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**Heller Announces Funding to Help The Reno-Sparks Indian Colony and the Washoe Tribe Address the Opioid Crisis**

**WASHINGTON** – U.S. Senator Dean Heller (R-NV) has announced that the U.S. Department of Health and Human Services (HHS) will award two of Nevada’s tribal communities a total of $379,686 to address the opioid crisis and provide mental health and substance abuse services. Specifically, the Reno-Sparks Indian Colony will receive $165,896, and the Washoe Tribe of Nevada and California will receive $213,790.

“I am encouraged that nearly $400,000 has been awarded to tribal communities in Nevada to strengthen efforts to combat the opioid epidemic,” **said Heller.** “Our tribal and rural communities are disproportionally impacted by drug overdoses, and that is why it is important that these communities are prepared to provide the proper services to individuals facing addiction.”

This month, [the U.S. Senate passed the Opioid Crisis Response Act (H.R.6), which included seven of Heller’s proposals that will help individuals who are struggling with addiction](https://www.heller.senate.gov/public/index.cfm/pressreleases?ID=E121E784-B9FD-4F74-B141-1C053B82D2C4). For example, Heller helped author provisions that will make sure that treatment is available for pregnant women who have a substance abuse disorder, reduce the number of fraudulent and duplicative prescriptions, and increase seniors’ access to information about opioid use and pain management. Heller’s bipartisan [Caring Recovery for Infants and Babies (CRIB) Act](https://www.heller.senate.gov/public/index.cfm/pressreleases?ID=19CC9A4D-3CA2-4395-AECA-B6BBA5F800EF)was also included in this package and will allow Medicaid to cover specialized withdrawal care for infants suffering from neonatal abstinence syndrome (NAS).

**Below is a full list of legislation included in the Opioid Response Act that Heller either authored or co-authored:**

* **S.2909, Assessing Barriers to Opioid Use Disorder Treatment Act** *(Heller/Bennet).* This would require the Government Accountability Office (GAO) to identify barriers to doctors’ and pharmacists’ provision of medication-assisted treatment (MAT) in Medicaid. This bill would help support states’ removing barriers so doctors and pharmacists can use the least burdensome MAT distribution methods.
* **S.2911, Enhancing Patient Access to Non-Opioid Treatment Options***(Heller/Casey).* This legislation would clarify states’ legal authority to pursue non-opioid related prescribing.
* **S.2921, Securing Flexibility to Treat Substance Use Disorders Act** *(Heller/Menendez).* This legislation would codify the regulations permitting managed care plans to cover treatment in an institution for mental disease (IMD) for a certain number of days in a month in lieu of other types of services.
* **S.2707, Informing Seniors about Opioids Act** *(Nelson/Heller).*This legislation would update the “Medicare and You” handbook to include information about opioid use, pain management, and alternative pain management treatments.
* **S.2460, Every Prescription Conveyed Securely Act** *(Bennet/Heller/Warren/Toomey).* This legislation would direct health care providers to use electronic prescribing for controlled substances for Medicare Part D transactions.  Electronic prescriptions would generate real-time information on opioid use and streamline the prescription process for both providers and their patients.
* **S.2899, Caring Recovery for Infants and Babies Act***(Brown/Portman/Capito/King/Manchin/Heller/* *Casey/Whitehouse***).**This legislation would recognize residential pediatric care centers within Medicaid to treat babies with neonatal abstinence syndrome (NAS).
* **S.2922, Help for Moms and Babies Act** *(Stabenow/Heller).*This legislation would provide protection for pregnant women who have a substance abuse disorder and are seeking treatment within an IMD.  This bill would continue providing pregnant women seeking treatment with prenatal and postpartum services for 60 days under Medicaid.

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