Executive Order Number 29
Governor's Task Force on Prescription Drug and Heroin Abuse
Minutes of the Treatment Workgroup
December 16, 2014
Patrick Henry Building
Meeting Room #1
1:00 P.M.

Co-Chairs
Delegate John O'Bannon, M.D.
Jennifer Lee, M.D., Deputy Secretary, Health and Human Resources

Members Present:
Chuck Adcock
Lillian Chamberlain
Nancy Finch
Chief Mary Gavin
Cynthia Kirkwood, PharmD
Deputy Secretary Jennifer Lee, M.D.
Mary McMasters, M.D.
Delegate John O'Bannon, M.D.
Patricia Shaw
Art Van Zee, M.D.
Senator Jennifer Wexton

Members Absent
Jaime Areizaga-Soto
Jan Brown

Debra Ferguson, Ph.D.
Duffy Ferguson
Diane Strickland
Hughes Melton, M.D.
Sheriff Gabe Morgan
Dana Schrad

Staff
Mellie Randall
Holly Mortlock

Guests
Lindsay M. Walton, J.D.

Call to Order and Introductions

Delegate O'Bannon called the meeting to order and asked workgroup members to introduce themselves.

Ms. Randall provided an overview of the agenda which focused on fleshing out the recommendations made at the December 5 meeting so that they could be presented at the meeting of the full task force at 2.

Recommendations

Dr. Lee distributed a slide presentation based on the proposed recommendations from the December 5th meeting for the workgroup to review, which she distributed.
The following is a summary of the discussion that ensued as these recommendations were reviewed for presentation at the full task force meeting:

Chuck said that the physicians at his program sometimes get requests to treat individuals with chronic pain who need assistance getting off of opioid pain medication, but they are not comfortable treating these individuals in the setting of their addiction psychiatry practice. Delegate O'Bannon said that he understood that perspective, as they had not been trained to address chronic pain, and that successfully addressing pain would require a specific focus on diagnosis of the physical issues causing the pain, including considerable access to imaging technology, such as X-rays, CT scans and MRIs. Furthermore, it presents insurance reimbursement issues for the addiction psychiatrist.

There was considerable discussion about how methadone clinics are distributed around the state; they are largely concentrated in urban, populated areas with the result that people in rural areas have to drive considerable distances to get dosed. In addition, the *Code of Virginia* imposes certain restrictions on where methadone clinics can be located (outside of a 1/2 mile radius of a school or childcare center) which can make finding a site for a clinic difficult in urban areas.

There was discussion about payment resources for Medication Assisted Treatment, as insurance companies cover only the actual medication and not the cost of the infrastructure required for methadone. Delegate O'Bannon said that he was not opposed to asking for additional funding to support treatment for addiction.

Regarding expanding access to naloxone, there was some discussion about the possibility of pharmacists being able to dispense naloxone without a prescription. Under the current pilot, individuals go to training and receive a kit with equipment needed to administer the dose, but they have to get a prescription from a physician (which costs money) and then purchase the naloxone from a pharmacy, and the price is going up considerably. Having direct access from a pharmacist would save time and money. Staff believe that pharmacists are able to dispense without a prescription in New Mexico and California. Regarding payment for naloxone, individuals with insurance can usually get it covered but those without insurance, which includes most individuals addicted to opioids, usually don't have insurance.

Delegate O'Bannon requested some recommendations related to supports provided by peers, which led to a discussion about some peer-led organizations that are providing housing that is extremely inadequate. The organizations are charging up to $350 per week for room and board for people to live in a house that is too small to accommodate them. Some task force members reported a four bedroom house with 14 people living in it. Mellie reported that there is not any oversight body for these organizations or living situations. However, she reported that DBHDS has been working for several years on a process to certify individuals with lived experience to provide peer support services and that DBHDS is in the procurement process to select an organization experienced with managing certification to manage this process. Many CSBs currently hire peer support specialists who assist with providing emotional and practical support to individuals seeking recovery.

Nancy Finch suggested that the workgroup learn more about the SABRE (Substance Abuse Reduction Effort), an initiative under a previous administration that focused on enforcement and

diversion from incarceration for young offenders. The workgroup members agreed that this approach would be worth investigating for possible inclusion in the final report.

The following proposed recommendations for the full task force were accepted by the workgroup and are available at http://www.dhp.virginia.gov/taskforce/minutes/20141216/TreatmentRecommendations12162014.pdf

Delegate O'Bannon recommended that a few subgroups be formed to capitalize on expertise of group to develop novel recommendations. Mellie will help identify and work with subgroups.

Delegate O'Bannon adjourned the meeting about 1:50 P.M.