

Assignment 2: Research the Issue

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Conduct a literature and resource review regarding your policy of interest. The research report will have two main components: the written narrative expounding on the questions asked, and a one-paper fact sheet with no more than 2 sides [see Libby's Step 2 & 3]. (70 pts.)

Explain the nature of the policy issue as it presently stands [Provide a definition of the issue if it is not commonly understood and any relevant categories. Present the rates of the social problem with which the existing and/or proposed policy is concerned and provide breakdowns in rates or disparities, negative consequences of the problem/issue. Discuss where things are currently in the policy area such as: has a bill been drafted, introduced, and if so, where it is in the legislative or decision-making process, and what if any action has been taken. For existing policies, you can write things such as if it has been implemented and how, funding, etc.] (10 pts.)

Research the Issue

Nature of the Current Policy

The substance abuse epidemic is defined as the rapid increase of substance abuse. Significant medical, psychological, social, and social consequences are a result of this epidemic. Opioids are a commonly abused class of drugs that are derived from the poppy plant. These drugs work in the brain to relieve pain.

This study reported according to the Substance Abuse and Mental Health Services Administration (SAMHSA, 2014) and the National Survey on Drug Use and Health, 21.5 million people aged 12 years and above had a substance use disorder, including drug and/or alcohol addictions (Shamsaei, 2019). According to the Tennessee Bureau of Investigation approximately 70,000 Tennesseans are addicted to opioids. More than 107,000 people died of drug overdose in 2021, with 75% of those being from opioids. That number has doubled since 2015. Substance abuse has significant impacts on communities. Substance abuse often leads to homelessness. The financial demands of substance abuse leaves its victims struggling to pay their bills or maintain employment. These negative consequences destroy relationships and disrupt family stability.

The U.S. economic cost of opioid use disorder (\$471 billion) and fatal opioid overdose (\$550 billion) during 2017 totaled \$1,021 billion. Financial cost is a barrier to

seeking treatment for substance abuse addiction. In 2016, 27.6 million people did not have health insurance. The National Comorbidity Survey - Replication of 9,000 people, asked why people with substance abuse disorders did not seek treatment. 15% of the respondents cited financial barriers due to lack of insurance and inability to afford costs. Almost 17% reported that they left treatment early due to their insurance not paying for further treatment. The CDC reported the cost per case of opioid use disorder (\$221,219) was derived by dividing the total U.S. cost of opioid use disorder (\$470,975 million) during 2017 by the number of opioid use disorder cases the same year (2.129 million). A bill has not been drafted yet therefore we have not found a sponsor.

We currently have the Behavioral Health Safety Net program which is federal funding for outpatient substance abuse treatment. The current policy allows for coverage for those that are at 138% of the poverty line. The TN Together initiative which expands Tennessee's behavioral health safety net to serve an additional 3,900 individuals with opioid use disorder (OUD) each year, funded in the approved FY 2018-2019 budget with a \$9,250,000 recurring increase. BHSN grant covers costs for IOP treatment which includes medications, therapy, and group support. The TN Together initiative which involved House Bill 1831/Senate Bill 2257 and House Bill 1832/Senate Bill 2258 fell through.

Bowen, E. A., & Irish, A. (2020). Trauma and principles of trauma-informed care in the U.S. federal legislative response to the opioid epidemic: A policy mapping analysis. *Psychological Trauma: Theory, Research, Practice, and Policy*. Advance online publication. <https://doi.org/10.1037/tra0000568>

Center for Disease Control and Prevention, National Center for Health Statistics. U.S. Overdose Deaths In 2021 Increased Half as Much as in 2020, But Are Still Up 15%. (2022, May 11). https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2022/202205.htm

	<p>National Institute on Drug Abuse. (2022, July 13). Percentage of overdose deaths involving methadone declined between January 2019 and August 2021. https://nida.nih.gov/news-events/news-releases/2022/07/percentage-of-overdose-deaths-involving-methadone-declined-between-january-2019-august-2021#:~:text=In%202021%2C%20provisional%20data%20from,a%20highly%20potent%20synthetic%20opioid.</p> <p>U.S. Department of Health and Human Services. (2021, April 13). <i>How much does opioid treatment cost?</i> National Institutes of Health. Retrieved October 12, 2022, from https://nida.nih.gov/publications/research-reports/medications-to-treat-opioid-addiction/how-much-does-opioid-treatment-cost</p> <p><i>Substance abuse and homelessness. - veterans affairs.</i> (n.d.). Retrieved October 13, 2022, from https://www.va.gov/HOMELESS/nchav/resources/docs/mental-health/substance-abuse/Substance-Abuse-and-Homelessness-508.pdf</p> <p>Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS). Substance Abuse Prevention & Treatment Block Grant. (2012). Tn.gov. https://www.tn.gov/behavioral-health/substance-abuse-services/treatment---recovery/treatment---recovery/substance-abuse-prevention-and-treatment-block-grant-.html</p> <p>Pellegrin, M. (2018, August 9). <i>How TN Policymakers Reacted to the Opioid Epidemic in 2018.</i> The Sycamore Institute. https://www.sycamoreinstituten.org/opioid-epidemic-tn-policy-actions/</p>
<p>Discuss the contextual factors that have influenced the development of both the actual policy and opinion on the policy/issue. This section should cover the historical movement and events/crises, key persons, theoretical forces, political forces, etc. that brought attention to the problem in the first place, led to policy, and/or influenced policy changes over time.)</p>	<p>Contextual Factors</p> <p>The contextual factors that have influenced the development of both the actual policy and opinion on the policy/issue are related to data surrounding substance abuse. According to the Tennessee Bureau of Investigation approximately 70,000 Tennesseans are addicted to opioids and because of this the state is seeing record numbers of overdoses and deaths. With recent legislation the number of opioid abuse cases has dropped some but Tennessee is still ranked third in the county for prescription drug abuse (Opioids, 2022).</p> <p>History</p>

Next discuss has anyone done this before? Include any previous attempts or bills to address the issue in the state you are focused on and what was the outcome - did it pass or fail? What were the opposition arguments and supporter arguments? What has been done in other states (i.e., describe what legislation and associated solutions have been passed and implemented. include.) (20 pts.)

The state of Tennessee has been fighting opioid abuse for many years. Tennessee first started their focus on opioid abuse in 2012 with the Passage of the TN Prescription Safety Act of 2012, this act started the beginning of targeted regulation of pain management clinics. Then in 2013 The Safe Harbor Act was passed, which allowed pregnant women to receive public funding and be a priority for treatment. Tennessee then passed the Prescription Safety Act of 2016, which made the changes under the Prescription Safety Act of 2012 permanent. In 2017 the TN House Opioid Task Force was developed and the state allowed for \$6M for safety net.

Attention was again brought to opioid abuse under Governor Haslam's first "TN Together" legislation. In 2018 and 2019 the Tennessee General Assembly passed laws such as, Public Chapter 1039, which regulated the initial opioid supply, however, these laws only put regulations on medical doctors. According to Tennessee Together's website, public Chapter 1039 focuses on prevention and treatment. This legislation limits the duration and dosage of opioid prescriptions for new patients, with reasonable exceptions. However, these laws did not seek to assist people with current substance abuse issues from opioids.

Legislation

The stand alone law we are proposing has not been attempted before and we wish to expand services to allow for more funding for an intensive outpatient (IOP) treatment for individuals suffering from substance abuse. However, there are many previous laws surrounding opioid abuse that were able to be passed. According to the Bipartisan Policy Center the response to previous laws enacted surrounding opioid abuse has been effective

according to statistics. In June 2017, it was reported that the laws decreased opioid prescriptions for pain by 805,208; and Increased funding to 53 recovery courts—enrollees increased by 179 percent, from 1,405 in 2013 to 3,919 in 2017 (Bipartisan Policy, 2018).

When Tennessee Together was an initiative the Tennessee Medical Association Board of Trustees was opposed to the initiative and listed several reasons for this. According to the Elizabethton Star, a few of the listed reasons TMA opposed the initiative was that it interferes with the physician- patient relationship, fails to protect patients who are suffering from legitimate chronic pain, and unfairly labels and segregates patients. The state of Georgia has similar laws in place for prescription opioids. For instance, HB 249 requires pharmacists to register and upload prescription information every 24 hours, and requires prescribers to review information from the PDMP before issuing a prescription to a patient for the first time (Legislative Updates, 2022).

Sources

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<https://www.tnmed.org/opioids/#:~:text=The%20Tennessee%20General%20Assembly%20in,901>
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<https://www.tn.gov/opioids/education-and-prevention/laws-and-policies.html>
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<https://www.tn.gov/behavioral-health/substance-abuse-services/criminal-justice-services/funding-for-treatment.html>
- Chaney, D., (2018, February 12). TMA takes position on Governor's TN Together Initiative [Www.elizabethton.com](http://www.elizabethton.com).

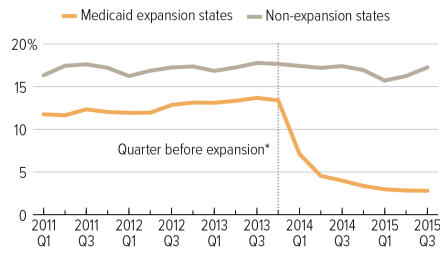
	<p>https://www.elizabeththon.com/2018/02/12/tma-takes-position-on-governors-t-n-together-initiative</p> <p><i>Office of the Attorney General.</i> (2014). 7. <i>How is Georgia Addressing the Crisis?</i> Georgia.gov</p> <p>https://law.georgia.gov/key-issues/opioid-abuse/7-how-georgia-addressing-crisis</p>
<p>Discuss in detail the impact that existing policy has had on key populations, both the overall and subgroups (include related, prevalence and differential impacts as applicable on sub-groups, etc.; how may have varying implementations of the policy impacted populations differentially?) (10 pts.)</p>	<p>Policy Impact</p> <p>According to a study by Lee and colleagues, state drug policies were associated with variation in opioid use and drug overdose mortality in 50 states between 2007 and 2018. Of these patients, 12 582 378 (55.1%) were women, and the mean age was 45.9. Policies were associated with reduced known indicators of prescription opioid misuse and deaths from a prescription opioid overdose. Policies were also related to increased diagnoses of a substance use disorder, overdose, and drug overdose mortality from illicit drugs (Lee et al., 2021). These findings may be associated with the quality of service populations can obtain from increased insurance amounts and better quality of service offered due to new policies.</p> <p>In the incarcerated community, a study showed the impact of Medicaid enrollment on the likelihood of receiving health care in the 30-days post-incarceration for adults with a history of substance use. Medicaid coverage in the month of release increased from 39% at baseline to 56% after the introduction of the enrollment assistance program to 69% after it was fully operational. Medicaid coverage increased the chances of outpatient health care use within 30-days of release by 26 percentage points (pp) for any outpatient visit, 2.6 pp for OUD-related outpatient visits, and 1.5 pp for MOUD (Burns, 2021). This demonstrates the need for accessible Medicaid coverage for incarcerated patients with a history of substance abuse, as incarceration release may be</p>

related to the need for assistance in substance abuse treatment. Policies around insurance may give way to establishing pre-discharge enrollment programs due to more initiative with more funding. Expanding policies would also ensure inmates' insurance coverage post-discharge.

The Foundation for Government Accountability states 12 reasons states should not expand Medicaid. These include that Medicaid expansion will harm the needy and that many good healthcare services are available (Blase, 2021). However, the studies around policies related to Medicaid expansion of services and access provide care for the unique needs of the SUD community and increase the need for better healthcare services. As stated by Bailey, most states fail to cover the full range of SUD treatment, though they can cover it with Medicaid. Fourteen states have yet to implement the Affordable Care Act's Medicaid expansion, including Tennessee. Those current states coverage overlooks low-income people needing substance use services and gives fragmented SUD services (Bailey, March 18, 2021).

Medicaid expansion in the states which have used it has improved coverage and access to care for low-income enrollees with SUDs. A study shows that the uninsured rate among people with opioid-related hospitalizations went from 13.4 percent in 2013, the year before expansion, to 2.9 percent two years later (See Fig. 1). More studies found that Medicaid expansion in the states which have used it has improved coverage and access to care for low-income enrollees with SUDs (Bailey, March 18, 2021).

ACA Medicaid Expansion Reduced Share of Opioid-Related Hospitalizations in Which Patient Was Uninsured



*The Affordable Care Act (ACA) gave states the option to expand Medicaid to adults with income up to 138 percent of the poverty line starting in 2014.
Source: CBPP analysis of Healthcare Cost and Utilization Project data from the Agency for Healthcare Research and Quality. Analysis includes 26 states for which data are available for all of 2011-2015 and which either expanded Medicaid in January 2014, or had not expanded as of October 2015.

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Fig 1

Though Tennessee did not opt for Medicaid expansion, a study by Hoagland and colleagues found that it was using its funding for an implementation model. Tennessee, Louisiana, and New Hampshire are using federal funding to implement a hub-and-spoke model. The hub-and-spoke model organizes the state into central “hubs,” providing intensive treatment for complex addictions. These are linked to local “spokes,” including primary care physicians and outpatient addiction programs. First implemented by the state of Vermont, this method ensures at least one licensed mental health or addictions counselor per 100 patients (Hoagland et al., 2019). Though an excellent plan to implement, it is still soon to evaluate its effect on those populations.

Bailey, A. (2021, March 18). States Can Use Rescue Plan’s Medicaid Funding to Strengthen

Substance Use Care | Center on Budget and Policy Priorities. Center on Budget and Policy Priorities.

<https://www.cbpp.org/blog/states-can-use-rescue-plans-medicaid-funding-to-strengthen-substance-use-care>

Bailey, A. Hayes K., Katch H., Solomon J., (2021, March 24). Policy Brief: Medicaid Key to Building Comprehensive Substance Use Care System for Low-Income People | Center on Budget and Policy Priorities. Center on Budget and Policy Priorities.

https://www.cbpp.org/research/health/policy-brief-medicaid-key-to-building-comprehensive-substance-use-care-system-for#_ftn1

	<p>Blase, B., Adolphsen S., Turner, G-M. (2021, April 13). Why states should not expand Medicaid. The Foundation for Government Accountability. Galen Institute. https://thefga.org/additional-research/why-states-should-not-expand-medicaid/</p> <p>Burns, M., Cook, S., Brown, L., Hernandez, K., Tyska, S., & Westergaard, R. (2021). Does Medicaid Coverage Increase Access to Health Care after Release from Prison for Adults with a History of Substance Use? Health Services Research, 56(S2), 8–8. https://doi.org/10.1111/1475-6773.13722</p> <p>Hoagland G. W., Parekh A., Swope T., Bailie M., Hart N., LaBelle R., Cafaro C. S., Tracking Federal Funding to Combat the Opioid Crisis. (2019). Bipartisan Policy Center https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2019/03/Tracking-Federal-Funding-to-Combat-the-Opioid-Crisis.pdf</p> <p>Lee, B., Zhao, W., Yang, K.-C., Ahn, Y.-Y., & Perry, B. L. (2021). Systematic Evaluation of State Policy Interventions Targeting the US Opioid Epidemic, 2007-2018. JAMA Network Open, 4(2), e2036687. https://doi.org/10.1001/jamanetworkopen.2020.36687</p>
<p>Discuss at least 4-5 future direction related to the policy.</p> <p>(Information in this section could include research gaps, lingering issues/questions such as other things other than what you are advocating for that needs to be addressed in relation to this policy such as social justice issues, better funding, implementation, evaluation or more detailed evaluation such as longer follow-ups or more mixed method or</p>	<p>Future Direction</p> <p>In recent studies it has been shown that most substance abuse disorders are followed by a co-occurring mental health disorder. It has been shown that MAT (medication assisted treatment) helps with funding when it comes to those who struggle with these co-occurring disorders. This funding was proposed in 2020 which requires the Attorney General (who will delegate this to the Drug Enforcement Agency) to revise the Three-day Rule so that “practitioners, in accordance with applicable State, Federal, or local laws relating to controlled substances, are allowed to dispense not more than a three-day supply of narcotic drugs to one person or for one person’s use at one time for the purpose of initiating maintenance treatment or detoxification treatment. This funding is fairly new, and is something the campaign would like to advocate for in the</p>

<p>qualitative , more representative samples, more benefits. You can also include any upcoming events that are pertinent to the policy/issue, etc.) (10 pts.)</p>	<p>future reference. There are many individuals who struggle with substance abuse addictions who become addicted from pharmaceutical experiences and this funding will help delegate to those who are already in treatment/have been in treatment.</p> <p>Primary care doctors should have more education when it comes to substance use disorders. It has been shown in recent studies that regular primary care doctors have little knowledge when it comes to these disorders. More education in this field would help prevent prescriptions which should not be prescribed to those individuals who struggle with addictive tendencies. More classes should be implemented for those in the medical field over mental health, and substance abuse disorders. This would all around give patients better care, and help implement a more firm foundation for those who struggle with these disorders.</p> <p>Another factor that the campaign would like to touch base on is the existing treatment gap which happens to those who struggle with substance abuse. There are ROIs in place at such times, but the research shows that as though there is not good communication which goes on between providers and those who work in the mental health field or those who work with those in substance abuse. Future sessions should be held between general providers and those who are in the mental health field. For those to exist between the two and have better communication.</p> <p>An upcoming event the campaign would like to shed light on is the housing workforce and development committee. This helps those who struggle with substance abuse to show how to function in life again. It helps them find housing and jobs through this, and educates them on living a normal life after addiction.</p>
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	<p style="text-align: center;">References</p> <p>Brendan Saloner, PhD; Kenneth A. Feder, BA; Noa Krawczyk, BA. (2017, June 19). <i>Closing the Medication-Assisted Treatment Gap for Youth With Opioid Use Disorder</i>. https://web-s-ebscohost-com.ezproxy.southern.edu/ehost/pdfviewer/pdfviewer?vid=0&sid=a276866c-a43d-4f6b-a14d-fa62f28af014%40redis</p> <p>Jayson J. Spas, Joanna Buscemi, Ravi Prasad, E. Amy Janke and Claudio R. Nigg. (2020, May 4). <i>The Society of Behavioral Medicine supports an increase in funding for Medication-Assisted-Treatment (MAT) to address the opioid crisis</i>. https://go.gale.com/ps/i.do?p=AONE&u=tel_oweb&id=GALE%7CA669688538&v=2.1&it=r</p> <p>Joseph H. Donroe and Jeanette M. Tetrault. (2018, March 5). <i>Narrowing the treatment gap in managing opioid use disorder</i>. https://www.cmaj.ca/content/190/9/E236</p> <p>Kimberly Johnson. (2021, March 8). <i>Treatment for opioid use disorder in the Florida medicaid population: Using a cascade of care model to evaluate quality</i>. https://web-p-ebscohost-com.ezproxy.southern.edu/ehost/pdfviewer/pdfviewer?vid=0&sid=29f97f5b-891e-4eae-a69f-c2d9938e6691%40redis</p> <p><i>Housing and workforce development committee meeting</i>. (n.d.). Opioid Task Force – Together, we can tackle the serious problem of heroin and prescription drug addiction in Franklin County and the North Quabbin Region of Massachusetts. https://www.opioidtaskforce.org/event/housing-and-workforce-development-committee-meeting-23/</p>
<p>Fact Sheet is attached (20 pts-follow the guidelines in the textbook. Additionally, you can find the requirements on the Fact Sheet Checklist on E-Class</p>	<p style="text-align: center;">x Yes <input type="checkbox"/> No</p> <p>(This fact sheet should be designed for public consumption by both key stakeholders invested in the policy and the general public. The fact sheet should not be overly research-focused or technical. Organize the content in a reader-friendly manner and may, if you choose, make use of graphs, charts, figures, and other visual aids but these should not be overpowering. Ensure the font size and color of text are legible and easy to read based on background.</p>