June 22, 2016

The AIDS Institute, a national nonprofit organization that focuses on public policy, research, advocacy and education, to ensure people living with HIV, hepatitis, and other chronic conditions have access to quality and affordable health care, commend Congress on its efforts to combat the opioid epidemic currently devastating the country.

We are grateful to the House of Representatives for passing the Comprehensive Addiction and Recovery Act (H.R. 5046) and request as you conference the bill with the Senate that the final bill include language from the Senate version of the bill (S. 524) that allows states to, in part, develop or expand plans to screen individuals who are in treatment for prescription drug and opioid addiction for hepatitis C and HIV, and provide treatment for these people if necessary. This provision is contained in Title VI. Sect. 601(b)(3)(c) of the Senate bill titled, “Incentivizing State Comprehensive Initiatives to Address Prescription Opioid and Heroin Abuse.” We have attached the language to this letter for your review.

The AIDS Institute believes strongly in the importance of screening people who use drugs for HIV and hepatitis C and linking them to treatment and care. The language also provides authorization of funding from 2016 through 2020, of up to $5 million per year to the Department of Justice to help states develop these plans.
The escalating epidemic of prescription opioids misuse and the rapid progression in opioid and heroin injection drug use, has translated into an unprecedented increase in HIV and hepatitis C. Both are serious health threats and extremely infectious, and can spread rapidly through sharing contaminated needles and from sharing drug preparation equipment.

The Centers for Disease Control and Prevention (CDC) reported that approximately 30,000 new cases of hepatitis C occurred in 2013, an increase of more than 150% from 2010 to 2013 in 28 states. Another recent CDC study reported that annual hepatitis C-related deaths in 2013 exceeded the combined number of deaths from 60 other infectious diseases reported to CDC, including HIV, pneumococcal disease, and tuberculosis.

Furthermore, there have been several high profile outbreaks across the country. Last year, Scot County, Indiana experienced an outbreak of 185 HIV cases where 90% of the people were also co-infected with hepatitis C. The CDC reported that they have identified 220 counties across 26 states that are potentially vulnerable to HIV and Hepatitis C infections among people who inject drugs due to the opioid epidemic.

States urgently need a comprehensive and integrated approach to the opioid, HIV and viral hepatitis epidemics. Inclusion of Title VI. of S.524 in the final bill will help achieve these important goals.

Should you have any questions, please do not hesitate to contact me, at (202) 426-3042 or CSchmid@theaidsinstitute.org.

Thank you very much.

Sincerely,

Carl E. Schmid II
Deputy Executive Director

cc: House Conference Committee Members
TITLE VI—INCENTIVIZING STATE COMPREHENSIVE INITIATIVES TO ADDRESS PRESCRIPTION OPIOID AND HEROIN ABUSE

SEC. 601. STATE DEMONSTRATION GRANTS FOR COMPREHENSIVE OPIOID ABUSE RESPONSE.

(b) PLANNING AND IMPLEMENTATION GRANTS.—

(1) IN GENERAL.—The Attorney General, in coordination with the Secretary of Health and Human Services and in consultation with the Director of the Office of National Drug Control Policy, may award grants to States, and combinations thereof, to prepare a comprehensive plan for and implement an integrated opioid abuse response initiative.

(2) PURPOSES.—A State receiving a grant under this section shall establish a comprehensive response to opioid abuse, which shall include—

(A) prevention and education efforts around heroin and opioid use, treatment, and recovery, including education of residents, medical students, and physicians and other prescribers of schedule II, III, or IV controlled substances on relevant prescribing guidelines and the prescription drug monitoring program of the State;

(B) a comprehensive prescription drug monitoring program to track dispensing of schedule II, III, or IV controlled substances, which shall—

(i) provide for data sharing with other States by statute, regulation, or interstate agreement; and

(ii) allow for access to all individuals authorized by the State to write prescriptions for schedule II, III, or IV controlled substances on the prescription drug monitoring program of the State;

(C) developing, implementing, or expanding prescription drug and opioid addiction treatment programs by—

(i) expanding programs for medication assisted treatment of prescription drug and opioid addiction, including training for treatment and recovery support providers;

(ii) developing, implementing, or expanding programs for behavioral health therapy for individuals who are in treatment for prescription drug and opioid addiction;

(iii) developing, implementing, or expanding programs to screen individuals who are in treatment for prescription drug and opioid addiction for hepatitis C and HIV, and provide treatment for those individuals if clinically appropriate; or

(iv) developing, implementing, or expanding programs that provide screening, early intervention, and referral to treatment (commonly known as “SBIRT”) to teenagers and young adults in primary care, middle schools, high schools, universities, school-based health centers, and other community-based health care settings frequently accessed by teenagers or young adults; and

(D) developing, implementing, and expanding programs to prevent overdose death from prescription medications and opioids.

(c) AUTHORIZATION OF FUNDING.—For each of fiscal years 2016 through 2020, the Attorney General may use, from any unobligated balances made available under the heading “GENERAL ADMINISTRATION” to the Department of Justice in an appropriation Act, such amounts as are necessary to carry out this section, not to exceed $5,000,000 per fiscal year.