



**Opioid Abuse and Overdose Prevention
 Centers for Disease Control and Prevention (CDC)
 National Center for Injury Prevention and Control
 FY 2019 Labor HHS Appropriations Bill**

	FY 2017	FY 2018	FY 19 President's request	FY 19 TFAH
Opioid Abuse and Overdose Prevention	\$125,402,000	\$475,579,000	\$125,579,000, plus \$125,000,000 opioid allocation	\$625,402,000

Background: Opioid abuse is a public health epidemic. Drug overdose deaths tripled between 2000 and 2015 (with a total of 52,400 deaths in 2015), with rural community opioid-related death rates increasing seven-fold. According to the Centers for Disease Control and Prevention, the majority of drug overdose deaths (66%) involve an opioid. In 2016, the number of overdose deaths involving opioids (including prescription opioids and heroin) was five times higher than in 1999. From 2000 to 2016, more than 600,000 people died from drug overdoses. On average, 115 Americans die every day from an opioid overdose. No strategy to address this epidemic will be complete without an investment into programs that address substance misuse prevention, as well as treatment and recovery.

Impact: The CDC uses data and prevention strategies to help track trends in the epidemic, identify problem areas, and help states strengthen and evaluate prevention efforts. CDC is also equipping health care providers with data and tools needed for appropriate opioid prescribing. Through the **Opioid Prevention in States** effort, CDC works with 45 states and the District of Columbia. CDC provides scientific expertise, enhanced surveillance activities, and support resources to quickly report fatal and non-fatal overdoses; identifies hot spots and responds with targeted resources; identifies risk factors for overdoses and shares data to improve prevention responses; and shares the RX Awareness campaign to educate consumers about the risks of prescription opioids. This effort includes three programs to directly provide state health departments with resources to address the epidemic:

- **Prevention for States**, which funds 29 state health departments with awards ranging between \$750,000 and \$1 million to strengthen prescription drug monitoring programs; improve prescribing interventions for insurers and health systems; and evaluate interventions to better understand what works to prevent prescription drug misuse.
- **The Data-Driven Prevention Initiative**, which funds 13 states and the District of Columbia to improve data collection, develop strategies to target risk factors that are driving prescription drug misuse, and work with communities to develop more comprehensive prevention programs.

- **Enhanced State Opioid Overdose Surveillance**, which supports 32 states to provide more timely and comprehensive data on fatal and nonfatal opioid overdoses and risk factors associated with fatal overdoses, and to share that data with stakeholders to inform prevention and response measures.

Some examples of state work underway thanks to this funding include:

- **Tennessee** is collaborating with the state Workers' Compensation program to combat prescription drug overdoses by linking their PDMP data to identify risk factors. This data will inform strategies to stop prescription drug overdoses within TN's Workers' Compensation program.
- **Oklahoma** is enhancing their PDMP by linking PDMP data to various health outcomes data (death, hospital discharge, emergency department discharge, and/or mental health treatment data).
- **Louisiana** is utilizing its partnership with the Board of Pharmacy, which houses the state PDMP, to increase its state data capacity and develop an online health data portal.
- **Wisconsin** has launched an enhanced PDMP (ePDMP), making the PDMP easier to use and access by integrating the PDMP into electronic health records and moving toward real-time data. They are also expanding and improving proactive reporting and collaborating with law enforcement to retrieve information about providers if a prescription was diverted or there was an overdose.
- **West Virginia** is improving PDMP data by producing and distributing proactive, unsolicited reports of higher risk patient prescribing to providers and expanding educational outreach to outlier opioid prescribers and to high-burden communities and counties. The number of prescribers and pharmacists registered with PDMP has increased since 2014; the rate of opioid prescriptions and patients with multiple provider episodes have continued to decline.

Recommendation: TFAH urges the Committee to provide a \$500 million increase in FY18 and FY19 from the new funds made available in the recent budget agreement to address the opioid epidemic to Opioid Abuse and Overdose Prevention activities at the CDC Injury Center. This funding would enable the Injury Center to expand their activities and support of state health departments to improve monitoring and surveillance, expand and strengthen evidence-based prevention activities, and continue to improve prescribing practices.