

# NACCHO

National Association of County & City Health Officials

*The National Connection for Local Public Health*

January 8, 2018

The Honorable Lamar Alexander  
Chairman  
Senate Health, Education, Labor  
and Pensions Committee  
Washington, DC 20510

The Honorable Patty Murray  
Ranking Member  
Senate Health, Education, Labor  
and Pensions Committee  
Washington, DC 20510

Dear Chairman Alexander and Ranking Member Murray:

The National Association of County and City Health Officials (NACCHO) is writing to provide comments on best practices in response to the opioid epidemic that claims the lives of 91 Americans every day. NACCHO represents the nation's nearly 3,000 local health departments. These city, county, metropolitan, district, and tribal departments work every day to help ensure prevention and treatment options and resources are available to those affected by the opioid epidemic. NACCHO appreciates your work to seek solutions to address opioid misuse and abuse.

The opioid epidemic has been driven by multiple factors including poverty and unemployment; lack of access to healthcare; limited availability of treatment facilities (e.g., mental and behavioral health) and modalities (e.g., medication-assisted therapy); stigma of mental health issues and treatment; and prescribing practices.

In accordance with NACCHO's policy statement [Prescription Drug Abuse and Overdose Response](#), NACCHO would like to highlight the critical role that local health departments play in supporting the prevention of prescription and illicit drug overdose and ensuring appropriate prescribing. NACCHO has previously requested funding from Congress to fund local and state agencies and support evidence-based strategies that utilize surveillance, cross-cutting partnerships, treatment and recovery, education, and legislation to prevent and mitigate the impact of this epidemic. NACCHO has also recommended a further emphasis on how Federal dollars can be better allocated to local communities that are dealing with this epidemic every day.

In 2018, with support from the Centers for Disease Control and Prevention (CDC), NACCHO will provide four selected health departments with \$100,000 grants to build local capacity to implement identified strategies to reduce fatal and non-fatal overdoses. The sites include: Bell County, KY; Hillsborough County, NH; Montgomery County, OH; Boone County, WV. The program will also identify cooperative strategies to improve local opioid overdose outcomes.

The opioid epidemic will not be solved overnight, and will require an investment by Congress and the Administration to state and local health departments to conduct research and analysis that supports and informs the development, evaluation, and promotion of programs and policies to prevent drug abuse and overdose.

NACCHO would like to make the following evidence-based recommendations for your consideration:



NACCHO recommends passage of legislation that:

- Require healthcare providers to physically examine patients before prescribing prescription drugs.
- Mandate the use of tamper-resistant forms for all controlled substance prescriptions.
- Set limits on prescribing or dispensing controlled substances, with allowances for specialty clinics and pharmacies with documented expertise in the management of substance dependency and chronic pain.
- Prohibit patients seeking drugs from withholding from one healthcare provider information regarding other or prior treatments, visits, or prescriptions from another provider.
- Require patients to provide identification prior to filling a prescription for a controlled substance.
- Provide immunity from prosecution for possession of a controlled substance during the overdose incident for individuals seeking help or for those providing help for another person experiencing an overdose. (Good Samaritan)
- Increase pharmaceutical industry product stewardship initiatives that allow for safe disposal of unwanted prescription drugs that have significant potential for substance abuse and dependency
- Protect first responders and good Samaritans from liability associated with naloxone administration during a suspected drug overdose.

In addition, regulations should require state oversight of pain management clinics or other specific requirements for registration, licensure, or ownership.

### **Infectious Disease Prevention**

Local health departments are key partners in protecting the health and well-being of their community and are instrumental in slowing the opioid epidemic. In addition to concerns about opioid overdose, there are additional risks for poor health outcomes and blood-borne infections, including HIV, hepatitis C virus (HCV), and hepatitis B virus (HBV) among injection drug users. Substantial progress has been made in reducing HIV infections among injection drug users, but increases in injection drug use stemming from the opioid epidemic present a new set of challenges, particularly in rural and suburban communities. These areas often lack the public health and healthcare infrastructure and services to comprehensively address the epidemic, leaving communities vulnerable to infectious disease outbreaks. For example, the Appalachian states of Kentucky, Tennessee, West Virginia, and Virginia experienced a 364% increase in new HCV cases from 2006 to 2012, and a 114% increase in HBV from 2009 to 2013. Well-known is the outbreak of HIV among 200 local residents of Scott County, Indiana. This outbreak was the first-time injection of prescription opioids was linked to an outbreak of HIV.

Medication-assisted treatment (MAT) programs reduce overdose and deaths. NACCHO recommends expanding MAT programs to also include health care screenings for individuals seeking treatment for opioid use disorder. Screening and treating recipients of MAT programs for infectious diseases will prevent the spread of Hepatitis B and C.

Hepatitis B and C outbreaks are more likely to occur in communities dealing with intravenous drug users. NACCHO recommends the removal of federal barriers to syringe service programs (SSP) which have been proven to decrease rates in Hepatitis B and C, and HIV infections. NACCHO supports the removal of the ban on the use of federal funds to support syringe services programs.

## **Naloxone**

First responders, patients, family members, and other caregivers must be educated on how to recognize the signs of an overdose and how to administer naloxone or similar drugs to lower overdose death rates. NACCHO supports preventing opioid overdose by expanding access to life-saving rescue medications, such as naloxone or similar drugs to reverse drug overdose, to first responders, patients, and family members or caregivers. Controlling the cost of naloxone and expanding availability to life-saving antidotes better equips local health departments and other first responders to address this epidemic. Increases in funding will increase access to naloxone through the medical community, pharmacies, law enforcement, and first responders. Naloxone can help to limit the fallout from the opioid epidemic. NACCHO recommends exploration of options by the Department of Health and Human Services to bulk purchase naloxone for distribution to state and local health departments and/or negotiate deep discounts and rebates to bring down the cost of naloxone across the delivery modalities.

## **Mandatory Education for Health Care Professionals**

NACCHO supports mandatory education for healthcare providers who prescribe prescription pain medication about the risk factors, but more importantly the provider must educate patients, and their families, about prescription drug abuse and overdose, including risk factors, prevention strategies such as the dispensing of naloxone to reverse overdose, and prescription security. It is important for providers to educate the public on prescription drug disposal as well. Education must be provided for healthcare providers about recommended prescribing guidelines, such as those outlined in the CDC's [Guidelines for Prescribing Opioids for Chronic Pain Healthcare](#). Providers should also be trained on new treatment options for substance dependence disorders.

Local health departments can be critical partners in providing education to healthcare providers and patients about opioid misuse, abuse, and overdose, including risk factors, prevention strategies, and prescription security. Local health departments are also crucial partners in providing education and support to address community-wide efforts to prevent opioid overdose.

## **Enhanced Monitoring of Prescription Opioid Distribution & Use for Better Public Health Outcomes**

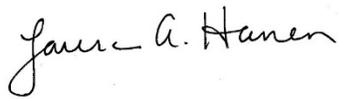
NACCHO also supports federal funding and technical support to states to enhance interstate data sharing among state-based prescription drug monitoring programs (PDMP) to better track patient-specific prescription data. Robust PDMPs would increase utilization by providers as a clinical tool to combat prescription misuse and diversion.

NACCHO recommends increased local and state health department access to information about health care provider prescribing activities, syndromic surveillance, and overdose response data, where collected. Local surveillance committees are valuable tools for identifying overdose trends, risk factors, and points of intervention. For instance, local poison death review committees are instrumental in determining the prevalence of prescription overdose and are key contributors to state Health Burden of Injury reports. Moreover, national surveillance is integral in tracking the growing opioid abuse and misuse epidemic and determining strategies that work.

Local health departments are tasked with monitoring the health of communities through surveillance systems and using data to alert policymakers and inform their programs. Prescription drug and illicit overdose, including fatalities, must be surveilled in order to monitor opioid use trends and examination of linkages with prescription drug abuse. NACCHO encourages local health department access to PDMPs to allow stakeholders to track prescriptions within states as well as cross-jurisdictional communication.

NACCHO appreciates the opportunity to provide you with this input. We look forward to continuing to work with Congress to realize its goals of controlling the opioid epidemic. Please contact Ian Goldstein, Government Affairs Specialist for further information at 202-507-4273 or [igoldstein@naccho.org](mailto:igoldstein@naccho.org).

Sincerely,

A handwritten signature in black ink that reads "Laura A. Hanen". The signature is written in a cursive style with a large initial "L".

Laura A. Hanen, MPP  
Interim Executive Director & Chief of Government Affairs