PROVISIONS ADDRESSING THE OPIOID EPIDEMIC IN THE FY 2018 CONSOLIDATED APPROPRIATIONS ACT

The Bipartisan Budget Act of 2018 included an agreement for Congress to spend a total of $6 billion in fiscal years 2018 and 2019 to address the opioid epidemic. The Consolidated Appropriations Act, which was signed into law March 23, funds federal discretionary programs through September. A summary of the provisions to address the opioid epidemic follows.

HEALTH RESOURCES AND SERVICES ADMINISTRATION

National Health Service Corps. The law provides an increase of $105 million to expand and improve access to opioid and substance use disorder (SUD) treatment in rural and underserved areas nationwide. It expands eligibility for loan repayment awards through the National Health Service Corps to include SUD counselors, which will support the recruitment and retention of health professionals needed in underserved areas to provide evidence-based SUD treatment and prevent overdose deaths. Of the $105 million, $30 million is directed to the new Rural Communities Opioid Response initiative within the Office of Rural Health.

Rural Communities Opioids Response. The law appropriates $100 million for a Rural Communities Opioids Response initiative to support treatment for and prevention of SUD, with a focus on the 220 counties identified by the Centers for Disease Control and Prevention (CDC) as being at risk, and other rural communities at the highest risk for SUD. This initiative would include improving access to and recruitment of new SUD providers; building sustainable treatment resources; increasing use of telehealth; establishing cross-sector community partnerships; implementing new models of care, including integrated behavioral health; and providing technical assistance. HRSA also may use funds for loan repayment through the National Health Service Corps. Activities should incorporate robust evidence-based interventions or promising practice models in community education and workforce training, capacity building and sustainability strategies, and facilitate linkage of prevention, treatment and recovery services.
CENTERS FOR DISEASE CONTROL AND PREVENTION

Opioid Prescription Drug Overdose (PDO) Prevention Activity. The law provides an increase of $350 million (for a total of $475.6 million) for the CDC’s PDO activities. CDC is directed to use these funds to advance understanding of the opioid overdose epidemic and scale up prevention activities across all 50 states and Washington, D.C., including expanding case-level syndromic surveillance data, improving interventions that monitor prescribing and dispensing practices, better timeliness and quality of morbidity and mortality data, and enhancing efforts with medical examiners and coroner offices.

Prescription Drug Monitoring Programs (PDMPs). The law directs CDC to promote the use of PDMPs, including implementation of activities described in the National All Schedules Prescription Electronic Reporting Act of 2005 as amended by the Comprehensive Addiction and Recovery Act of 2016 (CARA). These include continuing to expand efforts to enhance the utility of PDMPs in states and communities by making the programs more interconnected, real-time, and usable for public health surveillance and clinical decision-making.

Alternative Surveillance Programs. The law directs CDC to promote alternative surveillance programs for states and communities that do not have a PDMP. It encourages CDC to work with the Office of the National Coordinator for Health Information Technology to enhance the integration of PDMPs and electronic health records and requires CDC to use $10 million of its FY 2018 funding to conduct a nationwide opioid awareness and education campaign.

NATIONAL INSTITUTES OF HEALTH

The law includes a number of items for NIH related to opioid research, including:

- $250 million to the National Institute of Neurological Disorders and Stroke for targeted research related to opioid addiction, development of opioid alternatives, pain management and addiction treatment.
- $250 million to the National Institute on Drug Abuse for targeted research related to opioid addiction, development of opioid alternatives, pain management and addiction treatment.

It also commends the NIH director for initiating a public-private partnership to develop new medications to respond to the opioid crisis; however, it notes that NIH has failed to identify additional funding within its budget for efforts to address the opioid crisis. The law strongly encourages NIH to use additional resources in NIH’s budget to develop alternatives to opioids.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

21st Century Cures. The Consolidated Appropriations Act expresses concern that SAMHSA has restricted states’ flexibility to address the opioid crisis by limiting the
amount of funding that can be used for opioid prevention activities, and recommends that states be given flexibility within the existing grant program authorized in the 21st Century Cures Act to direct resources in accordance with local needs. The Consolidated Appropriations Act also requests a SAMHSA report within one year to the House and Senate Appropriations Committees on SAMHSA’s plans to implement the above.

**State Opioid Response Grants.** The law provides $1 billion in new funding for grants to states to address the opioid crisis, and $50 million in grants to Indian tribes or tribal organizations. It requires a 15 percent set-aside for states with the highest age-adjusted mortality rate related to opioid use disorders. It also encourages the Department of Health and Human Services (HHS) Assistant Secretary to apply a weighted formula within the set-aside based on state ordinal ranking by mortality rate and to ensure the formula avoids a significant cliff between states with similar mortality rates. SAMHSA must submit to the House and Senate Appropriations Committees a work plan of the proposed allocation of funds no later than 30 days prior to awarding grants.

In addition, the law requires SAMHSA to report within one year to the House and Senate Appropriations Committees describing the activities for which each state has received funding and the ultimate recipients of the funds provided to states. It also requires SAMHSA to submit within two years an evaluation of the program and to make the report and evaluation publicly available on SAMHSA’s website.

**National Academy of Sciences (NAS) Review.** The law appropriates $2 million of SAMHSA’s total budget for State Opioid Response Grants to the NAS to conduct a review of the grant program that would result in an interim report, including the public availability of program-level data and recommendations to Congress, in three years and a final report in five years.

It also directs NAS to identify outcomes that are to be achieved by activities authorized in the CARA and the metrics by which the achievement of such outcomes shall be determined. NAS must report on the effectiveness of the programs in achieving their respective goals for preventing, treating and supporting recovery from SUDs.

**Medication-assisted Treatment for Prescription Drug and Opioid Addiction.** The law appropriates $84 million for the Medication-Assisted Treatment for Prescription Drug and Opioid Addiction program. It directs SAMHSA to give preference in grant awards to treatment regimens that are less susceptible to diversion for illicit purposes, and to target states with the highest age-adjusted rates of admissions, including those that have demonstrated a dramatic age-adjusted increase in admissions for the treatment of opioid use disorders. Of the $84 million total, it provides $5 million for grants to Indian tribes, tribal organizations or consortia.

**ADMINISTRATION FOR CHILDREN AND FAMILIES**

**Child Abuse Prevention and Treatment Act (CAPTA) Infant Plans of Safe Care.** The law provides an increase of $60 million for CAPTA state grants, and it directs states to prioritize infant plans of safe care, including compliance with the requirements in section 106(b)(2)(B)(iii) of CAPTA. The law notes that funding is intended to help states
improve their response to infants affected by SUDs and their families and directs HHS to provide the necessary technical assistance, monitoring, and oversight to assist and evaluate states’ activities on plans of safe care.

**Kinship Navigator Programs.** The law provides $20 million to assist states and Indian tribes to develop and enhance kinship navigator programs, which are designed to assist grandparents or other relatives who are taking primary responsibility for the care of children when their parents have SUDs. The new funding is provided to support changes to comply with upcoming requirements in the recently passed Family First Prevention Services Act, included as part of the Bipartisan Budget Act of 2018.

**Regional Partnership Grants.** The law provides $20 million for Regional Partnership Grants to fund community collaborations among substance abuse treatment, courts and child welfare agencies to improve the lives of children and families affected by opioids and other SUDs.