Written Testimony of
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"A Public Health Emergency: State Efforts to Curb the Opioid Crisis"
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Chairwoman DeGette, Ranking Member Guthrie, and distinguished members of the committee, I am pleased to testify before you today to discuss Rhode Island's efforts to curb the opioid crisis.

As the Director of the Rhode Island Department of Health (RIDOH), I have the privilege of serving under the leadership of Governor Gina M. Raimondo, and with Womazetta Jones, the Secretary of Rhode Island's Executive Office of Health and Human Services. I am also the Immediate Past President of the Association of State and Territorial Health Officials (ASTHO), the national organization representing public health agencies in the United States, the U.S. Territories, and the District of Columbia. The members of ASTHO, who are the chief health officials of these jurisdictions, formulate and influence public health policy and ensure excellence in state-based public health practice.

In my capacity as the Director of RIDOH and through my work with ASTHO, I have seen firsthand the tremendous contributions that Congress and federal agencies have made to our nation's response to the opioid overdose crisis. In particular, Congressman Jim Langevin and Congressman David Cicilline have been tireless advocates for the health and safety of the individuals and families impacted by opioid-use disorder. I also want to commend the tremendous vision and leadership of U.S. Surgeon General Jerome Adams who has personally come to Rhode Island to engage in dialogue about the innovative steps that can be taken at different levels of government to helps us prevent overdoses and saves lives. Health officials throughout the country 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. I stand ready to partner with you in this effort.

Like every state in the nation, Rhode Island has been profoundly affected by the opioid overdose epidemic. Since I became the Director of RIDOH in 2015, an overdose death has occurred in every city and town in Rhode Island. During this time, more than 1,500 Rhode Islanders have lost their lives to accidental drug overdoses, more than have died from car crashes, firearms, and fires combined. As we parse various policy proposals and discuss different data trends, it is important for us to pause and remember that behind every one of those fatalities there is a story, there is a family, and there is the tremendous pain associated with loss. These people are our brothers and sisters, our co-workers, neighbors, and friends. They are the people we have known for years through church, synagogue, or mosque, or from little league, or the PTA. We can't

bring these people back. But we can honor them and love them as a community by doing everything we can to prevent any additional drug overdose deaths.

This is a sentiment shared wholeheartedly by Governor Raimondo. Overdose prevention was an absolute priority for her when she came into office in 2015. For this reason, she acted quickly to address the fact that Rhode Island did not have a centralized, strategic, comprehensive plan to address our state's drug overdose crisis. She knew that it was not enough to treat individual overdoses; recovery support services needed to be expanded to embrace the full scope and depth of treatment, and impactful prevention strategies needed to be put in place. In response, she formed an Overdose Prevention and Intervention Task Force. This Task Force is led by me and Kathryn Power, the Director of the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH). The Task Force includes stakeholders and experts in various fields including public health, law enforcement, healthcare, community-based support services, education, veterans' affairs, insurance, academia and research, and government. Also included are family members of those who have lost loved ones and people in active recovery. Their perspectives have been invaluable.

The Task Force created, and has been building upon, a data-driven, community-informed Strategic Plan to prevent overdoses and save lives. The four focus areas of the plan are prevention, treatment, recovery, and rescue. One of the greatest strengths of Rhode Island's response has been our utilization of data and our dissemination of data. Rhode Island's progress toward the goals of the Task Force, and a wealth of additional data on opioid-use disorder, are available in a user-friendly format in seven different languages at www.preventoverdoseri.org. People who are looking for help for substance-use disorder can also go to this website to find resources and support. This website was developed and is maintained in partnership with the Brown University School of Public Health.

A second strength of our overdose response efforts in Rhode Island has been our ability to braid funding and build synergy between efforts supported by various federal funding sources. Over the past four years, and extending through at least 2022, overdose response efforts in Rhode Island have been (and will be) supported by $76,751,128 from a range of federal agencies funded by Congress: the U.S. Department of Justice (DOJ), the Bureau of Justice Assistance (BOJ), the Centers for Disease Control and Prevention (CDC), the Centers for Medicare and Medicaid Services (CMS), the U.S. Department of Labor (DOL), and the Substance Abuse and Mental Health Services Administration (SAMSHA). Our ability to align our various efforts in Rhode Island with all of the different requirements of these varied funders is a testament to the culture of collaboration that has been nurtured in our state. By braiding these funds, we have coordinated multiple funding sources while maintaining meticulous accounting of each to address the prevention, treatment, and recovery needs impacting every part of the state. However, none of this would be possible without your support of the grantmaking work of these agencies.

An enormous amount of work is still before us. For example, fentanyl-related overdose deaths continue to increase in Rhode Island, and overdoses involving multiple substances is a growing concern. However, the targeted efforts of the Task Force have helped Rhode Island make some progress. After the number of drug overdose deaths increased each year in Rhode Island for the better part of a decade, that number decreased by 6.5% between 2016 and 2018. (Rhode Island's

2019 data are not yet finalized.) Additionally, Rhode Island has made tremendous progress in shifting public perceptions surrounding opioid-use disorder. We have started to lessen the stigma driven by fear, discrimination, and bias, that for too long has kept people from coming forward and saying that they need help. Opioid-use disorder is a chronic illness, in the same way that diabetes, asthma, and heart disease are chronic illnesses. We are still learning about the complex interplay of developmental, biological, neuropsychological, and social factors that result in the development of opioid-use disorder. However, we know unequivocally that it can be treated. Public health agencies must make it a priority to address the stigma that gets between people and the care that they need.

Prevention

It is impossible to consider the opioid-use disorder crisis in America without confronting the socioeconomic and environmental determinants of health. Research has demonstrated that socioeconomic and environmental determinants of health, such as housing, community environments, employment, and education, determine roughly 80% of health outcomes at the individual and community level. Rhode Island's Health Equity Zones (HEZs) are a significant component of our response to the current crisis in that they are helping to build community level frameworks for resiliency and healthy living. In the ten HEZs throughout Rhode Island, residents and community partners are coming together to address the root causes of health disparities at the local level and to build healthier, more resilient communities. Again, with braided funding from a variety of federal sources, HEZs have, for example, helped get naloxone in the community, set up drop-in centers to strengthen support and social connections among members of the recovery community, implemented programs to address the impact of trauma, and helped expand job opportunities in specific communities. More information about HEZ is available online at: www.health.ri.gov/HEZ.

Prevention work in Rhode Island has also included changing the way our healthcare providers approach the treatment of acute and chronic pain. In 2017, RIDOH enacted regulations that limited the initial prescription of an opioid to no more than 20 doses and no more than 30 morphine milligram equivalents, or MMEs (this is a measure of potency), for individuals new to opioids. These regulations also prohibited long-acting or extended-release opioids for initial prescriptions for acute pain (like methadone) for people new to opioids. Subsequent regulations in 2018 required healthcare providers to have conversations with their patients on the risks of taking an opioid prescription. These conversations need to cover the risks of dependence, and alternative treatment options, among other topics.

RIDOH's Prescription Drug Monitoring Program (PDMP) has also been central to Rhode Island's work to prevent overprescribing. The PDMP is a centralized data repository related to controlled substance prescribing. Data in the PDMP can be used by prescribers and pharmacists to understand what controlled substance prescriptions are being written for their patients. Prescribers are required to check the PDMP prior to writing a controlled substance prescription for the first time and every three months thereafter for patients on long-term opioid therapy. In 2016, RIDOH launched a campaign to increase utilization of the PDMP. At the time, only 70% of Rhode Island prescribers were enrolled in the system, and only 40% were using it. Today, 100% of prescribers are enrolled. (The PDMP is supported by the CDC's Prescription Drug

Overdose Prevention for States grant and the DOJ's Comprehensive Opioid Abuse Site-Based Program grant.) We continue to make the PDMP more user friendly (for example, by integrating the PDMP into electronic health records). And we are working toward the goal of making Rhode Island's PDMP meet specific CMS quality standards by 2022 (making it a "qualified PDMP," in CMS terms).

Together, these efforts have had a significant effect. Between 2017 and 2019, Rhode Island saw a:

- 25% decrease in number of opioid prescriptions
- 38% decrease in number of people co-prescribed opioids and benzodiazepines (benzodiazepines are a class of drugs primarily used for treating anxiety; patients who are co-prescribed opioids and benzodiazepines are at elevated risk for overdose)
- 31% decrease in the number of people receiving new opioid prescriptions
- 41% decrease in the number of prescriptions for high-dose opioids
- 4% decrease in the median MME per prescription

A form of innovative, secondary prevention that the Rhode Island State Police have put in place is our Heroin-Opioid Prevention Effort (HOPE). HOPE brings law enforcement officers and substance abuse professionals together to make sure those who are struggling with substance-use disorder receive the help they need. Service teams that include a counselor, a Certified Peer Recovery Specialist, and a plain-clothes State Police officer do personal follow-up with people who have recently overdosed, regardless of involvement with the criminal justice system. HOPE also provides a ride home or to a treatment facility for individuals who have been in custody and are being released. The program offers human connection, support, and care. This program is supported by the DOJ's Comprehensive Opioid Addiction Program.

Treatment

Treatment saves lives. Expanding access to FDA-approved medications for the treatment of opioid-use disorder, including methadone, buprenorphine products, and injectable naltrexone, is critical to addressing the overdose epidemic. It is also critical that treatment be provided in the context of recovery support services. These supports vary based on patient need, but include drug and alcohol counseling, screening and treatment of co-occurring mental and physical health issues, consulting the PDMP, toxicology screening, individual and group therapies, and peer support services. Task Force leadership has worked closely with the leaders of large primary care practices throughout Rhode Island to address barriers to providing treatment.

Strategically leveraging federal funding, Rhode Island has also made a significant investment in the establishment of Centers of Excellence for the Treatment of Opioid Use Disorder. BHDDH oversees 13 Centers of Excellence throughout Rhode Island that provide comprehensive evaluation, including mental health evaluation and treatment or referral, induction and stabilization services, as well as the additional services listed above. Employing a "circulatory system" model, which builds on the "hub and spoke" model, Centers of Excellence work collaboratively with community treatment providers, where patients can go once stabilized. This

"circulatory system" model supports community providers (be they physicians or other allied providers) who may not be equipped to assist a person who experiences a relapse and who needs to be treated again at a Center of Excellence. These Centers of Excellence also assist with the workforce development needs of our state. They provide practical educational experiences in opioid-use disorder treatment to community providers and trainees alike.

These Centers of Excellence work closely with BH Link. Under the leadership of former BHDDH Director Rebecca Boss, BH Link opened in 2018 and is a 24/7 community-based walk-in/drop-off triage facility. It serves Rhode Islanders who are experiencing behavioral health (mental health or substance-use disorder) crises. People can get immediate assistance and can get seamlessly transferred to ongoing outpatient care. Additionally, BH Link operates a 24/7 call-in center to help connect people to resources and care, and it manages our Rhode Island suicide hotline. BH Link is funded with State Opioid Response dollars from SAMHSA.

The efforts with these partners and with these facilities have paid dividends.

- Since January 2016, Rhode Island has seen a 19% increase in the number of patients who are regularly receiving methadone.
- Since November 2016, Rhode Island has seen a 30% increase in the number of individuals receiving buprenorphine.
- Since January 2016, Rhode Island has seen a 327% increase in the number of individuals receiving naltrexone.

Another significant effort has been the development of a program to offer treatment through the Rhode Island Department of Corrections. The program, launched in 2016, screens all Rhode Island inmates for opioid-use disorder and provides treatment for those who need it. Upon release, former inmates can continue their treatment without interruption at a Center of Excellence or through a primary care provider. Patients are also assisted with enrolling or re-enrolling in health insurance to make sure they are covered when they return to the community. Individuals who are living with opioid-use disorder and who do not have it treated while incarcerated are at extremely high risk for overdose after leaving the correctional system because of their diminished tolerance and because of a range of social factors that confront all individuals post incarceration. This program has resulted in sizable decreases in overdose deaths among individuals who were recently incarcerated. While a handful of programs elsewhere in the nation provide one treatment medication or another to certain segments of incarcerated populations, Rhode Island was the first state to make the full suite of medications available to every individual coming in or leaving the correctional system.

Additionally, Rhode Island has partnered with hospitals and emergency departments on treatment. In 2017 Rhode Island developed its *Levels of Care for Rhode Island Emergency Departments and Hospitals for Treating Overdose and Opioid Use Disorder*. This set of statewide guidelines ensures consistent, comprehensive care for opioid-use disorder in emergency departments and hospitals. In addition to establishing a common foundation for treating opioid-use disorder and overdose in Rhode Island hospitals and emergency departments, the standards establish a three-level system that defines each hospital and emergency department's capacity to treat opioid-use disorder. Hospitals and emergency departments in the

highest tier offer treatment as Centers of Excellence. However, all emergency departments and hospitals in Rhode Island are required to meet the base level of criteria, which includes dispensing naloxone to all patients at risk, providing comprehensive discharge planning to people who overdose, offering peer recovery support services, and reporting all overdoses within 48 hours to RIDOH.

This last requirement for hospitals and emergency departments to report overdoses within 48 hours to RIDOH has allowed RIDOH to help cities and towns throughout the state develop localized overdose response plans. This effort has also allowed RIDOH to send almost real-time alerts to communities about overdose hotspots, and to do statewide overdose "heat mapping" to identify vulnerable areas with remarkable specificity.

Recovery

Rhode Island has seen significant increases in the need for peer recovery services. Certified Peer Recovery Specialists are central to peer recovery services in Rhode Island. Certified Peer Recovery Specialists walk side-by-side with individuals in recovery. They help people create their own recovery plans and develop their own recovery pathways. Rhode Island has worked to create a Peer Recovery Specialist pipeline to expand the number of Peer Recovery Specialists, supporting in-prison Peer Recovery Specialist certification, and ensuring proper support and supervision of Peer Recovery Specialists at a scale commensurate to Rhode Island's need. BHDDH works to maintain consistency in reimbursement for delivery of Certified Peer Recovery Specialist services. Since Rhode Island developed a certification process in 2014, nearly 700 Peer Recovery Specialists have been certified.

These coaches have had great success at engaging clients. Approximately 85% of clients follow up with treatment and/or recovery support services. Certified Peer Recovery Specialists stay actively engaged with individuals after an encounter and connect them to treatment and recovery support services, including integrated health home teams, homeless assistance programs, employment assistance programs, primary care, and case management services, once the individual is comfortable.

RIDOH has an effort underway to target community overdose hotspots in the near future with Certified Peer Recovery Specialists who are dually certified as Community Health Workers. These public health professionals will connect the most vulnerable, high-risk individuals to resources for basic needs, treatment and recovery, and harm reduction services.

This aligns with past and existing efforts to get Certified Peer Recovery Specialists into places where they can connect with the most vulnerable individuals. For example, Certified Peer Recovery Specialists meet with overdose survivors while they are receiving treatment in Rhode Island emergency departments.

Work with Certified Peer Recovery Specialists complements the Task Force's efforts on recovery housing. In 2016, legislation was passed in Rhode Island that authorized BHDDH to develop a process to certify recovery housing facilities for residential substance abuse treatment

and to ensure that these facilities meet quality standards. Recovery housing includes on-site staff and resources, and the Rhode Island Communities for Addiction Recovery Efforts (RICARES) provides stakeholder oversight. There are currently 43 certified recovery houses across the state that have the capacity to serve 438 individuals. Many of the recovery houses offer sliding-fee scales for the weekly fees. (SAMHSA's State Targeted Response to Opioid Crisis grant supports recovery housing in Rhode Island.)

Rescue

Rhode Island data clearly demonstrate that a significant number of overdoses occur in public spaces, such as streets, parking lots, restaurants, stores, and beaches. One third of the opioid overdose calls to which EMS responded in Rhode Island in 2018 occurred in public places. The percentage of opioid overdoses that EMS responded to that occurred in public places increased from 29.6% in 2016 to 34.2% in 2018. We also know that naloxone saves lives. Naloxone is a medication that reverses the severe respiratory depression caused by opioid overdose. No clinical expertise is needed to administer this medication. For this reason, Rhode Island has made great efforts to get naloxone into the hands of people in the community.

The Task Force's Naloxone Work Group worked with all city and town police departments in Rhode Island to train officers on the use of naloxone and to equip these departments with naloxone. (SAMHSA's CARA First Responders Project to Combat Overdoses grant supports Rhode Island's work to get naloxone to law enforcement.) Rhode Island has regulations requiring all inpatient substance-use disorder providers to offer naloxone to at-risk clients, emergency departments are dispensing naloxone to individuals who have overdosed, peers distribute it on the street, and correctional facility inmates who are living with substance-use disorders are given naloxone upon release. In addition, naloxone has been distributed to public libraries, mall security officers, Rhode Island Department of Children, Youth and Family field staff, community-based organizations (such as Project Weber/RENEW and Preventing Overdose and Naloxone Intervention, or PONI), and Rhode Island's needle exchange program, ENCORE. Overall, the Task Force nearly doubled its distribution of naloxone kits from 7,798 in 2017 to 16,771 in 2018, surpassing its goal of distributing 10,000 kits.

Work has also been done at the policy level. In July 2018, RIDOH made regulatory changes that now require prescribers to co-prescribe naloxone to patients who are at a higher risk for opioid overdose. (Patients at higher risk include those with a history of opioid-use disorder, and those also being prescribed a benzodiazepine.) In 2019, legislation was passed in Rhode Island that prevents life insurance companies from discriminating against anyone who has had a prescription for naloxone or has purchased naloxone.

Looking forward

Fentanyl remains a huge challenge for Rhode Island, as it is for many states throughout the country. The percentage of overdose deaths in Rhode Island that involved fentanyl rose from 5% in 2009 to 72% in 2018. Cocaine is also a concern. In 2009, roughly 25% of fatal overdoses in Rhode Island involved cocaine. That figure is now closer to 50%, and the majority of cocaine-

involved deaths in 2019 involved cocaine and at least one other substance. We are also monitoring local trends related to methamphetamine use, which has been on the rise across the nation.

Trends related to cocaine and methamphetamine, along with the persistent challenges of alcoholism, tobacco use, and chronic marijuana use, underscore how important it is for us to consider opioid-use disorder within the larger context of substance use. And the scope needs to be broadened still so that our public health interventions are responding to issues such as social and emotional isolation. This requires us to look beyond what many believe to be our traditional focus areas in public health. We need to work to ensure that all children grow up in homes where they feel safe, supported, and loved; to ensure that people have houses that are healthy, safe, and affordable; and to ensure that people have jobs that offer fair compensation. The Task Force is starting to do some of this work of getting upstream and putting prevention efforts in place to get at the root causes of the health issues in our communities. We recently updated our Strategic Plan and have added Working Groups that focus on issues such as harm reduction, diversity, the family-level impacts of opioid-use disorder, and substance exposed newborns (with support from CDC's Opioid Overdose Crisis Response Supplement Fund.)

Congress and federal agencies can further support states by ensuring that funding to address this crisis is sustained and predictable. The addiction epidemic is touching all facets of our society and the federal funding that Rhode Island and all states have received is critical in our work to prevent individuals from becoming dependent in the first place, working to get them the treatment they need, and ensuring recovery services are available. Our state has worked so hard over the past several years and we are undoubtedly making progress, but that all hinges on a sustained commitment from Congress. States do the most successful public health work with consistent, predictable, and sustainable federal funding. Predictable resources help providers plan effectively. This can sometimes be challenging with one- or two-year grant cycles.

Moreover, more flexibility in grants would be tremendously helpful. This would allow states to use funds more effectively to address health issues such as opioid misuse, the use of non-opioid illicit drugs, mental health, and suicide. (One possibility is transitioning opioid-specific funds into the Substance Abuse Prevention and Treatment Block Grant.)

This flexibility could be coupled with increased coordination between funders before grant opportunities are announced. This would allow different state agencies to more effectively collaborate and utilize the infrastructures already developed through separate, previous funding opportunities. (For example, ensuring that all funding for maternal and child health efforts builds upon the maternal and child health infrastructure that has been developed through years of CDC of funding.)

I greatly appreciate the opportunity to present testimony before the Subcommittee. We have lost too many lives to the drug overdose epidemic in Rhode Island and across the country. However, your dedication and support have undoubtedly helped us save lives as well. I thank you for that, and I look forward to all the progress we can continue to make together.