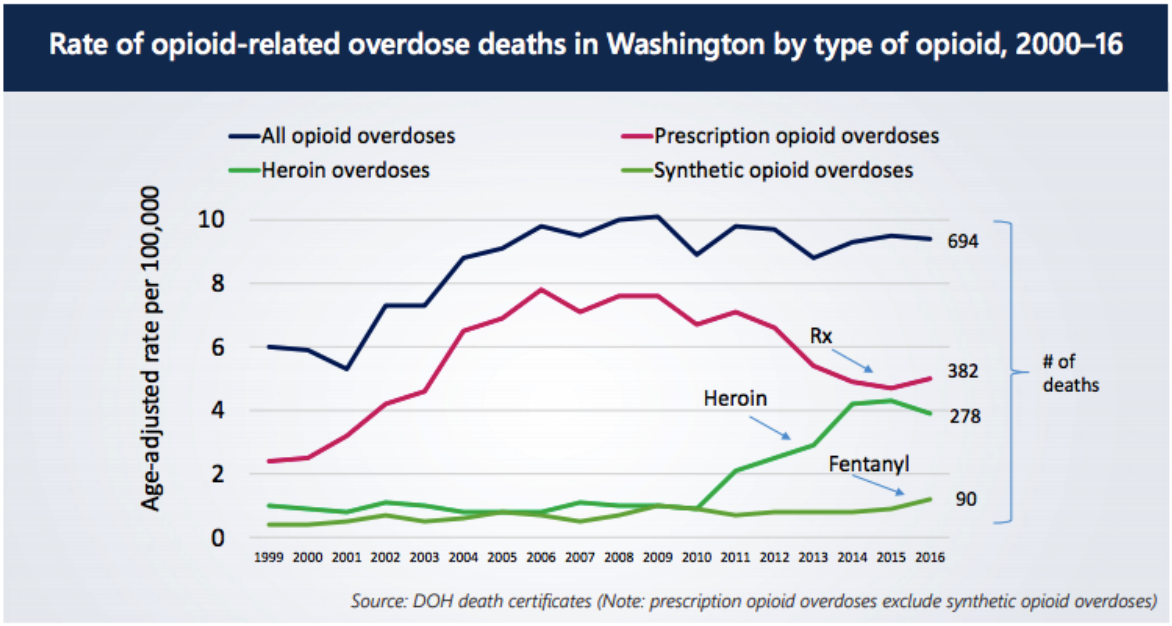
Prevention Alliance

LEGISLATIVE BRIEF: ADDRESSING THE OPIOID CRISIS IN THE 2018 LEGISLATIVE SESSION ***V. 1***

February 26, 2018

Background:

The opioid epidemic continues to impact communities and families throughout Washington. On average, two Washingtonians die each day from an opioid overdose. Opioids are also the cause of more unintentional injury deaths than car accidents. In recent years, Washington has taken aggressive steps to improve prescription practices and decrease deaths due to opioids. This has included developing the Interagency Guidelines on Prescribing Opioids for Pain, the first of its kind in the country, and Governor Jay Inslee issuing Executive Order 16-09 that implements the state opioid response plan. These actions helped reduce the volume of opioids prescribed in the state and also decrease deaths due to prescription opioids. However, as the rate of prescription opioid deaths declined, the rate of heroin use and overdose deaths began to rise (*see chart below*), especially among younger individuals. Many of these individuals were misusing prescription opioids before they started using heroin.



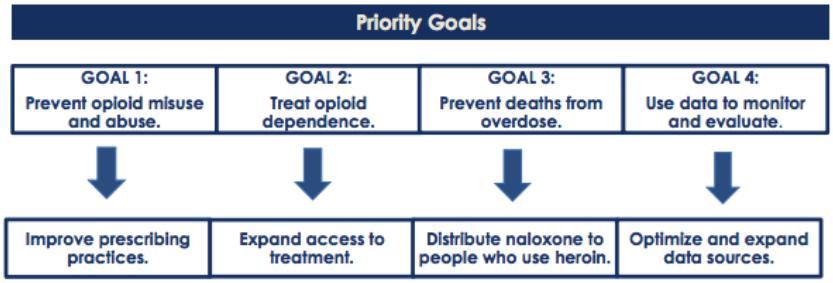
**Source: Policy Brief – Tackling the Opioid Crisis, Office of Governor Inslee, https://ofm.wa.gov/sites/default/files/public/budget/statebudget/18supp/highlights/budget18/Opioid_PolicyBrief2018_1.pdf*

This shift in opioid use and abuse from prescription opioids to heroin has led to a widespread sense of urgency from the Governor, the legislature, state agencies, and community partners to work together to make real progress in addressing this crisis during the 2018 legislative session.

HB 2489 and Related Budget Items

When he released his proposed budget in December 2017, Governor Inslee announced he would be launching a new effort to secure funding to address the opioid crisis and also would be introducing accompanying legislation. The House version of the legislation (HB 2489) has been advancing, and as of the writing of this brief has already passed out of the House and is currently in Senate Rules. The companion bill (SB 6150) is on the Senate floor calendar but failed to pass out of the Senate by cutoff, so HB 2489 is the vehicle.

HB 2849 lays out multiple approaches to work towards achieving the four goals of the *2017 Washington State Opioid Response Plan*, which are laid out here:



This brief provides an overview of what HB 2489 would do, if passed, to advance these four goals and what was funded under each of the proposed budgets so far (Governor, Senate, and House).

Goal 1: Prevent Opioid Misuse and Abuse

HB 2489 includes several components that work to prevent opioid misuse and abuse from happening in the first place. This is done by improving prescribing practices, establishing requirements to better educate patients about risks associated with opioid use, and gathering recommendations for alternatives to opioids for treating pain.

Improving Prescribing Practices:

- Certain health care providers are required, in order to prescribe opioids, to complete one hour of continuing education regarding best practices in opioid prescribing, register for the prescription monitoring program (PMP), and sign an attestation that they have reviewed the rules for prescribing opioids.

Improving Patient Education About Opioids

- Providers who prescribe an opioid for the first time during the course of treatment for outpatient use are required to discuss the risks of opioid use with the patient.
- Opioid treatment programs that utilize medication assistance must educate pregnant clients about the effects that opioid use and medication therapy may have on their baby.

Recommendations for Alternatives to Opioids

- The Health Care Authority (HCA) must develop and recommend for coverage nonpharmacologic treatments for chronic pain that is not related to cancer. These recommendations and any requests for funding needed to implement the recommendations are to be reported to the Governor and the appropriate committees of the legislature by October 2018.

Budget Items Related to Opioid Prevention
Table 1 provides a comparison of items funded in each proposed budget so far during the 2018 session that relate to opioid prevention.

Table 1. 2018 Supplemental Budget Proposals for Preventing Opioid Use & Abuse (Goal 1):

Item	Governor's Budget	Senate Budget	House Budget
Youth & Drug Prevention Services *(DSHS Division of Behavioral Health & Recovery))*	$1.657 mil (non-GF-S)	$1.657 mil (non-GF-S)	$1.657 mil (non-GF-S)

Goal 2: Improve Treatment Options
While HB 2489 advances all four goals of the *State Opioid Response Plan,* the greatest focus is placed on improving and expanding treatment options for opioid dependence. The components in the treatment options area are largely focused on increasing access to medication-assisted treatment (MAT) through expansion of opioid hub and spoke networks.

Before discussing what the bill does for MAT and Hub & Spoke, it is important to understand what these concepts are.

> **Opioid Treatment Hub & Spoke Networks:** The opioid treatment hub & spoke networks are based on a hybrid of models that have been implemented with great success in Vermont and Massachusetts. The core underlying idea of the hub & spoke model is to develop a network of service providers that incorporate and support MAT as a component of recovery. Community agencies that can help build out the network include jails, homeless action agencies, syringe exchange programs, migrant social services, tribal healthcare and social services, and faith community programs that address and support recovery communities.[1] The Division of Behavioral Health and Recovery (DBHR) has already started implementing this hybrid model here in Washington. HB 2489 would further build out the current hub & spoke network that has already been established in six areas of the state. The idea of a hub & spoke model is to create a coordinated and systemic response to the issue of opioid use disorder. Under this model, the hub is a specialist for treatment and the spokes are used for follow-up treatment and care, outreach, education, and referral. Once implemented, the hub sites serve as the primary organization of the project and the recipient of funding for the development of the overall project development. The hub is a regional center serving a defined geographical area that identifies, subcontracts with, and collaborates with at least five spoke organizations to provide integrated medication-assisted treatment (MAT) care regardless of how participants enter the system. Among other requirements, each hub must ensure that at least two of the three FDA-approved medication-assisted treatments (MAT) are available on-site. The current hubs already established in Washington include Cascade Medical Advantage, Harborview Medical Center, Lifelong Connections, Northwest Integrated Health, Peninsula Community Health, and Valley Cities. These are all located throughout western Washington. The existing hub & spokes are funded through State Targeted Response (STR) grant dollars distributed last year as a result of federal legislation. The spokes are facilities that will provide opiate use disorder treatment, behavioral health treatment and/or primary care services, and/or wrap around services. While the hub & spoke networks are first and foremost focused on the opioid response, there is also

[1] DBHR RFP for Potential Hub & Spoke Applicants, http://wsha.wpengine.com/wp-content/uploads/DBHR-Letter-of-Interest-Process-and-budget.pdf

interest and potential in leveraging these networks for broader community behavioral health, other substance abuse disorders, and co-occurring mental health issues.

Medication-Assisted Treatment (MAT): MAT is the use of medications, which can be used in conjunction with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders. A common misconception is that MAT substitutes one drug for another, which is why existing statute has focused on abstinence first and MAT only be used for those deemed appropriate to need this level of intervention. However, evidence shows that these medications relieve the withdrawal symptoms and psychological cravings, and research has shown that when provided at the proper dose, medications used in MAT have no adverse effects on a person's intelligence, mental capability, physical functioning or employability.[2] In fact, MAT has been shown to be the most effective treatment by a significant margin and offers a 2:1 return on investment[3]. In addition, the societal savings of treating people compared to the untreated population is significant as it's as much as four times more costly to not treat people[4]. Since terminology in current law promotes abstinence and limits and discourages use of MAT, there is a need to update state statutes to encourage the use of MAT and broaden its availability. The FDA has approved several different medications to treat opioid use disorder and alcohol dependence including buprenorphine, naltrexone, and methadone.

HB 2489 will expand access to treatment via the Hub & Spoke model throughout the state and will promote medication-assisted treatment. This will be done by:

Expanding the Hub & Spoke Network Throughout the State

- Replicating opioid hub and spoke treatment networks throughout the state for state-paid services. There are currently six hubs established in Washington; HB 2489 adds four additional hubs.

Increase Access to MAT

- Modifying the protocols for using MAT by requiring relevant agencies to promote the use of all medication therapies. This includes medications prescribed in emergency departments and also in community-based health care settings.
- Permitting pharmacists to partially fill a prescription for a schedule II controlled substance.
- Removing terminology in current law that limits and discourages use of MAT and removes language that stigmatizes individuals who seek treatment for opioid use disorder.
- Developing a statewide approach to leverage Medicaid funding to treat opioid use disorder and provide emergency overdose treatment.
- Seeking alternative funding through an 1115 waiver to allow and fund MAT for individuals with opioid use disorder and are eligible for Medicaid at or during the time of incarceration. This waiver would be the first of its kind in the nation.

Promoting Coordination and Sharing Positive Outcomes

- Promoting coordination between MAT prescribers, federally accredited opioid treatment programs, and state-certified substance use disorder agencies to increase patient choice in receiving medication and counseling, strengthen relationships between providers, and

[2] SAMHSA Medication and Counseling Treatment Overview, https://www.samhsa.gov/medication-assisted-treatment/treatment#medications-used-in-mat
[3] WA State Institute for Public Policy, Long-Acting Injectable Medications for Alcohol and Opioid Use Disorders: Benefit-Cost Findings, http://www.wsipp.wa.gov/ReportFile/1650/Wsipp_Long-Acting-Injectable-Medications-for-Alcohol-and-Opioid-Use-Disorders-Benefit-Cost-Findings_Report.pdf
[4] Comparative Effectiveness Public Advisory Council, Management Options for Opioid Dependence, https://icer-review.org/wp-content/uploads/2016/01/CEPAC-Opioid-Meeting-Slides-FINAL.pdf

acknowledge the challenges for individuals needing treatment for multiple substance use disorder simultaneously.

- Reviewing and promoting positive outcomes associated with opioid projects funded through the Accountable Communities of Health and also local law enforcement and human services opioid collaborations as set forth in WA State Opioid Response Plan.

Budget Items Related to Hub & Spoke and MAT Access

Table 2 provides a comparison of items funded in each proposed budget so far during the 2018 session that relate to Hub & Spoke expansion and increasing access to MAT.

Table 2. 2018 Supplemental Budget Proposals for Improving Treatment Options (Goal 2):

Item	Governor's Budget	Senate Budget	House Budget
Hub & Spoke Expansion *(DSHS Division of Behavioral Health & Recovery)*	$2.315 GF-S ($4.630 total)	$2.315 GF-S ($4.630 total)	$2.315 GF-S ($4.630 total)
MAT Medicaid Rate Increase *(HCA)*	$1.214 mil GF-S ($6.156 mil total)	$1.214 mil GF-S ($6.156 mil total)	$1.214 mil GF-S ($6.156 mil total)
Providing tribes with funds and Naloxone kits to reduce overdose deaths *(DSHS Division of Behavioral Health & Recovery)*	$1.5 mil	$1.5 mil (non-GF-S)	$1.5 mil (non-GF-S)
MAT & Naloxone for Offenders *(Dept of Corrections)*	$211,000 GF-S total ($121,000 GF-S for Naloxone; $90,000 GF-S for MAT)	$211,000 GF-S total ($121,000 GF-S for Naloxone; $90,000 GF-S for MAT)	$211,000 GF-S total ($121,000 GF-S for Naloxone; $90,000 GF-S for MAT)

Goal 3: Prevent Deaths from Overdose

The third goal of the *State Opioid Response Plan* is focused on preventing deaths from opioid overdose. The focus on achieving this goal is by expanding access to Naloxone, a medication designed to rapidly reverse opioid overdose. Naloxone is a very effective drug in that it blocks or reverses the effects of opioids including slowed breathing and loss of consciousness.

Increase Access to Naloxone

HB 2489 increases access to Naloxone by taking the following steps:

- Permitting the Secretary of Health to issue a standing order for opioid overdose reversal medication. This will allow people to obtain this lifesaving drug without a prescription from pharmacies and other health care facilities.
- Requiring pharmacies to dispense opioid overdose reversal medication.
- Making possession, storing, delivery, distribution, or administration of opioid overdose reversal medication lawful.
- Allowing emergency departments to dispense opioid overdose reversal medication when a patient is at risk of opioid overdose.
- Authorizing HCA, DSHS, and DOH to partner on creating a plan for coordinated purchasing and distribution of opioid overdose reversal medication across the state. The details aren't specified in the bill, but rather directs these agencies to come up with a plan.
- Each Hub & Spoke network will have access to naloxone through either the hub or one of the spokes (such as through a syringe exchange).

Certified Peer Counselors

- HB 2489 also works to prevent deaths from overdose by requiring state agency coordination with regional drug task forces to develop strategies to support rapid response teams in certain identified communities to create a program to connect certified peer counselors (CPCs) with individuals who have had a nonfatal overdose.

Budget Items Related to Preventing Deaths from Overdose

Table 3 provides a comparison of items funded in each proposed budget so far during the 2018 session that relate to expanding access to Naloxone throughout the state.

Table 3. 2018 Supplemental Budget Proposals for Preventing Deaths from Overdose (Goal 3):

Item	Governor's Budget	Senate Budget	House Budget
Naloxone Distribution *(DSHS Division of Behavioral Health & Recovery)*	Unspecified amount included under Opioid Response Bucket	$864,000 (non-GF-S)	$864,000 (non-GF-S)
Drug & Gang Task Force	$393,000	Not funded	Not funded
Substance Use Disorder Peer Support *(DSHS Division of Behavioral Health & Recovery)*	Unspecified amount included under Opioid Response Bucket	$806,000 (non-GF-S)	$806,000 GF-S

Goal 4: Use Data to Monitor & Evaluate

The final goal of the *State Opioid Response Plan* looks to using data to monitor and evaluate opioid use throughout the state. To advance this goal HB 2489 includes a focus on optimizing and expanding data sources by:

- Establishing new requirements for how electronic health records (EHR) integrate with the prescription monitoring program (PMP) including:
    - Requiring the top three EHRs with the largest market share in the state to integrate with the PMP.
    - Directs DOH to convene a stakeholder work group to study best practices regarding data sharing, and the challenges associated with PMP integration. DOH is required to submit a report to the legislature with the work group's findings by November 15, 2018.
- Allowing DOH to publish data for statistical, research, or educational purposes. Before any data is published, all direct or indirect identifying information must be removed.
- Integrating emergency medical services incident reporting with DOH's hospital reporting data.
- Requiring DOH to work with relevant state agencies to develop a data collection plan for determining the number of opioid-related overdoses of non-English speakers, and submit the recommendations for implementation to the appropriate legislative committees by Dec 31, 2018.

Budget Items Related to Data

Table 3 provides a comparison of items funded in each proposed budget so far during the 2018 session that relate to using data to monitor and evaluate opioid use in Washington.

Table 5. 2018 Supplemental Budget Proposals for Data to Monitor & Evaluate (Goal 4):

Item	Governor's Budget	Senate Budget	House Budget
Treatment (MAT) data tracking & analytics *(DSHS Division of Behavioral Health & Recovery)*	$1.5 mil	$1.3 mil (non-GF-S)	$1.3 mil (non-GF-S)
Opioid Response: Data Tracking *(DOH)*	$1.817 mil GF-S	$967,000 GF-S ($1.070 mil total) **Note on amount difference*: *Syringe Service Program not funded; Syringe Service Program Data Tracking funded in IT Pool*	$1.817 mil GF-S

Prepared for the Prevention Alliance by:
Carrie Glover
Carrie Glover Consulting
carrie@carriegloverconsulting.com

For more information about the Prevention Alliance, contact:
Julie Peterson
Senior Director of Policy
Foundation for Healthy Generation
juliep@healthygen.org