

OPIOID CRISIS RESPONSE ACT OF 2018 HIGHLIGHTS

Opioid Funding for hard hit states: Reauthorizes and makes improvements to the State Targeted Opioid Response (STR) program to help states better fight the opioid epidemic, including updates to the formula.

Improving communication and information sharing between medical professionals and patients: Includes language to better facilitate quality coordinated care for individuals with a history of substance use disorder treatment, but does not go far enough.

Improving Access to Treatment and Recovery: The bill establishes a grant program to create comprehensive opioid recovery centers in hard hit communities.

Improving FDA Response to the Opioid Crisis: Strengthens the FDA's response to the crisis in several ways including by supporting the development of non-opioid pain treatments and by pushing the agency to do more to consider the risks of drugs that may be misused or abused.

Examining Opioid Prescription Limits: Requires the Secretary of HHS to issue a report on limiting opioid prescriptions.

Improving Youth Prevention and Recovery Services: Includes grant funding to strengthen youth prevention and recovery services, particularly in schools.

Consumer and Provider Education: Advance awareness of the risks of opioid misuse and abuse by strengthening CDC's efforts to educate consumers and providers.

Trauma-Informed Care for Youth: Includes funding to support programs that offer trauma-informed care for youth. Due to Senator Manchin's efforts, the bill will specifically allow funding to go to programs like West Virginia's Handle with Care program, which helps connect students who have been involved in traumatic events in the home, particularly related to substance use, to trauma informed care in the schools.

Improving Prescription Drug Monitoring Programs: Encourages providers to use PDMPs and improving interoperability between PDMPs and health IT systems.

Improving NIH's Response: Encouraging research into non-addictive pain-killers, pain care, and signs/risk factors of substance use disorders.

Improving Coordination between FDA & CBP: Improving FDA's tools for working with CBP to improve the detection and seizure of illegal drugs, including fentanyl.

Expands access to medication assisted treatment: Allows a wider array of medical professionals to prescribe MAT and codifies the higher number of patients that can be served by an individual doctor. Also provides funding to educate medical professionals on prescribing MAT.

Protecting people seeking treatment: clarifies the Federal Trade Commission's authority to bring enforcement actions against opioid treatment scams, including deceptive treatment claims and bogus products.

Support for communities and workers hit by the epidemic: Provides resources to communities and workers to provide treatment services and job training/transition services for those in recovery.

Improves Medicare and Medicaid policy to address the epidemic: Strengthens efforts to promote treatment and reduce opioid abuse among Medicare beneficiaries.

Support for babies with NAS: It clarifies that Medicaid can be paid for babies with neo-natal abstinence syndrome in residential pediatric recovery centers.

Reauthorizes critical drug prevention programs including: ONDCP, the Drug-Free Communities grant program, the High Intensity Drug Trafficking Areas (HIDTA) program, and the drug court program.

Reforms DEA Quotas: Requires DEA to consider diversion, abuse, overdose deaths and public health impacts when setting quotas and requires them to justify any quota increase.

Provider education: Requires HHS and DOJ to complete a plan for educating and training medical practitioners on prescribing controlled substances.

DEA enforcement: Requires the pharma industry to design systems to identify and report suspicious orders and requires DEA to establish a database for the collection of all suspicious orders.

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