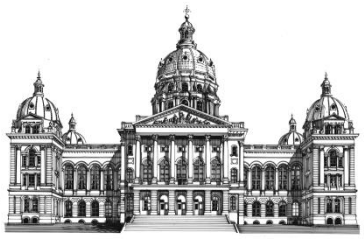
Charles Isenhart
STATE REPRESENTATIVE
One-Hundredth District
Statehouse: (515) 281-3221
charles.isenhart@legis.iowa.gov

HOME ADDRESS
P.O. Box 3353
Dubuque, Iowa 52004-3353
Home: (563) 557-1261



House of Representatives
State of Iowa
Eighty-Seventh General Assembly
STATEHOUSE
Des Moines, Iowa 50319

COMMITTEES
Environmental Protection,
Ranking Member

Agriculture
Economic Growth
Ways and Means

APPROPRIATIONS SUBCOMMITTEE
Agriculture/Natural
Resources/Environmental Protection

Date: November 17, 2017
From: State Rep. Chuck Isenhart
Re: Recommendations to the Opioid Epidemic Evaluation Study Committee

The Opioid Epidemic Evaluation Study Committee did not submit our findings and recommendations to Governor Reynolds and the General Assembly by the due date of our report on November 15.

In a good faith effort to fulfill my responsibility to help meet our deadline, I submitted policy proposals for potential inclusion in the final report. I hope these 28 suggestions can form the basis of an urgent discussion so that our final recommendations still can be delivered in time for education, discussion, coalition building, and action by the General Assembly and Governor in the 2018 legislative session. People's lives are at stake, and time is of the essence.

Reviewing the testimony presented to us at our hearings on October 16-17, and using feedback I have received from constituents, as well as community members involved with the Dubuque Opioid Response Team, I offered these recommendations to the Opioid Epidemic Evaluation Study Committee. No order of priority is intended by the numbering.

1) Direct the Department of Public Health, in concert with the Iowa Poison Control Center and Iowa Health Care Collaborative, to develop addiction, addiction treatment, overdose and overdose death surveillance metrics, standards and requirements for data to be collected through county boards of public health;
2) Require county boards of public health, working with their mental health regions and licensed substance abuse agencies, to include opioid epidemic assessment/response and substance abuse disorder treatment in county health improvement plans;
3) Direct the Iowa Insurance Division to assemble a comprehensive report on coverage and payment policies for services related to treatment of substance use disorders by commercial insurance companies and self-funded plans, as well as data on current utilization and expenditures associated with such benefit plans;
4) Require e-prescribing of all controlled substances;
5) Require controlled drugs dispensed directly by providers to be entered into the PMP database;
6) Limit prescriptions for opioid medications to seven days, with exceptions for certain chronic conditions;
7) Require all pharmacists and prescribers to register to use the prescription drug monitoring program (PMP) and to use the program in critical circumstances, for example when a patient is filling an opioid prescription for the first time;
8) Invalidate prescriptions for opioid medications that are older than 90 days;
9) Provide for the full integration of the PMP with provider medical records systems, if necessary by increasing licensing fees for the prescribers and/or dispensers of controlled substances;

10) Authorize the Iowa Department of Public Health, working with the Board of Medicine and Board of Pharmacy, to develop and deploy syringe service programs in the state;
11) Identify mechanisms to reduce the cost of naloxone and/or appropriate funds to subsidize the costs;
12) Require pharmacists to verify the identities of patients before dispensing controlled substances;
13) Direct the Department of Administrative Services to work with Wellmark and any future health plans or health plan administrators of benefits extended to state employees to create a model benefit plan design to incentivize or otherwise promote the effective, evidence-based prescription and use of opioids to members receiving benefits through the state plans; document the current use of benefits for substance use disorders, identify gaps/unnecessary restrictions in coverage, and expand availability of/access to/coverage of evidence-based treatment and therapies, including non-pharmacological treatments;
14) Direct the Department of Human Services/Iowa Medicaid Enterprise to work with managed care organizations to design benefit plans to incentivize or otherwise promote the effective, evidence-based prescription and use of opioids to members receiving benefits through the MCOs; document the current use of benefits for substance use disorders, identify gaps/unnecessary restrictions in coverage, and expand availability of/access to/coverage of evidence-based treatment and therapies, including non-pharmacological treatments, by application for a Section 1115 Medicaid waiver, if necessary;
15) Fund expanded research at the University of Iowa on non-narcotic treatment of pain;
16) Fund prospective research on medication-assisted treatment to identify variability in outcomes, demonstrate efficacy in different circumstances and refine evidence-based protocols;
17) Direct the Board of Medicine to require continuing education for emergency room physicians on substance use disorders;
18) Provide match funding through the Department of Public Health to the Iowa Health Care Collaborative to develop and pilot protocols for emergency room treatment of people presenting with opioid/heroin overdoses;
19) Direct the Board of Medicine to require physician-patient contracts meeting evidence-based standards for narcotics prescriptions exceeding seven days or for additional prescriptions for the same or other diagnoses;
20) Require county sheriffs to facilitate the continuation of medication-assisted treatment if an incarcerated person is being treated for a substance use disorder through an approved health care provider;
21) Ensure availability of health benefit coverage to Medicaid and insurance-eligible offenders when released from incarceration, especially for those with substance use disorders and/or mental health diagnoses;
22) Establish a broad-based stakeholder group to collaborate with the Judicial Branch to engage the Council of State Government's Justice Center to implement a justice reinvestment strategy, focusing on alternatives to prosecution and incarceration for non-violent offenders with substance use disorders and/or mental health diagnoses;
23) Codify drug courts in every judicial district and provide a standing appropriation for their operation;
24) Enact Good Samaritan immunity protections for people seeking emergency response for overdoses;
25) Increase the percentage of people receiving treatment for substance use disorder from 10 percent to 90 percent, with all effective evidence-based treatments covered by all payers;
26) Provide funding to the Department of Public Health to pilot the establishment of substance abuse recovery community organizations;
27) Direct Iowa's professional licensing boards to consider the adoption of health programs for licensees who may be at risk for license discipline due to substance use disorders, modeled after the Board of Medicine's Physician Health Program and the Board of Nursing's Iowa Nurse Assistance Program;
28) Streamline the process for building community-based behavioral health treatment facilities; incentivize programs of coordinated, collaborative care with state financial support for psychiatric residencies at such facilities.