

New Mexico Overdose Prevention and Pain Management Advisory Council

January 4, 2019
1:30 to 3:30 PM

Location:
New Mexico Hospital Association
7471 Pan American Freeway NE
Albuquerque, NM

MEETING AGENDA

- I. Introductions and Review of Agenda
- II. Review of December 7, 2018 Advisory Council Meeting Minutes
- I. 2019 Recommendations-Michael Landen
- II. 2019 Council Membership
- III. 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 monoproduct should be prescribed instead so a request was made that the DOH pull the data for further evaluation.
- d. Discussion about safe consumption sites and what that might look at as a connection to other MAT services.

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

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

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

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

Topic: Finalize council recommendations

New Mexico Overdose Prevention and Pain Management Advisory Council

March 22, 2019
1:30 to 3:30 PM

Location:
Scientific Laboratories Building, Albuquerque, NM
Albuquerque, NM

MEETING AGENDA

- IV. Introductions and Review of Agenda-Michael Landen
- V. Review of Jan 4, 2019 Advisory Council Meeting Minutes-Michael Landen
- VI. Advisory Council status and open seats-Michael Landen
- VII. Status of relevant legislation-Michael Landen
- VIII. New CDC Overdose Prevention Grant-Michael Landen
- IX. Integrative solutions for pain sub-committee update/Legislative outcomes PowerPoint -Michael Pridham
- X. Meth sub-committee update-Brandon Warrick
- XI. Council agenda for 2019-Michael Landen
- XII. Next Meeting-Michael Landen

Overdose Prevention and Pain Management Advisory Council

Meeting Minutes

January 4, 2019 1:30 to 3:30 PM

Location: New Mexico Hospital Association

COUNCIL MEMBERS PRESENT:

Hank Beckerhoff
Ernie Dole
Lynda Ann Green
Steve Jenkusky
Joanna Katzman
Michael Landen
Wayne Lindstrom
Frances Lovett
Ralph McClish
Michael Pendleton
Clare Romero
Brandon Warrick
Troy Weisler
Jennifer Weiss-Burke

ABSENT:

Bill Barkman
Jason Flores
Cheranne McCracken

Quorum: Yes

Other participants:

Arlene Brown, Michael Pridham, Mark Erickson, Annaliese Mayette, Toby Rosenblatt, Peter Ryba, Chris Trujillo, Susan Seefeldt, Jon Bloomfield, Galine Priloutskaya, Robert Rhyne, Janet Johnson, Michael Zardo, Michael Sievert, Hayley Peterson, Flor Cano-Soto, Mark Clark, Sondra Frank, Jim Davis, Kathryn Lowerre, Ray Baca, Anne Timmins, Rachel Wexler, Paige Menking, Sasha Poole, Megan Deissinger, Debra Newman, Jerry Montoya, Theresa Baillie, Danelle Callan. Anwar Walker, Brooke Parish, Sandra Adondakis, Robin Swift

Previous MEETING AGENDA

- XIII. Introductions and Review of Agenda
- XIV. Review of December 7, 2018 Advisory Council Meeting Minutes
- XV. 2018 Recommendations-Michael Landen

Item	Category	Recommendations from December Meeting	For January Advisory Council Meeting	Year	Support Yes/No
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1	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.	2018	Yes-Voted on Dec For-9 Against-0
2	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.	2018	Yes-Voted on Dec For-9 Against-0
3	Prescribing Behavior	New: Benzodiazepine Prescribing Guidelines	Medical provider boards should adopt the Benzodiazepine Prescribing Guidelines once approved by the council.	2018	Yes-Voted on Dec For-9 Against-0
4	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.	2018	Not voted on
5	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.	2018	Not voted on
6	Naloxone Access	Naloxone should be distributed to individuals upon release from criminal justice settings. The statutory requirement that distribution of naloxone to individuals upon release from criminal justice settings be contingent on "agency funding and agency supplies of naloxone " should be eliminated. The applicable statute (33-2-51 NMSA 1978, Paragraph A), states "As corrections department funding and department supplies of naloxone permit, upon discharge of an inmate who has been diagnosed with an opioid use disorder from a corrections facility, regardless of whether that inmate has received treatment for that disorder, the corrections department shall: ensure that the inmate is provided with... (education and naloxone)	Naloxone should be distributed to individuals upon release from criminal justice settings. The statutory requirement that distribution of naloxone to individuals upon release from criminal justice settings be contingent on "agency funding and agency supplies of naloxone " should be eliminated.	2018	Yes-Voted on Jan For-14 Against-0

7	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.	2018	Yes-Voted on Jan For-14 Against-0
7a	Naloxone Access	Naloxone should be made available to patients during and after their participation in opioid treatment programs.	Developed from additional conversations around 6 & 7-opioid treatment programs should facilitate this. The statutory requirement that distribution of naloxone to individuals in detoxification treatment or maintenance treatment settings be contingent on "agency funding and agency supplies of naloxone" should be eliminated.	2018	Yes-Voted on Jan For-14 Against-0
8	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)	2018	Not voted on
9	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.	2018	Not voted on
10	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 individuals with confirmed or suspected substance use disorder.	2018	Not voted on

11	Other	New: Significantly increase number of Addiction Medicine providers by offering financial incentives.	The State of New Mexico should incentivize providers by covering cost associated with fees and efforts to apply, register and prepare for the examination to become board certified in Addiction Medicine.	2018	Not voted on
12	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 detailers should be deployed across New Mexico to assist providers with patients who receive opioids and/or benzodiazepines.	2018	Yes-Voted on Jan For-11 Against-0 Abstained-3
13	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.	2018	Not voted on
14	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.	2018	Yes-Voted on Jan For-14 Against-0
15	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.	2018	Yes-Voted on Jan For-13 Against-0 Abstained-1
16	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.	2018	Not voted on
17	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.	2018	Not voted on
18	Substance Use Disorder Treatment	New: Should prior authorization be required for buprenorphine monoprodukt outside of recommended indications/use. Prior authorization should be required for mono-buprenorphine products for	Medical provider licensing boards should adopt guidelines on prescribing limits of buprenorphine monoprodukt. Point of reference was suggested to review Virginia's law.	2018	Yes-Voted on Jan For-14 Against-0

		Opioid Use Disorder patients except for pregnant women.			
19	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.	All forms of medication assisted treatment should be available for incarcerated individuals, who should be referred to appropriate care MAT providers upon release.	2018	Not voted on
20	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. Hospitals and their Emergency Departments should screen for substance use disorder among patients who are treated and/or admitted with confirmed, suspected, or risk of substance us disorder.	2018	Yes-Voted on Jan For-5 Against-0 Abstained-0 Reworded: Yes-Voted on Jan For-9 Against-0 Abstained-0

XVI. 2019 Council Membership-no word from the new administration as to if there will be changes in the membership. Will provide and update at March meeting if applicable.

XVII. Next Meeting

March 22, 2019 @ 1:30 location -Scientific Laboratories Building Albuquerque, NM

Topic: Legislation News, changes to council if applicable

New Mexico Overdose Prevention and Pain Management Advisory Council

May 10, 2019
1:30 to 3:30 PM

Location:
**New Mexico Hospital Association
7471 Pan American Freeway NE
Albuquerque, NM 87109**

MEETING AGENDA

- I. Introductions
- II. Review of March 22, 2019 Advisory Council Meeting Minutes
- III. Review of Agenda
- IV. 2019 Council Membership Status
- V. Post-operative pain management, Eugene Koshkin, MD
- VI. State Health Plan
- VII. Overdose Strategic Plan
- VIII. Integrative Pain Management Committee Update
- IX. Next Meeting Dates

Overdose Prevention and Pain Management Advisory Council

Meeting Minutes

Date: March 22, 2019

Time: 1:30 to 3:30 PM

Location: Scientific Laboratories Building, Albuquerque, NM

COUNCIL MEMBERS PRESENT:

Hank Beckerhoff
Joanna Katzman
Michael Landen
Frances Lovett
Cheranne McCracken
Michael Pendleton
Troy Weisler
Ralph McClish
Lynda Ann Green
Brandon Warrick

ABSENT:

Bill Barkman
Ernie Dole
Jason Flores
Wayne Lindstrom
Clare Romero
Jennifer Weiss-Burke
Steve Jenkusky

Quorum: Yes

Other participants:

Michael Pridham, Patrick Stafford, Karen Edge, Roxanne Grajeda, Toby Rosenblatt, Evonne Gantz, Ihsan Mahdi, Peter Ryba, Chris Trujillo, Susan Seefeldt, Janet Johnson, Patrick Stafford, Hayley Peterson, Mark Clark, Arlene Brown, Kathryn Lowery, Aimee Rochelle, Jerry Montoya, Peter Ryba, Julie Griffin Salvador, Robert Rhyne, Debra Newman, Llewelyn Williams, Shirley Scott, Chandelle Chavez, Theresa Baillie, Bill Wiese, Brooke Parish, Chad Valdez, Kendra Ward, Jacqueline Romero, Chad Jones, Michael Zardo, Galine Prilouts kaya, Cheyenne McCravey

MEETING MINUTES

- I. **Introductions and Review of Agenda-Michael Landen**
- II. **Review of Jan 4, 2019 Advisory Council Meeting Minutes-Michael Landen**
- III. **Advisory Council status and open seats-Michael Landen**
 - a. The Advisory Council currently has open positions and will be accepting applications for the following positions; Consumer Health Advocate, Harm Reduction Organization, New Mexico Medical Society, Third Party Payer, and Addiction Specialist.
 - b. Arlene is recommended to fill the New Mexico Medical Society seat. It is recommended that a new representative fills the Board of Dental Health Care seat.
 - c. Previously submitted applicants will need to be resubmitted due to a personnel change in legislation. Susan Seefeldt will send the application link to the mailing list.
- IV. **Status of relevant legislation-Michael Landen**
 - a. House Bill 298 did not pass after getting held up in senate finance with technical issues related to a previous House Bill 370 from 2017. House Bill 298 will be evaluated in compliance with Corrections and Law Enforcement to align with the bill's analyses and recommendations.
 - b. Provisions to the Good Samaritan Act providing additional immunity protections in overdose assistance did not pass the House Floor.
 - c. The Co-Prescribing Naloxone Bill passed but is not yet signed. This bill requires healthcare providers to counsel patients on naloxone and requires a co-prescription of naloxone for any opioid prescribed for more than 5 days. If the bill is signed, a meeting of the boards should be convened for consistency in implementation. Ralph suggests the council prepares written materials for the near future. Theresa with AdaptPharma states there will be no issue with the supply of naloxone with the new bill passing and will be looking to five other states that have already implemented similar bills as an example.
- V. **New CDC Overdose Prevention Grant-Michael Landen**
 - a. Overview of Public Opinion Survey Results presented by Kathryn Lowerre. CDC funding supported this public polling project conducted through a contract with Research & Polling, Inc. The goal of the project was to compare the national-level data with NM-specific data. The survey included questions from a national survey and some NM-specific questions. It was explained in the survey script what Naloxone and the PMP is. The survey results will be shared with the Another Way an awareness campaign to created changes based on gaps identified in the survey. The new NMDOH Overdose Information Dissemination Coordinator will improve marketing of information to identify where the public can get naloxone. There is currently education being provided to pharmacists on role of local pharmacies reducing overdose.
 - b. Grant Funding Spending Ideas. As of March 2019, about \$1.5 million per year supported various prevention-related contracts which includes: Prescription Monitoring Program, Law Enforcement naloxone training, Academic Detailing, Drug Courts linkage to care, Corrections linkage to care, Peer support workers in EDs, marketing and polling, and Licensing Board clinician support. About \$1.2 million have supported public health surveillance and \$700k was distributed to counties, tribes, and municipalities. The funding cannot support the purchase of naloxone, fentanyl strips, or treatment.
 - c. New ideas to spend more CDC funding includes: drug screening (Debra Newman), Hero Trails physician education program (Ralph McClish/Brandon Warrick), communication between ER physicians not checking the PMP and regular providers (Arlene Brown), integration of PMP into hospital EHRs (Peter Ryba), and creation of a first responder ECHO program (Joanna Katzman).

VI. Integrative solutions for pain sub-committee update/Legislative outcomes PowerPoint -Michael Pridham

- a. Bills that passed include:
 - i. Naturopathic Doctor Licensure
 - ii. Capital Outlay Funding for Serenity Mesa
 - iii. Physical Therapy /Occupational Therapy Copay Bill – Fiscal Impact Report (FIR) mentioned there would be no budget impact.
- b. Bills that did not pass:
 - i. Senate Memorial for Non-Opioid Pain Management
 - ii. Medicaid Chiropractic Medicine & Naprapathic– HSD FIR stated this would be expensive.
 - iii. Medicaid for Acupuncture
 - iv. Chiropractic Medicine Copay Bill
 - v. Rural Tax Credit Bill – would have given a tax credit to chiropractors in rural areas.
 - vi. Advanced Practice Chiropractors
- c. Bills in process:
 - i. National Legislation for Tricare and Medicare in process – Michael met with Deb Haaland.
- d. Future Content Requested from the Integrative Solutions for Pain Subcommittee
 - i. Michael Landen – wants to hear agenda of the subcommittee at a future meeting.
 - ii. Ralph McClish – thinks a process of how patients should flow through the process of going through services and how that would influence pain management outcomes.
 - iii. Ann Green – would like a presentation to her group about services and how to give referrals.

VII. Meth sub-committee update-Brandon Warrick

- a. Tasked to write a methamphetamine guideline.
 - i. A focus on acute care in the guideline is needed. Brandon confirms that patients often present to the ER in police custody or a loved one, sometimes in full psychosis and there is no current MAT for methamphetamine.
 - ii. A focus on population health approach is needed. The Research & Polling Inc survey results are requested by the subcommittee. Other issues include anger from chronic patients and patients never actually coming off of treatment.

VIII. Council agenda for 2019-Michael Landen

- a. Potential Topics:
 - i. Stigma
 - ii. Post-operation opioid and non-opioid use
 - iii. Human trafficking and opioid use disorder
 - iv. Methamphetamine
 - v. Athletics – sports-related injury treatment
 - vi. Dental care and opioids
 - vii. Cannabis and CBD - related topics including effects and clinician education

IX. Next Meeting-Michael Landen

Next Meeting- May 10, 2019 @ 1:30 - Location TBD

New Mexico Overdose Prevention and Pain Management Advisory Council

July 19, 2019
1:30 to 3:30 PM

Location:
Scientific Laboratories Building
Albuquerque, NM

MEETING AGENDA

- X. Introductions
- XI. Review of May 10, 2019 Advisory Council Meeting Minutes
- XII. Review of Agenda
- XIII. 2019 Council Membership Status
- XIV. 2018 Overdose Death Data – Jim Davis
- XV. Strategic Plan & Gap Analysis – Evonne Gantz
- XVI. Low Threshold Suboxone – Bill Wiese & Brandon Warrick
- XVII. Findings from PMP Mandate Evaluation Report – Kathryn Lowerre
- XVIII. Methamphetamine / Integrative Pain Management Committee Updates
- XIX. Status of Implementation of Senate Bill 221
- XX. Next Meeting Date

Overdose Prevention and Pain Management Advisory Council

Meeting Minutes

Date: May 10, 2019

Time: 1:30 to 3:30 PM

Location: New Mexico Hospital Association, Albuquerque, NM

COUNCIL MEMBERS PRESENT:

Hank Beckerhoff
Michael Landen
Frances Lovett
Cheranne McCracken
Troy Weisler
Brandon Warrick
Steve Jenkusky
Ernie Dole

ABSENT:

Bill Barkman
Jason Flores
Wayne Lindstrom
Clare Romero
Jennifer Weiss-Burke
Joanna Katzman
Michael Pendleton
Ralph McClish
Lynda Ann Green

Quorum: Yes

Other participants:

Michael Pridham, Roxanne Grajeda, Toby Rosenblatt, Evonne Gantz, Ihsan Mahdi, Chris Trujillo, Aimee Rochelle, Peter Ryba, Julie Griffin Salvador, Robert Rhyne, Chandelle Chavez, Bill Wiese, Chad Jones, Galine Prilouts kaya, Cheyenne McCravey, Eugene Koshkin, Ellen Interlandi, Stanford Kemp, Megan Deissinger, Tien Nguyen, Janet Simon, Danelle Callen, Robert Drager, Patrick Nuzzo, Andrea Lohse, Marcus Erickson, Jacob Prieto, Margy Wienbar, Kelsea Aragon Gallegos, Michael Sievert, Sandra Adondakis

MEETING MINUTES

I. Introductions

II. Review of March 22, 2019 Advisory Council Meeting Minutes

III. Review of Agenda

IV. 2019 Council Membership Status

- a. The new legislation has not had time to select new appointees for the Advisory Council's six open seats; Consumer Health Advocate, Harm Reduction Organization, New Mexico Medical Society, Third Party Payer, and Addiction Specialist.
- b. Previously submitted applicants will need to be resubmitted due to a personnel change in legislation.

V. Post-operative pain management, Eugene Koshkin, MD

- a. Perioperative pain is not uniform due to the patient experience. Multimodal Therapy includes the combination of peripheral nerve blocks, medications, and modifications of surgical techniques.
- b. Factors predicting poor pain control and increased analgesic requirements include: preoperative use of opioids, preexisting pain conditions, demographic factors (gender, age), and psychological conditions (depression, anxiety, neuroticism, personality disorders).
- c. Risk factors for Persistent Postoperative Pain include: preoperative pain factors (genetics, psychological vulnerability), surgical factors (possible nerve damage), and postoperative factors (intensity of acute postoperative pain).
- d.

CHRONIC PAIN PATIENT	OPIOID ABUSING PATIENT
Appropriate use of opioid	Out of control with opioids
Opioids improve quality of life	Opioid impair quality of life
Aware of side effects; follows treatment plan	Unconcerned; does not follow treatment plan
Has medications saved from previous prescriptions	Out of medication, "loses" prescription, has a "story"

- e. Consider the following NMDA-receptor antagonists for patients who have ineffective postsurgical anesthesia despite high doses of opioid: Ketamine, Methadone (except for recovering opioid dependent patients), Magnesium, Zinc, TCA. Other recommendations include buprenorphine, gabapentin, and ketorolac.

VI. State Health Plan & Overdose Strategic Plan

- a. The detailed strategic plan is created out of the State Health Plan. The Advisory Council will have an impact on the details included in the Overdose Strategic Plan.
- b. The State Health Plan goals are as follows;
 1. Reduce drug misuse and abuse in adolescence
 2. Develop a network for outpatient treatment in NM
 3. Increase the number of statewide MAT providers in NM
 4. Create and maintain behavioral health investment zones (Rio Arriba County, McKinley County) for non-Medicaid behavioral health services
 5. Make certified peer support services available throughout NM
 6. Increase naloxone availability and use
 7. Reduce high risk prescribing of opioids and benzodiazepines through the PMP
 8. Increase secondary overdose prevention in emergency departments
- c. Recommendations from the Advisory Council:
 - i. The group would like to see an increase in educational marketing and efforts to reduce stigma.
 - ii. Mention of the needle exchange program should be included in goal six.
 - iii. The discussion of safe injection sites should be included.

- iv. The PMP should not be the only tool to achieve goal seven. The denial of healthcare insurance should be considered, this may impact prescribing patterns. Trends in high dose/short period prescribing is in development for identification and review.
- v. Leveraging insurance payers to increase accessibility for alternative treatments through insurance coverage should be added.
- vi. Further conditions should be considered for fatal overdose linkage to care.
- vii. Support for providers, including training, needs to be addressed. An ECHO program may be a good resolution to provide support.
- viii. Policies around MAT treatment and intervention services need improvement.

VII. Integrative Pain Management Committee Update

- a. The subcommittee recently met to review the Whitepaper document, which is uploaded on to Google documents for interested parties to access. Please request the link from Michael Pridham.
- b. The current guidelines will be separated into acute, chronic, and surgical categories. The top 10 ten diagnosis and conditions that impact pain will be identified for each category. Cost savings, outcomes, and policy related to the topic will be reviewed for consensus.

VIII. Next Meeting Date

- a. July 19, 2019 @ 1:30 – Scientific Laboratories Building, Albuquerque, NM
- b. Potential Topics:
 - i. Stigma
 - ii. Human trafficking and opioid use disorder
 - iii. Methamphetamine
 - iv. Athletics – sports-related injury treatment
 - v. Dental care and opioids
 - vi. Cannabis and CBD - related topics including effects and clinician education

New Mexico Overdose Prevention and Pain Management Advisory Council

September 20, 2019

1:30 to 3:30 PM

Location:

Scientific Laboratories Building

Albuquerque, NM

MEETING AGENDA

- XXI. Introductions
- XXII. Review of July 19, 2019 Advisory Council Meeting Minutes
- XXIII. Review of Agenda
- XXIV. 2019 Council Membership Status
- XXV. 2018 Overdose Death Data – Jim Davis
- XXVI. Strategic Plan & Gap Analysis
- XXVII. Methamphetamine / Integrative Pain Management Committee Updates
- XXVIII. 2019 Recommendations
- XXIX. Next Meeting Date

Overdose Prevention and Pain Management Advisory Council

Meeting Minutes

Date: July 19, 2019

Time: 1:30 to 3:30 PM

Location: New Mexico Hospital Association, Albuquerque, NM

COUNCIL MEMBERS PRESENT:

Hank Beckerhoff
Michael Landen
Lynda Ann Green
Cheranne McCracken
Michael Pendleton
Ernie Dole
Jennifer Weiss-Burke
Joanna Katzman
Brandon Warrick
Bill Barkman

ABSENT:

Jason Flores
Wayne Lindstrom
Clare Romero
Ralph McClish
Frances Lovett
Troy Weisler
Steve Jenkusky

Quorum: Yes

Other participants:

Bill Weise, Sasha Poole, Jerry Montoya, Diana Lopez, Mark Clark, Susan Seefeldt, Margy Wienbar, Karen Edge, Peter Ryba, Paige Menking, Virginia Sedore, Chris Trujillo, Aimee Rochelle, Evonne Gants, Danelle Callen, Arlene Brown, Shirley Scott, Ellen Interlandi, Katheryn Lowerre, Chris Hollis, Flor Cano Soto, Rachelle Howell, Melinda Pattison, Caroline Bonhan, Amanda Sanchez, Marcos Erickson, Cristal Rico, Lauren Miera, Dulce Carrillo, Michael Pridham, Toby Rosenblatt, Cheyenne McCravey, Peter Ryba, Stanford Kemp, Tien Nguyen, Patrick Gutierrez, Wendy Price, David Sullivan, Michael Pelton, Sandra Adondakis, Melinda Joy, Rochelle Howell, Christine Hurlless, Jim Davis, Kathryn Lowerre, Diana Lopez, Debra Newman, Joanna Katzman, Karen Edge, Rebecca Leppala

MEETING MINUTES

- I. **Introductions**
- II. **Review of July 19, 2019 Advisory Council Meeting Minutes**
- III. **Review of Agenda**
- IV. **2019 Council Membership Status**
 - a. New appointments for the Advisory Council's following open seats have not been made: Consumer Health Advocate, Harm Reduction Organization, New Mexico Medical Society, Third Party Payer, and Addiction Specialist. The Councilors and other attendees were invited to submit nominations, to recommend nominees, and to invite others to nominate themselves for the open seats. Applications can be completed online at the Office of the Governor's Boards and Commissions website. The direct link is: <https://www.emailmeform.com/builder/form/Oqd5SaP9ZFhWEVt55kMbf2zn>
- V. **New Mexico Drug Overdose Prevention Quarterly Measures Report – Jim Davis**
 - a. *What types of organizations can distribute naloxone, and can it be distributed upon request?*
 - i. The current standing order allows anyone to obtain naloxone without a prescription from a pharmacy.
 - ii. Naloxone and training can be requested from the Office of Substance Abuse Prevention (OSAP) under the Behavioral Health and Human Services Division.
 - iii. Medicaid covers naloxone.
 - iv. The Harm Reduction Program, which is in the Department of Health, is providing naloxone for public use.
 - v. A DOH contract with Law Enforcement Training International (LETI), provides and trains law enforcement to use naloxone. LETI can provide trainings upon request.
 - b. *Comment concerning clinicians who are not checking the PMP.*
 - i. The Board of Pharmacy responds to these specific individuals by mail to address the issue.
 - c. *Where is Medicaid paying for naloxone?*
 - i. Medicaid is paying for two boxes, one dose per box, at retail pharmacies.
- VI. **Strategic Plan & Gap Analysis – Evonne Gantz**
 - a. *Will age be a factor that is addressed in the Gap Analysis? Yes.*
 - b. *Elderly inpatients are apparently being disqualified for treatment for substance use disorder due to other Medicaid issues, including oxygen use.*
 - c. Patients who have insurance are having issues obtaining naloxone due to copayment costs.
- VII. **Low Threshold Suboxone – Bill Wiese**
 - a. *Identified Challenges:*
 - i. Patients struggle to get into treatment and stay in it.
 - ii. Continuation of care is a greater challenge and makes a patient even more vulnerable to relapsing and getting kicked out of program care.
 - b. *Identified Solutions:*
 - i. Patients should not be kicked. Providing a higher level of care is the appropriate approach to patient management.
 - ii. The trend to kick patients out of care may change with students being trained to reduce the possible levels of stigma and to provide higher level of patient care.
- VIII. **Findings from PMP Mandate Evaluation Report – Kathryn Lowerre**

- a. No questions or comments.

IX. Methamphetamine / Integrative Pain Management Committee Updates

- a. *Methamphetamine Committee to meet in August.*
- b. *Integrative Pain Committee to meet on August 9th.*
 - i. The group is focusing on a new mission to educate members, law makers, and health insurance while not duplicating services.

X. Status of Implementation of Senate Bill 221

- a. *The bill went into effect on June 14th.*
- b. *Arlene Brown states:*
 - i. Commercial plans, specifically Blue Cross and Worker's Compensation, are not covering the cost of naloxone. There is a challenge for some patients to pay for the naloxone at every opioid refill and some pharmacies will not sell the opioid without the naloxone purchase. Some pharmacies are refusing the purchase due to the pharmacy being out of naloxone, sending the patient to another pharmacy.
 - ii. Board of Pharmacy Director Cheranne McCracken said that the Board plans to send out a letter to notify PMP users of their ability to sell the opioid without the naloxone purchase and inform the hospitals and pharmacies of the correct legal obligations.

XI. Next Meeting Date

- c. September 20, 2019 @ 1:30 – Scientific Laboratories Building, Albuquerque, NM
- d. Potential Topics:
 - i. Stigma
 - ii. Human trafficking and opioid use disorder
 - iii. Methamphetamine
 - iv. Athletics – sports-related injury treatment
 - v. Dental care and opioids
 - vi. Cannabis and CBD - related topics including effects and clinician education

New Mexico Overdose Prevention and Pain Management Advisory Council

November 8, 2019

1:30 to 3:30 PM

Location:

Scientific Laboratories Building

Albuquerque, NM

MEETING AGENDA

- XXX. Introductions
- XXXI. Review of September 20, 2019 Advisory Council Meeting Minutes
- XXXII. Review of Agenda
- XXXIII. 2019 Council Membership Status
- XXXIV. Recommendations
 - Presentation Topic 1 – Joanna Katzman
 - Presentation Topic 2 – Maternal Morality Review Committee
- XXXV. Strategic Plan / Gap Analysis / State Health Improvement Plan
- XXXVI. Methamphetamine / Fentanyl / Integrative Pain Management Committee Updates
- XXXVII. 2019 Recommendations
- XXXVIII. Next Meeting Date

Overdose Prevention and Pain Management Advisory Council

Meeting Minutes

Date: September 20, 2019

Time: 1:30 to 3:30 PM

Location: New Mexico Hospital Association, Albuquerque, NM

COUNCIL MEMBERS PRESENT:

Troy Weisler
Michael Landen
Frances Lovett
Brandon Warrick
Hank Beckerhoff
Jennifer Weiss-Burke
Ralph McClish

ABSENT:

Jason Flores
Wayne Lindstrom
Clare Romero
Steve Jenkusky
Lynda Ann Green
Cheranne McCracken
Michael Pendleton
Ernie Dole
Joanna Katzman
Bill Barkman

Quorum: Yes

Other participants:

Stanford Kemp, Don Johnson, Bernadette Read, Peter Ryba, Jim Davis, Shirley Scott, Toby Rosenblatt, Flor Cano Soto, Rebecca Leppala, Dale Tinker, Roxanne Grajeda, Bill Weise, Michael Pridham, Ellen Interlandi, Susan Wilson, Alanna Lovett, Jacob Prieto, Kendra Ward, Tien Nguyen, Mark Clarke, David Selvage, Patrick Gutierrez, Chris Trujillo, Chris Hollis, Megan Deissinger, Sandra Frank, Mark Clark, Susan Wilson, Scott McFaul, Karen Cheman, Arlene Brown

MEETING MINUTES

XII. Introductions

XIII. Review of July 19, 2019 Advisory Council Meeting Minutes

XIV. Review of Agenda

XV. 2019 Council Membership Status

- a. New appointments for the Advisory Council's following open seats have not been made: Consumer Health Advocate, Harm Reduction Organization, New Mexico Medical Society, Third Party Payer, and Addiction Specialist. The Councilors and other attendees were invited to submit nominations, to recommend nominees, and to invite others to nominate themselves for the open seats. Applications can be completed online at the Office of the Governor's Boards and Commissions website. The direct link is: <https://www.emailmeform.com/builder/form/Oqd5SaP9ZFhWEVt55kMbf2zn>

XVI. 2018 Overdose Death Data – Jim Davis

- a. The U.S has an increasing overdose death rate average that is catching up to New Mexico's rate. The climbing U.S. trend is expected to continue. West Virginia is the epicenter of the fentanyl epidemic that influence's the rising U.S. death rate.
- b. New Mexico's overdose death rate is influenced by the following substances from highest to lowest: methamphetamine, prescription opioids, heroin, alcohol, benzodiazepines, and fentanyl plus other analgesics. Rio Arriba County had the highest overdose death rate in New Mexico during 2018. The future challenges with be methamphetamine and fentanyl.
- c. The top prescription opioids used in overdose deaths were Alprazolam, OxyContin, and morphine. Alprazolam is always used in combination with another substance in an overdose death.
- d. The methamphetamine overdose death rate is higher in New Mexico South of I-40, especially in the southwest corner of the state. Methamphetamine is used most commonly in the Caucasian population, specifically younger males.
- e. Jennifer Weiss confirms this is consistent with the treatment center. State police confirms the market is currently flooded with cheap methamphetamine that is from Mexico. The population previously using heroin is transitioning to meth due to the fear of fentanyl being mixed into heroin. Fentanyl has been identified for the first time in Northern New Mexico (Espanola Area) through the Human Services Department's testing at the Needle Exchange Program.
- f. From 2014 to 2018, there was a 35% decrease in prescription opioid overdose deaths and a 13% decrease in all opioid overdose deaths.
- g. Mike has suggested that the Council will create a Fentanyl Committee to identify trends and find creative approaches to combat injectable or pill-based Fentanyl. Brandon Warrick, David, and Patrick volunteered for the committee. A DOH representative will be added to the committee as well. Brandon Warrick suggests the topic of heroin is included as a priority of the committee.

XVII. Strategic Plan & Gap Analysis

- a. The Human Services Department did an evaluation around Behavioral Health Services offered by the state. New Mexico as a state received an F. The Department of Health, Human Services Department, and Child, Youth, and Families Department are working together with treatment providers to improve behavioral health services offered across the state. Bernadette Read is leading this effort.
 - i. Bill – Is there any discussion on the dynamic that drives the services offered? What financial parameters and insurance coverage is involved? The future will focus on HSD looking at treatment availability within the Medicaid system and in Tribal Communities. HSD is also leading the way to identify financial barriers to services, this is a great time to do so politically.
 - ii. David – Are individuals aware of the Emergency Department Bridge, a MAT model used in California? This could be a model applied to New Mexico.

- iii. Arlene – We need to look at the lack of providers in rural areas as an underlying issue. How do we address this? Dr. Richards is leading a legislation group finance committee to address this issue (Ellen).
- b. For the Gap Analysis a final Substance Use Disorder provider list is expected by October 21, 2019.
- c. Southwest Planning Management is analyzing the data from the survey and using it to prepare for the first Strategic Planning Meeting scheduled October 4, 2019. The meeting will focus on the Vision, Mission, and SWOT. The second Strategic Planning Session will be held in November and will focus on Goals, Objectives and Strategies.

XVIII. Methamphetamine / Integrative Pain Management Committee Updates

- a. Brandon’s presentation on Acute Management of Stimulant Intoxication utilizes a benzodiazepine as the primary agent to “chemically restrain” a patient with an over stimulated fight or flight response. A decreased response in the GABA receptors makes it harder for stimulants to be sent out into the body.
 - i. Is Adderall a good replacement? There is not enough literature to support the treatment.
- b. A meeting took place with Heinrich’s office regarding the Medicare Authorization Act to increase Chiropractic services to Medicare patients. A similar bill to provide access for Veteran’s through Tricare is going to be proposed next. The Integrative Pain Management Committee still needs input from other types of alternative provider groups.

XIX. 2019 Recommendations

- a. David – MAT needs to be provided in jails/prisons and the ACLU is supporting the change.
- b. Brandon – There is a practice pathway to be certified in addiction medicine is available until 2021. A state supported health center is needed and could be created with the Poison Control Center. Promote the coordinated effort of the medical and policing community to shut down a provider while ensuring the capacity for a safe transition of patients to other providers.
- c. Arlene – High copays and multiple prior authorizations needs to be addressed.
- d. Sandra – Language issues with Senate Bill 21 have been brought to the attention of Senator Soules.
 - i. Peter – The Board of Pharmacy sent out a letter to provide education on the Bill’s interpretation.

XX. Next Meeting Date

- e. November 8, 2019 @ 1:30 – Scientific Laboratories Building, Albuquerque, NM
- f. Potential Topics:
 - i. Stigma
 - ii. Human trafficking and opioid use disorder
 - iii. Methamphetamine
 - iv. Athletics – sports-related injury treatment
 - v. Dental care and opioids
 - vi. Cannabis and CBD - related topics including effects and clinician education

New Mexico Overdose Prevention and Pain Management Advisory Council

January 10, 2020

1:30 to 3:30 PM

Location:

Scientific Laboratories Building

Albuquerque, NM

MEETING AGENDA

- XVIII. Introductions and Review of Agenda
- XIX. Review of November 8, 2019 Advisory Council Meeting Minutes
- XX. 2020 Recommendations - Michael Landen
- XXI. 2020 Council Membership
- XXII. Next Meeting

Overdose Prevention and Pain Management Advisory Council

Meeting Minutes

Date: November 8, 2019

Time: 1:30 to 3:30 PM

Location: New Mexico Hospital Association, Albuquerque, NM

COUNCIL MEMBERS PRESENT:

Michael Landen
Mika Tari
Troy Weisler
Cheranne McCracken
Frances Lovett
Michael Pendleton
Clare Romero
Hank Beckerhoff
Jennifer Weiss-Burke
Joanna Katzman
Brandon Warrick

ABSENT:

Jason Flores
Steve Jenkusky
Lynda Ann Green
Ernie Dole
Ralph McClish
Bill Barkman

Quorum: Yes

Other participants:

Theresa Baillie, Kathy Imburgia, Marquette Rose, Rebecca Leppala, Michael Sievert, Janet Popp, Mark Clark, Hayley Peterson, Galine Prilouts kaya, Brooke Parish, Robert Rhyne, Kathryn Lowerre, Susan Seefeldt, Patrick Stafford, Ellen Interlandi, Hilary Stim, Laura Brown, Megan Deissinger, Michael Pridham, Michelle Morath, Peter Ryba, Dale Tinker, Jacob Prieto, Katie Avery, Aimee Rochelle, Christie McAuley, Julie Salvador, Leah Nelson, Rob Drager, Toby Rosenblatt, Michael Pendleton

MEETING MINUTES

XXXIX. Introductions

XL. Review of September 20, 2019 Advisory Council Meeting Minutes

XLI. Review of Agenda

XLII. 2019 Council Membership Status

- a. New appointments for the Advisory Council's following open seats have not been made: Consumer Health Advocate, Harm Reduction Organization, New Mexico Medical Society, Third Party Payer, and Addiction Specialist. The Councilors and other attendees were invited to submit nominations, to recommend nominees, and to invite others to nominate themselves for the open seats. Applications can be completed online at the Office of the Governor's Boards and Commissions website. The direct link is: <https://www.emailmeform.com/builder/form/Oqd5SaP9ZFhWEVt55kMbf2zn>

XLIII. Planning Status

a. Overdose Prevention Strategic Plan – Evonne Gantz

- i. Southwest Planning Management analyzed the data from the survey and used it to prepare for the first Strategic Planning Meeting that took place on October 4, 2019. The meeting focused on the Vision, Mission, and SWOT. The second Strategic Planning Session was held on the morning of November 8th and focused on Goals, Objectives and Strategies. Considerations did include primary and secondary prevention, treatment, stigma reduction, education and future priorities.

b. Substance Use Disorder Treatment Gap Analysis – Kathy Imburgia

- i. Creative Communications has been contracted to identify substance use disorder treatment services across the state. 238 facilities and providers were identified and compared to treatment provider lists monitored by the state, totaling to 320 providers within New Mexico.
- ii. All providers and facilities on the list are being called to confirm treatment services are provided. A survey of information is collected from each provider or facility including; facility contact information, number of treatment spots maintained, number of treatment spots filled, substances treated, patient demographics, special populations (pregnancy status, & adolescents included), average waitlist status, MAT services offered, support services available, and types of payment accepted. Calls are anticipated to be completed by the end of November.
- iii. Once a baseline is identified through the current gap analysis, then coordinated resources between NMDOH, HSD and CYFD will be prioritized yearly. Final conclusions will be presented at the January Behavioral Health Collaborative, including statewide and county information.
- iv. HSD is focusing efforts to improve capacity in areas with low resources and few providers.

c. State Health Improvement Plan – Mike Landen

- i. Takes place every three years, with emphasis to implement and evaluate the current plan. New Mexico's health status in general has worsened due to diseases of despair. The SHIP is also required to maintain accreditation and focuses on key health priorities.
- ii. Key health priorities include access to primary care, obesity and diabetes, and substance use and mental health. These areas are composed of workforce, personal with developmental disabilities, persons 65 years and older, immunizations, obesity, hunger diabetes, alcohol, drug overdose, suicide, and tobacco.
 1. Joanna Katzman requests chronic pain management to be listed within the key areas, not under drug overdose, as a focus that alone could impact all three key areas.
- iii. NMDOH has identified leads for each of the 11 focus areas, such as alcohol, drug use, and suicide, who will work with key coalitions or workgroups that work on the focus area to develop objectives, activities and measures that will be used to implement the SHIP. The leads will work

with the coalition or workgroup at least every 6 months to update the work of the SHIP in the particular focus area. The goal is to improve New Mexico health status trends compared to the U.S. trends and rates.

XLIV. Subcommittee Updates

a. Methamphetamine Committee – Brandon Warrick

- i. The first meeting took place in October, bringing together partners from multiple state and local agencies. Individuals were assigned to three subgroups focusing on drug courts, treatment, and social determinates. All agree, the effects of Methamphetamine use is a high burden on community services and healthcare. Majority of methamphetamine production now comes from Mexico with a higher potency and cheaper cost.

b. Fentanyl Committee – Evonne Gantz

- i. The first meeting took place in October with 8 participants. Harm reduction has the possibility of distributing fentanyl test strips. Long-term issue discussions focused on law enforcement, public misconceptions, and barriers that rural populations encounter to access pain management care.

c. Integrative Pain Management Committee Updates – Michael Pridham

- i. Michael met with the HSD Director and Medicaid Director to discuss policy recommendations focused around third party payors. Conventional and therapeutic approaches have been reviewed to create a Pain Management Flow; starting with self-care (home exercise program, pain science education), conservative management (integrative medicine), conventional medical management (medications), interventional management (RFA, injections, spinal cord stimulators), and surgical management (decompression, laminectomy) to be considered last. The pain management and clinical recommendations have been included to the full list.

XLV. Council Recommendations for 2019

Presentation – Beyond Opioids: Pain Management and Physical Therapy – Janet Popp

a. Expand the New Mexico Rural Health Care Tax Credit to include physical therapists and physical therapy assistants

- i. \$5,000: licensed doctors, osteopathic physicians, dentists, clinical psychologists, podiatrists, and optometrists.
- ii. \$3,000: licensed dental hygienists, physician assistants, certified nurse midwives, certified registered nurse anesthetists, certified nurse practitioners, and clinical nurse specialists.
- iii. Seven-year education requirement for PTs leads to highest debt to income ratio of any healthcare provider

b. Expand the New Mexico Health Services Corp Program to include physical therapists and physical therapy assistants

- i. Administered by the DOH Office of Primary Care and Rural Health
- ii. Available to Students/Residents: Physician, PA, NP, Nurse Midwifery, EMT/Paramedic, Dental, Dental Hygiene
- iii. Provides stipends to support education in exchange for 2-year commitment in rural underserved area upon licensure

Presentation – Overdose Prevention Research in New Mexico – Joanna Katzman MD, MSPH

- i. Bill 370 mandates “as funds allow” that opiate treatment programs provide two doses of naloxone, opiate overdose education and a prescription for naloxone. Second part of Bill 370 mandates an inmate with a history of opioid use disorder leaving a facility, public or private, receives opiate overdose education, two doses of naloxone and a prescription for naloxone. The third section of Bill 370 mandates law enforcement on duty are to carry two doses of naloxone.
- ii. Representative Derrick Lente would like to support the re-proposal of Bill 370 with a language correction to remove the budget limitation, “as funds allow”. A fourth entity needs to be added to Bill 370 to provide naloxone through syringe exchange programs.

The New Mexico Department of Corrections and the county detention centers should provide Medication-Assisted Treatment to all inmates with opioid use disorder.

Senate Bill 221 (Chapter 94, Laws of 2019) should be amended to correct issues in language brought to the attention of Senator Soules.

The state should establish a pilot Safe Injection Site.

- i. A pilot site should be established, possibly in Bernalillo County, to encourage the consumption of injectable substances with safe and sterile materials. The sites, modeling facilities in Vancouver and Australia, would have medical staff to respond to an overdose, provide linkage to treatment, and educate on safe consumption. According to literature, the current safe consumption sites have never had an overdose death and the number of individuals who enter treatment increases.
 - a. An “underground” site in San Diego presented positive data at the Harm Reduction International Meeting in April 2019.
 - b. Troy Weisler cannot support this proposal from the law enforcement perspective due to the possibility of normalizing the use of injectable substances.
 - c. Julie Salvador - The point is not normalizing the behavior but normalizing addiction. The site would be an opportunity to provide linkages to care and reduce the stigma barrier.

XLVI. Next Meeting Date

- g. January 10, 2020 @ 1:30 – Scientific Laboratories Building, Albuquerque, NM
- h. Potential Future Topics:
 - i. Stigma
 - ii. Human trafficking and opioid use disorder
 - iii. Methamphetamine
 - iv. Athletics – sports-related injury treatment
 - v. Dental care and opioids
 - vi. Cannabis and CBD - related topics including effects and clinician education