



Feb. 16, 2018

The Honorable Orrin Hatch  
Chairman  
Committee on Finance  
U.S. Senate  
Washington, D.C. 20510

The Honorable Ron Wyden  
Ranking Member  
Committee on Finance  
U.S. Senate  
Washington, D.C. 20510

Re: Policy Options for Addressing Opioid Use Disorder (OUD) and other Substance Use Disorders (SUD)

Dear Chairman Hatch and Ranking Member Wyden,

Thank you for providing the Alliance for Strong Families and Communities (Alliance) an opportunity to offer policy recommendations to address opioid use disorders (OUD) and other substance use disorders (SUD). We commend the Committee for engaging diverse viewpoints to identify policy options to address the country's current public health crisis.

The Alliance commends the Committee for the inclusion of provisions in the recently passed Family First Prevention Services Act (FFPSA) that thoughtfully use changes in child welfare financing to begin to address the opioid crisis. There are valuable steps in the new law toward keeping children and families together and making two-generation investments, such as: the extension of IV-E to provide early intervention services, including substance abuse treatment; increased investment in kinship navigator programs; and allowing children to live with their parents who are receiving in-patient substance abuse treatment. But, these should be viewed as initial steps toward the necessary robust response that today's crisis requires.

**The following are recommendations we offer for your consideration:**

### **A. Prevention**

- 1. Ensure that all solutions generated by the Senate Committee on Finance are aligned to a framework of prevention that incorporates what we know about brain science, and the long-term health implications to children effected by the opioid crisis.**

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Often, what is left out of policy conversations about the opioid crisis is a conversation about the root causes of addiction. Policy solutions too often focus far downstream to treatment and surveillance, without giving equal attention to addressing prevention and early intervention. The field of brain science has shown us that young children exposed to the trauma of families with addiction will suffer long term harm, in a myriad of different ways. We ask that you focus on policies that are grounded in what research tells us about brain development, and are designed to prevent addiction in families, and promote resilience and well-being for children, families and communities.

As you read this letter, there are children living with caregivers inflicted by addiction, and as such, are experiencing what the research has identified as Adverse Childhood Experiences (ACEs)<sup>1</sup> that will have lifelong physical and mental health implications. It is yet unknown how this crisis will manifest itself in the years to come, but our knowledge of brain science tells us that it is not just a crisis of today. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), “when children are exposed to chronic stressful events, their neurodevelopment can be disrupted. As a result, the child’s cognitive functioning or ability to cope with negative or disruptive emotions may be impaired. Over time, and often during adolescence, the child may adopt negative coping mechanisms, such as substance use or self-harm. Eventually, these unhealthy coping mechanisms can contribute to disease, disability, and social problems, as well as premature mortality.”<sup>2</sup>

The current practice of defaulting to the child welfare system as the only solution to help children effected by the opioid epidemic is a costly and grave mistake.

A recent [report](#) from the Administration for Children and Families (ACF) showed that parental drug abuse has contributed to a massive increase in the number of children placed in the foster care system all across the U.S.<sup>3</sup>

In an [op-ed](#) dated Feb. 14, 2018, Associate Commissioner of the Children’s Bureau and Acting Commissioner of the Administration of Children, Youth and Families within the USDHHS, Jerry Milner, stated, “What remains missing is the ability to use substantial federal funds to strengthen families before

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<sup>1</sup> Adverse childhood experiences, commonly referred to as ACEs, refers to risk factors associated with lifelong impairments to physical and mental health. [According to SAMHSA](#), ACES can include substance misuse within the household, parental separation or divorce, mother treated violently, intimate partner violence, incarcerated household member, physical abuse, sexual abuse, emotional abuse, physical neglect,

<sup>2</sup> (Substance Abuse and Mental Health Services Administration , 2017)

<sup>3</sup> (Administration for Children and Families, 2017)



maltreatment creates lasting, usually life-long trauma to children. We also lack the ability to provide strong community-based, universal family support services to families. Absent such services and support, many of those families will inevitably knock on the doors of public child welfare and cost us infinitely more in federal foster care dollars and in remediation efforts that could so clearly be avoided.”

Milner continues, “Failure to redefine the system to stem the tide of children entering care and keep families strong comes at great expense to everyone. Those costs are financial and societal. It’s an expense that is paid in inter-generational cycles of trauma that affect all sectors of our society. The family is the foundation of American society; we must treat it as such.”

2. **Charge all Committee members and their staffs to conduct in-depth exploration of the brain science and the information, research and supports available to help ensure policies are brain-science aligned, including connecting Senate offices to constituents who are experts in the science and experienced in applying it to practice and policies within organizations and in states and localities.** The Alliance network would be honored to assist the Committee in fulfilling this recommendation.
3. **Urge the Centers for Medicare and Medicaid Services (CMS) to integrate an adverse childhood experiences (ACEs) module into the Medicaid enrollment process to collect ACEs data.** According to SAMHSA, “preventing ACEs and engaging in early identification of people who have experienced them would have a significant impact on a range of critical health problems.”<sup>1</sup>
4. **Urge CMS to encourage states to create an ACEs-informed health insurance benefits package for those individuals reporting four or more ACEs that would address childhood adversity, parental trauma, substance abuse and acknowledges its impact on lifelong health.** [According to research](#), individuals that experience more than four ACEs are at a higher risk of poor physical and mental health outcomes. (Jones, 2017) Further, [research](#) has demonstrated a strong relationship between ACEs and a variety of substance abuse behaviors, including a lifetime of illicit drug use, ever having a drug problem, and self-reported addiction.
5. **Urge CMS to provide opportunities for state-to-state learning and technical assistance on the application of brain science research and ACEs.**
6. **Urge CMS to institute quantity limits of prescription painkillers prescribed to youth who receive health coverage through Medicaid and CHIP.**



7. **Similar to comprehensive tobacco cessation programs, require mandatory coverage of science-aligned and evidence-based substance abuse prevention, screening, counseling and interventions.**

## **B. Improve Data Collection and Support Further Research**

Because of the Committee's jurisdiction over CMS and the Administration of Children and Families (ACF), the Committee should take steps to improve the collection and sharing of OUD and SUD data. Both CMS and ACF could be encouraged to enhance and support the ability of state Medicaid and child welfare agencies to collect and share data. Surveillance of this epidemic should not be limited to fatal and nonfatal opioid overdoses and prescribing rates.

1. **Given that Medicaid finances nearly half of all births in the United States, the Senate Finance Committee should enhance the collection of neonatal data to better understand the number of infants born with addiction, the number of children receiving treatment, and the length of treatment.**
2. **Require all Medicaid and Medicare providers to alert the appropriate agency or agencies when a drug-dependent child is discharged, regardless if the child is released into the custody of the parent (even if the parent is undergoing treatment), guardian or state.** Such a report would help in data collection and does not need to automatically trigger a child abuse investigation by the state. The purpose of the alert would be to highlight the need to connect a child's caregivers to community resources. Those resources may include evidence-based home visiting programs and other approaches that build and restore well-being for the parents and the children, also known as two-generation approaches, which serve to break the generational cycle of addiction to support recovery for both the child and parent.
3. **Encourage the leveraging of data collection and research opportunities across federal and state Medicaid and child welfare agencies to improve the identification of children and families at risk for developing addiction.**
4. **Provide additional resources to the US Department of Health and Human Services to study the long-term impact that pre-natal exposure to opioids has on child development.**
5. **Provide additional resources to disseminate science-aligned interventions that support a two-generation approach.**



## C. Treatment

With addiction, relapse is an inevitable part of the recovery process according to numerous experts in the field. There is more work to be done to uncover those treatments that are truly effective in addressing this type of addiction because of the propensity to relapse. If addiction is understood to alter the brain's structure and function, and if research shows that relapse is likely, then treatments must be provided for by professionals in facilities that specialize in this type of addiction. Treatment must also include two-generation approaches for the families that are impacted by this disease.

1. **Medicaid must provide coverage for both the child(ren) and the parent(s)/caregivers, if they are not already insured.**
2. **Encourage blending of Medicaid/Title IV-E/IDEA Part C dollars to support children born exposed to opioids and their parent(s) who are undergoing treatment, with an understanding that relapse is all but certain for these parents and that systems need to “wrap” around the child.**
3. **Increase the number of beds for residential addiction treatment facilities, especially for settings designed to keep families together when parents are receiving treatment.**

## D. Innovation

1. **Support the reform effort as identified by the National Medicaid Director Association in their March 28, 2017 letter to CMS.** Specifically, allow states more flexibility in providing services that address the social determinants of health and provides supportive services to families beyond primary health care. “Health outcomes and costs for kids are largely driven by adverse childhood events and social determinants of health, such as housing, food insecurity, education, etc. Integration between health and social supports is needed to address these issues. However, current federal statutory and regulatory frameworks often prevent state and community partners from pursuing such innovations.”
2. **Continue to support the State Innovation Models (SIM) Initiative through the Center for Medicare and Medicaid Innovation to advance innovative health service delivery and financing models focused on improving population health.**
3. **Work with national partners, such as [Frontiers of Innovation](#) at Harvard University’s Center on the Developing Child, to identify innovative programs that are designed to serve at-risk families.**



## E. Further Support Family Well-Being

More grandparents are raising their grandchildren because of the addiction crisis. Unfortunately, programs that fall under the Committee's jurisdiction, that are designed to support family well-being, such as Temporary Assistance for Needy Families, are under scrutiny and at risk of losing federal dollars. Depending on the state, TANF can provide cash-assistance, clothing allowance, food assistance, child care, etc. **We call on the Senate Finance Committee to increase the TANF block grant and index it to inflation so that states can better assist families and communities who are working to mount their own response to the effects of this crisis.**

## F. Comprehensive Approach Among Congressional Committees

The opioid crisis doesn't fit neatly under any one congressional committee's jurisdiction. Health, education, child welfare, law enforcement, housing, labor and public health systems all play a role in this crisis. With that in mind, we **call on members of the Senate Finance Committee to champion the formation of a bipartisan special or select committee that includes, but is not necessarily limited to, members from the Finance, HELP and Judiciary Committees to breakthrough jurisdictional barriers that confound a comprehensive response to this crisis.** Federal interventions and supports need to emerge from across jurisdictions, all working together to improve cross-system collaboration, which will ultimately improve short- and long-term outcomes.

The recommendations we are putting forth today are reflective of our values as a strategic action network that works to build and maintain the well-being of this country's greatest asset – our people. We would be honored to discuss the Alliance's recommendations with you in more detail. Please contact Carla Plaza, Director of Public Policy and Government Affairs, at [cplaza@alliance1.org](mailto:cplaza@alliance1.org) or 202.800.7367.

Sincerely,

A handwritten signature in blue ink that reads "Susan N. Dreyfus". The signature is fluid and cursive, with the first name "Susan" being more prominent.

Susan N. Dreyfus  
President and CEO