

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

March 2, 2018
1:30 to 3:30 PM

Location:
Scientific Laboratories Building
Albuquerque, NM

AGENDA

- I. Introductions and Review of Agenda
- II. Review of December 15, 2017 Advisory Council Meeting Minutes
- III. Recap of legislative session
- IV. Neonatal Abstinence Syndrome (NAS)
- V. Implementation next steps for council recommendations
- VI. Agenda items for this year
- VII. Next Meeting

Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council

MEETING MINUTES

DATE: March 2, 2018

TIME: 1:30PM TO 3:30PM

LOCATION: NM Scientific Laboratories Building, Albuquerque

MEETING FACILITATOR: Michael Landen, DOH

COUNCIL MEMBERS PRESENT:

Michael Landen
Cheranne McCracken
Frances Lovett
Ernie Dole
Hank Beckerhoff
Jennifer Weiss-Burke
Clare Romero
Steven Seifert
Michael Pendleton

ABSENT:

Robert Geist
Jason Flores
Joanna Katzman
Bill Barkman
Lynda Ann Green
Steve Jenkusky
Ralph McClish

QUORUM: Yes

OTHER PARTICIPANTS: Alan Dunaway, Karen Cheman, Wayne Lindstrom, Jeremy Edmonds, Anwar Walker, Julie Salvador, Shirley Scott, Jacob Prieto, Susan Seefeldt, Luigi Garcia-Saavedra, Annaliese Mayette, Jim Davis, Kathryn Lowerre, Joel Meyers, Troy Weisler, Chris Trujillo, Brandon Warrick, Shandiin Wood, Ihsan Mahdi, Brenda McKenna, Harris Silver, Michelle Kavanaugh, Robert Rhyne, Joseph Vazhappilly, Frieda Siminski, Andrea Lohse, Danelle Callen, Angelica Solaros, Sondra Frank, Alexa Argyres, Evonne Gantz

Note: Meeting did not follow the order listed on agenda due to traffic delays.

- I. Recap of Legislative Session – Chris Trujillo, DOH
Senate Bill 29 regarding the Advisory Council was passed and signed. It will go into effect on July 1, 2018. It also renamed the council to the Overdose Prevention and Pain Management Advisory Council. New members will come from Human Services Department, Department of Public Safety/State Police, a harm reduction organization, a third-party payer company and an addiction specialist. Send recommendations for nominations to DOH. It also allows for sub-committees to be formed.
- II. Neonatal Abstinence Syndrome – Luigi Garcia-Saavedra, DOH
New Mexico's rate of NAS is increasing. All non-federal hospitals in-state are reporting on cases of NAS. IHS is also starting to provide information, but with some limitations. The northeast and metro areas of the state have the highest rates of NAS.
- III. Introductions and Review of Agenda – Mike Landen, DOH
- IV. Review of December 15, 2017 Advisory Council Meeting Minutes – Mike Landen, DOH
Minutes approved

V. Implementation next steps for Council 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.
 - a) Could be a lengthy process
 - b) Will need internal hospital procedures or policy and legal review
 - c) Will need to determine which patients should receive the naloxone and train staff
 - d) Hospitals want to know how many overdose visits they're getting
 - e) Need to identify stakeholders and any issues related to Board of Pharmacy
 - f) Need to consider cost and expiration dates of Narcan
 - g) Need education for patient and family
 - h) Need to get involvement from hospital decision-makers, third-party payers, and NM Hospital Association
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.
 - a) Need stigma education for emergency department staff
 - b) Determine how many CPSWs are needed per hospital
 - c) Define roles, hours, and supervision of CPSWs
 - d) Per HSD, there are 270 CPSWs
 - e) There may be concerns about background checks regarding CPSWs
 - f) HSD's OPRE is developing opioid-related training for CPSWs
3. 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.
 - a) Physical therapy is at least partially covered under Centennial Care
 - b) Coverage for cognitive behavioral health therapy may depend on the diagnosis
 - c) Need evidence of effective pain management to advocate for coverage of alternative treatments
 - d) Work group: Harris Silver, Michael Pendleton, Robert Rhyne, Frances Lovett
4. All NM outpatient pharmacies should submit naloxone distribution data to the New Mexico Department of Health for tracking purposes.
 - a) Determine how to require submittal of data and types of information needed
 - b) Some pharmacies may need to change internal procedures to report data
 - c) Need to de-identify data
 - d) Currently each corporation is reporting data in different ways and not on a consistent timeframe
5. 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.

- a) There are concerns about sharing personal information
 - b) Current reporting is in different formats and time frames, also types of information provided varies
 - c) Different agencies have different definitions of a reversal
6. 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.
- a) Did not discuss this item
7. 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.
- a) Interest in tracking available beds for in- and out-patient treatment
8. 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.
- a) Need more background on this item
9. The Federal Government should remove the waiver needed for Medication-Assisted Treatment (MAT), i.e. buprenorphine, for opioid use disorder.
- a) A draft federal bill may address this item.
10. Providers should be incentivized, through loan repayment, to provide medication-assisted treatment (MAT).
- a) Loan repayment or forgiveness has been used previously
 - b) Need opioid or MAT evidence to support the case of loan repayment
 - c) This effort has been introduced in the legislature before. Need to do a lot of groundwork prior to submitting any new legislation.
 - d) Need to identify other barriers to providing MAT
 - e) Consider other incentives to providing MAT as well
 - f) Consider hosting a conference regarding MAT
 - g) Work group: Clare Romero, Harris Silver, Julie Salvador
11. 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.
- a) Identify which type of healthcare settings – acute care, EDs, pain clinics
 - b) Consider how to manage pain or deal with inappropriate behavior (SUD/OD)
 - c) Need to identify providers for MAT or available treatment facilities
 - d) Work group: Harris Silver, Bill Wiese
- I. Suggested Agenda Items for this Year
1. Discuss CPT code for addiction medicine and counseling as well as reimbursement for addiction services

2. Access to and support for MAT
3. Reimbursement issues for naloxone and education
4. Alternative substance use disorder treatment options
5. Meth, alcohol
6. Sub-lingual buprenorphine for pain control
7. Develop a website or clearinghouse for provider training, screening, and best practices
8. How is the opioid epidemic affecting law enforcement and crime
9. Treatment services and wrap-around care, such as education, housing, and jobs
10. Pain survey and alternative pain treatment

II. Next Meeting – Mike Landen, DOH

April 13, 2018

1:30 to 3:30 PM

Scientific Laboratories Building

Albuquerque, NM

Topic: Benzodiazepines and Methamphetamines Data & Treatment

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

April 13, 2018
1:30 to 3:30 PM

Location:
Scientific Laboratories Building
Albuquerque, NM

AGENDA

- I. Introductions and Review of Agenda
- II. Review of March 2, 2018 Advisory Council Meeting Minutes
- III. Senate Bill 29 Recap
 - a. New Member Nominations
- IV. Benzodiazepines and Methamphetamines Mortality and Emergency Department Data - Jim Davis & Luigi Garcia-Saavedra, DOH
- V. Benzodiazepines – Neurobiology, Clinical Effects, Treatments - Dr. Patricia Pade, Presbyterian Hospital
- VI. Methamphetamine – Neurobiology, Clinical Effects, Treatments - Dr. Patricia Pade, Presbyterian Hospital
- VII. “A Few Comments on Benzodiazepine Prescribing” -Sasha Poole, PhD, RN-Board of Nursing
- VIII. Next Meeting

Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council

MEETING MINUTES

DATE: April 13, 2018

TIME: 1:30PM TO 3:30PM

LOCATION: NM Scientific Laboratories Building, Albuquerque

MEETING FACILITATOR: Michael Landen, DOH

COUNCIL MEMBERS PRESENT:

Hank Beckerhoff
Lynda Ann Green
Michael Landen
Ralph McClish
Michael Pendleton
Steven Seifert
Jennifer Weiss-Burke

ABSENT:

Bill Barkman
Ernie Dole
Jason Flores
Robert Geist
Joanna Katzman
Steve Jenkusky
Frances Lovett
Cheranne McCracken
Clare Romero

QUORUM: No

OTHER PARTICIPANTS: Alan Dunaway, Wayne Lindstrom, Shirley Scott, Annaliese Mayette, Jim Davis, Kathryn Lowerre, Susan Seefeldt, Joel Meyers, Troy Weisler, Ihsan Mahdi, Brenda McKenna, Harris Silver, Robert Rhyne, Joseph Vazhappilly, Andrea Lohse, Danelle Callen, Sondra Frank, Evonne Gantz, Sasha Poole, Marcus Erickson, Rich Gadomski, Jerry Montoya, Laura Cronin, Patricia Pade, Victoria Martineau, Chelsea Smith, Dale Tinker, Toby Rosenblatt, Roxanne Grajeda, Patrick, Nuzzo, Shanae Satriana, Troy Weisler, Robert Rhyne, Bill Wiese, Sara Thorp, Mark Clark, Anwar Walker, Peter Ryba

- I. Review of Agenda-Michael Landen, DOH
- II. Review of April 13, 2018 Advisory Council Meeting Minutes-Michael Landen, DOH
Minutes approved
- III. Reminders from Senate Bill 29-Michael Landen, DOH
 - a. Revision to Council Name to "Overdose Prevention and Pain Management Advisory Council"
 - b. 5 council positions added. Nominations need to be submitted for Addiction Specialist, Department of Public Safety, Harm Reduction Specialist, Human Services Department and Third-Party Payer
 - c. Revision allowed for forming of sub-committees
- IV. Presentation on Benzodiazepines and Methamphetamines Mortality and Emergency Department Data-Jim Davis
 - a. Provided information on increased OD Death Rates for Rx Opioids, Methamphetamine & Benzodiazepines from 2012-2016

- b. Methamphetamine involved Deaths by Age & Sex reflect the highest cohort being males aged 35-39 accounting for approx. 52 then another spike for males aged 50-54 for approx. 48
- c. Benzodiazepine involved Deaths by Age & Sex reflect highest cohort group being males aged 35-39 accounting for approx. 49 and females aged 55-59 for approx. 41

(Dr. Pade wanted to change presentation order from agenda)

- V. Presentation on Methamphetamine-Neurobiology, Clinical Effects, Treatments-Dr. Patricia Pade, Presbyterian Hospital
 - a. Concerns raised from January 2015-January 2018 for co-occurring urine screens for opioids and amphetamines in Presbyterian Data for Outpatient/Urgent Care and Inpatient/ER
 - b. Provided information on the Brain's reward center and how it responds to Natural Rewards (food, water, sex, nurturing) process of reward activation and release of Dopamine.
 - c. Provided information on how the release of Dopamine works differently in drugs representing the % of the basal release with Amphetamine elevating at a more rapid rate for a shorter period of time with a more rapid decline compared to Nicotine, Cocaine and Morphine
 - d. Methamphetamine abuse is shown to greatly reduce the binding of Dopamine transporters in the striatum which impact reward, memory and movement. However, prolonged abstinence has been shown to restore this effect.
 - e. Long term effects include but are not limited to extreme weight loss, meth mouth, skin sores from intense picking at skin, anxiety, difficulty sleeping, paranoia and when injected lead often lead to behaviors that make them at high risk for HIV, Hepatitis B & C and STI's
 - f. Treatment of Methamphetamine Use Disorder is not very promising due to the disapprovingly negative lack of clinic trials. Limitations in studies include but are not limited to small sample sizes, high dropout rates, multiple co-morbidities and inconsistencies in measuring outcomes
 - g. Provided information about Opioids and Methamphetamines:
 - i. Most using both to enhances high of other substance or to counter effects
 - ii. Many primary DOC heroin users use meth due to availability and lower cost
 - iii. Meth may mask the opioid effect and increase potential of OD or arrhythmias
 - iv. Currently investigating patients being referred to OUD treatment & are receiving pharmacotherapy with methadone or buprenorphine to see if their use of methamphetamine is decreasing

- VI. Presentation on Benzodiazepines-Neurobiology, Clinical Effects, Treatments-Dr. Patricia Pade, Presbyterian Hospital
 - a. Concerns raised as Benzodiazepines becoming the most commonly prescribed class of psychotropic medications and the seeking of is common which challenges person centered treatment approaches
 - b. There has been a substantial increase in the Opioid involvement in Benzodiazepine Overdoses
 - c. Most people become dependent on Benzodiazepines after 6 weeks of continuous use & only 30% of dependent people ever get off of them completely

- d. Side effects and concerns include but are not limited to sedation, depression, behavioral disinhibition, psychomotor & cognitive impairment coordination, attention and confusion; severe withdrawal for high dose chronic users, vulnerability to falls for Elderly, abuse & OD risk increases when combined with alcohol, opioids & barbiturates, street value diversion
 - e. Consider other ways to treat anxiety such as Cognitive Behavioral Therapy and consider adding counseling while tapering benzodiazepines
 - f. Prevention recommendations included avoiding use for > 6 weeks, high risk substance abuse groups, patients with history of suicide or poor impulse control, avoid use in absence of clear indications, monitor through toxicology screening and PMP checks
- VII. "A Few Comments on Benzodiazepine Prescribing"-Sasha Poole, PhD, RN; Board of Nursing
- a. Concerns around prescribing practices and involvement in fatal and nonfatal OD
 - b. Need to establish goals, interventions & recommendations
 - c. Need to convene a meeting of the Boards prior to next Advisory Council Meeting to establish prescribing guidelines, reducing new Benzodiazepines prescriptions and in combination with Opioid prescriptions when appropriate, discuss the role of academic detailing, establish tapering guidelines
- VIII. Next Meeting-Michael Landen, DOH

June 22, 2018

1:30 to 3:30 PM

Scientific Laboratories Building

Albuquerque, NM

Topic: Alternative Approaches to Pain Data & Treatment

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

June 22, 2018
1:30 to 3:30 PM

Location:
Scientific Laboratories Building
Albuquerque, NM

AGENDA

- I. Introductions and Review of Agenda
- II. Review of April 13, 2018 Advisory Council Meeting Minutes
- III. Senate Bill 29 Board Position Additions:
Addiction Specialist, Department of Public Safety, Harm Reduction Specialist,
Human Services Department and Third-Party Payer
- IV. Pain Survey Results-Ihsan Mahdi; MD, MPH
- V. Integrative Treatment Presentations
Acupuncture-Ernest Dole; PharmD, PhC, FASHP, BCPS Clinical Pharmacist
Chiropractic-Michael Pendleton; DC-APC, CCSP, DACNB, FABBIR
Naprathy-Beau Hightower; DAAPM, DC, MS, CSCS, CES
- VI. Medical Cannabis for Chronic Pain Presentation- Jenna Burt; MPH
- VII. Update on Alternative Pain Committee-Harris Silver
- VIII. Update on Benzodiazepines Prescribing Committee-Dr. Steven Jenkusky
- IX. Discussion Topic-Narcan dispensing through Hospital ED Visit
- X. Next Meeting

Overdose Prevention and Pain Management Advisory Council

MEETING MINUTES

DATE: June 22, 2018

TIME: 1:30PM TO 3:30PM

LOCATION: NM Scientific Laboratories Building, Albuquerque

MEETING FACILITATOR: Michael Landen, DOH

COUNCIL MEMBERS PRESENT:

Ernie Dole
Lynda Ann Green
Steve Jenkusky
Joanna Katzman
Michael Landen
Cheranne McCracken
Michael Pendleton
Clare Romero
Steven Seifert

ABSENT:

Bill Barkman
Hank Beckerhoff
Jason Flores
Robert Geist
Frances Lovett
Ralph McClish
Jennifer Weiss-Burke

QUORUM: Yes

OTHER PARTICIPANTS: Michael Pridham, Wayne Lindstrom, Shirley Scott, Annaliese Mayette, Kathryn Lowerre, Susan Seefeldt, Troy Weisler, Ihsan Mahdi, Brenda McKenna, Harris Silver, Danelle Callen, Evonne Gantz, Sasha Poole, Jerry Montoya, Toby Rosenblatt, Roxanne Grajeda, Sara Thorp, Mark Clark, Anwar Walker, Jenna Burt, Adrienne Garcia, Beau Hightower, Eloy Martinez, Branden Warrick, John Battisti, Karen Cheman, Maureen Wilks, Chris Trujillo, Kenny Vigil, Kassy Aragon, Dave Pitcher, Neel Roy, Margy Wienbar, Demetrius Chapman, Beth Landon, Tracy Hardy, Kari Cruz

- I. Review of Agenda-Michael Landen, DOH
- II. Review of April 13, 2018 Advisory Council Meeting Minutes-Michael Landen, DOH
Minutes approved.
- III. Reminders from Senate Bill 29-Michael Landen, DOH
 - a. 5 council positions added. Nominations need to be submitted for Addiction Specialist, Department of Public Safety, Harm Reduction Specialist, Human Services Department and Third-Party Payer
- IV. Attendee voiced concerns about new opioid prescribing limiting and/or preventing access for those in need
- V. Pain Survey Results-Ihsan Mahdi; MD, MPH
 - a. Troy Weisler-group completing surveys?
 - i. Phone based survey
 - b. Questions about goals?
 - i. Not one of the questions

- c. Demographic info around chronic illness and disease?
 - i. Is collected, not given demographic data for this
- d. A request for an expansion of the information to be presented at the next council meeting was agreed upon

VI. Integrative Treatment Presentations

- a. Acupuncture-Ernest Dole; PharmD, PhC, FASHP, BCPS Clinical Pharmacist
 - i. Discussed the effectiveness of Auricular Acupuncture (AA) and Battlefield Acupuncture (BFA) in the treatment of chronic non-cancer pain
 - ii. It is adjunct to traditional acupuncture and not dependent on traditional Chinese medicine theory
 - iii. Provided research study summaries on the decline in pain severity for chronic lower back pain, neuropathic pain due to spinal cord injury and neck pain may concluding that chronic pain patients where medications do not provide relief may benefit from the nonpharmacological alternatives of AA or BFA
- b. Chiropractic-Michael Pendleton; DC-APC, CCSP, DACNB, FABBIR
 - i. Explained what chiropractic medicine is
 - ii. Discussed modalities used in treatments and how manipulation works from a neurophysiological perspective
 - iii. In addition to the Veterans Administration, some Federally Qualified Health Centers (FQHC) have begun residency programs for chiropractic services based on the recommendation of the U.S. Surgeon General
 - iv. As of January 2015 the joint commission is now accrediting hospitals who have pain management alternatives in their facilities
 - v. 27 state Medicaid programs reimburse chiropractic physicians but New Mexico does not although Senate Memorial 070 requested this be explored in 2016
 - vi. State have implemented policies to prioritize chiropractic and other complementary therapies over painkillers (West VA & OR) or surgery for patients with back pain (OR)
 - vii. 80% of Americans experience back pain in the course of their lives with treatment costs more than \$50 billion per year
 - viii. Problem at Veterans Administration – influx of patients because PCP’s don’t want to deal with medication. VA has access to alternative pain people but are having difficulty getting patients in. There is limited availability. Nobody offered alternative pain management before these patients became used to taking opioids so offering and following through with alternative pain management is an obstacle.
 - ix. Trigger point pain management clinic will be closing at the Veterans Administration.
- c. Naprapathy-Beau Hightower; DAAPM, DC, MS, CSCS, CES
 - i. Naprapathy treats stress, aches and pains without medication presenting a zero risk of pain medication addiction
 - ii. Naprapathy treats the cause of the pain not just the symptoms
 - iii. Costs and Reimbursement Concerns
 - 1. Not covered by Medicare or Medicaid right now. State of NM Employees Plan restricted coverage

2. Only two states with licensed Naprapathic Medicine programs-IL and NM
 - iv. How many doctors?
 1. Approximately 35 in NM
- VII. Medical Cannabis for Chronic Pain Presentation- Jenna Burt; MPH
- a. Discussed Lynn and Erin Compassionate Use Act which allows for the beneficial use of medical cannabis in a regulated system for alleviating symptoms caused by debilitating medical conditions and treatments
 - b. Discussed purpose of Medical Cannabis Program (MCP) and Medical Cannabis Advisory Board
 - c. Provided information on qualifying conditions and qualified patients
 - d. Provided overview of endocannabinoid system and clinical data available to support the use of cannabis to treat symptoms related to serious medical conditions and or symptoms that are unrelieved by other means
 - e. Provided information on the opioid-sparing effect that cannabinoids co-administered with opioids enable reduced opioid doses while maintaining adequate pain control
- VIII. Update on Alternative Pain Committee Presentation-Harris Silver, M.D.
- a. Illustrated risk of continued opioid use increasing at 4-5 days, multiple opioid-related risk factors, acute opioid overdose (OD) survival can require ED visit, hospitalization and/or ICU admission from complications and elderly risk for hip fractures
 - b. Cost of opioid use disorder (OUD) being 8.7 X's higher than non-addicted patients
 - c. Multidisciplinary Integrative Approach
 - i. Often provides results in synergy of pain relief
 - ii. Reduces or eliminates the need for opioids in acute and chronic pain
 - iii. Decrease the risk of acute opioid use becoming chronic opioid use
 - iv. Reduces the risk of development of OUD and further complications
 - d. Ongoing concerns about lack and/or limitations in coverage by Medicare, Medicaid and Third-Party Payers
 - e. Name change to Integrative Pain Management Committee
 - f. Committee met via phone conference-communication proceeding via phone conferences & email
 - g. Guideline recommendations being developed
 - h. White paper to be final outcome
- IX. Update on Benzodiazepines Prescribing Committee-Dr. Steven Jenkusky
- a. Committee met and guideline recommendations are being developed
- X. Discussion Topic-Narcan dispensing through ED Visit
- a. Three EDs (Christus St. Vincent, Presbyterian and UNMH) attempting to put process in place
 - b. Discussion around capability of CYFD to distribute naloxone for parents with SUD
 - c. OTPs still reluctant to distribute naloxone
- XI. Next Meeting: **August 24, 2018, 1:30 to 3:30 PM, Scientific Laboratories Building, Albuquerque, NM - Topic:** Continuation of this meeting Topics

New Mexico Overdose Prevention and Pain Management Advisory Council

August 24, 2018

1:30 to 3:30 PM

Location:
Scientific Laboratories Building
Albuquerque, NM

MEETING AGENDA

- I. Introductions and Review of Agenda
- II. Review of June 22, 2018 Advisory Council Meeting Minutes
- III. Update New Committee Member Status:
Addiction Specialist
Department of Public Safety
Harm Reduction Specialist
Human Services Department
Third-Party Payer
- IV. 2017 Drug Overdose Data-Jim Davis
- V. Expanded Pain Survey Results-Ihsan Mahdi
- VI. Status Update Integrative Treatments for Pain-Harris Silver
- VII. 2018 Recommendations-Michael Landen
- VIII. Status Update Benzodiazepines
 - a. Recommendations in progress
 - b. Draft to be provided to the committee prior to the next Advisory Council Meeting
- IX. Public Health Approaches to Substance Use Disorder-Handout
- X. Opioid Crisis Act-Melanie Goodman, Office of Senator Udall
- XI. Pharmacy and Health Plan Barriers to Opioid Dispensing-Joanna Katzman, Ernest Dole
- XII. Narcan dispensing progress through-BHSD
- I. Next Meeting- All Fridays available in October, November and December

Overdose Prevention and Pain Management Advisory Council

Meeting Minutes

Date: August 24, 2018

Time: 1:30 to 3:30 PM

Location: Scientific Laboratories Building, Albuquerque, NM

COUNCIL MEMBERS PRESENT:

Ernie Dole
Lynda Ann Green
Joanna Katzman
Michael Landen
Frances Lovett
Cheranne McCracken
Brandon Warrick
Jennifer Weiss-Burke

ABSENT:

Bill Barkman
Hank Beckerhoff
Jason Flores
Robert Geist
Steve Jenkusky
Wayne Lindstrom
Ralph McClish
Michael Pendleton
Clare Romero
Troy Weisler

Quorum: No

Other participants:

Harris Silver, Lisa Garcia, Chris Morehkosh, Galina Priloutskaia, Michael Pridham, Debbie Maestas, Sasha Poole, Shirley Scott, Eloy Martinez, Mayra Perez, Karen Edge, Susan Seefeldt, Evonne Gantz, Llewelyn Williams, Robert Rhyne, Chris Trujillo, Jim Davis, Ihsan Mahdi, Robert Audis, Nathan Otero, Luigi Garcia-Saavedra, Bill Wiese, Robert Rhyne, Annaliese Mayette, Melanie Goodman, Robin Swift, Steven Seifert, Roxanne Grajeda, Sharon Finarelli, Tiffany Wynn, Jacqueline Romero, Mark Clark, Leslie McAuren, Michael Zards, Victoria Wagner, Marcus Erickson, Arlene Brown, Peter Ryba

- I. Review of Agenda
- II. Review of June 22, 2018 Advisory Council Meeting Minutes
- III. Update New Committee Member Status:
Addiction Specialist-appointed
Department of Public Safety-appointed
Harm Reduction Specialist-vacant
Human Services Department-vacant
Third-Party Payer-vacant
- IV. 2017 Drug Overdose Data-Jim Davis
 - a. Revised population numbers 2010-2016, NM rate flat last 3 years. There is an increase in meth involvement and Alprazolam increase in overdose deaths. Alprazolam is the

first time a benzo has been number one drug involved in overdose deaths. Rio Arriba County #1 by rate.

- V. Expanded Pain Survey Results-Ihsan Mahdi
 - a. BRFSS 2017 6,000-6,500 in NM. Increased ER visits for females, 55-64 year olds, rural, unable to work. People with well managed chronic pain used multiple treatment modalities.

- VI. Status Update Integrative Treatments for Pain-Harris Silver
 - a. Working on brief report with recommendations by population and pain types. Suboxone is an option for alternatives for pain management. Asking for Medicaid coverage for Integrative Treatments and strategies for address rural areas with less access to services and meetings.

- VII. 2018 Recommendations-Michael Landen
 - a. Reviewed previous recommendations (spreadsheet) and looking for new recommendations.

- VIII. Status Update Benzodiazepines
 - a. Recommendations in progress
 - b. Draft to be provided to the committee prior to the next Advisory Council Meeting

- IX. Public Health Approaches to Substance Use Disorder
 - a. ASTHO handout provided

- X. Opioid Crisis Act-Melanie Goodman, Office of Senator Udall
 - a. Presented handout and current strategies presented. The actual bill is 350 pages so a substitute bill has been submitted. Please contact Melanie for further conversations.

- XI. Pharmacy and Health Plan Barriers to Opioid Dispensing-Joanna Katzman, Ernest Dole
 - a. In addition to presentation there was discussion as to current difficulties getting prescriptions filled due to changes in Pharmacy Chain requirements (Walmart example). Explained that some pharmacies are using guidelines as actual rules and the challenges that pharmacies are being faced with due to the max quota of opioids being available. Chains are limiting what a pharmacy can get. Some patients that have changed insurance are being viewed as new patients and being dropped by pharmacies. Comments were made that we need to find a way to get pain patients treated and their prescriptions without these barriers. Council was encouraged to review recommendations and continue discussions.

- XII. Narcan dispensing progress through-no update available

- II. Next Meeting- October 19, 2018 @ 1:30 Scientific Laboratories Building Albuquerque, NM

New Mexico Overdose Prevention and Pain Management Advisory Council

October 19, 2018
1:30 to 3:30 PM

Location:
Scientific Laboratories Building
Albuquerque, NM

MEETING AGENDA

- I. Introductions and Review of Agenda
- II. Review of August 24, 2018 Advisory Council Meeting Minutes
- III. Update New Committee Member Status:
Addiction Specialist
Harm Reduction Specialist
Third-Party Payer-vacant
- III. Benzodiazepine Recommendations Status-Steven Jenkusky
- IV. Integrative Treatments for Pain Progress-Harris Silver
- V. 2018 Recommendation Review and 2019 Determinations-Michael Landen
- VI. Crisis NOFO Grant Award DOH
- VII. Next Meeting

Overdose Prevention and Pain Management Advisory Council

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, Leeanza 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

- I. 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.
- II. Review of August 24, 2018 Advisory Council Meeting Minutes
- III. Update New Committee Member Status:
Addiction Specialist-pending
Harm Reduction Specialist-pending
Third-Party Payer-vacant

- VIII. **Benzodiazepine Recommendations Status-Steven 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.
- IX. **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.
- X. **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.
- XI. **2018 Recommendation Review and 2019 Determinations-Michael Landen**

Item	Category	Recommendation Description	Comments
1	Harm Reduction	New Mexico legislation should be sought to establish a safe consumption space pilot project as a harm reduction strategy.	Present in December
2	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 those with criminal charges	Present in December
3	Naloxone Access	Naloxone should be distributed to individuals upon release from criminal justice settings	It is law but has been implemented in a "haphazard manner." Needs to be re-written.
4	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.	No comments

5	Prescribing Behavior	Methadone dispensing information, when used for treatment of opioid use disorder, should be transmitted to the New Mexico Prescription Monitoring Program.	Concern that this would be violation of federal law (as specified in CFR 42.2)
6	Substance Use Disorder Treatment	Treatment for methamphetamine use disorder should be encouraged.	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)
7	Substance Use Disorder Treatment	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.	Contingent on having a functioning referral mechanism in place
8	Substance Use Disorder Treatment	Prior authorization requirements for medications used to treat opioid use disorder should be eliminated.	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.
9	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.	This is starting in Bernalillo County
10	Substance Use Disorder Treatment	Universal drug screens should be administered to individuals treated in emergency departments for confirmed or possible drug overdose	Contingent on having a functioning referral mechanism in place
11	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 comments
12	Other	Screening for fentanyl and fentanyl analogues should be routine in toxicology testing.	No comments
13	Other	Hospital emergency department staff education about people who use drugs should be strengthened	Contingent on having a functioning referral mechanism in place

		and improved to reduce stigma and encourage more individuals to access 911 emergency services.	
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- XII. 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

New Mexico Overdose Prevention and Pain Management Advisory Council

December 7, 2018

1:30 to 3:30 PM

Location:

Scientific Laboratories Building
Albuquerque, NM

MEETING AGENDA

- I. Introductions and Review of Agenda
- II. Review of October 19, 2018 Advisory Council Meeting Minutes
- III. 2018 CDC Overdose Prevention Recommendations-Michael Landen
<https://www.cdc.gov/drugoverdose/policy/index.html>
<https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf>
- XIII. Benzodiazepine Prescribing Guidelines Draft Paper Presentation-Sтивен Jenkusky
- XIV. Integrative Treatments for Pain Committee Status-Michael Pridham
- XV. 2019 Recommendations-Michael Landen
- XVI. Next Meeting

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 Prilouts kaya, 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 monoprodut 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	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.

	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 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	Various forms of medication assisted treatment should be available for incarcerated individuals, who should later be	support possible legislation for UNM Health Science Center Pain Management and Extension for Community Healthcare Outcomes (ECHO)

Disorder Treatment	referred to appropriate care MAT providers upon release.	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.

Next Meeting-January 4, 2019 @ 1:30 location TBD.

Topic: Finalize council recommendations