

April 20, 2020

Dear Governors & State Health Officers,

The undersigned 86 organizations representing patients, health care providers, and public health professionals write to ask that your administration take action to preserve the function of critical community-facing programs that serve people who use drugs. These requests align with those promoted by the [American Medical Association](#).

Harm reduction programs are a crucial component of our public health response to the overdose crisis and the infectious diseases associated with injection drug use. Amid the COVID-19 pandemic, many programs continue to serve our most marginalized communities who are at risk of acquiring, and developing complications of, the novel coronavirus. Harm reduction programs often provide medical services like wound care, overdose prevention, medication assisted treatment, and infectious disease testing & linkage to care; all of which are importantly keeping patients out of local emergency departments. **As you develop mitigation strategies, we ask that you deem harm reduction programs ‘essential services’ and staff ‘essential health staff’ so they can continue to serve communities at risk to prevent overdose and infectious diseases.**

Despite their important, and lifesaving work, most harm reduction programs have not received coronavirus stimulus funding, making it difficult to adapt their services to comply with public health guidance. **We ask that you direct a portion of COVID-19 relief funding and supplies to harm reduction programs in your state**, to support the function of the programs, as well as the safety of their staff and community members. In order to continue their important work in the context of COVID-19, it is imperative that harm reduction programs are supported in the following ways:

- Hire temporary staff to support continued operations when staff fall ill or need to be quarantined
- Staff and supplies for basic wound care (to prevent abscesses, endocarditis, & other serious complications that could require hospitalization)
- Personal protective equipment for staff and participants
- Supplies needed to adapt outreach efforts to comply with public health recommendations (e.g. mobile units, portable hygiene stations for handwashing, thermometers to assess for COVID symptoms)
- Lifting restrictions on # of syringes and naloxone dispensed per visit to instead allow participants to take home the quantity of supplies needed to shelter in place
- Increase funding for the distribution of naloxone to people who use drugs and those who live with them to meet the increased need for overdose reversal medications due to social distancing guidelines.

In addition, we ask that you ask those providers of substance abuse treatment in the state to **implement guidance released by the Drug Enforcement Agency and the Substance Use and Mental Health Services Administration** easing restrictions on initiation and continuation of medication assisted treatment. This will allow patients to engage in telephone visits and to take home the quantity of medication assisted treatment needed in order to shelter in place.

Finally, we urge you to use the CMS 1135 Waiver process for Medicaid to **ensure adequate access to treatments for substance use, HIV, & viral hepatitis, and to ensure managed care compliance with the waived criteria.** Specifically, we encourage suspension of prior authorization requirements, use of out-of-state pharmacies, allowance for early refills and extension of refill periods, including up to 90 day supplies, and use of mail-order pharmacies. The CDC is currently advising people at high risk of complications – a group including people with HIV and viral hepatitis– to obtain and keep on hand a supply of prescription medications in the event that staying at home for prolonged periods of time becomes necessary. In practice, this is infeasible for most, since most payers, including Medicaid, rarely cover refills until 3 to 7 days before a prescription is expected to run out. For those who take a controlled substance, state law often actively prohibits early fills regardless of payer policy.

Thank you for your leadership during these unprecedented times. For additional support implementing the above recommendations, NASTAD has created Drug User Health COVID-19 guidance for state health departments, available [here](#).

Sincerely,

Academy of Perinatal Harm Reduction  
Advocacy House Services  
AIDS Alabama  
AIDS Alabama South, LLC  
AIDS United  
American Academy of HIV Medicine  
American Addiction Institute of Mind and Medicine  
AMERSA, Inc.  
APLA Health  
Asian American Drug Abuse Program, Inc  
Athens Harm  
Berkeley Needle Exchange Emergency  
Distribution  
Bienestar Human Services  
Black AIDS Institute  
Broken No More  
Cascade AIDS Project  
Community Outreach Harm Reduction Team  
Delaware HIV consortium

Desert AIDS Project  
Divine Truth  
Drug Policy Alliance  
Equitas Health  
Face to Face/Sonoma County AIDS Network  
Five Horizons Health Services  
Fresno Barrios Unidos  
GLIDE  
Global Liver Institute  
GoodWorks: North Alabama Harm Reduction  
Harm Reduction Coalition  
Harm Reduction Coalition of San Diego County  
Harm Reduction Services  
Harm Reduction Sisters  
Hawaii Health & Harm Reduction Center  
Health Services Center, Inc.  
Hep B United  
Hep B United Philadelphia  
Hep Free Hawaii

Hepatitis B Foundation  
Hepatitis Education Project  
Higher Ground Harm Reduction  
HIPS  
HIV Medicine Association  
Humboldt Area Center for Harm Reduction  
Huntsville Recovery, Inc.  
Immunization Action Coalition  
Indiana Recovery Alliance  
Iowa Harm Reduction Coalition  
JustUs Health  
Lancaster Harm Reduction Project  
MCAVHN Care and Prevention Network  
MEDPEARL LLC  
Mercy Housing and Human Development  
NASTAD  
National Alliance for HIV Education and  
Workforce Development  
National User Union  
National Viral Hepatitis Roundtable  
North Carolina AIDS Action Network  
North Carolina Harm Reduction Coalition  
OKHR - Oklahoma Harm Reduction Alliance  
Opioid Crisis Response Fund  
Pennsylvania Harm Reduction Coalition  
People's Action  
Prevention Access Campaign  
Rural AIDS Action Network  
San Francisco AIDS Foundation  
San Francisco Community Health Center  
San Francisco Hepatitis C Task Force  
Smoky Mountain Harm Reduction  
SOL Collective Philadelphia  
Southside Harm Reduction Services  
Southwest Recovery Alliance  
Tennessee Recovery Alliance  
The AIDS Institute  
The Bonnie Morgan Foundation for HCV  
The Hepatitis C Mentor and Support Group, Inc.  
The Spahr Center  
Thrive Alabama  
Treatment action Group  
Trystereo Collective New Orleans  
UAB 1917 Clinic  
UAB Center for AIDS Research  
Urban Survivors Union  
Utah Hep C Coalition  
Vital Strategies  
Western North Carolina AIDS Project  
WV Citizen Action Group

Cc:

Dr. Alex M. Azar II, Secretary of Health and Human Services  
Dr. Robert R. Redfield, Director, Centers for Disease Control and Prevention  
Governor Larry Hogan, Chair, National Governors Association  
Dr. Nathaniel Smith, President, Association of State and Territorial Health Officers