

SUMMARY: The Turn the Tide Act

Provides \$63 billion nationally for substance use disorder treatment and prevention over 10 years

Invests in treatment, provides flexibility:

- The bill increases State Opioid Response (SOR) treatment grants from \$1.5 billion per year to \$5.5 billion per year over the next five years (\$27.5 billion total). Senator Shaheen has been instrumental in providing a 1000% increase in SOR grant funding to New Hampshire over the last two years, which has been used by the state to stand up the 'Hub and Spoke' network for delivering treatment services. The Turn the Tide Act also provides needed flexibility to providers receiving SOR grants to treat patients who have a non-opioid related substance use disorders, such as meth or other substances.
- The bill also provides \$27.5 billion over the next ten years for the Substance Abuse Prevention and Treatment Block Grant, a program that provides states with flexible dollars that can be used to treat or prevent a range of substance use disorders, including those stemming from meth and substance use.

Invests in prevention, helps protect the next generation:

- This bill establishes a new grant program modeled off of the successful Manchester Adverse Childhood Emergency Response Team program to assist children who have been exposed to trauma, often as a result of substance use disorders among family members or friends. It provides \$20 million per year for the Attorney General in coordination with the Secretary of Health and Human Services to implement this program to establish ACERT programs across the country.
- Drug Free Community grants provide local organizations and coalitions with resources for youth-oriented prevention programs. Currently, a grant recipient is limited to two grants over ten years. This bill would allow organizations to receive funding for an additional five years and gives priority to states with high rates of drug overdose death rates.
- Surgery patients are often prescribed opioid pain treatment over non-opioid alternatives because payment rates to hospitals do not adequately cover the cost of non-opioid treatment. This bill requires Medicare to setup a separate rate to incentivize delivering the appropriate treatment option to patients.

Eliminates out-of-pocket costs for Naloxone:

- This bill requires that private insurers and Medicare Part D plans provide coverage for at least one brand or generic version of Naloxone without any co-pay or deductible requirements. For patients have not reached their deductible, Naloxone kits can typically cost around \$130 in out-of-pocket costs at a pharmacy.

Addresses treatment workforce challenges:

- This bill increases Medicaid payment rates for medical professionals who are treating patients with substance use disorders. New Hampshire has the seventh lowest Medicaid reimbursement rates in the country according to the Kaiser Family Foundation, which contributes to New Hampshire's shortage of mental and behavioral health providers.
- This bill provides \$50 million a year to help the treatment workforce pay for student loans, including \$25 million that is reserved for medical professionals practicing in hard-hit states like New Hampshire.

Assisting first responders:

- First responders have been uniquely impacted by the stress and trauma of responding to the opioid epidemic and are experiencing high rates of burnout. This bill provides \$10 million to help first responders access mental health and wellness services.

Other Provisions:

- \$95 million for training programs for mental and behavioral health education, delivering pain care, preparing first responders, and the administration of drug courts.
- \$15 million a year for five years for a pilot program to help public health laboratories detect fentanyl and other synthetic opioids.