

National Policy for People with Disabilities, Opioid Use Disorder (OUD), Addiction, and Fentanyl

Executive Summary:

The opioid crisis, exacerbated by the rise of synthetic opioids like fentanyl, has disproportionately impacted people with disabilities who are at increased risk of Opioid Use Disorder (OUD) due to chronic pain management needs, social barriers, and limited access to alternative treatments. This national policy proposes a comprehensive plan to support people with disabilities affected by OUD, addiction, and fentanyl use, focusing on expanding healthcare access, treatment services, employment support, and social services. The policy integrates recent federal responses to the opioid crisis while addressing gaps specific to disability populations.

The estimated budget for this policy is **\$65 billion over five years**, focusing on prevention, treatment, harm reduction, and recovery support for people with disabilities affected by OUD, addiction, and fentanyl.

I. Overview of the Opioid Crisis, Fentanyl, and Recent Federal Policy Responses

The opioid crisis has evolved into a multifaceted public health emergency with over 80,000 opioid overdose deaths reported in 2021 alone, driven largely by the increase in synthetic opioids like fentanyl, which is 50 to 100 times more potent than morphine. People with disabilities are disproportionately affected due to high rates of chronic pain management using opioids, limited access to alternative treatments, and social vulnerabilities.

Federal policy responses have included:

- **SUPPORT for Patients and Communities Act (2018)**, which expanded access to treatment, MAT, and increased funding for prevention.
- **Comprehensive Addiction and Recovery Act (CARA) of 2016**, which provided funding for treatment, recovery, and prevention programs.
- **State Opioid Response (SOR) Grants**: A \$1.5 billion initiative in 2021 to support state efforts in addressing the opioid crisis.
- Expansion of **naloxone distribution** and telemedicine for addiction treatment.



II. Healthcare Access and Treatment for People with Disabilities, OUD, and Fentanyl

Policy Objective:

Ensure accessible, integrated, and specialized healthcare services for people with disabilities who are affected by OUD, addiction, and fentanyl use. This will include expanded addiction treatment options, alternative pain management strategies, mental health services, and overdose prevention efforts.

Actions:

1. Establish Integrated Healthcare Centers for Disabilities and OUD:

- **Action:** Create **Integrated Healthcare Centers** in all states that specialize in the care of individuals with disabilities who have OUD, fentanyl addiction, or other substance use disorders. These centers will provide comprehensive services, including MAT, alternative pain management, harm reduction, overdose prevention, and counseling.
- **Services Offered:** Medication-Assisted Treatment (MAT), non-opioid pain management (physical therapy, acupuncture, mindfulness), overdose prevention education, naloxone distribution, and peer support.
- **Budget:** \$20 billion over five years to establish 100 centers nationwide, with an estimated cost of \$200 million per center.
- **Source:** SAMHSA, National Institutes of Health (NIH), Centers for Disease Control and Prevention (CDC).

2. Expand Medicaid and Medicare Coverage for Non-Opioid Pain Management:

- **Action:** Expand Medicaid and Medicare coverage to include non-opioid pain management options, addiction treatment services, and comprehensive mental health support for individuals with disabilities and OUD.
- **Budget:** \$12 billion over five years to cover expanded services for an estimated 3 million Medicaid and Medicare recipients with disabilities.
- **Source:** Centers for Medicare & Medicaid Services (CMS), Congressional Budget Office (CBO).



3. **Telemedicine for Disability and OUD Treatment:**
 - **Action:** Provide federal funding to expand **telemedicine services** for people with disabilities and OUD, especially in rural and underserved areas, ensuring virtual access to MAT, addiction counseling, and mental health services. Subsidies for telehealth visits will be provided for low-income individuals.
 - **Budget:** \$6 billion over five years to expand telemedicine infrastructure and subsidize telehealth visits.
 - **Source:** Federal Communications Commission (FCC), CMS.
4. **Integrated Mental Health and Addiction Services:**
 - **Action:** Ensure that all addiction treatment centers integrate mental health services with addiction treatment, with a focus on trauma-informed care, dual diagnosis (mental health and addiction), and peer support for people with disabilities.
 - **Budget:** \$7 billion over five years for mental health integration into addiction treatment programs.
 - **Source:** SAMHSA, National Institute of Mental Health (NIMH).
5. **Fentanyl Harm Reduction and Overdose Prevention:**
 - **Action:** Expand harm reduction strategies specifically aimed at reducing fentanyl overdoses, including **naloxone distribution**, fentanyl test strips, and public education campaigns focused on the risks of fentanyl contamination in illicit drugs.
 - **Budget:** \$5 billion over five years for harm reduction initiatives and naloxone distribution in high-risk communities, particularly among people with disabilities and OUD.
 - **Source:** CDC, SAMHSA, Office of National Drug Control Policy (ONDCP).

Timeline:

- **Year 1-2:** Establish healthcare centers, expand Medicaid/Medicare coverage, and launch telemedicine services.
- **Year 2-3:** Integrate mental health services and expand fentanyl harm reduction strategies.
- **Year 3-5:** Evaluate healthcare outcomes and expand access to alternative pain management and addiction services.



Challenges:

- Shortage of healthcare providers trained in treating both OUD and disability-related health issues.
- High costs of implementing comprehensive fentanyl harm reduction and overdose prevention programs.

Budget Estimate:

- **\$50 billion** over five years for integrated healthcare centers, expanded coverage, telemedicine, mental health services, and fentanyl harm reduction.

III. Employment Support and Vocational Rehabilitation for People with Disabilities and OUD**Policy Objective:**

Increase workforce participation for people with disabilities and OUD through vocational rehabilitation, employment support services, and workplace accommodations, focusing on long-term recovery and employment stability.

Actions:

1. **Expand Vocational Rehabilitation Services for People with Disabilities and OUD:**
 - **Action:** Increase funding for **vocational rehabilitation programs** that provide job training, career counseling, and employment support for individuals with disabilities and OUD or fentanyl addiction.
 - **Budget:** \$4 billion over five years to expand vocational rehabilitation services across all states.
 - **Source:** Department of Labor (DOL), Rehabilitation Services Administration (RSA).
2. **Create Apprenticeship and Job Placement Programs:**
 - **Action:** Develop partnerships between federal agencies, private employers, and vocational rehabilitation centers to create **apprenticeship and job placement programs** for people with disabilities and OUD, focusing on building long-term job skills.



- **Budget:** \$2 billion over five years to support apprenticeship programs and employer incentives.
 - **Source:** DOL, Office of Apprenticeship, local employment agencies.
- 3. Provide Tax Incentives for Employers:**
- **Action:** Offer **tax credits** to employers who hire individuals with disabilities and OUD, encouraging them to provide reasonable workplace accommodations and mental health support.
 - **Budget:** \$2.5 billion over five years for tax credits and employer incentives.
 - **Source:** IRS, DOL.
- 4. Workplace Training for Employers:**
- **Action:** Fund training programs for employers on how to accommodate employees with disabilities and OUD, including providing addiction recovery support and mental health accommodations.
 - **Budget:** \$500 million over five years to develop and implement employer training programs.
 - **Source:** DOL, National Rehabilitation Information Center (NARIC).

Timeline:

- **Year 1-2:** Expand vocational rehabilitation services and create apprenticeship programs.
- **Year 2-3:** Implement tax incentives and launch employer training programs.
- **Year 3-5:** Continue workforce inclusion initiatives and monitor employment outcomes.

Challenges:

- Resistance from employers to hire individuals with addiction histories due to stigma.
- Limited availability of vocational training and job placement programs in rural areas.

Budget Estimate:

- **\$9 billion** over five years for vocational rehabilitation, job placement, tax incentives, and employer training.



IV. Legal Protections and Social Support Services for People with Disabilities and OUD

Policy Objective:

Provide legal protections and comprehensive social support services to individuals with disabilities and OUD or fentanyl addiction, ensuring equitable access to healthcare, housing, and employment without discrimination.

Actions:

1. Expand Legal Aid for People with Disabilities and OUD:

- **Action:** Provide grants to nonprofit legal organizations offering **free or low-cost legal services** to individuals with disabilities and OUD who face barriers to healthcare, housing, or employment.
- **Budget:** \$1 billion over five years to support legal aid services.
- **Source:** Legal Services Corporation (LSC), DOJ.

2. Mandate Access to Comprehensive Social Services:

- **Action:** Ensure that federally funded social services, including housing assistance and welfare programs, are accessible to people with disabilities and OUD. This includes expanding access to housing programs and long-term recovery support services.
- **Budget:** \$1 billion over five years to upgrade and expand social services infrastructure.
- **Source:** HHS, HUD.

3. Create a National Peer Support and Recovery Network:

- **Action:** Establish a **National Peer Support and Recovery Network** to provide ongoing recovery support, peer coaching, and community resources for people with disabilities and OUD. This network will offer in-person and virtual services.
- **Budget:** \$1 billion over five years to build and maintain the recovery network.
- **Source:** SAMHSA, HHS, NIMH.



Timeline:

- **Year 1-2:** Expand legal aid services and ensure access to social services.
- **Year 2-3:** Establish the National Peer Support and Recovery Network.
- **Year 3-5:** Continue providing legal and social support and monitor outcomes.

Challenges:

- Difficulty in ensuring legal representation for individuals in underserved areas.
- Challenges in providing comprehensive social services to those with complex needs.

Budget Estimate:

- **\$3 billion** over five years for legal aid, social services, and peer support.

V. Public Awareness and Education Campaigns on Fentanyl and OUD**Policy Objective:**

Increase public awareness about the dangers of fentanyl, the intersection of disabilities and OUD, and available treatment options. Educate healthcare providers, employers, and communities about the specific needs of people with disabilities struggling with addiction.

Actions:**1. Launch a National Public Awareness Campaign on Fentanyl:**

- **Action:** Implement a nationwide public awareness campaign to educate the public about the risks of fentanyl, the prevalence of fentanyl-laced drugs, and the importance of naloxone for overdose prevention.
- **Budget:** \$1 billion over five years for media campaigns, public service announcements, and outreach.
- **Source:** SAMHSA, CDC, ONDCP.

2. Develop Training Programs for Healthcare Providers:

- **Action:** Fund training programs for healthcare providers to address the unique needs of people with disabilities and OUD, including how to manage fentanyl overdose risks and provide trauma-informed care.
- **Budget:** \$500 million over five years for healthcare provider training.



- **Source:** NIH, SAMHSA, HHS.

3. **Community-Based Education on Fentanyl and Addiction:**

- **Action:** Provide federal grants to **community-based organizations** to conduct grassroots education and outreach programs that inform individuals about the dangers of fentanyl, the availability of addiction treatment, and legal protections.
- **Budget:** \$500 million over five years for community-based outreach.
- **Source:** HHS, CDC, SAMHSA.

Timeline:

- **Year 1-2:** Launch public awareness campaigns and develop provider training.
- **Year 2-3:** Roll out community-based education programs and outreach.
- **Year 3-5:** Continue evaluating the effectiveness of public campaigns and adjust strategies as needed.

Challenges:

- Overcoming stigma and misinformation about OUD and fentanyl.
- Reaching rural and underserved communities with public education efforts.

Budget Estimate:

- **\$2 billion** over five years for public awareness, training, and community education.

Total Budget Estimate:

- **\$65 billion** over five years for healthcare, employment, legal, social support, and public awareness initiatives focused on people with disabilities, OUD, addiction, and fentanyl.

Conclusion:

This comprehensive national policy aims to address the opioid crisis, particularly the impact of fentanyl, on people with disabilities who are disproportionately affected by OUD and addiction. By investing **\$65 billion over five years**, this policy will enhance healthcare access, provide legal protections, expand employment opportunities, and raise public awareness about the intersection of disability, addiction, and fentanyl. The policy ensures a holistic approach that prioritizes recovery, inclusivity, and long-term well-being for vulnerable populations.

