

United States Senate

WASHINGTON, DC 20510

March 15, 2018

The Honorable Thad Cochran
Chairman
Senate Committee on Appropriations
S-128, The Capitol
Washington, D.C. 20510

The Honorable Patrick Leahy
Vice Chairman
Senate Committee on Appropriations
S-128, The Capitol
Washington, D.C. 20510

The Honorable Richard Shelby
Chairman
Subcommittee on Commerce, Justice,
Science, and Related Agencies
Senate Committee on Appropriations
142 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Jeanne Shaheen
Ranking Member
Subcommittee on Commerce, Justice,
Science, and Related Agencies
Senate Committee on Appropriations
125 Hart Senate Office Building
Washington, D.C. 20510

The Honorable Roy Blunt
Chairman
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
Senate Committee on Appropriations
136 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Patty Murray
Ranking Member
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
Senate Committee on Appropriations
125 Hart Senate Office Building
Washington, D.C. 20510

Dear Chairman Cochran, Vice Chairman Leahy, Chairman Shelby, Ranking Member Shaheen, Chairman Blunt, and Ranking Member Murray:

As Senators representing states where the opioid and addiction epidemic is particularly acute, we write to share our priorities as the Committee allocates the additional \$6 billion for opioid addiction and mental health that Congress committed last month. As you know, more than 174 Americans continue to lose their lives every day to drug overdose. We cannot arrest our way out of this epidemic. Accordingly, we urge you to prioritize programs that emphasize an evidence-based, public health approach to the addiction epidemic as you finalize the Fiscal Year 2018 omnibus appropriations package.

While passage of the *Comprehensive Addiction and Recovery (CARA) Act* and the *21st Century Cures Act* helped to lay a critical framework for a coordinated, comprehensive federal response to this crisis, combatting our nation's addiction epidemic requires additional action and significant investment in education, prevention, treatment, and recovery. It is critical we treat addiction as the public health crisis it is, and fund our response accordingly. As you contemplate how to allocate this additional \$6 billion in funding, we urge you to prioritize investments in evidence-based public health programs, including the allocation of resources for the following programs:

Increase funding for State Targeted Response (STR) Grants (STR). Authorized in CARA and funded through the *21st Century Cures Act*, STR grants help provide resources directly to

states, Tribes, and communities to help tackle the overdose crisis. STR grants are flexible, allowing states the flexibility to spend dollars on evidence-based programming that is most relevant to the local community. We encourage the Committee to significantly increase funding for STR grants, and allow states as well as Tribes with particularly high needs to draw down additional resources quickly.

Expand & Improve Access to Medication-Assisted Treatment (MAT). Public health officials consider all three Food and Drug Administration-approved forms of MAT – buprenorphine, methadone, and naltrexone – to be the “gold standard” for addiction treatment, especially when paired with counseling and behavioral therapies. However, despite the availability of these evidence-based options, it is well-documented that the majority of individuals struggling with opioid use disorder in the U.S. do not receive care, and an even fewer number received evidence-based care. We encourage the Committee to include funding to increase access to MAT across all populations, including individuals struggling with substance use disorder in federal prisons, state correctional facilities, and reentry programs, and ensure individuals have access to more than one MAT option.

Bolster resources for studying and treating pregnant and postpartum women, as well as babies born with Neonatal Abstinence Syndrome (NAS). As part of CARA and the 21st Century Cures Act, Congress has acted to encourage additional research on opioid use in pregnant and postpartum women and NAS, as well as prioritize resources for this particularly vulnerable group of individuals affected by the opioid epidemic. The Committee should work to build on prior efforts designed to prioritize research and treatment of women and babies affected by the addiction epidemic, and address gaps remaining in the continuum of care for these individuals.

Increase funding for the Centers for Disease Control and Prevention (CDC)’s Division of Viral Hepatitis. The addiction epidemic has triggered another public health epidemic: the spread of infectious diseases, including HIV, hepatitis B virus, and hepatitis C virus. The CDC has identified 220 counties across the country at risk for outbreaks of both HIV and hepatitis C virus associated with the opioid crisis. Strengthening our public health infrastructure will allow us to maximize investments made to expand treatment and overdose prevention as well as address the rising impact of infectious diseases caused by the opioid crisis. Accordingly, we urge the Committee to provide an increase in funding to the CDC’s Division of Viral Hepatitis.

Enhance resources for syringe services programs (SSPs). SSPs have a proven record of accomplishment of addressing HIV and hepatitis outbreaks in states where they exist, and are excellent platforms through which to reach people who inject drugs and engage them into the broader healthcare and treatment systems. SSPs are a vital tool in tackling the overdose crisis; the need to support state and local programs through this cost-effective, evidence-based measure is clear. We appreciate the Committee’s efforts to partially lift the federal ban on SSP funding, and we urge the Committee to take the next step of fully eliminating the partial ban on federal funding for SSPs, and consider providing additional resources to increase the number of SSPs across our nation.

Increase funding for naloxone. Naloxone is an overdose reversal drug that has saved lives, even as the overdose crisis continues. The Committee has done an admirable job of providing funding to get naloxone into the hands of as many people as possible. We urge the Committee to increase funding for naloxone, with a specific emphasis on increasing the availability of naloxone for drug users and their loved ones.

Increase funding for Law Enforcement Assisted Diversion (LEAD) & Interdiction. Congress and the public have recognized that we cannot incarcerate its way out of the addiction epidemic. Instead of funneling individuals struggling with substance misuse disorder into the criminal justice system, Congress should support technologies and innovative programs that help keep drugs like fentanyl out of our communities and prioritize treatment and public health interventions. LEAD is a diversion program where police officers can use their discretion to enroll individuals in the LEAD program, where they are given a case manager to assess individuals and decide which course of action will work best for them—drug treatment, overdose prevention, housing, education, etc. A recent study showed that LEAD participants were 60 percent less likely to be rearrested. Last year, the Committee allocated \$2.5 million in funding for LEAD. We urge you to provide funding for interdiction of fentanyl and its analogs at the border, as well as increase funding for LEAD given the new availability of resources for tackling the overdose crisis.

Provide funding to improve overdose data collection, with a focus on speed and accuracy. Too often, overdose data is often inaccurate and delayed. Timely and accurate data is vital for making important policy decisions. The CDC's State Unintentional Drug Overdose Reporting System (SUDORS) and Enhanced State Opioid Overdose Surveillance (ESOOS) system helps to increase the timeliness of reporting opioid overdoses by disseminating surveillance findings to key stakeholders to help inform prevention and response efforts for opioid-involved overdoses. While the CDC has been working to increase the reach of these systems, the Agency only has sufficient funding to fund ESOOS across 32 states. The Committee should supply sufficient funding to the CDC to ensure SUDORS and ESOOS are operational across all 50 states, and prioritize funding for institutions, including coroners and medical examiners, capable of providing accurate, up-to-date data to help identify trends and prioritize resources.

Increase resources for education and prevention efforts. Whether it's providing training to first responders and family members on how to use naloxone, educating youth on the risks of opioids, providing additional educational opportunities for healthcare providers, or providing recovery support services for individuals, it is critical that Congress prioritize funding for efforts designed to prevent addiction and overdose. We urge the committee to dedicate additional resources for evidence-based efforts that prioritize prevention and education.

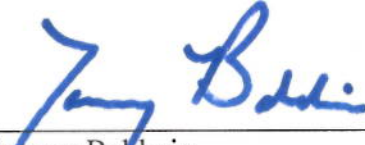
Funding for fentanyl hotspot and opioid-alternative research. The National Institute of Drug Abuse has developed fentanyl hotspot studies to understand more about where fentanyl is prevalent, why people are using it, what it is being mixed with, and more. Such studies include interviews with drug users, law enforcement, medical officials and more. They are an important way of learning more about fentanyl use in this country, with the potential to help reduce overdose fatalities. The National Institutes of Health is also advancing research to develop new alternatives for pain relief, including safe, more effective, and non-addictive pain relievers or non-opioid analgesics. We encourage the Committee to fund more of these studies.

We thank you for your past leadership in investing in evidence-based public health programs, and urge you to continue to prioritize evidence-based public health solutions for the addiction epidemic in the omnibus. We appreciate your willingness to take our priorities into account as you craft the omnibus.

Sincerely,



Sherrod Brown
United States Senator



Tammy Baldwin
United States Senator



Amy Klobuchar
United States Senator



Edward J. Markey
United States Senator



Richard Blumenthal
United States Senator



Benjamin L. Cardin
United States Senator



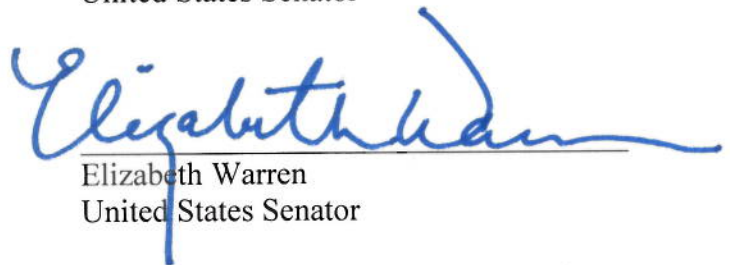
Kirsten Gillibrand
United States Senator



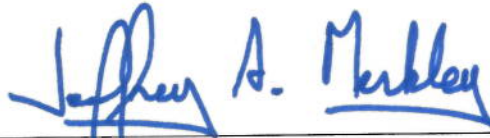
Sheldon Whitehouse
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Cory A. Booker
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Elizabeth Warren
United States Senator



Jeff Merkley
United States Senator



Tammy Duckworth
United States Senator