary and non-discretionary) from the Bureau of Justice Assistance (BJA), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Centers for Disease Control and Prevention (CDC), and the U.S. Department of Health & Human Services. These grants have greatly enhanced Tennessee's efforts to combat the opioid crisis within our state.

The funding from the BJA is used to support numerous projects, including: a multi-agency taskforce regarding Tennessee overdose data and rapid response intervention efforts; implementation of the Tennessee Bureau of Investigation's access to the Controlled Substance Monitoring Database; predictive modeling; integration of Emergency Medical Services' data into TDH's surveillance activities; and expansion of analytical work for new drugs of concern. The funding from the BJA has been extremely valuable in supporting and expanding TDH's overdose prevention and surveillance efforts.

The CDC grant funding primarily supports prescription monitoring and overdose prevention and surveillance activities, including: data improvements and linkage; training; and the establishment of a drug overdose reporting system. For each of the next three years, \$3,000,000 will be deployed to local jurisdictions for overdose prevention and response activities, with priority given to those local communities most highly impacted by the opioid epidemic.

The SAMHSA State Targeted Response (STR) grant, now in its no-cost extension year, has made significant impact on our efforts to curtail Tennessee's challenges related to opioid misuse, abuse, diversion, and

overdose. The STR grant has allowed our TDHMSA to address overdose related deaths through naloxone distribution, has supported the training of professionals and key stakeholders on opioid overdose disorders, has supported the implementation of an Opioid Overdose Rapid Response System, and has improved access and availability of clinical treatment and recovery services. Moreover, STR funding was critical in expanding access to medication assisted treatment, implementing new strategies for pregnant women, and supplementing existing resources.

The Department of Health and Human Services State Opioid Response (SOR) grant has reinforced prevention, treatment, and recovery activities in response to the opioid epidemic. Tennessee's SOR grant strategy aims to: (1) increase awareness of the dangers of opioids; (2) educate key stakeholders on preventing overdose; (3) reduce the number of overdose related deaths through naloxone distribution; (4) train health professionals to assess and treat individuals with opioid use disorder; and (5) expand access to medication assisted treatment, clinical treatment, and recovery services through a hub-and-spoke model. The SOR grant has further expanded many of the evidence-based interventions set forth by the STR grant.

The federal grants have augmented our collective efforts related to the opioid epidemic. Tennessee has distributed over 70,000 units of naloxone and saved over 7,500 lives. Tennessee has established over 330 prescription drug take-back boxes. Approximately 10,000 uninsured adults received clinical treatment for opioid use disorders and approximately 3,000 uninsured adults received medication assisted treatment in state fiscal year 2019.

In addition to grants specific to the opioid response, TDH also applies funding to public health priorities from core public health funding sources within funding allowance and grant directives. For example, the Maternal and Child Health block grant has been used to support Tennessee's Neonatal Abstinence Syndrome surveillance system, which provides weekly updates to providers and public health stakeholders across the state. Because data from this system is available in real time, Tennessee was the first state to document a year-to-year decline in neonatal abstinence syndrome in 2018 after nearly a decade of increase.

With state and federal investment, we are working to further ensure that Tennesseans living with opioid use disorder find recovery and live independent and fulfilling lives. Tennessee appreciates the work of this Administration and Congress, and we look forward to future opportunities and partnerships. Thank you for your ongoing commitment to resolving the opioid crisis now and in the future.

Sincerely,



Bill Lee  
Governor

Cc: Members of the Tennessee Congressional Delegation