

Ongoing Efforts to Address Opioids and Overdoses

The Bipartisan Policy Center's Opioid Crisis Task Force

CCAPP's Eighth Annual California Addiction Conference

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First of all -- why should you listen to me?

Full federal career in alcohol and drug policy:

- National Institute of Justice
- Substance Abuse and Mental Health Services Administration
- National Institute on Alcohol Abuse and Alcoholism
- National Institute on Drug Abuse

And now?

- I have a small consulting practice: Santa Cruz Strategies, LLC
- You're looking at the entire staff right here
- I'm working with the Bipartisan Policy Center on its Opioid Crisis Task Force Project.
 - That's what I'm here today to focus on, and...
 - any broader policy discussion you'd like to have is ok with me. Thirty years as a Fed yields a lot of stories.

Project Background

The Issue

- Congress has invested billions of dollars to address the opioid addiction and overdose epidemic. Despite that investment, **overdose mortality rates continue to increase**, driven by illicitly manufactured fentanyl. There is also an increased prevalence of methamphetamine and cocaine involved in overdose deaths.
- The COVID-19 pandemic has complicated the trajectory and response to this crisis.
- The BPC believes that there should be a renewed focus by the 117th Congress and administration to **assess how federal funding has been spent** and what needs to be done to improve prevention, treatment, and recovery of substance use disorders.

The Project

- The BPC has convened the Opioid Crisis Task Force to **develop bipartisan recommendations** for Congress and the Biden Administration.
- The proposals will be accompanied by an **analysis tracking FY20 federal opioid funding as well as funding from four COVID-19 emergency packages in 2020**, building on similar work BPC conducted in FY17-18 and FY19.
 - This 2019 report found that **federal funding was reaching areas with the highest number of overdose deaths**; and that per capita funding in rural areas examined in the state case studies were receiving **relatively low levels of direct funding** compared with the more populated cities.



Opioid Crisis Task Force Members

Dr. Jerome Adams – **20th Surgeon General of the United States**

Governor Steve Beshear – **Former Governor of Kentucky**

Rep. Mary Bono – **Former Representative (CA)**

Dr. Richard Frank – **Professor of Health Economics at Harvard Medical School**

Dr. Patrice Harris – **Former President of the American Medical Association**

Governor Susanna Martinez – **Former Governor of New Mexico**

Rep. Donna Shalala – **Former HHS Secretary; Former Representative (FL)**

Overall Context Reminder: Biden Administration's Drug Policy Priorities

- Expanding access to evidence-based treatment
- Advancing racial equity issues in our approach to drug policy
- Enhancing evidence-based harm reduction efforts
- Supporting evidence-based prevention efforts to reduce youth substance use
- Reducing the supply of illicit substances
- Advancing recovery-ready workplaces and expanding the addiction workforce
- Expanding access to recovery support services



Project Aims

Aim 1

Understand the extent to which federal funding can be used effectively.

Aim 2

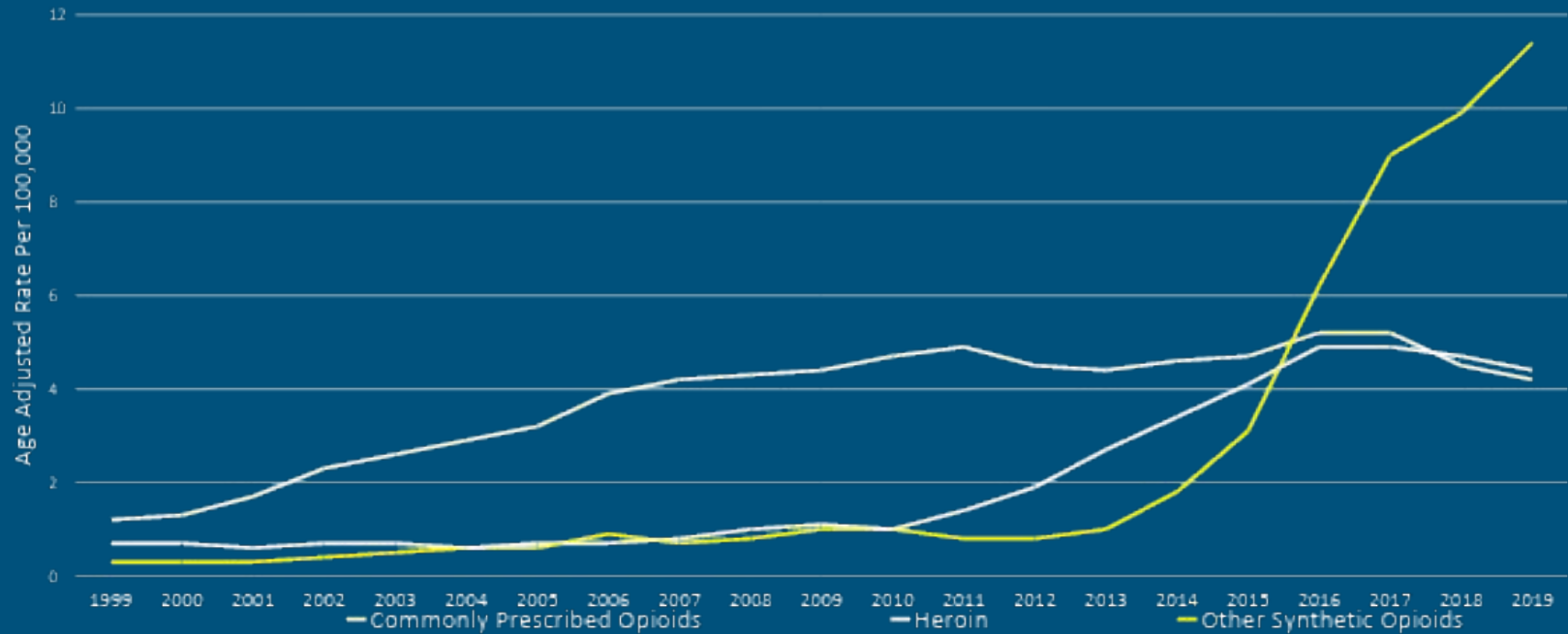
Understand what an ideal effective response to the opioid epidemic could and should look like.

U.S. 12 Month Totals of Drug Overdose Deaths



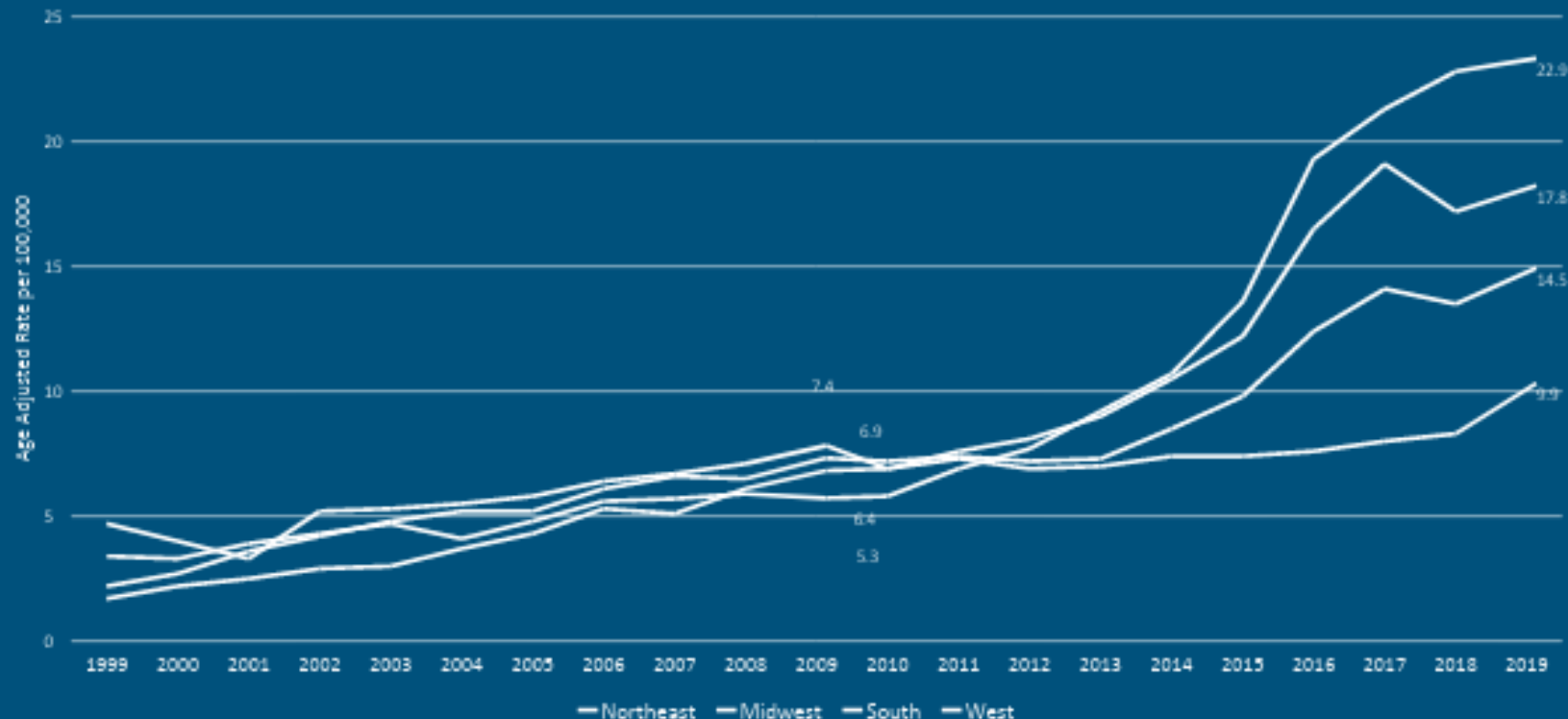
3 Waves of the Rise in Opioid Overdose Deaths

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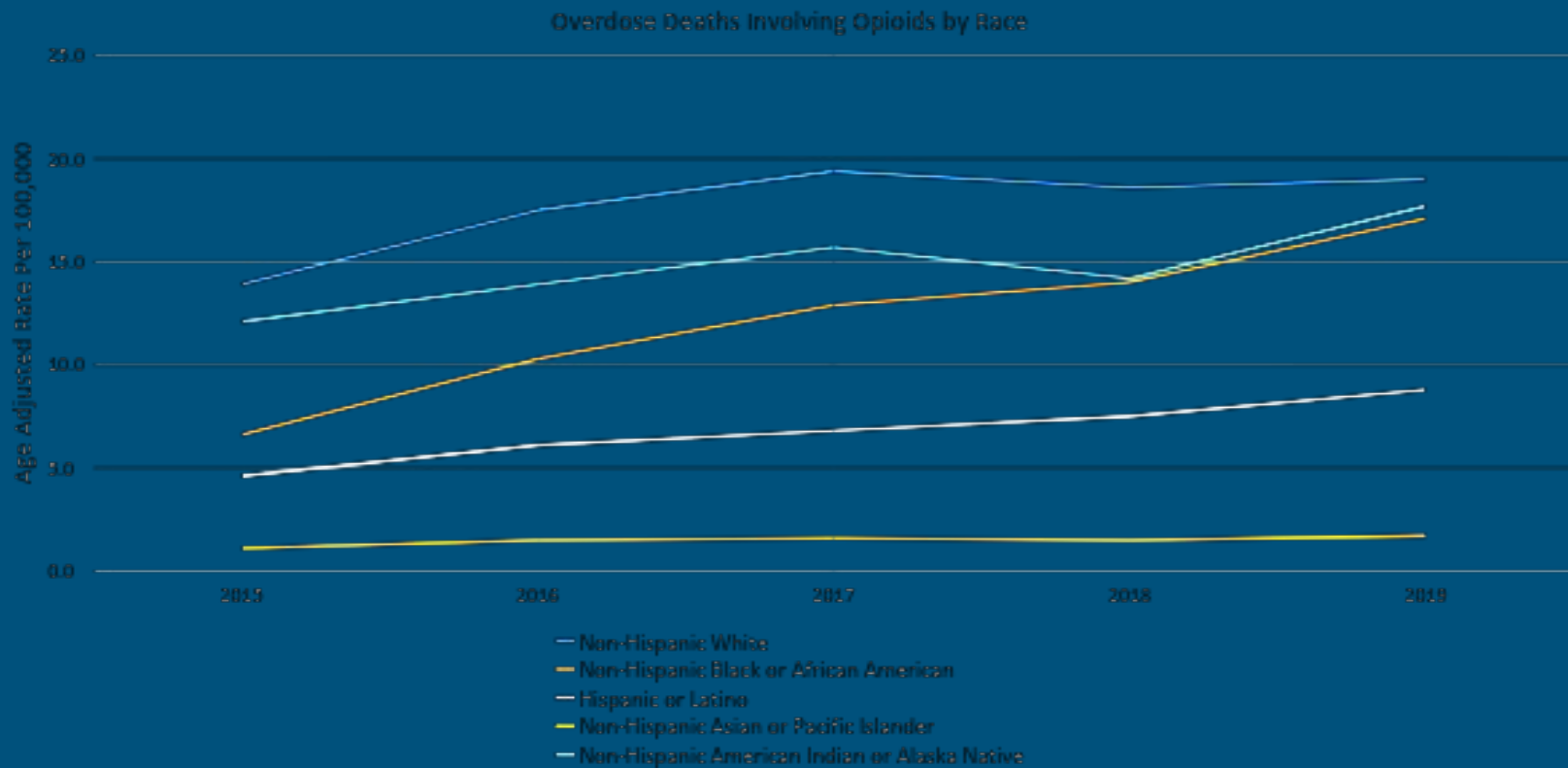


Opioid Death Rates by Census Region

Figure 2: Opioid Death Rates by Census Region



Overdose Deaths Involving Opioids by Race



Provisional Data on U.S. Overdose Death Rates by Race 2019–2020

Race	2019	2020*	% Increase
Non-Hispanic White	25.2	29.7	18%
Non-Hispanic Black or African American	24.6	33.0	34%
Hispanic or Latino	12.6	16.5	31%
Non-Hispanic Asian	3.3	4.4	32%
Non-Hispanic American Indian or Alaska Native	26.4	33.2	26%

*2020 data is 12 month data from Q4 2019 through Q3 of 2020.

Takeaways From Most Recent Task Force Meetings

Policy options could include:

- Blending, braiding, and consolidating funding streams;
- Identifying accurate and sensible outcome measurements or other metrics tied to funding
- Funding only evidence-based programs and rooting out non-evidence-based programs; and
- for accountability purposes;
- Adding funding to specified program areas;
- Creating new types of Medicaid waivers and reimbursement;
- Identifying multi-year authorizations;
- Understanding the issues associated with the State Opioid Response and Block Grant
- Enhancing ONDCP's budget coordination role;
- Identifying areas for data system improvements.

Staff will also consider non-monetary policy recommendations through a close review of policy and legislative activities.

What Have We Been Up To?

The BPC team has been working to conduct:

1. **Stakeholder engagement**, including 1:1 meetings and the Stakeholder Roundtable event on August 31 with experts in the addiction policy field
2. **Legislative and regulatory review**, whereby the team is reviewing legislation introduced during the 117th Congress, and regulations which have implications for federal funding and impact aspects of the opioid epidemic (e.g., capacity, prevention, treatment, recovery, enforcement)
3. **Review and analysis of discretionary and mandatory funding streams**, involving reviewing best-available program evaluations for each of the discretionary programs, analyses of state-level trends in mortality and funding amounts, analysis of treated prevalence for mandatory funding



Stakeholder Engagement

- **Takeaways from Stakeholder Roundtable:**
 - Considerations for improving metrics, especially with respect to comparability and consistency;
 - Comparing the programs with similar missions for CMS, SAMHSA, and other HHS programs/funding streams;
 - Ideas about improving regulations and federal programs to better address opioid use disorders (OUDs);
 - The impacts of federal funding at the state level (federal-to-state coordination; state-to-local coordination); and
 - Considerations for addressing OUDs in a more holistic manner.
- Other 1:1 meetings have been with experts (particularly as follow-up conversations to the Roundtable event), agency leaders, and Congressional staff to identify problem areas and gaps.
- **As next steps**, the team will further engage agency program leaders and Congressional staff to understand the tactical steps involved with implementing the draft policy options outlined, becoming the basis for the recommendations included in the final report.

Legislative and Regulatory Review

The team is in the process of reviewing and tracking legislation introduced in the 117th Congress

- Members of the House Bipartisan Addiction and Mental Health Task Force: Reps. Trone (D-MD-6), Kuster (D-NH-2), Herrera-Beutler (R-WA-3), and Fitzpatrick (R-PA-1)
 - Rep. Trone has introduced multiple pieces of legislation; is co-chair of the bipartisan and bicameral Commission on Combating Synthetic Opioid Trafficking alongside Sen. Cotton (R-AK)
 - Rep. Herrera-Beutler's leadership is noteworthy given her role on the Labor, Health and Human Services, Education, and Related Agencies (LHHS) Subcommittee within the House Appropriations Committee
- Senate activities
 - Sens. Ossoff (D-GA) and Grassley (R-IA) introduced the Rural Opioid Prevention Act
 - Sen. Manchin (D-WV) has committed to addressing the opioid epidemic given the toll it has taken on his constituents

As next steps, the team will conduct outreach with critical members and committees; and conduct a regulatory review by examining authorizing language and laws which affect federal funding and guide how opioids are handled across agencies



Review and Analysis of Funding Streams

The team has analyzed mortality trends and funding levels to paint a more complete picture of the current state of the crisis.

Mortality trends

- Overdose mortality rates are increasing across the country, driven by the rise in fentanyl and polysubstance deaths, including in the Western part of the U.S.
- Black and Hispanic mortality rates increased by over 40% during 2020, compared to a 24% increase for Whites

Discretionary spending

- Funding levels ~tripled from FY2017 to FY2018 when the public health emergency was declared
- ~One third of federal spending comes from the SOR and SABG programs combined
- States with the highest mortality rates (e.g., Northeast) receive the highest SOR funding; however, this may lead to inequitable distribution of funds

Mandatory spending

- Treated prevalence in Medicaid beneficiaries for both OUDs and SUDs is higher in expansion states
- **As a next step**, the BPC team will determine the amount of spending associated with opioid-related treatment and outcomes

Draft Policy Areas for Consideration

The BPC team explored the following four areas and developed a set of corresponding policy options related to:

1. Discretionary spending, including program effectiveness;
2. Mandatory spending, including the impacts of CMS regulations on opioid-related spending;
3. Data reporting & metrics; and
4. Governance.

**Note concerning lack of information
on “policy options.”**

Policy Area 1 – Discretionary Spending – Gaps

1. Grantees who receive funding from similar programs across multiple agencies receive less money per grant and must complete separate reporting processes.
 - a. States are prohibited from duplicating activities across grants (one activity cannot be funded by more than one grant), leaving states scrambling to spend money and creating grant strategies that may not be the most effective.
2. There are few opportunities to fill meaningful programmatic gap analyses within Congress's annual appropriations cycles.
3. State leaders have expressed concerns about the program parameters being too prescriptive, with little-to-no consideration for state-level politics and a tremendous amount of specificity that may not be appropriate.
4. Gap-filler programs—like the SABG—seldom address the opioid crisis in a holistic manner.

Policy Area 2: Mandatory Spending – Gaps

1. Mandatory spending parameters for CMS are tied to healthcare services and insurance coverage vs. opioid-related health outcomes.
2. Regulatory parameters for mandatory spending are tough to change.
3. Medicaid programs between states are highly inconsistent (e.g., coverage, data reporting), and impact the ways in which healthcare services for opioid-related treatment and prevention are administered to low-income individuals.
4. Parity rules apply for Medicaid fee-for-service (FFS), Medicare FFS, and Medicare Advantage plans; but enforcement of these rules introduces challenges.

Policy Area 3: Data Reporting and Metrics – Gaps

1. National datasets (e.g., NSDUH, the T-MSIS) typically have significant limitations (e.g., higher proportions of missing data, infrequent refreshes, shorter-term outcomes, lower quality metrics; inconsistent reporting and underreporting)
2. It is difficult to identify the proper metrics to understand the true prevalence and true cost of opioid use disorders across the U.S.
3. Each program develops and maintains its own datasets (if any), which can stifle interoperability within and between agencies; and create extra burden for grantees.
4. Opioid-related outcomes specifically are measured in either overdose mortality or sobriety, which is an all-or-nothing approach that doesn't take into consideration the social aspects of the disease (e.g., loneliness, and success would be measured in higher degree of connectedness).
5. It is difficult to identify the proper metrics to discern the representative population of those with opioid addictions; and isolate high-risk populations (e.g., those who have previously had non-fatal overdoses).
6. Federal data systems (e.g., CDC's State Unintentional Drug Overdose Reporting System [SUDORS]) are often antiquated; and the required reporting measures do not directly translate to improved state-level outcomes.
7. Reporting depends on data from Coroner/Medical Examiner reports, and most states have decentralized C/ME programs, which puts burden on both these groups and state grantees.

Policy Area 4: Governance – Gaps

1. While ONDCP's official role is to lead and coordinate the nation's drug policy, true leadership is not demonstrated both within or outside of the federal funding system.
2. ONDCP is often competing with other White House offices and other drug control agencies across the executive branch (e.g., the Office of Management and Budget and the Domestic Policy Council) to fill their agendas.
3. As a White House office, its role is inherently political, which complicates relationships and could generate unwarranted opposition.

Next Steps

- Consider Task Force reactions from their third meeting (October 12, 2021).
- Refine the tactics associated with each of the draft *policy options* to develop recommendations.
 - *How could each of the policy options be implemented?*
- Further engage Task Force members, experts, congressional staff, executive branch officials for additional feedback.

Further Next Steps

1. Task Force will meet in January 2022 to review work and proposed recommendations.
2. Report will be finalized with Task Force recommendations.
3. Report release expected in March, 2022.

**Thanks very much for your interest and
attention!**