March 22, 2016

The Honorable Brian Sandoval
Governor of Nevada
Capitol Building
Carson City, NV 89701

Dear Governor Sandoval:

At the recent National Governors Association (NGA) Winter Meeting, we heard Governors voice concerns similar to those we have heard from families across the country about the devastating impact of prescription opioid abuse and heroin use in their States. Indeed, across America, more Americans now die every year from drug overdoses than they do in motor vehicle crashes.

The Administration has made addressing this epidemic a priority and has put in place programs and resources that can reduce drug misuse and overdose. Many of these support ongoing efforts in States, and we continue to develop innovative ways to help American families who have been affected. Building on this work, the President put forward a $1.1 billion request this year for new funding to ensure that every American who wants treatment can get the help they need. In addition, just last week, the Centers for Disease Control and Prevention released a Guideline for Prescribing Opioids for Chronic Pain that will help health care professionals provide safer and more effective care for patients dealing with chronic pain. The Guideline will help these providers drive down the rates of opioid use disorder, overdose, and related deaths. We know this is a goal we all share.

States are on the front lines and play a critical role in turning the tide of this epidemic. The Administration welcomes the strong engagement from the NGA, including their *Priorities for Addressing the Nation's Opioid Crisis.* Many of these priorities—such as preventing and identifying addiction, expanding access to treatment and recovery, and enhancing support for law enforcement—would be funded if Congress acts quickly on the President's budget request.

We applaud the commitment and work you and your State have already undertaken to address this epidemic. As you further develop and refine the steps your State takes, we wanted to share some best practices that States like yours have implemented. Taken together, these steps can help prevent substance use disorders and overdoses, expand treatment to more Americans, and, ultimately, save lives.

We stand ready to work with you and your State to provide any technical assistance needed as you implement these best practices, and we encourage you to share the progress you are seeing as a result, with us and your colleagues. We also look forward to continuing to work with you on innovative strategies and ideas for addressing this epidemic. Please do not hesitate to contact us. We welcome discussing any questions or ideas you may have.

Sincerely,

Michael P. Botticelli
Director, National
Drug Control Policy

Thomas J. Vilsack
Secretary of Agriculture

Sylvia M. Burwell
Secretary of Health and
Human Services

Enclosure

## Key Steps States Are Taking to Address the Opioid Epidemic
**March 2016**

1. **Requiring All Prescribers to Receive Appropriate Opioid Prescribing Training.**
   - 14 States have enacted legislation requiring physicians to receive education about proper prescribing of opioids.

2. **Establishing a Prescription Drug Monitoring Program (PDMP).**
   - 49 States have established a PDMP to collect, monitor, and analyze electronically transmitted prescribing and dispensing data submitted by pharmacies and dispensing practitioners. PDMPs are a proven tool for reducing prescription drug abuse and diversion.

3. **Requiring Pharmacists to Submit Data to PDMPs within 24 Hours.**
   - 22 States require pharmacies to submit their drug dispensing data to the State-established Prescription Drug Monitoring Program (PDMP) on a timely basis—within 24 hours.
   - Such timely submissions will inform prescribing and help identify potentially problematic activity. Delayed data submission reduces the usefulness of the prescription history data and has implications for patient safety and public health.

4. **Requiring PDMP Use by All Prescribers.**
   - 8 States require prescribers to consult the PDMP prior to prescribing opioids—both before initial opioid prescriptions and at specific intervals thereafter.

5. **Increasing PDMP Interoperability with Other States.**
   - State cooperation across State lines (especially with contiguous States) ensures that prescribers in neighboring communities have access to similar information given the fact that in some regional areas individuals can readily seek care across State lines.

6. **Legalizing Syringe Service Programs.**
   - At least 33 States have either authorized syringe service programs, decreased barriers to the distribution of clean needles, or altogether removed syringes from the list of drug paraphernalia.
   - On the other hand, some States have created barriers to these services either by prohibiting them or only permitting the operation of the programs under extraordinary circumstances, which limits their public health benefits.
   - Syringe service programs also offer an opportunity to link individuals to services, including HIV and hepatitis C testing and care for those infected, substance use disorder treatment, and overdose prevention.

7. **Permitting Distribution of Naloxone by Pharmacists.**
   - Naloxone has been a life-saving drug for thousands of Americans who could have otherwise died from an overdose. States can grant pharmacists with the authority to dispense Naloxone rather than relying on individual physicians to prescribe it.

8. **Permitting Third Party Prescriptions of Naloxone.**
   - In order to get Naloxone in the hands of those who may need it, 39 States grant prescribers the ability to dispense a naloxone prescription to someone (e.g. family member, caregiver) who is not the ultimate recipient of the drug but who is close to someone at-risk.

9. **Improving Medicaid Prevention and Treatment.**
   - States can review their Medicaid benefits coverage, delivery systems, payment mechanisms, and provider networks for treatment of substance use disorder to ensure that access to effective and robust treatments models are available for beneficiaries. (https://www.medicaid.gov/federal-policy-guidance/downloads/SMD15003.pdf)
   - States can review their benefits coverage, service utilization and other data to assess if Medicaid enrollees with opioid use disorders have sufficient access to medication assisted treatment services. (https://www.medicaid.gov/federal-policy-guidance/downloads/CIB-02-02-16.pdf)
   - States can remove methadone for pain outside of end-of-life care from their preferred drug list or formulary. In Oregon, this action resulted in a 58-percent decrease in overdose deaths associated with methadone poisoning. (https://www.medicaid.gov/federal-policy-guidance/downloads/CIB-02-02-16.pdf)

10. **Supporting Law Enforcement and Public Health Partnerships.**
   - To address the heroin threat, 15 States have established a network of public health and law enforcement partnerships through the White House Office of National Drug Control Policy's High Intensity Drug Trafficking Areas program.
   - States are also working to expand access to medication-assisted treatment for justice-involved individuals.

11. **Creating Opportunities for People to Dispose of Unused Prescription Opioids.**
   - The Drug Enforcement Agency (DEA) continues to conduct National Take Back Days twice a year, but States and local communities can create more regular opportunities for their citizens to dispose of unwanted prescription opioids. DEA has released a new rule for the more effective and safe disposing of unneeded controlled substances and guidance to assist States and local communities in establishing their own disposal programs.