

**THE PRESIDENT’S COMMISSION
ON COMBATING DRUG ADDICTION AND THE OPIOID CRISIS
JULY 31, 2017**

MEETING MINUTES

I. Introduction

The second meeting of the President’s Commission on Combating Drug Addiction and the Opioid Crisis was held via teleconference and convened by the Chair of the Commission, New Jersey Governor Chris Christie, at 4:00 PM EST on July 31, 2017 with Michael Passante, Deputy General Counsel of the Office of National Drug Control Policy (ONDCP), as the Designated Federal Officer.

The purpose of this meeting was for the Commission to review its draft interim report.

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 July 31, 2017 meeting.

A. Commission Members in Attendance:

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

B. Others in Attendance:

- Richard Baum, Acting Director of ONDCP and Executive Director of the Commission
- Michael Passante, Deputy General Counsel of ONDCP and Designated Federal Officer of the Commission
- Reed Cordish, Assistant to the President for Intragovernmental and Technology Initiatives, White House Office of American Innovation
- Members of the public, Federal agencies, and the press

III. Opening Remarks

Chairman Christie opened the second meeting of the Commission by welcoming those members of the public who called to listen. He also thanked the staff of ONDCP and OAI as well as his fellow Commission members for their contribution to the work of the Commission. He then provided an overview of the recommendations contained in the Commission’s draft interim report. These recommendations include:

- Declaring a national emergency under either the Public Health Service Act or the Stafford Act, whichever is more appropriate. This would set the right tone and approach.

- Rapidly increasing treatment capacity by granting waiver approvals for all 50 states to eliminate barriers to treatment resulting from the Institutes for Mental Diseases exclusion within the Medicaid program.
- Mandating prescriber education initiatives with the assistance of medical and dental schools to enhance prevention efforts.
- Mandating medical education training in opioid prescribing and risks of developing a substance use disorder (SUD) by amending the Controlled Substance Act to require all Drug Enforcement Administration (DEA) registrants to take a course in proper treatment of pain.
- Immediately establishing and funding a federal incentive to enhance access to medication-assisted treatment (MAT).
- Increase use of MAT in prisons.
- Requiring that all modes of MAT are offered at every licensed MAT facility.
- Expand use of Good Samaritan laws.
- Identify overdoses and notify patients' doctors of them.
- Partnering with the National Institutes of Health and the industry to facilitate testing and development of new MAT treatments and non-opioid pain medications.
- Providing model legislation for states to allow naloxone dispensing via standing orders, as well as requiring the prescribing of naloxone with high-risk opioid prescriptions.
- Equipping all law enforcement in the United States with naloxone.
- Prioritizing funding and manpower to the Department of Homeland Security's Customs and Border Protection, the Department of Justice, the Federal Bureau of Investigation, and the DEA to quickly develop fentanyl detection sensors and disseminate them to federal, state, local, and tribal law enforcement agencies.
- Supporting federal legislation to staunch the flow of synthetic opioids through the United States Postal Service.
- Providing federal funding and technical support to states to enhance interstate data sharing among state-based prescription drug monitoring programs (PDMPs) to better track patient-specific prescription data and support regional law enforcement in cases of controlled substance diversion.
- Ensuring federal health care systems, including Veteran's Hospitals, participate in state-based PDMP data sharing.
- Better aligning, through regulation, patient privacy laws specific to addiction with the Health Insurance Portability and Accountability Act to ensure that information about SUDS be made available to medical professionals treating and prescribing medication to a patient. This could be done through the Overdose Prevention and Patient Safety Act.
- Enforcing the Mental Health Parity and Addiction Equity Act (MHPAEA) with a standardized parity compliance tool to ensure health plans cannot impose less favorable benefits for mental health and substance use diagnoses versus physical health diagnoses.

Chairman Christie said that the Commission, as a primary focus of its final report, is undertaking a full-scale review of federal programs, regulations, laws, and funding mechanisms targeted toward addressing opioid addiction. He went on to say that the Commission's final report will also include a more thorough examination of the following issues:

- Development of a national prevention strategy using big data analytics to devise targeted prevention messages that employ cutting-edge methods of marketing and communications.
- Evidence-based prevention programs for schools.

- The need for satisfaction with pain level as a satisfaction criterion through which health care providers are evaluated by the Department of Health and Human Services.
- Workforce access and training needs within the treatment community nationally.
- Improvements in treatment programs, based on adherence to principles of evidence-based treatment, continuum of care, outcome measures, and patient education on quality treatment.
- Research initiatives and opportunities to combat the epidemic and enhance treatment options, including alternative pain management strategies.
- Opportunities to further the practice of substance use screenings and referrals through CMS quality measures.
- Opportunities for patient protections providing better information about the risks and benefits of taking prescription opioids.
- Supply reduction of heroin, fentanyl analogs, and counterfeit pills through coordinated federal and state law enforcement initiatives.
- Targeted data collection and analytics needed to identify most effective prevention and treatment strategies, quality treatment access programs, reimbursements, and aid to law enforcement activities.
- Regulatory or statutory changes to reduce commercial insurance barriers to MAT, such as fail-first protocols and prior authorization requirements.

IV. Discussion

Chairman Christie gave individual members of the Commission the opportunity to speak about the Commission's draft interim report.

Representative Kennedy said that insurance companies and the Department of Labor need to ensure better access to treatment, as well as greater transparency and accountability. He went on to say that enforcement of the MHPAEA is an issue of equity and medical civil rights. He said that families have too much pressure to appeal denials of care to get justice. He also thanked Chairman Christie for framing the opioid epidemic as a national crisis and for trying to address the stigma of addiction that causes drug addiction to be treated dramatically differently than other conditions.

Governor Cooper said that some of the Outer Bank islands had no power, but crews were working to get it restored. He said more flexibility on the IMD exclusion, enhanced data sharing for PDMPs, and stopping fentanyl from trafficking from China were all good steps. He said it's important to get a sense of what's happening at the law enforcement level with programs like LEAD and North Carolina's opioid action plan. He said we also need to increase the number of providers providing MAT drug treatment. He said the elephant in the room was the Affordable Care Act and the expansion of Medicaid, and said the country has to maintain and expand access to affordable and adequate health care that includes substance use treatment. He stated that he would like to see a strong statement in the final report on that. He also stated that although he may need to get off the call due to the situation in North Carolina, he was voting yes on sending the interim report to the President. Chairman Christie stated that we have to make sure health care is available, and said he thought the IMD waiver will help with that.

Professor Madras said that she would like to address the treatment gap and the role that stigma and unidentified overdoses play in that. She stated that the health care community will play an increasingly important role in addressing the opioid epidemic, and that there needs to be an evolution or revolution in how the health care system addresses substance use issues. She went on to say that physicians need more training in identifying and managing people with substance use issues so patients don't fall

through the cracks. She also noted that the health care system frequently overlooks the fact that mental health problems contribute to substance use disorders. She said that if there is not an integration of mental and physical health, the country will not be able to address the entirety of the problem in a systematic and coordinated manner. Professor Madras observed that while prescription opioid use subsides in the United States, an unmistakable rise in heroin, fentanyl, fentanyl analogs, and counterfeit pills presents a danger to public health. She said that those drug supplies should be tracked in the same way that infectious diseases are tracked. She also stated that there is a national need for prevention, and that she hopes all of these issues will be in the final report.

Chairman Christie said that an education campaign with social media was important and that he hoped Commission Member Bertha Madras would take the lead on that. He stated that Governor Baker couldn't be on the call due to personal issues but that he had taken the lead on the medical education section based on his work in Massachusetts on that. He stated that no issue of partisanship came up on the Commission and that he was grateful it was a nonpartisan/bipartisan Commission and that they all had a personal mission, commitment, and passion to address this issue.

V. Action Taken

Michael Passante stated that with the Commissioners' votes, they were giving the Chairman authority to make relatively limited corrections to the interim report before sending the interim report to the President. The Commission voted 4-0 to approve the interim report and send it to the President.

VI. Closing Remarks

Chairman Christie thanked the President for recognizing the opioid epidemic as a national crisis and for making the establishment of the Commission one of his first acts as President. He also thanked the members of Congress who have met with the Commission, and he again thanked the staff of ONDCP and OAI as well as the members of the Commission for their contribution to the Commission's work. He said he looked forward to presenting it to the President.

VII. Adjournment

The meeting adjourned at 5:00 PM EST.