



The Honorable Rodney Frelinghuysen  
Chairman  
Committee on Appropriations  
U.S. House of Representatives  
2306 Rayburn House Office Building  
Washington, D.C. 20515

The Honorable Nita Lowey  
Ranking Member  
Committee on Appropriations  
U.S. House of Representatives  
2365 Rayburn House Office Building  
Washington, D.C. 20515

The Honorable Tom Cole  
Chairman  
Subcommittee on Labor, Health and Human  
Services, Education and Related Agencies  
U.S. House of Representatives  
2467 Rayburn House Office Building  
Washington, D.C. 20515

The Honorable Rosa DeLauro  
Ranking Member  
Subcommittee on Labor, Health and Human  
Services, Education and Related Agencies  
U.S. House of Representatives  
2416 Rayburn House Office Building  
Washington, D.C. 20515

The Honorable John Culberson  
Chairman  
Subcommittee on Commerce, Justice, Science  
and Related Agencies  
U.S. House of Representatives  
2161 Rayburn House Office Building  
Washington, D.C. 20515

The Honorable José Serrano  
Ranking Member  
Subcommittee on Commerce, Justice, Science  
and Related Agencies  
U.S. House of Representatives  
2354 Rayburn House Office Building  
Washington, D.C. 20515

The Honorable Tom Graves  
Chairman  
Subcommittee on Financial Services and  
General Government  
U.S. House of Representatives  
1135 Longworth House Office Building  
Washington, D.C. 20515

The Honorable Mike Quigley  
Ranking Member  
Subcommittee on Financial Services and  
General Government  
U.S. House of Representatives  
2458 Rayburn House Office Building  
Washington, D.C. 20515

Wednesday, June 21, 2017

Dear Chairmen and Ranking Members:

As members of the Collaborative for Effective Prescription Opioid Policies (CEPOP;  
[www.CEPOPonline.org](http://www.CEPOPonline.org)), we are writing in support of robust funding for the below programs to address

the opioid epidemic. Together, these programs will increase access to prevention, treatment and recovery services and will help save lives.

CEPOP is a diverse group of stakeholders interested in the manufacture, distribution and appropriate use of opioid medications, who have joined together to work toward a comprehensive and balanced policy strategy to reduce misuse and promote treatment options. We support effective programs, strategies and policies to help prevent prescription painkiller misuse and overdose, while ensuring patients' access to safe effective pain treatment

The opioid epidemic continues to devastate American communities, and we must invest in prevention as well as treatment if we are to turn the tide. Opioid overdoses result in 91 deaths every day, quadruple the amount in 1999. More than 2 million people have a prescription painkiller dependence, which has contributed to a related rise in heroin use. Overall, misuse of prescription painkillers contributed to more than 14,000 deaths in 2014, and deaths from heroin more than tripled from 2010 to 2015.

We recognize that FY 2018 will be a challenging budget year. However, the fundamental job of the federal government is to secure the safety of its citizens at home and abroad. America's day-to-day security requires more than military might. Both the Budget Control Act and the Bipartisan Budget Acts of 2013 and 2015 recognized that defense and nondefense programs both contribute to the American way of life and to our security. In FY 2018, lawmakers should continue to adhere to this "parity principle" in fiscal policies, including a sequestration relief package.

We appreciate the Committee's ongoing commitment to providing much needed resources to address the opioid epidemic. Congress took an important step toward a comprehensive response last year in passing the Comprehensive Addiction and Recovery Act (CARA). As you work to craft FY 2018 appropriations legislation, we urge you to fully fund new programs authorized in CARA as well as the spectrum of existing programs that are critical to ensuring a comprehensive response to the substance misuse epidemic. Our recommendations include:

### **Labor-HHS-Education and Related Agencies Appropriations Act (LHHS)**

#### **Substance Abuse and Mental Health Services Administration (SAMHSA)<sup>1</sup>:**

- **Substance Abuse Prevention and Treatment Block Grant:** The Substance Abuse Prevention and Treatment Block Grant Program (SAPTBG) distributes funds to 60 eligible states, territories, the District of Columbia, and the Red Lake Band of Chippewa Indians of Minnesota to plan, carry out, and evaluate substance abuse prevention, treatment and recovery support services provided for individuals, families, and communities impacted by substance abuse and substance use disorders (SUD). While SAPTBG received a much needed increase in FY16, it had been flat funded for the past several years and has not kept up with inflation. At the same time, the need

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<sup>1</sup> All requested levels of funding should not be taken out of other existing Substance Abuse and Mental Health Services Administration line items that support individuals living with mental illness or substance abuse, including those with co-occurring disorders.

for substance abuse treatment and prevention continues to grow. We urge the Committee to provide an increase for the SAPTBG in FY18 over the FY 17 level of \$1,858,079,000.00 so that states can do more to meet the increasing need for prevention, treatment and recovery strategies and services.

- **Center for Substance Abuse Treatment:** SAMHSA's Center for Substance Abuse Treatment (CSAT) is dedicated to expanding access to high quality treatment and recovery services, including access to Medication Assisted Treatment when appropriate. According to the National Survey on Drug Use and Health, 21.5 million people aged 12 or older needed treatment for an alcohol or illicit drug use problem in 2014. During the same year, more than 4 million received treatment for such a problem. That means 17.5 million Americans needed but did not receive services for a substance use problem. We urge the Committee to provide, at a minimum, \$354.5 million (level funding) for CSAT.
- **Center for Substance Abuse Prevention:** SAMHSA's Center for Substance Abuse Prevention (CSAP) brings evidence based prevention programs and strategies to every state and sub-state regions nationwide. Its discretionary grant programs target states, communities, organizations, and families to promote resiliency, promote protective factors, reduce risk factors for substance use, and grants to prevent overdose deaths. The President's budget would seriously impede efforts to prevent substance use disorders, and to stop and delay substance use overall. We urge the Committee to provide, at a minimum, \$223.2 million (level funding) for CSAP. We cannot afford to reduce access to evidence based prevention programs and strategies.
- **State Targeted Response (STR) to the Opioid Crisis Grants:** In the 21<sup>st</sup> Century Cures Act, Congress authorized a \$1 billion account (\$500 million in FY 17 and \$500 million in FY 18) for the State response to the opioid abuse crisis. The program seeks to address the opioid crisis by awarding grants to States to enhance treatment, prevention, recovery and overdose reversal programs and services. Grantees were required to use epidemiological data to outline gaps in services, utilize evidence-based implementation strategies, and report progress on categories such as reductions in opioid-related overdose deaths, increased access to treatment and others. In FY 17, Congress appropriated and SAMHSA awarded grants to all 50 States, District of Columbia and 6 territories. We urge the Committee to appropriate \$500 million in FY 18 for the STR grants.

**Centers for Disease Control and Prevention (CDC), Injury Center:** The CDC's Injury Center has steadily increased its work on prescription drug overdose (PDO) prevention over recent years, working with state health departments to accelerate prevention efforts. CDC is working with states to expand the use of Prescription Drug Monitoring Programs (PDMPs); identify and scale up promising prevention practices in hospitals and health systems; evaluate overdose prevention policies such as naloxone administration; and improve data collection efforts including surveillance. They have also developed opioid prescribing guidelines and are working to disseminate those across the country so they are incorporated into medical practice. In FY18 we request \$125 million (level funding) to allow the CDC to enhance its work with states and continue to disseminate opioid prescribing guidelines.

## **Commerce-Justice-Science Appropriations Act**

**Hal Rogers PDMP Grant Program:** PDMPs are a critical tool for addressing prescription drug abuse, yet PDMP capabilities vary widely by state. The Rogers PDMP Program is a discretionary, competitive grant program administered through the Justice Department, Bureau of Justice Assistance. The Rogers grants are intended to enhance the capacity of regulatory and law enforcement agencies and public health officials to collect and analyze controlled substance prescription data and other scheduled chemical products through a centralized database administered by an authorized state agency. We recommend \$16 million for the Rogers PDMP program in FY18, which would represent a \$4 million increase. This would be a small increase compared to what would be needed to expand grants to all 50 states.

**Edward Byrne Memorial Justice Assistance Grant (JAG) Program:** The JAG program provides states and local governments with funding necessary to support a range of program areas including law enforcement, prosecution and court programs including indigent defense, prevention and education programs, corrections and community corrections, drug treatment and enforcement, and planning, evaluation and technology improvement programs. We recommend that you provide \$634 million for this critical program, with no carve outs.

**Drug Enforcement Administration (DEA):** The DEA is a key federal agency in the effort to reverse the opioid epidemic for prescription drug abuse, misuse, and diversion. CEPOP supports the agency's engagement in the National Take-Back Initiative, as well as the innovative 360 Strategy program. We recommend that the Committee include, at minimum, the FY 2017 appropriated levels, plus any enhancements proposed in the Administration's FY 2018 budget request, for these programs in the appropriations bill for the coming year.

## **Financial Services and General Government Appropriations Act**

**Drug-Free Communities Grant Program:** The Drug-Free Communities Grant Program (DFC) is administered by the Office of National Drug Control Policy and provides support for communities to identify and respond to local drug and underage drinking problems. DFC grantees have reduced drug use and abuse in communities throughout the country to levels lower than national averages because they are organized, data driven and take a comprehensive, multi-sector approach to solving and addressing drug issues. DFC coalitions are uniquely situated to deal with emerging drug trends, such as prescription drug abuse, because they have the infrastructure in place to effectively address any drug related issues within their communities. We recommend \$97 million for the DFC, which represents level funding.

**Community-Based Coalition Enhancement Grants:** CARA's prevention provision, Section 103, is purposefully drafted to build on the effective DFC community-based infrastructure to help communities address local drug crises. DFC grantees are maximally prepared and proven effective in preventing and addressing all alcohol, tobacco, and drug issues, as they engage in evidence-based, comprehensive, multi-component strategies across all community sectors to achieve population-level decreases in substance use rates. Providing enhancement grants to existing DFC grantees to specifically deal with opioid abuse is critical because DFC grantee coalitions already have the necessary infrastructure and

expertise to most cost-effectively prevent prescription drug misuse and abuse. We request \$5 million, the full authorization, for this program in FY18.

In addition, Congress has demonstrated a significant commitment to the funding of programs both within the Comprehensive Addiction and Recovery Act (CARA), and more broadly, to other initiatives with an eye on advancing a comprehensive response to the opioid epidemic. We are grateful for the investment of \$153 million in CARA for 2017, which provided the critical down payment to expand resources and supports to communities nationwide. With the increasing overdose numbers and continued challenges of the opioid epidemic, we have listed CARA programs below with a requested funding level for 2018:

<b>CARA</b>	<b>FY 17 FINAL</b>	<b>FY 18 ASK</b>
CARA – Comprehensive Opioid Abuse Program (DOJ)	\$13 million	\$32 million
ONDCP DFC Enhancement Grants (ONDCP)	\$3 million	\$5 million
CARA Veterans Administration Initiatives and Programs	\$50 million	\$50 million
First Responder Training- Overdose Reversal (SAMHSA)	\$12 million	\$12 million
Building Communities of Recovery (SAMHSA)	\$3 million	\$5 million
Pregnant and Postpartum Women (SAMHSA)	\$19.93 million	\$19.93 million
Targeted Capacity Expansion Grants – MAT (SAMHSA)	\$56 million	\$56 million
Access to Overdose Treatment (SAMHSA)	\$1 million	\$1 million
CARA TOTAL	\$153 MILLION	\$181 MILLION

Together, these programs will help expand prevention efforts to reduce opioid misuse and promote access to life saving treatment and recovery services and rescue medications. A comprehensive approach is the one way we will reverse the prescription drug epidemic. Thank you for your consideration.

Sincerely,

American Association of Colleges of Pharmacy  
 American College of Preventative Medicine  
 American Public Health Association  
 AmerisourceBergen Corporation  
 Community Anti-Drug Coalitions of America  
 Faces & Voices of Recovery  
 Genesys-ID  
 Kentucky Office of Drug Control Policy  
 Mallinckrodt Pharmaceuticals  
 National Association of County & City Health Officials  
 National Association of State Alcohol and Drug Abuse Directors  
 National Council for Behavioral Health  
 National Safety Council  
 The Gerontological Society of America  
 The Honorable Mary Bono  
 Trust for America’s Health  
 Verde Technologies