
OVERVIEW OF OPIOID CRISIS IN TEXAS

Opioids are a class of drug that includes prescription medicines, such as hydrocodone, oxycodone, morphine, and methadone, and illicit substances, such as heroin. Opioid use has increased dramatically across the U.S., resulting in more than 42,000 overdose deaths during calendar year 2016. During that year, 1,375 Texans died from opioid overdose, according to research from the Centers for Disease Control and Prevention

This overview of the opioid crisis in Texas includes information regarding select state-level programs and responsive actions and information regarding federal actions to combat the crisis that have implications for the state. Information focuses on prevention, treatment, and monitoring activities in Texas, although it does not include all behavioral health programs and services that may relate to opioid use. In addition, criminal justice-related activities are not within the scope of this overview.

FACTS AND FINDINGS

- ◆ Rates of opioid prescribing, nonmedical use of opioids, and opioid overdose deaths in Texas are either similar to or less than those for the nation.
- ◆ New federal funding, including the formula-funded State Targeted Response to the Opioid Crisis Grants, is available to states to address the opioid crisis. Texas received \$73.6 million for this purpose for federal fiscal year 2018.
- ◆ For fiscal year 2018, the Health and Human Services Commission budgeted \$218.6 million in All Funds for substance use disorder services, including \$44.1 million in General Revenue Funds and \$174.5 million in Federal Funds.
- ◆ During fiscal year 2017, the Texas Medicaid program provided opioid use disorder treatment to 6,594 clients and paid \$11.4 million in All Funds in claims for these services.
- ◆ Texas has 85 opioid treatment program sites, which provide access to medication-assisted treatment for people diagnosed with moderate to severe opioid use disorder. Approximately 2.0 million Texans live in areas that do not have any publicly funded

opioid treatment program sites. The Health and Human Services Commission is working to increase medication-assisted treatment services using newly available federal funding.

DISCUSSION

Opioid drugs have valuable medicinal properties when used within a physician's care, but they also can be habit-forming or fatal when misused or abused. Many individuals who use opioids are prescribed the drugs for legitimate medical uses, including pain management, but opioid use may also involve the misuse or abuse of either prescription or illicit opioids. Misuse is defined as the incorrect use of a prescription opioid while abuse refers to a recurring pattern of either prescription or illicit opioid use which substantially impairs a person's functioning in one or more important life areas such as social or vocational.

Opioid use has increased dramatically nationwide, a development that has been linked to an increase in opioid prescriptions. According to research from the Centers for Disease Control and Prevention (CDC), prescription opioid sales quadrupled nationally from calendar years 1999 to 2010. Concerns about insufficient treatment of pain and lack of accurate information about the risk of addiction led to increased prescribing of opioids. The number of opioids prescribed peaked during calendar year 2010 and has decreased each year through calendar year 2015. Despite this decrease, the amount of opioids prescribed during calendar year 2015 was approximately three times higher than during calendar year 1999.

Opioids have a high potential for abuse, and using prescription opioids can lead to their misuse or abuse, or to addiction. Addiction is indicated by an inability to consistently abstain from opioid use, impairment in behavioral control, and cravings, among other characteristics. Research indicates that a subset of individuals prescribed opioid medications misuse or abuse them or develop an addiction. However, as many individuals take opioids, a significant number of people develop problems.

According to research from the CDC and the federal Substance Abuse and Mental Health Services Administration (SAMHSA) prescription opioid misuse, abuse, and addiction

can lead to heroin use. The transition from prescription opioids to heroin use may be driven by their similarity in the chemical properties and physiological impacts and because heroin may be cheaper and easier to find. Users of heroin face additional risks including exposure to additives and other drugs, such as fentanyl.

During calendar year 2016, 12.3 million people age 12 or older misused prescription opioids or used heroin in the U. S. During the same year, an estimated 2.3 million people age 12 or older met the clinical criteria for having an opioid use disorder (OUD).

In addition to the risk for addiction, opioid misuse and abuse can lead to overdose or death. During calendar year 2016, more than 42,000 people across the U.S. died of an opioid overdose. Approximately 15,500 of those deaths were attributed to heroin overdose.

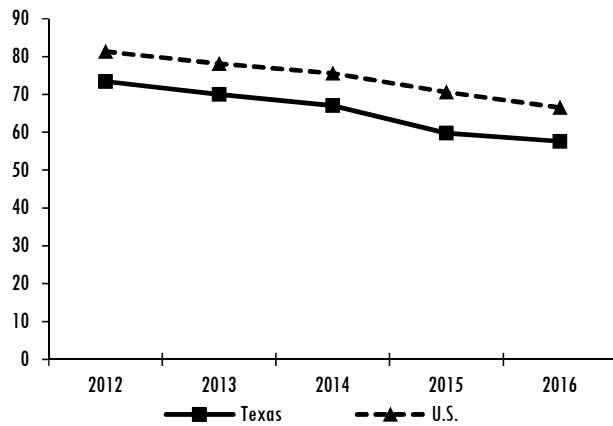
OPIOID CRISIS IN TEXAS

Rates of opioid prescribing are lower in Texas than the U.S. average. Texas’ calendar year 2016 rate of opioid prescriptions per 100 persons was 57.6, and the national rate was 66.5 per 100 persons. **Figure 1** shows opioid prescribing rates from calendar years 2012 to 2016 in Texas and the U.S.

However, lower opioid prescribing rates have not shielded Texas completely from the crisis. According to the 2015 and 2016 National Surveys on Drug Use and Health, an estimated 4.48 percent of Texans age 12 and older (approximately 1.0 million people) misused prescription pain relievers during the previous year, which is similar to the national rate of 4.46 percent. The percentage of Texans age 12 and older reporting past-year heroin use was 0.20 percent (approximately 45,000), compared to 0.33 percent nationally. The percentage of Texans age 12 and older with OUD was 6.7 per 1,000 (approximately 149,000 people) while the national rate was 8.4 per 1,000.

Eligible individuals with OUD may receive treatment through state-funded providers or through the Texas Medicaid program. In addition, until calendar year 2017, individuals with OUD who resided in the Dallas area could receive treatment through the NorthSTAR program, a behavioral health delivery system that served Medicaid-eligible and medically indigent persons. Beginning in 2017, former NorthSTAR clients receive OUD treatment through either Texas Medicaid or Health and Human Services Commission (HHSC) state-funded treatment for OUD, depending on their eligibility status.

**FIGURE 1
TEXAS AND U.S. OPIOID PRESCRIBING RATES PER 100 PERSONS, CALENDAR YEARS 2012 TO 2016**



SOURCE: Centers for Disease Control and Prevention.

During calendar year 2017, 8,749 Texans received state-funded treatment for OUD. That same year, 3,192 individuals accessed medication-assisted treatment (MAT) services, the evidence-based treatment for moderate to severe OUD. MAT typically consists of long-term, daily, outpatient treatment, including the use of certain medications that are intended to address withdrawal symptoms and reduce cravings for the abused opioid. **Figure 2** shows medications used to treat opioid-related disorders. The waitlist to receive OUD treatment services through state-funded providers had 5,872 entries in 2017, and 2,135 individuals on the waitlist eventually were served.

Figure 3 shows the number of individuals who received treatment for OUD through state-funded providers from calendar years 2012 to 2017.

During calendar year 2016, the last full year that NorthSTAR was in operation, 3,146 individuals with OUD received treatment through the program and 833 individuals received MAT services. **Figure 4** shows the number of individuals that received treatment for OUD through NorthSTAR from calendar years 2012 to 2016.

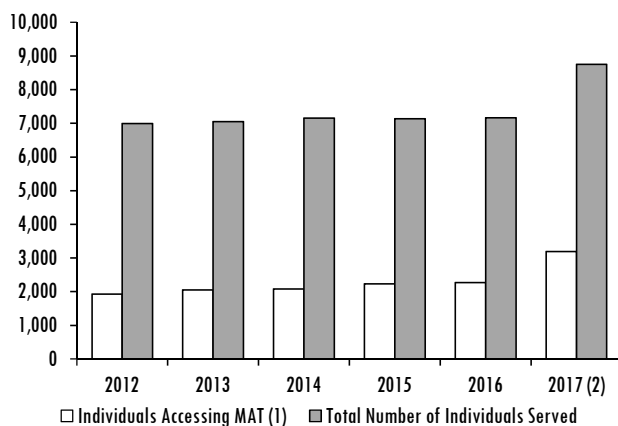
During fiscal year 2017, the Texas Medicaid program provided treatment to 6,594 individuals with OUD, and 6,179 individuals accessed MAT services. **Figure 5** shows the number of individuals that received treatment for OUD through the Texas Medicaid program from fiscal years 2012 to 2017.

**FIGURE 2
MEDICATIONS USED TO TREAT OPIOID-RELATED DISORDERS, CALENDAR YEAR 2018**

| MEDICATION | USAGE |
|--|--|
| Medication-assisted treatment drugs that decrease opioid withdrawal symptoms and cravings | |
| Methadone | Pill, liquid, and wafer form; administered once daily |
| Buprenorphine | Sublingual tablet and oral film forms; can be administered once daily or less frequently |
| Naltrexone | Pill, administered once daily; or an injectable form, administered monthly |
| Opioid-blocking drug that temporarily reverses an opioid overdose | |
| Naloxone | Nasal spray or an injectable form |

NOTE: Each medication-assisted treatment medicine works differently pharmacologically, and users may experience different results. Some buprenorphine products contain naloxone to decrease the likelihood of diversion and misuse.
SOURCE: Substance Abuse and Mental Health Services Administration.

**FIGURE 3
INDIVIDUALS IN TEXAS RECEIVING OPIOID USE DISORDER TREATMENT THROUGH STATE-FUNDED PROVIDERS CALENDAR YEARS 2012 TO 2017**

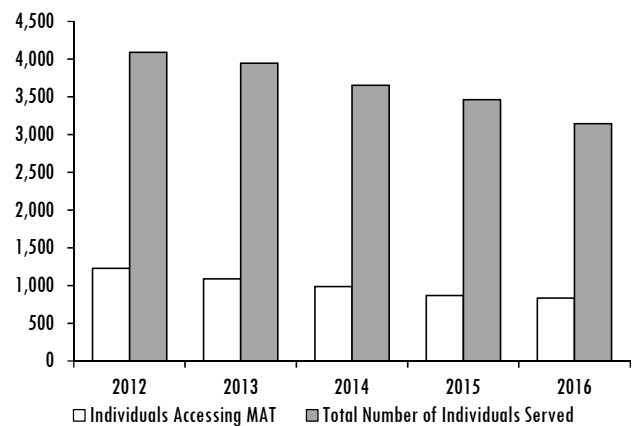


NOTES:
(1) MAT=medication-assisted treatment services.
(2) The increase in total number of individuals served through state-funded providers for calendar year 2017 is due partially to the discontinuation of NorthSTAR.
SOURCE: Health and Human Services Commission.

According to HHSC, available OUD treatment services in Texas are not sufficient. This lack is particularly true for MAT services. During 2016, 86.0 percent of new admissions for OUD treatment through state-funded providers received episodic, abstinence-based treatment programs. Unlike MAT services, these programs help clients initiate recovery but do not provide support for recovery maintenance.

Lack of access to MAT in Texas can be attributed partially to a lack of providers. Texas has 85 opioid treatment program (OTP) sites, which are facilities that specialize in the treatment of OUD and meet certain federal and state

**FIGURE 4
INDIVIDUALS IN TEXAS RECEIVING OPIOID USE DISORDER TREATMENT THROUGH NORTHSTAR CALENDAR YEARS 2012 TO 2016**



NOTE: MAT=medication-assisted treatment services.
SOURCE: Health and Human Services Commission.

certification, accreditation, licensing, and other requirements. Eight OTPs contract with the Texas Medicaid program or with the state for indigent care services. Three of the state's 11 public health regions, representing a population of 2.0 million, do not have any publicly funded OTP sites.

In addition, physicians that are authorized to prescribe buprenorphine may provide MAT services and are not restricted to treating OUD patients at OTP sites. According to information from SAMHSA as of July 2018, approximately 1,100 physicians practicing in 84 Texas counties are authorized to prescribe buprenorphine. The following sections of this report provide additional information regarding OUD treatment available through state-funded providers and the Texas Medicaid program.

According to official death statistics, the opioid overdose death rate in Texas is lower compared to the national rate. During calendar year 2016, 4.9 Texans per 100,000 persons died of an opioid overdose, compared to 13.1 persons per 100,000 nationwide. In Texas, 1,375 persons died that year of an opioid overdose. **Figure 6** shows opioid overdose death rates for the U.S. and for Texas from calendar years 2012 to 2016.

SELECT PROGRAMS IN TEXAS

HHSC provides substance use disorder (SUD) related services in Texas, of which OUD services are a component. The Eighty-fifth Legislature, Regular Session, General Appropriations Act (GAA), 2018–19 Biennium, appropriated funding to HHSC for SUD related services in Strategy D.2.4, Substance Abuse Prevention, Intervention, and Treatment. For fiscal year 2018, HHSC budgeted \$218.6 million in All Funds for SUD services, composed of \$44.1 million (20.2 percent) in General Revenue Funds and \$174.5 million (79.8 percent) in Federal Funds. The Federal Funds come mainly from the Substance Abuse Prevention and Treatment Block Grant and State Targeted Response to the Opioid Crisis Grants (Opioid STR), which are discussed in the *Federal Response* section of this report. HHSC distributes funding to 11 service regions throughout the state by a formula based on population, poverty, and need. Community-based providers and state-licensed treatment program providers within the service regions deliver prevention, intervention, treatment, and recovery services, as discussed in the following sections.

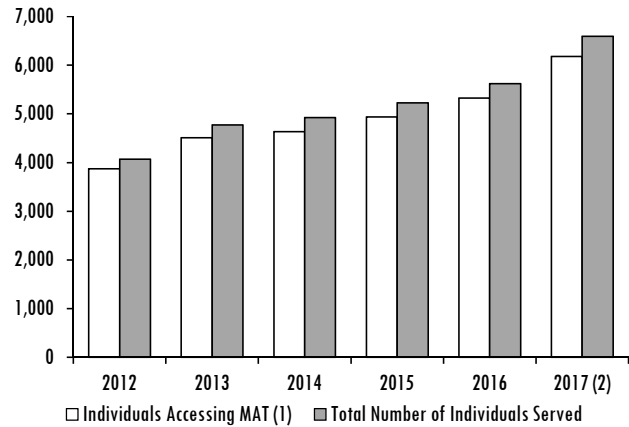
PREVENTION SERVICES

HHSC funds an array of prevention efforts, mainly focused on Texas youth. These programs include universal programs, such as substance abuse education using school-based curricula, and selective programs for specific populations, such as children of substance-abusing parents. For fiscal year 2018, HHSC budgeted \$51.6 million in All Funds for SUD prevention services and expects to serve 151,847 individuals on average per month.

INTERVENTION SERVICES

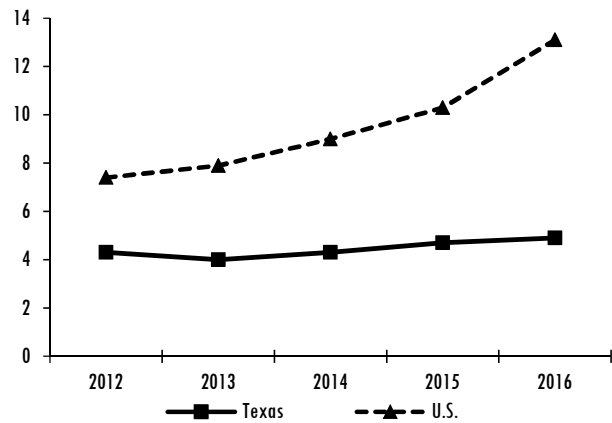
General SUD intervention services are provided through HHSC’s Outreach, Screening, Assessment, and Referral (OSAR) program. OSAR provides substance use screenings and assessments, interventions including counseling and education, and referrals to treatment. In addition to OSAR, specialized intervention services are available for specific

**FIGURE 5
INDIVIDUALS RECEIVING OPIOID USE DISORDER
TREATMENT THROUGH TEXAS MEDICAID
FISCAL YEARS 2012 TO 2017**



Notes:
 (1) MAT=medication-assisted treatment services.
 (2) The increase in total number of individuals served in Texas Medicaid for fiscal year 2017 is due partially to the discontinuation of NorthSTAR.
 SOURCE: Health and Human Services Commission.

**FIGURE 6
TEXAS AND U.S. OPIOID OVERDOSE DEATHS
CALENDAR YEARS 2012 TO 2016**



NOTE: Rate is number of deaths per 100,000 population.
 SOURCE: Centers for Disease Control and Prevention.

populations, such as pregnant and parenting women and individuals with SUD who are at risk for contracting human immunodeficiency virus. For fiscal year 2018, HHSC budgeted \$25.3 million in All Funds for SUD intervention services and expects to serve 7,524 individuals on average per month.

TREATMENT SERVICES

Treatment for OUD in Texas is available to adults and youth ages 13 to 17 years. To receive treatment services, an individual must meet the Diagnostic and Statistical Manual of Mental Disorders criteria for an SUD and have an income of less than 200 percent of the federal poverty level, which is \$24,280 for a single person in 2018. Certain populations, such as pregnant women and those who inject drugs, are priority populations for admissions and treatment. For fiscal year 2018, HHSC budgeted \$130.5 million in All Funds for SUD treatment services and expects to serve 11,539 individuals on average per month.

Adults receiving treatment may receive MAT. MAT medications available to individuals receiving treatment through state-funded providers include methadone and buprenorphine but not naltrexone, the only other Food and Drug Administration (FDA)-approved MAT medication. As discussed previously, access to MAT services across the state is lacking. HHSC is working to increase MAT services, using new federal Opioid STR funding to address the lack of availability. The federal funding, however, is only anticipated to result in a 9.0 percent increase in new admissions for MAT services.

RECOVERY SERVICES

Recovery support services, such as housing, employment, and recovery coaching, also are available to individuals with SUD. Recovery services surpass traditional treatment services to support individuals with SUD during their long-term recovery and integration back into the community. Any adult Texas resident who is in or seeking recovery may participate, along with family or other supportive individuals, in recovery support services. HHSC is using new federal Opioid STR funding to increase these services. For fiscal year 2018, HHSC budgeted \$10.1 million in All Funds for SUD recovery services.

TEXAS MEDICAID PROGRAM**SUBSTANCE USE DISORDER SERVICES**

The Eighty-first Legislature, Regular Session, GAA, 2010–11 Biennium, authorized HHSC to add SUD benefits for adults in Medicaid. Most outpatient benefits began September 1, 2010, and residential benefits and detoxification services began January 1, 2011. Benefits include an SUD assessment, outpatient individual and group counseling, outpatient detoxification, MAT, and residential detoxification and treatment. The Texas Medicaid program covers all three MAT drugs approved by the FDA to treat OUD. Medicaid

recipients receive these benefits through Medicaid managed care or Medicaid fee-for-service programs.

For fiscal year 2017, the Texas Medicaid program provided OUD treatment for 6,594 clients and paid \$11.4 million in All Funds in claims for these services.

OTHER ACTIONS BY THE STATE

In addition to the opioid-related services provided through state programs and the Texas Medicaid program, the state has taken a number of actions in response to the opioid crisis. These actions include regulating the prescribing of opioids, controlling opioid prescribing and dispensing to enrollees of Texas Medicaid and state health benefit programs, and implementing a state prescription drug monitoring program, among other actions.

OPIOID PRESCRIBING REGULATIONS

Texas Medical Board (TMB) regulations provide a number of controls for the prescribing and dispensing of opioids to patients with pain. A provider treating a patient with opioids for chronic pain must conduct steps to ensure patient safety and mitigate potential risk. For instance, before initiating such treatment for chronic pain with opioids, the provider must evaluate the patient, including obtaining a medical history and administering a physical examination. This evaluation assists the provider with assessing whether the patient has a history of or potential for substance abuse or diversion, which is the use of drugs by anyone other than person for whom the drug was prescribed. Texas regulations also require a provider to develop a written treatment plan that includes the goals of opioid treatment and other treatment options that are planned or considered. In addition, the provider must discuss with the patient the risks of taking opioids for the treatment of chronic pain.

TMB regulations also require the state's pain management clinics to be certified by the board. The physician who operates the clinic must hold an unrestricted medical license that authorizes the physician to practice medicine in Texas. Regulations also require the physician operating the clinic to ensure the quality of patient care by being onsite for a certain period and by reviewing a certain number of patient files, among other responsibilities.

Although Texas regulations require all providers who are authorized to prescribe controlled substances to receive continuing education, only certain providers must receive continuing education on the topic of pain management or opioid prescribing practices. These providers include

personnel employed by a pain management clinic who have contact with patients and dentists authorized to prescribe controlled substances.

**OPIOID PRESCRIBING AND DISPENSING CONTROLS
WITHIN THE TEXAS MEDICAID PROGRAM
AND STATE HEALTH BENEFIT PROGRAMS**

The Texas Medicaid program employs a number of strategies to identify and reduce prescription opioid abuse. Medicaid covers approximately 4.1 million Texans, or one in seven Texans. Therefore, these strategies affect a significant portion of the state population. During fiscal year 2015, Texas Medicaid filled opioid prescriptions for more than 426,000 covered individuals.

The Texas Medicaid and the Children's Health Insurance Program Services Division's Vendor Drug Program (VDP) recommends and develops clinical prior authorization edits (VDP edits) with the goal of decreasing patient harm. VDP edits require pharmacists to confirm that certain patient criteria are met or to obtain authorization by the prescriber before filling certain prescriptions. Several VDP edits have been developed for opioid prescriptions. In January 2018, the VDP implemented an edit limiting a patient's daily dose of opioid medication, which is expressed as an equivalent dose in milligrams of morphine (MED). The limit will decrease gradually until it reaches 90 MED per day. The CDC recommends this daily MED in its Guidelines for Prescribing Opioids for Chronic Pain.

According to a 2017 report from the HHSC Office of Inspector General (OIG), however, existing VDP edits for opioid prescriptions have not adopted every recommendation included in the CDC guidelines. Furthermore, although VDP edits related to opioid prescriptions apply to all Medicaid fee-for-service clients, not all Medicaid managed care organizations (MCO) implement them. During fiscal year 2017, 8.5 percent of Medicaid clients were enrolled in the fee-for-service program and were subject to existing VDP opioid-related edits. According to HHSC, the agency is working with MCOs to implement additional VDP edits corresponding to the CDC guidelines for both fee-for-service and managed-care clients.

VDP also conducts retrospective reviews of prescription drug claims to identify prescribing patterns and outliers to accepted prescribing practices by providers who serve Medicaid fee-for-service clients. These reviews may identify problematic prescribing of opioids. In response, HHSC may provide outreach to providers, implement VDP edits, or

refer providers to the OIG or the applicable professional regulatory board. MCOs conduct their own utilization reviews.

In addition, the Texas Medicaid program employs the IG Lock-In Program for clients who misuse or abuse controlled substances, including opioids. Clients in lock-in status are restricted in their use of Medicaid benefits to a single designated pharmacy, or a single provider in some instances, to decrease access to excessive quantities of prescription opioids. During fiscal year 2017, an average of 1,052 clients were designated with lock-in status.

Among other responsibilities, the Medicaid Program Integrity Unit (MPI) identifies possible fraud or abuse by prescribers and pharmacy providers who serve Medicaid clients. MPI investigations may result from referrals or complaints, and from proactive operations that identify possible fraud or abuse through data analysis of encounters and claims billing. MPI investigations may result in OIG administrative enforcement action, referrals to appropriate licensure boards, or referrals to the Office of the Attorney General's Medicaid Fraud Control Unit when criminal Medicaid fraud is indicated.

The Employees Retirement System of Texas, the Teacher Retirement System of Texas, the University of Texas System, and the Texas A&M University System administer health benefit programs for certain employees and retired employees of the state and their dependents. During fiscal year 2017, these health benefit programs covered 1.6 million Texans. In conjunction with health plan administrators and pharmacy benefit managers, these programs also employ strategies to identify and reduce prescription opioid abuse. Strategies vary across health benefit programs but include limiting an enrollee's daily MED, supply of an opioid prescription to a certain number of days, and access to long-acting opioids.

TEXAS PRESCRIPTION MONITORING PROGRAM

A prescription drug monitoring program (PDMP) can be a tool to help healthcare providers assess their patients' histories of prescription opioid use. The Texas Prescription Monitoring Program enables registered, authorized users to view a patient's controlled substance history online for up to three years. Authorized users include pharmacists, physicians, and pharmacy technicians and nurses within the direction of a pharmacist or physician.

Senate Bill 195, Eighty-fourth Legislature, 2015, implemented a number of recommended updates to the

Texas program. These updates included transferring the program from the Department of Public Safety to the Texas State Board of Pharmacy (TSBP), enabling practitioners to auto-enroll in the program, and authorizing TSBP to share information with other states. On September 1, 2016, TSBP began participating in InterConnect, a prescription drug data-sharing system that enables participating states to access each other's prescription drug data and to track the prescriptions of patients regardless of where they fill them. As of May 2018, practitioners in Texas can view a patient's controlled substance history in 42 other states through InterConnect.

TSBP also has taken steps to improve the state's PDMP, including ensuring that the system contains high-quality information that is available quickly to users. HHSC is using federal Opioid STR funds to promote the PDMP and meaningful utilization.

House Bill 2561, Eighty-fifth Legislature, Regular Session, 2017, made additional changes to the state's PDMP. For instance, the legislation requires pharmacists to submit data to the PDMP within one day of dispensing controlled substances to increase the timeliness and completeness of the data in the system. In addition, the legislation requires most prescribers to consult the state's PDMP before prescribing certain drugs, including opioids, for noncancer and nonhospice patients beginning in fiscal year 2020.

During fiscal year 2017, PDMP users performed 4.2 million system searches. As of March 20, 2018, 71,703 practitioners were registered with the state's PDMP, the majority of which were physicians, pharmacists, advanced practice registered nurses, and dentists.

OTHER ACTIONS

Naloxone, the opioid antagonist medicine that reverses an opioid overdose temporarily, became widely available in Texas following the passage of Senate Bill 1462, Eighty-fourth Legislature. The legislation allows for the prescribing and dispensing of an opioid antagonist to a person at risk of experiencing an overdose, or to a family member or friend, and the administration of the antidote by those people. In August 2016, the Texas Pharmacy Association obtained a physician-signed standing order authorizing Texas pharmacists that complete a one-hour course to dispense an opioid antagonist to any consumer. Pursuant to Senate Bill 315 and Senate Bill 584, Eighty-fifth Legislature, Regular Session, 2017, TMB plans to issue guidelines for prescribing an opioid antagonist to a person prescribed an opioid and to

one at risk of an opioid-related drug overdose. Proposed guidelines were published in the *Texas Register* on February 9, 2018.

In May 2018, the Office of the Attorney General filed suit against Purdue Pharma, the maker of the opioid medication OxyContin, for misrepresenting the risks of opioid addiction. The state is seeking significant penalties from the manufacturer. Several Texas counties also have sued pharmaceutical companies for economic damages, alleging that manufacturers downplayed addiction risks and that their distributors failed to track suspicious orders. In addition, Texas has joined a multi-state investigation into several pharmaceutical companies to determine any role manufacturers played in initiating the opioid crisis and whether the companies violated any laws.

FEDERAL RESPONSE

New federal funding is available to states to combat the opioid crisis. For instance, the Comprehensive Addiction and Recovery Act of 2016 and the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act of 2018 (the SUPPORT for Patients and Communities Act) authorized a number of grants related to prescription drug and heroin abuse that are available to states on a competitive basis. The 21st Century Cures Act, signed into law on December 13, 2016, authorized funding for Opioid STR.

Figure 7 shows recent, select federal funding that Texas has received for prevention, monitoring, and treatment activities in response to the opioid crisis.

In addition to the authorization of funds, the federal government has taken steps intended to counter the opioid crisis that have implications for Texas. One set of actions seeks to curtail the high rates of opioid prescribing across the U.S. On March 18, 2016, the CDC published guidelines containing a unified set of recommendations for providers based on the most recent scientific evidence for prescribing opioid pain relievers to adult patients. These guidelines include guidance to assess risk and address the harms of opioid use.

The FDA updated its Extended-Release and Long-Acting Opioid Analgesic Risk Evaluation and Mitigation Strategy in September 2018. Part of the update requires all opioid companies to develop and provide certain continuing education to healthcare providers who participate in the treatment and monitoring of pain. The continuing education

FIGURE 7
SELECT FEDERAL FUNDING FOR OPIOID CRISIS RECEIVED BY THE STATE OF TEXAS
FEDERAL FISCAL YEARS 2014 TO 2018

| GRANT PROGRAM | FEDERAL FUNDING RECEIVED (IN MILLIONS) |
|---|--|
| Substance Abuse Prevention and Treatment Block Grant – formula funding available to every state for prevention, treatment, and rehabilitation activities to address alcohol and drug abuse | \$713.7 |
| State Targeted Response to the Opioid Crisis Grants – formula funding available to every state for prevention, treatment, and recovery activities for opioid use disorder | \$101.0 |
| Strategic Prevention Framework – Partnership for Success, State and Tribal Initiative – funding competitively awarded to states to combat underage drinking and prescription drug misuse and abuse among teenagers and young adults through prevention activities | \$4.9 |
| Strategic Prevention Framework Rx – funding competitively awarded to states to combat prescription drug misuse and abuse, primarily through awareness activities | \$1.1 |
| First Responder Training – funding competitively awarded to states to train and provide resources to first responders and others regarding carrying and administering opioid overdose reversal drugs | \$1.6 |
| Youth Treatment – Planning and Implementation – funding competitively awarded to states to expand and improve treatment for adolescents with substance use disorder and/or co-occurring substance use and mental health disorders | \$2.0 |
| Harold Rogers Prescription Drug Monitoring Program: Implementation and Enhancement Grants – funding competitively awarded to states to plan, implement, or enhance their prescription drug-monitoring programs | \$0.5 |

NOTE: Not an exhaustive list of federal funding received and expended related to the opioid crisis. This list does not include federal funding received by local communities and community organizations. Some grants are used generally for substance abuse services.
 SOURCE: Substance Abuse and Mental Health Services Administration; U.S. Department of Justice, Bureau of Justice Assistance.

focuses on the fundamentals of acute and chronic pain management and the safe prescribing of opioids.

On August 2, 2017, the U.S. Attorney General announced the formation of the Opioid Fraud and Abuse Detection Unit, a U.S. Department of Justice pilot program. The unit will focus specifically on identifying and prosecuting physicians and pharmacies that are contributing to the opioid crisis through illegal prescribing and dispensing practices.

The federal government also has moved to increase access to treatment for individuals with OUD. For example, effective August 8, 2016, U.S. Department of Health and Human Services rules authorize increased availability of the MAT drug buprenorphine and combination buprenorphine–naloxone. Eligible providers may treat up to 275 patients with these medications. Previously, providers were limited to treating 100 patients.

In addition, on February 15, 2018, SAMHSA published Treatment Improvement Protocol (TIP) 63, Medications for Opioid Use Disorder, which reviews the three MAT drugs approved by the FDA to treat OUD. The TIP is intended to expand healthcare professionals’ understanding of MAT drugs and effective strategies for supporting patients receiving MAT.

Finally, the SUPPORT for Patients and Communities Act increases access to SUD treatment for Children’s Health Insurance Program (CHIP), Medicaid, and Medicare clients. The legislation mandates state coverage of SUD benefits for CHIP clients beginning in federal fiscal year 2020 and makes it easier for Medicare patients to access MAT and SUD telehealth services. The SUPPORT for Patients and Communities Act also allows states to cover certain residential SUD treatment for Medicaid patients for a limited time.

The opioid crisis will continue to affect Texas and the U.S. The state and the federal government have taken steps to prevent new cases of opioid misuse, abuse, and addiction and to treat existing patients with OUD. It is important for the state to monitor its progress in addressing the epidemic, particularly in improving access to treatment. It also is important for the state to continue to take advantage of any federal funding opportunities to combat the crisis.