

## MINUTES

Opioid Epidemic Task Force Meeting  
January 12, 2018

### Agenda:

- 1) Updates from Legislative Days;
  - 2) Review of LC 247:
    - a. Legislative short session and amendment process review;
    - b. Suggestions from Task Force Members.
  - 3) Plans for Legislative Session:
    - a. Bill trajectory;
    - b. Providing testimony.
  - 4) 2018-19 Legislative Interim;
  - 5) Action Items;
  - 6) Closing Remarks.
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### Updates from Legislative Days

Jeff testified on draft legislation in front of House Health Care. Joined by Representative David Brock Smith for the testimony.

Jeff will testify at Senate Health Care today (1.12.18).

Governor released a list of priorities for the short session. Opioid TF legislation is on that list.

### Review of LC 247

Jeff opens the discussion. Senator Linthicum is welcomed to the Task Force.

Senator Steiner Hayward asks the TF to consider including language regarding the study of safe consumption facilities. States that the data indicates that the facilities have been used as a way to prevent deaths from overdoses, to prevent the morbidity from overdoses, prevent morbidity due to transmission on diseases through reusing needles. Information about treatment can also be readily available at the facilities.

Senator Steiner Hayward requests that the Criminal Justice Commission or the Department of Corrections (or a combination) report back to the Legislature about including the possibility of medicated assisted treatment (MAT) on entry into the justice system. Mentions CJC because that will include county corrections.

Chief Ferraris comments that we should not refer to it as a “safe” injection facility. Believes it will support normalization of use. Comments that other the TF includes this, it should also include other prevention programs.

Jeff suggests that the members of the TF visit the Vancouver or Seattle safe injection facility in the near future. Have already reached consensus on LC 247. Important to the Governor that we move forward in the short session as a united front.

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Craig Prins, Inspector General comments that DOC has started looking at MAT options.

Rob Bovett suggests that there be some form of mandatory query for new opioid prescriptions for non-cancer chronic pain, or a similar baby step.

OMA supports at renewal of licensure, PDMP is created then and there. Having it be two different registrations is difficult. In favor of mandatory query, but many physicians still have difficulty with the workflow of doing the query. Before the query, get everyone in, have it be mandatory when you get your medical license in Oregon, and you are in the PDMP. Later, have the discussion about using the system.

Question about the 38 states that have mandatory query provisions. Do the prescribers in those states have issues with the PDMP?

As with the safe injection facilities, this is a good opportunity to discuss with other states.

OHA working to streamline PDMP registration process as it currently exists in Oregon. Will be rolling out technical assistance to the Boards in helping with registration.

PDMP registration process is not streamlined. Suggest a one-stop, single portal. Need to simplify the registration process prior to mandating query. Suggests sunrise the mandatory query once the integration with electronic medical records is in place.

Senator Steiner Hayward states that there is no direction to OHA in the bill to work closely on full integration of the PDMP into the electronic health record systems. That would facilitate query the most. Urge the TF to include. Could use a “trigger” that would encourage Boards to review if the queries have not been performed.

OCHIN mentions challenges regarding download of information into the EHR. Also ensuring access to the PDMP to other HC professionals to assist with workflow on behalf of other staff.

Immunization alert system function can be used as an example. You don’t have to register for it, it is integrated into the EHR system.

### Peer Recovery Mentor Pilot Program

Have selected Coos, Marion, Jackson and Multnomah Counties. House HC suggested taking a look at Tillamook and Lincoln Counties, who currently have the worst statistics for opioid overdose issues. Studied the Rhode Island program, counties were selected based on cost and population, and reviewing how we could have the most impact for the amount of money. Members agree that the counties selected for the pilot are diverse, and represent a wide range of types of counties in Oregon.

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### Review of Language for the Peer Recovery Mentor Program

Suggestions have been made to step back to the 30,000 foot level and make it an initiative to support emergency department based pilots targeting folks who are recovering from an overdose and getting them into treatment. The legislation is focused upon peer recovery mentors, but the suggestion is to back the language out a bit to afford more flexibility when putting in the stated goal of getting those who are recovering from an overdose into treatment. Or, should we stay targeted and focused on the peer mentor supports?

Suggest calling out peer mentors but have catch all language that includes other options. Jeff will work with LC to make the overarching pilot goals more general. Members agree.

Suggest broadening to “emergency department” or “post-overdose.” Not everyone that receives Naloxone accepts medical treatment. It may not be the emergency department, but there could be a link between the paramedics (inaudible). “After overdose.” Members agree.

### DCBS Study on Insurance Barriers to Accessing Treatment

Are we too focused on medicated assisted treatment? Do we want to make certain to call out that we are looking at barriers to accessing all types of treatment (not just MAT)?

Not every patient requires MAT. Want to make sure that this is high quality, evidence based. Not all treatment is created equal. Want to make sure people are getting high quality and consistent. Chronic as opposed to an acute episode. Members agree that the language should be broadened to include many treatment options and all tools available.

Review of Dwight’s suggested language for the DCBS portion – Broadening the mission of the pilot program.

Great frustration in parts of the state regarding access to treatment. Suggest language about access to the spectrum of addiction treatment options. It should be patient driven, not treatment center driven.

Suggest it be related to being based on appropriate assessment and evaluation of the condition like we would do with any other chronic condition. Mild, to moderate, to severe. Need different options for different areas of the state. Spectrum of services needed to meet the needs of the individual. John to send language to Jeff.

Suggest calling out fail first policies in the language for the study piece. Important to the Governor.

It is a contentious topic in the insurance industry, so it would need to be after the study, figuring out how to move forward on it.

It (fail first policy) was specifically called out at an AMA legislative strategy conference. They referred to it as “step therapy.” The medical community is speaking out against these policies

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that do set people up to fail. It is in direct violation of mental health parity laws that have been on the books for 10 years. This is an example of where they are not being enforced, and patients are suffering.

Suggestion for providing a clear definition of “practitioner.” Will look at definition section of 431A. Should also define “Peer Recovery Mentor.”

Senator Steiner Hayward informs the group that 431A 850 contains the definition of “practitioner.”

### Plans for the Legislative Session

Idea is to start the bill in the House – Chair Greenlick’s House Health Care committee to start.

Jeff will be reaching out to TF members to assist him in providing testimony. He thanks Rep. Brock Smith and Dr. Paul Lewis for accompanying him to testify in House Health Care.

Many have felt that maybe this LC doesn’t go far enough. We are dealing with the realities of the short session and the fact that we got work done very quickly. Jeff thanks the group for all that they have accomplished in a short period of time.

Adjourned