

United States Senate

October 1, 2015

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Office of Governor Mike Pence
200 West Washington Street
Indianapolis, IN 46204

Dr. John J. Wernert
Secretary
Indiana Family and Social Services Administration
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Dear Mr. Hill and Secretary Wernert:

Thank you for the invitation to provide comments to the Governor's Task Force on Drug Enforcement, Treatment, and Prevention. Like many Hoosiers, I am deeply troubled by our state's struggle with drug abuse and addiction, particularly the ongoing opioid abuse epidemic, and its impact on individual Hoosiers, their families, and our communities. I am grateful for your participation in this important Task Force, and I urge you to take this opportunity to identify honest, actionable recommendations that can be readily implemented as part of both a short-term and a long-term response to Indiana's addiction problems.

We must also recognize that a public health crisis of this magnitude necessitates not only sound policy changes, but also a commitment to provide the support and resources required to adequately address the problem. I urge you to work with both the Governor and the General Assembly to ensure that they use their full authority to act on and implement the best recommendations this panel provides.

Effective strategies to address this epidemic will take all of us — doctors, pharmacists, public health professionals, educators, law enforcement, and local, state and federal officials — working together. As your partner in the U.S. Senate, I have identified steps that we can take at the federal level to help prevent drug abuse, assist those who are struggling with addiction, and support law enforcement in their efforts to crack down on drug trafficking and protect the public from related crime.

Over the last two years, I have worked with my friend, Senator Kelly Ayotte of New Hampshire, to introduce the bipartisan *Heroin and Prescription Opioid Abuse Prevention, Education, and*

Enforcement Act, which focuses on several key areas: enhancing training and education for prescribers; supporting state development of prescription drug monitoring programs; ensuring adequate funding for law enforcement; expanding access to naloxone; and raising awareness of the dangers of prescription opioid abuse and heroin use.

In addition to advocating for these priorities, I have called on my colleagues on the relevant Senate Appropriations Subcommittees to prioritize funding to expand access to treatment for those suffering from addiction. I also am exploring ways that the federal government can help incentivize more people to pursue careers as providers of substance abuse treatment services to address the critical shortage of substance abuse treatment providers in Indiana and across the country.

Below, I am providing detailed comments to the Task Force on several of these areas. Fighting drug addiction in our state will require a comprehensive effort. These comments are not intended as an exhaustive list of solutions, but rather, suggestions for defined areas in which we can take action now to help address drug abuse and addiction in Indiana going forward.

Prevention

Prescriber Engagement and Education

Over-prescribing of opioid painkillers has contributed to the epidemic of opioid addiction that we are seeing across the United States. At the federal level, the Centers for Disease Control and Prevention (CDC) is currently undertaking a review process, similar to the one Senator Ayotte and I call for in our bill, to develop recommended opioid prescribing guidelines in consultation with relevant stakeholders, including medical professionals, federal and state agencies, pain management organizations, and others. I am following this process closely, and I am hopeful that it will produce recommendations that will be useful tools for prescribers, assisting in efforts to identify those who are at risk for addiction, while ensuring that those for whom opioid painkillers are the best treatment can safely receive them to manage their pain.

I recently co-hosted a roundtable discussion on this topic with Congresswoman Susan Brooks, and it was clear from our discussion that while Indiana has already taken significant steps to curb over-prescribing, there is more that we can do to ensure that Indiana's prescribers have the training and tools that they need to help address opioid abuse and addiction more broadly.

I encourage the Task Force to consider ways to further engage the prescriber community in the fight against opioid addiction, one of the most significant addiction challenges facing our state.

Prescription Drug Monitoring Programs

The CDC has recognized that prescription drug monitoring programs (PDMPs) are one of the most promising state-level tools to address prescription drug abuse. This is particularly true if PDMPs are widely used by prescribers, provide real-time or near real-time data, are actively managed and utilized by state health departments, and the reports are easy to use and understand.

Indiana's PDMP, INSPECT, has great potential to be a valuable resource for prescribers, law enforcement, and public health officials. Maximizing the potential benefit from this program, however, requires not only resources, but active engagement from the state. Since hearing reports of problems with the administration and security of INSPECT earlier this year, I have been concerned that this program is not receiving the attention that it warrants.

I recommend that the Task Force acknowledge the full potential of Indiana's PDMP, INSPECT, and encourage the Governor to provide the program with the attention and support necessary to address management and security concerns, and enhance its use as a public health tool in our state.

Prevention Efforts

I have been a strong supporter of increasing funding for the Drug Free Communities (DFC) Program, which provides federal grants to community coalitions engaged in local drug abuse prevention efforts aimed at young people. Fourteen coalitions in Indiana have received DFC funding in 2015. This type of local effort has proven effective at reducing youth drug use, and there are many more communities that would benefit from similar prevention and education programs.

I hear repeatedly from constituents and stakeholders that more investment in prevention is needed. I encourage the Task Force to engage with these community coalitions and recommend that additional resources be allocated to strengthen prevention efforts across the state.

Enforcement

The opioid abuse epidemic and increase in heroin use have put additional strain on the limited resources our state and local law enforcement agencies must manage to ensure that the communities they serve are protected. While we need to address drug addiction as a public health matter, absent more intervention, our law enforcement officers and criminal justice system will continue to bear the heavy burden of responding to this epidemic. That is why I have encouraged the Senate Appropriations Committee to support additional funding for state and local law enforcement agencies through the Edward Byrne Memorial Justice Assistance Grant Program. In fact, my legislation contains a provision that would reauthorize this vital program through fiscal year 2020. I have also been a supporter of federal grants to help launch Drug Treatment Courts and Veterans Courts throughout the country, which provide a treatment-focused alternative to incarceration for certain non-violent offenders.

I encourage the Task Force to consider ways to expand access to innovative criminal justice programs, such as Drug Treatment Courts, Veterans Courts, and enhanced probation programs for low-level offenders who are facing addiction.

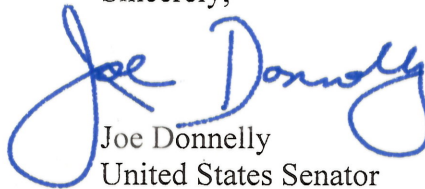
Access to Treatment

As you know from the state's successful efforts to expand Medicaid through HIP 2.0, an opportunity made possible by the Affordable Care Act, section 1115 of the Social Security Act

allows states to test innovative policy and delivery system approaches that promote the objectives of Medicaid. The Centers for Medicare and Medicaid Services (CMS) recently announced that states can use the section 1115 waiver to create service delivery systems for Medicaid beneficiaries with substance use disorders (SUD). Through this waiver process, states have the ability to expand and improve access to physical and behavioral health care for people with SUD. As part of this initiative, states may receive federal financial participation (FFP) for costs that would not otherwise be matched, such as services delivered to targeted populations in limited geographic areas, or in settings that are not otherwise covered under the Medicaid program. CMS has already approved a request from California to amend their section 1115 waiver for these services, and other states are looking into ways to take advantage of this program. I encourage you to recommend that the state utilize this federal initiative and stand ready to assist in that effort.

I am committed to working with my colleagues on both sides of the aisle to do our part in Congress to fight against addiction. I hope that you will consider my recommendations, and likewise, if there are additional actions at the federal level that the Task Forces believes would be of assistance to Indiana, please do not hesitate to contact me with those suggestions.

Sincerely,



Joe Donnelly
United States Senator