

New Mexico Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council

March 24, 2017

1:30 PM to 3:30 PM

Scientific Laboratories Building

Albuquerque, NM

AGENDA

- I. Introductions and Review of Agenda – Mike Landen, DOH
- II. Review of November 18, 2016 Advisory Council Meeting Minutes – Mike Landen, DOH
- III. Report on legislative session
 - a. HB170 [Rep. Armstrong]: PMP & oncology exemption – Shelley Bagwell, BOP
 - b. HB370 [Reps. Sarah Maestas Barnes and Rebecca Dow]: patient education and naloxone prescriptions – TBD
 - c. SB16 [Senator Soules]: Patient education and naloxone prescription – Mike Landen, DOH
 - d. SB47 [Sen. Martinez]: Provide further immunity to persons who seek medical assistance in cases of alcohol or drug overdose – TBD
 - e. Legislative process and the Advisory Council – Mike Landen, DOH
- IV. Update on Data
 - a. 2015 Overdose deaths and rate – Jim Davis, DOH
 - b. Prescribing and Sales data (DEA) – Jim Davis, DOH
 - c. Prescription Monitoring Program data (preliminary 4th Quarter 2016) – Jim Davis, DOH
 - d. Evaluation: Prescriber Feedback Report Survey Results (3rd Quarter 2016) – Kathryn Lowerre, DOH
 - e. Naloxone data – Luigi Garcia-Saavedra, DOH
 - f. Medication Assisted Treatment (MAT) – Valerie Fisher, HSD
- V. Public education/media campaign – Evonne Gantz, DOH
- VI. SAMHSA grants – Karen Cheman, HSD
- VII. "Opiate Sparing: Medical cannabis programs and opioid analgesic overdose mortality in the United States" – Leslie McAhren, MFA, FF1, EMT, MPH-in progress
- VIII. Action Items – Mike Landen, DOH
 - a. Future topics for 2017
- IX. Next Meeting – Mike Landen, DOH

Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council

MEETING MINUTES

DATE: March 24, 2017

TIME: 1:30PM TO 3:30PM

LOCATION: Scientific Laboratories Building, Albuquerque

MEETING FACILITATOR: Michael Landen, DOH

COUNCIL MEMBERS PRESENT:

Michael Landen	Steven Seifert
Bill Barkman	Clare Romero
Frances Lovett	Hank Beckerhoff
Jason Flores	Ralph McClish
	Jennifer Weiss-Burke

ABSENT:

Ernie Dole
Steve Jenkusky
Robert Geist
Lynda Ann Green
Cheranne McCracken
Joanna Katzman

QUORUM: YES

OTHER PARTICIPANTS: Shirley Scott, Jacob Prieto, Karen Cheman, Luigi Garcia-Saavedra, Leslie McAhren, Elaine Brightwater, Toby Rosenblatt, Shelley Bagwell, Jim Davis, Evonne Gantz, Kathryn Lowerre, Virginia Sedore, Mary Murphy, Valerie Fisher, Alejandro Sanchez, Mark Clark, Ben Kesner, Arielle Bauers, Bob Buser, Arlene Brown, Danelle Callen, Robert Rhyne, Dale Tinker, Robert Buser, Frank Koronkiewicz, Tina Ruiz, Michael Coop, Sandra Adondakis, Bill Wiese, Louanne Cunico, Chad Valdez, Harris Silver

I. Introductions and Review of Agenda – Mike Landen, DOH

Agenda approved

Three positions are open on the Advisory Council: NM Medical Society, NM Board of Chiropractic Examiners, and chronic pain/pain management.

II. Review of November 18, 2016 Advisory Council Meeting Minutes – Mike Landen, DOH

Minutes approved

III. Report on legislative session

a. HB170 [Rep. Armstrong]: PMP & oncology exemption – Shelley Bagwell, BOP

Summary: Would have exempted practitioners from following the requirements of the state’s prescription monitoring program when prescribing opioids to a patient who is experiencing pain caused by cancer or the treatment of cancer.

Result: It was opposed by the NM Medical Board, the Board of Pharmacy (BOP), the Board of Osteopathic Examiners, and by the DOH, and tabled in the House Judiciary Committee.

Comments: One in five cancer patients is at risk of developing opioid use disorder.

b. HB370 [Representatives Sarah Maestas Barnes and Rebecca Dow]: patient education and naloxone prescriptions – Dale Tinker

Summary: Opioid treatment centers must provide patients with opioid education, naloxone, and naloxone prescriptions; local and state law enforcement agencies to carry naloxone kits (and administer naloxone) as

funding and supplies permit; Corrections Dept and detention centers (including private) to provide inmates with opioid education and naloxone upon release.

Result: Passed; Signed on 4/6/17

Comments: There is a question of how to pay for naloxone for law enforcement agencies and correctional facilities. Also, the tribes might be interested in naloxone for law enforcement agencies. The impact of this legislation should be monitored.

c. SB16 [Senator Soules]: Patient education and naloxone prescription

Summary: Would have required health care providers to provide counseling of patients by health care providers on the risks of overdose and about opioid overdose reversal medication.

Result: Passed the Senate, did not pass the House

Comments: There are some similarities to 2012's informed consent bill. Consider when education to patients occurs, when it should occur, and how it should occur (educational brochure, poster in clinical room, etc.). There have been anecdotal reports about objections to a mandate.

d. SB47 [Sen. Martinez]: Would have provided further immunity to persons who seek medical assistance in cases of alcohol or drug overdose

Summary: Proposed a new section in the Controlled Substances Act and the Liquor Control Act to expand immunity provisions for persons who seek medical assistance in cases of drug or alcohol related overdoses or substance related poisoning prevention. Current law limits immunity to drug overdoses; this bill includes alcohol related overdoses.

Result: Passed House and Senate, but vetoed

Comments: Would have updated the Good Samaritan Law, adding alcohol, and including probationers and parolees.

e. Legislative process and the Advisory Council – Mike Landen, DOH

Legislators could be invited to attend an Advisory Council meeting to discuss policy.

Should recommendations or information from the Advisory Council get disseminated to legislators, the media, or the public?

Should DOH write a strategic plan to disseminate information from the Advisory Council?

Could the Advisory Council provide information or presentations to legislators as a group (pre-planned, not last minute)?

Prescribers may need more education and information on new laws and regulations from their Boards.

More media coverage on the Advisory Council's activities may be needed.

IV. Update on Data

a. 2015 Overdose deaths and rate – Jim Davis, DOH

Presented 2015 overdose data: Current count of 493 deaths and rate of 24.8/100,000.

b. Prescribing and Sales data (DEA) – Jim Davis, DOH

Pharmacy sales of buprenorphine are increasing. Methadone sales to pharmacies are relatively stable. Methadone sales to treatment clinics are have increased dramatically.

c. Prescription Monitoring Program data (preliminary 4th Quarter 2016) – Jim Davis, DOH

d. Evaluation: Prescriber Feedback Report Survey Results (3rd Quarter 2016) – Kathryn Lowerre, DOH

Questions:

Do either the optometrists or chiropractors prescribe controlled substances? Optometrists do.

Do veterinarians check the PMP? No, due to HIPAA issues.

e. Medication Assisted Treatment (MAT) – Valerie Fisher, HSD
There are 15 certified treatment programs in NM.

f. Naloxone data – Luigi Garcia-Saavedra, DOH
Medicaid data show a decline in naloxone dispensing for the past 2 quarters.

V. SAMHSA grants – Karen Cheman, HSD
The “A Dose of Reality” prevention media campaign started in 2015 and initially was focused on teenagers and people in their 20s. Bernie Lieving will conduct training for law enforcement and Kate Morton will conduct training for pharmacies on naloxone. The focus of the SAMHSA grant to “Prevent Prescription Drug/Opioid Overdose-Related Deaths” is on 4 counties: Bernalillo, Santa Fe, Rio Arriba, and Dona Ana. BHSD plans to buy approximately 330 kits of naloxone for distribution. They will also contract with the Board of Pharmacy on some PMP capability upgrades.

VI. Public education/media campaign – Evonne Gantz, DOH
Received grant from Pfizer for \$200,000 to conduct public education campaign. Will focus on prevention and prescription opioids through use of television, radio, billboards, social media, etc.

VII. "Opiate Sparing: Medical cannabis programs and opioid analgesic overdose mortality in the United States" – Leslie McAhren, MFA, FF1, EMT, MPH-in progress
National Academies of Sciences, Engineering, and Medicine’s 2017 report on The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research
(<https://www.nap.edu/catalog/24625/the-health-effects-of-cannabis-and-cannabinoids-the-current-state>)
Comments: There are numerous questions from providers on how to prescribe medical cannabis. Also, more studies and education about medical cannabis are needed.

VIII. Action Items – Mike Landen, DOH
a. Future topics for 2017
Treatment resources for opioid use disorder
Treatment of chronic pain

IX. Next Meeting – Mike Landen, DOH

MAY 19, 2017
1:30PM – 3:00PM
SCIENTIFIC LABORATORIES BUILDING
1101 CAMINO DE SALUD NE
ALBUQUERQUE, NM 87102

New Mexico Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council

May 19, 2017

1:30 to 3 PM

Scientific Laboratories Building

Albuquerque, NM

AGENDA

- I. Introductions and Review of Agenda – Mike Landen, DOH
- II. Review of March 24, 2017 Advisory Council Meeting Minutes – Mike Landen, DOH
- III. Opioid Addiction Treatment – Wayne Lindstrom, HSD
- IV. Update on Buprenorphine Prescribing and Mid-Level Practitioners – Janette Espinoza, DOH
- V. Certified Peer Support Workers – Mark Garnand, HSD
- VI. Treatment Recommendations – Mike Landen, DOH
- VII. Follow-up or Action Items
- VIII. Next Meeting – Mike Landen

Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council

MEETING MINUTES

DATE: May 19, 2017

TIME: 1:30PM TO 3:00PM

LOCATION: Scientific Laboratories Building, Albuquerque

MEETING FACILITATOR: Michael Landen, DOH

COUNCIL MEMBERS PRESENT:

Michael Landen	Cheranne McCracken
Frances Lovett	Clare Romero
Steve Jenkusky	Hank Beckerhoff
Lynda Ann Green	Ralph McClish
Joanna Katzman	

ABSENT:

Ernie Dole
Robert Geist
Bill Barkman
Jason Flores
Steven Seifert
Jennifer Weiss-Burke

QUORUM: YES

OTHER PARTICIPANTS: Ellen Interlandi, Paul Tucker, Leslie Dozzo, Sondra Frank, Adan Carriaga, Wayne Lindstrom, Bernie Lieving, Heather Burnham, Janette Espinoza, Chris Trujillo, Mark Garnand, Mikiko Takeda, Nicole Williams, Karen Nunez, Denise Gutierrez, Harris Silver, Chandelle Chavez, Brandon Warrick, Thomas Hill, Shirley Scott, Jacob Prieto, Karen Cheman, Luigi Garcia-Saavedra, Leslie McAhren, Elaine Brightwater, Toby Rosenblatt, Evonne Gantz, Kathryn Lowerre, Mark Clark, Danelle Callen, Dale Tinker, and Frank Koronkiewicz

I. Introductions and Review of Agenda – Mike Landen, DOH
Agenda approved

II. Review of March 24, 2017 Advisory Council Meeting Minutes – Mike Landen, DOH
Minutes approved

III. Nurse Practitioners and Physicians’ Assistants and the DEA waiver – Janette Espinoza, DOH
NM now has a full scope of practice for Nurse Practitioners and Physicians’ Assistants regarding prescribing buprenorphine. Nurse Practitioners and Physicians’ Assistants can now get their waiver and prescribe buprenorphine without a physician. Providers need to recognize the diagnosis of addiction or substance use disorder; don’t just ask the patient about alcohol. They’re still seeing some insurance coverage gaps for MAT. There is an upcoming Half & Half training on July 31, 2017. Stigma is the #1 roadblock to treatment.

Questions: The waiver process is still a bit confusing. Approvals began April 21st for NM. SAMHSA is reviewing each state to ensure there are no bugs in the approval process. After the training, the provider should get a letter and a new or modified DEA number. Per the DEA, there are 2 Nurse Practitioners and 22 Physicians’ Assistants with a waiver. DEA has a list of all prescribers in NM with a waiver.

IV. Certified Peer Support Workers – Mark Garnand, HSD

Certified Peer Support Workers have experienced addiction and/or mental illness, received treatment, and now are working to help others. Using CPSWs saves money in the long run. CPSWs must be sober for at least 2 years before taking the training and becoming certified. Some agencies won't hire CPSWs due to prior felony convictions. They can often establish a relationship with the patient faster. The CPSWs' roles can vary depending on the situation and agency they work for. Peer support is effective in helping a patient with a mental health disorder get treatment. Patients with addiction or mental illness often feel socially isolated and CPSWs can teach them how to redefine themselves. Christus St. Vincent's Hospital in Santa Fe is proposing to staff 24/7 with CPSWs and will provide a private room for sessions with patients. HSD is working to resolve insurance coverage gaps concerning CPSWs.

- V. Treatment and Grant Updates– Wayne Lindstrom, HSD
The Opioid State Targeted Response (STR) grant is approximately \$4.7 million per year for up to 2 years. Approximately 15% goes to prevention activities and 5% to administration and evaluation activities. The remaining amount will go towards treatment and naloxone. The Human Services Department (HSD) will spend \$1 million per year on naloxone, to be distributed to first responders and others designated as high priority. Using a hub and spoke model, HSD is working to expand capacity for medication-assisted treatment (MAT) and outpatient treatment. Only a handful of hospitals in-state are providing medical detox. HSD has conducted training on medical detox, but not many hospitals are implementing it. HSD will provide technical assistance to hospitals on detox. The managed care organizations are paying for EDIE reports, i.e. sharing care coordination data on patients going to the Emergency Departments. Currently 8 Emergency Departments are using EDIE. By July all but 2 Emergency Departments should be using EDIE. HSD is also partnering with the Children, Youth and Families Department (CYFD) to develop a family peer support program and a youth peer support program. HSD is working with the Association of Counties and NM Corrections Department on naloxone for jails and prisons.

- VI. Other items
Elaine Brightwater is resigning her informal role on the Advisory Council.

- VII. Treatment Recommendations – Mike Landen, DOH
 - a. Encourage more Nurse Practitioners and Physicians' Assistants to obtain their waiver.
 - b. Increase the number of Certified Peer Support Workers throughout the state.

- VIII. Next Meeting – Mike Landen, DOH

July 28, 2017

1:30PM – 3:00PM

New Mexico Hospital Association

New Mexico Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council

July 28, 2017

1:30 to 3 PM

Location:

NM Hospital Association

Albuquerque, NM

AGENDA

- I. Introductions and Review of Agenda – Mike Landen, DOH
- II. Review of May 19, 2017 Advisory Council Meeting Minutes – Mike Landen, DOH
- III. 2016 Overdose Death Data – Mike Landen, DOH
- IV. Prescriber Feedback Report Survey Update – Kathryn Lowerre, DOH
- V. Simplifying the PMP Process – Mike Landen, DOH
- VI. Draft 2017 Recommendations – Mike Landen, DOH
- VII. Next Meeting – Mike Landen

Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council

MEETING MINUTES

DATE: July 28, 2017

TIME: 1:30PM TO 3:00PM

LOCATION: New Mexico Hospital Association, Albuquerque

MEETING FACILITATOR: Michael Landen, DOH

COUNCIL MEMBERS PRESENT:

Michael Landen
Lynda Ann Green
Joanna Katzman
Ernie Dole
Cheranne McCracken
Clare Romero
Ralph McClish

ABSENT:

Robert Geist
Bill Barkman
Jason Flores
Steven Seifert
Jennifer Weiss-Burke
Frances Lovett
Steve Jenkusky
Hank Beckerhoff

QUORUM: No

OTHER PARTICIPANTS: Joel Meyers, Bill Wiese, Bob Buser, Ariele Bauers, Jemery Kaufman, Victoria Aragon, Cristy Wade, Gen Holona, Anwar Walker, Beth Landon, Sondra Frank, Chris Trujillo, Nicole Williams, Harris Silver, Jacob Prieto, Luigi Garcia-Saavedra, Toby Rosenblatt, Evonne Gantz, Kathryn Lowerre, Mark Clark, Laura Tomedi, Annaliese Mayette, and Dale Tinker

I. Introductions and Review of Agenda – Mike Landen, DOH
Agenda approved

II. Review of May 19, 2017 Advisory Council Meeting Minutes – Mike Landen, DOH
Minutes approved

III. 2016 Drug Overdose Data – Mike Landen, DOH
The 2016 drug overdose death rate is 24.8, same as the rate for 2015. The New York Times is estimating that there were 7000 more deaths in 2016 than in 2015, an increase of over 10%. So far, there's no news on any state rates going down; instead, most reporting states' overdose death rates are increasing. All regions in New Mexico, not just the northeast, are affected by overdose. The overdose rate for American Indians in NM is lower than all other race/ethnicity rates. Nationally the death rates from cocaine, white powder heroin, and fentanyl are going up. NM is not seeing much illicit fentanyl yet, but the state is seeing an increase in methamphetamine and benzodiazepine deaths. The West Coast is seeing more methamphetamine deaths while the East Coast is seeing less. Overdose deaths among women are more from prescription drugs while among men it's more from illicit drugs. Oxycodone and alprazolam (typically in combination with an opioid) are the top 2 prescription drugs in overdose deaths in NM. There are more than 25,000 patients in NM with concurrent opioid and

benzodiazepine prescriptions. There has been a large increase from the previous 2 quarters of providers checking the PMP. There are approximately 9000 people in the syringe exchange program.

IV. Prescriber Feedback Report Survey Update – Kathryn Lowerre, DOH

The Prescriber Feedback Report Survey is part of the policy evaluation of the PMP mandate. The survey is 8 questions long and provides the prescriber's view of the usefulness and accurateness of the Prescriber Feedback Reports. The survey was developed using best practices from other states. So far there's been a good geographic distribution of responses. There were data issues experienced with the switch to Appriss for the PMP. In the future it might be possible to list more specialties within the survey.

V. Simplifying the PMP Process

Emergency Departments (EDs) are understaffed and have a high staff turnover rate. They are interested in having more delegates to pull data from the Prescription Monitoring Program (PMP). Per the New Mexico Hospital Association (NMHA), 25 of 37 member Emergency Departments (EDs) are now using the EDIE system. Data is pushed from EDIE and eventually will include PMP data linked to the patient's electronic health record. The Managed Care Organizations (MCOs) are funding the use of EDIE right now.

VI. Draft Advisory Council Recommendations – Mike Landen, DOH

- a. **Emergency Departments (EDs) 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 opioid overdose.** EDs often see individuals with opioid use disorder, overdose, and high-risk populations on a regular, consistent basis. EDs provide an opportune setting to engage high risk individuals in overdose prevention and increasing naloxone distribution in the ED may further reduce opioid overdose. In 2015, there were over 1400 opioid overdose-related visits to EDs in New Mexico.
- b. **Emergency Departments should use Certified Peer Support Workers (CPSWs) to link individuals who have just experienced an overdose to recovery support services and substance use disorder (SUD) treatment.** CPSWs have personal experience in addiction, recovery, and other skills learned in formal certification training that provide support to individuals wanting to move forward with their own recovery. Individuals who are reversed from an overdose and do not get adequate treatment are at increased risk of subsequent overdose. Peer support in the ED at the time of overdose may reduce hospital readmission. Programs which utilize CPSWs in the ED are in progress at CHRISTUS St. Vincent's in Santa Fe and other hospital EDs in New Jersey, Rhode Island, and Pennsylvania.
- c. **Managed Care Organizations (MCOs) and other 3rd party payers should adopt the 2016 CDC Guideline for Prescribing Opioids for Chronic Non-Cancer Pain.** Blue Cross Blue Shield of Massachusetts uses an opioid management program that incorporates elements of the CDC Guideline. A 2017 study showed that the program has eliminated 21.5 million doses of opioids and has also reduced claims for long-acting opioids by approximately 50% by switching patients to short-acting pain treatments.
 - i. Discuss during future meeting.
- d. An additional topic discussed was methadone. Methadone shouldn't be prescribed as the first option for treating pain because it's long acting. It is low cost though. One suggestion was that methadone should require a prior authorization due to the risk. Another comment was that prior

authorizations are too problematic and so might not be the best option. Methadone may have a high overdose death rate. More data is needed on methadone and the overdose rate.

VII. Future Meeting Topics

A suggestion was made for a future meeting to focus on the PMP, prescribing practices, and the licensing boards.

VIII. Next Meeting – Mike Landen, DOH

September 29, 2017

1:30PM – 3:00PM

Scientific Laboratories Building

Albuquerque

New Mexico Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council

September 29, 2017

1:30 to 3 PM

Location:

Scientific Laboratories Building
Albuquerque, NM

AGENDA

- I. Introductions and Review of Agenda – Mike Landen, DOH
- II. Review of July 28, 2017 Advisory Council Meeting Minutes – Mike Landen, DOH
- III. State Agency Naloxone Panel
 - a. DOH – Chandelle Chavez and Ihsan Mahdi
 - b. HSD – Anwar Walker
 - c. Q&A
- IV. Local Initiatives Panel
 - a. Bernalillo County Sheriff’s Office – Captain Justin Dunlap and Dr. Andrew Harrell
 - b. NM Pharmacists Association – Dale Tinker
 - c. UNM Pain Center – Joanna Katzman
 - d. Q&A
- V. Recommendations
- VI. Next Meeting – Mike Landen

Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council

MEETING MINUTES

DATE: September 29, 2017

TIME: 1:30PM TO 3:00PM

LOCATION: Scientific Laboratories Building, Albuquerque

MEETING FACILITATOR: Michael Landen, DOH

COUNCIL MEMBERS PRESENT:

Michael Landen
Lynda Ann Green
Joanna Katzman
Ernie Dole
Cheranne McCracken
Frances Lovett
Hank Beckerhoff
Jennifer Weiss-Burke
Ralph McClish
Jason Flores

ABSENT:

Robert Geist
Bill Barkman
Steven Seifert
Steve Jenkusky
Clare Romero

QUORUM: Yes

OTHER PARTICIPANTS: Joel Meyers, Anwar Walker, Sondra Frank, Chris Trujillo, Harris Silver, Jacob Prieto, Evonne Gantz, Mark Clark, Laura Tomedi, Annaliese Mayette, Dale Tinker, Chandelle Chavez, Brandon Warrick, Evan Baldwin, Mikiko Takeda, Sandra Adondakis, Drew Harrell, Justin Dunlap, Dayna Fletcher, Ihsan Mahdi, and Brenda McKenna

I. Introductions and Review of Agenda – Mike Landen, DOH
Agenda approved

II. Review of July 28, 2017 Advisory Council Meeting Minutes – Mike Landen, DOH
Minutes approved

III. State Agency Naloxone Panel – DOH & HSD

- a. Department of Health (DOH): Numerous sources of naloxone distribution data include Medicaid, pharmacies, Public Health Division (PHD), Southwest Care Center. There was a peak in distribution immediately after the Naloxone Standing Order was signed, followed by a decline in distribution. However, sales of naloxone are increasing again. Not all distribution data has been captured. Commercial (i.e. private insurance) and cash payments in pharmacies have not been fully reported. Need to ensure data from naloxone distribution to jails and prisons is reported. In the process of comparing the number of overdose deaths to the number of naloxone kits distributed in each county.
- b. Human Services Department (HSD): Working on a new project to distribute naloxone to jails and prisons for inmates with opioid use disorder upon release. Under the Prescription Drug/Opioid Overdose (PDO) grant, HSD is providing training and distributing naloxone to Santa Fe, Rio Arriba,

Bernalillo, and Dona Ana Counties. HSD's State Level Trainer is distributing naloxone through the Opioid State Targeted Response (STR) grant. Using State General Funds, HSD purchased naloxone for the NM Corrections Department and up to nine county jails. The Bernalillo County Metropolitan Detention Center (MDC) recently distributed its 50th naloxone kit. MDC is working with HSD and PHD to distribute naloxone through the re-entry program.

- i. The VA is running into the issue of naloxone expiring within 1.5 to 2 years.

IV. Local Initiatives Panel

- a. Bernalillo County Sheriff's Office (BCSO): Since 2015 BCSO has used naloxone 21 times with 14 reversals, mostly on the swing or graveyard shifts. Occasionally EMS has to wait for BCSO to clear the scene so BCSO uses the naloxone at the scene first. BCSO interprets the motto of "to protect and serve" as including providing medical attention and helping citizens. BCSO is concerned about sustainability issues, including funding for naloxone and expiration dates.
- b. Pharmacists' Association: Based on an informal survey of pharmacies, some insurance plans have limits on the amount of naloxone eligible for coverage. There have been some price increases for different naloxone products with pharmacies being reimbursed below cost. Pharmacies are not being reimbursed for the clinical service fee for Narcan. Pharmacies are becoming reluctant to sell naloxone or Narcan due to costs and lack of incentives. Pharmacists feel the education component regarding naloxone is just as important as the product. There's been some discussion about asking the Board of Pharmacy to include naloxone in the Prescription Monitoring Program.
- c. UNM Pain Center: Two studies related to naloxone conducted. The first study involved education and naloxone upon release for prisons and jails. The second study involved treatment for opioid use disorder (OUD) and naloxone provided to those with OUD.

V. Evan Baldwin, Southwest Labs

Southwest Labs is a local lab offering expanded testing. The lab is adding synthetic fentanyl analogs to its testing as well as looking for trends in test results.

VI. Recommendations

- a. Emergency Departments (EDs) 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 opioid overdose. EDs often see individuals with opioid use disorder, overdose, and high-risk populations on a regular, consistent basis. EDs provide an opportune setting to engage high risk individuals and increasing naloxone distribution in the ED may further reduce opioid overdose. In 2015, there were over 1400 opioid overdose related visits to EDs in New Mexico.
- b. All agencies and pharmacies should submit naloxone distribution data to DOH for tracking purposes.
- c. All agencies should submit overdose reversal data to DOH for tracking purposes.
- d. Increase Medicaid coverage regarding the consultation, education, and product reimbursement for Narcan. Recommend some standardization between MCOs regarding Narcan.
- e. Consider asking the FDA to extend the shelf life of Narcan or naloxone.
- f. Consider making Narcan Over-The-Counter.
- g. Need more public information about naloxone, including more billboards and personal stories.
- h. The Poison Center can collect reversal data, if needed.
- i. Recommend working with the third-party payers to keep the cost of naloxone steady, rather than any sudden increases. Consider involving the NM Attorney General's Office in the effort to prevent price gouging.
- j. Conduct a survey to consider if all counties get equal or equitable access to naloxone.

VII. Next Meetings – Mike Landen, DOH

November 17, 2017

1:30 to 3 PM

Location: NM Hospital Association

Albuquerque, NM

Topic: Prescribing practices and the licensing boards

December 15, 2017

1:30 to 3 PM

Scientific Laboratories Building

Albuquerque, NM

Topic: Upcoming legislative session

New Mexico Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council

November 17, 2017

1:30 to 3:30 PM

Location:
NM Hospital Association
Albuquerque, NM

AGENDA

- I. Introductions and Review of Agenda
- II. Review of September 29, 2017 Advisory Council Meeting Minutes
- III. Quarterly Prescribing Measures
- IV. PMP data by Licensing Board
- V. Licensing Boards' Panel
 - a. Medical Board – Dr. Steven Jenkusky
 - b. Board of Nursing – Demetrius Chapman
 - c. Board of Osteopathic Medical Examiners – Dr. William Barkman
- VI. Proposed Legislation regarding the Advisory Council
 - a. Name change
 - b. Add state agencies
 - i. Human Services Department
 - ii. Department of Public Safety
 - c. Additional suggestions
- VII. Recommendations
- VIII. Next Meeting

Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council

MEETING MINUTES

DATE: November 17, 2017

TIME: 1:30PM TO 3:30PM

LOCATION: NM Hospital Association, Albuquerque

MEETING FACILITATOR: Michael Landen, DOH

COUNCIL MEMBERS PRESENT:

Michael Landen
Steve Jenkusky
Cheranne McCracken
Bill Barkman
Frances Lovett
Ernie Dole
Hank Beckerhoff
Ralph McClish
Jennifer Weiss-Burke

ABSENT:

Robert Geist
Lynda Ann Green
Jason Flores
Steven Seifert
Clare Romero
Joanna Katzman

QUORUM: Yes

OTHER PARTICIPANTS: Joel Meyers, Michael Pridham, David Johnson, Mayra Perez, Troy Weisler, Ellen Interlandi, Demetrius Chapman, Arlene Brown, Sue Konthy, Joseph Vazhappilly, Charlotte Wincott, Andrea Lohse, Mohannad Rashid, Peter Ryba, Alan Dunaway, Michael Pendleton, Amanda Quintana, Debbie Dieterich, Mark Clark, Dale Tinker, Brandon Warrick, Mikiko Takeda, Danelle Callen, Jim Davis, Luigi Garcia-Saavedra, Kathryn Lowerre, Toby Rosenblatt, Chris Trujillo, Evonne Gantz

I. Introductions and Review of Agenda – Mike Landen, DOH
Agenda approved

II. Review of September 29, 2017 Advisory Council Meeting Minutes – Mike Landen, DOH
Minutes approved

III. Quarterly Prescribing Measures
The total number of opioid patients, per quarter, is slowly decreasing. The total number of benzodiazepine patients, per quarter, is relatively stable. The same trends are seen in the total quantities of opioids in Morphine Milligram Equivalent (MME) (slowly decreasing) and benzodiazepines in Diazepam Milligram Equivalent (DME) (relatively flat) being dispensed by quarter.

IV. PMP data by Licensing Board
The boards with the most prescribers with at least 20 patients who filled controlled substance prescriptions are: Medical, Nursing, Dentistry, and Osteopathic Medical Examiners. The Board of Nursing, Medical Board, and the Board of Osteopathic Medical Examiners are seeing a rise in checks of the PMP by prescribers with at least 20 patients who filled controlled substance prescriptions. Dentists are still underutilizing the PMP.

Comments for Quarterly Prescribing Measures and PMP data: Many physicians weren't aware of the 4 day rule. Dr. Jenkusky recommends that psychiatrists check the PMP. DOH is working with the Board of Psychologist Examiners on updating their rules. Some doctors still say that checking the PMP is burdensome. Many will limit prescriptions to 3-4 days to avoid checking the PMP. Some hospital staff will cut off pain medications to chronic pain patients to avoid checking the PMP.

V. Licensing Boards' Panel

- a. Medical Board: In 2016 the Medical Board notified physicians who weren't checking the PMP and received PMP reports in 2017. Historically the Board reacted to complaints rather than proactively checking prescribing patterns. Now OMI data is being sent to providers if a patient died and the Board may issue a reprimand, depending on the circumstances. The training and rules are improving and getting stricter. The Board will look at prosecuting those not complying with regulations. In 2015 there were 22 complaints investigated. In 2016 there were 16 complaints investigated and 43 initiated. The Board doesn't want to lose capacity for treating patients and pain, i.e. they don't want to lose doctors. The Board has a team of investigators and a prosecutor. If prosecuting a provider, the Board has to hire a pain expert, which is very expensive. Resources are limited. Need to train providers on how to treat pain.
- b. Board of Nursing: The Board is increasing their legal capacities. They now have 2 attorneys on staff and hired another investigator. Investigations are resource-draining. The Board is discussing adopting the CDC prescribing guidelines, but it is not a popular idea. The advanced practice nurses don't know much about the PMP rules and need education on prescribing opioids. The Board has approximately 500 open complaints right now. All revenue comes from licensing fees.
- c. Board of Osteopathic Medical Examiners: Dr. Rhyne, UNM, will meet with the Osteopathic Board regarding Academic Detailing.

Comments: Consider creating a centralized entity, such as a complaints and investigations board. There is a concern that nuances between the various Boards' pain management rules could be forgotten under a centralized investigations board, but such a board could help share resources. The U.S. District Attorney's Office can prosecute criminal cases. The Medical and Nursing Boards have heard a few complaints about underprescribing. For consideration, should the boards be punitive or informative? A number of providers have received threats from patients. Some patients are demanding specific medications while others sell their prescriptions so are angry about decreasing quantities. Some prescribers provide prescriptions to avoid threats or theft.

VI. Proposed Legislation regarding the Advisory Council

- a. Name change
Proposed change: Overdose Prevention and Pain Management Advisory Council
- b. Add state agencies
 - i. Human Services Department
 - ii. Department of Public Safety
- c. Additional suggestions and comments
Need to fill the member slot for the Board of Chiropractors. Consider ensuring that this member is from the Board and is an Advanced Practice Chiropractor. Consider adding a member from the Veterinary Board. Need the Dental Board member to attend more consistently.

VII. Draft Recommendations

- k. Emergency Departments (EDs) 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 opioid overdose.

- l. Emergency Departments should use Certified Peer Support Workers (CPSWs) to link individuals who have just experienced an overdose to recovery support services and substance use disorder (SUD) treatment.
- m. Managed Care Organizations (MCOs) and other 3rd party payers should adopt the 2016 CDC Guideline for Prescribing Opioids for Chronic Non-Cancer Pain.
- n. Managed Care Organizations and other third-party payers should increase coverage for other proven treatments to reduce pain including, but not limited to, physical therapy, acupuncture, Cognitive Behavioral Therapy, and non-opioid pain medications.
- o. Managed Care Organizations and other third-party payers should eliminate all barriers to accessing naloxone, including but not limited to, prior authorization requirements and quantity limitations.
- p. All NM outpatient pharmacies should submit naloxone distribution data to the New Mexico Department of Health for tracking purposes.
- q. All agencies distributing naloxone should submit naloxone distribution data and overdose reversal data to the New Mexico Department of Health for tracking purposes.
- r. 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.
- s. All New Mexico State Legislators should be offered overdose prevention education and training in the use of naloxone so they may provide more informed, beneficial legislation relating to issues of drug overdose in New Mexico. [Agency] should develop and maintain a one stop clearinghouse and referral line for medication assisted treatment (MAT) slots that can be accessed by providers or patients.
 - 1) Several comments and revisions were provided to DOH to be incorporated into the draft recommendations for December's meeting.

VIII. Next Meeting – Mike Landen, DOH

December 15, 2017

1:30 to 3:30 PM

Scientific Laboratories Building

Albuquerque, NM

Topic: Upcoming legislative session and Council recommendations

New Mexico Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council

December 15, 2017

1:30 to 3:30 PM

Location:

Scientific Laboratories Building
Albuquerque, NM

AGENDA

- I. Introductions and Review of Agenda
- II. Review of November 17, 2017 Advisory Council Meeting Minutes
- III. New Mexico Nurse Practitioners' Barriers to Prescribing Suboxone
- IV. The Human Impact (panel)
- V. How to pay for a \$100 a day heroin habit
- VI. Recommendations
- VII. Next Meeting

Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council

MEETING MINUTES

DATE: December 15, 2017

TIME: 1:30PM TO 3:30PM

LOCATION: NM Scientific Laboratories Building, Albuquerque

MEETING FACILITATOR: Michael Landen, DOH

COUNCIL MEMBERS PRESENT:

Michael Landen
Steve Jenkusky
Cheranne McCracken
Frances Lovett
Ernie Dole
Hank Beckerhoff
Ralph McClish
Jennifer Weiss-Burke
Lynda Ann Green
Clare Romero
Michael Pendleton

ABSENT:

Robert Geist
Jason Flores
Steven Seifert
Joanna Katzman
Bill Barkman

QUORUM: Yes

OTHER PARTICIPANTS: Arlene Brown, Mikiko Takeda, Sara Thorp, Bill Wiese, Brenda McKenna, Harris Silver, Alan Dunaway, Annaliese Mayette, Shirley Scott, Heather McMurry, Cody Ko, Jennifer Ortega, Ferriell Bartlett, Jim Davis, Ihsan Mahdi, Kathryn Lowerre, Michelle Kavanaugh, Robert Rhyne, Joel Meyers, Keith Mason, Jessica Lewis, David Burke, Rich Gadomski, Troy Weisler, Peter Ryba, Mark Clark, Dale Tinker, Chris Trujillo, Eloy Martinez, Joseph Vazhappilly, Brandon Warrick, Evonne Gantz

I. Introductions and Review of Agenda – Mike Landen, DOH

The recommendation was made and approved to move around items on the agenda and begin with the discussion of the Council recommendations.

II. Review of November 17, 2017 Advisory Council Meeting Minutes – Mike Landen, DOH

Minutes approved

III. 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.

For – 10

Against – 0

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.

For – 7
Against – 0

3. As Medical Policy, Managed Care Organizations (MCOs) and other third-party payers should implement the 2016 CDC Guideline for Prescribing Opioids for Chronic Non-Cancer Pain.

Not Voted On

4. 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.

For – 10
Against – 0

5. Managed Care Organizations and other third-party payers should eliminate barriers to accessing naloxone, including but not limited to, prior authorization requirements, generic naloxone and brand name products, and quantity limitations.

Not Voted On

6. All NM outpatient pharmacies should submit naloxone distribution data to the New Mexico Department of Health for tracking purposes.

For – 10
Against – 0

Recommendations 6 and 7 were voted on concurrently.

7. 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.

For – 10
Against – 0

Recommendations 6 and 7 were voted on concurrently.

8. 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.

For – 10
Against – 0

9. Support informed policy by providing education on issues of pain management, overdose, and prevention, including training in the use of naloxone, to New Mexico legislators. Focus on relevant Interim Committees, such as Legislative Health and Human Services.

Not Voted On

10. 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.

For – 10
Against – 0

11. 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.

For – 9

Against – 0

12. Licensing boards, the DOH, and healthcare organizations should develop procedures to ensure patients continue to receive care when their provider is disciplined. These procedures should include ensuring providers in the surrounding area are adequately trained in pain management as well as patient referral to a pain management specialist in the surrounding area, if available.

Not Voted On

13. The Federal Government should remove the waiver needed for Medication-Assisted Treatment (MAT), i.e. buprenorphine for opioid use disorder.

For – 6

Against – 2

Abstained – 1

14. Providers should be incentivized, through loan repayment, to provide medication-assisted treatment (MAT).

For – 10

Against – 0

15. 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.

For – 8

Against – 0

IV. New Mexico Nurse Practitioners' Barriers to Prescribing Suboxone, Clare Romero

The Nurse Practitioners Council conducted a survey and had 72 participants. Half of the participants don't plan to take the DATA waiver training. Reasons given include a lack of time, not enough knowledge, need support systems (i.e. mentors), concern about liability, and need incentives.

V. The Human Impact, Jennifer Weiss-Burke and David Burke

Jennifer and David shared their personal stories. There is a need for more education on and treatment for substance abuse. Alternative pain management or treatment is also needed. Numerous schools still have problems with pills and heroin. Need more education regarding prescription opioids and addiction. Serenity Mesa currently assists boys from 14-21 years old and will open for girls in 2018.

VI. How to pay for a \$100 a day heroin habit, Brandon Warrick

Fentanyl can be easily found on the internet. Pill presses and mold stamps are also easy to purchase online. The price of heroin is decreasing because fentanyl is cheaper to make.

Per Jim Davis: Fentanyl and its analogs are not showing up very much in the overdose deaths. Methamphetamine is more prevalent in the deaths. Many counterfeit pills seized are being transported through the state for sale elsewhere.

VII. Next Meeting – Mike Landen, DOH

March 2, 2018

1:30 to 3:30 PM

Scientific Laboratories Building

Albuquerque, NM

Topic: legislative session and Council recommendations