

Overdose Prevention and Pain Management Advisory Council

Meeting Minutes

Date: December 7, 2018

Time: 1:30 to 3:30 PM

Location: Scientific Laboratories Building, Albuquerque, NM

COUNCIL MEMBERS PRESENT:

Hank Beckerhoff
Steve Jenkusky
Joanna Katzman
Michael Landen
Frances Lovett
Cheranne McCracken
Michael Pendleton
Brandon Warrick
Troy Weisler

ABSENT:

Bill Barkman
Ernie Dole
Jason Flores
Lynda Ann Green
Wayne Lindstrom
Ralph McClish
Clare Romero
Jennifer Weiss-Burke

Quorum: Yes

Other participants:

Michael Pridham, Patrick Stafford, JC Moore, Karen Edge, Mark Erickson, Annaliese Mayette, Bill Wiese, Roxanne Grajeda, Toby Rosenblatt, Ihsan Mahdi, Peter Ryba, Chris Trujillo, Susan Seefeldt, Jon Bloomfield, Galine Priloutskaya, Robert Rhyne, Patrick Nuzzo, Janet Johnson, Dale Tinker, Victoria Wagner, Michael Zardo, Michael Sievert, Brian Arvizo, Hayley Peterson, Flor Cano-Soto, Mark Clark, Sondra Frank, Wei-Ann Bay

MEETING MINUTES

- I. Review of Agenda- Mike Landen
- II. Review of October 19, 2018 Advisory Council Meeting Minutes-Mike Landen
- III. 2018 CDC Overdose Prevention Recommendations Presentation-Mike Landen
- IV. Draft Paper Benzodiazepine Prescribing Guidelines Presentation-Steven Jenkusky. Advisory council to support with additional changes to include expansion of benzodiazepine alternatives and a section on inheriting patients and provider's responsibility not to abandon patients with associated risk of loss of license parameters need to be discussed. There was mention of concerns around information indicating that benzodiazepine enhancing the development of PTSD. Updated draft to be provided to council for final approval.
- V. Integrative Treatments for Pain Progress-Michael Pridham. Michael Pridham will take over leading the sub-committee as Harris Silver is moving to AZ. Michael discussed changes to be reviewed during upcoming legislation to include realistic coverage for Chiropractic and Naprapathic care along with proposed reduction in copays for PT, OT and DC. There is still a considerable amount of work to do to include the

other integrative treatment specialties but the committee will continue to address. Any interested additional participants were asked to contact Michael directly.

VI. 2019 Recommendations-Michael Landen. In addition to the updated comments in table below the following discussions occurred:

- a. Benzodiazepine education should be included in the opioid pain management module and could Project EHCO develop the needed CME courses.
- b. As there is growing concern around the harm of methamphetamine use and abuse throughout the state a sub-committee was formed that will be led by Steven Jenkusky. Interested parties were asked to contact Steven directly.
- c. There were concerns mentioned that there is potentially an increased prescribing of buprenorphine (without indication) when the buprenorphine monoproduct should be prescribed instead so a request was made that the DOH pull the data for further evaluation.
- d. Discussion about safe consumption sites and what that might look at as a connection to other MAT services.

Category	December Meeting	Updated Comments
Harm Reduction	New Mexico legislation should be sought to establish a safe consumption space pilot project as a harm reduction strategy.	Language should be changed to include connection to education and treatment services.
Harm Reduction	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 bystanders with criminal charges	New Mexico's Good Samaritan Law should be expanded to provide immunity for all bystanders witnessing the overdose or present at the scene, including immunity from arrest for parole/probation violations and arrest pursuant to outstanding arrest warrants.
Naloxone Access	Naloxone should be distributed to individuals upon release from criminal justice settings. The statutory requirement that distribution of naloxone to individuals upon release from criminal justice settings be contingent on "agency funding and agency supplies of naloxone " should be eliminated. The applicable statute (33-2-51 NMSA 1978, Paragraph A), states "As corrections department funding and department supplies of naloxone permit, upon discharge of an inmate who has been diagnosed with an opioid use disorder from a corrections facility, regardless of whether that inmate has received treatment for that disorder, the corrections department shall: ensure that the inmate is provided with... (education and naloxone)	Naloxone should be distributed to individuals upon release from criminal justice settings. The statutory requirement that distribution of naloxone to individuals upon release from criminal justice settings be contingent on "agency funding and agency supplies of naloxone " should be eliminated.

Naloxone Access	Naloxone should be distributed by law enforcement officers to individuals who have experienced opioid overdose or who are at risk for opioid overdose. The provision that distribution of naloxone by law enforcement officers be dependent on "agency funding and agency supplies of naloxone" should be eliminated. The applicable statute (29-7-7.6 NMSA 1978, Paragraph A), states "As agency funding and agency supplies of naloxone rescue kits permit, each local and state law enforcement agency shall provide naloxone rescue kits to its law enforcement officers and require that officers carry the naloxone rescue kits in accordance with agency procedures so as to optimize the officers' capacity to timely assist in the prevention of opioid overdoses."	Naloxone should be distributed by law enforcement officers to individuals who have experienced opioid overdose or who are at risk for opioid overdose. The provision that distribution of naloxone by law enforcement officers be dependent on "agency funding and agency supplies of naloxone" should be eliminated.
Other	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.	(No changes)
Other	Screening for fentanyl and fentanyl analogues should be routine in toxicology testing.	The Office of the Medical Investigator should routinely screen decedents for fentanyl and fentanyl analogues.
Other	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.	Hospitals with a focus on Emergency Departments should provide stigma reduction training to their staff and encourage increased use of 911 services for overdose patients.
Other	New: UNM Pain Center and ECHO Pain Bill	Support possible legislation for UNM Health Science Center Pain Management and Extension for Community Healthcare Outcomes (ECHO) staffing, stabilization of program support and expansion.
Other	New: Support of Chiropractic (Naprathic) Physician inclusion in Medicaid Centennial Care Program	The Human Services Department should seek legislation requiring, rather than permitting, the Medicaid Manage Care Organizations to pay for pain management by chiropractic and naprathic physicians.
Prescribing Behavior	Dedicated and trained academic detailing teams should be deployed across New Mexico to assist providers with patients who receive opioids and/or benzodiazepines.	Dedicated and trained academic should be deployed across New Mexico to assist providers with patients who receive opioids and/or benzodiazepines.
Prescribing Behavior	Methadone dispensing information, when used for treatment of opioid use disorder, should be transmitted to the New Mexico Prescription Monitoring Program.	The State of New Mexico, including both the Governor's Office and the Office of the Attorney General, should request changes in federal law to permit the Board of Pharmacy to require methadone clinics to provide dispensing information in the Prescription Monitoring Program.

Prescribing Behavior	New: Licensing boards should include appropriate benzodiazepine use education within the required chronic pain education session.	Medical care provider licensing boards should include appropriate benzodiazepine education within requirements for chronic pain education.
Prescribing Behavior	New: Benzodiazepine Prescribing Guidelines	Medical provider boards should adopt the Benzodiazepine Prescribing Guidelines once approved by the council.
Substance Use Disorder Treatment	Treatment for methamphetamine use disorder should be encouraged.	The New Mexico Human Services Department should expand opportunities to treat methamphetamine use disorder including all American Society of Addiction Medicine (ASAM) levels of care.
Substance Use Disorder Treatment	Emergency Departments should administer initial doses of buprenorphine to patients with confirmed opioid overdose and refer them to a medical provider for long-term OUD therapy.	Emergency Departments should administer initial doses of buprenorphine to patients with opioid use disorder and hospitals and emergency departments should refer those patients to a medical provider for long term Opioid Use Disorder (OUD) therapy.
Substance Use Disorder Treatment	Prior authorization requirements for medications used to treat opioid use disorder should be eliminated.	Insurers should eliminate prior authorization requirements for all forms of MAT related to treatment of substance use disorders.
Substance Use Disorder Treatment	New: Prior authorization should be required for buprenorphine monoproduct outside of recommended indications/use.	Authorization concern and/or prescribing concern. Should there be prior authorization for the buprenorphine monoproduct outside of indications of use (i.e. pregnancy). Point of reference was suggested to review Virginia's law.
Substance Use Disorder Treatment	Various forms of medication assisted treatment should be available for incarcerated individuals, who should later be referred to appropriate care MAT providers upon release.	support possible legislation for UNM Health Science Center Pain Management and Extension for Community Healthcare Outcomes (ECHO) staffing, stabilization of program support and expansion.
Substance Use Disorder Treatment	Universal drug screens should be administered to individuals treated in emergency departments for confirmed or possible drug overdose	Hospitals and their Emergency Departments should administer universal drug screens to patients who are treated and/or admitted with confirmed or suspected substance use disorder.

- I. Next Meeting-January 4, 2019 @ 1:30 location TBD.
Topic: Finalize council recommendations