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"A PUBLIC HEALTH EMERGENCY:
STATE EFFORTS TO CURB THE OPIOID CRISIS"

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Testimony of
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Chair DeGette, Ranking Member Guthrie, and members of the committee, thank you for the opportunity to provide testimony on this important issue today. The Massachusetts Department of Public Health (DPH) is one of the nation's oldest public health departments, just celebrating our 150th anniversary, and one that has been at the forefront of public health across the country. The mission of DPH is to keep people healthy and communities strong as we work to prevent illness and injury, ensure access to high quality public health and health care, and promote wellness and health equity for all residents.

In 2015, one of Governor Charlie Baker's first actions upon taking office was to appoint an 18-member working group tasked with developing an action plan in response to the opioid crisis. The group, chaired by our Secretary of Health & Human Services, conducted its work by holding public meetings, assessing the resources devoted to the problem, and submitting specific recommendations. The goals were and continue to be to reduce opioid related deaths and to improve access to treatment.

In my role as the Commissioner of Public Health and as the state's chief physician, I have worked to keep efforts focused on addressing the opioid epidemic in our state. I commend Congress and the federal agencies for providing additional funding and support to the state and local agencies working tirelessly on the front lines every day. I am pleased to be here today to tell you about what the Commonwealth is doing to prevent people from becoming addicted to opioids and other substances in the first place, improving access to treatment, and providing appropriate recovery services for our state's residents.

Background

This latest data indicates that the Commonwealth's public health-centered approach to the opioid epidemic is working and I am heartened to let you know that from 2016 to 2018, our opioid overdose

deaths have declined by four percent. We continue to focus on the widespread availability of naloxone, medication and behavioral health treatment, and sustained recovery services. We have made progress but there is still much work to do; nearly 2,000 individuals in Massachusetts die from opioid use disorder every year, all real people who leave behind families and communities grappling with loss.

Since 2016, the Department, which encompasses the Single State Authority and the State Opioid Treatment Authority, has been awarded \$159,131,562 in federal grant funding specific to opioid use disorder prevention, treatment, and recovery. Massachusetts has used federal funding to support expansion and enhancement of our treatment system through a data-driven approach that targets high-risk, high need priority populations and disparities with the goal of reducing opioid overdose and deaths.

Action Plan and Focus on Data

We are proud of our efforts to deploy these federal funds to local communities in an expedited manner, through our streamlined procurement process and according to the Action Plan set out in 2015 by Governor Charlie Baker.

A key strategy outlined by Governor Baker's opioid working group was to utilize data to identify hot spots and deploy appropriate resources. In 2015, Governor Baker signed legislation authorizing DPH to access data across multiple independent data sets that existed in multiple public agencies. The project, referred to as Public Health Data Warehouse (PHD), enabled us to link 28 data sets and establish an unprecedented public-private partnership to maximize the use of data to study a major public health crisis. This was unprecedented in Massachusetts and is now used as a model by other states.

We use a precision public health approach to inform policy and improve practice. Our data analysis and research allowed us to gain a deep understanding of who was dying, where and why, so that new investments could be strategic.

Combining individual-level data across multiple data sources generated insight not available from one source alone. The data contains patient-specific information such as prescriptions, treatment visits, hospital and emergency room visits, ambulance runs, insurance claims, and opioid-related deaths. Individual names are not used in the data warehouse, but each person has a unique number, so it's possible to tell, for example, that someone rescued by first responders from an overdose was the same person later admitted to a hospital. Being able to provide locally-relevant data insights was a powerful tool in creating a fact-based approach to this crisis.

Our Findings and Response

This precision public health approach led us to focus intently on several key populations:

- Persons released from incarceration
- Mothers with opioid use disorder
- Persons with co-occurring disorders
- People with a history of homelessness
- Communities of color

One new finding, enabled by our cross-referencing of data, showed that for persons released from Massachusetts prisons and jails, the opioid-related overdose death rate is 120 times higher than for the

general population. This fact galvanized action and investment in drug treatment in corrections along with distribution of naloxone to those returning to the community after incarceration.

For example, since 2017, criminal justice-involved individuals with an opioid use disorder have been served by the 100 percent federally-funded Medication-Assisted Treatment Re-Entry Initiative (MAT-RI). The goals of this program in 9 county Houses of Correction are to provide people reentering the community after incarceration with case management, recovery support, linkage to medication and behavioral health treatment, other addiction treatment services and supports, and to prevent opioid overdose and recidivism.

Other data-driven policies have helped stem the tide of overdoses here in the Commonwealth in response to data findings, including a finding that mothers with opioid use disorder had a 321 times higher rate of overdose death than mothers without it.

As a result, we established the “Moms Do Care” program, currently a 100 percent federally funded program. The program operates in 10 distinct health care settings and uses an innovative approach to building and sustaining a seamlessly integrated, trauma informed continuum of care for pregnant and parenting women with a history of opioid use disorders. Since 2016, it has enrolled 522 women, each receiving access to medication and behavioral health treatment and other forms of treatment for addiction; prenatal and postnatal care; specialized labor, delivery, maternity and pediatric care; and peer-to-peer recovery and parenting support. To date, 368 of those in the program were prescribed medication at the time of enrollment. Moms Do Care has received dozens of personal testimonials from women who have received help for their substance use disorder and are now in recovery.

In Massachusetts, the Baker-Polito Administration continues to prioritize our response to the opioid crisis. In collaboration with our Legislature, our state has doubled spending to address the opioid crisis and improve access to treatment for addictions, mental illness and co-occurring disorders. Our Administration is investing nearly \$220 million over five years from the federally approved 1115 Medicaid waiver, which began in fiscal year 2018, to meet the needs of individuals with addictions and/or co-occurring disorders. In September 2018, the Commonwealth was awarded \$35.8 million in federal funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) for the State Opioid Response (SOR) grant. This funding is being directed towards the expansion and creation of a number of initiatives that I have discussed.

DPH has been consistently refining the methodologies used to identify high-burden communities and expediting the release of opioid-related overdose data to inform and target prevention, intervention and treatment responses in a timely manner. Federal funds to address the opioid crisis have provided Massachusetts with the ability to fund a variety of opioid-related prevention, intervention, treatment and recovery support service initiatives, as well as addictions workforce development programming, and communication/media campaigns to inform and educate the general public and specific target audiences impacted by the epidemic, in rural and urban regions across the state.

Use of Federal Dollars

Allow me to summarize how Massachusetts has used our federal dollars to combat the opioid epidemic.

As outlined in Governor Baker's Action Plan, the Commonwealth continues to partner with subject matter experts and organizations that specialize in training to engage in capacity building and workforce development across the state to: a) increase the number of prescribers who receive a DEA-X waiver, enabling them to practice opioid dependency treatment with approved buprenorphine; b) increase the amount of certified addictions counselors and recovery coaches; c) improve the knowledge base on evidence-based addiction prevention and treatment practices; d) reduce the stigma associated with addiction disorders. In 2015, Massachusetts was the first state in the Nation to introduce core competencies into its medical school curriculums. That has grown to include professionals ranging from nurses and doctors, to social workers and physical therapists. We strive to enhance existing capabilities and workforce skill sets in identified areas of need, including partnering with sister state agencies to address opioid overdose prevention training needs in their workforce.

With federal funds we are also supporting improvements to the Massachusetts Prescription Drug Monitoring Program, known as PDMP, to ensure universal prescriber usage, including making PDMP information available in electronic health records so physicians and pharmacists can quickly check a patient's PDMP report before prescribing or dispensing medications. Massachusetts is also part of a national network of PDMPs that are linked, which allows for more extensive tracking and monitoring of prescribing practices and patterns. In addition, we are expanding the development of the state's Population Health Information Tool, an online platform that provides information individuals and communities can leverage to inform best practice interventions to better identify and address addiction and other health risks.

Addiction treatment and service providers in geographic settings that were identified as being of highest need and which were addressed through the application of federal funds include:

- a) expanding Office Based Opioid Treatment and behavioral health treatment to high-risk priority populations including individuals experiencing homelessness, individuals with co-occurring SUD and mental health diagnoses, pregnant women, people of color, and people who identify as LGBTQ;
- b) increasing the number of community-based Overdose Education and Naloxone Distribution (OEND) Programs;
- c) expanding community-based first-responder post-overdose follow-up programs in high-priority locations using a model of in-person, home-based outreach and support after a 911 call for an overdose, aiding individuals and families who may not be accessing other available services;
- d) increasing capacity at Recovery Support Centers;
- e) engaging individuals re-entering the community from a correctional setting receiving medication for opioid use disorder (MOUD) to access continued treatment, including behavioral health counseling, and recovery supports, and retention in the recovery process;
- f) expanding programming that targets pregnant and parenting women with OUD and their dependent children and families;
- g) improving capacity to identify and serve individuals with opioid use disorder and facilitate their access to treatment by implementing opioid treatment programs, including buprenorphine induction, in hospital emergency departments and community health centers;
- h) expanding recovery programming that supports individuals who are stabilizing in their recovery to develop and maintain social connectedness, receive case management, gain access to housing support, and participate in job readiness programs.

Federal Assistance to Address Current Challenges

The availability of federal funding that is flexible is critically important. Providing flexibility to address substance use disorders through prevention, intervention, treatment and recovery, coupled with funding for workforce development and capacity building, as well as supporting surveillance and research activities comprehensively over time, will provide states with necessary resources to strategically plan and execute initiatives.

However, when the requirements of a funding opportunity are restricted to addressing only opioids, states like Massachusetts are limited in flexibility to address the changing landscape of substance misuse, addiction, and co-occurring mental health conditions. Addictions rarely exist without a concomitant behavioral health condition, such as depression, anxiety, post-traumatic stress disorder or other conditions. **It is important that federal funding permit flexibility to support services and programming that are inclusive of treatment for mental health conditions, opioids, and other substances such as alcohol, cocaine, and methamphetamine.**

We strongly encourage future legislative efforts to refrain from a narrow focus on “opioids” when referencing prevention, treatment, and recovery activities in statute and instead encourage broadening the legislative language to include, “substance misuse disorders.” While the opioid epidemic is a crisis today in many states, other drugs such as methamphetamine, cocaine, and benzodiazepines, often in combination with opioids, are emerging as predominant causes of substance misuse among some populations. This is in addition to the long-standing challenge of alcohol misuse and addiction.

Additional flexibilities and broadening of applicability of the funding would allow Massachusetts and other states to study those initiatives in a manner that will allow mitigation of the risks and harms associated with substance misuse, develop and strengthen the evidence base of best practices for preventing and treating addiction disorders, and lead to healthier individuals, families, and communities.

Another challenge where we can use federal assistance is in expanding the use of Naloxone. As we see every single day, Naloxone is a lifesaving antidote that, if available and administered quickly, can reverse an opioid overdose while it is occurring. Outreach workers and first responders should have the ability to provide naloxone to individuals who are using opioids as a harm reduction strategy.

The United State Secretary of Health and Human Services (HHS) has the regulatory authority to exempt drugs from the requirement of a prescription to be dispensed, if doing so would not pose a risk to public health. [See 21 USC c. 9 §353(b)(3)]. Allowing states the flexibility to choose whether to make naloxone available over-the-counter by exempting it from this requirement would pose no risk to public health, since naloxone has little to no side effects at the dose necessary to reverse an opioid overdose. On the contrary, eliminating a prescription requirement would significantly benefit public health by increasing the availability of this lifesaving antidote, thereby providing individuals with a second chance at life and recovery.

HHS could adopt emergency regulations that exempt naloxone from requiring a prescription if the state has authorized over-the-counter use. Making naloxone accessible and affordable to everyone would save lives in my state and across the country. I urge you to support expanding access to this lifesaving drug.

Federal support to improve access to fentanyl testing would be helpful. Fentanyl, a synthetic opioid that is 50 to 100 times more potent than morphine, is being detected in an increasing proportion of postmortem toxicology screens for opioid-related overdose deaths. Among the 445 opioid-related overdose deaths in Massachusetts in 2019, where a toxicology screen was also available, 410 of them (93%) had a positive screen result for fentanyl. While these data indicate fentanyl availability and use is on the rise, most treatment providers cannot readily access rapid urine fentanyl tests due to the federal classification of the tests. The federal government can fix this by designating rapid urine fentanyl tests as waived under the Clinical Laboratory Improvement Amendments of 1988 (CLIA).

Massachusetts is partnering with police departments to coordinate Drug Checking pilots using drug checking portable machines to check material that is in police possession for fentanyl for public health purposes. With no current CLIA-waived fentanyl tests, health care and substance use disorder treatment providers that currently use similar tests to screen for other drugs at the point of care must send samples to offsite CLIA-certified laboratories for fentanyl testing potentially delaying treatment.

Immediate intervention and treatment are of paramount importance in this epidemic, and giving providers the ability to test for fentanyl use in real time provides another opportunity to save lives.

Medication-assisted treatment (MAT) in conjunction with behavioral health treatment is a proven method of treating opioid use disorder by reducing overdose deaths, improving treatment outcomes, and preventing the spread of infectious disease. Medications utilized for treatment include methadone, buprenorphine, and naltrexone, which are prescribed and dispensed to patients through opioid treatment programs or clinical offices, in accordance with federal law and regulations.

The Drug Enforcement Administration (DEA) allows for DATA waiver permits for qualified physicians, nurse practitioners (NP), and physician assistants (PA) to obtain a waiver from the separate registration requirements of the Drug Addiction Treatment Act of 2000 (DATA 2000) to treat opioid addiction with buprenorphine. Physicians applying for the DATA waiver must complete no less than eight (8) hours of additional training with respect to the treatment and management of opioid-addicted patients, while NPs and PAs must complete twenty-four (24) hours of specialized trainings. This compels medical practices to redirect their providers from attending to their patients in order to complete these trainings, which creates another barrier to increasing the number of providers able to prescribe buprenorphine. Coupled with the difficult registration process providers are required to undertake, many providers who have completed the requisite training do not ultimately obtain their DATA waiver.

Additionally, physicians, NPs, and PAs must attest that they have the capacity to refer addiction treatment patients for appropriate counseling and other non-pharmacologic therapies to continue to prescribe. Physicians may not have more than thirty (30) patients on such addiction treatment for the first year, and are then only able to prescribe to two hundred and fifty (250) active patients in subsequent years. NPs and PAs are limited to a cap of one hundred (100) active patients after their first year. There are no such exclusionary waivers for any other types of medications, including opioids. The patient cap also limits providers' ability to provide access to treatment, as those who specialize in addiction medicine and focus on care for patients seeking addiction treatment are limited to a smaller panel, despite their expertise and potential ability to serve more patients than the cap currently allows.

Federal barriers for methadone and buprenorphine should be removed, allowing MAT to be regulated more similarly to other chronic disease treatments and available within traditional health care settings to increase access and reduce stigma. Massachusetts continues to request that the requirement

for medical providers to obtain a waiver from the Drug Enforcement Administration (DEA) to treat opioid use disorder with buprenorphine be eliminated. Federal law should also be amended to support the integration of methadone in the primary care setting.

Finally, we are grateful to Congress for the commitment to address the opioid epidemic. The progress made in Massachusetts is attributable in part to the significant infusion of federal funding we receive, and I encourage Congress to continue these critical funding efforts. We must ensure that the infrastructure, capacity, and support for the population continue to be bolstered and enhanced in the coming years because this crisis did not build overnight, and it will take time to reverse.

Thank you for your dedication to this issue and your work on behalf of so many individuals and families who continue to struggle with opioid addiction, something which is not a choice. Addiction is a disease, and with the continued support of our federal partners, we will build a solution to tackle this epidemic – in my state of Massachusetts and across this country.