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Federal Government Expands Resources to Help States Combat Prescription Drug Abuse

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Summary

Deaths from prescription drug overdose have skyrocketed in the past decade. The federal government, state and local governments, and other entities are undertaking a variety of initiatives to address this issue. At the federal level, the focus is on areas such as coordinating activities among various agencies; enhancing law enforcement efforts; tracking/monitoring trends and improving data; training health care providers and educating the public; and providing resources to state and local governments to help support prevention and treatment efforts.

While states may use substance abuse prevention and treatment funding to address prescription drug abuse, only a few dedicated programs existed until recently. Both the fiscal year (FY) 2015 and 2016 budgets enhanced funding and created new programs.

This *Issue Brief* highlights funding available to states, and recent legislative and administrative actions.

Background

According to the Centers for Disease Control and Prevention (CDC), nearly three out of four prescription drug overdoses are caused by prescription painkillers, also called opioid pain relievers (OPR). Moreover, the significant increase in overdose deaths parallels a 300% increase in the sale of these painkillers since 1999.

Prescribing rates for opioids vary widely across states. Table 1 shows the number of OPR prescriptions per 100 people by state. The table below lists the 10 highest and lowest prescribing states.

Number of Painkiller Prescriptions Per 100 Population, 2012

Top 10			Bottom 10		
Rank	**State**	**Amount**	**Rank**	**State**	**Amount**
1	Alabama	142.9	51	Hawaii	52.0
2	Tennessee	142.8	50	California	57.0
3	West Virginia	137.6	49	New York	59.5
4	Kentucky	128.4	48	Minnesota	61.6
5	Oklahoma	127.8	47	New Jersey	62.9
6	Mississippi	120.3	46	Alaska	65.1
7	Louisiana	118.0	45	South Dakota	66.5
8	Arkansas	115.8	44	Vermont	67.4
9	Indiana	109.1	43	Illinois	67.9
10	Michigan	107.0	42	Wyoming	69.6

Health care providers in **Alabama**, the highest prescribing state, wrote almost three times as many prescriptions per person than in **Hawaii**, the lowest prescribing state. Most of the high-prescribing states are located in the South. On average, health care providers wrote 82.5 prescriptions for opioid painkillers per 100 persons in 2012. The complete report is available on CDC's website.

States are taking a number of actions to address the overprescribing of painkillers, including:

- Creating or enhancing prescription drug monitoring programs (PDMPs), which maintain state databases that track prescriptions and identify problems in overprescribing
- Enacting laws or regulations to address prescription drug misuse and abuse
- Providing education to prescribers, pharmacists, consumers, and the public
- Increasing access to addiction treatment and expanding first responder access to naloxone (an overdose reversal drug)
- Creating prescription drug task forces
- Leveraging Medicaid to combat prescription drug abuse

A recent survey from the National Association of State Alcohol and Drug Abuse Directors (NASADAD) identified some of the key challenges states face in addressing prescription drug abuse: lack of funding, inadequate workforce capacity, data issues, need for PDMP improvement, and lack of public education and awareness.

Federal Programs

Most federal programs to address prescription drug overdose and prevention are administered by the Department of Health and Human Services (HHS), although one long-standing program—the Harold Rogers Prescription Drug Monitoring Program—is administered by the Department of Justice (DOJ). Some programs specifically address prescription drug overdose, while others focus on substance abuse prevention and treatment generally.

Table 2 provides details on the prevention, treatment, monitoring, and enforcement programs available to assist state and local governments. Most of the grants are competitive. The following table and text highlights those currently funded programs focused on prescription drug abuse.

Funding for Dedicated Programs to Address Prescription Drug Abuse
(dollars in thousands)

Program	FY 2015	FY 2016
Prescription Drug Overdose: Prevention for States	$20,000	$70,000
Medication Assisted Treatment - Prescription Drug and Opioid Addiction	12,000	25,000
Grants to Prevent Prescription Drug/Opioid Overdose	0	12,000
Strategic Prevention Framework Rx	0	10,000
Rural Opioid Overdose Reversal Grant Program	1,800	N/A
Substance Abuse Service Expansion (community health centers)	0	100,000
Harold Rogers Prescription Drug Monitoring Program	11,000	13,000
Anti-Heroin Task Force	7,000	7,000
Total	**$51,800**	**$237,000**

CDC

Prescription Drug Overdose: Prevention for States. In FY 2014, CDC announced the Prescription Drug Overdose: Boost for State Prevention. Under this program, five states—**Kentucky**, **Oklahoma**, **Tennessee**, **Utah**, and **West Virginia**—each received more than $1 million over three years to implement innovative programs to prevent prescription opioid overdoses. To expand this program, the FY 2015 budget included $20 million for a new Prescription Drug Overdose Prevention for States program. Congress continued this program in FY 2016 at $70 million.

Funding for this program is awarded on a competitive basis, focusing on states that contribute significantly to the national burden of prescription drug overdose morbidity and mortality. In September 2015, CDC announced FY 2015 grantees for the new program.

Prescription Drug Overdose: Prevention for States, FY 2015
(dollars in thousands)

State	Award	State	Award
Arizona	$925	Oklahoma	$821
California	939	Oregon	827
Illinois	918	Pennsylvania	940
Kentucky	940	Rhode Island	940
Nebraska	771	Tennessee	861
New Mexico	856	Utah	940
North Carolina	940	Vermont	940
Ohio	940	Wisconsin	940

SAMHSA

Medication Assisted Treatment (MAT) for Prescription Drug and Opioid Addiction. The FY 2015 budget included $12 million for a new Substance Abuse and Mental Health Services Administration (SAMHSA) program to improve access to MAT services for treating opioid use disorders. This program is funded as a set-aside under the Targeted Capacity Expansion program. The FY 2016 budget provided $25 million for this program, increasing the number of states receiving grants from 11 to 22.

In July 2015, SAMHSA announced FY 2015 awards, which are shown below.

Medication Assisted Treatment-Prescription Drug and Opioid Addiction, FY 2015
(dollars in thousands)

State	Award	State	Award
Iowa	$1,000	New Jersey	$950
Indiana	950	Washington	990
Kentucky	1,000	Wisconsin	1,000
Maryland	816	Wyoming	1,000
Massachusetts	1,000	Vermont	1,000
Missouri	1,000		

Grants to Prevent Prescription Drug/Opioid Overdose. The FY 2016 budget created and provided $12 million for this new competitive grant program, which will help states equip and train first responders with devices that rapidly reverse the effects of opioids.

Strategic Prevention Framework Rx. The FY 2016 budget provided $10 million for this new competitive grant program to increase awareness of opioid

abuse in communities. Funding will support state planning grants, technical assistance, and evaluation.

HRSA Rural Opioid Overdose Reversal Pilot. In September 2015, the Health Resources and Services Administration (HRSA) provided $1.8 million to 18 recipients in 13 states under the Rural Opioid Overdose Reversal program. This pilot program, funded under Rural Health Research, supports local partnerships to increase the availability and use of naloxone, with an emphasis on the importance of referring those with an opioid use disorder to an appropriate treatment center. The next table shows funding by state.

Rural Opioid Overdose Reversal, FY 2015
(dollars in thousands)

State	Award	State	Award
Colorado	$100	Nevada	$100
Illinois	100	Ohio	100
Kentucky	100	Oklahoma	100
Massachusetts	100	Pennsylvania	200
Maine	300	Tennessee	100
Minnesota	100	West Virginia	200
North Carolina	200		

Community Health Centers. In July 2015, HRSA announced it is using $100 million in FY 2016 mandatory funding for community health centers to expand services for those with substance use disorders, with a focus on MAT services for opioid use disorders. Awards have not been announced.

DOJ Harold Rogers Prescription Drug Monitoring Program. Since FY 2002, Congress has appropriated funding for the Harold Rogers Prescription Drug Monitoring Program. The purpose of the competitive grant is to enhance the capacity of regulatory and law enforcement agencies to collect and analyze controlled substance prescription data. It provides assistance to states for establishing and expanding their PDMPs. The table below shows awards in FYs 2012-2015. In FY 2016, Congress appropriated $13 million for the program, an 18% increase from FY 2015.

Harold Rogers Prescription Drug Monitoring Program, FYs 2012-2015
(dollars in thousands)

State	FY 2012	FY 2013	FY 2014	FY 2015	State	FY 2012	FY 2013	FY 2014	FY 2015
Alabama	$400	$0	$400	$0	New Hampshire	$0	$400	$0	$500
Arkansas	0	0	289	0	New Jersey	0	183	0	482
California	375	0	0	750	New Mexico	0	0	400	0
Colorado	0	0	0	1,226	New York	0	800	0	0
Florida	399	400	0	500	North Carolina	400	0	0	0
Guam	0	252	0	0	Ohio	0	400	387	203
Illinois	400	0	0	0	Oklahoma	400	0	0	493
Indiana	395	0	0	0	Oregon	0	794	0	0
Kansas	400	0	0	0	Pennsylvania	0	0	0	410
Kentucky	168	0	0	488	Rhode Island	0	0	0	750
Maine	373	0	215	0	South Dakota	0	400	0	0
Maryland	400	400	0	744	Texas	0	0	0	500
Massachusetts	0	255	400	394	Vermont	0	0	300	0
Montana	0	381	0	374	Washington	389	0	0	0
Nebraska	0	0	0	500	Wisconsin	0	0	344	500
Nevada	0	0	0	796					

Anti-Heroin Task Force Program. In October 2015, DOJ's Office of Community Oriented Policing Services (COPS Office) awarded $6 million through a new Anti-Heroin Task Force Program. The program provides competitive grants to state law enforcement agencies to investigate illicit activities related to the distribution of heroin or unlawful distribution of prescriptive opioids. The FY 2016 budget level-funded this program. FY 2015 awards are shown on the table below.

COPS Anti-Heroin Task Force Program, FY 2015
(dollars in thousands)

State	Award
Maine	$389
Michigan	1,461
New Jersey	103
Tennessee	901
Vermont	1,431
Wisconsin	1,500

Other Actions

In addition to funding, HHS has taken a number of administrative actions, including:

- Allowing states to use a portion of their Substance Abuse Prevention and Treatment Block Grant funds to purchase naloxone, as well as support overdose prevention education and training. Guidance is available at:

  http://www.samhsa.gov/sites/default/files/grants/block-grant-funds-prescription-overdose.pdf
- Supporting the development of new opioid overdose treatments through the Food and Drug Administration's (FDA) expedited review programs
- Providing states with a new Medicaid section 1115 demonstration opportunity to undertake significant improvements in the delivery of care to beneficiaries with substance use disorder. One of the goals of this initiative is to identify strategies to address prescription opioid addiction.
- Establishing a Medicare Opioid Overutilizer program
- Issuing proposed guidelines for prescribing opioids for chronic pain
- Creating HHS.gov/opioids as a one-stop federal resource

HHS recently announced that it plans to expand access to MAT services by revising regulations related to the prescribing of buprenorphine to treat opioid dependence.

Other federal agencies also have taken steps. For example, the Department of Veterans Affairs (VA) is working to participate in state PDMPs by sharing certain prescribing information.

In addition, the president issued a memorandum to federal departments in October 2015 directing agencies to provide training on prescribing opioid medications to federal health care personnel, as well as to conduct a review

to identify barriers to MAT for opioid use disorders and develop plans to address the barriers.

Finally, in November 2015, the administration released its National Drug Control Strategy, which focuses on preventing and addressing prescription drug misuse. It outlines federal and state actions related to education, monitoring, disposal, and enforcement.

Recent Legislation

Supplemental appropriations. Last month, a bill (S. 2423) was introduced in the Senate to provide almost $600 million in supplemental FY 2016 appropriations for a variety of programs to address the heroin and opioid drug abuse epidemic. The funds are designated as emergency and would be exempt from discretionary spending limits. The Senate majority leader indicated that the Senate would consider the legislation soon, although exact timing and passage are uncertain. The table below provides details on the additional funding.

Supplemental Funding in S. 2423
(dollars in thousands)

Program	FY 2016
DOJ:	
Edward Byrne Memorial Justice Assistance Grants (JAG)	$200,000
Community Oriented Policing Services (COPS)	10,000
HHS:	
Substance Abuse Prevention and Treatment Block Grant	225,000
Medication Assisted Treatment - Prescription Drug and Opioid Addiction	10,000
Recovery Community Services program	5,000
Strategic Prevention Framework Rx	20,000
Project AWARE	5,000
CDC - Injury Prevention and Control	50,000
National Institute on Drug Abuse	30,000
Public Health and Social Services Emergency Fund	40,000
Total	**$595,000**

Under DOJ, the JAG funding would be for drug treatment and enforcement programs, law enforcement programming, and drug addiction prevention and education programs. The additional COPS funding would be for competitive grants to state law enforcement agencies in states with high rates of primary treatment admissions.

The supplemental funding for CDC's injury prevention and control would be for expanding state-level prescription drug abuse prevention efforts, such as improving PDMPs, data collection, and collaboration among states. The Public Health and Social Services Emergency Fund resources are for better coordination and responding to the prescription drug abuse crisis, at the discretion of the secretary of HHS.

National All Schedules Prescription Electronic Reporting (NASPER). NASPER is an HHS formula grant program, authorized in 2005, to establish and enhance PDMPs. The program received funding in FY 2009 and FY 2010, and was last authorized in FY 2010 at $10 million.

In September 2015, the House passed the National All Schedules Prescription Electronic Reporting Reauthorization Act (H.R. 1725). The bill reauthorizes

the program at $10 million annually for FYs 2016-2020. It also expands eligibility to include Puerto Rico and the territories.

H.R. 1725 amends the purpose of NASPER to include access to information by appropriate law enforcement, regulatory, and state professional licensing authorities (in addition to health care providers). It also expands the purpose of the formula grants to cover maintaining and operating PDMPs.

The House bill would promote interstate interoperability, as well as encourage integration between PDMPs and physician tools, such as electronic health records. Finally, H.R. 1725 would require states receiving funds to facilitate prescriber and dispenser use of the state's system.

A companion measure has been introduced in the Senate but it is unclear when the bill will be considered by the Senate's Committee on Health, Education, Labor, and Pensions.

Protecting Our Infants. On November 25, 2015, the president signed the Protecting Our Infants Act (P.L. 114-91), which requires HHS to conduct a study and develop recommendations for preventing and treating prenatal opioid abuse and neonatal abstinence syndrome (NAS), a condition newborns experience after exposure to opioids in utero. The law also requires CDC to offer technical assistance to states to improve the availability and quality of data related to NAS.

Next Steps

States will have an opportunity to apply for the new funding provided in the FY 2016 budget in the coming months. FFIS will report on the funding opportunity announcements in its weekly *Competitive Grant Update*. In addition, HHS agencies provide advance notice of upcoming opportunities for funding on HHS's grants forecast website, which includes information on application release and due dates, as well as award details: http://www.acf.hhs.gov/hhsgrantsforecast/index.cfm

Table 1

Number of Painkiller Prescriptions Per 100 Population, 2012

State	Amount	Rank
Alabama	142.9	1
Alaska	65.1	46
Arizona	82.4	26
Arkansas	115.8	8
California	57.0	50
Colorado	71.2	40
Connecticut	72.4	38
Delaware	90.8	17
District of Columbia	85.7	23
Florida	72.7	37
Georgia	90.7	18
Hawaii	52.0	51
Idaho	85.6	24
Illinois	67.9	43
Indiana	109.1	9
Iowa	72.8	36
Kansas	93.8	16
Kentucky	128.4	4
Louisiana	118.0	7
Maine	85.1	25
Maryland	74.3	33
Massachusetts	70.8	41
Michigan	107.0	10
Minnesota	61.6	48
Mississippi	120.3	6
Missouri	94.8	14
Montana	82.0	27
Nebraska	79.4	28
Nevada	94.1	15
New Hampshire	71.7	39
New Jersey	62.9	47
New Mexico	73.8	35
New York	59.5	49
North Carolina	96.6	13
North Dakota	74.7	32
Ohio	100.1	12
Oklahoma	127.8	5
Oregon	89.2	20
Pennsylvania	88.2	21
Rhode Island	89.6	19
South Carolina	101.8	11
South Dakota	66.5	45
Tennessee	142.8	2
Texas	74.3	34
Utah	85.8	22
Vermont	67.4	44
Virginia	77.5	29
Washington	77.3	30
West Virginia	137.6	3
Wisconsin	76.1	31
Wyoming	69.6	42
U.S. Rate	**82.5**	

Source: CDC Vital Signs, July 2014

Table 2

Grant Programs to Address Prescription Drug Abuse

Program	CFDA	Agency	Eligibility	Formula (F)/ Competitive (C)	Most Recent Funding
Prescription Drug Abuse Prevention Programs					
Prescription Drug Overdose: Prevention for States	93.136	HHS, CDC	States with PDMPs	C	$70 million (FY 2016)
Prescription Drug Overdose: Boost for State Prevention	93.136	HHS, CDC	States with PDMPs	C	$6 million/three years (FYs 2014-16)
Substance Abuse Prevention and Treatment Block Grant	93.959	HHS, SAMHSA	States, territories, and tribes	F	$1.9 billion (FY 2016)
Strategic Prevention Framework - Partnership for Success, State and Tribal Initiative	93.243	HHS, SAMHSA	States, territories, and tribes	C	$28 million (FY 2015); FY 2016 not yet available
Strategic Prevention Framework Rx	N/A	HHS, SAMHSA	States (specific eligibility not yet available)	C	$10 million (FY 2016)
Grants to Prevent Prescription Drug/Opioid Overdose	N/A	HHS, SAMHSA	States (specific eligibility not yet available)	C	$12 million (FY 2016)
Drug-Free Communities	93.276	HHS, SAMHSA; Office of National Drug Control Policy	Community-based coalitions	C	$95 million (FY 2016)
Rural Opioid Overdose Reversal Grant Program	93.155	HHS, HRSA	Community partnerships	C	$1.8 million (FY 2015); unclear whether program will receive funding in FY 2016
Prescription Drug Abuse Treatment Programs					
Medication Assisted Treatment - Prescription Drug and Opioid Addiction	93.243	HHS, SAMHSA	Select states	C	$25 million (FY 2016)
Substance Abuse Prevention and Treatment Block Grant	93.959	HHS, SAMHSA	States, territories, and tribes	F	$1.9 billion (FY 2016)
Second Chance Act	16.812	DOJ, OJP	States, local government, community organizations, tribes	C	$68 million (FY 2016)
Edward Byrne Memorial Justice Assistance Grants	16.738	DOJ, BJA	States, local government, territories, tribes	F	$347 million (FY 2016)
Substance Abuse Service Expansion	93.527	HHS, HRSA	Existing Health Center Program recipients	C	$100 million (FY 2016) - Community Health Center mandatory funding
Prescription Drug Monitoring and Enforcement Programs					
Edward Byrne Memorial Justice Assistance Grants	16.738	DOJ, BJA	States, local government, territories, tribes	F	$347 million (FY 2016)
Harold Rogers Prescription Drug Monitoring Program	16.754	DOJ, BJA	States, local government, territories, tribes	C	$13 million (FY 2016)
Anti-Heroin Task Force	16.710	DOJ, COPS	State law enforcement agencies	C	$7 million (FY 2016)
Electronic Health Record and Prescription Drug Monitoring Program Data Integration	93.243	HHS, SAMHSA	49 states and Guam with enacted PDMP legislation	C	$2.8 million (FY 2013)
Prescription Drug Monitoring Program Electronic Health Record Integration and Interoperability Expansion	93.748	HHS, SAMHSA	49 states and Guam with enacted PDMP legislation	C	$3.4 million (FY 2012)