

NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health

January 13, 2020

The Honorable Diana DeGette
Chairwoman, Energy and Commerce
Oversight and Investigations Subcommittee
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Frank Pallone
Chairman, Energy and Commerce Committee
2107 Rayburn House Office Building
Washington, DC 20515

The Honorable Brett Guthrie
Ranking Member, Energy and Commerce
Oversight and Investigations Subcommittee
2434 Rayburn House Office Building
Washington, DC 20515

The Honorable Greg Walden
Ranking Member, Energy and Commerce
2185 Rayburn House Office Building
Washington, DC 20515

Dear Chairwoman DeGette, Chairman Pallone, Representative Walden and Representative Guthrie:

The National Association of County and City Health Officials (NACCHO) represents the nation's nearly 3,000 local health departments across the country, who are responsible for safeguarding the health of all Americans. These city, county, metropolitan, district, and tribal departments are on the front lines of the opioid overdose epidemic working to reduce the toll of opioid and substance misuse and overdose. As part of your ongoing effort to address this epidemic, I wanted to make you aware of the critical role of local health departments in preventing and responding to overdoses and ensuring treatment and recovery services.

Local health departments are key partners in protecting the health and well-being of their communities and are instrumental in slowing and stopping the opioid overdose epidemic and associated harms.¹ Local health departments focus their policy and programming efforts on surveillance; coordination of local substance misuse efforts; establishing linkages to care, providers, and health systems support; developing partnerships with public safety and first responders; and empowering individuals to make safer choices. They are also the "first line of response" in reversing overdose by providing emergency responders with life-saving naloxone, while helping to shape local policy and practice that is evidence-based to reduce harm and save lives.

In addition to efforts to reduce opioid related fatal and non-fatal overdoses, there are additional public health risks associated with this epidemic, including for poor health outcomes and blood-borne infections, including HIV, hepatitis C virus (HCV), and hepatitis B virus (HBV) among injection drug users.

¹ Additional information about the work of local health departments to address the opioid crisis can be found in NACCHO's report: [Local Health Department Approaches to Opioid Use Prevention and Response: An Environmental Scan](#), published July 2019.



Over time, substantial progress has been made by local health departments in reducing HIV infections among injection drug users; however, increases in injection drug use stemming from the opioid crisis present a new set of challenges, particularly in rural and suburban communities. For example, the Appalachian states of Kentucky, Tennessee, West Virginia, and Virginia experienced a 364% increase in new HCV cases from 2006 to 2012, and a 114% increase in HBV from 2009 to 2013. Well-known is the outbreak of HIV among 200 local residents of Scott County, Indiana. This outbreak was the first-time injection of prescription opioids was linked to an outbreak of HIV. In 2019, Cabell-Huntington, WV reached 80 known HIV cases. These examples show the community-level challenges of this epidemic, but it also shows the opportunity for preventing public health issues by focusing at the local community level.

Policymakers at the federal level have given increased attention to and investment in addressing the opioid crisis. However, more must be done to ensure that federal efforts—especially funding—reach local communities to address these issues. Nearly all local health departments rely on state health departments to pass through adequate federal dollars to ensure the opioid overdose epidemic is addressed block by block, neighborhood by neighborhood. But this funding stream flows better in some states than others. We are hopeful that CDC's newest round of funding, which includes a requirement that 20% of federal opioid prevention funding sent to the state be passed through to local health departments, will help drive more collaboration across local and state partners, as well as provide a tool to measure and ensure that more local communities have the resources to do their important work.

While we work to ensure that federal resources and policies make it to local communities to address the opioid epidemic, it is important to note that in many places the current opioid overdose epidemic is evolving. We are seeing a rise in poly-substance issue with the rise of methamphetamine overdoses, as well as other substance misuse and abuse that similarly threatens the health and safety of communities. We urge you to ensure that Congress take a comprehensive view of substance abuse as trends change. In addition, future funding should address both the current opioid outbreak and other growing substance misuse problems. Treatment and recovery service dollars should be maintained to promote those already addicted to a substance, but Congress must focus on education and upstream prevention efforts established by local health departments that require additional federal funding.

NACCHO looks forward to continuing to work with Congress to address the life-threatening impact of the opioid overdose epidemic and associated harms. Please contact Eli Briggs, NACCHO Senior Director of Government Affairs, at ebriggs@naccho.org should you have any questions or wish to discuss further.

Sincerely,

A handwritten signature in black ink, appearing to read "Lori Tremmel Freeman". The signature is fluid and cursive, with a long horizontal stroke at the end.

Lori Tremmel Freeman, MBA
Chief Executive Officer