

THE PRESIDENT'S COMMISSION
ON COMBATING DRUG ADDICTION AND THE OPIOID CRISIS

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November 1, 2017

The Honorable Donald J. Trump
President of the United States
The White House
1600 Pennsylvania Avenue NW
Washington, DC 20500

Dear President Trump,

On behalf of the President's Commission on Combating Drug Addiction and the Opioid Crisis, we thank you for entrusting us with the responsibility of developing recommendations to combat the addiction crisis that is rampantly impacting our country.

Your speech in the East Room of the White House, along with the remarks of the First Lady, made it clear to the country that fighting this epidemic is a top priority of your Administration. On behalf of the Commission, we thank you for your leadership on this issue and on the clarity of your call to action.

When you declared the opioid crisis a national public health emergency under federal law on October 26, 2017, you acknowledged this crisis as one of epic proportion, impacting nearly every community across all 50 states. You signaled to the country that the force of the federal government should and will mobilize to reverse the rising tide of overdose deaths. You gave the millions of Americans fighting addiction hope that we can overcome this crisis, and we are prepared to win the fight.

Mr. President, as you acknowledged when you addressed the nation last week, the reason behind the urgent recommendations presented to you today by this Commission is that the leading cause of unintentional death in the United States is now drug overdose deaths.

Our people are dying. More than 175 lives lost every day. If a terrorist organization was killing 175 Americans a day on American soil, what would we do to stop them? We would do anything and everything. We must do the same to stop the dying caused from within. I know you will.

Without comprehensive action, including your national public health emergency, the death count will continue to rise. I know that is unacceptable to you. I know you will win this fight for the people who elected you.

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You've met hundreds of parents who have buried their children, so these numbers are no longer simply statistics. Instead, they represent the injured student-athlete who becomes addicted after the first prescription, ending her academic and athletic career, the newborn infant who is red and screaming from withdrawal pain, the grandparents using their retirement savings to raise young kids when the parents can't, the mom who just buried her only son, and the addict who cycles in and out of jail, simply because without access to treatment he is unable to stay sober and meet the terms of his parole.

It is time we all say what we know is true: addiction is a disease. However, we do not treat addiction in this country like we treat other diseases. Neither government nor the private sector has committed the support necessary for research, prevention, and treatment like we do for other diseases.

The recommendations herein, and the interim recommendations submitted by the Commission in July, are designed to address this national priority. These recommendations will help doctors, addiction treatment providers, parents, schools, patients, faith-based leaders, law enforcement, insurers, the medical industry, and researchers fight opioid abuse and misuse by reducing federal barriers and increasing support to effective programs and innovation.

Obviously, many of the recommendations that follow will require appropriations from Congress into the Public Health Emergency Fund, for block grants to states and to DOJ for enforcement and judicial improvements. It is not the Commission's charge to quantify the amount of these resources, so we do not do so in this report.

You have made fighting the opioid epidemic a national priority, Mr. President. And, the country is ready to follow your lead. Now, we urge Congress to do their constitutionally delegated duty and appropriate sufficient funds (as soon as possible) to implement the Commission's recommendations. 175 Americans are dying a day. Congress must act.

Here is what your Administration has already done:

- You acted to remove one of the biggest federal barriers to treatment by announcing the launch of a new policy to overcome the restrictive, decades-old federal rule that prevents states from providing more access to care at treatment facilities with more than 16 beds. This action will take people in crisis off waiting lists where they are at risk of losing their battle to their disease and put them into a treatment bed and on the path to recovery. We urge all Governors to apply to CMS for a waiver. This policy will – without any doubt – save lives. Governors across this nation thank you for listening to our call for help.
- In the interim report, the Commission also called for prescriber education and enhanced access to medication-assisted treatment for those already suffering from addiction. You acknowledged the need for these recommendations and directed all federally employed prescribers to receive special training to fight this epidemic. This is a bold step by you to deal with this issue.
- We recommended that the Department of Justice, which has already acted forcefully to

stop the flow of illicit synthetic drugs into this country through the U.S. Postal Service, continue its efforts. The aggressive enforcement action being taken by your Administration is critical in our efforts to reduce the rise of overdose deaths in this country.

- National Institutes of Health (NIH) Director Dr. Francis Collins has been partnering with pharmaceutical companies to develop non-addictive painkillers and new treatments for addiction and overdose. The Commission worked with Dr. Collins to convene a meeting with industry leadership to discuss innovative ways to combat the opioid crisis. The Commission also held a public meeting to highlight the progress and innovation occurring today resulting from the NIH's work. This type of scientific progress is a positive step to help free the next generation from the widespread suffering addiction is causing today.

Our interim recommendations called for more data sharing among state-based prescription drug monitoring programs and recognized the need to address patient privacy regulations that make it difficult for health providers to access information and make informed healthcare decisions for someone who has a substance use disorder. We recommended that all law enforcement officers across the country be equipped with life-saving naloxone.

Finally, we recommended full enforcement of the Mental Health Parity and Addiction Equity Act to ensure that health plans cannot provide less favorable benefits for mental health and substance use diagnoses than physical health ailments. You will see further recommendations in our final report regarding the Parity Act and calling for the Department of Labor to have enhanced penalty and enforcement powers directly against insurers failing those who depend on them for life-saving treatment.

All the interim recommendations remain extremely relevant today and are critical tools to reduce ever increasing overdose deaths plaguing our citizens. The Commission is grateful the Administration has begun the hard work of implementing these initiatives. We urge you to implement the others as soon as possible.

Today, the Commission, as one its most urgent recommendations among the more than 50 provided in the final report, is calling for an expansive national multi-media campaign to fight this national health emergency.

This campaign, including aggressive television and social media outreach, must focus on telling our children of the dangers of these drugs and addiction, and on removing stigma as a barrier to treatment by emphasizing that addiction is not a moral failing, but rather a chronic brain disease with evidence-based treatment options. People need to be aware of the health risks associated with opioid use, and they must stop being afraid or ashamed of seeking help when facing their addiction.

Today, only 10.6% of youth and adults who need treatment for a substance use disorder receive that treatment. This is unacceptable. Too many people who could be helped are falling through the cracks and losing their lives as a result. Many states, including my State of New Jersey, have undertaken this media strategy with significant positive results. However, having a nation-wide campaign will serve to reinforce the message and ensure, for example, that youth and young adults no longer believe that experimenting

with pills from a doctor is safer than experimenting with illegal substances from a drug dealer.

As part of its prevention recommendations, the Commission also calls for better educating middle school, high school, and college students with the help of trained professionals such as nurses and counselors who can assess at-risk kids. Children have not escaped the consequences of addiction and our efforts to reduce overdose deaths must start early. Mrs. Trump's dedication and leadership in helping our nation's children will make this a top priority and help save innocent young lives.

One of the most important recommendations in this final report is getting federal funding support more quickly and effectively to state governments, who are on the front lines of fighting this addiction battle every day. Bureaucracy, departmental silos, and red tape must not be accepted as the norm when dealing with funding to combat this epidemic. Saving time and resources, in this instance, will literally save lives.

Accordingly, we are urging Congress and the Administration to **block grant federal funding for opioid-related and SUD-related activities to the states**. There are multiple federal agencies and multiple grants within those agencies that cause states a significant administrative burden from an application and reporting perspective. Money is being wasted and accountability for results is not as intense as it should be. Block granting them would allow more resources to be spent on administering life-saving programs. This was a request to the Commission by nearly every Governor, regardless of party, across the country. And as a Commission that has three governors as members, all of whom know the frustration of jumping through multiple hoops to receive the funding we need to help our constituents in this fight, we wholeheartedly agree.

Throughout the comprehensive recommendations of its final report, the Commission also identifies the need to focus on, deploy and assess evidence-based programs that can be funded through these proposed block grants. Many of the recommendations acknowledge a need for better data analysis and accountability to ensure that any critical dollars are spent on what works best to fight this disease.

From its review of the federal budget aimed at addressing the opioid epidemic, the Commission identified a disturbing trend in federal health care reimbursement policies that incentivizes the wide-spread prescribing of opioids and limits access to other non-addictive treatments for pain, as well as addiction treatment and medication-assisted treatment.

First, individuals with acute or chronic pain must have access to non-opioid pain management options. Everything from physical therapy, to non-opioid medications, should be easily accessible as an alternative to opioids. The Commission heard from many innovative life sciences firms with new and promising products to treat patients' pain in non-addictive, safer ways; but they have trouble competing with cheap, generic opioids that are so widely used. We should incentivize insurers and the government to pay for non-opioid treatments for pain beginning right in the operating room and at every treatment step along the way.

In some cases, non-addictive pain medications are bundled in federal reimbursement policies so that hospitals and doctors are essentially not covered to prescribe non-opioid pain

management alternatives. These types of policies, which the federal government can fix, are a significant deterrent to turning the tide on the health crisis we are facing. We urge you to order HHS to fix it.

Second, as a condition of full reimbursement of hospitals, CMS requires that hospitals randomly survey discharged patients. HHS previously included pain question response information in calculations of incentive payment, but in 2017 thankfully abandoned this practice. However, all pain survey questions were not withdrawn from the surveys. The Commission recommends that CMS remove pain questions entirely when assessing consumers so that providers won't ever use opioids inappropriately to raise their survey scores. We urge you to order HHS to do this immediately.

The expectation of eliminating a patient's pain as an indication of successful treatment, and seeing pain as the fifth vital sign, which has been stated by some medical professionals as unique to the United States, was cited as a core cause of the culture of overprescribing in this country that led to the current health crisis. This must end immediately.

The Department of Labor must be given the real authority to regulate the health insurance industry. The health insurers are not following the federal law requiring parity in the reimbursement for mental health and addiction. They must be held responsible. The Secretary of Labor testified he needs the ability to fine violators and to individually investigate insurers not just employers. We agree with Secretary Acosta. If we do not get Congress to give him these tools, we will be failing our mission as badly as health insurance companies are failing their subscribers on this issue today leading to deaths.

Also contributing to this problem is the fact that HHS/CMS, the Indian Health Service, Tricare, and the VA still have reimbursement barriers to substance abuse treatment, including limiting access to certain FDA-approved medication-assisted treatment, counseling, and inpatient/residential treatment.

It's imperative that federal treatment providers lead the way to treating addiction as a disease and remove these barriers. Each of these primary care providers employed by the above-mentioned federal health systems should screen for SUDs and, directly or through referral, provide treatment within 24-to-48 hours. Each physician employee should be able to prescribe buprenorphine (if that is the most appropriate treatment for the patient) in primary care settings. As President, you can make this happen immediately. We urge you to do so.

A good example of this federal leadership occurred when Department of Veterans Affairs Secretary Shulkin, in response to the Commission's interim report release, immediately launched eight best practices for pain management in the VA health-care system. These guidelines included everything from alternatives and complimentary care, counseling and patient monitoring to peer education for front-line providers, informed consent of patients and naloxone distribution for Veterans on long-term opioid therapy. I had the opportunity to visit with doctors and patients at the Louis Stokes Northeast Ohio VA Healthcare System and witnessed first-hand the positive results of a hospital that has embraced a different continuum of care for pain management. The VA doctors, which included behavioral health specialists, acknowledge and treat those with

addiction in the full complement of ways the medical community would tackle other chronic diseases. Let's use these VA practices as an example for our entire healthcare system.

As you will see in the Commission's recommendations, the Federal Government has a number of avenues through which it can ensure that individuals with addiction disorders get the help they need; including changing CMS reimbursement policies, enforcing parity laws against non-compliant insurers, promoting access to rural communities through such tools as telemedicine, and incenting a larger treatment workforce to address the broad scope of the crisis.

For individuals with a substance use disorder, ensuring life-saving access to affordable health care benefits is an essential tool in fighting the opioid epidemic. Look at Indiana as an example. After Indiana used an insurance access program to rapidly respond to a rural, opioid-related health crisis, the Indiana Department of Health reported that such a program opened the door to life changing medical treatment.

We are recommending that a drug court be established in every one of the 93 federal district courts in America. It is working in our states and can work in our federal system to help treat those who need it and lower the federal prison population. For many people, being arrested and sent to a drug court is what saved their lives, allowed them to get treatment, and gave them a second chance.

Drug Courts are known to be significantly more effective than incarceration, but 44% of U.S. Counties do not have an adult drug court. DOJ should urge states to establish state drug courts in every county. When individuals violate the terms of probation or parole with substance use, they need to be diverted to drug court, rather than back to incarceration. Further, drug courts need to embrace the use of medication-assisted treatment for their populations, as it clearly improves outcomes. The criminal justice system should accept that medication, when clinically appropriate, can lead to lasting recovery; abstinence-only sobriety is not the only path to recovery.

Lastly, the Commission's recommendations identify multiple ways to reduce the supply of licit and illicit opioids and enhanced enforcement strategies. Recognizing the growing threat of synthetic opioids such as fentanyl, the Commission recommends enhanced penalties for trafficking of fentanyl and fentanyl analogues and calls for additional technologies and drug detection methods to expand efforts to intercept fentanyl before entering the country.

To help protect first responders, who are also on the front lines fighting this epidemic responding to overdoses sometimes multiple times a day, the Commission recommends the White House develop a national outreach strategy coordinating with Governors for the release and adoption of the Office of Homeland Security National Security Council's new Fentanyl Safety Recommendations for First Responders. The Commission thanks White House Homeland Security Advisor Tom Bossert for his support and hard work already on this initiative.

Many other thoughtful, vital recommendations are included herein. These recommendations were informed by expert testimony provided during the Commission's public meetings, which included treatment providers and experts, pharmaceutical innovators and insurers. They also were informed by thousands of written submissions accepted by the Commission as part

of its public process.

The Commission acknowledges that there is an active movement to promote the use of marijuana as an alternative medication for chronic pain and as a treatment for opioid addiction. Recent research out of the NIH's National Institute on Drug Abuse found that marijuana use led to a 2 ½ times greater chance that the marijuana user would become an opioid user and abuser. The Commission found this very disturbing. There is a lack of sophisticated outcome data on dose, potency, and abuse potential for marijuana. This mirrors the lack of data in the 1990's and early 2000's when opioid prescribing multiplied across health care settings and led to the current epidemic of abuse, misuse and addiction. The Commission urges that the same mistake is not made with the uninformed rush to put another drug legally on the market in the midst of an overdose epidemic.

The Commission extends our sincere gratitude to all of the individuals, organizations, families, companies, state officials, federal agency staff, and clinical professionals who provided personal stories, creative solutions, and thoughtful input to the Commission. The Commission members received thousands of letters, took hundreds of phone calls and meetings, and heard testimony from prominent organizations including non-profits, professional societies, pharmaceutical companies, health insurance providers, and most importantly, individuals and families that have been in the throes of addiction. These letters, conversations, and meetings were the impetus for the vast majority of recommendations made in this report.

The Commission is confident that, if enacted quickly, these recommendations will strengthen the federal government, state, and local response to this crisis. But it will take all invested parties to step up and play a role: the federal executive branch, Congress, states, the pharmaceutical industry, doctors, pharmacists, academia, and insurers. The responsibility is all of ours. We must come together for the collective good and acknowledge that this disease requires a coordinated and comprehensive attack from all of us.

The time to wait is over. The time for talk is passed. 175 deaths a day can no longer be tolerated. We know that you will not stand by; we believe you will force action. Along with my fellow Commission members, and the thousands of people who contributed to this report by sharing their stories and ideas for solutions, I look forward to seeing these policy changes implemented. Thank you again for the opportunity to serve, and most of all thank you for your commitment to addressing this vital national public health emergency.

Sincerely,

A handwritten signature in black ink, appearing to read "Chris Christie", written in a cursive style.

Governor Chris Christie
Governor of New Jersey
Chairman, President's Commission on Combating
Drug Addiction and the Opioid Crisis