

Governor's Task Force on Prescription Drug and Heroin Abuse

Tuesday, May 12, 2015
General Assembly Building, House Room D
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

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

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

Rick Clark, Jr., Chief of Police, Galax Police Department

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

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

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

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

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

David Trump, MD, Chief Deputy Commissioner, Virginia Department of Health, proxy for Dr. Marissa Levine

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

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

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

Members Absent

Jan M. Brown, Executive Director, SpiritWorks Foundation

The Honorable Bill Carrico, Member, Senate of Virginia

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

Mary Gavin, Chief of Police, Falls Church Police Department

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

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

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, Clarke County Sheriff's Office

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

Opening Remarks

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

Secretary Hazel called the meeting to order at 1:10 p.m. and welcomed the Task Force members and the public. He noted that Secretary Moran was on his way and Victoria Cochran would fill-in until his arrival. He also noted that the Task Force would be meeting through September.

Approval of December 16, 2014 and March 19, 2015 Task Force Minutes

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

(Minutes of the December 16, 2014 and March 19, 2015 Task Force meetings may be found on the Task Force website at www.dhp.virginia.gov/taskforce.)

Members were provided with corrections to the December and March minutes suggested by Deborah L. DeBiasi of the Virginia Department of Environmental Quality (DEQ) and Storage/Disposal Workgroup member. There were no objections to the suggested corrections, and the minutes were approved with the corrections.

Approval of Task Force Timeline

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

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

A Spring-Fall Timeline for the Task Force was presented. Secretary Hazel noted that the work of the Task Force and Workgroups will need to continue past September 25, 2015. Ms. Manz indicated that a small group will be formed to work on the implementation of the Task Force's recommendations. The timeline was approved.

Approval of Interim Recommendations Report

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

(The Interim Report may be found on the Task Force website at www.dhp.virginia.gov/taskforce.)

The Interim Report was distributed to the members electronically prior to this meeting and is a summary of all of the workgroups' recommendations. There were no questions or concerns, and the Interim Report was approved. Ms. Manz indicated that she would send it to the Governor following the meeting.

Approval of NASADAD Statement

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

(The NASADAD Statement may be found on the Task Force website at www.dhp.virginia.gov/taskforce with the items for the March 19, 2015 Task Force meeting.)

Ms. Randall indicated that the Treatment workgroup has spent a lot of time discussing Medication-Assisted Treatment (MAT). The workgroup recommends approval by the Task Force of the consensus statement from the National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD) on "The Use of Medications in Treatment of Substance Abuse Disorders." Discussion took place as to whether this would be Virginia's standard of care. Secretary Hazel indicated that the Governor can recommend/support the statement, but the regulatory process would create the standard of care. The Statement was adopted by the Task Force.

Public Comment

No one signed up for public comment.

Data/Monitoring Workgroup Presentation

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

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

(Handout provided; see the Task Force website at www.dhp.virginia.gov/taskforce)

Ms. Herndon discussed the two completed recommendations which resulted in legislation carried by Delegate Herring:

#1 – Amend Code §54.1-2522.1. House Bill 1841 requires all prescribers and pharmacists to be registered with the Prescription Monitoring Program (PMP) (registration provisions effective January 1, 2016). The bill also requires prescribers to request information from the PMP before prescribing benzodiazepine or an opiate anticipated at the onset of treatment to last more than 90 days (eliminates the treatment agreement requirement).

#2 – Amend Code § 54.1-2523. House Bill 1810 clarifies that records in the possession of the PMP may not be used in civil cases.

Ms. Herndon also provided updates on the five recommendations which had been approved by the Task Force but not yet completed:

#1 – Amend Code §54.1-2521. The PMP does not currently have information on a prescriber's specialty. No bill was introduced during the 2015 General Assembly Session to amend the Code section to require reporting of the National Provider Identifier (NPI) and the "species code," which would provide the PMP with information on the prescriber's specialty. The PMP will be implementing the change to require the reporting of the NPI and species code through the regulatory process.

#2 – Add Morphine Equivalent Doses per Day (MEDD) score to PMP Reports. The PMP vendor has added the MEDD score to the PMP and is working on adding an explanatory statement to accompany the MEDD score prior to implementation.

#3 – Develop clinically oriented criteria for unsolicited reports to prescribers on specific patients. The PMP is currently sending unsolicited reports to prescribers targeting doctor shopping behavior. This recommendation would focus unsolicited reports on clinical criteria to assist prescribers in making treatment decisions. The PMP will be reviewing with its Advisory Panel to recommend criteria, such as patients with MEDD scores over a specified level or problematic combinations of drug therapy.

#4 – Develop individual prescriber feedback reports. This cannot be fully implemented until the NPI number and species code are added to the PMP, and these reports can be based on prescriber specialty. Other states, such as Arizona, have already implemented individual prescriber feedback reports based on specialty. In the interim, the PMP will be looking to develop feedback reports to prescribers that are not tied to specialty, such as the number of patients with an MEDD score of over 120 or some other specified number.

#5 – Direct applicable agencies to share data on prescription drug and heroin abuse, overdoses, drug seizures, arrest information, etc., so that data can be analyzed to mitigate harm from prescription drug and heroin abuse. A workgroup subcommittee was formed to address sharing of data among public agencies in the Secretariats of Health and Human Resources and Public Safety and Homeland Security. The subcommittee recommended the creation of an ongoing data committee as a new long term recommendation, which the workgroup adopted.

Lastly, Ms. Herndon addressed the workgroup's long term recommendation which is a modification of its data sharing recommendation:

Creation of an ongoing data committee. This committee would be comprised of analysts from the Secretariats of Health and Human Resources and Public Safety and

Homeland Security. It would study data to better understand the ways in which criminal justice and health-related issues intersect and would allow Virginia to be more responsive to concerns before they become a crisis. The preliminary focus of this committee would be mitigating harm from prescription drug and heroin abuse. The members of the current workgroup subcommittee are willing to participate in this committee going forward.

Decision: The concept was accepted. The Task Force requested that additional details regarding how this committee would function be addressed in the implementation plan phase.

Dr. Forster discussed the workgroup's legislative recommendations:

#1 – Amend Subsection C of Code §54.1-2523. Expand PMP access to facilitate a team approach to healthcare. Clinical (non-dispensing) pharmacists and consulting physicians (who are not the prescriber) involved in the “care team” for the patient should have access to PMP information on the patient.

Decision: Accepted.

#2 – Amend Code §54.1-2421. Shorten the timeframe in which dispensers must report to PMP from the current within seven days to within 24 hours of dispensing. Mr. Orr indicated that by January 1, 2016, 21 states will require daily reporting and that most vendors already offer an automated process. Delegate Hodges requested the opportunity to consult with his vendor prior to the Task Force acting upon this recommendation.

Decision: Deferred to the next Task Force meeting.

#3 – Amend Code §54.1-2525. Clarify that PMP reports may be placed in medical records.

Decision: Accepted.

#4 – Amend Code §54.1-2522.1. Expand mandatory requests to PMP to include the initial prescribing of an opiate or benzodiazepine, with required periodic requests thereafter at periods not to exceed 90 days and limited exceptions.

Decision: Accepted.

#5 – Amend Code §54.1-2523.1. Authorize unsolicited reports on prescribers and dispensers to law enforcement and licensing boards. The PMP would provide notice to

the prescriber/dispenser when certain outlier criteria are met; and if the outlier criteria continues to be met after a specified period of time, the PMP would send an unsolicited report to law enforcement and/or the licensing board. Other states already permit unsolicited reports to law enforcement and licensing boards for outlier prescribing/dispensing. There was discussion regarding who would develop the criteria for these outlier reports.

Dr. Brown noted that this would be a significant change to the current role of the PMP, which is a database. The PMP would be using discretion in sending these letters and taking action based on the response to the letter. He wants the PMP to continue to manage the data and not have to use discretion in forwarding information to law enforcement and/or licensing boards.

Decision: Deferred to provide the workgroup additional time to work out the details of this recommendation.

Dr. Forster also addressed the workgroup's recommendations for further review and consideration:

#1 – Continuing oversight for Task Force recommendations. Identify and/or authorize a group or entity to do this. Secretary Moran indicated that all workgroups would want to do this.

#2 – Mandatory continuing education. Licensing boards should mandate this on issues related to prescription drug abuse. This was referred to the Education workgroup.

#3 – Special consideration for pregnant women and children to address their substance abuse issues. This was referred to the Treatment workgroup.

Storage/Disposal Workgroup Presentation

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

(Handout provided – the numbers used below refer back to the handout; see the Task Force website at www.dhp.virginia.gov/taskforce for the handout.)

Ms. Juran discussed the workgroup's completed recommendations:

#1f – Review and update the Office of the Attorney General's (OAG) "Take Back Event" document. The OAG will continue to revise.

#1g – Explore the feasibility of mobile incinerators. The EPA (U.S. Environmental Protection Agency) does not consider “Take Back” drugs to be contraband; therefore, mobile incinerators are not a feasible solution.

#3 – Determine Commonwealth’s need to promulgate rules regarding pharmacy collection and mail back program via legal guidance. The Board of Pharmacy received approval on NOIRA (Notice of Intended Regulatory Action).

2015 Legislative Item. Delegate Hodges carried HB 1738 requiring hospice to notify pharmacies about the death of a patient.

Ms. Juran reviewed the workgroup’s four accepted recommendations (see handout) and then presented the workgroup’s new short term recommendations and possible action items for each:

#1 – Increase voluntary participation of law enforcement installing drug collection boxes with goal of at least one collection box in every locality in Virginia. A survey to identify current number of localities with collection boxes and willingness to participate has been drafted. Examples of ongoing funding efforts include shipping to reverse distributor (Sharps - \$51/1-Gallon box to \$169/40-Gallon box), overtime and mileage for off-duty officer to transport to Covanta (Alexandria, Virginia) for free incineration.

Decision: Task Force approved sending a survey to law enforcement. Ms. Juran will work with Virginia Department of Criminal Justice Services, and the survey will be sent in the next week or so.

#2 – Designate two fixed days biannually for statewide take-back events. These events could be combined with existing holidays for recognizing the environment, recycling efforts, or tax-free holidays. Examples of regional locations include Virginia State Police (VSP) field offices, or secured state building(s). The National Guard is willing to help; they would need a year’s notice for planning and budgeting purposes.

A barrier for law enforcement is ongoing funding for destruction of collected items. Secretary Moran indicated that potential asset forfeiture money could be used, and Ms. Hudson said the Office of the Attorney General (OAG) can support that.

Ms. Juran discussed the cost projections for statewide take-back events (\$20,000 - \$50,000 per event) and the reasoning behind the projections (looked at Wisconsin’s 2012 study). The estimate of collecting 25,000 pounds per event is based on the past five U.S.

Drug Enforcement Administration (DEA) events in Virginia. The DEA events were done on a shoestring budget. Covanta has offered free incineration, and it does not matter if it all comes in at one time or in smaller amounts at various times. Wisconsin will be having their first event on Saturday, May 16, and the workgroup will reach out to them to see how they did.

Dr. Brown suggested that the General Assembly be allowed to decide if funds are available. Dr. Ferguson requested that the workgroup provide a spreadsheet with all of the items with budgetary impact.

Decision: Deferred pending the budgetary spreadsheet.

#3 – Increase voluntary participation of pharmacies installing drug collection boxes within long term care facilities. There are approximately 500 assisted living facilities and 276 nursing homes in Virginia. Recently approved federal regulations allow leftover drugs to be destroyed via collection boxes. Otherwise, they are often destroyed under less than ideal circumstances by mixing with an undesirable product such as used coffee grounds and placed in the trash or flushed in the sink or toilet.

#4 – Explore grant funding opportunities through OAG, DCJS, and state appropriations. Rotary has been a contributor in Arkansas.

#5 – Educate schools on drug destruction opportunities at end of school year. This relates to public, private and higher education schools. A letter signed by Secretaries Hazel and Moran could go to the State Council of Higher Education for Virginia (SCHEV) and Virginia Department of Education (DOE). The letter would include possible disposal options, e.g., encouraging students to take their medicines home.

Decision: Accepted and should be done as soon as possible.

#6 – Educate public on opportunities to donate certain drugs to be re-dispensed to the indigent. This is allowed if certain criteria are met. Collection sites are registered with the Board of Pharmacy.

The last items presented by Ms. Juran, a legislative recommendation and a recommendation for further review and consideration, did not have any additional discussion.

During Ms. Juran's presentation, Governor Terry McAuliffe arrived and addressed the Task Force members and audience. He formed the Task Force last September as part of his Healthy Virginia plan. Since that time, more law enforcement officers have naloxone on hand, there's

been an increase in the use of the PMP, and legislation carried by Delegates Herring, Hodges and O'Bannon and Senator Wexton was passed during the 2015 General Assembly session. He wants solid, actionable proposals attached to the Task Force's Implementation Plan, and he also wants Virginia to go after federal funds.

Treatment Workgroup Presentation

Jennifer S. Lee, MD, Deputy Secretary, Office of the Secretary of Health & Human Resources
Mary G. McMasters, MD, FASAM, Addictionologist, Comprehensive Behavioral Health
(Handout provided – the number used below refers back to the handout; see the Task Force website at www.dhp.virginia.gov/taskforce for the handout.)

Dr. McMasters provided information on Medication Assisted Treatment (MAT) which is considered to be the “gold standard” for addiction treatment. Physical withdrawal is associated with being dependent on a substance; it is not the same as addiction. The difference between substance abuse and addiction is loss of control. With addiction, cravings are overwhelming, and the substance may be legal (e.g., smoking cigarettes) or illegal. Addiction does not go away, but it can be successfully treated. The brain becomes addicted and needs to be rewired by utilizing such means as a 12-step program. More inpatient treatment is needed.

Dr. Lee provided updates on the previously accepted recommendations. Of note:

#5 – Lack of adequate resources or capacity to provide addiction treatment to those in need in Virginia. More information will be provided at the next meeting.

Enforcement Workgroup Presentation

Michael Herring, Commonwealth's Attorney, City of Richmond
James A. Cervera, Chief of Police, Virginia Beach Police Department
(Handout provided; see the Task Force website at www.dhp.virginia.gov/taskforce)

Mr. Herring discussed the workgroup's short term and long term recommendations:

#1 – Publicize passage of SB892/HB1500 which provide a “safe harbor” affirmative defense for an individual who notifies emergency personnel that someone in his presence is suffering from an overdose. This is not immunity, but an affirmative defense. The general public does not know this provision exists. Chief Cervera provided an anecdote – there was a heroin overdose in Virginia Beach the previous evening, and someone was there but waited to call for assistance. The workgroup is recommending a more aggressive approach than just posting on a website.

#2 – The Task Force should implement the goals of House Joint Resolution 622, which called for a study of the efficacy of diversion program for drug offenders.

The criminal approach is not effective. Therefore, the workgroup recommends the Task Force ask the Governor to identify another state entity to conduct the study.

Decision: The Task Force requested that the workgroup identify entities that may conduct the study.

#3 - The Task Force should recommend treatment options be made available during confinement for those addicts who have continued contact with the criminal justice system. Treatment is more cost-effective than incarceration. Need to determine if funding is available for treatment or if a non-profit group could come in to do treatment.

Decision: The Task Force requested that the workgroup provide recommendations on how to best educate elected officials on the success/failure of the “war on drugs” effort.

Drug Courts were discussed by the group. The Drug Court in Richmond is an effective best practice for addicts; however, there is resistance to expansion in Virginia because each locality would need to fund its own. Ms. Shaw provided that the Drug Courts in Henrico County are a huge savings: \$10,000 per participant per year for Drug Court versus \$32,000 for incarceration. There is a lack of state funding for Drug Courts – of the 37 in Virginia, only 14 receive funding.

Secretary Hazel would like to have a presentation from the Enforcement workgroup on drug courts at the next Task Force meeting. It should include what an education program for legislators on this topic would look like.

Education Workgroup Presentation

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

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

(Handout provided; see the Task Force website at www.dhp.virginia.gov/taskforce)

Dr. Melton provided an update on the workgroup's previously accepted recommendations and then discussed the workgroup's long term recommendations related to professional education:

#1 – Collaborate with appropriate medical and healthcare boards to require them to provide curricula in health professional schools (medical, nursing, pharmacy, and dental) on the safe and appropriate use of opioids to treat pain while minimizing the

risk of addiction and substance abuse. The curriculum from Dr. McMasters is ready for use. Dr. Brown indicated that the language in this recommendation needs work.

#2 - Evaluate options for continuing medical education (CME) including incentives and consequences to encourage participation in CME on the use of opioids to treat pain while minimizing the risk of addiction and substance abuse. The CME would be mandated.

#3 - Work with schools of social work and psychology to encourage education on addiction, treatment resources, and resource coordination for students going on to work as mental health providers. Clinical pharmacists also need to be included.

Decision on the three recommendations: The Task Force endorsed the general concepts but requested more detail to be presented at the June Task Force meeting.

The workgroup also had two recommendations for further review and consideration:

#1 – Work with relevant medical, nursing, dental, and pharmacy student groups to help disseminate educational materials, and establish student programs that can give community educational presentations on prescription drug abuse and substance abuse. An example of a program that could be used is Generation Rx.

#2 – Further education of judges, prosecutors, and defense attorneys on the nature and causes of addiction and alternatives to incarceration. Law enforcement and legislators should also be included.

Next Steps

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

Delegate Hodges indicated that the DEA has certified 20 percent of prescribers to do electronic prescribing of controlled drugs. A question posed was how can the Task Force work with the DEA to move this along.

Secretary Hazel asked Dr. Sterling Ransone, President of the Medical Society of Virginia and member of the Treatment workgroup, to put together a workgroup to look into this and present at the June Task Force meeting.

Secretary Hazel briefly discussed the Southwest Virginia Summit on September 25. Other states, including Kentucky, Tennessee and North Carolina, would be invited so that each can be aware of what the other is doing and learn from each other. More information is to come.

Next Meeting

Brian Moran, Secretary of Public Safety and Homeland Security

The next meeting of the Task Force will be held on Tuesday, June 16, 2015 at 1:30 p.m. in House Room D of the General Assembly Building.

Closing Remarks

Brian Moran, Secretary of Public Safety and Homeland Security

Secretary Moran thanked everyone for their substantive recommendations.

Adjourn

With no further business to discuss, Secretary Moran adjourned the meeting at 3:50 p.m.