

<b>National Governors Association (NGA)</b> <i>(27 recommendations)</i>	<b>Color &amp; Description</b>	<b>Category</b>
<b>Federal Support and Coordination</b>		
Congress and the Administration should increase federal funding to states for SUD related activities, streamline the grant process (extend duration), and increase flexibility in grants/funding.	<b>Yellow</b> Warning, Caution Ahead	<a href="#">National Coordination</a>
Increase coordination and communication between agencies - via inter-agency task force or executive agency.	<b>Yellow</b> Some Coordination	<a href="#">National Coordination</a>
<b>Data and Information Sharing</b>		
Congress should align 42 CFR Part 2 with the Health Insurance Portability and Accountability Act (HIPAA) to bring substance use disorder (SUD) info with other types of health data.	<b>Yellow</b> Little Movement	<a href="#">Treatment &amp; Recovery</a>
The Office of the National Coordinator for Health Information Technology within Health & Human Services should require that electronic health record (EHR) vendors make their systems interoperable with all state prescription drug monitoring programs (PDMPs).	<b>Orange</b> Heavy Lift	<a href="#">Prescription Medicine</a>
The Administration should issue guidance to facilitate more open data sharing. Congress should provide the Department of Justice (DOJ) with increased federal funding for trainings and technical assistance that support state law enforcement and public health data and information sharing initiatives.	<b>Green</b> New Funding Available	<a href="#">Law Enforcement &amp; Medical Response</a>
<b>Prevention and Early Intervention</b>		
The Administration should develop an evidence-based national campaign to promote prevention and reduce stigma.	<b>Green</b> Completed - June 7, 2018 - <a href="http://www.opioids.thetruth.com">www.opioids.thetruth.com</a>	<a href="#">Public Awareness; Family Outreach &amp; Support</a>
The Drug Enforcement Agency should create new requirements that health care providers register with their state PDMP and complete training to prescribe opioids (similar to what is required to prescribe medication assisted treatment (MAT)) - using Center for Disease Control's (CDC) prescribing guideline in training.	<b>Orange</b> Uncertain	<a href="#">Prescription Medicine</a>
Health & Human Services should invest in additional research and evaluation of non-pharmacological therapies for pain and guidance to assist states in making appropriate coverage decisions in Medicaid and other state administered health programs.	<b>Yellow</b> Signs of Progress	<a href="#">Prescription Medicine</a>
<b>Treatment and Recovery</b>		
The Administration should expedite approval of Medicaid Institute for Mental Diseases (IMD) waivers. Congress should enact legislation creating an exception to IMD exclusion for those receiving SUD treatment.	<b>Green</b> Steady Progress	<a href="#">Treatment &amp; Recovery</a>
Health & Human Services (HHS) should strengthen federal oversight and ensure the Mental Health Parity and Addiction Equity Act (MHPAEA)/parity violations do not limit access to substance use disorder (SUD) treatment.	<b>Yellow</b> Uncoordinated	<a href="#">Treatment &amp; Recovery</a>

<p>Expand access to evidence-based SUD and mental health services for justice-involved populations. Specifically, medicaid coverage for medicaid-eligible individuals who are incarcerated pending disposition or nearing release. CMS should grant states (under 1115 authority) partial waivers of inmate exclusion otherwise barring states from receiving federal Medicaid funding in these circumstances.</p>	<p><b>Red</b> Needs Funding, Culture and Attitude Change</p>	<p><a href="#">Treatment &amp; Recovery</a></p>
<p>Health and Human Services should revise Medicare coverage requirements to cover methadone at community outpatient treatment programs.</p>	<p><b>Green</b> Complete</p>	<p><a href="#">Treatment &amp; Recovery</a></p>
<p>The Health Resources and Services Administration (HRSA) should expand definition of approved sites where primary care providers can be reimbursed for providing medication assisted treatment (MAT) and other behavioral health interventions to include substance use disorder (SUD) treatment facilities.</p>	<p><b>Yellow</b> Needs More Work</p>	<p><a href="#">Treatment &amp; Recovery</a></p>
<p>Health &amp; Human Services (HHS) should issue guidance encouraging universal screening of pregnant women as part of comprehensive obstetric care. HHS should also issue comprehensive standards for treating neonatal abstinence syndrome.</p>	<p><b>Green</b> Moving Forward</p>	<p><a href="#">Treatment &amp; Recovery</a></p>
<p>Provide guidance (HHS) on best practices for care following an overdose to treating hospitals (ex - initiating MAT).</p>	<p><b>Green</b> Some progress</p>	<p><a href="#">Prescription Medicine</a></p>
<p>The Drug Enforcement Agency should remove the requirement for medical residents to apply for federal waiver to prescribe buprenorphine - already practicing under physician supervision.</p>	<p><b>Red</b> No Known Progress</p>	<p><a href="#">Prescription Medicine</a></p>
<p>Congress should extend buprenorphine prescribing privileges (via the Comprehensive Addiction and Recovery Act) to Advanced Practice Registered Nurses (APRNs).</p>	<p><b>Green</b> Complete</p>	<p><a href="#">Prescription Medicine</a></p>
<p>Health &amp; Human Services and the Drug Enforcement Agency, via exceptions under the public health emergency declaration, should issue policy guidance on providing Medication Assisted Treatment (MAT) via telehealth and encourage providers to use it. Congress should provide a permanent fix to ensure rural populations can access MAT after the public health emergency declaration expires - (currently prohibited by Ryan Haight Online Pharmacy Consumer Protection Act).</p>	<p><b>Yellow</b> Highly Desired, but Slow Going</p>	<p><a href="#">Prescription Medicine</a></p>
<p><b>Enhancing Support for Public Safety</b></p>		
<p>Congress should increase Justice Assistance Grant Program (JAG) funding for state and local narcotic interdiction efforts and officer safety programs, increase funding and emphasize the role of preparing for and connecting individuals to community-based treatment programs, and increase funding (for the National Institute of Corrections, SAMHSA, and the Office of Justice Programs) to develop and provide MAT for justice-involved populations</p>	<p><b>Red</b> Not Moving Fast Enough</p>	<p><a href="#">Law Enforcement &amp; Medical Response</a></p>
<p>The federal government should offer more assistance to accelerate state crime lab testing and share real-time drug data. Increase federal coordination and funding for state medical examiner offices to increase understanding and provide a more targeted public safety and public health response by states.</p>	<p><b>Yellow</b> Needs Standardization</p>	<p><a href="#">Law Enforcement &amp; Medical Response</a></p>

<p>Increase federal efforts to strengthen electronic customs relation and to develop better chemical screen devices.</p>	<p><b>Yellow</b>  Essential, But Difficult</p>	<p><a href="#">Law Enforcement &amp; Medical Response</a></p>
<p>The Office of National Drug Control Policy (ONDCP) should continue to engage and convene additional federal and non-federal agencies to better understand the priorities of both public health and public safety entities at all levels of government.</p>	<p><b>Red</b>  ONDCP Leadership Vacuum</p>	<p><a href="#">Law Enforcement &amp; Medical Response</a></p>
<p>ONDCP should continue and/or increase federal support for regional High Intensity Drug Trafficking Areas (HIDTAs) and state law enforcement efforts, and scale up and replicate innovative partnerships at state and local level - nationwide. Increase federal grant dollars for state fusion centers and other state law enforcement entities requiring more personnel and analysts. Increase flexibility in grant funding to meet dynamic challenges, such as direct investments in state and local narcotic interdiction initiatives. Expand the role of HIDTAs to allow more robust assistance to state and local law enforcement led prevention efforts.</p>	<p><b>Yellow</b>  More Funding Needed</p>	<p><a href="#">Law Enforcement &amp; Medical Response</a></p>
<p>The federal government should ensure concerns and key issues from state law enforcement are incorporated into larger federal supply reduction efforts. Future Drug Enforcement Agency (DEA) and the Organized Crime Drug Enforcement Task Forces (OCDETF) Program priorities and strategies should incorporate state law enforcement concerns about illicit opioid distribution, targeting transnational criminal organizations and violent gangs, emerging and existing markets, and reinforce DEA's ability to regulate distributors suspected of misconduct.</p>	<p><b>Orange</b>  Unknown</p>	<p><a href="#">Law Enforcement &amp; Medical Response</a></p>
<p>The federal government should support research, development, and court admissibility of a simple, accurate and cost-effective roadside testing method for drugged driving (including marijuana) to reduce risk to the motoring public.</p>	<p><b>Orange</b>  Unknown</p>	<p><a href="#">Law Enforcement &amp; Medical Response</a></p>
<p>The federal government should increase support for National Guard Counterdrug Program to allow greater program capacity, providing states with funds to partner with local agencies and community groups and augment state use of this program to cut illicit drug supply.</p>	<p><b>Green</b>  Partnerships Growing</p>	<p><a href="#">Law Enforcement &amp; Medical Response</a></p>
<p>Continue to coordinate with existing prevention programs in schools and avoid increasing stigma and fear around punitive approaches for those who need access to treatment. Expand federal support for new and additional resources to support training officers in schools, community engagements, and other educational activities.</p>	<p><b>Yellow</b>  Limited Infrastructure</p>	<p><a href="#">Full-Spectrum Prevention</a></p>