Meeting Minutes

Date: October 19, 2018

Time: 1:30 to 3:30 PM

Location: Scientific Laboratories Building, Albuquerque, NM

COUNCIL MEMBERS PRESENT:
Hank Beckerhoff
Lynda Ann Green
Steve Jenkusky
Michael Landen
Wayne Lindstrom
Frances Lovett
Cheranne McCracken
Ralph McClish
Michael Pendleton
Brandon Warrick
Troy Weisler
Jennifer Weiss-Burke

ABSENT:
Bill Barkman
Ernie Dole
Jason Flores
Robert Geist
Joanna Katzman
Clare Romero

Quorum: Yes

Other participants:
Karen Edge, Lisa Garcia, Francisco Porras, Sasha Poole, Mark Erickson, Annaliese Mayette, Kathryn Lowerre, Bill Wiese, Brenda McKenna, Steve Jenkusky, Mark Clark, Kimberly McManus, Roxanne Grajeda, Patrick Stafford, Toby Rosenblatt, Leanza Roybal, Peter Ryba, Chris Trujillo, Susan Seefeldt, Michael Pridham, Theresa Baillie, Jon Bloomfield, Galine Priloutskaya, Jacqueline Romero, Jim Davis, Evonne Gantz, Robert Rhyne

MEETING AGENDA

VI. Review of Agenda- Mike Landen introduced the agenda and welcomed additions from those present. NSC rates us as top 3 states for policy, but Mike reminded us that there are still additional policies that we can implement to ‘raise the bar’ even more.

VII. Review of August 24, 2018 Advisory Council Meeting Minutes

VIII. Update New Committee Member Status:
Addiction Specialist-pending
Harm Reduction Specialist-pending
Third-Party Payer-vacant

I. Benzodiazepine Recommendations Status-Steve Jenkusky. Steve shared that the document is not yet ready for review and edits. He presented on the dangers of benzodiazepines, Maine’s guidance on prescribing benzodiazepines, and a large health system’s guidance. NM’s proposed guidance is based in part on the copy righted guidance form the large health system. Some particular warnings/dangers that Steve highlighted are: prescription of benzodiazepines for patients who are also prescribed MAT (particularly methadone), prescribing for people in treatment for PTSD as it may interfere with other
treatments, the limited utility of long-term prescriptions, and the danger of co-prescribing multiple benzodiazepines. The guideline will include recommendations for non-pharmacological interventions, and non-benzodiazepine pharmacological interventions (SSRIs and SNRIs). Once completed, edited, and voted on, the council will request all licensing boards distribute the guidance to their licensees.

II. Integrative Treatments for Pain Progress—Harris Silver. Michael Pridham presented. He attended a legislative information session for the chiropractic board. Several medical and ancillary specialists have concerns about co-pays. Often the amount of a patient’s co-pay is all that provider receives. Some patients cannot afford the co-pays and the providers absorb this as a loss to their practice. Focus is to present to Legislative Policy Forum measures to obtain coverage from Medicaid for chiropractic, naprapathic and oriental medicine, decrease copays associated with physical therapy.

III. Bill Weis presented on an effort in Bernalillo County to define OUD, including standards of treatment. He will provide to the council once the document is completed.

IV. 2018 Recommendation Review and 2019 Determinations—Michael Landen

<table>
<thead>
<tr>
<th>Item</th>
<th>Category</th>
<th>Recommendation Description</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Harm Reduction</td>
<td>New Mexico legislation should be sought to establish a safe consumption space pilot project as a harm reduction strategy.</td>
<td>Present in December</td>
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<td>2</td>
<td>Harm Reduction</td>
<td>New Mexico’s Good Samaritan Law should be expanded to provide immunity for all bystanders witnessing the overdose or at the scene, including protection from parole/probation violations and those with criminal charges</td>
<td>Present in December</td>
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<tr>
<td>3</td>
<td>Naloxone Access</td>
<td>Naloxone should be distributed to individuals upon release from criminal justice settings</td>
<td>It is law but has been implemented in a &quot;haphazard manner.&quot; Needs to be re-written.</td>
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<td>4</td>
<td>Prescribing Behavior</td>
<td>Dedicated and trained academic detailing teams should be deployed across New Mexico to assist providers with patients who receive opioids and/or benzodiazepines.</td>
<td>No comments</td>
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<tr>
<td>5</td>
<td>Prescribing Behavior</td>
<td>Methadone dispensing information, when used for treatment of opioid use disorder, should be transmitted to the New Mexico Prescription Monitoring Program.</td>
<td>Concern that this would be violation of federal law (as specified in CFR 42.2)</td>
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<td>6</td>
<td>Substance Use Disorder Treatment</td>
<td>Treatment for methamphetamine use disorder should be encouraged.</td>
<td>We need to have a better understanding of the number of people in treatment and in need of treatment; literature search of treatments; incentivize physicians to complete addiction specialty training (which for a short time can be done without a new residency)</td>
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<td>7</td>
<td>Substance Use Disorder Treatment</td>
<td>Upon confirmed opioid overdose, initial doses of buprenorphine should be administered in Emergency Departments and patients should be referred to a medical provider for long-term OUD therapy.</td>
<td>Contingent on having a functioning referral mechanism in place</td>
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<td>Page</td>
<td>Substance Use Disorder Treatment</td>
<td>Prior authorization requirements for medications used to treat opioid use disorder should be eliminated.</td>
<td>Injection Suboxone is coming on the market and it is very expensive. Perhaps re-work wording to specify oral medications if available for the component drug.</td>
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<td>9</td>
<td>Substance Use Disorder Treatment</td>
<td>Various forms of medication assisted treatment should be available for incarcerated individuals, who should later be referred to appropriate care MAT providers upon release.</td>
<td>This is starting in Bernalillo County</td>
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<td>10</td>
<td>Substance Use Disorder Treatment</td>
<td>Universal drug screens should be administered to individuals treated in emergency departments for confirmed or possible drug overdose</td>
<td>Contingent on having a functioning referral mechanism in place</td>
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<td>11</td>
<td>Other</td>
<td>An opioid stewardship fee should be established on certain opioids, which would be collected from manufacturers and distributors importing prescription opioid drugs into or manufacturing such drugs in New Mexico.</td>
<td>No comments</td>
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<td>12</td>
<td>Other</td>
<td>Screening for fentanyl and fentanyl analogues should be routine in toxicology testing.</td>
<td>No comments</td>
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<td>13</td>
<td>Other</td>
<td>Hospital emergency department staff education about people who use drugs should be strengthened and improved to reduce stigma and encourage more individuals to access 911 emergency services.</td>
<td>Contingent on having a functioning referral mechanism in place</td>
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V. Crisis NOFO Grant Award DOH- New funding – Evonne Gantz shared about the NOFO funding, and Wayne Lindstrom shared about SAMHSA funding. Wayne and Mike agreed that there is a need to inventory the funding and work to coordinate the efforts.

Next Meeting-December 7, 2018 @ 1:30 Scientific Laboratories Building Albuquerque, NM Topic: Continuation of this meeting Topics, CDC Overdose Prevention Recommendations