

The President's Commission (56 recommendations)	Color & Description	Category
<i>Pres. Comm. #1:</i> Congress and the Administration should increase block grant funding for opioid-related and substance use disorder (SUD)-related activities in the states.	Green Good, but Not Enough	National Coordination
<i>Pres. Comm. #2:</i> The Office of National Drug Control Policy (ONDCP), through support from Health & Human Services and the Department of Justice, should establish a coordinated system for tracking all federally-funded initiatives.	Yellow Warning, Caution Ahead	National Coordination
<i>Pres. Comm. #3:</i> Congress should fund implementation of ONDCP review for every federal program and mandate federal and state cooperation.	Yellow Some Coordination	National Coordination
<i>Pres. Comm. #4:</i> The Department of Education should collaborate with states (Dept. of Ed) on student assessment programs, such as Screening, Brief Intervention, and Referral to Treatment (SBIRT) - to identify at-risk youth who may need treatment.	Red Little Federal Progress	Treatment & Recovery
<i>Pres. Comm. #5:</i> The Administration should fund and collaborate with private sector and non-profit partners to design a wide reaching, multi-platform national campaign addressing the hazards of substance use, the danger of opioids, and stigma.	Green Completed - June 7, 2018 - www.opioids.thetruth.com	Public Awareness; Family Outreach & Support
<i>Pres. Comm. #6:</i> Various federal agencies should develop model statutes, regulations, and policies with stakeholders that ensure informed patient consent prior to an opioid prescription for chronic pain.	Yellow Moving Forward	Prescription Medicine
<i>Pres. Comm. #7:</i> Health & Human Services (HHS) should coordinate the development of a national curriculum and standard of care for opioid prescribers - to supplement the Centers for Disease Control (CDC) guideline targeted to primary care physicians.	Yellow Moving Forward	Prescription Medicine
<i>Pres. Comm. #8:</i> Federal agencies should collect participation data on prescribing patterns, matched with participation in continuing medical education (CME) data to determine effectiveness and to share with clinicians, stakeholders, and state licensing boards.	Orange Unknown	Prescription Medicine
<i>Pres. Comm. #9:</i> The Administration should develop a model training program to be disseminated at all levels of medical education on screening for substance use and mental health status to identify at-risk patients.	Green Education Orgs Leading	Prescription Medicine
<i>Pres. Comm. #10:</i> Congress should amend the Controlled Substances Act to allow the Drug Enforcement Agency (DEA) to require that all prescribers desiring to be relicensed to prescribe opioids show participation in an approved Continuing Medical Education (CME) on opioid prescribing.	Red No Federal Progress	Prescription Medicine
<i>Pres. Comm. #11:</i> Health and Human Services, Department of Justice, Drug Enforcement Agency, Office of National Drug Control Policy, and pharmacy associations should train pharmacists on best practices to evaluate legitimacy of opioid prescriptions and not penalize them for denying inappropriate prescriptions.	Orange Unknown	Prescription Medicine

<i>Pres. Comm. #12:</i> The Administration should support the Prescription Drug Monitoring Program (PDMP) Act and mandate that states receiving grant funds comply with PDMP requirements, including data sharing.	Red Low Legislative Likelihood	Prescription Medicine
<i>Pres. Comm. #13:</i> Federal agencies should mandate PDMP checks and consider amending requirements under the Emergency Medical Treatment and Labor Act (EMTALA), which requires hospitals to screen and stabilize patients in an emergency department, regardless of insurance status or ability to pay.	Red Low Viability	Prescription Medicine
<i>Pres. Comm. #14:</i> PDMP data integration with electronic health records, overdose episodes, and substance use disorder-related decision support tools for providers is necessary to increase effectiveness.	Orange Non-specific/non-trackable	Prescription Medicine
<i>Pres. Comm. #15:</i> The Office of National Drug Control Policy and the Drug Enforcement Agency (DEA) should increase electronic prescribing to prevent diversion and forgery. Revise (DEA) regulations regarding electronic prescribing for controlled substances.	Yellow Mixed Results Possible	Prescription Medicine
<i>Pres. Comm. #16:</i> The Federal Government should work with states to remove legal barriers and ensure Prescription Drug Management Programs (PDMP) incorporate available overdose/naloxone deployment data, including the Department of Transportation's (DOT) Emergency Medical Technician (EMT) overdose database. It is necessary to have overdose data/naloxone deployment data in the PDMP to allow users of the PDMP to assist patients.	Yellow Long Way to Go	Prescription Medicine
<i>Pres. Comm. #17:</i> Communities should utilize Take Back Day to inform the public about drug screening and treatment services. Hospitals/clinics and retail pharmacies should become year-round authorized collectors and explore the use of drug deactivation bags.	Green Steady Progress	Prescription Medicine
<i>Pres. Comm. #18:</i> The Center for Medicare & Medicaid Services (CMS) should remove pain survey questions entirely on patient satisfaction surveys so that providers are never incentivized for offering opioids to raise their survey score. The ONDCP and Health & Human Services should establish a policy to prevent hospital administrators from using patient ratings from CMS surveys improperly.	Yellow Slow Progress	Full-Spectrum Prevention
<i>Pres. Comm. #19:</i> CMS should review and modify rate-setting policies that discourage the use of non-opioid treatments for pain, such as certain bundled payments that make alternative treatment options cost prohibitive for hospitals and doctors, particularly those options for treating immediate post-surgical pain.	Yellow Time & Labor Intensive	Full-Spectrum Prevention
<i>Pres. Comm. #20:</i> The Federal Government should strengthen data collection activities enabling real-time surveillance of the opioid crisis at the national, state, local, and tribal levels.	Yellow Needs Improvement	Law Enforcement & Medical Response
<i>Pres. Comm. #21:</i> The Federal Government should work with the states to develop and implement standardized rigorous drug testing procedures, forensic methods, and use of appropriate toxicology instrumentation in the investigation of drug-related deaths.	Yellow Slow Movement	Law Enforcement & Medical Response
<i>Pres. Comm. #22:</i> Reinstating the Arrestee Drug Abuse Monitoring (ADAM) program and the Drug Abuse Warning Network (DAWN) to improve data collection and provide resources for other promising surveillance systems.	Yellow Slow Progress	Law Enforcement & Medical Response

<i>Pres. Comm. #23:</i> Enhance federal sentencing penalties for the trafficking of fentanyl and fentanyl analogues.	Green In Motion	Law Enforcement & Medical Response
<i>Pres. Comm. #24:</i> Federal law enforcement should target Drug Trafficking Organizations and other individuals who produce and sell counterfeit pills, including including those sold via the internet.	Green DEA Targeting Pill Presses & Dark Web	Law Enforcement & Medical Response
<i>Pres. Comm. #25:</i> Congress should amend the law to give the DEA the authority to regulate the use of pill presses/ tableting machines with requirements for the maintenance of records, inspections for verifying location and stated use, and security provisions.	Orange Need Funding and Authority	Law Enforcement & Medical Response
<i>Pres. Comm. #26:</i> The U.S. Customs and Border Protection and the U.S. Postal Service should use additional technologies and drug detection canines to expand efforts to intercept fentanyl (and other synthetic opioids) in envelopes and packages at international mail processing distribution centers.	Yellow Logistical Challenge	Law Enforcement & Medical Response
<i>Pres. Comm. #27:</i> Congress and the Federal Government should use advanced electronic data on international shipments from high-risk areas to identify international suppliers and their U.S.-based distributors.	Yellow Doesn't Ensure Compliance	Law Enforcement & Medical Response
<i>Pres. Comm. #28:</i> Congress should support the Synthetics Trafficking and Overdose Prevention (STOP) Act and the Federal Government should work with the international community to implement the STOP Act in accordance with international laws and treaties.	Yellow Good First Step	Law Enforcement & Medical Response
<i>Pres. Comm. #29:</i> Coordinate federal and Drug Enforcement Agency's (DEA) effort to prevent, monitor, and detect the diversion of prescription opioids for illicit distribution or usage.	Green Significant Progress	Law Enforcement & Medical Response
<i>Pres. Comm. #30:</i> The White House should develop a national outreach plan for the Fentanyl Safety Recommendations for First Responders. The Federal Government should partner with Governors and state fusion centers to develop and standardize data collection, analytics, and information-sharing related to first responder opioid-intoxication incidents.	Green Solutions on Hand	Law Enforcement & Medical Response
<i>Pres. Comm. #31:</i> Health & Human Services (HHS), Center for Medicare & Medicaid Services (CMS), Substance Abuse and Mental Health Services Administration (SAMHSA), the Veterans Administration (VA), and other federal agencies should incorporate quality measures that address addiction screenings and treatment referrals. HHS should review the scientific evidence on the latest opioid use disorder (OUD) and SUD treatment options and collaborate with the U.S. Preventive Services Task Force (USPSTF) on provider recommendations.	Green Some progress	Prescription Medicine
<i>Pres. Comm. #32:</i> Adopt process, outcome, and prognostic measures of treatment services as presented by the National Outcome Measurement and the American Society of Addiction Medicine (ASAM).	Yellow Slow Progress	Treatment & Recovery

<p><i>Pres. Comm. #33:</i> HHS, The Centers for Medicare and Medicaid Services (CMS), the Indian Health Service (IHS), Tricare, the Drug Enforcement Agency (DEA), and the Veterans Administration (VA) should remove reimbursement and policy barriers to SUD treatment, such as patient limits, that limit access to any forms of FDA-approved medication-assisted treatment (MAT), counseling, inpatient/residential treatment, and other treatment modalities, particularly fail-first protocols and frequent prior authorizations. All primary care providers employed by the above-mentioned health systems should screen for alcohol and drug use, and provide treatment within 24 to 48 hours, directly or through referral.</p> <p><i>Pres. Comm. #35:</i> Because the Department of Labor (DOL) regulates health care coverage provided by many large employers, the Commission recommends that Congress provide DOL increased authority to levy monetary penalties on insurers and funders, and permit DOL to launch investigations of health insurers independently for parity violations.</p> <p><i>Pres. Comm. #36:</i> Federal and state regulators should use a standardized tool that requires health plans to document and disclose their compliance strategies for non-quantitative treatment limitations (NQTL) parity. HHS, in consultation with DOL and Treasury, should review clinical guidelines and standards to support NQTL parity requirements.</p>	<p>Yellow</p> <p>Uncoordinated</p>	<p>Treatment & Recovery</p>
<p><i>Pres. Comm. #34:</i> Health and Human Services (HHS) review and modify rate-setting (including policies that indirectly impact reimbursement) to better cover the true costs of providing SUD treatment, including inpatient psychiatric facility rates and outpatient provider rates.</p>	<p>Yellow</p> <p>Needs More Work</p>	<p>Treatment & Recovery</p>
<p><i>Pres. Comm. #37:</i> The Commission recommends the National Institute on Corrections (NIC), the Bureau of Justice Assistance (BJA), the Substance Abuse and Mental Health Services Administration (SAMHSA), and other national, state, local, and tribal stakeholders use medication-assisted treatment (MAT) with pre-trial detainees and continuing treatment upon release.</p>	<p>Red</p> <p>Needs Funding, Culture and Attitude Change</p>	<p>Treatment & Recovery</p>
<p><i>Pres. Comm. #38:</i> The Department of Justice (DOJ) should broadly establish federal drug courts within the federal district court system in all 93 federal judicial districts. States, local units of government, and Indian tribal governments should apply for drug court grants established by 34 U.S.C. § 10611. Individuals with a substance use disorder (SUD) who violate probation terms with substance use should be diverted into drug court, rather than prison.</p>	<p>Yellow</p> <p>Need More Growth</p>	<p>Law Enforcement & Medical Response</p>
<p><i>Pres. Comm. #39:</i> The federal government should partner with appropriate hospital and recovery organizations to expand the use of recovery coaches, especially in hard-hit areas. Insurance companies, federal health systems, and state payers should expand programs for hospital and primary case-based SUD treatment and referral services.</p>	<p>Green</p> <p>Progress at State Level</p>	<p>Treatment & Recovery</p>
<p><i>Pres. Comm. #40:</i> The Commission recommends the HRSA prioritize addiction treatment knowledge across all health disciplines.</p>	<p>Yellow</p> <p>Slow Pogress</p>	<p>Treatment & Recovery</p>

<i>Pres. Comm. #41:</i> The Commission recommends that federal agencies revise regulations and reimbursement policies to allow for substance use disorder treatment via telemedicine.	Yellow Highly Desired, but Slow Going	Prescription Medicine
<i>Pres. Comm. #42:</i> The Commission recommends further use of the National Health Service Corps to supply needed health care workers to states and localities with higher than average opioid use and abuse.	Green Steady funding	Prescription Medicine
<i>Pres. Comm. #43:</i> The National Highway Traffic Safety Administration (NHTSA) should review its National Emergency Medical Services (EMS) Scope of Practice Model with respect to naloxone, and disseminate best practices for states that may need statutory or regulatory changes to allow Emergency Medical Technicians (EMT) to administer naloxone, including higher doses to account for the rising number of fentanyl overdoses.	Green States Have Answered	Law Enforcement & Medical Response
<i>Pres. Comm. #44:</i> The Commission recommends HHS implement naloxone co-prescribing pilot programs to confirm initial research and identify best practices. ONDCP should, in coordination with HHS, disseminate a summary of existing research on co-prescribing to stakeholders.	Yellow Needs More Effort	Prescription Medicine
<i>Pres. Comm. #45:</i> The Department of Health and Human Services (HHS) should develop new guidance for Emergency Medical Treatment and Labor Act (EMTALA) compliance with regard to treating and stabilizing substance use disorder (SUD) patients and provide resources to incentivize hospitals to hire appropriate staff for their emergency rooms.	Red Treatment Shortage	Law Enforcement & Medical Response
<i>Pres. Comm. #46:</i> The Commission recommends that HHS implement guidelines and reimbursement policies for Recovery Support Services, including peer to peer programs, jobs and life skills training, supportive housing, and recovery housing.	Green On the Right Track	Treatment & Recovery
<i>Pres. Comm. #47:</i> HHS, the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Administration on Children, Youth and Families (ACYF) should disseminate best practices for states regarding interventions and strategies to keep families together, when it can be done safely (e.g., using a relative for kinship care). These practices should include utilizing comprehensive family centered approaches and should ensure families have access to drug screening, substance use treatment, and parental support. Further, federal agencies should research promising models for pregnant and postpartum women with substance use disorders (SUDs) and their newborns, including screenings, treatment interventions, supportive housing, non-pharmacologic interventions for children born with neonatal abstinence syndrome, medication-assisted treatment (MAT) and other recovery supports.	Green Moving Forward	Treatment & Recovery
<i>Pres. Comm. #48:</i> ONDCP, the Substance Abuse and Mental health Services Administration (SAMHSA), and the Department of Education (DOE) identify successful college recovery programs, including “sober housing” on college campuses, and provide support and technical assistance to increase the number and capacity of high-quality programs to help students in recovery.	Red Needs Funding	Treatment & Recovery

<i>Pres. Comm. #49:</i> The ONDCP, federal partners, including the Department of Labor, large employers, employee assistance programs, and recovery support organizations should develop best practices on substance use disorders and the workplace.	Yellow Soft Start	Public Awareness; Family Outreach & Support
<i>Pres. Comm. #50:</i> The ONDCP should work with the Department of Justice, the Department of Labor, the National Alliance for Model State Drug Laws, the National Conference of State Legislatures, and other stakeholders to develop model state legislation/regulation for states to decouple felony convictions and eligibility for business/occupational licenses, where appropriate.	Orange Unknown	Public Awareness; Family Outreach & Support
<i>Pres. Comm. #51:</i> ONDCP, federal agencies, the National Alliance for Recovery Residents (NARR), the National Association of State Alcohol and Drug Abuse Directors (NASADAD), and housing stakeholders should work collaboratively to develop quality standards and best practices for recovery residences, including model state and local policies. These partners should identify barriers (such as zoning restrictions and discrimination against MAT patients) and develop strategies to address these issues.	Green Consistent Progress	Treatment & Recovery
<i>Pres. Comm. #52:</i> Federal agencies, including Health & Human Services (NIH, CDC, CMS, FDA, and the SAMHSA), Department of Justice, the Department of Defense, the Veterans Administration, and Office of National Drug Control Policy, should engage in a comprehensive review of existing research programs and establish goals for pain management and addiction research (both prevention and treatment). <i>Pres. Comm. #53:</i> Congress and the Federal Government should provide additional resources to the National Institute on Drug Abuse (NIDA), the National Institute of Mental Health (NIMH), and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) to fund the research areas cited above.	Green Lots of Action	Prescription Medicine
<i>Pres. Comm. #54:</i> Center for Medicare & Medicaid Services (CMS), Food and Drug Administration (FDA), and the United States Preventive Services Task Force (USPSTF) should implement a fast-track review process for any new evidence-based technology supporting substance use disorder (SUD) prevention and treatments (further research of Technology-Assisted Monitoring and Treatment for high-risk patients and SUD patients).	Red Focusing Elsewhere	Prescription Medicine
<i>Pres. Comm. #55:</i> The Commission recommends that commercial insurers and the Center for Medicare & Medicaid Services (CMS) fast-track creation of Healthcare Common Procedure Coding System (HCPCS) codes for FDA - approved technology-based treatments, digital interventions, and biomarker-based interventions. NIH should develop a means to evaluate behavior modification apps for effectiveness.	Orange Unknown	Prescription Medicine
<i>Pres. Comm. #56:</i> The Commission recommends that the FDA establish guidelines for post-market surveillance related to diversion, addiction, and other adverse consequences of controlled substances.	Green In Process	Prescription Medicine