



Testimony
to
U.S. House of Representatives
Committee on Oversight and Reform
Hearing on “Examining the 2022 National Drug Control Strategy and Federal Response to the
Overdose Crisis”
June 27, 2022

Chair Maloney, Ranking Member Comer, thank you for allowing the National Safety Council (NSC) to comment for the record on the Office of National Drug Control Policy (ONDCP) national strategy document and the overdose crisis. NSC believes there are meaningful steps that can be taken now to help turn the tide on the substance use disorder (SUD) epidemic in the United States, especially as it relates to opioids.

NSC is America’s leading nonprofit safety advocate and has been for over 100 years. As a mission-based organization, we work to eliminate the leading causes of preventable death and injury, focusing our efforts on the workplace, roadway and impairment. We create a culture of safety to keep people safer at work and beyond the workplace, so they can live their fullest lives. Our more than 13,000 member companies and federal agencies represent employees at nearly 41,000 U.S. worksites.

Opioid misuse contributes to the single worst drug overdose crisis in history, and the coronavirus pandemic is exacerbating the epidemic. Recent data demonstrate that between January 2021 to January 2022, overdose fatalities unfortunately increased 9.3% with preliminary statistics indicating a record-high number of opioid overdose fatalities at more than 100,000.¹ In December 2021, approximately 30% of U.S. adults reporting struggling with their mental health.² Mental distress and illness are closely linked with substance use and misuse. In June, 2020, 40% of U.S. adults reported struggling with mental health or substance use and 13% reported starting or increasing substance use.³ Further, a recent study found that people with substance use disorders are more susceptible to COVID-19 and its complications.⁴ Lastly, over 40 states have reported an increase in opioid overdose fatalities since the beginning of the pandemic.⁵

Role of Employers

Nearly 21 million Americans are living with a substance use disorder, according to the U.S. Surgeon General. **70% of those living with alcohol, opioids, cannabis and other SUDs are**

¹ <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

² <https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>

³ Czeisler MÉ, Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic – United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI: <http://dx.doi.org/10.15585/mmwr.mm6932a1>.

⁴ <https://www.nih.gov/news-events/news-releases/substance-use-disorders-linked-covid-19-susceptibility>

⁵ <https://www.ama-assn.org/system/files/2020-09/issue-brief-increases-in-opioid-related-overdose.pdf>



employed.⁶ Opioid misuse, overdose and dependence accounts for \$35 billion in health care costs, \$14.8 billion in criminal justice costs, and \$92 billion in lost productivity.⁷

Employers are becoming more aware of the problem. **In a 2019 NSC survey, 86% of employers were concerned that prescription opioid use was having an impact on their workplace, while 74% were concerned that heroin and fentanyl were having an impact on their workplace.**⁸

Increasingly, employers are becoming more aware of impact they can have. NSC and the National Opinion Research Center (NORC) at the University of Chicago found that workers in addiction **recovery** have lower health care costs than even the general workforce. Left untreated, health care costs for an employee struggling with an SUD can be almost double those of the average employee without a history of SUD.⁹

The annual cost of an untreated SUD on average ranges from \$8,255 to \$14,000 per employee, depending on the employee's industry and role. Workers with SUDs miss two more weeks annually than their peers, averaging nearly five weeks (24.6 days) a year.¹⁰ However, workers in recovery (who have reported receiving substance use treatment in the past and have not had an SUD within the last 12 months) miss the fewest days of any group – even the general workforce – at 10.9 days. Additionally, each employee who recovers from an SUD saves a company over \$8,500 annually on average in turnover, replacement and healthcare costs.¹¹

NSC was pleased to see ONDCP incorporate an employer-based component in its strategy and advocate for a “whole-of-government” approach to the SUD crisis, including recognizing the leadership role the federal government—as an employer—can take. There is still more we can do, and below are additional recommendations to further strengthen the federal response to the overdose epidemic.

Funding and Support for Workplace and Workforce Programs

Employers need resources, support and training to combat the drug overdose crisis. Workplaces are currently facing unprecedented challenges related to the COVID-19 pandemic, and given the increase in opioid overdoses and other drug use, employers must be part of the solution. Support will be needed.

NSC Recommendations:

- Initiate an employer-focused outreach program on SUDs by federal leaders throughout the government.

⁶ <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf>

⁷ https://www.pewtrusts.org/-/media/assets/2021/09/highpriceofopioidcrisis_infographic_2021_final.pdf

⁸ <https://www.nsc.org/in-the-newsroom/poll-75-of-employers-say-their-workplace-impacted-by-opioid-use>

⁹ <https://www.nsc.org/getmedia/a3ed3b0d-e6bb-459b-984d-8cf7380cd713/sud-costs.pdf>

¹⁰ <https://www.nsc.org/getmedia/9dc908e1-041a-41c5-a607-c4cef2390973/Substance-Use-Disorders-by-Occupation.pdf>

¹¹ Ibid



- Lead by example by establishing policies within the federal worker employment structure supporting the federal government as a recovery friendly workplace.
 - Offer health insurance plans that offer alternative, non-opioid pain treatment options.
 - Offer health insurance plans that provide SUD treatment coverage.
 - Evaluate the federal workers' compensation program to ensure opioids are not prioritized as treatment.
- Provide funding and support for training and re-entry programs that focus on:
 - Helping people with an SUD re-enter the workforce (job / skills training). The SAMHSA [Treatment, Recovery, and Workforce Support Grant](#) is an excellent example of providing funding for these programs.

Data Collection

Data collection is critical to addressing the drug overdose crisis. While broad interventions and policy are necessary, state and local data can guide targeted interventions based on specific community needs to have a greater impact. Many of these systems need increased support and funding from the federal government.

NSC Recommendations:

- Advocate for expansion of state prescription-drug monitoring programs (PDMPs) and integration with electronic health records (EHR) for the purposes of protection against diversion and assessing risk factors.
- Expand standardization of state PDMP best practices and interstate data sharing related to drug abuse and enhanced reporting.
- Expand and enhance reporting on non-fatal overdoses.
 - Support and expand capacity at state and local public health laboratories to detect and identify opioids, novel fentanyl analogues, stimulants and other drugs associated with non-fatal overdoses with the aim of informing and maximizing the impact of public health interventions.
 - Require hospitals, EMTs, law enforcement, coroners, medical examiners and other entities to report non-fatal drug overdose reversals promptly to the appropriate jurisdictional authority.
- Expand data funding eligibility to allow complete toxicological testing of impaired drivers to better understand the impaired driving problem in the United States.
- Prioritize widespread implementation of consensus recommendations on findings from labs throughout the United States to better understand the SUD problems and the impaired driving epidemic.¹²
- Invest in research to understand the long-term impact of COVID-19 on substance misuse, SUDs and mental health.
- Enhance the evidence base surrounding impairment-detection technologies to more reliably detect real-time drug impairment at work and on the road.

¹² <https://academic.oup.com/jat/advance-article/doi/10.1093/jat/bkab064/6292018?searchresult=1>



Enforcing and Supporting Parity

Mental health parity is a critical component of combatting the opioid crisis so that coverage, payment and treatment for mental health conditions and SUDs are equal to that of other chronic and acute health conditions. Mental health parity, as designated by the Mental Health Parity and Addiction Equity Act (MHPAE), makes effective care available to those suffering from mental illness and/or SUD and is imperative in the fight to reduce preventable death. Work needs to be done to ensure that those in need of mental health treatment receive it to prevent tens of thousands of unnecessary deaths.

NSC Recommendation:

- Support recommendations for employers from President Obama’s Mental Health and Substance Use Disorder Parity Task Force final report¹³ from October 2016:
 - Support consumers and provide parity education and awareness.
 - Clarify parity requirements and improve implementation.
 - Improve and enhance compliance and monitoring.

Medicaid and Telehealth

Medicaid is a critical tool to reduce overdose deaths, help individuals receive treatment, receive recovery support, mitigate impacts of mental illnesses and increase treatment. Medicaid and substance use treatment intersect in many ways:

- Currently, nearly 17% of Medicaid beneficiaries have an SUD.¹⁴
- Evidence demonstrates that Medicaid-expansion states have seen improvements in access to medications and services for the treatment of mental health conditions and SUDs following expansion.
- Medicaid expansion is associated with an increase in the prescription rate of Medicaid-covered drugs, including medications to treat opioid use disorder and opioid overdose.¹⁵
- Medicaid is one of the largest sources of federal funding of health care services for individuals with opioid use disorder, including medications for addiction treatment (MAT).¹⁶

Telehealth is an underutilized tool that is essential for reaching hard-to-reach populations, such as rural and underserved communities. It can break down barriers to providing behavioral health services and care and increase access and availability. In some cases, telehealth can allow for greater privacy, anonymity and avoidance of the stigma that can be attached to behavioral healthcare. Additionally, it can improve care interventions outside the bounds of traditional care sites (particularly important for rural areas and people who were quarantined during the COVID-19 pandemic), enhancing communication between patients and providers and extending a

¹³ <https://www.hhs.gov/sites/default/files/mental-health-substance-use-disorder-parity-task-force-final-report.pdf>

¹⁴ https://www.kff.org/report-section/medicaids-role-in-financing-behavioral-health-services-for-low-income-individuals-issue-brief/#endnote_link_223575-4

¹⁵ <http://files.kff.org/attachment/Report-The-Effects-of-Medicaid-Expansion-under-the-ACA-Updated-Findings-from-a-Literature-Review.pdf>

¹⁶ <https://www.gao.gov/assets/710/704043.pdf>



limited workforce.¹⁷ Another benefit to increased telehealth coverage and utilization is that it can increase the capacity to monitor remotely and improve the quality of remote monitoring of high-risk and remote populations, which can help shape interventions and provide better, timelier population-level and individual care.

NSC Recommendations:

- Allow access to Medicaid based on income level, without additional restrictions and regardless of other individual circumstances.
- Maintain the enhanced Federal Medical Assistance Percentages (FMAP) to ensure states can maintain Medicaid enrollment.

Treatment and Recovery

Effective treatments for opioid use disorder exist; however, only 18% of adults who needed treatment for an opioid use disorder received medications for addiction treatment (MAT) in 2019.¹⁸ There is a variety of tactics the federal government should consider to increase access to treatment for opioid use disorder and other SUDs as well as support individuals in recovery.

NSC Recommendations – Treatment:

- Implement contact-based strategies – messaging between people with SUDs, people in recovery and those without SUDs – when possible, humanizing the disorder and emphasizing treatment effectiveness.

NSC Recommendations – Recovery:

- Increase employment programs for people in recovery to ensure employees can return to work after successful completion of a treatment program.

Continuing Medical Education (CME)

Prescribers receive minimal training on pain-management or prescription drug misuse and addiction in medical school, residency and while practicing. Further, drugs that are misused change over time and often differ by region, with new drugs periodically introduced in the marketplace.

NSC Recommendations:

- Continue to evaluate and update prescriber guidelines, including the CDC Guideline for Prescribing Opioids for Chronic Pain, and standardize use for anyone who prescribes opioids.
- Mandate the use of Prescription Drug Monitoring Programs (PDMP) and assess and evaluate efficacy, ensuring best practice evolves accordingly.

¹⁷ <https://www.mhanational.org/blog/tele-mental-health-now-and-now>

¹⁸

<https://www.samhsa.gov/data/sites/default/files/reports/rpt29393/2019NSDUHFFRPDFWHTML/2019NSDUHFFR1PDFW090120.pdf>



- Increase access to evidence-based, non-opioid pain treatment alternatives (physical and occupational therapy, massage, etc.). Insurance plans, both public and private, should be incentivized to cover non-opioid pain management treatment options at the same rate as opioid treatments.

Additional NSC resources that may be helpful to ONDCP in its strategy development include:

- NSC [National Plan to Address Opioid Misuse](#).
- NSC [Substance Use Cost Calculator](#); more information [here](#) and [here](#).
- NSC [Opioids at Work Employer Toolkit](#).
- NSC [Mental Health Resources](#).
- NSC [Policy Positions](#).

Thank you for allowing NSC to contribute these comments. We look forward to continuing our life-saving work together.