



FEDERAL LEGISLATIVE UPDATE

October 16, 2018

Update: ‘Substance Use–Disorder Prevention that Promotes 4 Opioid Recovery and Treatment for Patients and Communities Act’

When AESA members attended the Educators Call to Action Conference (September 26-28), there was discussion about the Bill that was advanced to help address the opioid epidemic. Since then, the Bill went from having been passed separately by the House and Senate, to having been conferenced, and passed again by both chambers. As of October 3, it was awaiting the President’s signature. For a full breakdown of Congress’s bill, read the [full text](#) here, or a [section-by-section summary](#).

This is a partial list of the major policy changes in the bill, though there are several more.

(Source: [Vox](#))

- Reauthorizes [funding from the Cures Act](#), which put \$500 million per year toward the opioid crisis, and makes tweaks to hopefully give states more flexibility in using the funding.
- Creates a grant program for “Comprehensive Opioid Recovery Centers,” which will attempt to serve the addiction treatment and recovery needs of their communities (in part by using [what’s known as an ECHO model](#)).
- Lifts restrictions on medications for opioid addiction, allowing more types of health care practitioners to prescribe the drugs.
- Expands an existing program that attempts to get more first responders, such as police and firefighters, to carry and use [naloxone](#), a medication that reverses opioid overdoses.
- Allows federal agencies to pursue more research projects related to addiction and pain.
- Makes several changes to Medicare and Medicaid to attempt to limit the over-prescription of opioid painkillers within the programs and expands access to addiction treatment, including lifting some of the current restrictions that make it harder for Medicare and Medicaid to pay for addiction treatment.
- Advances new initiatives to educate and raise awareness about proper pain treatment among health care providers.
- Attempts to improve coordination between different federal agencies to stop illicit drugs, like fentanyl, at the border, and gives agencies more tools to improve detection and testing at border checks.
- Increases penalties for drug manufacturers and distributors related to the overprescribing of opioids.