

Prevention Alliance

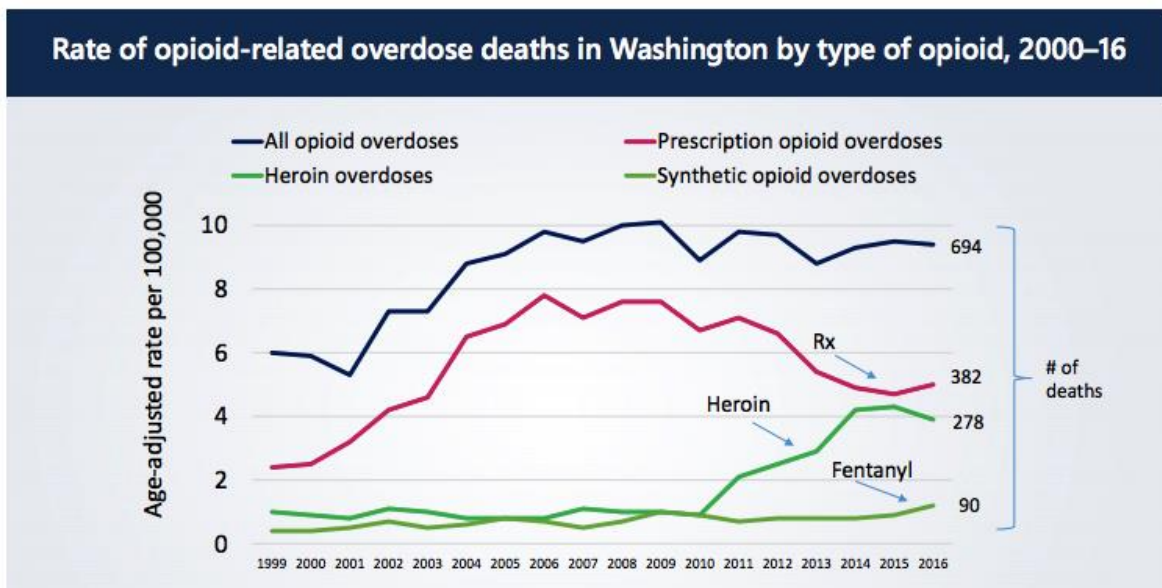
LEGISLATIVE BRIEF: ADDRESSING THE OPIOID CRISIS IN THE 2018 LEGISLATIVE SESSION FINAL OUTCOMES

v. 2

June 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*). Many of these individuals were misusing prescription opioids before they started using heroin.



*Source: Policy Brief – Tackling the Opioid Crisis, Office of Governor Inslee,

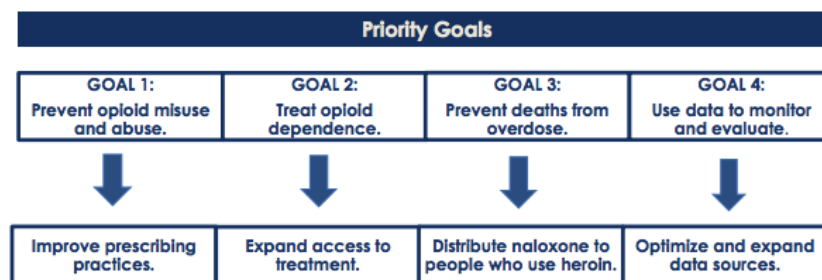
https://ofm.wa.gov/sites/default/files/public/budget/statebudget/18supp/highlights/budget18/Opioid_PolicyBrief2018_1.pdf

This shift in opioid use and abuse from prescription opioids to heroin 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](#)) was the main vehicle this session and while it passed unanimously off the House floor and advanced through Senate committees with strong bipartisan support, it ultimately failed to pass off the Senate floor before the end of the 2018 session, so the bill died. While the legislation itself failed to pass during the 2018 session, many of its components were funded in the final supplemental budget ([HB 6032](#)) and some can be addressed through other means such as agency rulemaking.

HB 2489 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 version (v.2) of the *Addressing the Opioid Crisis in the 2018 Legislative Session* will focus on the various components of HB 2489 that would advance these four goals, and what the outcome was for each of those components – whether they were accomplished via the budget, were unable to be advanced this year due to the bill not passing, or can be addressed through other non-legislative means. Each goal section has the policy components of HB 2489 listed out with their final outcome, and then at the end of the section is a table that summarizes budget outcomes that relate to that goal.

Goal 1: Prevent Opioid Misuse and Abuse

HB 2489 included several components that work to prevent opioid misuse and abuse from happening in the first place. This was proposed to be 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 would be 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.
 - **Final Outcome:* This component did not advance legislatively because the bill failed to pass. However, [EHSB 1427](#) model rules being considered in current rulemaking by the prescribing authority boards and commissions require one hour of continuing education through renewal attestation, and also require PMP registration.

Improving Patient Education About Opioids

- Providers who prescribe an opioid for the first time during the course of treatment for outpatient use would be required to discuss the risks of opioid use with the patient.
 - **Final Outcome:* This component did not advance legislatively because the bill failed to pass. However, [EHSB 1427](#) model rules being considered in current rulemaking require patient notification about the risks of opioids, safe and secure storage of opioids, and proper disposal of unused opioids. In addition, DOH has said they will be creating a one-pager (consistent with [HB 2447](#), which did not pass) to assist prescribers in communicating with their patients.
- 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.
 - **Final Outcome:* This component did not advance legislatively because the bill failed to pass. However, the [EHSB 1427](#) model rules currently in the rule implementation process require prescribers to weigh carefully the risks and benefits of opioid detoxification during pregnancy. In addition, [WAC 388-877-1020\(5\)](#) states that current written and verbal information must be provided to pregnant individuals before the initial prescribed dosage regarding risks and benefits of opioid treatment on the individual and the fetus, and also referral options to address neonatal abstinence syndrome for the baby.

Recommendations for Alternatives to Opioids

- The Health Care Authority (HCA) must develop and recommend for coverage nonpharmacologic treatments for 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.
 - **Final Outcome:* This component did not advance legislatively because the bill failed to pass. However, [EHSB 1427](#) model rules currently in the rule implementation process require prescribers to consider pharmacologic and non-pharmacologic alternatives to opioids, rather than defaulting to opioids for pain.

Budget Items Related to Opioid Prevention

Table 1 provides a comparison of items funded in the final 2018 supplemental budget that relate to Goal 1: Opioid Prevention.

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

Item	Final 2018 Supplemental Budget
Youth & Drug Prevention Services (DSHS Division of Behavioral Health & Recovery))	\$1.657 mil (non-GF-S)

Goal 2: Improve Treatment Options

While HB 2489 aimed to advance all four goals of the *State Opioid Response Plan*, the greatest focus was placed on improving and expanding treatment options for opioid use disorder. The components in the treatment options area were largely focused on increasing access to medication-assisted treatment (MAT) through expansion of opioid hub and spoke networks.

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

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 that MAT only be used for those deemed appropriate to need this level of intervention. However, evidence shows that these medications reduces death from overdose, 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.¹ In fact, MAT has been shown to be the most effective treatment by a significant margin and offers a 2:1 return on investment². 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 people³. Since terminology in current law promotes abstinence and limits and discourages the 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.

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.⁴ The Division of Behavioral Health and Recovery (DBHR) has already started implementing this hybrid model here in Washington. HB 2489 and associated funding sought to 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 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

¹ SAMHSA Medication and Counseling Treatment Overview, <https://www.samhsa.gov/medication-assisted-treatment/treatment#medications-used-in-mat>

² WA State Institute for Public Policy, Long-Acting Injectable Medications for Alcohol and Opioid Use Disorders: Benefit-Cost Findings, http://www.wsiipp.wa.gov/ReportFile/1650/Wsiipp_Long-Acting-Injectable-Medications-for-Alcohol-and-Opioid-Use-Disorders-Benefit-Cost-Findings_Report.pdf

³ 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>

⁴ DBHR RFP for Potential Hub & Spoke Applicants, <http://wsha.waengine.com/wp-content/uploads/DBHR-Letter-of-Interest-Process-and-budget.pdf>

distributed last year as a result of federal legislation. The spokes are facilities that will provide opioid 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 interest and potential in leveraging these networks for broader community behavioral health, other substance abuse disorders, and co-occurring mental health issues. Governor Inslee's office recently produced a well done piece titled [What are hubs and spokes and how can they help fight the opioid epidemic?](#) It does an excellent job of using a personal story to explain the hub & spoke network and how it works for people with substance use disorder.

HB 2489 aimed to expand access to treatment via the Hub & Spoke model throughout the state and promote medication-assisted treatment. While the legislation did not pass, much of the goal of improving treatment options is advanced through funding that was secured in the final 2018 supplemental budget. Below is a summary of where each approach to improving treatment options landed this session:

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 proposed adding five additional hubs.
 - **Final Outcome:* While HB2489 did not pass, funding was included in the final budget that will allow for the expansion of the hub & spoke network throughout the state. See *Table 2 below.*

Increase Access to MAT

- Modifying the protocols for using MAT by requiring relevant agencies to promote the use of all three FDA approved opioid use disorder medications. This includes medications prescribed in emergency departments and also in community-based health care settings.
 - **Final Outcome:* This component did not advance legislatively because the bill failed to pass. There is some potential ability to include best practices under the contracts with Medicaid providers that were funded in the final budget, but legislation will need to be introduced again to update the treatment statutes according to current evidence based treatments.
- Permitting pharmacists to partially fill a prescription for a schedule II controlled substance when people don't want or need as many pills.
 - **Final Outcome:* This component did not advance legislatively because the bill failed to pass. Legislation will need to be introduced again to accomplish this component, which would help clarify an existing Pharmacy Commission policy, [Partial Fill CII with CARA 2016 #55](#) which state states a "partial fill" (as opposed to a "refill") of a schedule II drug is permitted if identified criteria are met.
- 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.
 - **Final Outcome:* This component did not advance legislatively because the bill failed to pass. There is some potential ability to include best practices under the contracts with Medicaid providers that were funded in the final budget, but legislation will need to be

introduced again to update the treatment statutes according to evidence based treatments.

- Developing a statewide approach to leverage Medicaid funding to treat opioid use disorder and provide emergency overdose treatment.
 - **Final Outcome:* This component did not advance legislatively because the bill failed to pass. It is not clear if this work can be done without legislation.
- 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.
 - **Final Outcome:* This component did not advance legislatively because the bill failed to pass. However, the Health Care Authority could apply for an 1115 waiver without legislative authority.

Promoting Coordination and Sharing Positive Outcomes

1. Promoting coordination between MAT prescribers, opioid treatment programs, and state-certified substance use disorder agencies to increase patient choice in receiving medication and counseling, strengthen relationships between providers, and acknowledge the challenges for individuals needing treatment for multiple substance use disorder simultaneously.
 - **Final Outcome:* This component did not advance because the bill failed to pass. It is not clear if this work can be done without legislation or resources to facilitate such coordination.
- 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.
 - **Final Outcome:* While the bill did not pass, all nine of the Accountable Communities of Health will be doing a project under the [1115 Medicaid Transformation Waiver](#) related to addressing the opioid use public health crisis.

Budget Items Related to Hub & Spoke and MAT Access

Table 2 provides a comparison of items funded in the final 2018 supplemental budget that relate to Hub & Spoke expansion and increasing access to MAT.

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

Item	Final 2018 Supplemental Budget
Hub & Spoke Expansion (<i>DSHS Division of Behavioral Health & Recovery</i>)	\$2.315 GF-S (\$4.630 total)
MAT Medicaid Rate Increase (<i>HCA</i>)	\$1.214 mil GF-S (\$6.156 mil total)
Providing tribes with funds and Naloxone kits to reduce overdose deaths (<i>DSHS Division of Behavioral Health & Recovery</i>)	\$1.5 mil
MAT & Naloxone for Offenders (<i>Dept of Corrections</i>)	\$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. Working to achieve this goal is directed at expanding access to Naloxone, a medication designed to rapidly reverse an 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 aimed to increase access to Naloxone by taking the various following steps. While the bill didn't pass and some of these will not be accomplished this year, some were funded in the final budget and therefore can move forward.

- Permitting the State Health Officer 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.
 - **Final Outcome:* This component did not advance legislatively because the bill failed to pass. Legislation will need to be introduced again to accomplish this component.
- Requiring pharmacies to dispense opioid overdose reversal medication.
 - **Final Outcome:* This component did not advance because the bill failed to pass. However, [EHSB 1427](#) model rules currently in the rule implementation process require prescribers to issue a prescription for, or confirm availability of, naloxone for high-risk high-dose patients, and encourages it for other patients.
- Making possession, storage, delivery, distribution, or administration of opioid overdose reversal medication lawful for any person or entity.
 - **Final Outcome:* This component did not advance because the bill failed to pass. However, much of this is already legal through the [911 Good Samaritan Overdose Law](#).
- Allowing emergency departments to dispense opioid overdose reversal medication when a patient is at risk of opioid overdose.
 - **Final Outcome:* This component did not advance legislatively because the bill failed to pass. However, the Pharmacy Quality Assurance Commission (PQAC) updated its policy on opioid reversal medication issued through hospital emergency departments in April 2018, stating that such distribution is authorized under current law.
- Authorizing HCA, DSHS, and DOH to partner on creating a plan for coordinated purchasing and distribution of opioid overdose reversal medication across the state
 - **Final Outcome:* This component did not advance legislatively because the bill failed to pass. However, PQAC updated its policy on opioid reversal medication distributed through hospital emergency departments in April 2018. The Commission believes that state law — [RCW 69.41.095](#)— authorizes the distribution of opioid overdose medication from emergency departments. No change to current state law is required to provide such authority. In addition, the PQAC policy is in alignment with recent federal announcements encouraging expanded access to naloxone from the Centers for Disease Control and Prevention and the Surgeon General.

- Each Hub & Spoke network will have access to naloxone through either the hub or one of the spokes (such as through a syringe exchange).
 - **Final Outcome:* Access to naloxone was expanded this session due to funding being included in the final budget. See Table 3 below.

Certified Peer Counselors

- HB 2489 aimed to work 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.
 - *Final Outcome:* This component did not advance legislatively because the bill failed to pass. Legislation will need to be introduced again or future funding needs to be secured to accomplish this component.

Budget Items Related to Preventing Deaths from Overdose

Table 3 provides a comparison of items funded in the final 2018 supplemental budget that relate to expanding access to Naloxone throughout the state.

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

Item	Final 2018 Supplemental Budget
Naloxone Distribution (<i>DSHS Division of Behavioral Health & Recovery</i>)	\$864,000
Substance Use Disorder Peer Support (<i>DSHS Division of Behavioral Health & Recovery</i>)	\$806,000
Drug & Gang Task Force	Not funded in Final Budget
Rapid Response Teams	Not funded in Final Budget

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 included a focus on optimizing and expanding data sources. While the bill didn't pass and some of these will not be accomplished this year, some were funded in the final budget and therefore can advance.

- 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.
 - **Final Outcome:* This component did not advance legislatively because the bill failed to pass. Some of this could potentially be attempted through rulemaking or department policy. Otherwise legislation would need to be introduced again to advance this policy.
 - 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.
 - **Final Outcome:* While this component did not advance legislatively, the work is progressing without legislation.

- 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.
 - **Final Outcome:* This component did not advance legislatively because the bill failed to pass. Legislation will need to be introduced again to accomplish this component.

- Integrating emergency medical services (EMS) incident reporting with DOH’s hospital reporting data.
 - **Final Outcome:* Funding was included in the final budget for DOH to establish a statewide electronic emergency medical services data system for licensed ambulances and aid services to report and furnish patient encounter data (*see Table 4*). While funding was provided for this data tracking, without the bill there is no mandate for EMS to do data reporting. Legislation will need to be introduced again to advance this mandate.

- 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.
 - **Final Outcome:* This component did not advance because the bill failed to pass. Legislation will need to be introduced again to accomplish this component.

Budget Items Related to Data

Table 4 provides a comparison of items funded in the final 2018 supplemental budget that relate to using data to monitor and evaluate opioid use in Washington.

Table 4. 2018 Supplemental Budget Final Outcomes for Data to Monitoring & Evaluation (Goal 4):

Item	Final 2018 Supplemental Budget
Treatment (MAT) data tracking & analytics (<i>DSHS Division of Behavioral Health & Recovery</i>)	\$1.3 mil
Opioid Response: Data Tracking (<i>DOH</i>)	\$300,000 GF-S (\$996,000 total)
Prescription Monitoring Program for staffing to integrate with provider electronic health records (<i>DOH</i>)	\$160,000

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