

**Executive Order Number 29**  
**Governor's Task Force on Prescription Drug and Heroin Abuse**  
**Minutes of the Treatment Workgroup**  
**May 1, 2015**  
**Jefferson Building**  
**1 P.M.**

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

**Members Present**

Chuck Adcock  
Jan Brown  
Lillian Chamberlain  
Duffy Ferguson  
Cynthia Kirkwood, PharmD  
Deputy Secretary Jennifer Lee, M.D.  
Mary McMasters, M.D.  
Patricia Shaw  
Art Van Zee, M.D.

**Members Absent**

Jaime Areizaga-Soto  
Chief Mary Gavin  
Debra Ferguson, Ph.D.  
Nancy Finch  
Hughes Melton, M.D.  
Sheriff Gabe Morgan  
Delegate John O'Bannon, M.D.  
Diane Strickland  
Dana Schrad  
Senator Jennifer Wexton

**Staff**

Mellie Randall  
Holly Mortlock

**Welcome and Introductions**

Dr. Lee convened the meeting at 1:10. After introductions, she reviewed the agenda which was approved by the workgroup.

**Approval of Minutes**

Minutes of the December 5 & 16, 2014 and March 19, 2015 meetings of the workgroup were approved by the workgroup.

**Update of Task Force Schedule**

Dr. Lee reviewed the schedule for the remaining work of the Task Force. The next meeting of the Treatment Workgroup will be a joint meeting with the Education Workgroup on May 12. She reminded the workgroup that the final implementation plan was due to the Governor by the end of June. At the June 16, meeting, the Task Force will be reviewing the final draft of the Implementation Plan, which will be presented to the Governor on or before June 30. The Task Force will meet formally one more time on September 21 to review any addenda to the work plan that may have been developed over the summer. (The Treatment Workgroup will likely meet at least once over the summer to finalize its work.) In addition, Dr. Lee announced that Dr.

Hazel is hosting a conference with the Appalachian Regional Commission on the issue of opioid addiction; this conference will occur later in the same week as the last Task Force meeting in September, will involve bordering Appalachian states and will be held in Southwest Virginia. This conference is being funded by the Casey Foundation which has a specific interest in children's health. Ms. Shaw indicated that there may be some conflict with the training conference of the Virginia Drug Court Association.

In addition, staff are planning a statewide conference later in the fall to roll-out the work of the Task Force. This conference will be designed to appeal to a broad base of individuals, from prosecutors, law enforcement officers, probation officers, treatment providers, etc, to introduce them to the accomplishments of the Task Force and engage them in assistance with implementation.

### **Update of Discussions Related to Implementation of Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 and HB1747 (2015)**

Ms. Randall introduced Holly Mortlock, Director of Policy at DBHDS. Ms. Mortlock was previously employed by the State of Washington Bureau of Insurance and has been assisting staff in understanding insurance law and the impact of parity. Ms. Mortlock has requested a meeting with the Bureau of Insurance to discuss its plans for implementing HB 1747, which requires all health plans in Virginia to comply with MHPAEA, develop reporting requirements regarding denied claims, complaints and appeals involving parity for mental health and addiction benefits, and publish this information annually beginning in 2017. The report must protect the confidentiality of individuals whose cases are reported, be made available to the public, and be written in nontechnical easy-to-understand language. In addition to staff from the Bureau, Ms. Mortlock has asked staff from the Virginia Department of Health who oversee managed care plans to attend.

Ms. Brown said that her organization, SpiritWorks, is working with families who are denied and have had some successes at getting denials reversed. Mr. Adcock shared that some co-pays required co-pay that was significantly larger than the actual cost of the service.

### **Update on Medicaid Coverage for Addiction Treatment**

Dr. Lee indicated that a meeting was scheduled for May 11 to discuss how benefits might be enhanced.

Dr. Van Zee indicated that in New Jersey, insurers are required to approve a five day supply of buprenorphine to cover the waiting period for authorization to prescribe the drug on an ongoing basis.

Dr. Kirkwood asked for information about what medications Medicaid covered. Ms. Randall indicated that the state plan was fairly liberal but that the managed care organizations with which the Department of Medical Assistance Services contracts may have more restrictive policies and that this was one of the issues that would be discussed. Dr. Van Zee indicated that Virginia Premier (a contract MCO) limits the use of buprenorphine to two years with a maximum dose of 16 mg. Dr. Kirkwood asked if DMAS has a method of flagging patients who are doctor shopping. There was discussion about how some state Medicaid plans limit emergency

departments in how many doses of opioid based medications can be prescribed, but this policy can have unintended consequences.

Dr. Lee explained that DMAS has a “lock-in” She said that she has also reached out to the Virginia Association of Health Plans to get additional information.

There was additional general discussion about coverage for addiction services that included cost-offset data and the inverse relationship between the number of individuals receiving treatment and the number of overdoses. Dr. Van Zee asked about establishing a registry of individuals who overdose, not necessarily fatally. (Fatal overdoses are captured by the Office of the Chief Medical Examiner’s Annual Report, and the de-identified data is shared with DBHDS under a special agreement). Dr. Van Zee suggested that overdose data combined with data from the Prescription Monitoring Program would assist in planning. Dr. Lee indicated that more frequent reporting needed to occur (reports are published annually). Ms. Randall indicated that the Department of Health had recently begun to publish Emergency Department Surveillance Data.

### **Continued Review and Discussion of Recommendations to the Task Force**

Dr. Lee shared that the Treatment Workgroup needs to continue to educate the members of the Task Force about the value of medication assisted treatment as an evidence-based practice for the treatment of opioid addiction. She pointed out that the workgroup has spent a considerable amount of time learning about the science of opioid addiction and how medication assisted treatment works, and that the members of the Task Force deserve the same opportunity. She asked for a volunteer to make a ten minute presentation at the next Task Force meeting, and Dr. McMasters volunteered.

There was additional discussion about the use of medication-assisted treatment and needed standards for the prescribing of buprenorphine. She asked workgroup members to forward information to staff. Ms. Shaw shared that the Substance Abuse and Mental Health Services Administration now requires drug courts that are funded by its grants to make medication assisted treatment available and that this is presenting a quandary for implementation in terms of how to continue to make the medication available if the person is incarcerated in a local jail as a sanction. Ms. Chambers indicated that some jails are allowing it. Mr. Adcock pointed out that some medications (e.g., methadone) can create problems with the DEA if they are administered in jail. There was general agreement that this was an area that needed considerable exploration at the federal, state and local level, from a policy and implementation perspective.

### **Adjournment**

Dr. Lee adjourned the meeting at 3:30 P.M.

Respectfully submitted,

Mellie Randall