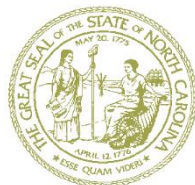


*Office of the Governor
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*Roy Cooper
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January 17, 2018

Senate Committee on Health, Education, Labor and Pensions
428 Dirksen Senate Office Building
Washington, DC 20510-6300

Dear Chairman Alexander and Ranking Member Murray:

Thank you for inviting input on how federal laws are helping state officials address the opioid crisis. I welcome the opportunity to share some of the many steps we are taking in North Carolina, along with our recommendations for federal statutory and regulatory changes. Additionally, as a member of the President's Commission on Combating Drug Addiction and the Opioid Crisis, I participated in the development of a robust report, and urge this Committee and Congress to follow through with our recommendations.

In North Carolina and across the nation, deaths due to medication and drug overdoses have increased steadily since 1999. Unintentional opioid deaths have increased from just over 100 deaths in 1999 to over 1,380 deaths in 2016. In 2016, an average of four people a day died from opioid overdose in North Carolina. Nearly all (~88%) are unintentional.

Historically, prescription opioids (drugs like hydrocodone, oxycodone, and morphine) have contributed to an increasing number of overdose deaths. More recently, other synthetic narcotics (such as heroin, fentanyl, and fentanyl analogues) are resulting in increased deaths. From 1999 to 2016, more than 12,000 North Carolinians died from opioid-related overdoses.

To ensure a coordinated response, North Carolina created the Opioid and Prescription Drug Abuse Advisory Committee and adopted a statewide opioid action plan. The action plan focuses on: creating a coordinated infrastructure; reducing the oversupply of prescription drugs; reducing diversion and flow of illicit drugs; increasing community awareness and prevention; increasing naloxone availability and links to care; expanding access to treatment and recovery; and measuring impact.

First, access to health care is a necessary tool in the fight to combat the opioid crisis. Recent efforts to strip coverage from millions of Americans and to keep those without coverage from obtaining it jeopardize our efforts to stem the opioid crisis. One in five adults

with an opioid addiction is uninsured, and in our state, like others, there is a correlation between areas with a large uninsured population and rates of addiction. Making health care more accessible and more affordable helps people struggling with substance use disorders and their families as well as those at-risk of developing addictions. At least 150,000 North Carolinians could benefit if Medicaid were expanded to cover people with substance use disorder. We must work to increase access to treatment and quality and affordable health care coverage is critical to accomplishing this.

Additionally, North Carolina is working on expanding access to treatment for justice-involved populations. Evidence-based pilot programs that are expanding access to medication-assisted treatment for a vulnerable population show promise. Recommendation 37 and 38 of the report from the President's Commission note the importance of investing in such treatment, and it is vital that Congress increase funding for efforts like those we are making in North Carolina.

While North Carolina and other states continue to make progress, substance use disorder is a chronic disease with long-term care needs. Continued funding from the federal government is critical to every state's ongoing response efforts. For example, the State Targeted Response to the Opioid Crisis Grant (Opioid STR) has led to thousands more North Carolinians in treatment and recovery, but additional resources are essential to meet the demand. In addition, the state also requests the ability to carryover funds from the first year of the Opioid STR to the second year and we are awaiting a determination from the Substance Abuse and Mental Health Services Administration.

The passage of the Comprehensive Addiction and Recovery Act of 2016 (CARA) was an important start to addressing maternal and child health. A preference for non-punitive response to substance use in pregnancy when possible is regarded as best practice since punitive approaches can be harmful to mothers and children. For example, some interventions discourage prenatal and mental health care. These interventions could lead to criminalization of substance use in pregnancy that contradicts medical treatment and recommendations.

The opioid crisis contributes to adverse childhood experiences that increase future risk of substance use and other lifelong health effects as well as economic and societal costs. I urge you to prioritize initiatives that care for vulnerable children, and fix the over-burdened child welfare system that has seen a significant increase in foster care placements. This includes promoting preventive child welfare activities to strengthen families, as well as public health efforts against substance use.

Additionally, Congress should pass legislation that requires prescribers to check the Prescription Drug Monitoring Program (PDMP) to prevent doctor shopping, as we have done in North Carolina through our bipartisan STOP Act. The STOP Act, which I signed into law

last year, tightens prescribing and dispensing policies, requiring prescribers and pharmacies to use our drug monitoring program and placing five or seven day limits on initial prescriptions for acute pain.

Access to the life-saving reversal drug naloxone is a critical tool for combating the opioid epidemic. Naloxone has saved thousands of lives in North Carolina. Using funding provided through the 21st Century Cures Act, our state made available nearly 40,000 units of this life-saving medication. To further expand access, the Food and Drug Administration should take all possible action to make naloxone available over the counter to ensure it is accessible to everyone who needs it.

Ending the federal funding ban for syringe exchange programs was a critical step in strengthening the nation's response to the opioid crisis. I ask Congress and HHS to streamline the funding request requirements to ensure state, local, tribal, and territorial health departments can easily apply for this important and needed funding.

I also recommend that Congress provide additional resources to the National Institutes of Health to fund research on pain management and addiction. This research is an important piece in determining long-term solutions and ensuring that we will combat this devastating crisis successfully.

Finally, as you are aware, the emergency declaration issued by the president in October of last year is set to expire in just a few days on January 23. The HELP Committee and Congress should urge the administration to extend the declaration and more importantly, to act on the declaration with policy and resources.

Thank you for the opportunity to share input and recommendations. Given the complexity and significance of this issue, a strong partnership between the federal and state governments is critical to our collective success.

I am committed to continued work on the opioid crisis and available at your convenience to discuss further any of the issues I raise here.

With kind regards, I am

Very truly yours,

A handwritten signature in black ink that reads "Roy Cooper". The signature is written in a cursive, flowing style.

Roy Cooper