

## Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council

### MEETING MINUTES

**DATE:** March 2, 2018

**TIME:** 1:30PM TO 3:30PM

**LOCATION:** NM Scientific Laboratories Building, Albuquerque

**MEETING FACILITATOR:** Michael Landen, DOH

#### COUNCIL MEMBERS PRESENT:

Michael Landen  
Cheranne McCracken  
Frances Lovett  
Ernie Dole  
Hank Beckerhoff  
Jennifer Weiss-Burke  
Clare Romero  
Steven Seifert  
Michael Pendleton

#### ABSENT:

Robert Geist  
Jason Flores  
Joanna Katzman  
Bill Barkman  
Lynda Ann Green  
Steve Jenkusky  
Ralph McClish

**QUORUM:** Yes

**OTHER PARTICIPANTS:** Alan Dunaway, Karen Cheman, Wayne Lindstrom, Jeremy Edmonds, Anwar Walker, Julie Salvador, Shirley Scott, Jacob Prieto, Susan Seefeldt, Luigi Garcia-Saavedra, Annaliese Mayette, Jim Davis, Kathryn Lowerre, Joel Meyers, Troy Weisler, Chris Trujillo, Brandon Warrick, Shandiin Wood, Ihsan Mahdi, Brenda McKenna, Harris Silver, Michelle Kavanaugh, Robert Rhyne, Joseph Vazhappilly, Frieda Siminski, Andrea Lohse, Danelle Callen, Angelica Solaros, Sondra Frank, Alexa Argyres, Evonne Gantz

*Note: Meeting did not follow the order listed on agenda due to traffic delays.*

- I. Recap of Legislative Session – Chris Trujillo, DOH  
Senate Bill 29 regarding the Advisory Council was passed and signed. It will go into effect on July 1, 2018. It also renamed the council to the Overdose Prevention and Pain Management Advisory Council. New members will come from Human Services Department, Department of Public Safety/State Police, a harm reduction organization, a third-party payer company and an addiction specialist. Send recommendations for nominations to DOH. It also allows for sub-committees to be formed.
- II. Neonatal Abstinence Syndrome – Luigi Garcia-Saavedra, DOH  
New Mexico's rate of NAS is increasing. All non-federal hospitals in-state are reporting on cases of NAS. IHS is also starting to provide information, but with some limitations. The northeast and metro areas of the state have the highest rates of NAS.
- III. Introductions and Review of Agenda – Mike Landen, DOH
- IV. Review of December 15, 2017 Advisory Council Meeting Minutes – Mike Landen, DOH  
Minutes approved
- V. Implementation next steps for Council Recommendations
  1. Emergency Departments (EDs) and Hospitals should provide overdose prevention education and distribute naloxone, at discharge, to individuals and/or family members and friends of individuals who have just experienced an unintentional overdose or have an opioid use disorder, if they don't already have naloxone.
    - a) Could be a lengthy process

- b) Will need internal hospital procedures or policy and legal review
  - c) Will need to determine which patients should receive the naloxone and train staff
  - d) Hospitals want to know how many overdose visits they're getting
  - e) Need to identify stakeholders and any issues related to Board of Pharmacy
  - f) Need to consider cost and expiration dates of Narcan
  - g) Need education for patient and family
  - h) Need to get involvement from hospital decision-makers, third-party payers, and NM Hospital Association
2. Emergency Departments should use Certified Peer Support Workers (CPSWs) to link individuals who have just experienced an unintentional overdose or have a substance use disorder (SUD) to recovery support services and SUD treatment.
    - a) Need stigma education for emergency department staff
    - b) Determine how many CPSWs are needed per hospital
    - c) Define roles, hours, and supervision of CPSWs
    - d) Per HSD, there are 270 CPSWs
    - e) There may be concerns about background checks regarding CPSWs
    - f) HSD's OPRE is developing opioid-related training for CPSWs
  3. Medicaid, Managed Care Organizations, and other third-party payers should increase coverage, and decrease barriers, for other evidence-based treatments to reduce pain including, but not limited to, physical therapy, chiropractic manipulation, osteopathic manipulation, acupuncture, Cognitive Behavioral Therapy, trigger-point injections, and non-opioid pain medications.
    - a) Physical therapy is at least partially covered under Centennial Care
    - b) Coverage for cognitive behavioral health therapy may depend on the diagnosis
    - c) Need evidence of effective pain management to advocate for coverage of alternative treatments
    - d) Work group: Harris Silver, Michael Pendleton, Robert Rhyne, Frances Lovett
  4. All NM outpatient pharmacies should submit naloxone distribution data to the New Mexico Department of Health for tracking purposes.
    - a) Determine how to require submittal of data and types of information needed
    - b) Some pharmacies may need to change internal procedures to report data
    - c) Need to de-identify data
    - d) Currently each corporation is reporting data in different ways and not on a consistent timeframe
  5. All agencies, including law enforcement, hospitals, Emergency Departments, state agencies, and community work groups, distributing naloxone should submit data on the distribution and administration of naloxone and overdose reversal data to the New Mexico Department of Health for tracking purposes.
    - a) There are concerns about sharing personal information
    - b) Current reporting is in different formats and time frames, also types of information provided varies
    - c) Different agencies have different definitions of a reversal
  6. The Food and Drug Administration should conduct further stability testing on naloxone products to determine feasibility of naloxone use beyond its labeled expiration date when properly stored.
    - a) Did not discuss this item
  7. The Human Services Department should develop and maintain a one stop clearinghouse and referral line for medication assisted treatment (MAT) availability that can be accessed by providers and patients.
    - a) Interest in tracking available beds for in- and out-patient treatment
  8. When a patient of a Managed Care Organization, Medicaid, or other Third-Party Payer is treated and released following an overdose, the payers should work to decrease barriers to patient access to safer treatment alternatives.

- a) Need more background on this item
9. The Federal Government should remove the waiver needed for Medication-Assisted Treatment (MAT), i.e. buprenorphine, for opioid use disorder.
- a) A draft federal bill may address this item.
10. Providers should be incentivized, through loan repayment, to provide medication-assisted treatment (MAT).
- a) Loan repayment or forgiveness has been used previously
  - b) Need opioid or MAT evidence to support the case of loan repayment
  - c) This effort has been introduced in the legislature before. Need to do a lot of groundwork prior to submitting any new legislation.
  - d) Need to identify other barriers to providing MAT
  - e) Consider other incentives to providing MAT as well
  - f) Consider hosting a conference regarding MAT
  - g) Work group: Clare Romero, Harris Silver, Julie Salvador
11. A person presenting to a healthcare setting and identified as having an opioid use disorder should be offered medication-assisted treatment (MAT) and referred to a provider able to start and maintain MAT.
- a) Identify which type of healthcare settings – acute care, EDs, pain clinics
  - b) Consider how to manage pain or deal with inappropriate behavior (SUD/ODU)
  - c) Need to identify providers for MAT or available treatment facilities
  - d) Work group: Harris Silver, Bill Wiese
- I. Suggested Agenda Items for this Year
- 1. Discuss CPT code for addiction medicine and counseling as well as reimbursement for addiction services
  - 2. Access to and support for MAT
  - 3. Reimbursement issues for naloxone and education
  - 4. Alternative substance use disorder treatment options
  - 5. Meth, alcohol
  - 6. Sub-lingual buprenorphine for pain control
  - 7. Develop a website or clearinghouse for provider training, screening, and best practices
  - 8. How is the opioid epidemic affecting law enforcement and crime
  - 9. Treatment services and wrap-around care, such as education, housing, and jobs
  - 10. Pain survey and alternative pain treatment
- II. Next Meeting – Mike Landen, DOH

**April 13, 2018**

**1:30 to 3:30 PM**

**Scientific Laboratories Building**

**Albuquerque, NM**

**Topic: Benzodiazepines and Methamphetamines Data & Treatment**