

## **Governor's Task Force on Prescription Drug and Heroin Abuse**

***Tuesday, December 16, 2014***

*2:00 p.m. – 5:00 p.m.*

*Patrick Henry Building, West Reading Room*

*Richmond, Virginia*

### ***MEETING MINUTES - APPROVED***

---

#### **Members Present**

##### ***Co-Chairs***

**The Honorable William Hazel, Jr., MD**, Secretary of Health and Human Resources

**The Honorable Brian Moran**, Secretary of Public Safety and Homeland Security

##### ***Members***

**Craig Branch**, Chief of Police, Germanna Community College Police Department

**David E. Brown, DC**, Director, Virginia Department of Health Professions

**The Honorable Bill Carrico**, Member, Senate of Virginia

**James A. Cervera**, Chief of Police, Virginia Beach Police Department

**Lillian Chamberlain**, Substance Abuse Services Team Leader, Norfolk Community Services Board

**Rick Clark**, Chief of Police, Galax Police Department

**Karl C. Colder**, Special Agent in Charge, U.S. Drug Enforcement Administration, Washington Division Office

**Kim W. Craig, MSN, RN**, Executive Director, Staunton-Augusta County Rescue Squad and Vice President, Virginia Association of Volunteer Rescue Squads

**Terry D. Dickinson, DDS**, Executive Director, Virginia Dental Association

**Francine C. Ecker**, Director, Virginia Department of Criminal Justice Services

**Debra Ferguson, PhD**, Commissioner, Virginia Department of Behavioral Health & Developmental Services

**Don Flattery**, Impacted parent and community advocate for response to prescription drug and heroin abuse

**Carol Forster, MD**, Physician Director, Pharmacy & Therapeutics/Medication Safety, Mid-Atlantic Permanente Medical Group

**Mary Gavin**, Chief of Police, Falls Church Police Department

**The Honorable Charniele L. Herring**, Member, Virginia House of Delegates

**The Honorable David R. Hines**, Sheriff, Hanover County Sheriff's Office

**The Honorable M. Keith Hodges, RPh**, Member, Virginia House of Delegates

**Cynthia E. Hudson**, Chief Deputy Attorney General, Office of the Attorney General of Virginia

---

**Rick Jenkins**, Deputy Director, Bureau of Criminal Investigation, Virginia Department of State Police

**The Honorable Jerrauld C. Jones**, Judge, Norfolk Circuit Court

**Marissa J. Levine, MD MPH**, State Health Commissioner, Virginia Department of Health

**Mary G. McMasters, MD, FASAM**, Addictionologist, Comprehensive Behavioral Health

**Sarah Tollison Melton, PharmD**, Chair, One Care of Southwest Virginia

**The Honorable John M. O'Bannon**, Member, Virginia House of Delegates

**The Honorable Nancy G. Parr**, Commonwealth's Attorney, City of Chesapeake; President, Virginia Association of Commonwealth's Attorneys

**The Honorable Anthony Roper**, Sheriff, Clark County Sheriff's Office

**Patricia Shaw**, Administrator, Henrico Drug Treatment Court and President, Virginia Drug Court Association

**The Honorable Jennifer T. Wexton**, Member, Senate of Virginia

#### **Staff Present**

**Victoria Cochran**, Deputy Secretary of Public Safety and Homeland Security, Office of the Governor

**Shannon Dion**, Director of Policy and Legislative Affairs, Virginia Department of Criminal Justice Services

**Teresa P. Gooch**, Division Director of Law Enforcement and Security Services, Virginia Department of Criminal Justice Services

**Katya Herndon**, Chief Deputy Director, Virginia Department of Forensic Science

**Jaime H. Hoyle**, Chief Deputy Director, Virginia Department of Health Professions

**Caroline D. Juran**, Executive Director, Board of Pharmacy, Virginia Department of Health Professions

**Jennifer S. Lee, MD**, Deputy Secretary, Office of the Secretary of Health & Human Resources

**Jodi Manz, MSW**, Policy Advisor, Office of the Secretary of Health & Human Resources

**Ralph Orr**, Director, Prescription Monitoring Program, Virginia Department of Health Professions

**Chris Palmer**, Graduate Student-Intern, Office of the Secretary of Health & Human Resources

**Mellie Randall**, Director, Office of Substance Abuse Services, Virginia Department of Behavioral Health and Developmental Services

**Laura Z. Rothrock**, Executive Assistant and Operations Manager, Virginia Department of Health Professions

**Jessica Smith**, School and Campus Security Specialist, Division of Law Enforcement and Security Services, Virginia Department of Criminal Justice Services

**Karen Sullivan**, Administrative Planning Specialist, Virginia Department of Criminal Justice Services

**Jennifer Wicker**, Deputy Legislative Director, Office of the Governor

## **Members Absent**

**Jan M. Brown**, Executive Director, SpiritWorks Foundation and SAARA of Virginia

**Juan Santacoloma**, Multicultural Liaison, Chesterfield County and SAFE Latino Coordinator

## **Opening Remarks and Task Force Member Introductions**

*William Hazel Jr., MD, Secretary of Health and Human Resources*

Secretary Hazel called the meeting to order and welcomed the Task Force members and the public. He asked all of the Task Force members to introduce themselves. Following the introductions, he noted that there will be a change in the agenda – during the Workgroup presentations, Treatment and Storage/Disposal will switch places.

## **Swearing-In of Task Force Members**

*Levar Stoney, Secretary of the Commonwealth*

Mr. Stoney conducted the swearing-in of the new Task Force Members and those who had missed the first Task Force meeting.

## **Approval of Minutes**

*William Hazel Jr., MD, Secretary of Health and Human Resources*

Secretary Hazel asked if there were any amendments or corrections to the minutes of the November 12, 2014 Task Force meeting. There were no objections, and the minutes were approved.

## **Education Workgroup Recommendations**

*Sarah Tollison Melton, PharmD, Chair, One Care of Southwest Virginia*

Dr. Melton read each of the Workgroup recommendations. (Handout provided; see the Task Force website at [www.dhp.virginia.gov/taskforce](http://www.dhp.virginia.gov/taskforce).)

### **Recommendations:**

1. Develop a state website as an informational hub on prescription drug and heroin abuse.  
The funding source has not yet been identified. Research and discussion is needed on where the website would reside and what other states' costs were to implement their websites. A unique, easily recognizable domain name is needed. The target groups would include citizens of Virginia, healthcare professionals, law enforcement, and educators.  
**Decision:** Accepted, contingent upon funds being available. The Secretaries will look at how this can be accomplished.
2. Create and send Op-eds and Dear Colleague letters.  
This would be a coordinated media campaign aggregating the expertise of the Task Force.

**Decision:** Accepted

3. Collaborate with Storage and Disposal to encourage placement of stationary drug collection containers in every locality by law enforcement and/or pharmacies, and subsequently inform Virginians of their locations.

**Decision:** Deferred until the Storage/Disposal Workgroup presented their recommendations, upon which this was Accepted.

4. Collaborate with Storage and Disposal to encourage pharmacy customers to procure lock boxes for their controlled-substance prescriptions.

**Decision:** Deferred until the Storage/Disposal Workgroup presented their recommendations, upon which this was Accepted.

5. Send a letter to ALL prescribers about the PMP (Virginia Prescription Monitoring Program), focusing on urgency of overdose epidemic.

The Virginia Department of Health Professions (DHP) and the Virginia Department of Health agree with this recommendation.

**Decision:** Accepted, with the addition of also sending to dispensers.

6. Annual educational outreach to opioid prescribers (based on PMP data) regarding appropriate prescribing of controlled substances.

This would include letters with best practices sent via US mail and electronically.

**Decision:** Deferred until the Data/Monitoring Workgroup presented their recommendations, upon which this was Accepted.

7. Send a letter to healthcare school leaders regarding development of pain management and addiction training curricula.

**Decision:** Accepted

8. Develop a minimum 4-hour opioid educational curriculum for law enforcement, corrections, probation and parole, EMTs, CIT officers, and school resource officers.

The Virginia Department of Criminal Justice Services would collaborate on this.

The training could be web-based.

**Decision:** Accepted

9. Develop law enforcement training regarding naloxone administration if pilot is expanded to include law enforcement; pilot expansion must include law enforcement immunity for injuries when administering naloxone.

**Decision:** Deferred until all of the other Workgroups presented their recommendations, upon which this was Accepted.

**Storage/Disposal Workgroup Recommendations**

*Caroline D. Juran, Executive Director, Board of Pharmacy, Virginia Department of Health Professions*

*Rick Clark, Chief of Police, Galax Police Department*

---

Ms. Juran and Chief Clark read each of the Workgroup recommendations, short term action items, legislative items and Workgroup referrals. (Handout provided; see the Task Force website at [www.dhp.virginia.gov/taskforce](http://www.dhp.virginia.gov/taskforce).)

Recommendations:

1. To increase disposal opportunities via drug take-back events within the community:
  - a. Law enforcement awareness  
**Decision:** Accepted
  - b. Organization awareness  
**Decision:** Accepted
  - c. Public awareness  
**Decision:** Accepted
  - d. Public alerts for disposal and take-back events  
**Decision:** Accepted
  - e. Identify financial assistance opportunities  
**Decision:** Accepted
  - f. Review and update the Office of the Attorney General's (OAG) "Take Back Event" document  
The OAG will continue to do this and will distribute the guide to law enforcement.  
**Decision:** Accepted
  - g. Explore the feasibility of mobile incinerators  
**Decision:** Accepted
2. To increase disposal opportunities via drug take-back events within the law enforcement agencies, increase number of law enforcement agencies participating as drug collection sites.  
**Decision:** Accepted
3. To increase disposal opportunities via mail back programs and collection boxes provided by pharmacies:
  - a. Determine State's need to promulgate federal rules regarding pharmacy collection and mail back programs via legal guidance.  
Cynthia Hudson has been tasked to do this and will work with the Virginia Board of Pharmacy.  
**Decision:** Accepted, with the deletion of the word "federal."
  - b. Increase pharmacy collection and mail back participation.  
More research is needed into how to mitigate risks such as armed robberies.  
**Decision:** Accepted
4. Determine preferred methods for disposing of unwanted/needed drugs.  
**Decision:** Accepted

Short Term Action Items:

1. Increase awareness and provide information on securing drugs in the home.  
There are brochures available on federal websites for this purpose. This item would fit in with the Education Workgroup recommendations 1 and 2.  
**Decision:** Accepted
2. Encourage law enforcement to apply to CVS and other drug stores for disposal boxes  
The boxes are free and supplies are limited. Law enforcement should apply by the end of the year if possible.  
**Decision:** Accepted, with change in wording to "Encourage law enforcement to apply to commercial enterprises offering free disposal boxes."

Legislative Item:

Require Hospice to notify pharmacies and Medicaid about the death of a patient.

Electronic death registry has been created and consideration should be given to sending information to the PMP. Delegate Hodges is considering putting in legislation for this item.

**Decision:** Accepted, with deletion of "and Medicaid."

Workgroup Referral:

To the Education Workgroup: Education for doctors on how to prescribe medication in proper doses to limit excess quantities of prescribed drugs.

**Decision:** Agreed to the referral.

**Treatment Workgroup Recommendations**

*Jennifer S. Lee, MD, Deputy Secretary, Office of the Secretary of Health & Human Resources*  
Dr. Lee read each of the Workgroup recommendations, short term action items, and legislative items. (Handout provided; see the Task Force website at [www.dhp.virginia.gov/taskforce](http://www.dhp.virginia.gov/taskforce).)

The Workgroup did not ask for a vote on their recommendations or short term action items at this time as additional research is needed.

Legislative Items:

1. Increase access to naloxone by expanding the pilot program statewide and providing immunity for administration  
This would be optional, not mandatory. Immunity would apply to lay persons also.  
**Decision:** Accepted
2. Increase access to naloxone by allowing pharmacists to dispense naloxone under proper protocols

---

This would eliminate the need to obtain a prescription from a provider. No other uses for naloxone are known at this time. When given to someone who is addicted to opiates, it sends the person into withdrawal.

**Decision:** Accepted

### **Enforcement Workgroup Recommendations**

*Michael Herring, Commonwealth's Attorney, City of Richmond*

*James A. Cervera, Chief of Police, Virginia Beach Police Department*

Mr. Herring and Chief Cervera read each of the Workgroup recommendations, legislative items and Workgroup referrals. (Handout provided; see the Task Force website at [www.dhp.virginia.gov/taskforce](http://www.dhp.virginia.gov/taskforce).)

#### Recommendations:

1. Evidence Based Practices (EBP)

No vote needed as these items relate to Recommendation 4.

2. Enforcement

- a. Amend the Code of Virginia to allow prosecution of dealers who cause fatal overdoses

This would require legislation to do. No specific language was endorsed by the Workgroup.

- b. Consider enhanced punishment for dealers who cause fatal overdoses

This applies to predatory, not social, dealers.

- c. Ensure legislative amendments apply to all illegal controlled substances

No vote needed as items 2 a-c relate to Legislative Item 1.

3. Naloxone

The Enforcement Workgroup agrees with what has been adopted in the Treatment Workgroup recommendations. No vote is needed.

4. Incarceration Alternatives

**Decision:** This will be referred by Delegate Charniele Herring for a Study Resolution.

#### Legislative Items:

1. Prosecution for dealers who cause fatal overdoses

**Decision:** Accepted

2. First responder access to Naloxone

This was accepted as part of the Treatment Workgroup's recommendations.

#### Workgroup Referrals:

1. To the Education Workgroup: Multi-disciplinary training and education

**Decision:** Agreed to the referral.

2. To the Treatment Workgroup: Use Evidence Based Practices to identify alternatives to incarceration  
**Decision:** Agreed to the referral.
3. To the Treatment Workgroup: Identify entry points for treatment into the criminal justice system  
**Decision:** Agreed to the referral.

### **Data/Monitoring Workgroup Recommendations**

*Carol Forster, MD, Physician Director, Pharmacy & Therapeutics/Medication Safety, Mid-Atlantic Permanente Medical Group*

Dr. Forster directed the Task Force to the Recommendations and noted that italicized items are longer term issues for review and that the non-italicized items are encompassed in the legislative and short term action items. (Handout provided; see the Task Force website at [www.dhp.virginia.gov/taskforce](http://www.dhp.virginia.gov/taskforce).)

Dr. Forster read each of the Workgroup legislative items and short term action items and answered questions.

#### Legislative Items:

1. Amend 54.1-2522.1
  - a. Add Pharmacists to mandatory PMP registration requirement
  - b. Allow for registration not based on renewal cycle
  - c. Remove language potentially discouraging use of treatment agreements  
**Decision:** Accepted
2. Amend 54.1-2521
  - a. To require reporting of prescriber National Provider Identifier (NPI) for prescriptions for human patients
  - b. To require "Species Code" as a required data element  
The "species code" will enable PMP to determine in what specialty the prescriber is.  
**Decision:** Accepted
3. Amend 54.1-2523
  - a. Clarify that PMP data shall not be available for civil subpoena nor shall such records be deemed admissible as evidence in any civil proceeding  
The current code speaks to medical malpractice and board actions.  
**Decision:** Accepted

#### Short Term Action Items:

1. Placement of Morphine Equivalent Doses per Day Information on PMP Reports

---

This is in the realm of clinical care. Physicians would not have to calculate it themselves. DHP needs to develop guidance on use of this information.

**Decision:** Accepted

2. Develop clinically oriented criteria for unsolicited reports to prescribers on specific patients

DHP will develop this new criteria.

**Decision:** Accepted

3. Develop Individual Prescriber Feedback Reports

Some states are already doing this. Legislative authority may be needed.

**Decision:** Accepted, PMP to work with the Attorney General's office to confirm authority.

4. Direct applicable agencies to share data on prescription drug and heroin abuse, overdoses, drug seizures, arrest information, etc to analyze information to mitigate harm from prescription drug and heroin abuse

**Decision:** Accepted

### **Public Comment**

*Victoria Cochran, Deputy Secretary of Public Safety and Homeland Security, Office of the Governor*

Ms. Cochran announced that no one signed up for public comment and that no public comments had been provided through the Task Force website. Dr. Art Van Zee asked to come forward. Dr. Van Zee indicated that there is no data on physicians mis-prescribing or over-prescribing and no mandatory education. He suggested that the education piece could be done when licensed and upon license renewal.

### **Next Meeting**

*Victoria Cochran, Deputy Secretary of Public Safety and Homeland Security, Office of the Governor*

The next meetings of the Task Force will be held on the second Tuesday of each month from March through June of 2015 at 1:00 p.m. The Workgroups will arrange their own meetings.

### **Closing Remarks**

*Brian Moran, Secretary of Public Safety and Homeland Security*

Secretary Moran thanked everyone for their participation in the meeting and in the Workgroups. He appreciates the amount of time spent on this issue and asked that participants be available during the upcoming General Assembly session.

### **Adjourn**

The meeting adjourned at 4:55 p.m.