

Task Force on the Opioid Epidemic

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A Priority Issue for Governor Brown

- ▶ Making the case on the national stage:
 - ▶ Senate Health, Education, Labor & Pensions Committee Testimony in 2018;
 - ▶ Leadership with the National Governor's Association;
 - ▶ Pacific Coast Collaborative- leading discussions with California, Washington, Oregon and British Columbia.
- ▶ Convening of the Opioid Epidemic Task Force (OETF;)
- ▶ Fighting for appropriate funding;
- ▶ Policy agenda on addictions & recovery;
- ▶ Setting the legislative agenda in 2019 and beyond.

Task Force Background

- ▶ Convened during the 2017-18 legislative interim;
- ▶ Bipartisan Task Force comprised of:
 - ▶ Legislators;
 - ▶ Industry experts;
 - ▶ Physicians;
 - ▶ CCOs;
 - ▶ Treatment professionals;
 - ▶ Pharmacists.
 - ▶ Public health professionals;
 - ▶ Judiciary;
 - ▶ Persons in recovery;
 - ▶ Representatives of the Alcohol & Drug Policy Commission;
 - ▶ Law Enforcement;
 - ▶ Others.

Our mission is to identify and implement efforts to address the growing opioid misuse and abuse across the state.

Alcohol & Drug Policy Commission

- ▶ Executive Order 18-01: Empowering ADPC and mandating that agencies work to implement strategic plan;
- ▶ Working with OETF on legislation and agency responses;
- ▶ New leadership and direction;
- ▶ Partnerships in the community;
- ▶ Looking at other states for models;
- ▶ Strategic planning process:
 - ▶ Procurement process completed and vendor selected (JBS International;)
 - ▶ Kickoff 4/22/19 with Governor Brown giving opening remarks.

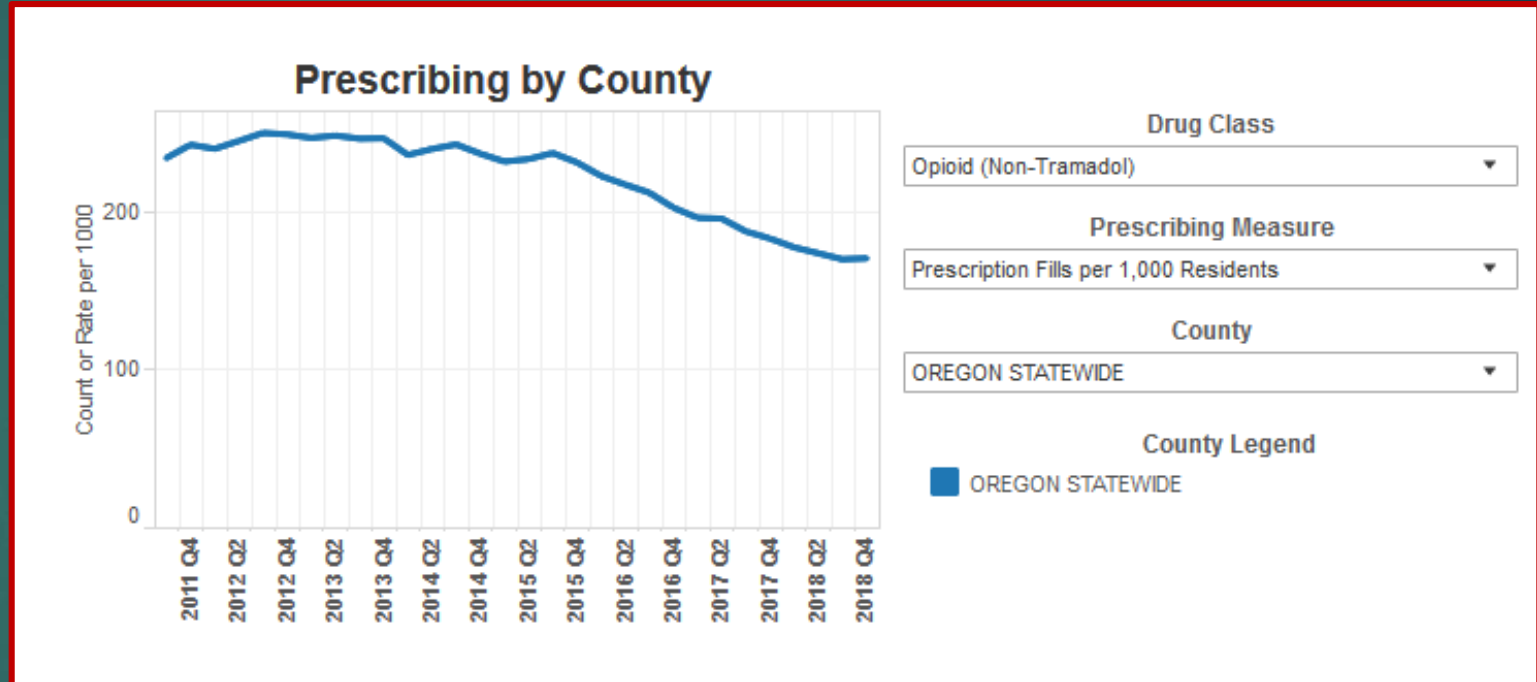


Data Trends

THE OPIOID EPIDEMIC IN OREGON

The Opioid Epidemic in Oregon

- ▶ Prescribing in Oregon has trended down with a Q2- Q4 uptick in 2017;
- ▶ Data show that Oregon is moving in the right direction, but there is much work to do.

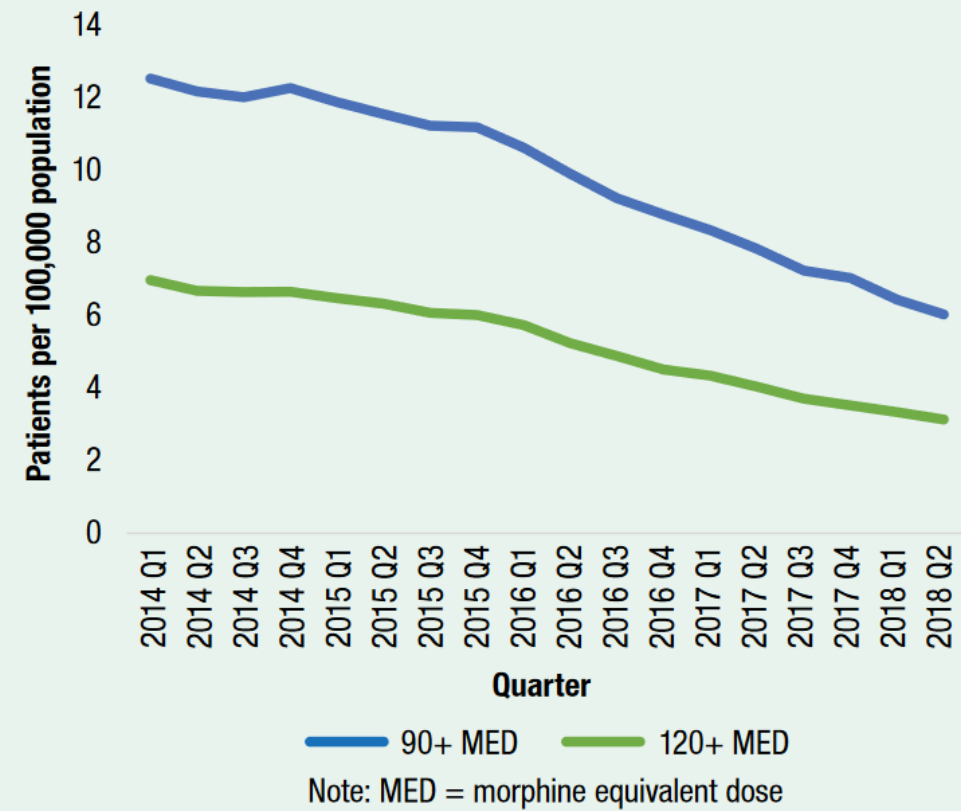


How does this correspond with recent legislative efforts?

The Opioid Epidemic in Oregon

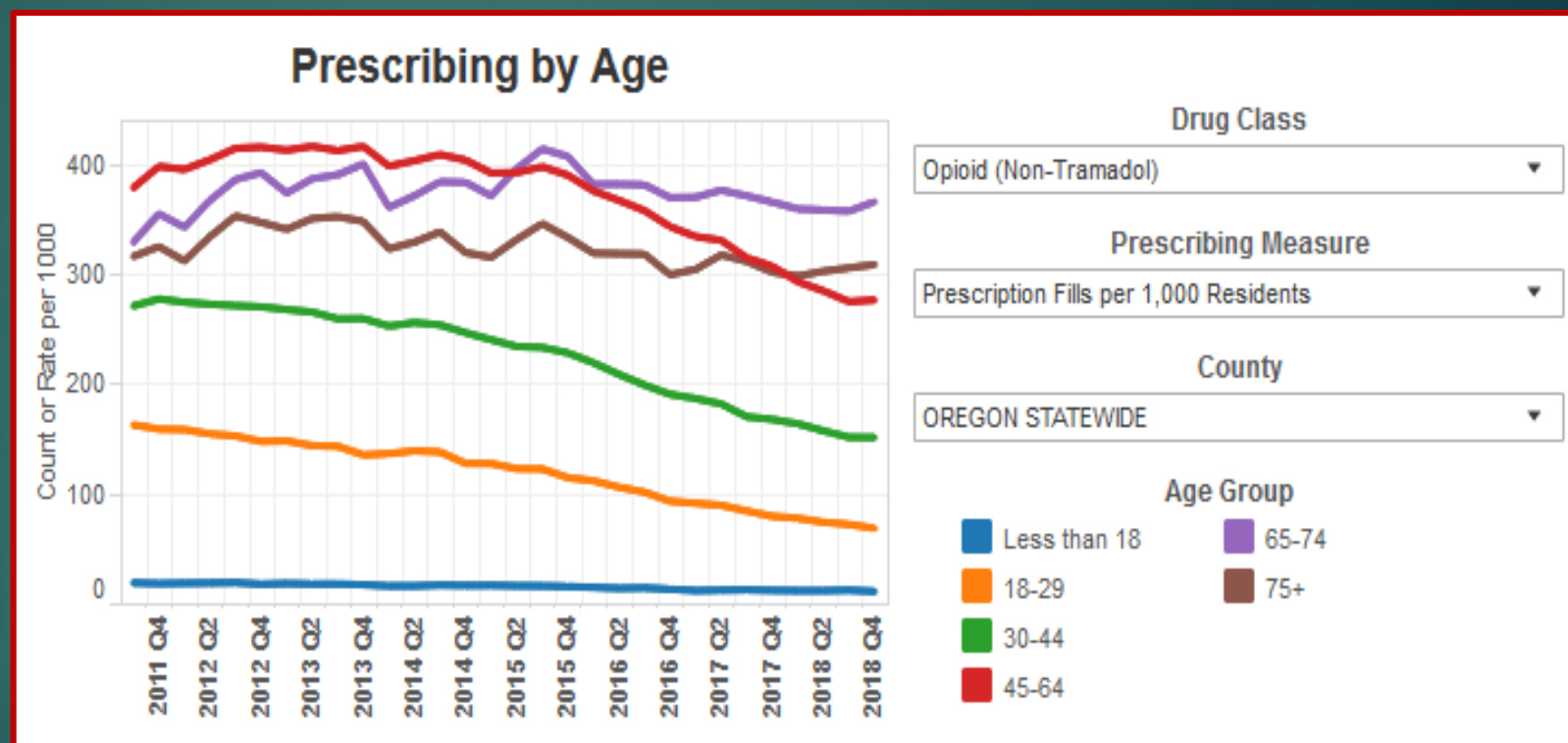
- ▶ Oregon has seen a consistent, prolonged decrease in the amount of opioids prescribed, starting in 2015;
- ▶ Comparing the second quarter of 2015 to the second quarter of 2018 (most current data,) opioid prescription fills per 1,000 residents decreased by 28%;
- ▶ The number of patients receiving a high dose opioid fill (90+ morphine equivalent dose) has decreased 52% since the first quarter of 2014.

Figure 4. Patients on high dose opioids (90+ MED, 120+ MED), Oregon, 2014–2018



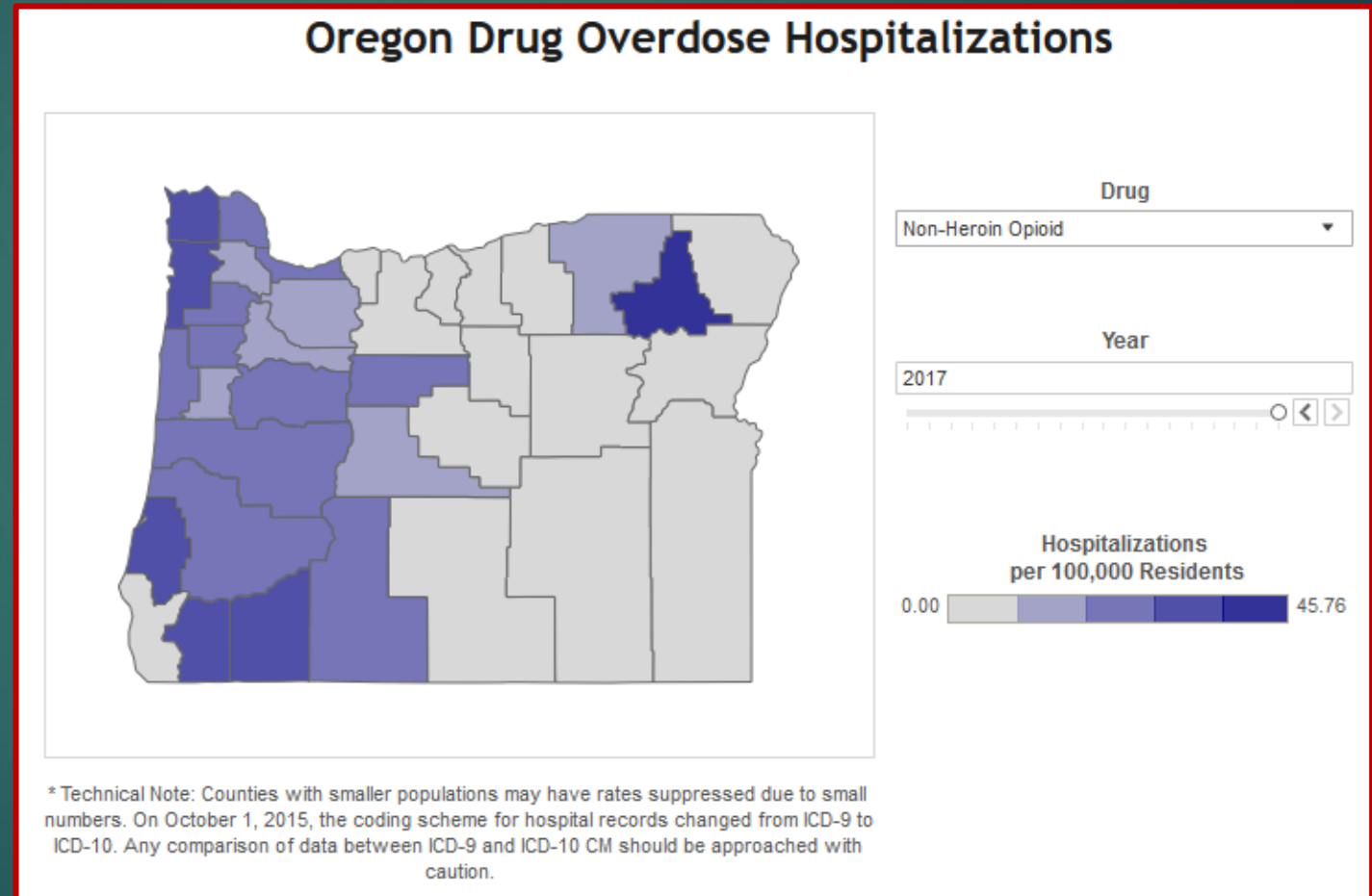
The Opioid Epidemic in Oregon

- ▶ This shows the same data broken out by age;
- ▶ Certain age groups receive a disproportionate amount of opioid prescriptions (however, this may be for a good reason.)



The Opioid Epidemic in Oregon

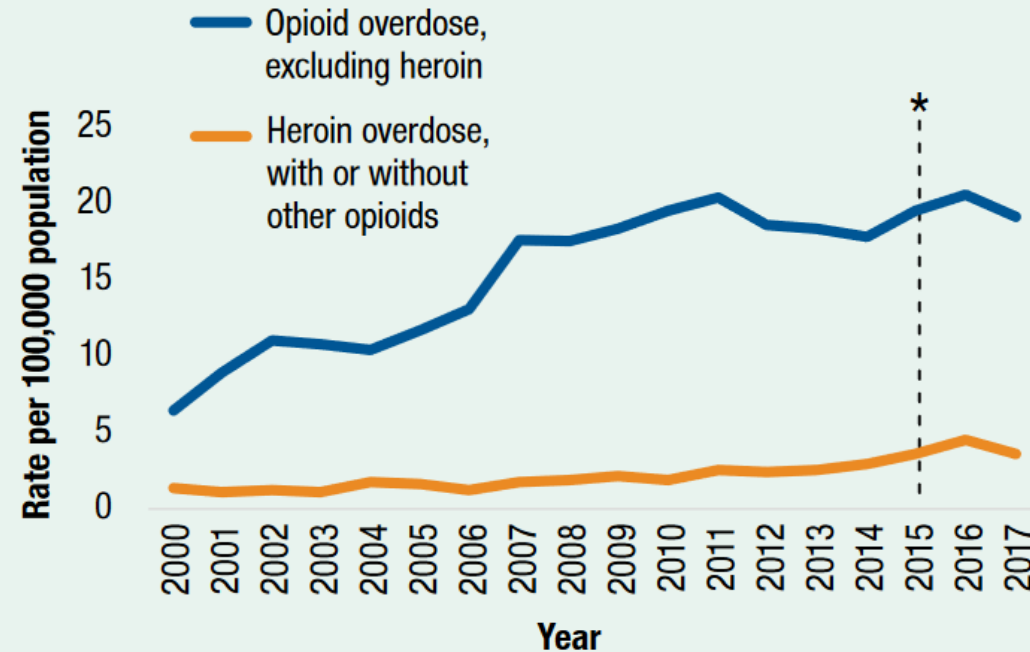
- ▶ Oregon has the highest rate of hospitalization for opioid use disorder among individuals 65+;
- ▶ For those 65+, Oregon's rate has nearly tripled in the past decade. The state has outpaced the country for three straight years, with a peak of 700 hospitalizations per 100,000 elderly patients in 2015.



The Opioid Epidemic in Oregon

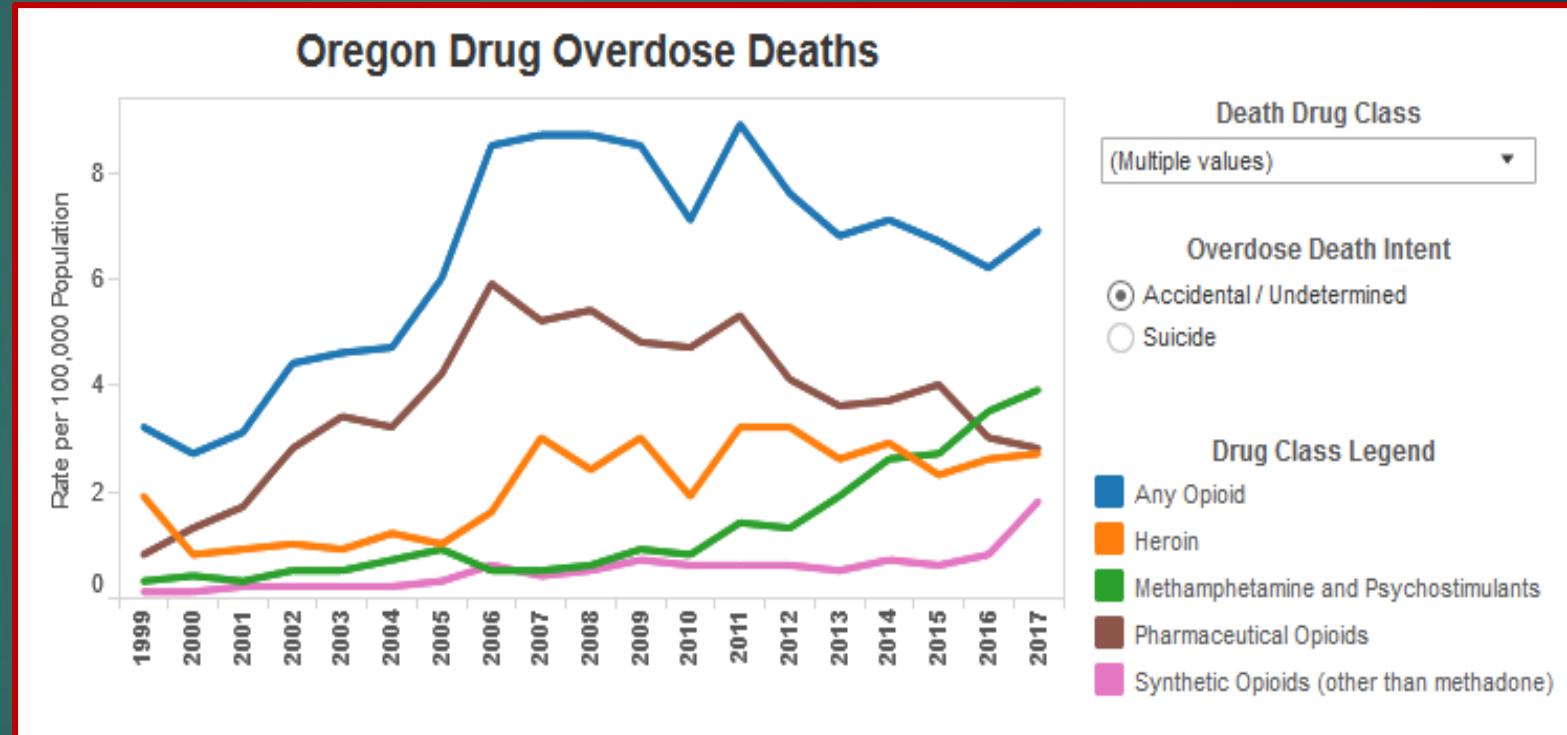
- ▶ The dotted line in the chart represents the date (2015) that hospital record coding changed, from ICD-9 to ICD-10-CM.
- ▶ ICD codes classify hospitalization types.
- ▶ This change may affect the number and type of drug overdose hospitalizations. As a result, interpret data trends here with some caution.

Figure 3. Hospitalizations involving opioid overdose, Oregon, 2000–2017



The Opioid Epidemic in Oregon

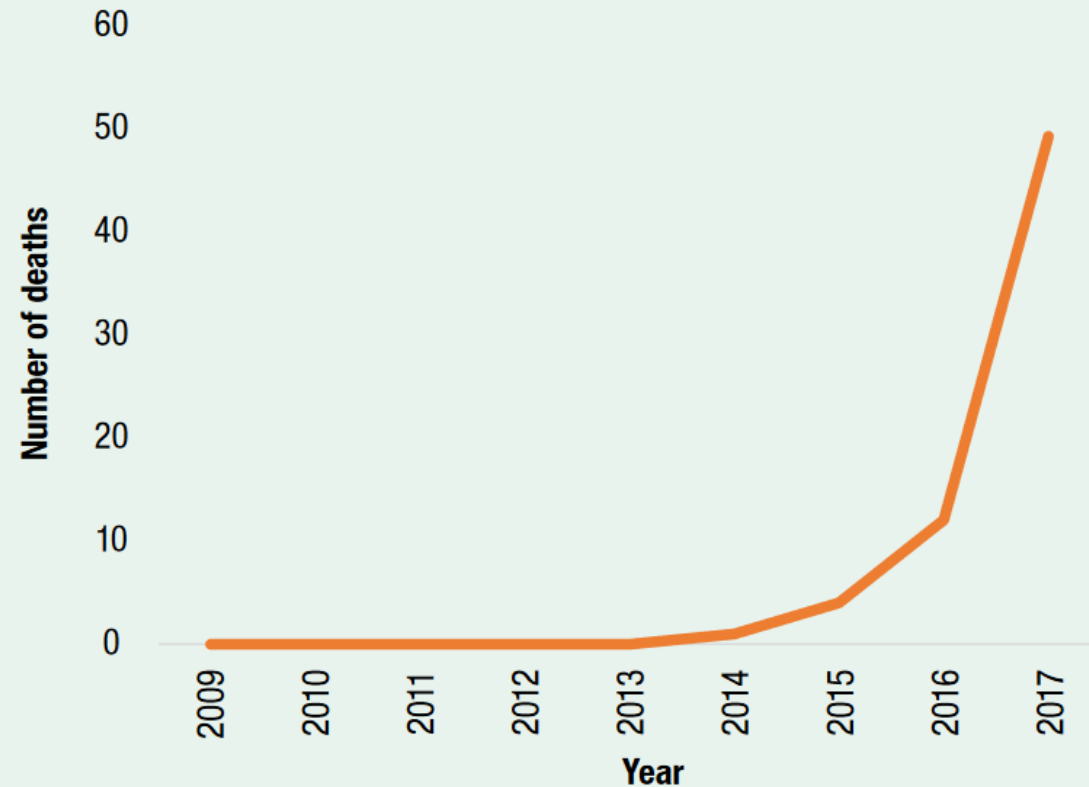
- ▶ Overdoses deaths are trending down since a 2011 peak with respect to all opioids;
- ▶ Prescription opioid deaths have decreased 45% since a 2006 peak;
- ▶ We have seen a recent uptick, mostly attributed to synthetics;
- ▶ Other drug classes have seen increases in recent years;
- ▶ Where does illicit fentanyl fit in this picture?
Methamphetamines and other illicit drugs?



The Opioid Epidemic in Oregon

- ▶ Deaths due to illicit fentanyl represent an emerging concern for both Oregon and the nation;
- ▶ Oregon identified its first death due to illicit fentanyl overdose in 2014;
- ▶ There were 49 deaths due to fentanyl in 2017;
- ▶ How does this compare to the experience in British Columbia?

Figure 2. Illicit fentanyl-related deaths, Oregon, 2009–2017*





Recent Legislation

OREGON HAS BEEN HARD AT WORK ADDRESSING THE OPIOID CRISIS

2016 Legislative Session - HB 4124

- ▶ Required Oregon Health Authority (OHA) to disclose prescription monitoring information to practitioner, pharmacist or member of practitioner's or pharmacist's staff for use in certain health information technology systems;
- ▶ Required OHA to periodically check compliance of privacy and security standards, to include Health Insurance Portability and Accountability Act (HIPAA) compliance;
- ▶ Permitted pharmacists and certain health care professionals to prescribe and pharmacist to distribute unit-of-use packages of naloxone;
- ▶ Permitted certain employees of social service agencies to administer naloxone under specified conditions. Allowed employees who have gone through training to administer naloxone to someone experiencing an overdose even if they are not a patron or on the premises of the organization.

2016 Legislative Session – HB 4124

What was the policy rationale for this bill?

- ▶ In 2016, Oregon's rate of non-medical use of prescription pain relievers ranked second highest in the nation, with almost one out of four Oregonians having received a prescription for opioid medications in 2013;
- ▶ According to the Oregon Public Health Division, there were 154 deaths from opioid overdoses in 2014;
- ▶ Moving toward Electronic Health Record (EHR) / Prescription Drug Monitoring Program (PDMP) integration- giving prescribers the opportunity to efficiently check the PDMP creates a vital and valuable tool for assisting patients in managing their prescriptions.

2017 Legislative Session – HB 3440

- ▶ Prohibited insurer of health benefit plan from requiring prior authorization of payment for medication used to treat opioid or opiate withdrawal during first 30 days of treatment;
- ▶ Permitted pharmacist, pharmacy, health care professional or any person designated by State Board of Pharmacy (SBP) to administer naloxone and distribute necessary medical supplies to administer naloxone;
- ▶ Provided good faith immunity from liability to individual who administers naloxone;
- ▶ Prohibited individuals taking or intending to take prescribed medication for drug abuse or dependency treatment from being denied access to drug court;
- ▶ Required Oregon Health Authority (OHA) develop and maintain online, searchable inventory with following information:
 - ▶ Each opioid and opiate abuse or dependency treatment provider in Oregon;
 - ▶ Treatment options offered by providers; and
 - ▶ Maximum capacity of each provider.
- ▶ Directed OHA to report annually to legislature on treatment options as specified and every three months to local health department on total number of opioid and opiate overdoses and related deaths.

2017 Legislative Session – HB 3440

What was the policy rationale for this bill?

- ▶ HB 3440 concentrated upon improving access on a few fronts:
 - ▶ Removing more onerous naloxone training requirements;
 - ▶ Addressing prior authorization;
 - ▶ Immunity provisions to incentivize overdose intervention;
 - ▶ Removing barriers to accessing drug courts.
- ▶ Information sharing improvements:
 - ▶ Appropriate data as the foundation for good policy;
 - ▶ OHA to determine if certain geographic regions have insufficient access to treatment.
- ▶ PDMP updates:
 - ▶ Established a new subcommittee;
 - ▶ Continuing to pave the way for PDMP / EHR integration.

2018 OETF Legislative Package

HB 4143

- ▶ HB 4143 is comprised of:
 - ▶ Mandatory PDMP registration for all licensed prescribers;
 - ▶ Overdose intervention pilot program;
 - ▶ DCBS report, in collaboration with OHA and DOC, on barriers to accessing treatment.
- ▶ Other 2018 TF work:
 - ▶ Working with executive branch agencies;
 - ▶ Trainings & outreach;
 - ▶ Looking to the future.

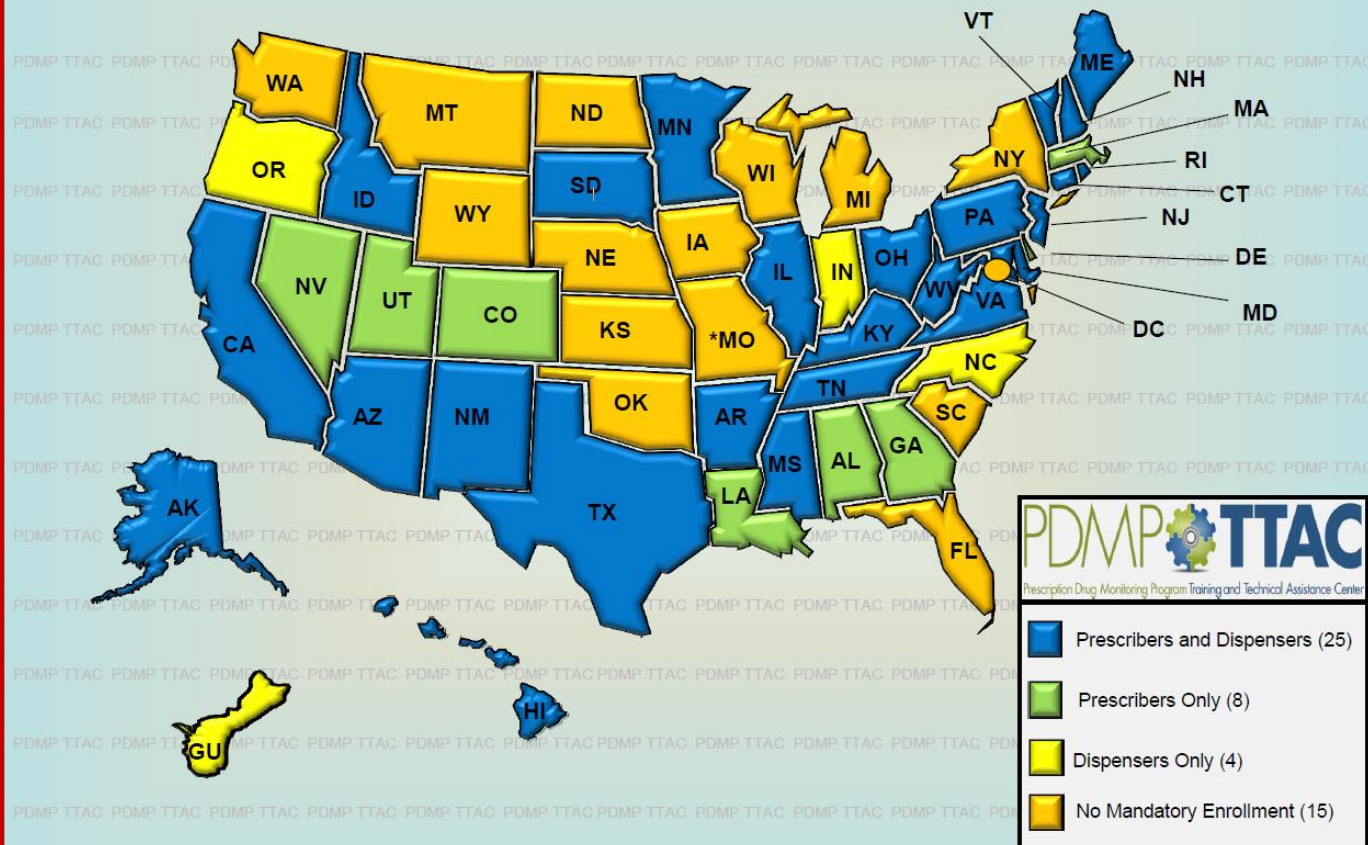
HB 4143: Mandatory PDMP Registration

- ▶ **Section 7:** “In order to ensure compliance with best practices for prescribing opioids and opiates, a practitioner **shall** register with the prescription drug monitoring system (PDMP) established under ORS 431A.855 not later than July 1, 2018.”
- ▶ Gives OHA rulemaking authority to administer Section 7.
- ▶ **Why this policy change?**
 - ▶ Makes absolutely clear that prescribers are required to register for the PDMP;
 - ▶ All 50 states and territory of Guam now have PDMPs (Missouri PDMP still being developed;)
 - ▶ Improves data collection efforts to allow regulators to:
 - ▶ Monitor over-prescription;
 - ▶ Appropriately leverage resources.

PDMP: Where is Oregon Nationally?

PDMP Mandatory Enrollment of Prescribers and Dispensers

[\(Listing of the specific conditions for mandatory enrollment\)](#)



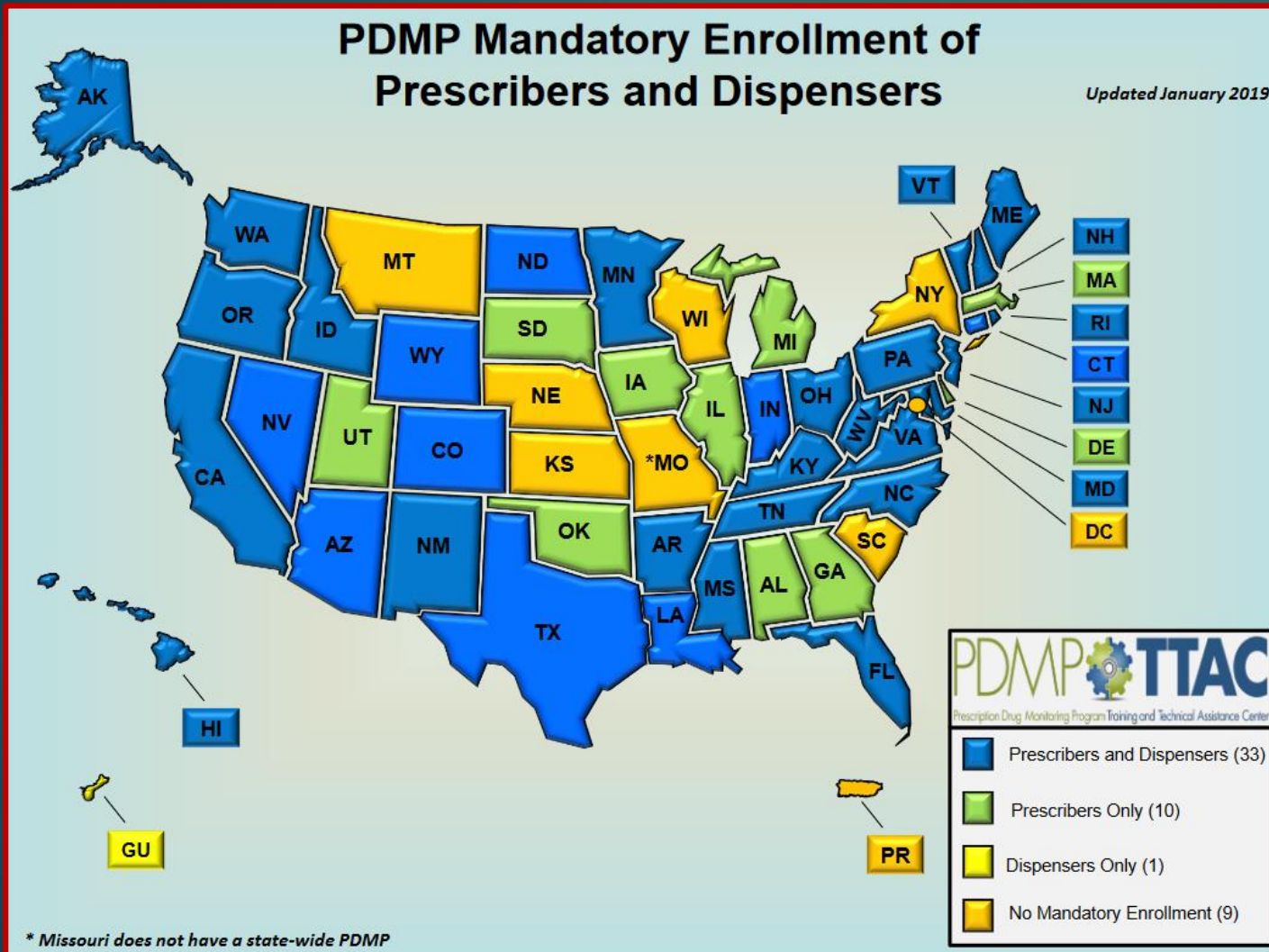
Research is current as of November 9, 2017

*Missouri does not have a state-wide PDMP

Before HB 4143 - 25 states mandated enrollment in their Prescription Drug Monitoring Program for both prescribers and dispensers.

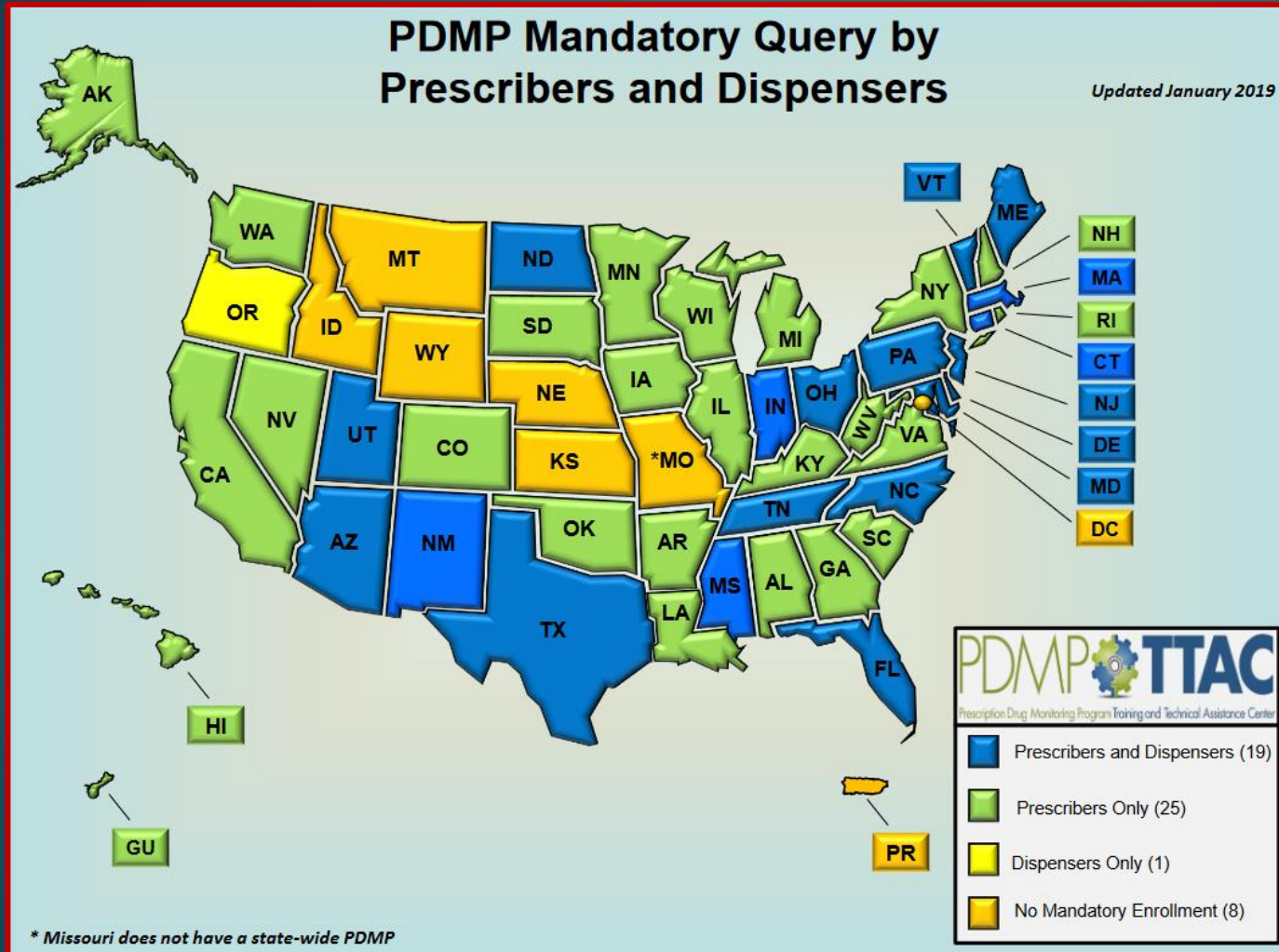
This chart is an early 2018 representation- where are we now?

PDMP: Where is Oregon Nationally?



After HB 4143 and in 2019, the landscape looks significantly different.

PDMP: Where is Oregon Nationally?

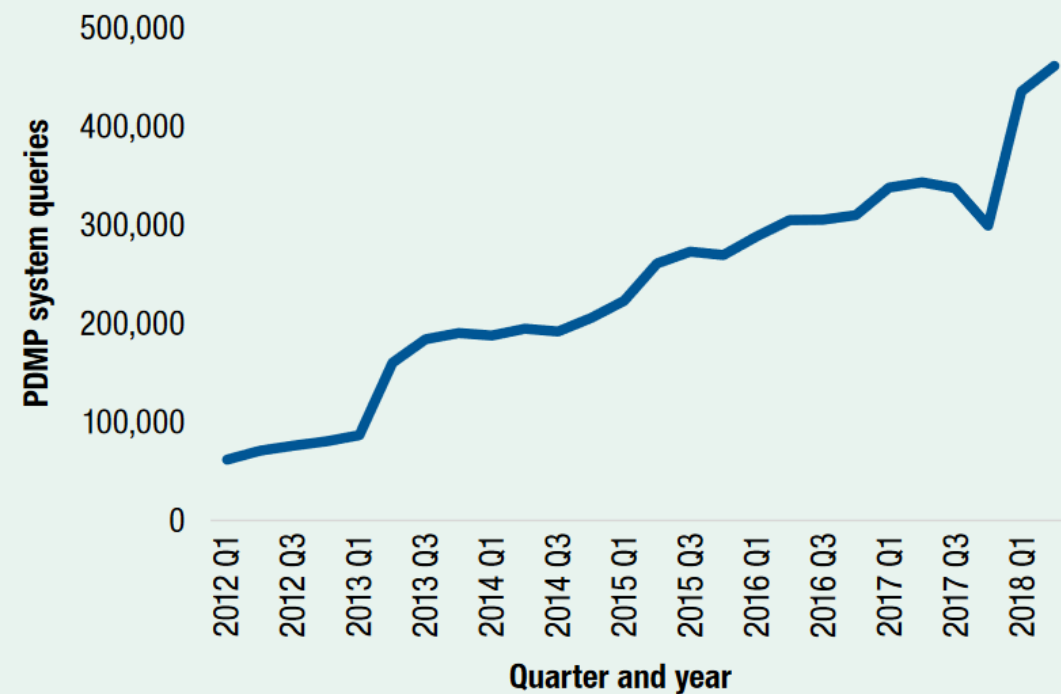


43 states require some form of “mandatory query” when prescribing opioids. Oregon is in a 7 state minority having no such requirement.

Impacts of HB 4143

- ▶ The Oregon PDMP has more than 26,000 registered users. System use has consistently increased since the program started.
- ▶ Sharp uptick in registration corresponding with HB 4143;
- ▶ Where does EHR integration fit in?

Figure 5. Number of PDMP system queries by quarter and year, Oregon, 2012–2018



HB 4143: Report on Insurance Barriers to Treatment Access

- ▶ Department of Consumer and Business Services (DCBS) responsible for the report in consultation with other agencies;
- ▶ Report will include:
 - ▶ Existing barriers to medication-assisted treatment (MAT;)
 - ▶ Impact of CCOs and 3rd party payers on access to treatment;
 - ▶ Current reimbursement structures;
 - ▶ Access to treatment in the Department of Corrections;
 - ▶ Rural vs. urban access to services;
 - ▶ Treatment of substance abuse disorder as chronic rather than acute illness.

Driving conversations in 2019

Overdose Intervention Pilot Program

\$2 MILLION GF APPROPRIATION TO FOUR PILOT COUNTIES



HB 4143: Overdose Intervention Pilot Program Overview

- ▶ **Section 3:** Creates the pilot program in four counties: Coos, Jackson, Marion and Multnomah:
 - ▶ Program is aimed at overdose intervention, which includes the use of peer recovery mentors;
 - ▶ Pilot counties are required to report to each other and OHA regarding the progress of the pilot;
 - ▶ Reporting to the legislature no later than December 31st of each year.
- ▶ **Section 4:** Appropriates \$2 million to OHA for the next biennium to administer the pilot program:
 - ▶ Why \$2 million?
 - ▶ Rhode Island's "Anchor ED" program.
- ▶ **Section 5:** Sunset provisions (January 2021.)
- ▶ **NGA "Best Practices" recommendation.**

Mechanics of the Pilot Program

- ▶ Dedicated OHA position to administer the pilot;
- ▶ Rulemaking authority to develop program criteria and metrics for evaluating outcomes, if necessary;
- ▶ How do “pilot programs” work?
 - ▶ County “report backs;”
 - ▶ Learning from others;
 - ▶ Making the case for continued and / or expanded funding.

Mechanics of the Pilot Program

How can EDs & hospitals engage in the process?

- ▶ Working with your county health departments;
- ▶ Make certain OHA has your recommendations!
 - ▶ Engaging OHA;
 - ▶ Working with OETF.
- ▶ Broad 4143 language – why did we do this?
 - ▶ Pilots should be designed to work best for your jurisdiction;
 - ▶ Recognition of the diverse regions in Oregon.
- ▶ Other methods of engagement?
- ▶ Timelines:
 - ▶ Hiring for coordinator position;
 - ▶ Solicitation for evaluators – looking with both statewide and national lens;
 - ▶ Choosing the pilot programs.

2019 Legislative Session and Beyond

LOOKING TO THE FUTURE



OETF: Looking to 2019 and Beyond

- ▶ Electronic Health Record Integration:
 - ▶ How does this work with the HB 3440 database?
 - ▶ What was the legislative intent of HB 3440?
 - ▶ Paid for through federal grant dollars in the absence of a specific funding source.
 - ▶ Making emergency departments and hospital systems part of the solution to the opioid crisis;
 - ▶ EHR / PDMP integration:
 - ▶ Started with EDIE and has now expanded to other EHRs (Nextgen, Charm EHR, eclinicalworks, Cerner, Intersystems)
 - ▶ 88 entities in “live status”
 - ▶ 30 entities with EDIE / PDMP integration;
 - ▶ 58 entities with other EHR / PDMP integration;
 - ▶ 19 entities in “progress phase;”
 - ▶ 102 entities in “application phase.”
- ▶ Scaling and comparisons for pilot programs.

OETF: Looking to 2019 and Beyond

- ▶ Building on 2018 legislative package;
- ▶ Travel to British Columbia to collaborate on policy ideas;
- ▶ Discussion of difficult issues such as:
 - ▶ High cost and availability of important medications, such as naloxone;
 - ▶ Further PDMP improvements;
 - ▶ Statewide drug takeback program;
 - ▶ Implementation of peer recovery centers;
 - ▶ Limits on prescribing of narcotic pain medications;
 - ▶ Many others!

2019 Comprehensive Legislative Package: **HB 2257**

- ▶ Declaration of Addiction as a Chronic Illness;
- ▶ “Project Nurture” Pilot Program;
- ▶ Accreditation for Treatment Providers;
- ▶ Elimination of Prior Authorization for Public Payers;
- ▶ Continuity of Care with Department of Corrections;
- ▶ Technical Fixes:
 - ▶ Prescription Drug Monitoring Program;
 - ▶ Needle exchange program affirmative defense to Possession of Controlled Substance.

2019 Comprehensive Legislative Package: **HB 2257**

- ▶ Declaration of Addiction as a Chronic Illness:
 - ▶ Setting the table for future policy changes;
 - ▶ Clarifies legislative intent going forward;
 - ▶ Comports with science and best practice.
- ▶ “Project Nurture” Pilot Program:
 - ▶ Specific to working with pregnant woman suffering with Substance Use Disorder (SUD;)
 - ▶ Utilization of peer mentors dual certified as doulas;
 - ▶ One year of “aftercare;”
 - ▶ \$5 million for four counties.

2019 Comprehensive Legislative Package: **HB 2257**

- ▶ Accreditation for Treatment Providers;
 - ▶ Attrition rate in the treatment sector is staggering;
 - ▶ Treatment professionals are not paid commensurate with the import of their work;
 - ▶ Why have OETF treatment representatives recommended this?
 - ▶ Legislation is careful to accomplish this the right way.
- ▶ Elimination of Prior Authorization for Public Payers:
 - ▶ HB 3440 prior authorizations provisions;
 - ▶ DCBS study from 2018 OETF legislation;
 - ▶ Respect for the HERC process / independence;
 - ▶ No rate increases associated with this change.

2019 Comprehensive Legislative Package: **HB 2257**

- ▶ Continuity of Care with Department of Corrections;
 - ▶ Significant proportion of individuals in the custody of DOC suffer with SUD;
 - ▶ Need to give appropriate medical care to these individuals, including the provision of care for substance use disorder.
- ▶ Technical fixes:
 - ▶ Prescription Drug Monitoring Program;
 - ▶ Needle exchange program affirmative defense to Possession of Controlled Substance.

Questions?

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How can you get involved with the Task Force?