

*Strong States, Strong Nation*



# **OVERVIEW OF STATE POLICY ACTIONS ABOUT THE OPIOID EPIDEMIC**

 NATIONAL CONFERENCE *of* STATE LEGISLATURES

**IOWA OPIOID EPIDEMIC EVALUATION STUDY COMMITTEE**

**October 16, 2017**

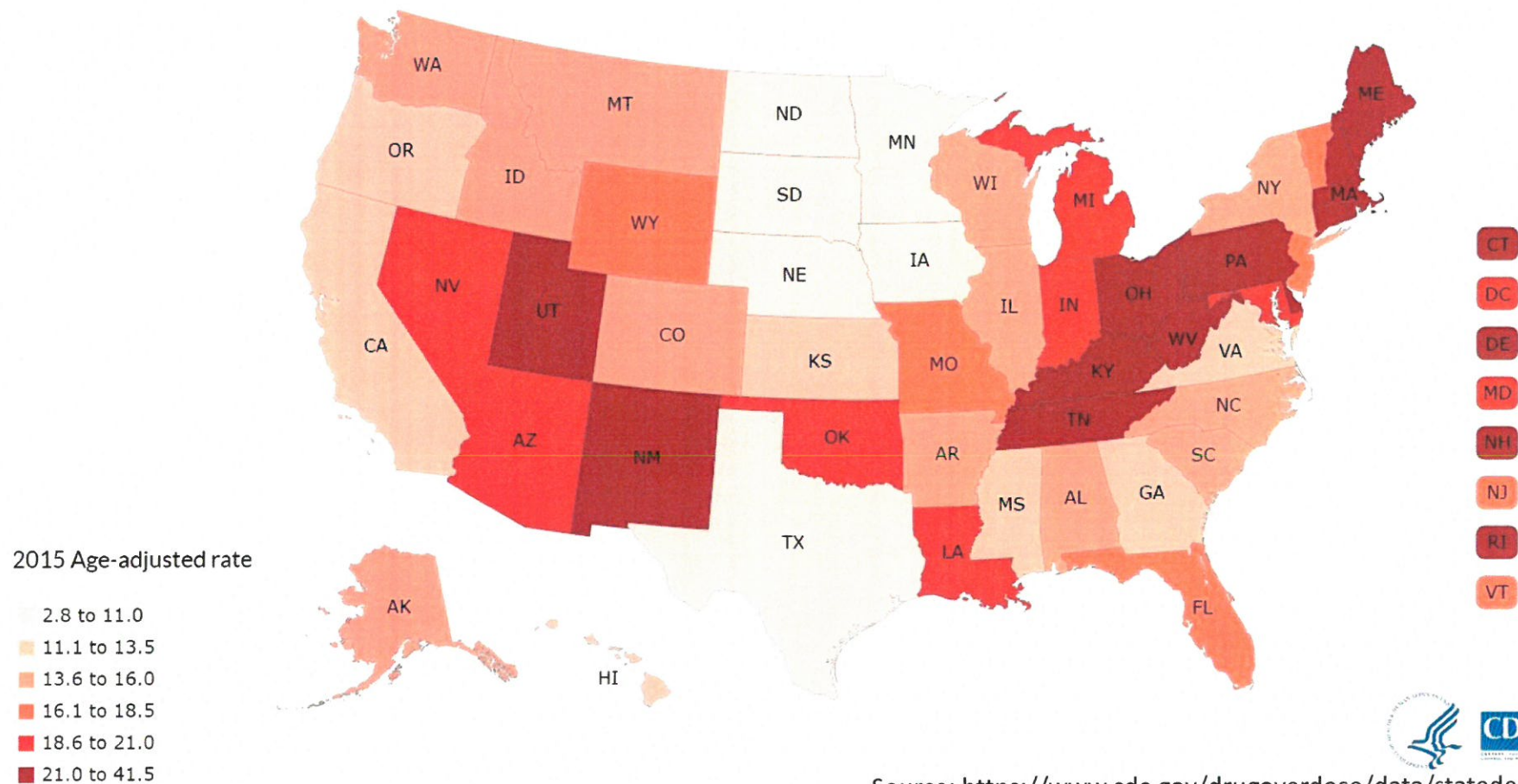


## What's Covered Today

- ❑ Learn about policies adopted in other states to curtail the supply of and demand for opioids
- ❑ State strategies in prevention, intervention, treatment and recovery
  - ❑ Intersection with human services and criminal justice
- ❑ Trends and best practices available



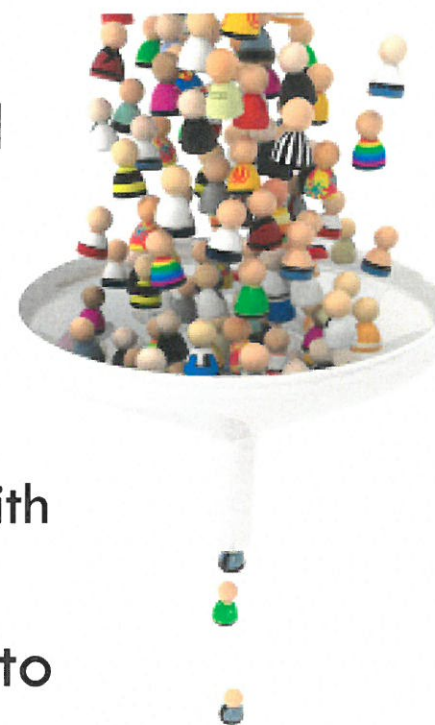
## Number and age-adjusted rates of drug overdose deaths by state, US 2015





## What's the Problem?

- ❑ About half of drug overdose deaths (42/91) involve a PRESCRIPTION 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



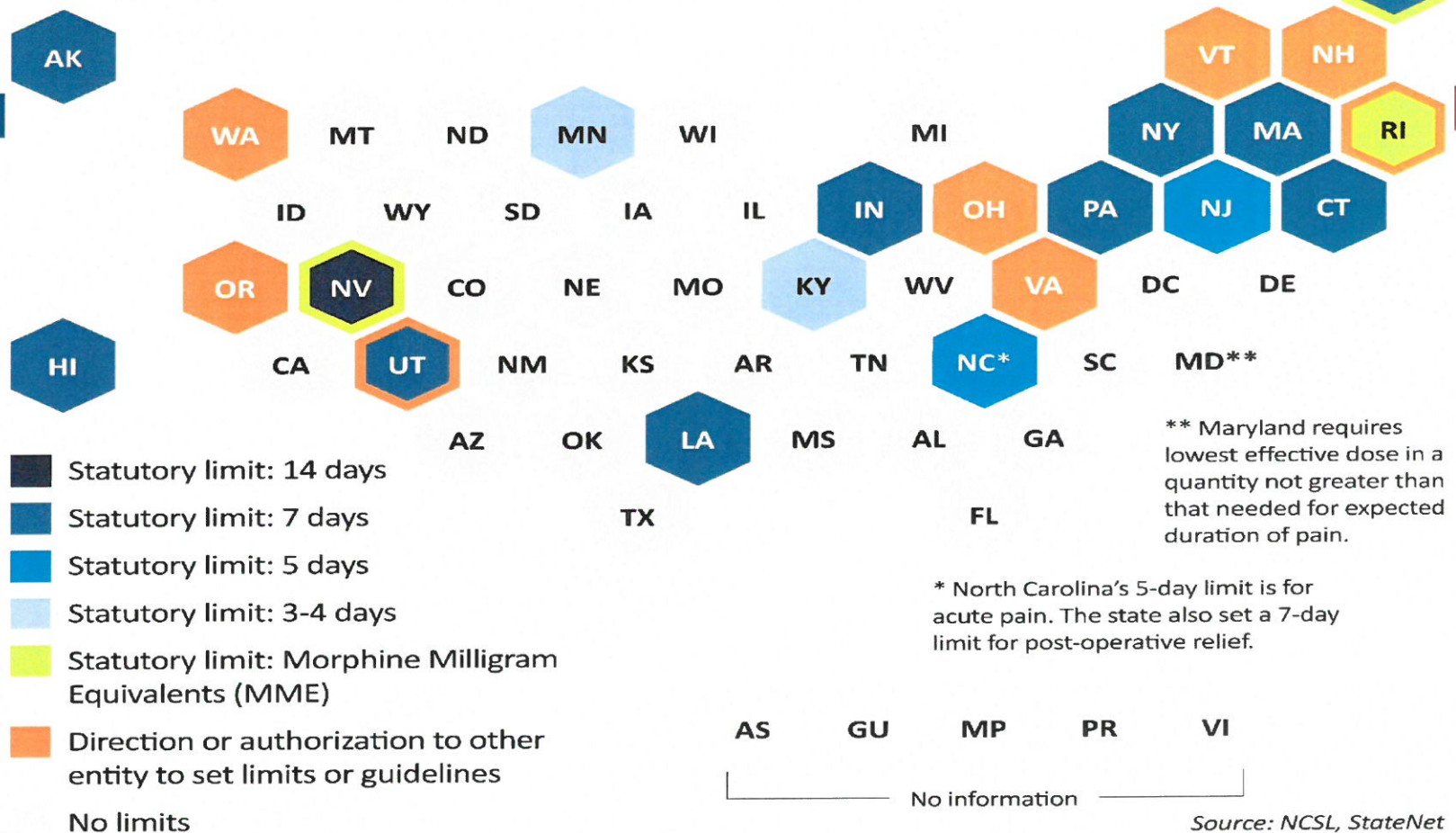


# Prevention: Other State Actions

- Prescription limits or guidelines
  - ▣ 24+ states (see next map + Wisc.)
    - First time opioid prescriptions; day or MME limits
  - ▣ 9+ states allow boards to set limits (NH, OH, OR, RI, UT, VA, VT, WA, WI)
  - ▣ Centers for Disease Control and Prevention (CDC) Guideline
    - Voluntary recommendations for providers
- Provider Education & Training



## Laws Setting Limits on Certain Opioid Prescriptions





## 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)

- Syringe services/exchange programs
- 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

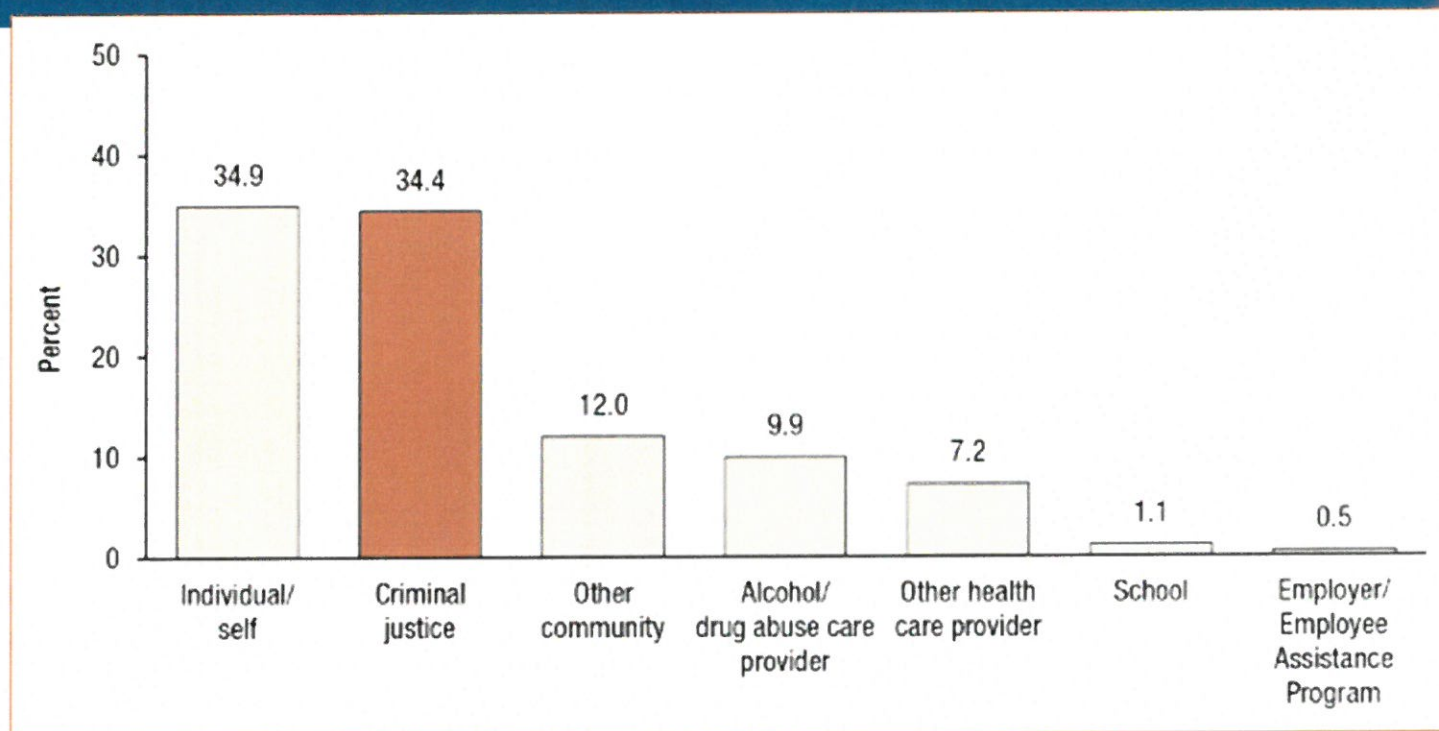


# Intersection with Criminal Justice & Human Services Issues

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## CJ System- Largest Source of Referral to Treatment



Source: SAMHSA Treatment Episode Data Set - Discharges (TEDS-D), 2011.

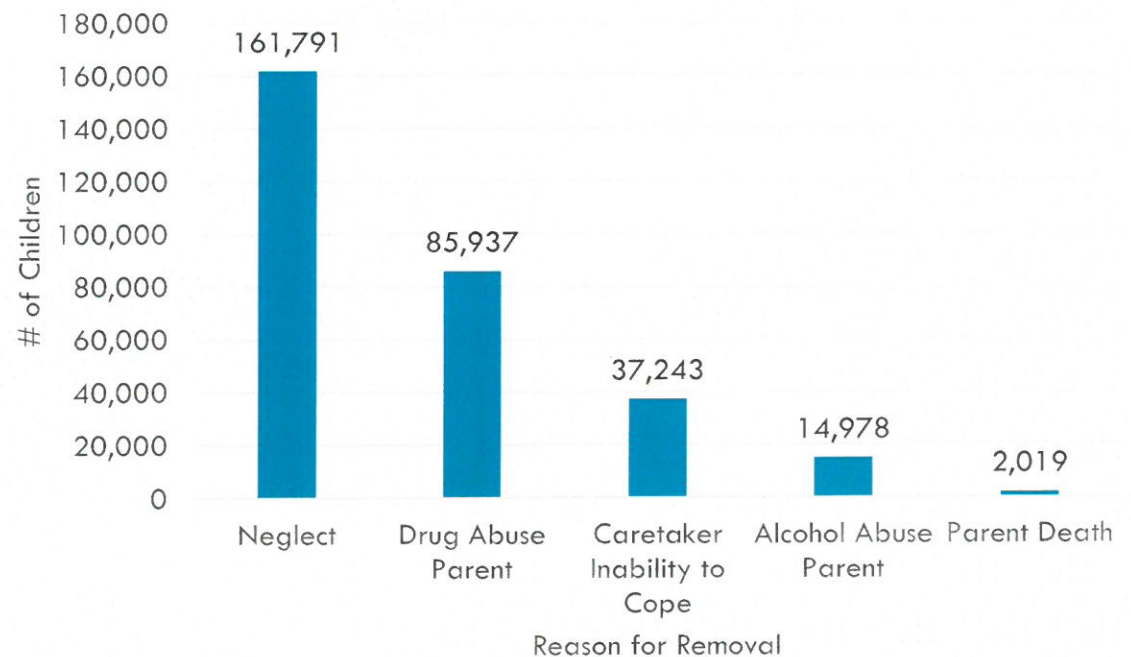




# Child Welfare

- 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)? Federal funding opportunities?
- ❑ 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 Opioid Prescribing Policies Brief [www.ncsl.org/research/health/prescribing-policies-states-confront-opioid-overdose-epidemic.aspx](http://www.ncsl.org/research/health/prescribing-policies-states-confront-opioid-overdose-epidemic.aspx)
- ❑ NCSL Injury Prevention Database [www.ncsl.org/research/health/injury-prevention-legislation-database.aspx](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?

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