THE PRESIDENT'S COMMISSION
ON COMBATING DRUG ADDICTION AND THE OPIOID CRISIS
JUNE 16, 2017

MEETING MINUTES

I. Introduction

The first meeting of the President's Commission on Combating Drug Addiction and the Opioid Crisis was convened by the Chair of the Commission, New Jersey Governor Chris Christie, at 12:30 PM on June 16, 2017 at the Eisenhower Executive Office Building in Washington, DC, with Michael Passante, Acting General Counsel of the White House Office of National Drug Control Policy (ONDCP), as the Designated Federal Officer.

The purpose of this meeting was for the Commission to hear statements from and ask questions of nine non-profit organizations that work to find solutions to the opioid crisis and other drug issues.

Interested parties may contact ONDCP at commission@ondcp.eop.gov with any questions, comments, or concerns regarding these meeting minutes or the Commission more generally.

II. Meeting Participants

The following is a list of participants in the June 16, 2017 meeting.

A. Commission Members in Attendance:

- Governor Chris Christie [Commission Chair]
- Governor Charlie Baker
- Governor Roy Cooper
- Congressman Patrick J. Kennedy
- Professor Bertha Madras, Ph.D.

B. Witnesses:

- Marcia Lee Taylor, Partnership for Drug-Free Kids
- Dr. Mitchell Rosenthal, National Council on Alcoholism and Drug Dependence
- Dr. Joe Parks, National Council for Behavioral Health
- Gary Mendell, Shatterproof
- Jessica Nickel, Addiction Policy Forum
- Dr. Kelly Clark, American Society of Addiction Medicine
- General Arthur Dean, Community Anti-Drug Coalitions of America
- Hugh Guill, Young People in Recovery
- Dr. John Renner, American Academy of Addiction Psychiatry

C. Others in Attendance:

- David Shulkin, Secretary of Veterans Affairs
- Tom Price, Secretary of Health and Human Services

- Jared Kushner, Senior Advisor to the President
- Kellyanne Conway, Counselor to the President
- Reed Cordish, Assistant to the President for Intragovernmental and Technology Initiatives
- Danielle Cutrona, Office of the Attorney General
- Jason Botel, Department of Education
- Richard Baum, Acting Director of ONDCP and Executive Director of the Commission
- Michael Passante, Acting General Counsel of ONDCP and Designated Federal Officer of the Commission
- Other staff from White House and Federal agencies and press

III. Opening Remarks

New Jersey Governor Chris Christie introduced Secretary of Health and Human Services Tom Price, Secretary of Veteran Affairs David Shulkin, and the members of the Commission, Massachusetts Governor Charlie Baker, North Carolina Governor Roy Cooper, Harvard Medical School Professor Bertha Madras, and former United States Congressman Patrick Kennedy.

Secretary Price said that addressing the opioid crisis is one of the President's top priorities and one of the Department of Health and Human Services' top three clinical priorities. He also noted the importance of making overdose-reversing drugs available in communities, of conducting public health surveillance and engaging in research, and of addressing the issue of pain management.

Secretary Shulkin said that his top clinical priority is to reduce veteran suicides and that there is a clear overlap with substance abuse and opioid abuse. He also said that, when it comes to the health of not only veterans but of all Americans, the VA has learned two things. First, as the country's largest integrated health system, the VA tends to see problems before the rest of the country does. And second, the VA cannot solve these problems alone, and so it needs this type of effort. Governor Christie said that the Commission intends to visit the VA to talk about the efforts that the VA is making, the successes it has had, and how that can be more broadly applied to the rest of the country.

Governor Baker noted that his state has passed comprehensive, bipartisan legislation addressing education, prevention, treatment, and recovery, but said that this problem is persistent and will take serious effort to overcome. He also said that he is anxious to learn what others are doing that is working and how to turn those successes into best practices at the state level as well as national policy.

Governor Cooper said that we need help from the federal government in stopping drugs from coming into the country, but that we cannot "arrest our way out of this problem," and that at the individual level we need to emphasize prevention and treatment. He said that if we make it harder for people to get health care coverage, it will make the crisis worse, and that he hopes we can find effective ways, particularly with regards to Medicaid, to address the crisis. He also that we need to look at making generic drugs more tamper resistant, and at making drugs that do not cause addiction so severely.

Professor Madras said that she is honored to be a member of the Commission, humbled by the magnitude of the crisis, and also very hopeful and optimistic that we can solve it. She said that she has never confronted an issue as challenging and also one that has so much opportunity for solution. She said that her underlying philosophy of all is that for every human problem, there are human solutions, and that she thinks the Commission will set the groundwork to solving this problem.

Representative Kennedy said that parity is the most important issue for him. He noted that mental illnesses are not treated like any physical illness and that this is an historic discrimination. He said that mental health and addiction should not be treated separately or unequally. He also said that he is excited by the chance to hold insurance companies more accountable for pushing people with an underlying mental illness or addiction into the public system; what he described as a cost-shift to the public sector and taxpayers, and a windfall for those insurance companies. He also noted that Medicaid is the largest provider of coverage for people with mental illness and addiction, and said that any repeal of Medicaid is a repeal of that coverage. He said that he hopes the President will speak about the silence that pervades addiction, because the most effective way to address the opioid crisis is to have a new attitude towards addiction as a physical illness and not a moral failing.

IV. Testimony of Invited Organizations

A. Partnership for Drug-Free Kids

Testifying on behalf of the Partnership for Drug-Free Kids, Marcia Lee Taylor made the following recommendations:

- Consider appointing the Director of ONDCP as a member of the President's Cabinet to reflect the seriousness of the opioid epidemic and the importance of involving the highest levels of government in working together to address it.
- Enforce the Mental Health Parity and Addiction Equity Act.
- Provide robust training programs in every medical school in the country and incentives for physicians to specialize in addiction medicine, and seek a better understanding of the importance of Medication-Assisted Treatment (MAT) for some patients, as well as a commitment by the private sector to develop even more medications to treat addiction.
- Ensure that there is a dedicated funding stream at the federal and state levels to support families, and prioritize empowering families to intervene early.

B. National Council on Alcoholism and Drug Dependence

Testifying on behalf of the National Council on Alcoholism and Drug Dependence, Dr. Mitchell Rosenthal made the following recommendations:

- Ensure that counseling and behavioral therapies are provided in conjunction with MAT.
- Increase drug treatment capacity for the victims of the crisis, and in particular expand long-term treatment (i.e., "treatment that lasts as long as needed" and makes possible "a sense of self-worth and responsibility").
- Equip first responders with naloxone.

C. National Council for Behavioral Health

Testifying on behalf of the National Council for Behavioral Health, Dr. Joe Parks made the following recommendations:

- Expand federal and local support for Mental Health First Aid.
- Systematically screen for addictive disorders and ensure those who screen positive have prompt access to effective treatment.
- Screening, Brief Intervention, and Referral to Treatment (SBIRT) should be a covered benefit and all hospitals, emergency rooms, and clinics should provide it systematically.
- Expand affordable coverage and require that all forms of coverage have comprehensive parity requirements that are systematically monitored and enforced.

- Reset mental illness and addiction treatment payment rates to be consistent with actual market costs of providing the treatment.
- Continue Medicaid as an entitlement and complete the Medicaid expansions;
- Categorize drugs like methadone, buprenorphine, and naltrexone (including Vivitrol) as a protected medication class in Medicaid and in Medicare part D, requiring their open access on formularies so physicians can prescribe them.
- Expand the Certified Community Behavioral Health Center program to ensure access to care coordination to evidence-based outpatient treatment capacity that includes MAT.
- Expand the DATA 2000 waivers to continue recruitment and training of physicians, physician assistants, and nurse practitioners, and to incentivize the uptake in buprenorphine prescribing with continued post-training support.
- Continue to build alliances between treatment providers and law enforcement to create drug treatment programs and to ensure appropriate sentencing for addicted individuals.
- Develop and fund a comprehensive continuum of care that includes short-term residential and detox, longer-term residential for people with chronic relapse, recovery housing, and other recovery support services to support outpatient treatment.

Speaking individually and not on behalf of the National Council for Behavioral Health, Dr. Parks also recommended changing 42 CFR Part 2 and any state law that puts more restrictions on addiction treatment information than on other health care information.

D. Shatterproof

Testifying on behalf of Shatterproof, Gary Mendell made the following recommendations:

- End the treatment gap by:
    - Closing the gap of prescribers who are licensed to prescribe buprenorphine by eliminating the required eight hours of training;
    - Closing the gap of specialists who can provide evidence-based behavioral therapies by developing within 60 days from today a federal emergency training program to be fully implemented by December 31st, 2018; and
    - Closing the gap of financing by (1) having the federal government, for an interim period, pay for all aspects of MAT for every American who does not have insurance, and (2) eliminating all prior authorizations in all insurance plans for all aspects of MAT by the end of 2017.
- Develop the infrastructure to ensure that all treatment delivered is evidence-based.
- Encourage broad access and use of naloxone by (1) providing federal funding to each state to be conditioned upon that state requiring every first responder in that state to be trained and stocked with naloxone by September 1st, 2017; and (2) conditioning federal funding to each state on that state complying with the nine best practices related to naloxone that have been documented by Shatterproof.
- Encourage broad adoption of the CDC prescribing guidelines by developing a robust goal-setting and reporting infrastructure to drive local prescriber and state accountability, including an analysis of new patient prescribing that is outside the CDC guideline to set a benchmark for each state, stringent goals to reduce inappropriate prescribing, clinical education and interventions targeted to physicians in states with the greatest levels of inappropriate prescribing, with results published annually and publicly within 60 days of the end of each year, and federal funding to each state to be contingent upon achieving the goals defined in this program.

- Encourage full utilization of prescription drug monitoring programs by conditioning federal funding upon states adopting legislation and/or regulations by February 2018 that comply with the 12 best practices documented by Shatterproof.
- Ensure parity.
- Reduce the shame and stigma associated with addiction.

E. Addiction Policy Forum

Testifying on behalf of the Addiction Policy Forum, Jessica Nickel made the following recommendations:

- Ensure overdose patients in emergency departments leave with a treatment plan and a warm handoff to behavioral health; train clinicians and staff to offer MAT and provide naloxone; and conduct trainings to discuss with patients how to reduce risk for future overdose.
- Change HIPAA laws to allow for family notification after an overdose reversal.
- Use public awareness campaigns and existing services and resources to connect families in crisis with the help that they need to get their loved ones treatment.
- Close the treatment gap by (1) commissioning an Institute of Medicine report on how to restructure the treatment system to address systemic issues such as workforce shortages, billing models, and lack of training; (2) removing addiction from the IMD Exclusion; and (3) educate providers, patients, health plans, and payers on all FDA-approved MAT options to ensure that those options are available.
- Invest in more research to have more medications, technologies, and interventions.
- Create recovery ready communities, the key components of which are identified in the written testimony submitted on behalf of the Addiction Policy Forum.
- Invest in prevention, including prevention in schools, and use existing evidence-based programs such as Strengthening Families Program 10-14 and Life Skills Training.
- Implement Student Assistance Programs in every school to ensure early detection and early intervention for better patient outcomes.
- Protect children impacted by parental substance use disorder.
- Reform the criminal justice system response to addiction by emphasizing intervention.

F. American Society of Addiction Medicine

Testifying on behalf of the American Society of Addiction Medicine, Dr. Kelly Clark made the following recommendations:

- Ensure that people with addiction can readily access evidence-based treatment.
- Launch a national public education campaign to raise awareness that addiction is a chronic brain disease and that evidence-based treatment is available.
- Work with payers and purchasers—including CMS, private insurers, and employers—to ensure that they are covering and actively paying for evidence-based treatment and are not paying for treatment that is not evidence-based.
- Ensure parity in the coverage of mental health and addiction services with coverage of other medical conditions.
- Make near-term policy changes to expand access to evidence-based treatment by (1) directing and incentivizing states to use the second installment of the Cures money to fund treatment at programs that meet evidence-based level of care standards as defined by the ASAM criteria and that meet the evidence-based standards as outlined by ASAM's National Practice Guideline; (2) permanently authorize buprenorphine prescribing authority for nurse practitioners and physician assistants; and (3) close the addiction treatment gap by:

- Fully funding the $10 million dollars in funding through section 9022 of the 21st Century Cures Act, which authorizes the Secretary of HHS to establish a training demonstration program within HRSA, awarding grants for medical residents and fellows to train and practice psychiatry and addiction medicine in underserved community-based settings;
- Identifying robust and ongoing funding opportunities that can be used to support addiction specialist training programs to build an adequate workforce to have substantial and sustained impact on the opioid epidemic; and
- Soliciting commitments from medical, nursing, dental, pharmacy, and other clinical programs on increasing curriculum time devoted to addiction screening and treatment, safe prescribing, and pain management.

G. Community Anti-Drug Coalitions of America

Testifying on behalf of Community Anti-Drug Coalitions of America , General Arthur Dean made the following recommendations:

- Provide the "full-continuum of care," including evidence-based prevention, intervention, treatment, recovery, and support (prevention in particular has been underutilized relative to its importance and cost-effectiveness and should be emphasized more).
- Delay the age of first-use to ensure that fewer youth and young adults develop addiction – addiction is a developmental disorder which begins in adolescence .
- Fully fund the Drug-Free Communities Support Program (DFC), ensure that DFC continues to be administered by ONDCP, and support the community-based coalition enhancement grants created by the Comprehensive Addiction and Recovery Act; community-based multisector coalitions can help prevent and reduce substance abuse.

H. Young People in Recovery

Testifying on behalf of Young People in Recovery, Hugh Guill made the following recommendations:

- Prioritize the following continuum components for long-term success:
  - Standardized and evidence-based middle and high school prevention programs;
  - Equitable access to acute, inpatient treatment followed by structured recovery supports;
  - The implementation and oversight of problem-solving courts;
  - Access to life-skills and job-training for those in treatment and those who are criminal justice-involved; and
  - Access to safe using spaces and naloxone training.

I. American Academy of Addiction Psychiatry

Testifying on behalf of the American Academy of Addiction Psychiatry, Dr. John Renner made the following recommendations:

- Ensure comprehensive care, adequate funding, and full parity.
- Ensure that MAT is available.
- Treat the co-occurring mental health disorders and health complications of people who have substance use disorders.
- Fund evidence-based treatment and not treatment that is not evidence-based.
- Provide treatment to people who are criminal justice-involved.
- Reduce the stigma associated with addiction, including that in the medical profession.

- Tie reimbursement of physicians' student loan debt to specialty training in addiction medicine and addiction psychiatry, and to working in underserved areas; physicians need an additional year of addiction medicine or addiction psychiatry training.

V. Open Dialogue Between Commission Members and Invited Guests

Governor Cooper asked Dr. Clark if she knew what percentage of federal reimbursement for Medicaid beneficiaries is spent on non-evidence-based treatment. Dr. Clark said that she did not have a specific number for Governor Cooper, but said that that the amount is substantial. She also said that inpatient detoxification and 28-day manualized rehabilitation is typically not evidence-based care, and noted that ASAM does not consider inpatient detoxification treatment for opioid addiction.

Governor Cooper also asked Ms. Nickel if she knew of any problems with increasing costs for naloxone or its decreasing availability. Ms. Nickel said that the Addiction Policy Forum has heard from some communities about concerns about getting enough naloxone, and particularly where multiple doses are needed to reverse an overdose on a synthetic opioid such as fentanyl. She also said that there are communities where more education is needed about how to provide naloxone to reverse overdoses and how to connect those who have had a non-fatal overdose with treatment.

Governor Baker asked the invited guests how we can focus on the things that work and the things that matter and share that information with others.

Mr. Mendell said that we know what needs to be done in regards to treatment, but we do not know which provider is doing what. He said that Shatterproof is bringing together the top seven behavioral health payers in the country and all the top researchers in the country. He said that it is this group's goal to narrow the dozens of existing evidence-based quality measures down to 20 or less "core" quality measures that every treatment program should provide, and then to publicize those quality measures. In regards to prevention, Mr. Mendell said that a goal developed by the CDC for the country and all fifty states is needed, and that this goal needs to be publicized and individuals held accountable.

Dr. Rosenthal noted that a lot of the people in recovery got there through peer-related support systems. He said that the therapeutic communities are very powerful in creating new bonds of friendship and strength of support that are critical, and that the good programs are going to use this "peer power."

Dr. Parks agreed with Mr. Mendell about the importance of measurement and said that the certified community behavioral health center approach to payment is one that enforces that. He noted that these centers have to stipulate what evidence-based treatment they are utilizing, and they have to report continuously measures related to the success of that treatment.

General Dean said that CADCA has identified seven strategies that can be implemented so that a community can protect itself from the problem of substance abuse. Three of these strategies focus on skills and information and four of these strategies change the community by changing policies, practices, and procedures. He said that when a community does not have a multisector training coalition to implement these strategies, it will spend a lot of money on programs that are ineffective.

VI. Closing Remarks

Governor Christie thanked the invited guests for attending the meeting and encouraged them to respond to the Commission's written requests. He also thanked representatives of the Departments of Justice and Education for attending the meeting and said that the Departments will be indispensable in

addressing the problem from a prevention perspective, from a treatment perspective, and from an education perspective. He noted how each of the invited guests had areas of consistency throughout their testimony, and he said that he thought that was very important. He also said that he found—both in New Jersey and in other states—that stigma is the biggest problem. He concluded by saying that addiction is a disease that can be treated and that it is not a moral failing, and that the goal of the Commission should be to bring this problem out of the shadows and into the light.

VII. Adjournment

The meeting adjourned at 2:30 PM.