



Policy Solutions to the Commonwealth's Fentanyl Crisis

Study purpose

Per House Joint Resolution No. 41 (2024):

- Study the causes of the rise in fentanyl prevalence and fentanyl overdoses
- Study the impact of the rise in fentanyl prevalence and fentanyl overdoses on Virginians and the health care system
- Study and provide insight into the fentanyl crisis within the context of other drug crises and addiction trends in recent history
- Establish and make policy recommendations to reduce the prevalence of fentanyl and reduce the number of fentanyl overdoses in the Commonwealth

Study approved by Commission for the 2025 workplan on December 17, 2024.

Findings in brief

- Illicit fentanyl is highly addictive, readily available, and deadly
- Impact of illicit fentanyl in Virginia has changed over time
- Virginia is successfully implementing evidence-based strategies to address illicit fentanyl use
- Virginia can take additional steps to enhance ongoing efforts
- Gaps exist in efforts to address illicit fentanyl use for certain high-need populations

Policy Option 1

- The JCHC could submit legislation to amend the *Code of Virginia* to designate VDH as the lead agency for comprehensive opioid response in the Commonwealth and to direct relevant state agencies to work with VDH to create, implement, and monitor a statewide strategic plan for opioid response.
- *Support: Virginia Association of Regional Jails*

VDH = Virginia Department of Health

Policy Option 2

- The JCHC could introduce a budget amendment appropriating funding each fiscal year to VDH from the Commonwealth's Opioid Abatement and Remediation Fund or state general funds to maintain the Commonwealth's opioid antagonist distribution program.
- *Support: Virginia Association of Regional Jails*

Policy Option 3

- The JCHC could introduce a budget amendment directing VDH to develop a methodology to estimate annual naloxone distribution program costs based on available data and to report annually on such estimates to the JCHC and the Chairs of HAC and SFAC by December 1 each year.
- *Support: Virginia Association of Regional Jails*

HAC = House Appropriations Committee; SFAC = Senate Finance and Appropriations Committee

Policy Option 4

The JCHC could submit a language-only budget amendment removing the requirement that VDH dedicate \$1 million of its naloxone distribution program budget to the purchase and distribution of 8mg naloxone nasal spray.

Policy Option 5

- The JCHC could amend the *Code of Virginia* to require health insurers to:
 - include at least one opioid antagonist nasal spray on its formulary;
 - prohibit prior authorization or any other requirements other than those imposed by state and federal law for these drugs;
 - provide coverage for any Federal Drug Administration-approved over-the-counter opioid antagonist; and
 - not impose any copayment or other out-of-pocket expense for these drugs.
- *Support: one individual*
- *Amend: Virginia Association of Health Plans*

Policy Option 6

- The JCHC could submit legislation directing the Boards of Dentistry and Medicine to amend regulations that require providers to offer counseling or referral to counseling to clarify that patients' participation in counseling is not required for office-based buprenorphine treatment.
- *Support: one individual and the Virginia Association of Community Services Boards*

Policy Option 7

The JCHC could submit Section 1 bills directing VDH and VADOC to develop agency guidelines for hiring peer recovery specialists with previous criminal convictions for compensated employment.

VADOC = Virginia Department of Corrections

Policy Option 8

- The JCHC could submit a budget amendment for \$1.5 million to DBHDS to establish additional Project LINK programs at CSBs in areas with limited treatment options for pregnant women, based on criteria established by DBHDS.
- *Support: Virginia Association of Community Services Boards, Virginia Association of Counties, Virginia Association of Regional Jails*

DBHDS = Virginia Department of Behavioral Health and Developmental Services; CSB = Community Services Boards, including Behavioral Health Authorities

Policy Option 9

- The JCHC could submit a Section 1 bill or language-only budget amendment directing VDH to work with relevant stakeholders to develop and implement a plan to expand workforce incentive programs to health care workers in local and regional jails.
- *Support: Virginia Association of Counties, Virginia Association of Regional Jails*

Policy Option 10

- The JCHC could submit a budget amendment to:
 - Expand funding for the Jail Mental Health Pilot Program;
 - Permit DCJS, in consultation with DBHDS, to develop criteria to select additional grantees; and
 - Establish time limits for the duration of grants awarded to ensure additional grantees can compete for funds in the future.
- *Support: Virginia Association of Counties, Virginia Association of Regional Jails*

DCJS = Virginia Department of Criminal Justice Services

Policy Option 11

- The JCHC could submit legislation and a budget amendment to:
 - Sunset the model addiction recovery program;
 - Move funds from the model addiction recovery program to the Virginia Opioid Use Reduction and Jail-Based Substance Use Disorder Treatment and Transition (JSUT) Fund;
 - Appropriate funds for an additional cohort of three-year JSUT program grantees; and
 - Direct DCJS to provide technical assistance to current grantees of the model addiction recovery program.
- *Support: Virginia Association of Counties*
- *Amend: Virginia Association of Regional Jails*

Member Discussion and Voting