

Synopsis of the Final Report issued by The President's Commission on Combating Drug Addiction and the Opioid Crisis

November 8, 2017

A White House Commission established in response to a Presidential [Executive Order](#) to study ways to combat and treat drug abuse, addiction, and the opioid crisis recently issued its [final report](#). Earlier this year, the Commission issued a [draft Opioid Report](#) and the Council submitted [comments](#) to it. The final report includes an overview of the problem of drug addiction and the opioid crisis, as well as a description of the related federal programs and funding streams available.

Central to the report are 56 recommendations for improving the Federal response to drug addiction and the opioid crisis. These recommendations span four broad areas: 1.) federal funding and programs; 2.) opioid addiction prevention; 3.) opioid addiction treatment, overdose reversal, and recovery; and 4.) research and development. While many of these recommendations are laudable, *it is important to note that the Administration has not yet identified new resources available* to expand treatment or otherwise implement the initiatives outlined in the report.

Below is a selection of the recommendations in each section that are likely to be of greatest interest to the HCH community.

1. **Federal funding and program recommendations** focus on consolidating existing funding sources into a single block grant and having more tracking and accountability for these funds.
2. **Opioid addiction prevention recommendations** focused on establishing prescribing guidelines, regulations, and education; Prescription Drug Monitoring Program (PDMP) enhancements; and supply reduction strategies. Of particular note for the HCH community are recommendations to:
 - Develop policies to ensure patient consent prior to opioid prescription for chronic pain
 - Develop a national curriculum and standards of care for opioid prescribers
 - Develop a model training program for all levels of medical education
 - Integrate PDMP data with EHR systems
 - Remove pain survey questions from patient satisfaction surveys
 - Modify reimbursement policies that discourage non-opioid pain treatments

3. **Opioid addiction treatment, overdose reversal and recovery recommendations** focus on a wide range of provisions. Of particular note are the following:
- Incorporate quality measures as well as process and outcomes measures of treatment services
 - Remove reimbursement and policy barriers to substance use disorder treatment, such as patient limits, that limit access to any forms of FDA-approved medication-assisted treatment (MAT), counseling, inpatient/residential treatment, and other treatment modalities, particularly fail-first protocols and frequent prior authorizations.
 - Modify reimbursement rates to better cover the true costs of addiction treatment
 - Increase MATs with pre-trial detainees and continue treatment upon release
 - Establish drug courts at the federal level, and encourage states to apply for drug court grants
 - “Prioritize addiction knowledge across all health disciplines” at the Health Resources and Services Administration (HRSA). *[NOTE: The draft report included a recommendation that CMS “should require all federally-qualified health centers to mandate that their staff physicians, physician assistants, and nurse practitioners possess waivers to prescribe buprenorphine.” This recommendation is not present in the final report in any form.]*
 - Make better use of the National Health Service Corps
 - Implement policies related to recovery support services (peer to peer programs, jobs/life skills, supportive housing, recovery housing)
 - Disseminate best practices for keeping families together and facilitating family-centered treatment approaches. Models should include supportive housing and MATs.
 - Federal agencies and other stakeholders should develop quality standards for recovery housing programs.
4. **Research recommendations** include reviewing existing research for pain management, develop and fast-track approval for new medications for SUD, and establish guidelines for diversion surveillance.