April 10, 2018

The Honorable Greg Walden
House Committee on Energy & Commerce
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Frank Pallone, Jr.
House Committee on Energy & Commerce
2322A Rayburn House Office Building
Washington, DC 20515

The Honorable Michael Burgess
Subcommittee on Health
House Committee on Energy & Commerce
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Gene Green
Subcommittee on Health
House Committee on Energy & Commerce
2322A Rayburn House Office Building
Washington, DC 20515

Dear Chairman Walden, Ranking Member Pallone, Chairman Burgess and Ranking Member Green:

Thank you for your ongoing efforts to fight the opioid crisis. Addiction became personal for me and my family when I lost my son Brian to the disease on October 20, 2011. In the months that followed, it haunted me knowing how many families were being shattered every day by this disease. Shortly thereafter, I founded Shatterproof, the first national nonprofit organization dedicated to attacking addiction from all perspectives and sparing other families from the devastation my family has suffered.

Unlike most other chronic medical illnesses, substance use disorders (SUDs) have always carried a negative connotation. Years of misconstruing addiction heavily fueled our country's public health crisis and have left the quality of treatment SUDs decades behind other chronic illnesses.

As a result, the epidemic continues to worsen according to recent data from the Centers for Disease Control (CDC), with an estimated 30 percent increase for emergency department visits due to suspected opioid overdoses from July 2016 through September 2017. In 2016, opioid overdoses took the lives of over 42,000 people.

While Congress has acted on the crisis with the Comprehensive Addiction and Recover Act (CARA) and 21st Century Cures Act, and most recently provided nearly $4 billion in funding through the Fiscal Year 2018 Omnibus, there is more that can and should be done. Today, we respectfully submit the following recommendations and endorsements of legislation currently under consideration by the Committee, many of which would not require additional or new funding:

Prevention and Intervention

Provider Training Requirements. H.R. 2063, the Opioid PACE Act introduced by Rep. Brad Schneider (D-IL-10), would help to improve provider training on SUD issues by requiring training as a condition of obtaining and renewing a controlled substance registration with the Drug Enforcement Administration (DEA). It is critical that those who prescribe opioids have the proper training to do so, and therefore Shatterproof also strongly recommends the following additions to the bill:

1) Include language to ensure that the Department of Health Human Services (HHS) may only establish or support training modules that adhere to the Centers for Disease Control (CDC) Guideline for Prescribing Opioids for Chronic Pain.
2) Add a requirement that any provider obtaining or renewing a DEA registration number also be required to complete the Drug Addiction Treatment Act (DATA) 2000 waiver application process which would save many lives by increasing the number of qualified providers that are eligible to prescribe buprenorphine to treat opioid addiction.

Improving the Effectiveness of Prescription Drug Monitoring Programs (PDMPs). While we know legislation on this issue is still under development, Shatterproof strongly recommends that states do not receive any PDMP funding after August 1, 2019, unless and until the following PDMP standards have been met:

1) Mandatory query of the PDMP for schedule II, III and IV at first prescribing event and at least every 90 days thereafter;
2) Require input of dispensation information into the PDMP within 24 hours;
3) PDMP must include the most recent 12 months of prescription history (at a minimum);
4) Allow Medicare, Medicaid, health plans and pharmacy benefit managers to request access to state PDMP information; and
5) Require interstate PDMP data sharing with adjoining states (at a minimum).

The five preceding best practices have all been recommended in numerous white papers, and not including them in the final opioid package would be a lost opportunity to save countless American lives.

Shatterproof also recommends that PDMP funding should incentivize i) Integration of PDMP information into Electronic Heath Records (EHR) and Pharmacy Dispensation Systems (PDS) and ii) Inclusion of data analytics and substance use disorder tools in the PDMP; both of these would be very beneficial to clinicians in helping their patients.

Prescribing Limitations. Shatterproof supports limiting prescriptions for controlled substances to three days for acute pain, with sensible exceptions for situations like chronic care and hospice. H.R. 5311, the CARA 2.0 Act introduced by Reps. Marsha Blackburn (R-TN-07) and Tim Ryan (D-OH-13) includes a three-day limit. We also support providing the Food and Drug Administration (FDA) with the authority to require unit dose packaging and/or safe disposal packaging. Limiting the pill count for acute pain prescriptions is critical to preventing more patients from becoming addicted in the first place.

<u>Treatment</u>

Evidence-Based Treatment. H.R. 5272, the Reinforcing Evidence-Based Standards Under Law in Treating Substance Abuse (RESULTS) Act introduced by Reps. Steve Stivers (R-OH-15) and Eliot Engel (D-NY-16), would require applicants for mental health or substance use disorder funding to demonstrate to HHS that the prevention or treatment activities are evidence-based. It is a fact that a large part of federal funding goes to prevention and treatment that is based on outdated methods, rather than going to prevention and treatment programs that utilize the research that has proven to save American lives.

This requirement would make significant progress towards incentivizing evidence-based approaches, while including a sensible exception for innovative programs.

Health Information Technology for Behavioral Health Providers. H.R. 3331, the Improving Access to Behavioral Health Information Technology Act introduced by Reps. Lynn Jenkins (R-KS-02) and Doris Matsui (D-CA-06) would provide long overdue incentive payments to behavioral health providers for adopting certified EHR technology, via a Center for Medicare and Medicaid Innovation (CMMI) demonstration. As you know, behavioral health providers were left out of the HITECH Act funding in 2009 for incentives to adopt electronic health records. Research has proven that one of the most important factors in successful treatment is coordination of care among the various professionals treating a patient. It is only right and morally just that these providers are able to adopt health IT to ensure care coordination with other provider types, just like any other disease.

Changes to 42 CFR Part 2. Rep. Markwayne Mullin's (R-OK-02) amendment in the nature of a substitute to H.R. 3545, the Overdose Prevention and Patient Safety Act, strikes the right balance between allowing SUD records to be shared for the purposes of treatment in accordance with the Health Insurance Portability and Accountability Act (HIPAA), while also providing protections for discrimination or unauthorized disclosure. As stated above, one of the most important factors in successful treatment is coordination of care among the various professionals treating a patient. This can be accomplished most effectively through the use of EHRs; however in order to be effective, the EHRs need all relevant patient information including SUD records. This amendment will allow for the inclusion of this vital information in the EHR which will save lives by improving care coordination and also provide stronger HIPAA protections for this sensitive patient information. In addition, this also supports the important goal of ending the shame and stigma for American afflicted with this disease.

Workforce Capacity. H.R. 5102, the Substance Use Disorder Workforce Loan Repayment Program introduced by Reps. Katherine Clark (D-MA-05) and Hal Rogers (R-KY-05), would allow for student loan forgiveness up to $250,000 for those who offer their training and talent in a SUD position. We desperately need more qualified health professionals in SUD professions and this student loan repayment incentive would go a long way toward meeting that need.

Another bill that would assist with improving workforce capacity is H.R. 3692, the Addiction Treatment Access Improvement Act introduced by Reps. Paul Tonko (D-NY-20) and Ben Ray Lujan (D-NM-03). This bill would make permanent the provisions from CARA to allow nurse practitioners and physicians assistants to prescribe buprenorphine, while also expanding on the eligible provider types to include clinical nurse specialists, certified nurse midwives and certified registered nurse anesthetists. It would also codify current regulations that allow certain providers to treat up to 275 patients with buprenorphine. The more qualified health providers who are able to prescribe buprenorphine, the more American lives that will be saved.

Naloxone Training and Funding. H.R. 992, the Opioid Abuse Prevention and Treatment Act introduced by Rep. Bill Foster (D-IL-11) would provide funding for training on how to safely administer naloxone. Shatterproof also recommends providing additional funding or other means to make it possible for every American at risk of an overdose caused by opioids and everyone in a position to save their lives to access naloxone. If naloxone is administered in time, it can save lives and give our loved ones a second chance.

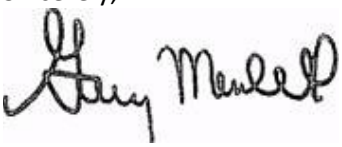
Enforcement of the Mental Health and Addiction Equity Act of 2008. H.R. 4778, the Behavioral Health Coverage Transparency Act introduced by Rep. Joseph Kennedy (D-MA-04) would require health plans to disclose additional information to better assess how the law is being implemented. The bill would also require a minimum of 12 random audits per year to ensure the law is being implemented and enforced. We must ensure this law is being implemented fully to make treatment available to those who are dealing with addiction.

Best Practices for Post-Overdose Care. H.R. 5176, the Preventing Overdoses While in Emergency Rooms Act introduced by Reps. David McKinley (R-WV-01) and Mike Doyle (D-PA-14), would create a pilot program with 20 health care facilities to develop best practices for emergency departments as they discharge patients who have had an overdose. With opioid overdoses increasing, improving post-overdose care with proven best practices is crucial to helping a patient get a second chance.

There are many other smart initiatives being considered by this and other Committees to address the opioid crisis, but I strongly encourage you to include the proposals outlined above in any final package. These will make a lasting and meaningful impact on the opioid epidemic in the near-term and for years to come.

Every morning, I wake up thinking of the Serenity Prayer. The serenity to accept what I cannot change, and the courage to change the things we can. Our society must find the serenity to accept the lives that have already been lost, but waste no time in working together across party lines to find "the courage to change the things we can" and save countless lives. If there is anything that Shatterproof can do to assist in your efforts, please do not hesitate to call on us.

Sincerely,



Gary Mendell
Founder & CEO, Shatterproof
www.shatterproof.org
gmendell@shatterproof.org