**Executive Order Number 29**
**Governor's Task Force on Prescription Drug and Heroin Abuse**
**Minutes of the Treatment Workgroup**
**June 10, 2015**
**Patrick Henry Building**
**Richmond, Virginia**
**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
Lillian Chamberlain
Duffy Ferguson
Nancy Finch
Chief Mary Gavin
Deputy Secretary Jennifer Lee, M.D.
Mary McMasters, M.D.
Sheriff Gabe Morgan
Delegate John O'Bannon, M.D.
Patricia Shaw
Art Van Zee, M.D.

**Staff**
Mellie Randall
Holly Mortlock

**Members Absent**
Jaime Areizaga-Soto
Jan Brown
Debra Ferguson, Ph.D.
Cynthia Kirkwood, PharmD
Hughes Melton, M.D.
Diane Strickland
Dana Schrad
Senator Jennifer Wexton

**Guests**
Jodi Manz, HHR Special Advisor, staff to Education Work Group
Ashley Murphy, HHR Intern
Ralph Orr, DHP/PMP, staff to Data and Monitoring Work Group
Kirsten Roberts, Medical Society of Virginia

**Welcome and Introductions**
Dr. Lee convened the meeting at 2:00 P.M. After introductions, she reviewed the agenda which was approved by the members of the workgroup.

**Approval of Minutes**
The minutes of the May 1 meeting of the Treatment Workgroup and the May 12 shared meeting of the Treatment and Education Workgroups were reviewed. The minutes of the May 1 Treatment Workgroup were approved with one edit and the minutes of the shared May 12 meeting were also approved with one edit.

**Discussion of Joint Meeting with Education Workgroup**
A suggestion was made to include a recommendation that the state would support loan repayments for physicians who became certified by recognized certifying organizations if the physician agreed to work in Virginia for a period of time. Dr. McMasters volunteered to send

Ms. Randall a list of these entities. Sheriff Morgan expressed the opinion that these physicians should be required to practice in areas of high need. Ms. Randall suggested that the Work Group use the Medically Underserved Areas designated by the federal Health Resources Services Administration. The workgroup agreed to make a recommendation to the Task Force for consideration that a loan forgiveness program be established for medical professionals who agree to participate in a residency program meeting accreditation standards of either the American Board of Addiction Medicine, the subspecialty certification in addiction medicine of the American Board of Psychiatry and Neurology, or the Board of Osteopathic Specialties Co-Joint Board in Addiction Medicine, and who agree to practice in Virginia for at least five years, with incentives to those who agree to practice in Medically Underserved Areas.

There was also discussion of providing incentives to pursue additional training in addiction and designating residency slots for graduate medical education in addiction and that some incentives be created to encourage currently practicing physicians to pursue training in addiction medicine. There was some discussion of using data from the Prescription Monitoring Program to identify "outlier" physicians and require them to receive additional training. Mr. Orr, Director of the Prescription Monitoring Program, said that most prescribers write relatively few opioid prescriptions. Dr. Van Zee suggested that everyone with a DEA number be required to pass a knowledge test; those who scored poorly would be required to receive additional training. Dr. McMasters pointed out that stimulants and benzodiazepines are also overprescribed. Mr. Orr suggested using prescriber feedback to modify prescribing behavior and pointed out the problem with mandatory training is that it continues year after year. He said that the Board of Pharmacy assigns specific topic areas for two hour training modules each year for pharmacists, and suggested that the Board of Medicine could utilize the same approach. Dr. Van Zee said that Kentucky requires four hours of training in pain management and then tests to assure that the physician gained knowledge as a result of the training. Alternatively, while only granting Continuing Medical Education (CME) units (without testing) doesn't assure that learning occurs, at least it is a step in the right direction. Sheriff Morgan urged workgroup members to make bold recommendations to push progress. Delegate O'Bannon suggested that rotating topics related to addiction and pain management be offered for CMEs. At the suggestion of Dr. Lee, the workgroup endorsed the work of the Education Workgroup and acknowledged that there was more to do.

Mr. Adcock suggested that the workgroup recommend that opiate treatment programs (OTPs) be included in the Certificate of Public Need (COPN) process to assure that these programs were located where they were needed, instead of clustering in urban areas. Delegate O'Bannon responded that this idea was timely since the Office of the Secretary of Health and Human Resources is going to be studying the COPN process over the summer and that OTPs could be included. Delegate O'Bannon also suggested that OTPs be required to designate 10 percent of their care to medically indigent individuals, as this is the requirement for COPN applicants. The workgroup agreed to make a recommendation for consideration by the Task Force to consider adding opiate treatment programs in the state's COPN process and to require them to provide 10 percent of their services to medically indigent individuals.

**Report on Meetings with the Bureau of Insurance (BOI), State Corporation Commission**
Ms. Randall reported that Dr. Lee, Ms. Mortlock and she had met with staff from the Bureau of Insurance to discuss coverage of addiction treatment services in light of federal parity legislation and passage of HB 1747. Dr. Lee shared that the system of tracking noncompliance with MHPAEA is complaint driven and not on any systematic review of plan coverage. Ms. Randall reviewed the notes from the meeting, complied by Ms. Mortlock, who had been detained and was not yet at the work group meeting. (Ms. Mortlock's notes are attached).

Delegate O'Bannon reminded Work Group members that insurance is a contract between the policy holder and the insurance company; in some cases, the policy holder is the employer of the covered person. He said that, in his experience as a physician and as a legislator, health insurance is much more complex than property insurance and that individuals who experience denials of coverage need to request expedited appeals. He said that his goal was for individuals to get information about their coverage with one click on the BOI website. Dr. McMasters suggested that patient placement criteria published by the American Society of Addiction Medicine be the standard used by the health insurance industry.

**Report on Meeting with Department of Medical Assistance Services**
Dr. Lee and Ms. Randall reported on the meeting with staff from the Department of Medical Assistance Services (DMAS) to address improved Medicaid reimbursement for substance abuse treatment services. The issue of time limits on buprenorphine (two years) was raised and DMAS staff agreed that this limit was not appropriate, however, the managed care organization (MCO0 may require reauthorization. The issue of how rates for methadone services are unbundled (which makes billing cumbersome) was also raised in the meeting with DMAS. DMAS staff said that the regional office of the Centers for Medicaid and Medicare Services (CMS), which must review all state plans, would not approve bundled rates (where several services which are typically offered concurrently to treat the same disorder are billed under one rate). However, DMAS staff acknowledged that rates for substance abuse treatment services are very low and that there might be a possibility of increasing the rates. DMAS staff also shared that, in last year's state general fund Appropriation request, the agency had requested funding to support reimbursement for detoxification; however, the Department of Planning and Budget had denied the request.

Ms. Chambers said that the current Medicaid rate for methadone is $2.60 per day and that the cost of "take-homes" is not covered. (Note: Individuals receiving methadone must report daily to receive medication, except for one weekend day and holidays when they are provided with medication to take home; when the patient meets certain federal criteria that demonstrate clinical stability, the individual can be dispensed medication to take home for multiple days. The medication is provided in a sealed bottle and the patient must return the empty bottle to the clinic. Patients are required to transport and store this medication in a locked box.)

**Discussion of Item Referred from Data and Monitoring Workgroup**
Mr. Orr, who staffs the Data and Monitoring Workgroup, reported that it had become aware of an item recently published by the Virginia Department of Health on the how children are affected by the recent surge on drug overdose deaths (available at http://www.vdh.virginia.gov/medExam/pdf/Adolescent%20Overdose%20Deaths%20Preliminary

%20Report.pdf.) The report found that the majority of adolescents who died from overdose had an identified history of substance abuse and abuse of prescription medication. Slightly more than half of their parents had a history of substance abuse. Ms. Randall indicated that this population was very challenging and required treatment professionals with specific skills to provide effective services. She noted that both Dr. Van Zee and Ms. Brown (not present) were specifically interested in developing services for college-age youth, including recovery housing on college campuses, to support young adults seeking recovery while they are in college. The workgroup agreed to add a recommendation to increase capacity to treat adolescents who are abusing or who are dependent on opioids.

In addition, Mr. Orr is participating in the Handle with CARE workgroup sponsored by the Department of Behavioral Health and Developmental Services that is looking at the connection between perinatal substance abuse and infant mortality. This workgroup was formed as a recommendation of a report from the Department of Health that showed a strong link between maternal substance use during pregnancy and post delivery and infant mortality. (Report available at http://www.vdh.virginia.gov/medExam/documents/pdf/SUID%20Report-ALL%20Sections%20Compiled%20FINAL.pdf.)

Ms. Randall provided information (attached) about the issue of substance abuse among women that included information about how DBHDS and the community services boards prioritize services to pregnant women and women with dependent children. She suggested that the workgroup endorse the work of the Handle with CARE project now underway. The members of the Treatment Workgroup agreed to add a recommendation that pregnant women and women with children receive special consideration by coordinated responses among providers of substance abuse treatment, health care and social services, and law enforcement to effectively address their substance abuse treatment needs.

**Review and Discussion of Draft Implementation Plan**

The members of the workgroup reviewed the draft document and made several wording changes. In addition to the changes suggested previously, several members offered the following suggestions.

Sheriff Morgan pointed out that most individuals who are incarcerated are held in local jails, and that the Department of Corrections places 5,000 individuals a year in local jails. He urged the members of the Workgroup to include a recommendation supporting treatment in jails that includes an emphasis on learning skills necessary for successful community living, and support with re-entry into the community that helps connect individuals to treatment and other community resources. The members of the Workgroup agreed.

Ms. Finch asked the Workgroup to include a recommendation to support drug treatment courts, and Delegate O'Bannon agreed, noting that drug treatment courts are known to be effective, and that the Task Force should encourage the Governor to provide funding to support drug treatment courts. There was discussion about the resistance of many judges to utilizing medication assisted treatment, largely because of a lack of knowledge about how medication works in conjunction with counseling to stabilize individuals who are addicted to opioids. The members of the Workgroup agreed that a recommendation supporting expansion of drug treatment courts.

**Wrap-Up and Next Steps**
Ms. Randall shared that Secretary Hazel is hosting a conference of the states who are members of the Appalachian Regional Coalition to focus on interstate collaboration to address prescription drug and heroin abuse. The conference will be September 24-25 at the College at Wise.

She also announced that the Task Force staff is planning a conference to roll-out the Implementation Plan in Roanoke on November 16-18, and that more information would be coming.

Delegate O'Bannon shared that the next meeting of the Workgroup would focus on how to oversee and manage implementation of the Final Implementation Plan.

Mr. Orr indicated that the Data and Monitoring Workgroup would probably meet quarterly for a while.

The next meeting of the Treatment Workgroup was set for July 21 from 10 AM to noon. Ms. Shaw volunteered to find a convenient place that had parking.

Delegate O'Bannon adjourned the meeting at 4:30.

Respectfully submitted,

Mellie Randall
/s