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THE PRESIDENT'S COMMISSION ON COMBATING DRUG ADDICTION AND THE OPIOID CRISIS

OCTOBER 20, 2017

MEETING MINUTES

I. Introduction

The fourth meeting of the President's Commission on Combating Drug Addiction and the Opioid Crisis was convened by the Chair of the Commission, New Jersey Governor Chris Christie, at 11:00 AM on October 20, 2017, at the Eisenhower Executive Office Building in Washington, D.C., with Michael Passante, Deputy General Counsel of the White House Office of National Drug Control Policy (ONDCP), as the Designated Federal Officer.

Michael Passante stated that the purpose of this meeting was for the Commission to address insurance issues related to the opioid crisis. The final report will be published on November 1, 2017. Interested parties may contact ONDCP at commission@ondcp.eop.gov with any questions, comments, or concerns regarding these meeting minutes or the Commission more generally, and may find Commission-related materials on the Commission page of ONDCP's website.

II. Meeting Participants

The following is a list of participants in the October 20, 2017, meeting.

A. Commission Members in Attendance:

- Governor Chris Christie [Commission Chair]
- Governor Charlie Baker
- Florida Attorney General Pam Bondi
- Governor Roy Cooper
- Congressman Patrick J. Kennedy
- Professor Bertha Madras, Ph.D.

B. Witnesses:

- Marilyn Tavenner, President & CEO, America's Health Insurance Plans
- Pamela Greenberg, President & CEO, Association for Behavioral Health & Wellness
- Dr. Harold Paz, Executive VP & Chief Medical Officer, Aetna
- Joseph Swedish, Chairman, President & CEO, Anthem Inc.
- Kim Holland, VP, State Affairs, Blue Cross Blue Shield Association
- Dr. Anuradha Rao-Patel, Medical Director, Blue Cross Blue Shield Association of North Carolina
- Dr. Douglas Nemecek, Chief Medical Officer, Cigna
- Dr. Michael Sherman, Senior VP & Medical Officer, Harvard Pilgrim Health Care
- Dr. Edward M. Ellison, Executive Medical Director and Chairman, Southern California Permanente Medical Group (on behalf of Kaiser Permanente)
- Dr. Richard Migliori, Executive VP & Chief Medical Officer, UnitedHealth Group
- Diane Holder, President & CEO, UPMC Health Plan

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C. Others in Attendance:

- The Honorable R. Alexander Acosta, Secretary, Department of Labor
- The Honorable David Shulkin, Secretary, Department of Veterans Affairs
- Kellyanne Conway, Counselor to the President
- Reed Cordish, Assistant to the President for Intragovernmental and Technology Initiatives
- The Honorable Eric Hargan, Acting Secretary, Health and Human Services
- The Honorable Rod Rosenstein, Deputy Attorney General, Department of Justice
- Richard Baum, Acting Director of ONDCP and Executive Director of the Commission
- Justin Matthes, Deputy Assistant Secretary, Department of Homeland Security
- Michael Passante, Deputy General Counsel of ONDCP and Designated Federal Officer of the Commission
- Other staff from White House and Federal agencies and press

III. Opening Remarks

New Jersey Governor Chris Christie thanked Professor Madras for taking the lead on drafting the report which will be released on November 1, 2017. There have been 64,000 deaths per year in the U.S. from this drug crisis, a crisis that was self-inflicted. The President, by establishing the Commission, has taken notice of how devastating this crisis is and wants to fix it. Governor Christie said that the members of the commission are taking this issue seriously and are working hard to produce a solution. Governor Christie introduced and thanked the President's staff to include Counselor to the President Kellyanne Conway, Assistant to the President for Intragovernmental and Technology Initiatives Reed Cordish, Acting Director of ONDCP and Executive Director of the Commission Richard Baum, and Associate Attorney General of the Department of Justice Rachel Brand.

Counselor Kellyanne Conway thanked the Commission for their hard work. It is no accident that members of the Cabinet are present at the meeting because they are ready to fully act. This issue is touching everyone everywhere in America. The White House, the Administration, the President, and the First Lady, are putting efforts forward towards educating Americans as to the crisis and epidemic. We will be calling upon Americans to join in on the solution. On October 20, 2017 will be National Take Back Day. This is an opportunity for all people to join and participate in bringing back unused prescriptions. Counselor Conway travelled with the First Lady to Lily's Place in Huntington, West Virginia and witnessed intervention, treatment, and recovery among our youngest victims of the crisis. She thanked everyone for being at the meeting, to include members of the insurance industry.

Reed Cordish thanked the Commission for all of their hard work in developing the report that will be published on November 1, 2017. He said that we need to understand how the crisis came to be. This is a problem that has been building for over a decade and the trajectory is truly startling. It is a problem that deserves the absolute highest attention of the government and citizens. The creation of the President's Commission is a signal of that, as is the President directing his cabinet and administration to treat it as one of the highest priorities of the Administration. Director Collins of NIH, Director Gottlieb of FDA, and Secretary Shulkin of the VA are personally handling their agencies' responses to this epidemic. The Administration is moving aggressively based on the recommendations of the Commission's Interim Report and the recommendations of the cabinet secretaries. The FDA has been aggressively engaging with clinicians to change their opioid prescribing behaviors. NIH has placed it as a top office objective to work with the private sector to develop better cures and pain addiction medicines. The Department of Justice has placed it as a priority by allocating \$50 million to drug courts and alternatives to incarceration for addicts. The President has made it a priority to secure the borders to prevent the flow of illicit drugs

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into our country. The Administration has called for the largest single sum ever dedicated to the opioid crisis in the form of state-targeted response grants, totaling \$485 million. To deal with this problem we need to address it in a holistic manner.

Governor Christie thanked Secretary Shulkin for coordinating the trip to the Louis Stokes VA Hospital in Cleveland, Ohio, for him, Congressman Kennedy, and Counselor Conway.

Secretary Shulkin thanked the Commission for bringing great public attention to the issue and awaits the final report. Fifty percent of our combat veterans come back suffering from some sort of chronic pain. 50% of our older veterans have some sort of chronic pain. The VA has been addressing this since 2010. There are two contributions that he feels the VA has given to the report:

- What the VA has done up until now that has resulted in 36% reduction in opioid use. The VA uses the acronym S.T.O.P. P.A.I.N. “S” is for the stepped care model. “T” is for treatment alternatives. “O” is for ongoing monitoring usage. “P” is for practice guidelines. “P” is for prescription monitoring. “A” is for academic detailing. “I” is for informed consent from patients. “N” is for naloxone distribution. This is a multi-faceted way to deal with the issue.
- The future of how the VA is investing is in the delivery of healthcare, called the whole health model of healthcare. Under this model, they are bringing in groups of veterans in a peer to peer approach and teaching them how to be more informed in navigating the complex healthcare system. They are also teaching them how to deal with pain management with complimentary therapies, mindfulness, and how to ask the correctly informed questions.

Secretary Acosta said that there are a number of crossovers and there are three different perspectives that the Department of Labor looks at as a workforce issue. They have about 2 million individuals on the workers compensation programs for whom this is an issue. The DoL is also a regulator and enforcer vis-à-vis insurance policies.

- Workforce Issue. The national unemployment rate is 4.2% and the lowest in nearly 17 years. On the other hand, the labor force participation has been dropping since 2007. Why are so many people not in the labor force? Secretary Acosta cites the Chairman of President Obama’s Council of Economic Advisers study that said that 44% of prime age males, between the ages of 25-54, who are not working had taken a pain killer the prior day. They found that nearly 2/3 of those individuals took prescription pain medication. There are 94 million of Americans not in the labor force, thus 31% of them took a prescription pain killer the day prior.
- The Office of Workers Compensation covers over 2 million employees. This past June, they required prior authorization and a letter of necessity for opioids. There was a quick spike for prescriptions before the requirement, but then a massive drop off to almost none. Something as simple as prior authorization has changed behavior substantially.
- EBSA (the Employee Benefits Security Administration) has jurisdiction to enforce the parity law to ensure that Americans receive benefits for issues dealing with substance abuse. EBSA has cited 300 employers for non-compliance. There are no civil fines for non-compliance with the parity laws. Under current law, the laws are enforced employer by employer. The DoL has gone to some to the insurance companies in the room to ensure that they are enforcing the laws, but they have no enforcement authority as against the insurers themselves. Thus, the DoL has to go employer by employer to ensure that there is parity. The Commission should consider the most effective mechanisms for enforcement.

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Acting Secretary Hargan said that the HHS continues to have a large and active role in the opioid epidemic. The National Institutes of Health have been very active in treatments and developing treatment modalities. SAMHSA (Substance Abuse and Mental Health Services Administration) has developed a lot of new innovative practices and is front and center in dealing with substance abuse. The new head of SAMHSA leads the agency and has a lot of experience in the area at the state and practitioner level. The FDA has been helping industrialize the treatments that are being developed by the private sector and work with the DEA on the front lines of interdiction. HRSA (Health Resources and Services Administration) runs and funds a lot of places that opioids are accessed. CMS (Center for Medicare and Medicaid Services) has been working through the payment issues and access of the opioids. The entire HHS is involved in the opioid issue and is working to help.

Deputy Attorney General Rod Rosenstein said that the opioid crisis is a result of three types of substances. First is prescription pain killers. Second is heroin. Third is fentanyl. Over-prescribing of pharmaceutical drugs is a primary contributor to the opioid crisis. Fentanyl is far more lethal and dangerous than heroin. Nearly 20,000 Americans die of drug overdose deaths in 2016 with fentanyl in their systems. Fentanyl, imported from China, is a primary cause in the increase in opioid deaths. Medically assisted treatments can certainly help defeat addiction, but the common treatments also involve opioid drugs which are prone to abuse and diversion. We need to prevent bad actors from hijacking that system and exploiting the solution to the opioid epidemic. The use of medication-assisted treatment in jails and prisons poses a unique challenge. Several cases prosecuted in Maryland have highlighted the risk of diversion and abuse of opioid drugs like suboxone, which is also highly addictive. Treatment is important, but treatment alone is not the solution. We need to focus on prevention. The most effective means of prevention is enforcing the laws. The DOJ specializes in law enforcement. Enforcing our laws helps to prevent unlawful prescribing of highly addictive drugs, and thus the creation of future addicts. It helps to keep heroin and illicit fentanyl out of country and away from our children. Fentanyl does not spread on its own. It spreads by people producing it in labs. We need to disrupt those pathways. Drug overdose deaths rose by about 50% from 2011-2016, but federal drug prosecutions fell by 33%. Aggressive enforcement of our laws is an essential part of the solution to this crisis. Consistent with President Trump's goals, Attorney General Sessions is committed to restoring federal drug enforcement. The DOJ is not devoting resources to prosecuting low-level drug dealers, but instead are focusing on disrupting drug supply chains. The department recently announced the largest healthcare fraud takedown in American history, arresting more than 400 defendants including doctors and medical professionals. They also created an opioid fraud and abuse task force, committed to prosecuting opioid related healthcare fraud. They recently dismantled the largest internet website that was committed to and used for the sale of illegal drugs. The department is focusing on disrupting the Chinese fentanyl supply chain. Deputy Attorney General Rosenstein met with leading officials of Chinese law enforcement to discuss what we can do to work together to disrupt that supply chain. The DOJ announced, for the first time, charges against Chinese traffickers of fentanyl. In September, the DOJ announced \$60 million in grants for state and local treatment for opioid use.

Marilyn Tavenner, President and CEO of America's Health Insurance Plans, said that the healthcare providers have been involved at the local and state levels. They have attempted to educate, understand prescribing patterns, and looked at other ways for the substitution of pain treatment. They support the CDC guidelines for where and when to prescribe opioids, to include prescribing non-opioid medication first and limiting both the dosage and the duration of prescription opioids as well as reviewing a patient's medical history to detect potential opioid addiction. They support medical research for finding better ways to manage pain and adopt new evidence into developing new policies for pain management. She stresses the need to develop high quality provider networks. They have a sequenced approach and require

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prior authorization for opioids. When the opioid is prescribed, they work for the lowest dosage and lowest duration of prescription. They are making progress. They recently developed a strategy called S.T.O.P. (Safe Transparent Opioid Prescribing). They are trying to get the physicians and plans to adhere to and in line with CDC guidelines. They have also engaged with PEW Charitable Trusts and Shatterproof to discover new ways for treatment with substance abuse disorders. It is a multi-faceted approach. We need more research to find alternative ways to treat pain, need more pain specialists, and we need more well equipped and trained providers.

Pamela Greenberg, President and CEO of the Association for Behavioral Health and Wellness said that addiction to opioids, and other substances, is a chronic illness and not a bad habit or a failure of will. We need to shift the public perception and eradicate stigma associated with substance use disorders. ABHW, and member companies, run a campaign called Stamp Out Stigma. There are three areas that ABHW, and member companies, focus on to address the opioid crisis. First, the identification of individuals at risk of opioid dependence is a critical step in stopping opioid dependence and deaths. Second, ABHW builds provider networks that help ensure that they have the capacity to meet the needs of their consumers. Third, ABHW member companies follow established standards of care for newborns with neonatal abstinence syndrome. The first recommendation for the Commission is to align 42 C.F.R. part 2, which limits the use of a patient's substance abuse records, with the treatment, payment, and health care operations language in HIPPA through a legislative fix or a pending regulatory guidance. The second recommendation is to permit Medicaid managed care organizations and private health care plans access to prescription drug monitoring program data. A national PDMP would be useful. The third recommendation is to ease the burden on primary care providers willing to prescribe MAT. Provide an incentive to encourage PCPs to take care of their own opioid dependent patients. The fourth recommendation is to create a mechanism to ensure providers are practicing in accordance with national standards, such as the American Society of Addiction Medicine's national guideline. The last recommendation is to expand telehealth by changing the Ryan Haight Act, eliminating the requirement of face-to-face evaluations and removing the restrictions on telehealth.

IV. Testimony of Invited Organizations

A. Aetna

Testifying on behalf of the Aetna, Dr. Harold Paz made the following recommendations:

- Preventing misuse and abuse.
- Intervening when we identify at risk provider and member behavior.
- Supporting members by providing access to evidence based treatments.
- The company is committed to attain three data-driven goals by 2022. First is to increase the percent of members with chronic pain treated by an evidence based non-opioid option by 50%. Second is to reduce the percentage of inappropriate opioid prescribing by 50%. Third is to increase the percent of members with opioid abuse disorder treated with medication-assisted therapy and other evidence-based treatments by 50%.
- Federal legislation and regulations should be modernized, specifically in privacy regulations under 42 C.F.R. part 2, to give the providers the flexibility to address the epidemic.
- The federal government should provide greater resources to States to support programs addressing neonatal abstinence syndrome.
- More can be done to prevent inappropriate practices, fraud, waste, and abuse. This requires electronic prescriptions for all opioids, developing a national prescription drug monitoring

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program, and providing health plans greater flexibility in the Medicare program to crack down on inappropriate practices.

- We need to focus on the number and quality of addiction treatment options and with the support of the federal government, greater law enforcement action to reduce the supply of illegal drugs.

B. Anthem Inc.

Testifying on behalf of the Anthem Inc., Joseph Swedish made the following recommendations:

- Reduced opioid dispense by 30%, more than what was expected, putting in prior authorizations, and reducing prescriptions to 7-days.
- Work with stakeholders to address the shortage in qualified substance abuse disorder treatment providers and licensed health care professionals trained to support individuals with substance abuse disorders in the community using evidence-based models.
- Develop more tools to educate patients with chronic and painful conditions on proper use of pain medication given the lack of pain medicine specialists and trained primary care providers.
- Invest more resources dedicated to research for establishing more evidence-based treatment guidelines and innovative payment models.
- Improve data and health information sharing to facilitate better care, which would include changing 42 C.F.R. part 2 to align with HIPAA which will allow addiction history to be shared amongst treating providers, permitting Medicaid and commercial health plans to access prescription drug monitoring program, and sharing Medicare fee for service part A and B data with standalone Medicare prescription drug plans.

C. Blue Cross Blue Shield

Testifying on behalf of Blue Cross Blue Shield, Kim Holland made the following recommendations:

- Support access to medication-assisted treatment.
- Support wide availability of naloxone.
- Health care plans can serve as a resource, analyzing PDMP patient data in conjunction with a plan provides a full picture of drug utilization. Access to PDMP data will fill in the blanks.
- Support legislation to better align patient privacy laws, specific to addiction. Align 42 C.F.R. part 2 with HIPAA.
- All Americans should have access to affordable and high quality health care and coverage.

D. Blue Cross Blue Shield of North Carolina

Testifying on behalf of the Blue Cross Blue Shield of North Carolina, Dr. Anuradha Rao-Patel made the following recommendations:

- Take a comprehensive approach, preventing addiction before it begins.
- Building a stronger community partnership.
- Building a private-public partnership in a collaborative manner.
- Health care plans need to use pharmacy management tools to and services to prevent overprescribing.

E. Cigna

Testifying on behalf of the Cigna, Dr. Douglas Nemecek made the following recommendations:

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- Prevention and education. Educating patients about the appropriate treatments and alternatives to opioids.
- Improve care and treatment. Partnering with physicians around the country to have physicians sign a pledge to reduce opioid use. Created a playbook on physicians' best practices to share them with others around the country.
- Reduce and eliminate the stigma around substance abuse disorders. Encouraging patients to go get care where it is appropriate.

F. Harvard Pilgrim Health Care

Testifying on behalf of Harvard Pilgrim Health Care, Dr. Michael Sherman made the following recommendations:

- Health plans do not have access to prescription drug monitoring programs. We need to develop a comprehensive picture with the physicians and pharmacists.
- Repeal 42 C.F.R. part 2. It was meant with the best intentions, but needs to be repealed to gain access and help potential users.
- There is a lack of consensus about best practices.

G. Southern California Permanente Medical Group (on behalf of Kaiser Permanente)

Testifying on behalf of Southern California Permanente Medical Group (on behalf of Kaiser Permanente), Dr. Edward M. Ellison made the following recommendations:

- Patient education. We need to continue to learn and improve.
- Educate physicians. Develop evidence based clinical algorithms to track opioids and who is being issued the drug.
- Teamwork amongst the medical community is paramount.

H. UnitedHealth Group

Testifying on behalf of the UnitedHealth Group, Dr. Richard Migliori made the following recommendations:

- Analytics, using big data assets, to characterize prescription patterns.
- There is a need for a population opioid tracking tool.
- Fraud detection is necessary.
- Scrutinize the prescription from the pharmacy level.
- Look for alternatives.
- Treatments must be aligned with evidence based research.

I. UPMC Health Plan

Testifying on behalf of the UPMC Health Plan, Diane Holder made the following recommendations:

- Commission should try to figure out how to get communities to come together and fight the problem.
- Health care systems are a local issue. Solutions need to be different for the different sub groups.
- Fix some of the privacy problems that we are having.

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V. Open Dialogue Between Commission Members and Invited Guests

Congressman Kennedy said that we should not treat mental health issues any differently than other diseases. We need to enhance the parity statutory authority for the Department of Labor to hold accountability where it needs to be held. There is a reason that these companies do not have pre-authorizations, because the Attorney General of New York enforced federal policy. We should not be relying on one person to enforce the federal law. We need to be dealing with the application of medical management practices. We need strong analytics and tools in order to apply these evidentiary standards in an equal way across the board. I do not believe the costly in-patient treatment that many of the providers are paying for out of network is the evidence base, in most cases you are stuck having to pay for it because of parity. He would like to see that money to be given back to the communities. Ms. Greenberg said that they are working with CHQI to develop a parity accreditation tool to show what is expected regarding the law and requirements. Congressman Kennedy then asked how we get the rest of the physician community trained up and on board to start meeting the need out there. Ms. Holder responded that we are training the physicians. We need addiction teams to go after the people that need the help because they are sometimes not willing to come for the help. Dr. Ellison responded that we are training the physicians and giving immediate access to the specialists they need. We have a large network for support. Ms. Holland stated that it goes beyond the delivery of MAT and has to do with the complexities of dealing with the patients.

Florida Attorney General Bondi stated that we have to work out this parity issue. Deputy Attorney General Rosenstein and the DEA are making the difference by cutting the head off of the snake.

Professor Madras asked if screening for opioid use disorder is a requirement for reimbursement. Why or why not do we require screening? How do we get screening and training? How do we coordinate the kind of information flow between health care providers, hospitals, and first responders? There is lots of evidence that physicians are not even aware that patients have overdosed. Whether or not, based on the CDC guidelines, if the guidelines are adequate or if they have received push back from other medical professionals? If every major health insurance company has specific goals, or metrics and goals, on cutting down the use of opioids, then why do we not have unified goals? Dr. Sherman responded that under 42 C.F.R. part 2, doctors cannot get the information people are begging for and ask that the statute is dealt with accordingly. Ms. Tavenner responded that based on Medicare and Medicaid, states want their own targets but CMS and HHS should set some targets for us all to follow. Dr. Nemecek said that health care providers are begging them for patient information and history regarding substance abuse, but because of 42 C.F.R. part 2 we cannot help them. We are trying to help them through other means to support that integrated and holistic care. Dr. Paz responded by stating that we need to check and make sure that the states are actually following and understand the guidelines before we start changing the CDC guidelines. Dr. Patel stated that there is no one size fits all for the CDC guidelines. There will be outlier patients that do not fall into the groups. Education is important and providers did not understand the guidelines and are too busy in practice to get updated. They are guidelines, so the doctor has the discretion to go up or down. Ms. Holder stated that that we need to help train our doctors and physicians in addiction, something they are not trained on in medical school. Dr. Ellison responded by stating that there is an overwhelming amount of work for doctors. The guidelines are a great foundation but there are other ways to show when the doctors can reach out for help. Dr. Sherman stated that we should have consolidated targets through the Commission.

Governor Baker said that a group of people from the pain and addiction worlds are going to be meeting at the same place at his office, something that never happens. We should think about that course of action. We give out Zpaks for certain illnesses, and this is indicative of how doctors used to hand out

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prescriptions. Massachusetts has seven-day restrictions on opioids. Why don't we give a three-day Zpak-like prescription as a packaging solution, so that doctors are not giving out thirty and sixty days supplies. According to the recent 60 Minutes show, the DEA lost some of its authority to chase drug distributors. You take fentanyl out of the mix then the opioid deaths drop. If you don't have the tools to gain back the authority to chase drug distributors, then come to the Commission and have us get back your authority through the report. Traditional medicine has a means of "keeping score" of how we are succeeding. How are we keeping score on our success rate and how do we measure success? The health world always want to track how well we do things. We talk a lot about evidence based information, but how do you keep score as to the treatment and recovery programs are working. The community based approach will fail if we don't actually define success. Nobody spoke about recovery coaches. Nobody seems to know where we draw the line with failure rates and success rates. Governor Baker argued that by not doing more with people that detox, then the insurance companies are all spending more money instead of doing the community based approach. Deputy Attorney General Rosenstein responded by stating that the recent publicity concerned DEA's administrative authority to suspend shipments of pharmaceutical drugs so that has not impacted our ability to prosecute criminal violations, including fentanyl. We need to reverse the trend of overdose deaths if we want to measure our success. Governor Cooper stated that providing increased access to healthcare coverage is the number one way we can combat this problem. Ms. Holland stated that the stigma of mental health has reduced the services. We should work on a gold standard (5 years) like we do with cancer and with mental help. We are a funding resource for research to determine the brain's process with addiction.

Governor Christie said that we trying to define treatment by a one size fits all model. It is a complicated set of issues. We need to be able to give people guidance through a plan. The plan that we have is unacceptable and we need someone to walk them, the users, down this road. For example, when a patient goes in for one issue, the doctor cannot give them the appropriate medicine so they send them somewhere else for the medication dealing with that issue which leads to people just going to a dealer for fentanyl or heroin because they give up on the doctor sending them to different providers. Dr. Migliori stated that people need to be in therapy for life, because we don't have a plan in place. We need to mirror the cancer protocols because it has shown to be successful. Dr. Sherman said that the problem we run into is that we start scoring things by measures that are not validated. The measures need to be fair to all stakeholders. The Commission can help us develop those measures.

Governor Baker stated that the problem is that we have no place to start. We need to try different things that work better than others and chase them. The reason we have people going right back to using is because we don't have a community based program. Some of the insurers here have the data to start a baseline. Maybe we need some federal funding to get those statistics. Ms. Holder responded by stating that we have outcome measures, but it is challenging because we don't have the reimbursement. It is changing.

Congressman Kennedy said that we need to stop people from dying, so that we can get them into recovery. We need to stop the overdose deaths. Those are the outcomes right now. Abstinence is not the only outcome we can rely on. We need to deal with the medical aspect of this first, the craving of the brain. We don't have enough doctors to prescribe the medication that helps with recovery, thus the people are not getting the recovery they need and are relapsing. This needs to be treated like a FEMA response and getting the necessary medication. If this was Ebola then we would be waiving all of the rules to start saving lives.

Professor Madras said there are three issues that are major weaknesses in the current status. In some states, 75% of people are dying alone, which means that a vast number of people are not identified within

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the health care system and are unmotivated to present themselves. How do we rescue these people from death and get them into treatment? Outcome measures and record keeping among the 14,000 traditional treatment centers are weak compared to the health care system, which has much stronger records over the century of keeping outcome measures and implementing evidence based practices. We do not have accountability from treatment centers that receive government block grants. We need to better implement the evidence based practices. Record keeping as well as effective quality measures and standards of care have to be improved dramatically. Dr. Ellison responded to Congressman Kennedy's comment by stating that it is important to shift from abstinence to harm reduction.

VI. Closing Remarks

Governor Christie thanked all of the panelists. In the end we cannot deal with this problem effectively unless the insurance companies are involved in it. The report is not going to simply be a recitation of the problem, but it is going to be a real call to action for all of the insurance companies to act. When 64,000 people died last year, we're not doing enough. We need to start putting our words into action. This epidemic has not received the passion that epidemics like AIDS received. Where are the marches demanding that these drugs be covered by insurance companies and before the drugs existed, demanding the pharmaceutical companies to develop the treatments that would change this from an absolutely sure death sentence to a chronic disease which is now being treated? We cannot wait for the isolated factors that existed in the AIDS epidemic to propel us to that level. We are going to be looking at the 64,000 deaths in 2016 and he is sure that nobody is predicting that this is going to be less in 2017. How much more pain are the people of this country willing to accept and not blame us, elected officials, the healthcare community, and the health insurance industry? Be prepared for the report, because it is going to increase the demands from the insurance companies besides the recommendations made by today. I hope that the insurance companies are willing to accept the challenge because we know that it hasn't gotten into our own homes yet, but it will and your perspective changes when it does. The meeting November 1 will focus on the testimonials of family members who have been affected by the epidemic. You will be motivated by listening to those families because they look just like you. I hope that you join us for that meeting. He closed by thanking everybody for being at the meeting. Governor Christie thanked the Commission members for their hard work.

VII. Adjournment

The meeting adjourned at 1:15 PM.