



Representative Greg Walden

Serving the people of Oregon's Second District

Addressing Opioid Addiction: An "all hands on deck" approach to addressing a growing epidemic

Addiction and overdoses are happening at alarming rates in every single community. In 2012 alone, 260 million opioid prescriptions were written in the nation, outpacing the number of American adults by 20 million. With opioid prescriptions serving as the gateway to heroin, it's no surprise that deaths from drug overdoses have far surpassed those from motor-vehicle accidents in the state of Oregon. The United States House of Representatives is tackling this epidemic head on by working to pass several bills that improve prevention efforts, treat the causes of opioid abuse, and help those most at risk.

Appropriately Managing Chronic Pain

Treating patients in pain who are dependent on opioids involves a delicate balance between managing pain relief and risk of drug abuse. **H.R. 4641 provides for the establishment of an interagency task force** to review, modify, and update best practices for pain management and prescribing pain medication. The bill would authorize the Secretary of Health and Human Services to convene a task force to review, revise if appropriate, and disseminate these best practices for chronic and acute pain management.

Reducing the Overprescribing of Opioids

H.R. 4976, the Opioid Review Modernization Act, tasks the Food and Drug Administration (FDA) to make an action plan on how to deal with the opioid epidemic. The bill provides for more stringent FDA review of new opioids without abuse-deterrent properties, recommendations for labeling of pediatric opioids, and recommendations for prescriber education.

Many patients don't use all of the opioids they take home. In order to reduce the number of unused pills in circulation, **H.R. 4599, the Reducing Unused Medications Act**, clarifies when a prescription for a drug listed on Schedule II of the CSA may be partially filled.

Prescription Drug Monitoring Programs (PDMPs) are state-run electronic databases used to track the prescribing and dispensing of controlled prescription drugs to monitor for suspected abuse or diversion. **H.R.1725, the National All Schedules Prescription Electronic Reporting (NASPER) Reauthorization Act** reauthorizes a program that provides funding to states to improve PDMPs, to make prescriber access to faster and more efficient to facilitate great usage of these effective warning systems.

Improving and Increasing Access to Treatment

It is critical that the nation addresses the capacity, availability and need for inpatient and outpatient treatment for opioid use disorders. **H.R. 4982, the Examining Opioid Treatment Infrastructure Act**, requires the Government Accountability Office (GAO) to issue a report to Congress on substance abuse treatment availability and infrastructure needs across the United States. The report will include an evaluation of various substance abuse treatment settings including inpatient, outpatient, and detoxification programs.

H.R. 4981, the Opioid Use Disorder Treatment Expansion and Modernization Act, would amend the Controlled Substances Act to expand access to medication-assisted treatment (MAT), while ensuring that patients receive a full array of quality evidence-based services and minimizing the potential for drug diversion. Patients must sign off on a treatment plan and prescribers must meet rigorous training requirements and provide other services in the continuum of addiction treatment, such as counseling and other supports.

Treating Our Most Vulnerable Victims

Opioid addiction during pregnancy is especially dangerous and increases the risk for infants to be born with neonatal abstinence syndrome (NAS) - newborn drug addiction. Approximately every 19 minutes a child is born with an opioid addiction. **H.R. 4978, the Nurturing and Supporting Healthy Babies Act**, would require a GAO evaluation of neonatal abstinence syndrome and the availability of treatment for this condition in the nation's Medicaid programs.

Substance abuse treatment that supports the family as a unit has proven effective for maintaining maternal sobriety and child well-being. **H.R. 3691, the Improving Treatment for Pregnant and Postpartum Women Act**, would reauthorize residential programs providing substance abuse treatment for pregnant and postpartum women, in addition to their children. It also establishes pilot program grants to address service gaps for pregnant and postpartum women, including services in nonresidential settings, and to encourage new models of service delivery across the continuum of care.

Many student athletes have succumbed to addiction that started with a prescription for a sports injury. According to University of Michigan research, adolescent males playing sports are twice as likely to be prescribed painkillers and four times more likely to abuse them than non-athletes. **H.R. 4969, the James Thomas Decker Act** will improve information and materials available to teenagers and adolescents injured in sports who are at risk opioid addiction. Getting parents and student educated about the dangers of pain killers will help prevent substance abuse and death in student-athletes.

Increasing Resources to Treat Overdoses

The drug naloxone is an effective emergency intervention to bring someone back from an overdose. According to the CDC, naloxone reversed over 26,000 overdoses between 1996 and 2014. **H.R. 4586, Lali's Law** will improve the dispensation of opioid overdose reversal medications such as naloxone. It would give at risk patients better access to overdose reversal drugs by authorizing grants to States to develop standing orders for naloxone.

H.R. 3680, the Co-Prescribing to Reduce Overdoses Act, would establish a grant program for the creation of opioid overdose reversal co-prescribing guidelines for patients who are at a high risk of overdose.

Military men and women receive some of the best technical training in emergency medicine, and prove their skills on the battlefield every day. However they are often required to start their training over again to receive basic certification for civilian jobs. **H.R. 1818, the Veteran Emergency Medical Technician Support Act**, will streamline the procedures for veterans with emergency medical training to become civilian emergency medical technicians, increasing the number of medical first responders to help those at risk of overdose.

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