

*Strong States, Strong Nation*



**SUMMIT ON REDUCING THE SUPPLY  
OF ILLEGAL OPIOIDS IN WASHINGTON**

 NATIONAL CONFERENCE *of* STATE LEGISLATURES

**Legislative Action: Opportunities and Challenges**  
**June 16, 2017**



## Session Objectives

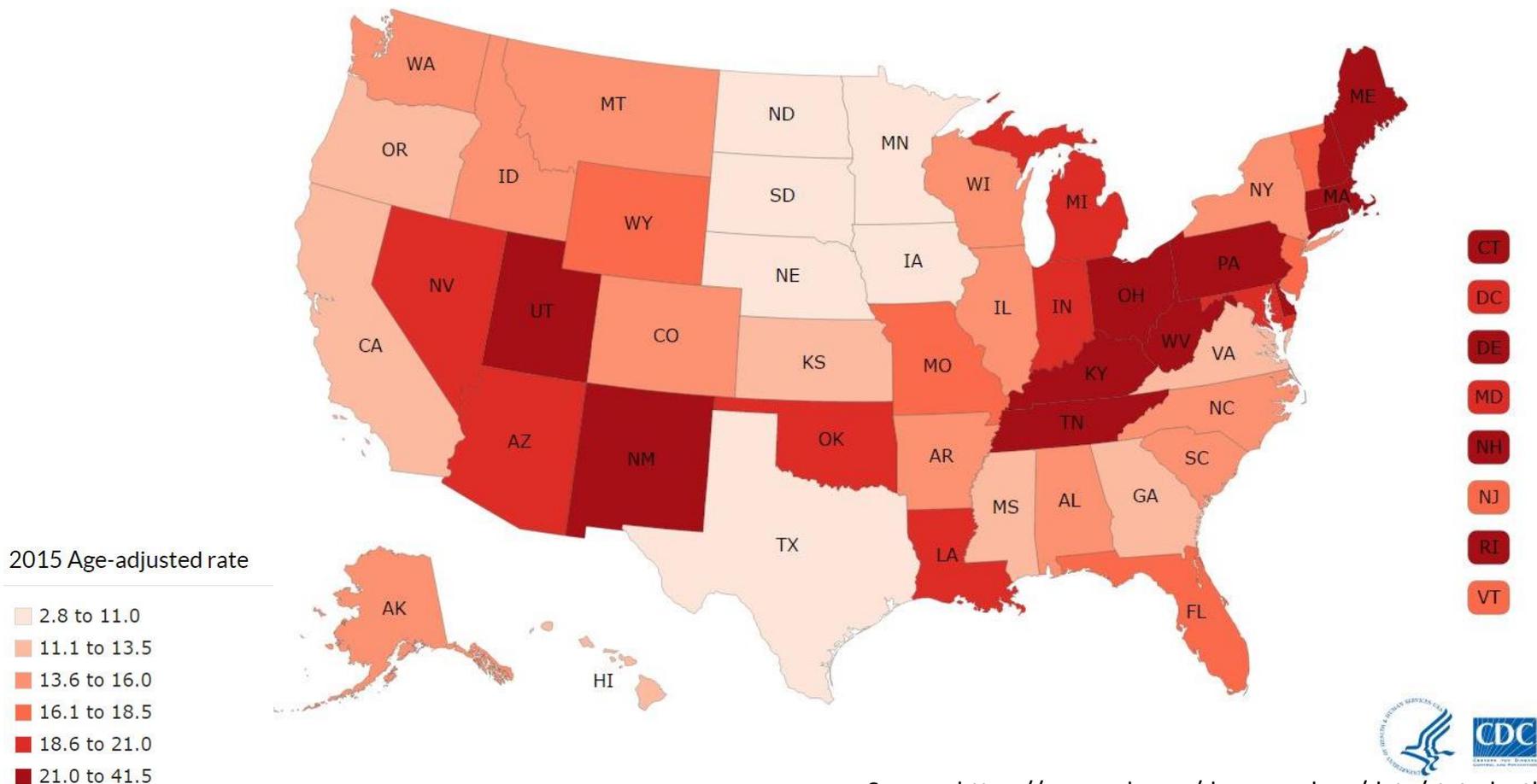
- ❑ Learn about laws adopted in other states to curtail the supply of and demand for opioids
- ❑ How policymakers in those jurisdictions and parts of the country crafted their solutions and overcame legislative and implementation challenges



## What's Covered Today

- ❑ State strategies in prevention, intervention, treatment and recovery
  - ❑ Intersection with human services and criminal justice
- ❑ Trends and best practices available

# Number and age-adjusted rates of drug overdose deaths by state, US 2015



Source: <https://www.cdc.gov/drugoverdose/data/statedeaths.html>



## What's the Problem?

- ❑ The majority of drug overdose deaths (6/10) involve an opioid
- ❑ Human and financial costs
- ❑ Prescription drug misuse
- ❑ Illicit drugs (e.g., heroin, fentanyl)
  - ❑ Large majority of illicit drug use started with non-medical use of prescription drugs
- ❑ Prevent misuse while maintaining access to needed medications

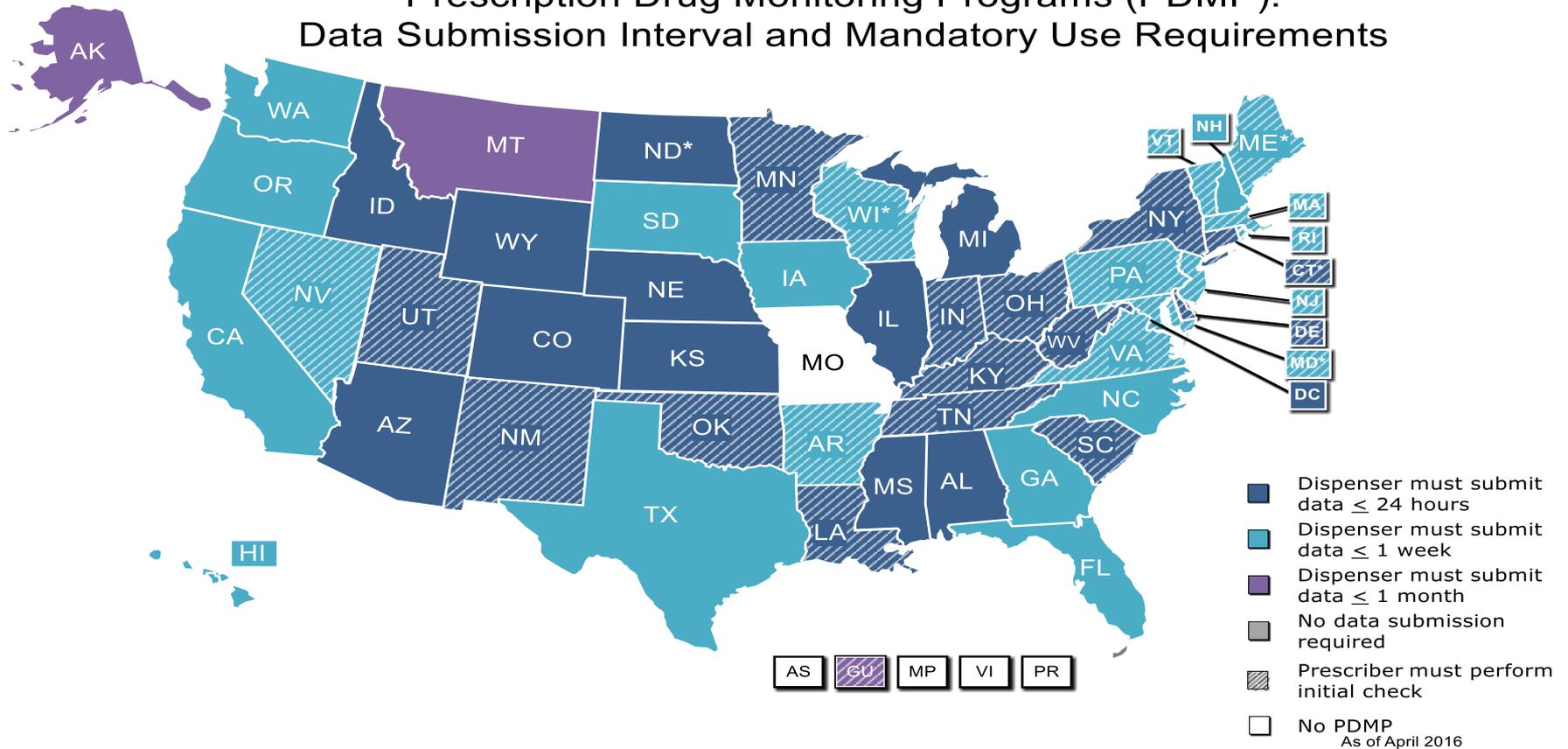




# Prevention: PDMP

- ❑ Prescription drug monitoring programs (PDMP) among most promising state strategies
- ❑ PDMP state action and best practices:
  - ▣ Registration
  - ▣ Delegates (e.g., nurse, medical assistant) and authorized users/recipients (e.g., health, public safety, licensing board)
  - ▣ Universal use
  - ▣ Data submission (real-time)
  - ▣ Active management
  - ▣ Ease of use and access (e.g., integration with electronic health record)
  - ▣ Interstate data sharing

# Prescription Drug Monitoring Programs (PDMP): Data Submission Interval and Mandatory Use Requirements



+ Includes states in which prescribers are required to check the PDMP before writing most initial prescriptions for opioids, as well as when a check is required in select circumstances.

\* CT, ME, MD and WI have recently passed laws requiring providers to perform an initial check, which go into effect between 2016 and 2018. ND requires dispensers to check the PDMP before dispensing opioids in certain circumstances.



# Prevention: Other State Actions

- Prescription limits or guidelines
  - ▣ 13 states (CT, KY, MA, ME, NH, NJ, NY, OH, PA, RI, UT, VA, VT + AZ)
  - ▣ First time opioid prescriptions; day or MME limits
  - ▣ Centers for Disease Control and Prevention (CDC) Guideline
    - Voluntary recommendations for providers
- Provider Education & Training



# Prevention: Other State Actions

- ❑ Pain clinic regulation
- ❑ Alternative pain management
  - ▣ e.g., acupuncture, massage, chiropractor
- ❑ Public education campaigns
- ❑ Drug take-back days/drop-boxes
- ❑ Non-opioid directives
- ❑ Abuse-deterrent formulations



# Intervention (Rescue)

- Naloxone access laws
  - ▣ Immunity
  - ▣ Emergency responders, law enforcement, fire fighters
  - ▣ Lay person
  - ▣ Third party prescriptions
  - ▣ Standing orders
- Good Samaritan Overdose/911 immunity

# Treatment



- Only 10% with Substance Use Disorder receive treatment of any type
  - ▣ 3 FDA approved medications used with behavioral therapies
    - Proven to reduce illicit drug use, misuse, overdose risk and fatalities
- Treatment reduces:
  - ▣ Health care costs, criminal activity, withdrawal symptoms, cravings
- Treatment increases:
  - ▣ Economic, social, personal productivity, adherence to therapy, presenteeism, etc.



# Hurdles to Treatment

- All treatments are not covered by all payers
  - ▣ Coverage isn't consistent across insurance companies/states
- Medicaid Fee for Service varies
  - ▣ Residential treatment is optional
- Parity Laws- “comparable coverage”
  - ▣ May have limitations which are not violations
- Many stakeholders involved





# Road to Recovery Through Treatment

- ❑ Screening, Brief Intervention, Referral to Treatment (SBIRT)
- ❑ Treatment is a bottleneck in recovery
  - ▣ Not enough detox and treatment beds
  - ▣ Lack of providers in most urban and rural areas
  - ▣ Encouraging prescribers to use evidence-based MAT
- ❑ Sober living, long term recovery resources
- ❑ Ensuring parity and coverage as required by state and federal laws



# Intersection with Criminal Justice & Human Services Issues

# Criminal Justice



- ❑ Pre-arrest diversion/deflection
- ❑ Pretrial diversion
- ❑ Revising Criminal Penalties
- ❑ Expanding Access to Medication Assisted Treatment (MAT)

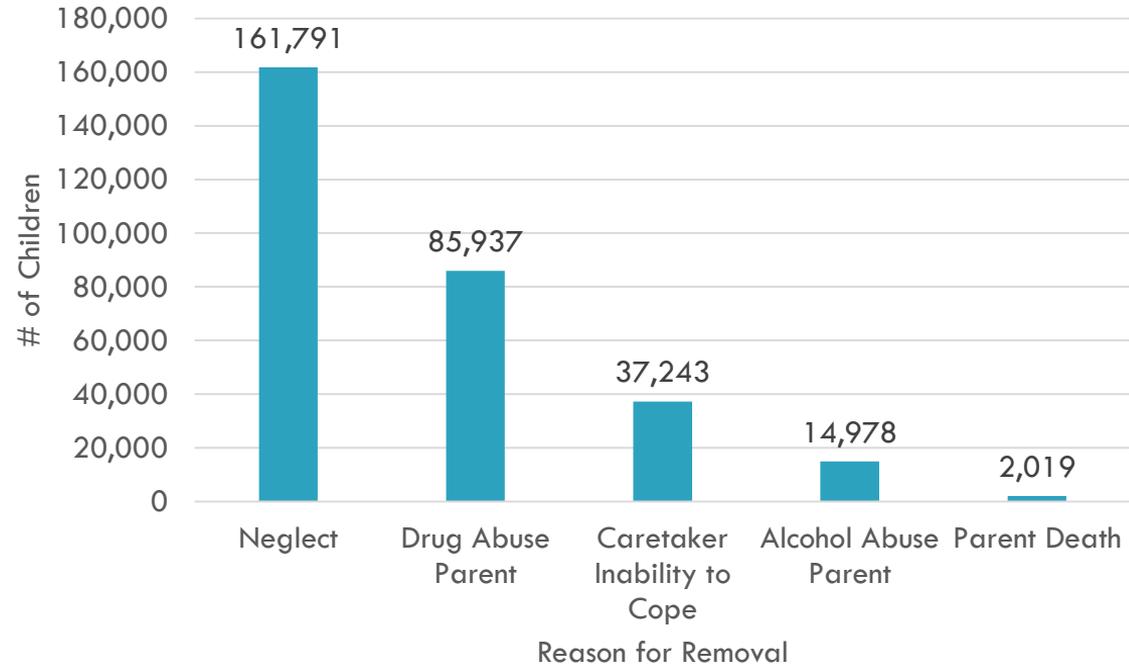


# Child Welfare



- Highest number of children in foster care since 2008
- State strategies
  - ▣ Plans of safe care
  - ▣ Specialty courts

Reason for Removal Related to Parental Substance Use in FY 2015





# Key Questions to Ask

- ❑ What does the data show? What are the biggest issues for the state? Where do gaps exist?
  - ❑ E.g., overdoses, PDMP/prescribing, law enforcement seizures
- ❑ What recent action has been taken in the state (legislation and otherwise)?
- ❑ What new strategies might be needed and/or appropriate for the state?
- ❑ What agencies (e.g., public health, mental or behavioral health, child welfare, law enforcement) and other stakeholders (e.g., providers, families, insurers, etc.) need to be at the table?





# Tools and Resources

- ❑ NCSL Injury Prevention Database  
<http://www.ncsl.org/research/health/injury-prevention-legislation-database.aspx>
- ❑ NCSL Prescription for Pain Management Brief  
<http://www.ncsl.org/documents/health/PainManagement216.pdf>
- ❑ NCSL Prescription Drug Monitoring Programs Postcard  
<http://www.ncsl.org/research/health/prescription-drug-monitoring-programs-postcard.aspx>
- ❑ Centers for Disease Control and Prevention  
<https://www.cdc.gov/drugoverdose/index.html>
- ❑ NAAG, NGA, ASTHO all have resources

# Thank You



Thoughts?

Questions?

Contact:

[karmen.hanson@ncsl.org](mailto:karmen.hanson@ncsl.org)

303-856-1423