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***“Communities in Need: Legislation to Support  
Mental Health and Well-Being”***

Written Testimony Submitted to:

The House Energy and Commerce Committee

Subcommittee on Health

The Honorable Anna Eshoo, Chairwoman

The Honorable Brett Guthrie, Ranking Member

Hybrid Hearing in the John D. Dingell Room

2123 of the Rayburn House Office Building

and Cisco Webex

Submitted By: Cassandra Price

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of Behavioral Health and Developmental Disabilities

Past President, National Association of State Alcohol and Drug  
Abuse Directors (NASADAD)

Tuesday, April 5, 2022

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Chair Eshoo, Ranking Member Guthrie, and members of the Committee, my name is Cassandra Price and I serve as the Director of the Office of Addictive Diseases within Georgia's Department of Behavioral Health and Developmental Disabilities.

I also serve as the Past President and a member of the Board of Directors of the National Association of State Alcohol and Drug Abuse Directors (NASADAD). NASADAD represents State agency directors across the country that manage their respective State alcohol and drug prevention, treatment, and recovery systems.

**About NASADAD:** NASADAD is a private, not-for-profit educational, scientific, and informational organization originally incorporated in 1971 and located in Washington, D.C. NASADAD's mission is to promote effective and efficient State substance use disorder prevention, treatment, and recovery systems.

NASADAD seeks to:

- Serve as the national voice of State alcohol and drug agencies,
- Foster partnerships among States, Federal agencies and other key national organizations,
- Develop and disseminate knowledge of innovative substance use disorder programs policies and practices,
- Promote key competencies of effective State alcohol and drug agencies,
- Support a "States-helping-States" approach to program, policy and service improvement,
- Promote increased public understanding of substance use disorder prevention, treatment and recovery processes and services.

The President of NASADAD's Board of Directors is Sara Goldsby (South Carolina). The rest of the Board includes Trina Ita (Texas), Jennifer Smith (Pennsylvania), Lori Criss (Ohio), Michael Langer (Washington State), Valerie Mielke (New Jersey), Sheri Dawson (Nebraska) Cynthia Seivwright (Vermont), Kirk Lane (Arkansas), Jared Yurow (Hawaii), and Sarah Mariani (Washington State).

NASADAD works closely with the National Governors Association (NGA). Governors across the country have been providing critical leadership regarding the opioid crisis in particular, and substance use disorders in general. We very much appreciate and value NGA's work and partnership.

Further, we are pleased to coordinate with other State-based groups, such as the Association of State and Territorial Health Officials (ASTHO), National Association of Medicaid Directors (NAMD), Safe States Alliance, the National Association of State Mental Health Program Directors (NASMHPD), National Criminal Justice Association (NCJA) and many others.

It is an honor to testify before you today regarding legislation designed to help improve our nation's substance use disorder service delivery system. We appreciate the Subcommittee's commitment and dedication to these issues.

**Continued challenges related to overdose:** We continue to see the devastating impact of substance use disorders across the country. The number of overdose deaths is staggering. From April 2020-April 2021, 100,306 individuals died from drug overdoses in the United States, the highest number ever recorded in a 12-month period and a 28.5% increase from the previous year. Approximately 75% of overdose deaths involved synthetic opioids and illegally manufactured fentanyl (Centers for Disease Control and Prevention (CDC), 2021).

The Georgia Department of Public Health (DPH) Drug Surveillance Unit has received increased reports of overdoses due to drugs mixed with fentanyl, particularly cocaine, methamphetamine, and counterfeit pills. Overdoses have been reported in several areas of the State over the past month. Between early February and mid-March, at least 66 emergency department visits involved the use of cocaine, methamphetamine, heroin, pain killers, and cannabis products that were likely laced with fentanyl. Patients described extreme reactions to drugs – one patient reported taking a Percocet and went unresponsive – or patients were seen for a stimulant overdose but had a positive response to naloxone. Naloxone is administered to reverse the effects of opioid overdoses. Fentanyl is a deadly substance that can be made illegally and is found in all types of street drugs, not just opioids. It is important to know that it is possible to have an opioid overdose from a stimulant (e.g., cocaine) that is laced with fentanyl.

Fentanyl-related overdose deaths have been increasing in Georgia since the start of the COVID-19 pandemic. Between May 1, 2020, and April 30, 2021, fentanyl-involved overdose deaths increased 106.2% compared to the same time period the previous year. In addition, alcohol related deaths have increased from 1,699 in FY 2019 to 2,202 in FY 2020.

**Impact of COVID-19 in Georgia:** The COVID-19 pandemic has a significant impact on the lives of all Georgians. Of the over 30 million reported COVID-19 cases in the U.S., Georgia currently ranks 10th in the country in number of reported cases. According to Georgia Department of Public Health data, as of October 8, 2021, there have been 23,342 confirmed deaths and 2,415 probable deaths, 82,566 hospitalizations, and 9,537 ICU admissions.

There is no doubt that the COVID-19 pandemic contributed to increases in problems related to substance use disorders. People with substance use and mental health disorders are particularly vulnerable during these difficult times. Fears of contracting the disease or having a family member or close relationship contract it, social isolation, financial concerns, and other impacts of the pandemic can trigger anxiety, loneliness, traumatic stress, obsessions, and other mental health symptoms. In addition, these conditions may trigger increased or re-initiated substance use for individuals with substance use disorders. Research suggests people with opioid use disorder and methamphetamine use disorder may be at increased risk of COVID-19 because their respiratory systems may have been impacted by their substance use. Individuals who vape or smoke tobacco or marijuana may also be at increased risk because of respiratory issues related to their substance use (<https://mhanational.org/research-reports/2021-state-mental-health-america>)

While the pandemic presented challenges to service delivery, we all worked together to adjust. States and providers developed innovative approaches to prevention, treatment, and recovery programming. Federal agencies and Congress worked to provide States and providers important flexibilities through program guidance and communication. In addition, Congress and the Administration worked to provide critical funding for prevention, treatment, and recovery along with life-saving overdose reversal medication. While we still face challenges, please know that the support from this Subcommittee, the full House, the Senate, and the Administration has been vital. We can not thank you enough.

**Critical Role of the State Alcohol and Drug Agency:** I would like to step back and describe the role of each State's alcohol and drug agency. These agencies oversee and implement the publicly funded prevention, treatment, and recovery service system.

**Planning, oversight, and accountability:** To begin, State alcohol and drug agency directors work to craft and implement annual plans for Statewide program and service delivery. In the process, our members capture data and information describing top challenges, populations served, and the types of services provided. State alcohol and drug agencies use such tools as performance management and reporting, contract monitoring, corrective action planning, on-site technical reviews, and technical assistance.

In Georgia, our Office of Addictive Diseases (OAD) provides leadership for adult and adolescent substance use disorder treatment services. Community based services are delivered by a network of over 600 private and public providers, including 24 Community Service Boards that serve as the public safety net, with whom DBHDD contracts or has letters of agreement. The Department's Division of Behavioral Health (DBH) funds and regulates the programs and services that are delivered.

**Promoting and ensuring quality:** NASADAD members are dedicated to continuous quality improvement. In particular, State agencies work to ensure quality services through State established standards of care. In addition, NASADAD members participate in initiatives to promote innovative practices and programs. For example, State Directors use data described above to help advance these practices and drive management decisions. State directors also work to translate cutting edge discoveries from the National Institute on Drug Abuse (NIDA) and National Institute on Alcohol and Alcohol Abuse (NIAAA) and implement these practices into the publicly funded system. The Substance Abuse and Mental Health Services Administration's (SAMHSA) Addiction Technology Transfer Centers (ATTCs) and the Prevention Technology Transfer Centers (PTTC) are key partners in helping to develop and strengthen our nation's workforce focused on prevention, treatment, and recovery.

In Georgia, quality reviews are conducted with substance use disorder and mental health providers by the Georgia Collaborative Administrative Services Organization (ASO) on behalf of DBHDD. The goals of these quality reviews are to identify strengths and concerns and provide technical assistance to help providers improve the quality of the services offered to the people we serve. These quality reviews are comprehensive and include evaluation of the following items:

1. A review of a sample of employee records to evaluate provider staff qualifications and training
2. A review of a sample of patient records, to include the following:
  - a. Provider performance in correctly assessing patient needs and planning their treatment
  - b. Provider performance on several focused outcome areas
    - i. Whole Health
    - ii. Safety
    - iii. Person Centered Practices
    - iv. Rights
    - v. Choice
    - vi. Community
  - c. Provider performance on required billing practices and supporting documentation
3. During and after the review, technical assistance is provided by the ASO for any areas of concern.

In general, each substance use and mental health service provider receives at least one quality review annually. Those with scores below certain thresholds receive two, which provides an additional opportunity for feedback and technical assistance to the provider.

DBHDD requires all providers to obtain appropriate credentialing provided by entities such as the Commission on Accreditation of Rehabilitation Facilities (CARF) to become and remain a provider within our network. A Drug Abuse Treatment and Education (DATEP) license is required of any provider offering substance use disorder treatment.

**Management of the Substance Abuse Prevention and Treatment (SAPT) Block Grant:** An important role played by NASADAD members is the management and oversight of the SAPT Block Grant – a \$1.9 billion federal formula grant that is allotted to NASADAD members. By statute, at least twenty percent of the SAPT Block Grant must be dedicated to critical primary substance use prevention programming. Georgia received \$57,157,652 million in SAPT Block grant funding in fiscal year 2021.

**Managing the State Opioid Response (SOR) Grant:** State alcohol and drug agencies manage funds from the State Opioid Response (SOR) Grant housed at SAMHSA. SOR seeks to address the opioid crisis by increasing access to treatment and reducing opioid overdose deaths through prevention, treatment, and recovery activities. These funds supplement existing opioid-related services led by the State alcohol and drug agency. SOR funds may now be expended to address issues related to stimulant use disorders. Georgia received \$29,263,842 million in SOR grant funding in fiscal year 2022.

**Promoting coordination across State government:** NASADAD members promote cross-agency collaboration given the impact of alcohol and other drug use has on other sectors. For example, State directors engage with criminal justice entities on issues like individuals reentering back into the community, drug court programs, and deflection initiatives. State alcohol and drug agencies also coordinate with sectors related to child welfare, transportation, employment, education, and others.

In carrying out this work in Georgia, our agency takes a proactive approach of working across all offices and other divisions within the department as well as with other State agencies (e.g., Department of Public Health) to identify needs across the State's substance use disorder service system and implement services that address those needs. The Department is involved in many initiatives that coordinate substance use disorder services within a broader system. The Department has developed memoranda of understanding and other types of partnerships with organizations including The Division of Aging Services, the Department of Human Services, the Department of Community Health, the Department of Community Affairs, the Department of Public Health, the Georgia Vocational Rehabilitation Agency, the Department of Corrections, the Department of Community Supervision, and other governmental agencies. In addition, our division works to coordinate services for veterans through relationships with the State Department of Veterans Services, the Department of Veteran Affairs, and Veterans Administration Medical Centers.

**Supporting the provider community:** State alcohol and drug agencies have a very unique and important relationship with the service provider community. State agencies observe that this connection is critical given the increased pressures on those delivering prevention, treatment, and recovery services. NASADAD members assist providers by offering training, continuing education, oversight, and other support.

DBHDD Office of Provider Relationships strives to equip DBHDD's network of providers with the right tools, services, resources, and information to enable them to deliver high-quality services to the substance use and mental health and intellectual and developmental disabilities populations.

The Office of Provider Relations helps capture, track, and resolve issues submitted by the Department's network of providers in a timely manner. This office also offers Community Provider Manuals; provider toolkits; provider frequently asked questions; video toolkits; monthly newsletters; and Special Bulletins to ensure vital information is disseminated immediately as appropriate.

The Office of Provider Relations also communicates DBHDD's training resources. These resources include trainings about intellectual/developmental disabilities; coordination of care; cultural and linguistic competency; core standards of care; disaster preparedness, response, and recovery requirements for providers; opioid crisis training for the faith-based community; opioid crisis training for first responders; and evidence-based practices.

The Office of Recovery Transformation (ORT) has its roots in the former Office of Consumer Relations which was formed in 2000. Under the leadership of its Director (a Certified Peer Specialist) and through the work of an Assistant Director, and in collaboration with staff from other offices, ORT brings the voice

of lived experience from adults and youth in recovery from mental and/or substance use disorders, to inform, guide and support DBHDD's transformation to a Recovery Oriented System of Care (ROSC). ORT partners with an internal steering committee of DBHDD leadership as well as the Georgia Recovery Initiative, a group of community advocates, providers, and people in recovery, to exchange information, vet ideas and inform their work.

Annual Conferences: The annual Georgia School of Addiction Studies Prevention, Treatment, and Recovery Training (<https://www.thegeorgiaschool.org/>), held each August, offers a unique opportunity for professional development, information exchange, and networking. It is designed to address the need for knowledge and skill development through advanced training. The Georgia School grew from many years of experience with and support of the Southeastern School of Alcohol and Drug Studies, which was among the oldest existing regional training events of its kind.

Both the DBHDD Office of Addictive Diseases and Office of Behavioral Health Prevention have representation on the Georgia School of Addiction Studies Board. Other agencies and organizations serving on the Board include the Alcohol and Drug Certification Board of GA, Athens Technical College – Social Work Assistant Program, Council of Accountability Court Judges, Criminal Justice Coordinating Council, Georgia Addiction Counselors Association, Georgia Association of Community Service Boards, Georgia Association of Recovery Residences, Georgia Council on Substance Abuse, Georgia Department of Community Supervision, Georgia Department of Corrections, Georgia Department of Education, Georgia Department of Human Services – Division of Family and Children Services, Georgia Department of Juvenile Justice, Georgia Department of Public Health, Heritage Foundation, Licensed Professional Counselors Association of Georgia, Mercy Care, National Association of Social Workers – GA, Penfield Addiction Ministries, Prevention Credentialing Consortium of Georgia, Recovery Place, and the Southeast Addiction Technology Transfer Center.

Culturally competent prevention services: To support the delivery of culturally competent prevention services, the Office of Behavioral Health Prevention & Federal Grants (OBHPFG) provides training and workshops for providers on working with different special populations. Some have been delivered through DBHDD's contract with Prospectus Group, Inc. which provided Cultural Competency webinars and trainings as well as SAMHSA's 4-day Substance Abuse Prevention Training Skills (SAPTS) for prevention providers. Also, the Georgia School of Addiction Studies (GSAS) offers a unique opportunity for professional development, information exchange, and networking.

DBHDD training collaborations with other entities: DBHDD acknowledges the gravity of the work to reduce the number of overdose deaths, provide access to those needing treatment, and increase the availability of recovery support in communities throughout Georgia and recognizes that this cannot be accomplished by one agency. The Department has partnered with the following organizations in order to address OUD and overdose in a collaborative way:

- Georgia Public Safety Training Center (GPSTC) – OBHPFG has partnered with GPSTC to develop a new training that focuses on opioid overdose response, crowd control/safety for responding officers, accidental overdose from first responders responding to an overdose, etc. This training is being offered to all public safety personnel statewide.

- Department of Corrections/Community Supervision – Teaching addiction as a brain disease, promoting ways to provide support to those with OUD returning to communities, and to promote empowerment by sharing information and resources to assist those in their program
- Accountability Court Judges – Teaching addiction as a brain disease, why treatment cannot be limited to one medication, and the challenges and triumphs of having a MAT program within an accountability court
- Department of Family and Children Services – Teaching addiction as a brain disease, the challenges of providing support to a parent with OUD, and the resources available to assist individuals that may need treatment or connection to a recovery support center
- Department of Public Health (DPH) – Providing strong support in the development of a State strategic plan on the opioid epidemic, sharing information regarding trainings throughout the State and gaps in coverage, and education on ways to collaborate to reduce overdose deaths and provide greater recovery support. OBHPFG is also working with Georgia DPH to embed overdose information into HIDTA’s ODMAP. This enables OBHPFG’s SOR Prevention Team to find suspected overdose clusters to coordinate naloxone trainings and to retarget ads/PSAs to these suspected overdose cluster areas.
- Physicians at various hospitals – Provide the required three continuing medical education (CMEs) credits through education on the risks and known benefits of treating pain with opioids, addiction as a brain disease, and identifying and educating patients at greater risk for addiction
- Provider network – Provide training on improved communication around substance use disorder to increase appropriate language awareness and reduce stigma
- Partnered with Georgia Council on Substance Abuse to launch a Statewide project titled “Georgia Recovers”. This project consists of billboards and videos of people that have recovered from substance use disorder sharing their story.
- Department of Education (DOE) – OBHPFG is working with the Georgia DOE in order implement the Sources of Strength evidence-based program for school-age youth in 60 middle and high schools and is also piloting it in five elementary schools. This program aims to build resiliency and coping skills to reduce opioid and prescription drug use among those youth.
- Technical College System of Georgia, Other Colleges/Universities – OBHPFG is working with local colleges and universities in an Adopt-A-School program where college students teach an “adopted” high school the SAMHSA Strategic Prevention Framework to conduct an opioid prevention campaign.

**State alcohol and drug agencies appreciate action taken by Congress to address substance use disorders:** NASADAD is appreciative of this Committee, along with Congress and the Administration in general, for the work done to address substance use disorders. We appreciate, for example, passage of the Comprehensive Addiction and Recovery Act (CARA), 21st Century Cures Act, and the SUPPORT Act. These important programs include but are not limited to:

- Substance Abuse Prevention and Treatment (SAPT) Block Grant (21<sup>st</sup> Century Cures, Section 8002)
- State Response to the Opioid Crisis (21<sup>st</sup> Century Cures, Section 1003): We sincerely appreciate the creation of an account for the State opioid response to the opioid crisis (Section 1003).
- Priority substance abuse treatment needs of regional and national significance within SAMHSA’s Center for Substance Abuse Treatment (CSAT) (21<sup>st</sup> Century Cures, Section 7004)

- Priority substance abuse prevention needs of regional and national significance within SAMHSA's Center for Substance Abuse Prevention (CSAP) (21<sup>st</sup> Century Cures, Section 7005)
- Improving Treatment for Pregnant and Postpartum Women (CARA, Section 501 and SUPPORT Act, Section 7062)
- Medicare Coverage of Certain Services Furnished by Opioid Treatment Programs (Section 2005, SUPPORT Act)

I will now offer overarching recommendations for the Subcommittee's consideration. I will then offer more specific observations regarding certain legislative proposals before the Subcommittee.

### **NASADAD's overarching recommendations for consideration**

**Promote and ensure a strong SAMHSA that serves as the lead federal agency across the federal government on substance use disorder service delivery:** We support maintaining investments in SAMHSA as the lead agency within the Department of Health and Human Services (HHS) focused on substance use disorders. The nation benefits from a strong SAMHSA given the agency's longstanding leadership in the field. A strong SAMHSA includes a vibrant role for each of its distinct centers – the Center for Substance Abuse Treatment (CSAT), Center for Substance Abuse Prevention (CSAP), Center for Mental Health Services (CMHS), and Center for Behavioral Health Statistics and Quality (CBHSQ).

NASADAD expresses our support for, and appreciation of, Dr. Miriam E. Delphin-Rittmon, Assistant Secretary for Mental Health and Substance Use and leader of SAMHSA, as she guides the agency and works across HHS to promote a unified federal approach to substance use disorders. We strongly believe SAMHSA should be the default home of substance use disorder discretionary grants and programming related to prevention, treatment, and recovery. This requires financial resources but also the human resources needed to provide this leadership. We also express our appreciation for the work of Tom Coderre, Acting Deputy Assistant Secretary of SAMHSA, for his tremendous leadership at the agency.

**Ensure that federal policy and resources related to substance use disorders are routed through the State alcohol and drug agency:** State alcohol and drug agencies play a critical role in overseeing and implementing a coordinated prevention, treatment, and recovery service-delivery system. These agencies develop annual Statewide plans to ensure an efficient and comprehensive system across the continuum. Further, State alcohol and drug agencies promote effective systems through oversight and accountability. Finally, NASADAD members promote and ensure quality through standards of care, technical assistance to providers, and other tools. As a result, NASADAD prefers federal funding, programs, and policies designed to address substance use prevention, treatment, and recovery flow through the State alcohol and drug agency. This approach allows federal initiatives to enhance and improve State systems and promotes an effective and efficient approach to service delivery. Federal policies and programs that do not flow through or at least coordinate with the State agency run the risk of creating parallel or even duplicative publicly funded systems and approaches.

**Continued investments in the Substance Abuse Prevention and Treatment (SAPT) Block Grant while maintaining maximum flexibility:** NASADAD's top programmatic discretionary grant program priority is the SAPT Block Grant. We sincerely appreciate the work of this Committee on this important program. In addition, we appreciate recent historic financial investments made by Congress in the SAPT Block Grant. In the context of reauthorization, NASADAD prefers to maintain as much flexibility as possible in the use of SAPT Block Grant funds consistent with the nature of, and benefits related to, the block grant mechanism. The flexibility afforded in the SAPT Block Grant allows States the opportunity to target resources based on the conditions on the ground as opposed to pre-ordained spending requirements.



**Promote sustained and predictable funds through three- to five-year discretionary grants:** In addition to adequate resources, State alcohol and drug agencies note that sustained and predictable resources are absolutely critical. They allow States to partner with sub-State entities, providers, and others to plan activities in a systematic manner. One- and two-year programs, with only a short-term commitment, can create an environment of uncertainty related to the future of a critical initiative that provides lifesaving services. It can be difficult, if not impossible, to successfully plan and operate programs with an eye on continuity of services if providers are not confident that resources will be available to serve their patients. NASADAD strongly supports the National Governors Association’s (NGA) call to extend the duration of federal grants beyond the typical one- or two-year funding cycle to either a three- or five-year cycle.

**Continue to work to address the opioid crisis but also elevate efforts to address all substance use disorders, including those linked to alcohol and other substances:** The opioid crisis is one of the worst public health tragedies in our nation’s history. The sheer volume of death linked to this epidemic is difficult to grasp. We also know this country faces distinct challenges related to all substances – whether it is prescription drug misuse, heroin, alcohol, marijuana, methamphetamine, cocaine, or others. According to SAMHSA’s National Survey on Drug Use and Health (NSDUH), alcohol remains a distinct problem in the country, with 28.3 million Americans battling an alcohol use disorder. As we look at those receiving publicly funded treatment, 31% of all admissions to treatment had a primary alcohol use disorder; 30% had a primary heroin or other opiate problem; and 11% had primary marijuana use disorder. State directors in certain States are also observing increases in problems related to methamphetamine and cocaine. As a result, NASADAD promotes policies and grant programs that are flexible yet also address the specific needs associated with the current opioid crisis. The flexibility included in the SAPT Block Grant also affords States the opportunity to target resources to address all substances.

**Provide SAMHSA the authority and resources to help address the nation’s substance use disorder workforce crisis:** State alcohol and drug agency directors across the country are observing distinct workforce challenges. States note difficulties finding enough people to support prevention, treatment, and recovery programming. We understand the issue is complex. We also know there are many steps that need to be taken to build up our workforce to meet the variety of needs related to substance use disorders. These steps include initiatives around recruitment, access to all levels of education, training, retention, salaries, and continuing education. There are strategies that can help – loan repayment; scholarships; retention incentives; hiring incentives; and early outreach in schools promoting a career that helps address substance use prevention, treatment, and recovery.

We also believe federal funding provided to States specifically designed to address the workforce crisis is important. As a result, we recommend action to give SAMHSA the full general statutory authority to help address our challenges related to the substance use disorder workforce. This includes action clarifying that SAPT Block Grant funds may be used to help States address workforce needs. Further, we support a specific proposal in CARA 3.0 – Section 211 – that would authorize a grant in SAMHSA’s CSAP to State alcohol and drug agencies in order to bolster our nation’s substance use prevention workforce needs as we are not aware of any federal programs that currently address this.

**Ensure that initiatives designed to implement 988 and crisis services improvement to specifically include programs and strategies to address substance use disorders:** In 2020, the National Suicide Hotline Designation Act of 2020 was signed into law. The Act incorporated 988 as the new National Suicide Prevention Line (NSPL) and Veterans Crisis Line (VCL). We wish to express our appreciation for working to draft and approve this important piece of legislation to help reduce the number of suicides and improve our response to people experiencing a crisis. Since this time, SAMHSA has been actively working with stakeholders to prepare for the July 2022 launch of 988. This work includes the release of

funds designed to help strengthen and expand existing Lifeline operations and telephone infrastructure along with funds to build up staffing across States' local crisis call centers. SAMHSA is partnering with States, providers, people with lived experience, and others to hold convenings in an effort to prepare for 988. These efforts include the complex task of strengthening our nation's service-delivery system for crisis services. We understand the launch of 988 is the beginning of a long journey that promises to help improve our approach to helping people experiencing a crisis. As we move forward, we ask that Congress and others elevate and specifically reference substance use disorders as a core focus of work related to crisis response. We believe this approach is needed given the many distinct and unique considerations that accompany service delivery for people with substance use disorders.

**Maintain Recent Flexibilities to Ensure Access to Substance Use Disorder Services:** The regulatory changes seeking to ensure continued substance use disorder service delivery during the COVID-19 pandemic should be maintained at least one year after the federal government determines the United States is no longer operating under a public health emergency. At this point, these policies should be further evaluated. These actions include the flexibilities regarding take-home doses of methadone for certain patients; the ability to initiate buprenorphine treatment for opioid use disorders without a face-to-face appointment; reasonable flexibilities related to HIPAA rules in order to allow service providers to utilize a variety of communication tools for service delivery; and others.

**NASADAD's observations on certain proposals before the Subcommittee:**

I will now offer some observations on selected initiatives before the Subcommittee.

*Substance Use Prevention, Treatment, and Recovery Services (SAPT) Block Grant Act of 2022 (H.R. 7235):* The Substance Use Prevention, Treatment, and Recovery Services Block Grant Act would reauthorize the SAPT Block Grant from 2023 through 2027. The bill would adjust certain allowable use of funds, remove stigmatizing terms such as "abuse" and add more specific language related to recovery support services.

*NASADAD observations:* The SAPT Block Grant, NASADAD's top programmatic priority, represents the backbone of our nation's substance use disorder prevention, treatment, and recovery system. The SAPT Block Grant is the cornerstone of States' substance use disorder prevention, treatment, and recovery systems. The SAPT Block Grant serves approximately 2 million people annually.

Federal statute requires State alcohol and drug agencies to allocate at least 20% of SAPT Block Grant funds toward primary substance use prevention. This "prevention set-aside" is a core component of each State's prevention system. In particular, SAPT Block Grant funds make up more than 60% of primary prevention funds managed by State alcohol and drug agencies. In 14 States, the prevention set-aside represents 75% or more of the State agency's substance use prevention budget. In six States, the prevention set-aside represents 100% of the State's primary prevention funding.

We sincerely appreciate recent action by Congress to allocate historic investments in the SAPT Block Grant. These investments were made in the FY 2021 omnibus appropriations bill (P.L. 116-260) and subsequently in the American Rescue Plan (P.L. 117-2). In addition, Congress allocated an increase of \$50 million for the SAPT Block Grant in the final FY 2022 omnibus appropriations package (P.L. 117-103). Prior to these significant investments, the SAPT Block Grant remained essentially level-funded for a number of years. In particular, from 2011 to 2021, SAPT Block Grant funding did not keep up with health care inflation, resulting in a 24% decrease in purchasing power.

As a result, we appreciate the work of Representatives Tonko (D-NY), Guthrie (R-KY), Wild (D-PA) and McKinley (R-WV) to draft and introduce this important piece of legislation. NASADAD supports the

bill's efforts to remove stigmatizing language by renaming the program to the Substance Use Prevention, Treatment, and Recovery Services Block Grant. In addition, NASADAD supports proposed language designed to increase screening and referral for viral hepatitis for those receiving substance use disorder treatment services. Further, NASADAD supports the provision in H.R. 7235 that would require State alcohol and drug agencies to describe their respective Statewide recovery support service activities, people served, priority needs, information on funds spent on recovery, and other data points. Finally, we appreciate the provision that would help develop a model needs assessment process for States to consider as they consider SAPT Block Grant spending across prevention, treatment, and recovery.

*Excellence in Recovery Housing Act (H.R. 2376):* The Excellence in Recovery Housing Act would promote the availability of recovery housing for people with substance use disorders. In particular, the bill authorizes a study describing the current availability of high-quality recovery housing. In addition, the bill requires SAMHSA to develop and release guidelines to States to help increase access to high-quality recovery housing. Further, the bill authorizes a grant program within SAMHSA to help States promote the availability of recovery housing and help States secure technical assistance related to recovery housing.

*NASADAD Observations:* NASADAD applauds Representatives Trone (D-MD), Chu (D-CA), Levin (D-CA), and McKinley (R-WV) for drafting and introducing this legislation. NASADAD has been engaging in a dialogue about this important issue with our members and other important groups such as the National Association of Recovery Residences (NARR). NARR's mission is to support persons in recovery from substance use disorders by improving their access to quality recovery residences. In 2011, NARR released national standards for recovery residences. These standards define the spectrum of recovery-oriented housing and services and distinguishes different types and levels of support. We hope the Committee considers NARR as a valuable partner in this effort. We would hope further deliberations related to H.R. 2376 include action that would ensure State alcohol and drug agencies are specifically referenced as eligible applicants for the newly authorized grant to implement recovery housing best practices.

*The 9-8-8- and Parity Assistance Act of 2022 (H.R. 7232):* This legislation authorizes resources for a Crisis Coordination Office within SAMHSA; creates a grant program for regional and local lifeline and call centers; establishes a crisis response partnership pilot program; authorizes a national suicide prevention media campaign; and other provisions.

*NASADAD Observations:* We applaud Representative Cardenas (D-CA) and seven other original co-sponsors for their efforts on 988 implementation in particular, and crisis services in general. NASADAD recommends specifically referencing substance use disorders in all areas of the legislation in order to acknowledge and elevate substance use disorder considerations as a core pillar of any work related to crisis response. We believe the use of precise terminology in statute and regulation is needed given the many distinct and unique considerations that accompany service delivery for people with substance use disorders. We appreciate efforts by Representative Cardenas and others to increase references to substance use disorders in a number of provisions. We look forward to working with the sponsors and the Subcommittee as the legislation moves through the consideration and approval process.

*The Summer Barrow Prevention, Treatment, and Recovery Act (H.R. 7234):* This legislation reauthorizes 11 important programs within SAMHSA.

*NASADAD Observations:* NASADAD wishes to recognize Representatives Spanberger (D-VA), O'Halleran (D-AZ), Salazar (R-FL), and Armstrong (R-ND) for their work on this bill. Although there are

a number of important provisions in the bill, we will highlight two authorizations that have a large impact on State prevention, treatment and recovery systems across the country:

- Priority substance abuse treatment needs of regional and national significance within SAMHSA's Center for Substance Abuse Treatment (CSAT): CSAT works closely with State alcohol and drug agencies to help expand access to treatment for and recovery from substance use disorders. CSAT focuses on work to improve the quality of substance use treatment services through its Addiction Technology Transfer Center (ATTC). NASADAD recognizes Dr. Ingvild Olsen, Acting Director of CSAT, for her leadership of the Center. Further, we wish to recognize the Division of State and Community Assistance (DSCA) for their support of NASADAD's members in working to implement State-based awards including the Substance Abuse Prevention and Treatment (SAPT) Block Grant. In addition, the Division of Pharmacologic Therapies (DPT) is a key component of SAMHSA that works with State Opioid Treatment Authorities (SOTAs) and State agency directors to ensure effective programming related to medications for substance use disorders, including those moving forward within our nation's opioid treatment programs (OTPs).
- Priority substance abuse prevention needs of regional and national significance within SAMHSA's Center for Substance Abuse Prevention (CSAP): As noted by SAMHSA, CSAP provides national leadership in the development of programs, policies, and services to prevent the onset of illegal drug use, prescription drug misuse, and underage alcohol use and tobacco use. CSAP also works to help promote evidence-based practices through structures like the Prevention Technology Transfer Centers (PTTC). We applaud Dr. Jeff Coady, Acting Director of CSAP, for his direction. In addition, we recognize CSAP's Division of Primary Prevention (DPP) for their work with States. A NASADAD priority program within CSAP is the Strategic Prevention Framework – Partnerships for Success (SPF-PFS) initiative. This program allows State alcohol and drug agencies to utilize cross-agency collaboration to address prevention priorities through a data-driven process. State alcohol and drug agencies partner with anti-drug coalitions to implement this important work at the local level. At the national level, NASADAD partners with the Community Anti-Drug Coalitions of America (CADCA) to help foster these relationships and promote best practices in prevention.

*Timely Treatment for Opioid Use Disorder Act of 2022 (H.R. 7238)*: The Timely Treatment for Opioid Use Disorder Act of 2022 would eliminate the requirement that an individual must be addicted to opioids for at least one year before being admitted for treatment by an opioid treatment program (OTP).

*NASADAD Observations*: NASADAD wishes to recognize Representatives Bucshon (R-IN), Axne (D-IA), Miller-Meeks (R-IA), and Pappas (D-N.H.) for their work on this bill. The Association, which houses the State Opioid Treatment Authorities (SOTAs) referenced above, supports this bill. NASADAD recognizes the benefits of promoting increased access to services provided by OTPs. We also appreciate placing more decision-making authority into the hands of States and qualified providers in order to promote clinically appropriate substance use disorder service delivery.

## **Conclusion**

State alcohol and drug agencies play a critical role in the prevention, treatment, and recovery of substance use disorders. I look forward to working with the Committee on ways the federal government, States, communities, and families can work together to address this very important issue.

Thank you again for the opportunity to testify today and share my perspective. I look forward to any questions you may have.