

**Governor's Overdose Prevention and Intervention Task Force Meeting Minutes**  
January 13, 2016, Department of Administration

**Task Force Members Present or represented:**

- A.T. Wall, DOC
- Jef Bratberg, URI College of Pharmacy
- Anya Wallack, Medicaid
- Colonel Steven O'Donnell, State Police
- Dr. Alexander-Scott, RI DOH
- Dr. James McDonald, RI Board of Medical Licensure and Discipline
- Dr. Kathleen Hittner, OHIC
- Dr. Matthew Collins, BCBS
- Ed D'Arezzo, RIDOH Medical Examiner Office
- Erin McDonough, MRC/DMAT
- Jamia McDonald, EOHHS Chief Strategy for DCYF
- Jane Hayward, RI Health Center Association
- Jason Rhodes, DOH Emergency Medical Services
- Maria Montanaro, BHDDH
- Michelle McKenzie, RICARES
- Mike Rizzi, CODAC, Harm Reduction Representative
- Nancy DeNuccio, Substance Abuse Prevention
- Peter Ragosta, RI Board of Pharmacy
- Taino Palermo, Commission on Health Equity and Advocacy Rep.
- The Honorable Joshua Miller, Senate
- The Honorable Peter Kilmartin, Attorney General
- Tommy Joyce, The Providence Center

Dr. Alexander Scott welcomed everyone to the meeting. She gave an update on the Good Samaritan legislation which has been passed by the House and cleared for review by the Senate. She also announced that the Health Department has hired a new team to focus on drug overdose prevention, funded by a new CDC grant. She introduced Jenn Koziol, the program manager, Monica Tavares, the Outreach and Education Coordinator, and Victoria Ayers, the Prescription Drug Monitoring Program (PDMP) Data Manager. RIDOH also hired Meghan Towle, the Program Epidemiologist who will start in two weeks.

Dr. Traci Green presented on the CDC National Prescribing Guidelines, as she is on the CDC board of advisors. The guidelines are in draft form and available online for public comment. They consist of 13 recommendations intended to guide prescribers (mostly primary care physicians) in responsible opioid prescribing. They give directions on when it is appropriate to initiate an opioid prescription, length of prescription, when to taper, pain management alternatives, and what to do when abuse/misuse is evident. The guidelines are aligned with some aspects of Governor's Strategic plan, for example, they recommend conversation with patients around risks and benefits, the co-prescription of naloxone, and risk of co-prescribing opioids and benzos.

Rebecca Boss gave an update on the Treatment Workgroup. BHDDH is working closely with the Department of Corrections (DOC) on a plan to expand Medication Assisted Treatment (MAT) to inmates. The workgroup is developing a plan to establish Centers of Excellence to treat patients with opioid use disorder. They are drafting guidelines for staff, training, capacity, etc. and exploring potential funding sources. At the next meeting, there will be a presentation on the status of the Centers of Excellence and an opportunity for the group to give feedback. The Treatment Workgroup is working to expand the number of physicians that can prescribe buprenorphine. There is a training event on January 23<sup>rd</sup>, over 100 people have registered to date.

Jenn Koziol presented on the Naloxone Workgroup. The Naloxone Workgroup recommends bundling the cost of naloxone into ED overdose services, Opioid Treatment Program (OTP) services, and treatment services and distributing naloxone on-site at these locations, as going to the pharmacy is a barrier for patients with substance use disorder. The group has a meeting scheduled with the OTPs to discuss, a representative from BHDDH will attend to address changes in OTP and treatment prescribing restrictions. In terms of the ED distribution, Director Montanaro recommended a change in regulation that allows for EDs to directly dispense. Peter Ragosta from RIDOH will look into putting a waiver for naloxone dispensing in the regulations. The Workgroup has also heard concerns from pharmacies on the third party prescription of naloxone because of potential insurance fraud. Jenn Koziol will arrange a conference call with Workgroup leads, pharmacies, Medicaid, private insurers, Senator Miller, and Commissioner Hittner to resolve this issue.

Dr. McDonald presented on the Prevention Workgroup. He turned it over to Peter Ragosta who spoke of the reorientation of the PDMP. Seventy percent of prescribers are enrolled. The group plans to make enhancements such as adding naloxone to the PDMP, sharing access across state lines, and developing automatic alerts that flag high-risk combinations of drugs and recommend naloxone. Dr. McDonald presented on the Workgroups Clinical Guidelines of the Co-prescribing of opiates and benzos. The Workgroup has convened a panel of experts to advise. They are also planning a five part CME event on this issue (for June 2016); as they have identified a gap in knowledge.

Linda Mahoney presented on the Recovery Workgroup. Their goal is to double the number of peer recovery specialists. They convened a meeting of the current 35 peer recovery specialists to get feedback on employee retention. They are also working with Senator Miller on expanding legislation that addresses recovery planning at the point of discharge for ED patients. Lastly, the Workgroup is focusing on improvements to recovery housing, such as a transparent certification process and potentially connecting the housing certification to the Centers of Excellence.

Senator Miller spoke about the need to expand language in his past S2801 bill. He wants to ensure they do not lose patients who present at the ED with an overdose, but then walk away before they receive treatment and are able to be connected to a recovery coach. BHDDH and RIDOH will need to draft discharge/recovery planning guidelines. Senator Miller would also like to expand the definition of SUD treatment to provide treatment in the ACI; there may be federal grant dollars to leverage; Anya Wallack of Medicaid will look into the potential availability of funding.

Mike Rizzi raised an issue of third party payers only reimbursing for certain formularies of MAT. Director Montanaro recommended bringing this issue up during the conference call with insurers on the third party payer issue.

Dr. Alexander Scott announced that at the next meeting there will be a presentation on legislative and regulatory changes relevant to drug overdose prevention. Director Montanaro added that there would be an update on the ECHO project in the Community Health Centers. The goal for the next meetings will be for each Workgroup to have finalized implementation plans that include costs and budget strategies. The Directors commended the Task Force leaders on the strong work, collaboration, and progress made to date and asked for public comment.

Becky Boss announced that a five-year SBIRT grant is available for early identification. BHDDH is required to be the lead agency; email Becky if you would like to support this process. Colonel O'Donnell announced that state police has received approved funding to re-equip state and municipal police forces with naloxone (their supply was about to expire). Dr. Alexander Scott asked the group to think about potential funders the Task Force could approach to purchase naloxone for high risk, uninsured populations.