**Opioid and Other Substance Use Disorders Interim Study Committee**

**Stakeholder Proposal Form**

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| **CONTACT INFORMATION** |
| Name of Person Submitting Form: |  |
| Email address: |  |
| If submitting on behalf of an organization, provide organization name\*: |  |
| **PROBLEM OR ISSUE** |
| Describe the specific challenge in your field of expertise, related to opioid or other substance use disorders: |
| **PRACTICE RECOMMENDATIONS** (changes not requiring legislation or regulatory change) |
| 1. |
| 2. |
| 3. |
| **POLICY RECOMMENDATIONS\*** (changes requiring legislation, regulatory change, or funding) |
| 1. |
| 2. |
| 3. |
| **OTHER SUGGESTIONS/COMMENTS FOR INTERIM COMMITTEE** |
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\*Note: If responding in behalf of an organization, please indicate if the suggested policy recommendations have already received support from organizational leadership or members