



OPIOID RAPID RESPONSE PROGRAM

▼ Trusted Contacts' Frequently Asked Questions (FAQs)



As part of the Opioid Rapid Response Program (ORRP), the **Centers for Disease Control and Prevention (CDC)** and the **Office of Inspector General within the US Department of Health and Human Services (HHS OIG)** establish trusted contacts who work within state public health and behavioral health government agencies. This document is intended to explain the role of these trusted contacts and answer frequently asked questions.

Who Are ORRP “Trusted Contacts”?

Trusted contacts typically include one individual from the state health department, and another from the state behavioral health or substance abuse services agency, who are entrusted with confidential law enforcement information prior to an action being taken against a prescriber of opioids or medication-assisted treatment/medication for opioid use disorder (MAT/MOUD). In many cases, trusted contacts are the principal investigators for CDC’s Overdose Data to Action (OD2A)

Cooperative Agreement and directors of the state agency funded by Substance Abuse and Mental Health Services Administration (SAMHSA).

What Role Do Trusted Contacts Play?

Trusted contacts are contacted by the CDC ORRP team prior to a law enforcement action and are provided with information that can help them assess patient risk and direct resources to mitigate the risk of overdose among patients and others in the community (in cases of diversion). Sensitive information related to the action is shared with trusted contacts only at the request of law enforcement agents. Trusted contacts may take immediate steps to further assess patient risk and prepare to put mitigation measures in place.



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The actions a state chooses to take depend on circumstances, context, and resources. Examples of actions a state may decide to take include the following:

- Querying the prescription drug monitoring program (PDMP) database to determine the scope and types of risk (e.g., by identifying numbers of patients' living in surrounding counties and their medications and dosing)
- Arranging to have on-site support for patients while an action (e.g., an arrest) is taking place (only at the request of law enforcement)
- Identifying available providers to whom patients can be referred
- Developing notices with contact numbers for patient referrals
- Preparing health alert notices for local hospitals/emergency departments, first responders, and harm reduction organizations
- Increasing naloxone distribution in the area
- Accessing care coordinators to help patients navigate options, including offering treatment
- Contacting local law enforcement to assess current illicit supply risks (e.g., counterfeit pills) and incorporate information into patient or public education
- Issuing a press release or providing risk reduction information to include in a law enforcement press release
- Monitoring referrals and patient outcomes

How Is Law Enforcement Information Shared with Trusted Contacts?

Upholding the safety and confidentiality of law enforcement investigations is extremely important. Breaches of this confidentiality threaten the integrity of the investigations and the safety of the law enforcement agents. Any information shared with state trusted contacts will be at the request of law enforcement officers, through the ORRP coordinators at HHS OIG or CDC. The information is usually shared via phone and law enforcement agents may or may not join the call between ORRP and the state trusted contacts. Trusted contacts may use their own judgment to determine which other state or local partners are critical to risk mitigation preparation, while taking care not to compromise any active investigations. As relationships between trusted contacts and law enforcement grow, more information can be shared prior to the action.

What Have States Done to Maintain Trusted Relationships with Law Enforcement Agents While Mitigating Patient Risk Through ORRP?

States that have successfully established trusted contacts have maintained confidentiality of law enforcement information until given permission to share the information with others in their state. They have prepared response teams by providing general information ahead of time and withheld precise details (e.g., clinic address or provider name), which if leaked could compromise the investigation, until receiving permission from agents or ORRP coordinators to share the information with specific response partners. They have avoided putting confidential information in emails and instead engaged with partners by phone. They have limited their communication with state and local partners and communicated the importance of maintaining confidentiality.

In some cases, trusted contacts have arranged for healthcare professionals and risk reduction specialists to be onsite during the action to provide referrals, linkage to care, and harm reduction services. These on-site response measures are always coordinated with law enforcement agents to prevent any interference with their efforts.

Most importantly, they have engaged in planning for such events with a diverse set of stakeholders throughout their state. Trusted contacts have leveraged their OD2A funding to develop rapid response protocols to address overdose spikes or respond to "pain clinic closures." They have also leveraged the ORRP team at CDC and HHS OIG, as well as preparedness resources provided by the Association of State and Territorial Health Officials (ASTHO), for pain clinic closures.

What Other Partnerships Can Be Developed as Part of ORRP?

Some states are part of the [Overdose Response Strategy](#) (ORS), in which a drug intelligence office and/or a public health analyst is assigned to the state. ORS is a partnership between the Office of National Drug Control Policy and CDC to better share real-time drug seizure data and organize a public health response. Drug intelligence officers (DIOs) and public health analysts (PHAs) who have been trained on ORRP can be a resource to states planning for and responding to disruptions in both prescription and illicit drug supply.

[Public Health and Safety Team \(PHAST\)](#) is a framework for multi-sector data sharing and coordinated overdose prevention. When multi-sector partners are engaged in ongoing coordination and relationship building, jurisdictions can enhance their situational awareness and optimize response capacity.

Does ORRP Support States in Events That Do Not Involve Federal Investigations of Prescribers?

The ORRP was largely developed through a partnership between CDC, the Office of the Assistant Secretary for Health (OASH), and HHS OIG. Most of the actions to date that have leveraged ORRP have resulted from HHS OIG and/or Drug Enforcement Administration (DEA) investigations. As the CDC ORRP continues to develop partnerships, resources, and best practices, support provided to state and local health departments may include any disruptions to supply that could increase overdose risk, including prescription and illicit drug-related actions (e.g., large drug seizures) involving federal or state authorities. States can reach out to ORRP for any event in which they feel they need additional guidance or support to mitigate overdose risk.

Is ORRP Focusing Only on Medicaid and Medicare Investigations?

No. ORRP covers any law enforcement actions about which the ORRP team is notified that may impact patients' continuity of care and access to medications. Though the majority of HHS OIG's investigations do focus on Medicare and Medicaid funded programs, the impact and scope of their investigations can reach patients and providers from any payor population (i.e., Medicare, Medicaid, private insurance, and self-pay) receiving prescriptions from the target of the investigation.

Does HHS OIG Only Investigate Medicare and Medicaid Fraud?

No. A key component of HHS OIG's mission is to detect and root out fraud in federal healthcare programs, including Medicare and Medicaid. Fraud diverts scarce resources meant to pay for the care of patients and other beneficiaries. Not only does fraud increase costs for vital health and human services, but

it also can potentially harm beneficiaries, including Medicare and Medicaid patients. HHS OIG is the largest Inspector General's office in the federal government, with approximately 1,600 personnel dedicated to combating fraud, waste, and abuse and improving the efficiency of HHS programs. HHS OIG's oversight and law enforcement activities extend to all HHS agencies and programs, including the Centers for Medicare & Medicaid Services ([CMS](#)), the [National Institutes of Health \(NIH\)](#), [Administration for Children and Families \(ACF\)](#), [CDC](#), [Indian Health Service \(IHS\)](#), [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#), and the [U.S. Food and Drug Administration \(FDA\)](#). HHS OIG is tasked with identifying and holding accountable those engaged in fraud and enforcing the law. Most HHS OIG's resources are spent on the oversight of Medicare- and Medicaid-funded programs because these programs account for the largest portion of HHS's budget and they support many of the country's most vulnerable citizens.