



## State Reporting: NGA Compact to Fight Opioid Addiction

In July 2016, 46 of the nation’s governors signed [A Compact to Fight Opioid Addiction](#), marking the first time in more than 10 years that governors developed a compact through the National Governors Association (NGA) to spur coordinated action on an urgent national issue. One year later, governors reported on the steps they have taken to reduce inappropriate opioid prescribing, change the nation’s understanding of opioids and addiction and ensure a pathway to recovery for individuals with addiction. NGA asked governors to provide 2-3 examples of actions they have taken in each of those three areas. **The following chart does not provide an exhaustive account of states’ efforts but a snapshot of how the compact is driving action across the states.** Key themes from the information governors reported are summarized in a [one-pager](#) on NGA’s website.

State	Reducing Inappropriate Opioid Prescribing	Changing the Public’s Understanding of Opioids and Addiction	Ensuring a Pathway to Recovery for Individuals with Addiction
<p><b>ALABAMA</b></p>	<ul style="list-style-type: none"> <li>• January 23, 2017: The Alabama Board of Medical Examiners promulgated a <a href="#">new rule</a> requiring the use of risk and abuse mitigation strategies by physicians who prescribe controlled substances. This rule also:               <ul style="list-style-type: none"> <li>○ Sets forth new requirements for physicians’ use of Alabama’s Prescription Drug Monitoring Program for the specified “...purpose of preventing controlled substance diversion, abuse, misuse, addiction, and doctor-shopping;” and</li> <li>○ Effective January 1, 2018, requires each holder of an Alabama Controlled Substances Certificate (ACSC) to acquire two (2) hours of AMA PRA Category 1™ continuing medical education (CME) in</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• December 15, 2016: Governor Robert Bentley signed Executive order 27, establishing the Alabama Council on Opioid Misuse and Addiction (the Council). One of the defined duties of the Council is to identify strategies to increase awareness of the overdose epidemic, reduce the stigma associated with substance use disorders, and improve prevention education. In that regard, the Council has established the Prevention/Education/Public Awareness Committee with a defined mission to “... prevent or reduce the harm of prescription drug misuse and illicit opioid use by reducing stigma, raising awareness and promoting evidence-based interventions and treatments. That committee, consisting of subject matter experts and persons with lived experience, is meeting regularly to fulfil its assigned task.</li> </ul>	<ul style="list-style-type: none"> <li>• January 24, 2017: the Alabama Council on Opioid Misuse and Addiction (the Council) held its inaugural meeting. Six standing committees, each with a specifically identified mission, were established during that meeting. A Treatment and Recovery Support Committee was established with a mission to develop strategies for expanding the quality and availability of evidence-based treatment for persons with opioid use disorders. That committee, consisting of subject matter experts and persons with lived experience, is meeting regularly to fulfil its assigned task.</li> <li>• The Alabama Department of Mental Health is currently collaborating with the Alabama Department of Corrections to make medication assisted treatment available to individuals, who have opioid use disorders, while incarcerated and as part of their reentry plan.</li> </ul>

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**ALABAMA  
(cont'd)**

controlled substance prescribing every two (2) years as part of the licensee's yearly CME requirement.

- February 7, 2017: Governor Bentley acknowledged the state's opioid problem in his annual State of the State address, and highlighted the Council as part of the solution to this crisis. The mention of addiction as a state problem in the State of the State address was an unprecedented action by an Alabama governor.
- March 10, 2017: Alabama's Opioid Summit, Opioid Crisis in Alabama – From Silos to Solutions, took place. The Summit, planned and sponsored by the Governor's Health Care Improvement Task Force, was attended by over 250 stakeholders.

- April 2017: The Alabama Board of Nursing approved specific changes to Alabama Administrative Code 610-x-7, Standards of Nursing Practice in Specific Settings, regarding IM injection of pre-measured Naloxone. This rule change will eliminate a major barrier to the administration of IM Naloxone in the state's residential substance abuse treatment programs ([610-x-7-.06 Alabama Department of Mental Health Residential Community Programs](#)).

**ALASKA**

- In March, Governor Walker introduced [legislation](#) that changes the way opioids are prescribed and monitored. The bill includes the following points and is expected to be passed by the legislature and signed into law later this year:
  - Allows patients to turn down opioids while in managed care;
  - Requires continuing education in pain management and opioid addiction for medical providers;
  - Limits the initial prescription for opioids to no more than a seven-day supply;
  - Requires doctors to discuss the risks of opioid abuse with parents before prescribing to a minor;
  - Requires the Board of Veterinary Examiners to educate veterinarians on the signs of opioid abuse in pet

- Governor Walker issued a [public health disaster declaration](#) in February 2017 to address Alaska's opioid use disorder public health crisis. The declaration authorized the Department of Health and Social Services to issue a medical standing order that allows community groups, law enforcement and members of the public to dispense and administer anti-overdose drug Naloxone. This generated considerable public attention on the opioid issue and raised awareness about the proper administration of naloxone.
- The Office of the Governor and the Department of Health and Social Services have developed PSA videos ("[Mind Your Meds](#)") that highlight the risks of prescription opioids as a gateway for misuse, and are currently working on additional PSA videos that show the many faces of Alaskans impacted by opioids. Additionally, web-based materials can be

- The Alaska Department of Corrections has initiated a [pilot program](#) administering Vivitrol shots to inmates before their scheduled release and ensuring recipients have continued access to treatment post-release through community programs. Additionally, the Alaska Therapeutic Court system is working to incorporate best practices for opioid use disorder treatment options, including medication assisted treatment.
- To prevent overdose deaths and increase the number of people surviving to receive recovery services, the Governor signed [legislation](#) providing for statewide medical standing orders for distribution on naloxone rescue kits.
- Alaska will be sending representatives from the Office of the Governor, the court system and the departments of Health and Social Services, Public Safety, and Corrections to the NGA Learning Lab on opioid use disorder treatment strategies.

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<p><b>ALASKA (cont'd)</b></p>	<p>owners and participate in a prescription database;</p> <ul style="list-style-type: none"> <li>Requires the prescription drug database be updated daily instead of weekly, and allows for disciplinary action against pharmacists or practitioners who don't review the database as required under current law.</li> </ul>	<p>accessed through easy-to-remember web addresses (e.g., <a href="https://heroin.alaska.gov">https://heroin.alaska.gov</a>).</p> <ul style="list-style-type: none"> <li>Developed school-based educational materials built around a <a href="#">contest for naming newly trained state drug dogs</a>.</li> </ul>	
<p><b>ARIZONA</b></p>	<ul style="list-style-type: none"> <li>The Governor issued an executive order limiting the first fill of all opioid prescriptions under Medicaid and the state employee health plans to 7 days.</li> <li>The Governor called upon the medical board to require doctors to take a continued education course in addiction and opioid prescribing. The state is working with the boards right now on rule-making.</li> <li>The state is working to fully incorporate the Controlled Substance Prescription Monitoring Program into the state-wide HIE to make it more user friendly for doctors.</li> </ul>	<ul style="list-style-type: none"> <li>The Governor signed legislation creating a drug overdose review team to review all drug overdoses fatalities, collect data, create policy recommendations, and train first responders.</li> <li>The Governor's Office of Youth, Faith, and Family is piloting a substance abuse prevention program in junior highs in all 15 counties.</li> </ul>	<ul style="list-style-type: none"> <li>The state has piloted a program in a high-risk area that allows individuals to turn in their drugs and drug paraphernalia and be sent to treatment rather than being prosecuted. Additionally, the state provided grant funds to distribute Naloxone to high-risk areas. From January 2017-April 2017, the state has distributed over 6,000 Naloxone kits and have 492 documented reversals from those kits.</li> <li>The Department of Health Services is working with hospitals in the state to improve the discharge process for individuals who go to the ER for an overdose event to ensure that they are provided information about long-term treatment options prior to being discharged from the hospital.</li> <li>The Governor issued an Executive order which created a Vivitrol pilot program for individuals leaving prison who have a history of opioid use. The budget also increased funds at the Department of Corrections at add new substance abuse counselors.</li> </ul>

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**CALIFORNIA**

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| <ul style="list-style-type: none"> <li>• California passed legislation requiring all prescribers of controlled substances to register with and consult California's Prescription Drug Monitoring Program (PDMP), the recently updated Controlled Substance Utilization Review and Evaluation System (CURES 2.0), prior to prescribing Schedule II-IV drugs for the first time and at least every four months.</li> <li>• The California Department of Public Health (CDPH) Director and state partners launched a Statewide Prescription Opioid Misuse and Overdose Prevention Workgroup in 2014 to share information and develop collaborative prevention strategies to curb prescription drug overdose deaths and addiction. The Workgroup provides a platform for state entities and other partners working to address opioid overdose and addiction to improve coordination and expand joint efforts. Initial efforts included promoting the CDC and Medical Board of California Prescriber Pain Medicine Guidelines and registration and use of California's PDMP CURES.</li> <li>• The California Department of Health Care Services' Medi-Cal (Medicaid) program removed analgesic methadone (for pain management) from the formulary. Methadone maintenance remains a benefit for addiction treatment.</li> </ul> | <ul style="list-style-type: none"> <li>• The California Department of Public Health and the California Health Care Foundation have funded twenty-five local opioid safety coalitions throughout the state to conduct comprehensive planning, public outreach and education, and implement local policy to address the dangers of opioid use, appropriate pain management and alternative therapies to opioid medications, medication assisted treatment and increase access to naloxone, as well as promote proper storage and disposal.</li> <li>• CDPH conducted formative research in preparation for a statewide public media and outreach campaign that will launch in the fall of 2017. The research involved conducting over 20 key informant interviews with a variety of opioid overdose advocates and professionals, a review of public polling data and existing national and state campaigns, and a local news coverage analysis by the Berkeley Media Studies Group. A report on results will be released in 2017.</li> <li>• The California Department of Public Health developed the California Opioid Overdose Surveillance Dashboard to provide enhanced data visualization and integration of statewide and geographically-specific opioid-involved overdose and opioid prescription data. CDPH staff has provided technical assistance to multiple states (e.g., Nevada, North Carolina, Tennessee, Washington) on how to build or improve their dashboards.</li> </ul> | <ul style="list-style-type: none"> <li>• Legislation was passed that established a new Naloxone Grant Program within the California Department of Public Health, and a one-time General Fund allocation being used to provide naloxone to local health jurisdictions for community dissemination.</li> <li>• DHCS also removed the Treatment Authorization Request (TAR) requirement for the drug Buprenorphine, resulting in a 50% increase in Medi-Cal buprenorphine prescriptions from 2015-2016</li> <li>• The California DHCS is also administering the recent state grant allocation from SAMHSA to implement "Medication Assisted Treatment (MAT) Expansion" projects in high-burden areas throughout California. Specifically, the grant will focus on three primary areas: 1) MAT expansion through a "hub and spoke" model developed in Vermont, including increasing availability of buprenorphine treatment statewide; 2) development of an Indian Health Services MAT Project; and 3) technical assistance and trainings through UCLA and the California Society of Addiction Medicine (CSAM).</li> </ul> |
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<b>GUAM</b>	<ul style="list-style-type: none"> <li>Pharmacists and prescribers can register to access the Guam PDMP database at <a href="http://www.gupdmp.com">www.gupdmp.com</a></li> <li>Guam pharmacies have been uploading patient prescription history to the Guam PDMP once every two weeks.</li> <li>Pharmacists and prescribers can view patient prescription history via the Guam PDMP Database to provide better patient care and pain management.</li> </ul>	<ul style="list-style-type: none"> <li>The primary source of information and data has been through media sources. Examples include the following: <ul style="list-style-type: none"> <li><a href="#">Opiate is Growing Problem on Guam</a></li> <li><a href="#">Feds take note of Guam's Rising Opiate Use</a></li> <li><a href="#">DEA: Guam Prescription Drug Abuse on the Rise</a></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Any patient with opioid problems are sent to the Screening Brief Intervention and Referral Treatment (SBIRT) program via the Guam Behavioral Health and Wellness Center (GBHWC). The CHCs also have a GHHWC SBIRT counselor assigned and housed within.</li> <li>In 2016, GBHWC initiated the re-opening of the New Beginnings Program, American Society of Addiction Medicine (ASAM) Level 3.7. This is a "gap" in the state's services.</li> <li>GBHWC has out-sourced substance use disorder treatment and services to non-government organizations through a Request for Proposal. Currently, Social Detoxification and all ASAM levels of care are provided except ASAM Level of Care 3.7. and level 4.</li> </ul>
<b>HAWAII</b>	<ul style="list-style-type: none"> <li>The Governor signed legislation in July 2016: <ul style="list-style-type: none"> <li>Act 68 - expanding access and use of opioid antagonists to health care professionals, harm reduction organizations, pharmacists, all first responders and any person positioned to prevent an opioid-related drug overdose mortality;</li> <li>Act 218 - making changes to Hawaii's controlled substances prescribing laws including: a) limits the prescribing of Schedule II narcotic drugs, including Schedule II opioids, to no greater than 30-day supply; b) requires that controlled substances registrants obtain access to Hawaii Prescription Drug Monitoring Program (PDMP);</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Department of Health is finalizing first statewide needs assessment on opioid use and abuse that will result in strategic plan to guide prevention of opioid abuse per CDC-funded Data Driven Prevention Initiative. Needs assessment draws from role-specific survey of identified stakeholders and a quantitative analysis of toxicology results from hospital admissions and emergency department visits.</li> <li>Hawaii Poison Center responds to calls for help from public and health care professionals treating patients with prescription opioid exposures. Department of Health is now using this data to better understand and create solutions for the opioid problem in Hawaii.</li> </ul>	<ul style="list-style-type: none"> <li>Department of Health convened 35 substance abuse treatment agencies to provide SAMHSA-sponsored technical assistance on developing the business and cultural sustainability of opioid treatment programs that are applicable to Hawaii's community.</li> <li>Department of Health is expanding MAT services and mitigating opioid use disorders in more remote communities in Hawaii per SAMHSA-funded <a href="#">State Targeted Response to the Opioid Crisis (Opioid STR) grant</a>.</li> </ul>

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<b>HAWAII (cont'd)</b>	<p>c) allows pharmacists and physicians to appoint staff members who can access PDMP information as a physician's or pharmacist's delegate;</p> <p>d) broadened access to PDMP information by allowing Narcotics Enforcement Division Administrator to give access to government regulatory agencies during joint investigations.</p> <ul style="list-style-type: none"> <li>○ Legislature passed SB505 in May 2017, requiring prescribing health care providers to adopt and maintain policies for informed consent to opioid therapy. The Hawaii Department of Health has recommended the Governor sign this bill into law.</li> </ul>		
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**IDAHO**

- The Department of Health and Welfare successfully applied for a CDC-funded grant, "Prescription Drug Overdose: Data-Driven Prevention Initiative", awarded in September 2017, which allowed the Division of Public Health to implement a prescriber education program through Idaho's public health districts. The program will inform, educate, and encourage the use of the PMP and CDC Opioid Prescribing Guidelines. This funding also supports technological fixes that will enable prescribers to view PMP data in their electronic medical records.
- The Idaho Board of Pharmacy has plans to implement prescribers reports with
- The Office of Drug Policy convened an opioid strategic planning meeting in April 2017 with experts from throughout the state with one intended outcome being a plan for better communicating with the public regarding opioids and addiction. The work of this group will be ongoing. The Office of Drug Policy in partnership with the Idaho Board of Pharmacy will be funding 60 pharmacies in Idaho to implement take back programs. These programs will be required to include a plan for educating/informing their community about the opioid crisis.

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**IDAHO  
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the goal of creating social norms to decrease the number of opioid prescriptions. The reports will provide a summary of a healthcare provider's prescribing history, including their ranking compared to the "average" prescriber of the same specialty, and a summary and graphical representation of their prescribing history.

**INDIANA**

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| <ul style="list-style-type: none"> <li>• Governor Holcomb signed <a href="#">Senate Enrolled Act 226</a> limiting the amount of an opioid prescription for a first-time prescription.</li> <li>• Hired a new director of the state's prescription drug monitoring program, known as INSPECT, to lead its integration into all hospitals and improve ease of use for controlled substance prescribers.</li> <li>• Executed a data sharing agreement among 16 state agencies, led by the state's Management Performance Hub, to consolidate agency data that will provide statistical analysis, record linkage across partner agency data silos, and advance use of analytics to support efforts to fight the opioid epidemic across all agencies.</li> </ul> | <ul style="list-style-type: none"> <li>• Governor Holcomb made fighting the opioid epidemic one of his top priorities, starting with the creation and naming of an Executive Director for Drug Prevention, Treatment and Enforcement. This position is responsible for directing the drug-related program and spending activities of nine Indiana state agencies, developing and implementing a statewide strategic plan that aligns and leverages resources, and measuring results and outcomes of state programs to reduce addiction.</li> <li>• <a href="#">Announced</a> the state's <a href="#">strategic approach</a> to addressing substance abuse in Indiana as well as an <a href="#">action plan</a> to guide efforts for 2017 and beyond.</li> <li>• The state is centralizing statewide naloxone distribution through a state purchase agreement and working to create a reimbursement model for the use of the medication.</li> </ul> | <ul style="list-style-type: none"> <li>• Indiana's has requested a waiver to its HIP 2.0 program, which provides health insurance to qualified Hoosiers. The asks for expanded inpatient detoxification, residential treatment services and addiction recovery support services, which includes (i) recovery education; (ii) peer recovery support services; (iii) housing support services; (iv) recovery focused case management; and (v) relapse prevention services.</li> <li>• Governor Holcomb signed four pieces of legislation that create pilot programs to expand access to treatment.</li> <li>• Department of Correction is working to overhaul the delivery of service models for Addiction Recovery Services that are provided to offenders.</li> </ul> |
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**IOWA**

- Iowa has taken a multifaceted approach to addressing the opioid epidemic through reducing inappropriate opioid prescribing. Two key areas have been Iowa Prescription Drug Monitoring Program (PDMP) and professional training and education through Iowa's health profession licensing boards. Since 2009, the Iowa Board of Pharmacy in 2009 has administered the PDMP. Iowa's PDMP has been enhanced to support faster pharmacy reporting, data sharing with neighboring states, integration with electronic health records, and research of de-identified data to ensure appropriate use of controlled substances. In 2014, we enabled five border states (KS, IL, MN, SD, WI) prescribers to utilize the Iowa PDMP and vice versa. Over a six-year period, (2010-2016) Iowa has increased prescribers registered in the PDMP by 67% for a total of over 6,800 prescribers now registered and prescriptions dispensed through the PDMP by 17% for a total of 5.2 million prescriptions dispensed reports in the PDMP for 2016. In addition, in 2011, the Iowa Board of Medicine (IBM) adopted mandatory Responsible Opioid Prescribing continuing education for licensees in pain management and end-of-life care, areas of medical practice historically reliant on opioid prescribing.
- Iowa has taken a multifaceted approach to addressing the opioid epidemic through expanding the public understanding of opioids and addiction including press conferences and Governor's Office leadership. In 2016, Iowa Governor Terry Branstad and then-Lt. Governor Kim Reynolds held two press conferences to expand the public's awareness and announced expanded prescription drug take backs to curb abuse for National Drug Take Back Day on October 22, 2016. In November 2016, they also announced at a press conference expanded naloxone access to combat the opioid epidemic. Earlier in 2016, Governor Branstad signed a naloxone access bill expanding those who could seek a prescription. November's announcement included full implementation of that law as well as announcing Iowa's naloxone standing order, and new education material provided by the Iowa Department of Public Health. In April 2017, then-Lt. Governor Kim Reynolds held a press conference at a local CVS pharmacy in Des Moines, Iowa announcing CVS commitment to expanding the public's knowledge about opioid and naloxone access at local pharmacies across Iowa. All three press events garnered significant television, radio, and print earned media as well as social media attention. In October 2016, Iowa also sent a team led by the Governor's Office to the NGA Learning Lab on State Strategies for Reducing Overdose Deaths from Heroin and Illicit Fentanyl in Rhode Island. That team has worked since then to achieve three goals: expand naloxone access, expand treatment options, and improve data sharing.
- Iowa has taken a multifaceted approach to addressing the opioid epidemic to ensure a pathway to recovery for individual with addiction focused on outreach and coordination in the state's Medicaid Program. The Iowa Department of Public Health along with various other state agencies (Human Services, Public Safety, and the Governor's Office of Drug Control Policy) have conducted Medication Assisted Treatment education, summits, and outreach for health care professionals and interested stakeholders across Iowa. This also included 10 recovery community organization trainings in December 2016 to individuals recovering from addiction as well as free buprenorphine trainings for physicians. Iowa's Medicaid Program provided health insurance to 150,000 more Iowans since 2014 who previously did not have mental and substance abuse health insurance coverage. In 2016, Iowa's Medicaid managed care program established a health care coordinator for more than 20,000 extremely vulnerable children and adults with complex behavioral health needs as well as establishing recovery peer coaching for individuals with an opioid and other substance use disorders. In addition, in 2016, methadone was approved by Iowa Medicaid as a form of medication assisted treatment in Iowa. The number of Medication Assisted Treatment providers has increased since January 2016 by 20%.



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**KENTUCKY**

- Governor Bevin's administration has worked with the legislature to craft a bill that will establish 3 day prescribing limits for opioids, with exceptions, in accordance with recommendations from the CDC. Governor Bevin personally testified in support of the bill. The bill also strengthens penalties against traffickers of heroin and fentanyl. The bill passed with bipartisan support and was signed into law in April 2017. More information is available [here](#). A link to the bill is [here](#).
  - Governor Bevin has established discussions with all of the medical and dental schools in Kentucky and is challenging them to work together to enhance curriculum or residency programs by adding more focus on opioid stewardship. Focusing more attention during the foundational education phase on proper prescribing behaviors, as well as the costly and negative effects of over exposure to opioids, should lead to more conservative prescribing during the careers of these new practitioners. These efforts are moving well and ongoing.
  - Governor Bevin's administration is working with providers and major health systems to modernize system wide, evidenced-based prescribing protocols for post-acute care. One such protocol is described [here](#).
- Kentucky is working with volunteer advertising professionals to develop a comprehensive and multi-pronged marketing campaign to raise awareness and enhance the public's understanding of opioids and addictions. This work is ongoing and the initial phase is expected to roll out in Spring of 2017. Kentucky Justice and Public Safety Cabinet made a \$150,000 advertising buy for the Public Education Partnership Program. This \$150,000 investment has exponential value as it allows advertisers across the state to fill unpurchased air time which is donated by 250 radio stations and 19 television stations to run daily messaging targeted at enhancing the public's understanding of opioids, addiction, and treatment options.
  - Governor Bevin has frequently used his social media accounts to share stories, accounts, messages and statistics to raise awareness around opioids and addiction.
- Kentucky has been engaged in discussion with CMS regarding the state's 1115 Waiver application. That applications contains a provision that would waive the IMD exclusion and allow for residential substance abuse disorder (SUD) treatment settings larger than 16 beds.
  - Kentucky has continued to implement the SAMHSA-PDOA grant which creates coordinated MAT services obstetrical care and SUD treatment in an urban and a rural area of the state. This has led to a dramatic decrease in NICU stays for infants born to mothers in the program.
  - Governor Bevin, in cooperation with the state legislature, provided an unprecedented \$15.7 million in funding dedicated to prevention, treatment and recovery of opioid use disorder. Some of what has been done with that funding included:
    - \$3,359,800 for Community Mental Health Centers to expand evidence-based substance use treatment services, including medically-assisted treatment, in local communities throughout the state,
    - \$2,572,000 for established programs to address neonatal abstinence syndrome by developing or evidence-based residential treatment services, transitional housing, and other recovery supports to pregnant and parenting women with opioid use disorders.
    - \$3,000,000 Department of Corrections for treatment and recovery, a [pilot program](#) for giving a pre-release and post-release

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**KENTUCKY  
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- injection of Vivitrol, and Narcan kits for probation and parole offices.
- \$500,000 for a Substance Abuse Clearing House to help identify available treatment options.
- \$2.95 million to public defenders and prosecutors to move low level offenders from criminal prosecution to alternative sentencing such as participation in substance abuse treatment.

**LOUISIANA**

- Louisiana Medicaid [instituted](#) a 15-day supply quantity limit for opioids (with certain exceptions), with plans for a 120 mg/day morphine equivalent dosage (MED) limit this summer.
- Governor Edwards is supporting legislation to limit first-time opioid prescriptions for acute pain to 7-days (HB192), as well as legislation to strengthen prescriber PDMP mandates and require additional CME (SB55). Both bills are supported by prescribers, including the State Medical Society.
- In January 2017, Dr. Rebekah Gee, the Secretary of the Louisiana Department of Health (LDH), signed a standing order for naloxone that LDH publicized and posted on its [website](#).
- Governor Edwards signed an executive order to expand Medicaid effective July 1, 2016. Medicaid expansion is increasing access to care--including substance abuse treatment--for approximately 430,000 Louisianans as of May 2017.
- Medicaid and the Department of Corrections have worked together to enroll individuals in a health plan upon release from incarceration, improving access to care for a high-risk population during the critical time of re-entry.

**MARYLAND**

- The Board of Pharmacy issued continuing education credit on opioid prescribing to 300 pharmacists and in 2017 will propose regulation to the Department of Health and Mental Hygiene (DHMH) to require annual training.
- Legislation passed [HB437] which requires mandatory Prescription Drug Monitoring Program registration for Controlled Dangerous Substances
- On March 1, 2017, Governor Hogan declared a State of Emergency in Maryland in direct response to initial findings from the Opioid Operational Command Center to scale up efforts to address the heroin and opioid epidemic across the state.
- On May 9, 2017, Maryland hosted the Regional Opioid & Substance Abuse Summit with D.C. and Virginia, bringing together hundreds of professionals from across disciplines committed to addressing the opioid epidemic.
- Public Safety & Correctional Services has partnered with DHMH in the Connecting Criminal Justice with Health Care (CCJH) Initiative to improve health outcomes for justice-involved individuals, enhance public safety, and link to recovery services.
- Support the Family Recovery Program, Inc., Parents in Recovery Together helping clients work with Peer Recovery Advocates to gain support/skills targeting relapse and crime prevention, parenting and trauma.

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<p><b>MARYLAND (cont'd)</b></p>	<p>prescribers and pharmacists by July 1, 2017 [mandated use by July 1, 2018].</p> <ul style="list-style-type: none"> <li>Medicaid, in collaboration with its managed care organizations, stood up Medicaid Drug Utilization Review (DUR) work groups charged with developing minimum standard DUR activities related to opioids in acute and chronic treatment of pain.</li> </ul>	<ul style="list-style-type: none"> <li>On May 9, 2017, the Hogan Administration launched the "<a href="#">Before It's Too Late</a>" web portal designed to provide resources and raise public awareness of the rapid escalation of the evolving heroin, opioid, and fentanyl crisis in Maryland.</li> </ul>	<ul style="list-style-type: none"> <li>The Maryland Medicaid agency reviewed substance use disorder treatment prior authorization policies across Medicaid to ensure consistency and remove barriers to treatment.</li> </ul>
<p><b>MASSACHUSETTS</b></p>	<ul style="list-style-type: none"> <li>Successfully launched a new Prescription Monitoring Program (PMP) online system in August 2016 that improves performance, access, and usability for prescribers and pharmacists and includes availability to medical residents and new interconnectivity with neighboring states. Distributed to each prescriber a report indicating how their prescribing patterns relate to other medical professionals in their discipline.</li> <li>In August 2016, the state announced core competencies for education on opioids for advanced practice nurses, physician assistants and community health centers. This announcement follows up the previously announced core competencies developed in conjunction with the state's medical and dental schools. The state is currently collaborating with Schools of Social Work to implement core competencies around the treatment of individuals with a substance use disorder.</li> <li>The Baker-Polito Administration partnered with Walgreens to launch a</li> </ul>	<ul style="list-style-type: none"> <li>In September 2016, the state released a comprehensive <a href="#">study</a> that analyzed causes and risk factors associated with overdose deaths across the MA population.</li> <li>The Baker-Polito administration continues to invest in increasing access to and education about naloxone (Narcan). Over 13,000 people were trained and provided naloxone in 2016, pushing the total number of people trained statewide to over 56,000. Through the states bulk purchasing program, the cost of Narcan is subsidized for first responders. Additionally, the administration provides first responder naloxone grants to 32 high-need communities so they have additional funds to purchase Narcan.</li> <li>In September of 2016, the administration published an update on the report of the Governor's Opioid Working Group (which had been issued in June of 2015). At that time, 93% of the action items in the working group report were either complete or in progress. The administration continues to release quarterly data <a href="#">reports</a> on opioid related overdose deaths, including demographics, and emergency medical data.</li> </ul>	<ul style="list-style-type: none"> <li>The Baker-Polito administration is investing \$500,000 to expand and enhance existing community-based first-responder post-overdose follow-up programs in at least five high-priority locations using the Knock and Talk Model of in-person, home-based outreach and support after a 911 call for an overdose, offering assistance to individuals and families who may not be accessing other available services.</li> <li>The Baker-Polito administration increased funding for the training of Recovery Coaches (more than 1,000 to date) to strengthen peer support networks throughout the Commonwealth. The administration also funded a pilot program to deploy recovery coaches in 11 Emergency Departments to help make referrals and connections to treatment and recovery support services in the community.</li> <li>Medicaid agency (MassHealth) received federal approval of a five-year MassHealth 1115 demonstration waiver, which will provide \$52.4 billion for MassHealth restructuring to improve the health of the population and reduce spending. This will mean an additional</li> </ul>

State	Reducing Inappropriate Opioid Prescribing	Changing the Public's Understanding of Opioids and Addiction	Ensuring a Pathway to Recovery for Individuals with Addiction
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**MASSACHUSETTS  
(cont'd)**

new safe and convenient medication disposal program with 13 drug take-back kiosks across the state. In addition, Walgreens, as well as several other pharmacies statewide, have made naloxone available without requiring a prescription from a physician.

\$25 million will be invested in the substance use treatment system in FY18. The waiver will provide the Commonwealth with greater flexibility to address the opioid addiction crisis by expanding access to a broad spectrum of recovery-focused substance use disorder (SUD) services (including residential rehabilitation service programs and care coordination and recovery services for members with significant SUD). MassHealth and the Department of Public Health will adopt a standardized American Society of Addiction Medicine assessment across all SUD providers.

**MICHIGAN**

- \$4.5 million was appropriated to replace Michigan's prescription drug monitoring programs (PDMP). The new system will be up and running in April 2017.
- Legislation requiring mandatory registration to PDMP will be re-introduced this legislative session.
- Department of Health launched two public awareness campaigns: 1. Do your part 2. Teen drug campaign.
- Through executive order, the Governor created an ongoing Prescription Drug and Opioid Abuse Commission.
- Medication Assisted Treatment (MAT) pilot in Michigan drug courts: In FY17, 19 drug courts were awarded grants to provide MAT for drug court participants suffering from opioid use disorders. The governor supported ongoing funding for this initiative in his FY18 Executive Recommendations.

**MINNESOTA**

- The Governor signed [legislation](#) that requires, beginning July 2017, prescribers and pharmacists to register and maintain a Prescription Monitoring Program user account and allows the Board of Pharmacy to send out Controlled Substance Insight Alerts to prescribers and pharmacies concerning individuals who, based on review and evaluation of the Prescription Monitoring Program data, may be doctor-shopping.
- The [Opioid Prescribing Work Group](#) is creating prescribing protocols for all
- The MN Department of Public Safety [launched](#) a public awareness video and resource guide for parents.
- The MN Department of Public Safety collaborated with the Department of Health to share law enforcement and public health data on a regular basis, with the goal of identifying new drug trends to educate and warn the public about dangerous substances.
- The MN Department of Human Services was awarded a Strategic Prevention Framework for Prescription Drugs (SPF Rx) Grant to raise community awareness and bring prescription drug abuse prevention activities and education
- The Governor introduced legislation that was enacted in the 2017 session to strengthen the substance use disorder continuum of care by creating coverage for care coordination, peer recovery support, expanded levels of withdrawal management services, and create a direct reimbursement option for providers.
- Minnesota was awarded a State Targeted Opioid Response Grant that will be used to increase state capacity for providing medication assisted treatment for opioid use disorder by increasing the availability of office-based opioid treatment and the development of collaborative relationships between

State	Reducing Inappropriate Opioid Prescribing	Changing the Public's Understanding of Opioids and Addiction	Ensuring a Pathway to Recovery for Individuals with Addiction
<p><b>MINNESOTA (cont'd)</b></p>	<p>time intervals of opioid prescribing and developing quality measures for reports to providers for Medicaid recipients.</p> <ul style="list-style-type: none"> <li>The MN Boards of Medical Practice, Nursing, and Pharmacy have authority for collaborative information sharing involving licensees who prescribe opioids to assist in reducing the misuse and illicit supply of opioids.</li> <li>The MN Department of Health and Board of Pharmacy collaborated to increase proactive reports, make PMP more user-friendly for end-users, and monitor implementation of the mandatory PMP enrollment legislation.</li> </ul>	<p>to schools, communities, parents, prescribers, and their patients.</p> <ul style="list-style-type: none"> <li>The Governor requested funding for a crime analyst at the MN Bureau of Criminal Apprehension Fusion Center to work with an epidemiologist from MN Department of Health on a Drug Monitoring Initiative (DMI) to identify new and emerging drug trends and drug overdose spikes.</li> <li>The MN Department of Health was awarded a Prescription Drug Overdose Data-Driven Prevention Initiative (DDPI) grant to enhance use of data and help create a statewide prevention plan.</li> <li>The Governor hosted a Tribal State Opioid Summit; developed white papers focusing on prevention, intervention and treatments, prenatal exposure, prescription monitoring practices, and law enforcement and public safety; reached out to Tribal partners to gather information on current prevention practices; and published a final <a href="#">report</a> with recommendations.</li> </ul>	<p>behavioral health and substance use disorder providers.</p> <ul style="list-style-type: none"> <li>The MN Department of Health has been working with local public health agencies and their medical consultants throughout the state and with the MN Board of Pharmacy to make naloxone available through local pharmacies under a state-wide protocol/prescription.</li> <li>During the 2017 legislative session, the legislature appropriated \$1 million for the MN Department of Health to establish opioid abuse prevention pilot projects. One grant may allow a root cause approach to reduce opioid abuse in an American Indian community. The legislature also provided \$825,000 in funding for providers to purchase direct injectable drugs to treat opioid addiction.</li> </ul>
<p><b>MISSISSIPPI</b></p>	<ul style="list-style-type: none"> <li>The Mississippi Bureau of Narcotics has created a statewide Tactical Diversion Unit focusing on the illegal prescribing, dispensing, theft, and diverting of opioids by physicians, nurses, pharmacist, caregivers, and all health care professionals.</li> <li>The Mississippi Bureau of Narcotics has partnered with treatment, addiction, mental health, judicial, and law enforcement professionals, hosting the 2017 Opioid Summit; targeting</li> </ul>	<ul style="list-style-type: none"> <li>The Mississippi Bureau of Narcotics has partnered with the MS Department of Mental Health and MS Board of Pharmacy; hosting Town Hall meetings throughout the state with the goals of educating and informing the public of issues associated with opioid misuse, abuse, and addiction.</li> <li>The Mississippi Legislature enacted MS House Bill 996: The Emergency Response and Overdose Prevention Act- Allows the public access to purchase, without a prescription, the</li> </ul>	<ul style="list-style-type: none"> <li>The Mississippi Bureau of Narcotics has partnered with the Ms. Dept. of Mental Health, along with treatment and addiction professionals throughout the state, with the goal of informing the public on availability and access to treatment.</li> <li>Governor Phil Bryant has created an Opioid Task Force with the purpose of making recommendations to address the opioid crisis in Mississippi. These recommendations will encompass education, offender/patient</li> </ul>

State	Reducing Inappropriate Opioid Prescribing	Changing the Public's Understanding of Opioids and Addiction	Ensuring a Pathway to Recovery for Individuals with Addiction
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<b>MISSISSIPPI (cont'd)</b>	<ul style="list-style-type: none"> <li>prescribers, dispensers, nurses, social workers, caregivers, and various health care professionals. The goal is to raise awareness amongst said professionals as it relates to the dangers associated with over prescribing and dispensing opioid medications.</li> </ul>	<p>opioid overdose reversal drug (Narcan, naloxone).</p>	<p>assessment, treatment, rehabilitation, and enforcement.</p>
<b>NEBRASKA</b>	<ul style="list-style-type: none"> <li>The Governor signed legislation to make the Prescription Drug Monitoring Program more effective and efficient.</li> <li>Initiated work on comprehensive pain management guidelines which are nearing final review.</li> <li>Increased access and use of the Nebraska prescription drug monitoring program (PDMP) system, through system enhancements and PDMP registration and training efforts.</li> <li>Initiated efforts to improve data quality on death certificates for drug related overdoses.</li> </ul>	<ul style="list-style-type: none"> <li>The Governor's Opioid Summit, <a href="#">Charting the Road to Recovery</a>, October 2016 with 200 law enforcement, medical, treatment, prevention, and academic participation <ul style="list-style-type: none"> <li>See review <a href="#">here</a>.</li> <li>See publication <a href="#">here</a>.</li> </ul> </li> <li><a href="#">Dose of Reality</a> statewide media campaign implemented January 2017.</li> <li>Development of education materials on pain management and opioids/addiction with and for prescribers and dispensers.</li> <li>Numerous media interviews sharing information about the issue in Nebraska and strategies that have been implemented to address it.</li> <li>The Nebraska Department of Health and Human Services (DHHS) launch a dedicated website with information specific to medical providers and consumers.</li> <li>Statewide Opioid Coalition (University of Nebraska Medical Center, Attorney General, DHHS)</li> <li>Evidence based prevention programs such Strengthening Families and Lead and Seed.</li> </ul>	<ul style="list-style-type: none"> <li>Medication Assisted Treatment training for providers for opioid use disorders planned for Fall 2017.</li> <li>Applied and awarded \$2 million State Targeted Response (STR) grant to support and enhance treatment and prevention efforts related to Opioids.</li> <li>LB 487 approved by the Governor in April 2017 provides and changes immunity provisions relating to naloxone.</li> <li>Exploring addiction fellowship for physicians with University of NE Medical Center.</li> <li><a href="#">Expanded</a> public awareness of prescription drug take-back.</li> </ul>

State	Reducing Inappropriate Opioid Prescribing	Changing the Public's Understanding of Opioids and Addiction	Ensuring a Pathway to Recovery for Individuals with Addiction
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**NEVADA**

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| <ul style="list-style-type: none"> <li>• The Governor held a 500+ attendee summit to discuss areas the state needs to improve to address prescription drug abuse in Nevada. From summit recommendations, and work with many stakeholders, the Governor has introduced AB474, which establishes mandatory prescribing protocols and ensures that Nevada's occupational licensing boards have a system for identifying and remedying inappropriate prescribing. The Governor signed the bill into law in June.</li> <li>• 13 Prevention Coalitions representing all counties, including the Native American populations, worked together to develop a state plan that addressed prescription drug misuse and abuse. They focused efforts on perception of risk, attitudes, social access via individuals, retail access of prescriptions, early identification of the problem, law enforcement and first responders, and treatment services. The strategies used were extending and strengthening prevention strategies, improving monitoring and surveillance, improving control and enforcement, and extending and strengthening access to treatment services.</li> </ul> | <ul style="list-style-type: none"> <li>• Nevada's State Board of Medical Examiners, Board of Pharmacy and Board of Nursing have sponsored and marketed a <a href="#">website</a> with information about opioid addiction, how to get help and finding non-opioid treatment alternatives.</li> <li>• There were drop box take back events hosted where hundreds of pounds of prescription drugs were turned in, lock boxes given out, community education events, social media campaigns, prescription drug test kits for probation officers given out, True Stories program, MN Seasons program, Active parenting program trainings, Physician trainings, and naloxone trainings.</li> <li>• There were nearly 10,000 paid ads and 14,000 public services announcements that ran across the state.</li> <li>• Over 1,300 environmental influencers were trained, over 100 public officials contacted, over 150 organizations contacted for policy changes, over 800 community members, over 1000 group presentations, over 22,000 participants, 981 posters distributed, over 50,000 brochures distributed, and over 250,000 hits to websites.</li> </ul> | <ul style="list-style-type: none"> <li>• The state has increased training for Adult and Youth Mental Health First Aid classes which is resulting in more boots on the ground and eyes to help people receive referrals to the proper care.</li> <li>• The state has provided funding for gaps in services including addiction and recovery treatment services and inpatient stays for those not covered by insurances.</li> <li>• The state has also received \$5 million in SAMSHA CURES grants dollars. The state is currently working with community stakeholders to use that money to expand access to Naloxone and to explore the creation of a hub and spoke treatment infrastructure.</li> </ul> |
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State	Reducing Inappropriate Opioid Prescribing	Changing the Public's Understanding of Opioids and Addiction	Ensuring a Pathway to Recovery for Individuals with Addiction
<p><b>NEW HAMPSHIRE</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">Senate Bill 576</a> allowed the Prescription Drug Monitoring Program (PDMP) to accept state/ general funds for the operation of the program; allows federal health practitioners working in federal facilities to be eligible to access the PDMP; allows the Chief Medical Examiner to request data for the purpose of investigating the death of an individual; requires dispensers to submit information by the close of business on the next business day from the date the prescription was dispensed; requires prescribers to query the program for a patient's initial prescription when prescribing Schedule II, III, and IV opioids for the management/treatment of pain and then periodically, at least twice per year; and continuing education courses for prescribers that are relevant to pain management and addiction disorders.</li> <li>• Senate Bill 576 increased the penalties for the manufacture, sale, and possession with intent to sell or transport of fentanyl, making them consistent with the penalties for heroin.</li> </ul>	<ul style="list-style-type: none"> <li>• The state created the campaign "<a href="#">AnyoneAnytimeNH</a>"™ to educate the public and professionals about addiction, emergency overdose medications and support services for anyone experiencing opioid addiction.</li> <li>• The City of Manchester is participating in the DEA 360 Program which, in addition to supported coordinated interdiction and diversion control enforcement activities, also provides significant community outreach through local partnerships that empower communities to take back neighborhoods.</li> </ul>	<ul style="list-style-type: none"> <li>• A full understanding of what the state has done can also be found <a href="#">here</a>.</li> </ul>
<p><b>NEW JERSEY</b></p>	<ul style="list-style-type: none"> <li>• Governor Christie called for and signed legislation (<a href="#">Senate Bill 3</a>) limiting initial prescriptions for opioid pain medications to five days--the nation's strictest limit--with exceptions for cancer, hospice and long-term care facilities. Prescribers must document the need and assess the risk of abuse before authorizing refills of opioid pain medications.</li> </ul>	<ul style="list-style-type: none"> <li>• Governor Christie launched a media campaign, a hotline (1-844-Reach-NJ) and a <a href="#">website</a> on his homepage to raise awareness about opioid addiction and to provide one-stop access to treatment.</li> <li>• Governor Christie <a href="#">directed</a> his Education Commissioner to develop new curriculum specific to opioid education for every school,</li> </ul>	<ul style="list-style-type: none"> <li>• Governor Christie called for and signed legislation (<a href="#">Senate Bill 3</a>) requiring health insurers to cover immediate access to treatment for substance use disorder--including inpatient, outpatient and medication-assisted treatment--for up to six months, making New Jersey the only state with such guaranteed coverage.</li> </ul>



State	Reducing Inappropriate Opioid Prescribing	Changing the Public's Understanding of Opioids and Addiction	Ensuring a Pathway to Recovery for Individuals with Addiction
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<p><b>NEW JERSEY (cont'd)</b></p>	<ul style="list-style-type: none"> <li>• Governor Christie signed <a href="#">legislation</a> requiring healthcare providers to discuss the risks of addiction with parents and guardians before prescribing Schedule II opioid medications to minor patients.</li> <li>• Governor Christie signed legislation (<a href="#">Senate Bill 3</a>) requiring health care providers to complete continuing education on topics including responsible prescribing practices, alternatives to opioids and signs of abuse or diversion.</li> </ul>	<ul style="list-style-type: none"> <li>• starting in kindergarten. (2017 State-of-the-State Address).</li> <li>• By Executive order, Governor Christie <a href="#">declared</a> opioid abuse and addiction "a public health crisis in New Jersey" and created the Governor's Task Force on Drug Abuse to combat it.</li> </ul>	<ul style="list-style-type: none"> <li>• Governor Christie <a href="#">expanded</a> to 11 counties, up from five, a program that uses "recovery coaches" to assist overdose survivors. The Department of Human Services subsequently applied for federal grant funding to expand this program to all 21 of New Jersey's counties.</li> <li>• Governor Christie <a href="#">announced</a> a \$1 million increase in funding for college housing programs set up for students in recovery (2017 State-of-the-State Address).</li> </ul>
<p><b>NEW YORK</b></p>	<p>Signed 6/22/2017 - Chapters 70 and 71 Laws of 2016 Department of Health's (DOH) Bureau of Narcotic Enforcement (BNE) with messaging through presentation, emails, medical societies and <a href="#">BNE web page</a></p> <ul style="list-style-type: none"> <li>• Effective July 22, 2016 - Limit overprescribing of opioid medications by limiting initial opioid prescriptions for acute pain to a 7-day supply.</li> <li>• Effective July 1, 2017 – NYS licensed prescribers with a DEA registration number and medical residents prescribing controlled substances under a facility DEA registration number must complete at least three hours of coursework or training in pain management, palliative care and addiction by July 1, 2017 and every three years thereafter.</li> <li>• As of April 2016, New York State is sharing Prescription Monitoring Program (PMP) data with 13 states and Washington D.C. Pennsylvania, Ohio and</li> </ul>	<ul style="list-style-type: none"> <li>• Signed 6/22/2017 - Chapters 70 Laws of 2016- Effective October 21, 2016 – Pharmacies provide information on addiction and resources to patients receiving a controlled substance <ul style="list-style-type: none"> <li>○ BNE and OASAS developed a document titled "<a href="#">Important Facts About Controlled Substance Prescription Medications</a>" that is posted on the BNE webpage as required by legislation.</li> </ul> </li> <li>• New NYSDOH web page with opioid-related data to support statewide prevention efforts, with links to additional resources, can be found <a href="#">here</a>.</li> <li>• The Combat Heroin and Prescription Drugs Kitchen Table Tool Kit, a resource for schools, community based organizations and other interested parties, will be made available for free under a Department of Justice, Bureau of Justice Assistance grant.</li> <li>• Joint OASAS, DOH, SED Commissioners letter emailed to all schools encouraging use of the Combat Heroin Kitchen Table Tool kit.</li> </ul>	<ul style="list-style-type: none"> <li>• Effective June 22, 2016 Chapter 68 Laws of 2016 authorizes the maintenance and use of opioid antagonists at public libraries for the treatment of opioid overdoses.</li> <li>• May 3, 2017 – <a href="#">Emergency regulations</a> published and effective allowing nurse practitioners and physician to provide buprenorphine based substance use disorder (SUD) treatment. The regulation also removed any patient limits consistent with DATA 2000.</li> <li>• Chapter 70 Laws of 2016 – Effective December 22, 2017 - Required hospitals to provide discharge planning services to those diagnosed or at risk of substance use disorder (SUD). Requires pharmacies to distribute information about opioids.</li> <li>• OASAS made significant investments in recovery supports, awarding funding to open 14 recovery centers, 8 youth clubhouses and added 16 peer support specialists.</li> <li>• Signed June 22, 2016 – Chapters 69 and 71 of the Laws of 2016 – Effective January 1, 2017 – Eliminates prior authorization for: (1)</li> </ul>

State	Reducing Inappropriate Opioid Prescribing	Changing the Public's Understanding of Opioids and Addiction	Ensuring a Pathway to Recovery for Individuals with Addiction
<p><b>NEW YORK (cont'd)</b></p>	<p>Alabama are also scheduled for data sharing mid-2017.</p> <ul style="list-style-type: none"> <li>• NYSDOH to provide county prescription opioid overdose data in quarterly reports to the legislature and counties. Data is available <a href="#">here</a>.</li> <li>• October 12, 2016 – modified the PMP registry to include: <ul style="list-style-type: none"> <li>○ Queried PMP data provided and displayed increased from six months to one year</li> <li>○ Date dispensed is based on the date sold (date patient or caregiver took possession of the medication) instead of the date filled</li> </ul> </li> <li>• Office of Alcoholism and Substance Abuse Services (OASAS) partnered with the Medical Society of the State of New York (MSSNY) to provide prescriber education on opioid prescribing.</li> </ul>	<ul style="list-style-type: none"> <li>• New Multi-Media Campaign “It’s Going to Take All of Us, Let’s Come Together and Combat Addiction” conducted in October – November 20, December 12 – January 15, 2016, and January 30 – March 5, 2017.</li> <li>• In 2015-2016, the NYSDOH launched a statewide billboard campaign raising awareness about the NYS 911 Good Samaritan Law, including a <a href="#">factsheet</a> detailing on how the law can save lives located. The billboard’s impact was estimated to have over 3.5 million viewers.</li> </ul>	<p>medication assisted treatment in Medicaid managed care and fee-for-service; (2) for naloxone; (3) for a five-day emergency supply of medication for commercial insurance; and (4) for inpatient SUD treatment. The law also prohibits concurrent review for the first 14 days of treatment, provided a state-designated tool indicates that level of treatment is needed.</p> <ul style="list-style-type: none"> <li>• To increase the number of certified health care practitioners to prescribe buprenorphine, NYSDOH has provided a series of buprenorphine waiver trainings in different regions around the state, for physicians, nurse practitioners and physician assistants.</li> <li>• NYSDOH has enhanced its Harm Reduction/Syringe Exchange Programs (SEP) to become comprehensive drug user health hubs. The array of services offered via the hubs are varied and are determined and defined by the needs of the substance using participants who are served by the agency.</li> <li>• DOH opioid overdose prevention initiative permits registered programs to train non-medical responders in opioid overdose recognition and response. More than 420 of these programs, with 134 having been added in 2016 alone. In 2016, more than 70,000 individuals were trained (62,000 community responders, 8,000 public safety personnel). 1,100 reversals have been documented for community responders in 2016 and 1,825 for public safety responders.</li> </ul>
<p><b>NORTH CAROLINA</b></p>	<ul style="list-style-type: none"> <li>• NC Department of Health &amp; Human Services contracted with the NC Hospital Association to convene health systems</li> </ul>	<ul style="list-style-type: none"> <li>• NC Department of Health &amp; Human Services (DHHS) coordinates and leads the Prescription <a href="#">Drug Abuse Advisory Committee</a></li> </ul>	<ul style="list-style-type: none"> <li>• NC received \$31 million to address the opioid crisis through the 21st Century Cures Act, State Targeted Response to the Opioid Crisis Grants.</li> </ul>

State	Reducing Inappropriate Opioid Prescribing	Changing the Public's Understanding of Opioids and Addiction	Ensuring a Pathway to Recovery for Individuals with Addiction
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**NORTH CAROLINA (cont'd)**

leaders to establish health system practices on appropriate opioid prescribing, including: ensure clinical education and oversight of appropriate prescribing practices, promote CDC and the NC Medical Board's safer prescribing guidelines, assess health system prescription drug monitoring program (PDMP) registration and use policies, establish a voluntary Opioid Stewardship Program, identify barriers to implementing health system safe opioid practices and policies and assist with communication to reduce overdoses.

- NC Department of Health & Human Services is providing controlled substance prescription history data to the NC Medical Board in order to facilitate the Board's investigations and analysis of prescriber behaviors. NC Department of Health & Human Services is sending educational letters to prescribers that have patients that meet pre-determined substance use risk behavior metrics.
- [Legislation](#) was introduced that sets prescribing limits for acute pain (five days) and post-surgical pain (seven days), mandates PDMP use, and mandates e-prescribing.
- The NC Medical Board adopted CDC's opioid prescribing [guidelines](#) and a requirement that opioid prescribers complete three continuation education units every three years in safe opioid prescribing.

(PDAAC), a group of over 200 key agencies and organizations that implement the state strategic plan to combat the opioid epidemic.

- NC DHHS is hosting a state wide [Opioid Misuse & Overdose Prevention Summit](#). The summit will engage, educate and energize partners across the state in strategies to prevent and address the overdose epidemic.
- NC DHHS is routinely publishing county level controlled substance prescription data and registration/utilization of the prescription drug monitoring program (NC Controlled Substances Reporting System - NC CSRS) for stakeholders to better understand how the opioid epidemic is impacting the state.
- Websites are available to support campaigns to address specific aspects of the opioid epidemic: Operation Medicine Drop has collected nearly 89.2 million pills at more than 2,000 events since it went into operation in 2010, the [website](#) includes the location of drop boxes in the state.
- [Naloxonesaves.org](#) is a resource site to find the 1,300+ pharmacies in North Carolina that sell Naloxone under the state-wide standing order, and <http://www.lockyourmeds.org/nc/> provides information on safe medication storage and opioid abuse.

The grant will be used to increase access to prevention, treatment and recovery supports, reduce unmet treatment need, and reduce opioid-related overdoses and deaths. The state's treatment efforts will emphasize medication assisted treatment (MAT) – a combination of medication, counseling and behavioral therapy that is effective in treating opioid dependency.

- NC DHHS initiated a pilot program with the Division of Adult Correction to provide medication assisted treatment (MAT) and naloxone overdose rescue kits to people diagnosed with opioid use disorder who are under probation/parole/post-release supervision.

State	Reducing Inappropriate Opioid Prescribing	Changing the Public's Understanding of Opioids and Addiction	Ensuring a Pathway to Recovery for Individuals with Addiction
<b>OKLAHOMA</b>	<ul style="list-style-type: none"> <li>• Opioid Prescribing Guidelines – Developed and implemented prescribing guidelines and have implemented related prescriber/dispenser training opportunities.</li> <li>• Policy Change at State Level – Developed and implemented state level policy changes to reduce use and abuse of opioids.</li> <li>• Increased Use of the Prescription Monitoring Program (PMP) – Implemented a statewide prescription monitoring system.</li> </ul>	<ul style="list-style-type: none"> <li>• Disposal/Storage Methods – Expanded take-back programs, a statewide awareness program regarding use, storage and disposal of opioid medications, in addition to a statewide effort to educate individuals and families about naloxone (Narcan).</li> <li>• Media Campaign – Created and launched a <a href="#">statewide awareness program</a> regarding use, storage and disposal of opioid medications, in addition to a statewide effort to educate individuals and families about naloxone (Narcan).</li> <li>• Initiated a Statewide Overdose Prevention Initiative (naloxone) – Provided naloxone to first responders and have made it available through retail pharmacies, in addition to making it available at no cost through select treatment providers in high risk communities; in addition to implementing broader community-based prevention efforts in high need counties.</li> </ul>	<ul style="list-style-type: none"> <li>• Implemented screenings efforts in primary care and ER settings, including partnership with health networks to promote screening opportunities.</li> <li>• Expanded efforts to utilize Medication Assisted Treatment (MAT) treatment statewide, along with training.</li> </ul>
<b>OREGON</b>	<ul style="list-style-type: none"> <li>• In November 2016, the <a href="#">Oregon Opioid Prescribing Guidelines Task Force</a> adopted the CDC “Guideline for Prescribing Opioids for Chronic Pain,” while tailoring some guidelines to fit Oregon-specific issues. This robust task force included licensing boards, medical associations, community leaders, local public health, and coordinated care organizations to achieve broad buy-in on restrictions of morphine equivalent doses an individual patient can review at any one time.</li> </ul>	<ul style="list-style-type: none"> <li>• The Oregon Health Authority has worked with the High Intensity Drug Trafficking Area (HIDTA) director to broadly promote Oregon's long-standing Good Samaritan law and naloxone access. This campaign has been orchestrated through all law enforcement agencies in the state, especially sheriffs who are currently undergoing trainings to become better local ambassadors.</li> </ul>	<ul style="list-style-type: none"> <li>• Oregon’s health agency and other partners have made a priority to address treatment access for the Medicaid population. Oregon increased the amount of qualified partial agonist treatment prescribers by 20% in the last year. It remains challenging to get qualified providers to engage in additions treatment especially in rural and frontier Oregon so efforts will continue to align Medicaid payers and effective and comprehensive opioid use disorder treatment.</li> </ul>

State	Reducing Inappropriate Opioid Prescribing	Changing the Public's Understanding of Opioids and Addiction	Ensuring a Pathway to Recovery for Individuals with Addiction
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**OREGON  
(cont'd)**

- Oregon has also continued to empower emergency department practitioners through prescription drug monitoring program (PDMP) data while maintaining statutorily mandated protections on access for PDMP data to improve emergency room practices and patient health and safety.
- July 2016 implementation of restrictions on opioid prescribing for certain back conditions for those on the Oregon Health Plan that were put into practice by January 2017. Opioid taper plans – to minimize and discontinue opioid use – are due by January 2018.

**PENNSYLVANIA**

- The Governor signed five bills into law in November 2016 to address the opioid epidemic. Those bills: (SB1202) – updated the states Prescription Drug Monitoring Program statute to require mandatory for opioids and/or benzodiazepines every time they are dispensed or prescribed, and a requirement that dispensers enter information into the database within 24 hours; (SB1367) – Placed a seven day prescribing limit on all opioid prescriptions to minors; (SB1368) – Required safe prescribing curriculum for prescribers, as part of their medical or continuing medical education; (HB1699) – placed a seven day prescribing limit on all opioid prescriptions from hospital emergency rooms and urgent care centers with no allowable refills; and,
- The Department of Drug and Alcohol Programs launched the PA Get Help Now hotline in November 2016 which is available 24/7 free of charge throughout the state. The hotline not only provides access to resources, but also performs brief screenings for those seeking treatment and conducts warm-line transfer directly to a treatment facility for those in need of services. The hotline has received over 6,000 phone calls from Pennsylvanians seeking treatment and resources to-date.
- Dedicated more than \$3 million in the 21st Century CURES Act application to expand existing resources for PSA's and other earned media in order to spread awareness of opioid use disorder and existing state and local resources available in communities across the state.
- As part of the Governor's 2017-2018 budget proposal, \$3.4 million was requested to expand access to specialty drug courts for individuals with substance use disorder, in order to improve chances for recovery and divert people away from the criminal justice system and toward treatment systems that can assist with their addiction.
- Department of Corrections and Department of Human Services have collaborated on a Vivitrol pilot program to expand access to medication assisted treatment (MAT) behind the walls and as individuals transition out of the criminal justice system.
- Successfully secured \$20.4 million in the 2016-2017 budget to create 45 Opioid Use Disorder Centers of Excellence (COE) that assist with patient navigation. The COE's are primarily aimed at serving 11,500 new individuals with opioid use disorder through coordination of

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**PENNSYLVANIA  
(cont'd)**

(HB1737) – expanded the entities that can serve as drop-off locations for extra or unwanted prescription drugs and over-the-counter products.

- Convened the Safe Prescribing Task Force in conjunction with the Departments of Drug and Alcohol Programs, Health, and State, and the PA Medical Society, which has released nine sets of prescribing guidelines for various medical specialties aimed at reducing the pattern of over-prescribing painkillers that have a high risk of abuse. The guidelines are intended to supplement, but not replace, the individual provider's clinical judgement. More information is available [here](#).

primary and behavioral health care and increasing access to clinically appropriate MAT.

**RHODE ISLAND**

- The Rhode Island Department of Health (RIDOH) passed acute pain regulations in February 2017 that limit initial opioid prescriptions to 30 morphine milligram equivalents (MME) per day for a maximum of 20 doses, require prescribers to review the Prescription Drug Monitoring Program (PDMP) before prescribing an opioid, and require all prescribers of schedule II opioids to complete eight hours of Continuing Medical Education (CME).
- RIDOH partnered with the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) and Brown University to offer an enduring eight-hour CME on the Interdisciplinary Treatment of Pain in May 2017.

- RIDOH developed and implemented a public awareness campaign, Addiction is a Disease, Recovery is Possible, in July 2016 in partnership with BHDDH. The campaign features inspiring stories from real Rhode Islanders who are in long-term recovery. The campaign included television ads, radio spots, bus king advertising, posters, and social media.
- RIDOH partnered with Brown University to launch an electronic drug overdose dashboard: <http://PreventOverdoseRI.org/>. The user-friendly Drug Overdose Dashboard presents most of its information via infographics, interactive maps, charts, and videos. The goal is to provide all Rhode Islanders with timely, accurate information about the overdose crisis affecting the state and to ensure that anyone who visits the site can find addiction

- In July 2016, the BHDDH launched a Recovery Support Line that connects people to treatment and recovery resources. The service became available 24/7 in January 2017 through additional RIDOH funding. The line is staffed by trained specialists who can help callers navigate treatment resources and provide compassionate support.
- BHDDH in partnership with RIDOH provides certified peer recovery coaches to below high-risk populations. Peer recovery coaches have lived experience and help individuals connect to treatment, provide education on overdose prevention, and the use of naloxone, and act as an ongoing contact for support for:
  - Inmates upon release from the Department of Corrections

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<b>RHODE ISLAND (cont'd)</b>	<ul style="list-style-type: none"> <li>RIDOH implemented automated alerts in the PDMP that notify prescribers when a patient has received prescriptions from 5 or more prescribers and 5 or more pharmacies during a 6-month period, has received &gt;90 MMEs per day, and has concurrent active prescriptions for both an opioid and benzodiazepine.</li> </ul>	<p>treatment, prevention and harm reduction resources in their community.</p> <ul style="list-style-type: none"> <li>RIDOH and BHDDH have developed and distributed the following resources: <ul style="list-style-type: none"> <li>A tri-fold brochure with treatment/recovery resources for primary care offices, public events, to community-based partners, and the Department of Corrections.</li> <li>A harm reduction card highlighting the risk of fentanyl for active drug users and their families and friends.</li> <li>Posters for pharmacies encouraging patients to ask about naloxone.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Overdose patients at the Emergency Department</li> <li>Targeted street outreach to state 'hot spots'</li> <li>In March 2017, RIDOH and BHDDH released the nation's first statewide standards for treating overdose and opioid use in hospitals and emergency settings. The standards establish a common foundation for treating opioid-use disorder and overdose through a three-level system of categorization that defines each hospital and emergency department's current capacity to treat opioid-use disorder. All emergency departments and hospitals in Rhode Island are required to meet the criteria for Level 3 facilities.</li> </ul>
<b>SOUTH CAROLINA</b>	<ul style="list-style-type: none"> <li>Department of Labor, Licensing, and Regulation has designated a Medical Board committee to propose revisions to the Joint Revised Pain Management Guidelines in conjunction with the Boards of Dentistry and Nursing.</li> <li>Department of Health and Environmental Control have provided Prescription Monitoring Program (PMP) and controlled substance accountability education during onsite practitioner visits.</li> <li>State agencies have made funds available for integration of the PMP into health systems' electronic health records.</li> </ul>	<ul style="list-style-type: none"> <li>Department of Alcohol and Other Drug Abuse Services funded six county coalitions for prevention programming targeting prescription drug misuse.</li> <li>State Law Enforcement Division, USPS and the US Attorney's Office have formed a coalition to identify and intercept large scale trafficking of fentanyl, car fentanyl and other synthetic opioids from international origins shipped to South Carolina for distribution.</li> </ul>	<ul style="list-style-type: none"> <li>Department of Alcohol and Other Drug Abuse Services has made state funds available for medication assisted treatment and naloxone at contracted provider agencies.</li> <li>Department of Health and Environmental Control have trained over 1,700 law enforcement officers around the state to administer naloxone for overdose.</li> <li>Medicaid has taken initial steps to ensure appropriate and consistent coverage of medications to treat opioid use disorder.</li> </ul>



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**SOUTH DAKOTA**

- Board of Medical and Osteopathic Examiners adopted administrative [rules](#) (effective Oct. 17, 2016) to address medical record documentation when prescribing opioids for chronic, non-cancer pain including use of the state's Prescription Drug Monitoring Program (PDMP).
- Legislature had an interim study committee on opioid and other drug abuse prevention. The committee considered changes to increase use of state's PDMP. Introduced [SB 1](#) to enhance the SD PDMP. Enhancements include daily submission of data, easier integration of PDMP into electronic health records and requiring prescribers/dispensers with a controlled substance registration to be enrolled in PDMP.
- PDMP increased frequency of reports to prescribers/pharmacies about patients obtaining prescriptions from six or more prescribers at six or more pharmacies in 90 days to four or more prescribers at four or more pharmacies in 30 days.
- Ensure media accurately report data regarding opioid use and abuse in the state.
- In South Dakota, prevention of meth use has been the highest priority. A meth awareness campaign, "Meth Changes Everything," focuses on educating youth on the dangers of meth. The campaign includes a strong social media component, as well as school and community presentations. From August 4, 2016 to December 29th, 2016 there were 11,585 visits to the website, over 84 school presentations, and 11 community town hall meetings. The school and community presentations have already reached over 4,400 students and adults. Additional presentations will be held throughout the remainder of the school year.
- The SD Department of Social Services (DSS) was awarded an opportunity through NGA entitled, "Learning Lab on Telehealth Strategies for Expanding Access to Opioid Addiction Treatment". Through this opportunity, DSS plans to determine the current landscape regarding behavioral health treatment; establish a relationship with FQHCs and encourage them to take advantage of opportunities related to Project ECHO/Opioid Addiction Treatment; and encourage a more collaborative relationship between FQHCs and community mental health centers to strengthen treatment resources.
- DSS is applying for the Opioid State Targeted Response grant, which will focus on prevention and treatment and will include things such as expanding access to evidence-based practices for opioid disorder treatment; enhancing recovery support services to improve treatment access and retention; and addressing barriers to treatment.

**TENNESSEE**

- Department of Health drafted prescribing guidelines for chronic, nonmalignant pain; these were adopted by boards.
- Department of Health required dose/morphine milligram equivalent (MME) limits for referring to a pain medicine specialist for consultation.
- Department of Mental Health and Substance Abuse Services added an additional ten community coalitions for a total of 43 to reduce underage drinking (ages 12-20) and prescription drug misuse and abuse (ages 12-25).
- Department of Mental Health and Substance Abuse Services increased the number of
- Department of Mental Health and Substance Abuse Services implemented Medication Assisted Treatment programs for individuals with a primary diagnosis of opioid use disorder or a diagnosis of a co-occurring opioid use.
- Department of Health and Substance Abuse Services promulgated rules to license and oversee regulatory compliance of Non-



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<b>TENNESSEE (cont'd)</b>	<ul style="list-style-type: none"> <li>Department of Mental Health and Substance Abuse Services partnered with the Department of Health and the Bureau of Investigation to enhance the capacity to collect and analyze prescription drug data through a centralized database.</li> </ul>	<ul style="list-style-type: none"> <li>permanent prescription drug collection boxes from 170 to 222; (Now, at least one box is located in all 95 Tennessee counties.)</li> <li>Visit <a href="#">here</a> to learn more about Prescription for Success: Statewide Strategies to Prevent and Treat the Prescription Drug Abuse Epidemic in Tennessee</li> </ul>	<ul style="list-style-type: none"> <li>Residential Office-Based Opiate Treatment Facilities.</li> <li>Department of Mental Health and Substance Abuse Services Department of Mental Health increased the capacity of recovery courts to 82 courts, added 52 recovery houses, and established 57 evidenced-based addiction and recovery programs through the faith-based Initiative.</li> </ul>
<b>UTAH</b>	<ul style="list-style-type: none"> <li>Department of Health partnered with the US Attorney's Office to host the first Utah Heroin and Opioid Summit in September 2016 targeting law enforcement and healthcare providers. There were over 300 attendees and continuing medical education (CME) units were offered to attendees.</li> <li>Department of Health partnered with the Utah Medical Association to update the Utah Clinical Guidelines on Prescribing Opioids for the Treatment of Pain. The guidelines will be finalized in Summer 2017 and several trainings have been provided to graduating students in the healthcare field related to the guidelines and Utah's prescription drug monitoring program (PDMP).</li> <li>Department of Health funded eight local agencies to target risky prescribing behaviors through education and training and to provide resources <ul style="list-style-type: none"> <li><a href="#">Common opioids poster</a>.</li> <li><a href="#">Naloxone brochure</a></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Department of Health launched a public awareness campaign (<a href="#">Stop the Opidemic</a>) in January 2017 focused on opioid risks, overdose signs, and naloxone. Testimonial videos and commercials and be found <a href="#">here</a>.</li> <li>Department of Health partnered with the Board of Pharmacy and the Utah Pharmacy Association to launch the first ever "Talk to Your Pharmacist Month" in May 2017 encouraging pharmacists to engage in conversations with customers about opioid risks and placing a sticker on prescription opioid lids that read, "CAUTION: Opioid – Risk for Addiction and Overdose". Over 100,000 stickers were disseminated by more than 150 pharmacies. More information is available <a href="#">here</a>.</li> </ul>	<ul style="list-style-type: none"> <li>The University of Utah/Utah Addiction Center held two DATA 2000 Waiver Trainings to increase the number of physicians able to prescribe buprenorphine and other medication assisted treatments in August and November 2016 increasing the number of buprenorphine providers in Utah to 200.</li> <li>The Department of Health implemented a pilot project in the Fall of 2016 to increase overdose outreach providers for opioid education, naloxone distribution, and training on the proper administration of naloxone. In a two-month time period, 18 saves were reported. More information is available <a href="#">here</a>.</li> <li>The Department of Health implemented a statewide standing order for naloxone in December 2016 and in one month 88 pharmacists voluntarily enrolled and 140 naloxone kits were distributed from enrolled pharmacies. More information can be found <a href="#">here</a>.</li> </ul>

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<p><b>UTAH (cont'd)</b></p>	<ul style="list-style-type: none"> <li>The Governor signed several opioid-related legislation in March 2017:               <ul style="list-style-type: none"> <li><a href="#">H.B. 50</a>, Ward, 7 Day Opioid Limit</li> <li><a href="#">H.B. 90</a>, Ward, Insurer Guideline Adoption</li> <li><a href="#">H.B. 146</a>, Barlow, Partial Filling</li> <li><a href="#">H.B. 175</a>, Eliason, SBIRT Training</li> <li><a href="#">S.B. 258</a>, Mayne, Naloxone Co-prescribing</li> </ul> </li> </ul>		
<p><b>VERMONT</b></p>	<ul style="list-style-type: none"> <li>The Vermont Department of Health promulgated a <a href="#">rule</a> for physicians on opioid prescribing for acute pain. The rule, which takes effect July 2017, provides legal requirements for the appropriate use of opioids in treating pain in order to minimize opportunities for misuse, abuse and diversion, and to optimize prevention of addiction and overdose.</li> <li>As of January 2017, a new policy reduces the amount of time from seven days to 24 hours between when a prescription is dispensed to a patient and when the required information about that prescription is uploaded into the Vermont Prescription Monitoring System.</li> </ul>	<ul style="list-style-type: none"> <li>The state launched <a href="#">Vermont's Most Dangerous Leftovers Campaign</a> and reinvigorated the campaign April 2017 to correspond with Drug Take Back Day. Vermont's Most Dangerous Leftovers increases awareness of the safe use, safe storage, and proper disposal of prescription drugs.</li> <li><a href="#">Patient education materials</a> supporting Vermont's prescribing rule have been developed by the Health Department. These materials highlight the risks of prescription pain reliever use and encourage communication with physician.</li> </ul>	<ul style="list-style-type: none"> <li>Vermont improved access to treatment and increased the number of people who receive medication assisted treatment (MAT) services through Hubs and Spokes – treatment facilities and physician practices in a region. An additional treatment facility will open in a high need region in Summer, 2017.</li> <li>Vermont is in the process of adding peer recovery specialists in three areas that will work with emergency departments to improve connections to treatment for people who come in following an overdose or other medical event related to use of alcohol/drugs.</li> <li>On April 17, Governor Scott hosted a summit on Vermont's Substance Use Disorder Workforce. Participants crossing state government, higher education, treatment and recovery service provider network, and elected officials made recommendations on how to increase the number of qualified clinicians and recovery coaches.</li> <li>Hub &amp; Spoke learning collaboratives were conducted to improve provider skills focused on psychosocial treatments, co-occurring disorders, contingency management, and MAT in primary care and community settings.</li> </ul>

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**VIRGINIA**

- Boards of Medicine and Dentistry promulgated [regulations](#) on proper prescribing of opioids, including a seven-day limit on initial acute opioid prescriptions.
- The Governor signed [legislation](#) mandating the Prescription Monitoring Program (PMP) check for any opioid prescriptions with over seven-day supply.
- The Governor signed [legislation](#) to mandate e-prescribing of all opioids by 2020.

- Department of Health Professions brought up [VaAware.com](#), a website that includes resources for prescribers, professionals, and the public.
- Commissioner of Health [declared](#) the opioid and heroin overdose epidemic a public health emergency on 11/21/16.

- Medicaid Addiction, Recovery, and Treatment Services [benefit](#) went live on April 1.
- Board of Medicine promulgated [regulations](#) mandating counseling for all patients prescribed buprenorphine; further requires prescribing of less-abusable suboxone as opposed to Subutex, which is to be prescribed to pregnant women only.
- The Governor signed [legislation](#) allowing the creation of harm reduction programs administered by local health departments in which data indicates high rates of HIV and Hepatitis C.

**WASHINGTON**

- Department of Health is optimizing and expanding the Prescription Drug Monitoring Program by allowing providers to directly access data through their electronic medical record system and displaying aggregated prescribing data by age groups, gender and geographic region in a public data portal.
- The Health Care Authority is drafting an Opioid Medical Policy documenting authorization criterion for approving opioid treatment based on best practices. The Health Care Authority is also analyzing opioid usage from the Prescription Drug Monitoring Program and Medicaid claims files and performing outreach to providers and the managed care organization plans regarding high utilizers and prescribers.
- Department of Labor and Industries is educating health care providers on Agency Medical Directors' Group Opioid

- Department of Social and Health Services is leading work on a multi-agency communications strategy to prevent opioid misuse in communities, with a focus on youth and parents.
- University of Washington Alcohol & Drug Abuse Institute is providing technical assistance on how to design, implement, and evaluate opioid safety and overdose interventions including public education, clinical practices, naloxone, and practical assistance.
- University of Washington Alcohol & Drug Abuse Institute is serving as the primary contractor working through health agencies who sponsor syringe exchange programs to engage opiate users in overdose education, training and utilization of naloxone via a SAMHSA Grant secured by the Department of Social and Health Services.
- More information on these efforts can be found in the Washington State Interagency Opioid Working Plan [here](#).

- Department of Social and Health Services is expanding access to suboxone at methadone clinics and Harborview Medical Center by offering additional staff support to the prescribers via a SAMHSA Grant.
- In collaboration with University of Washington Alcohol & Drug Abuse Institute, Department of Social and Health Services is providing naloxone to lay and professional first responders in four high needs areas in Washington State.
- Department of Social and Health Services is working with the Health Care Authority to continue to expand access to opioid use disorder treatment through traditional counseling, methadone clinics and primary care Medication Assistance Treatment prescriptions.
- More information on these efforts can be found in the Washington State Interagency Opioid Working Plan [here](#).

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**WASHINGTON  
(cont'd)**

Guidelines and CDC Guideline for Prescribing Opioids for Chronic Pain. Department of Labor and Industries is also working with the Bree Collaborative and other partners such as the medical and hospital associations' Opioid Task Force and dental stakeholders in developing recommendations on prescribing opioids for acute pain and circulating recommendations to clinical partners and associations.

- More information on these efforts can be found in the Washington State Interagency Opioid Working Plan [here](#).

**WEST VIRGINIA**

- West Virginia (WV) expanded capacity to conduct internal analyses and public health surveillance with its Controlled Substance Monitoring Program (CSMP).
- In 2017, the WV Board of Pharmacy made additional enhancements to the CSMP, adding Veteran's Affairs data and issuing prescriber educational "report cards," comparing prescribers with others in the practice area.
- In coordination with the Bureau for Public Health (BPH) and a committee of pain management experts, the West Virginia (WV) University School of Pharmacy implemented the WV [Safe and Effective Management of Pain](#) coordinated care program for patients on chronic opioid therapy for a major public insurer, WV Public Employees Insurance Agency. These [efforts](#) to increase provider and payer
- WV's CSMP epidemiologist developed a communication template and is working on a statewide behavioral health profile based on CDC-directed public health surveillance indicators. County-specific behavioral health profiles are on BBHFF's website currently, due to a partnership with BPH.
- In coordination with the CDC, WV participated in a prescription drug overdose public awareness campaign, consisting of online videos, paid digital advertising, billboards, and paid radio spots. The campaign began in December 2016 and lasted for 10 weeks (six videos, for example: [CDC PDO Tamera Final](#)).
- Through the Strategic Prevention Framework for Prescriptions (SPF Rx), Prevention Lead Organizations created toolkits for communities, by audience, such as law enforcement.
- The public has been invited to six Governor's Advisory Council Substance Abuse Regional Task Force Meetings in which consumer
- BBHFF launched WV's first behavioral health call line, a statewide 24-hour call center to provide resources and referral support which links individuals to treatment and support options across WV (1-844-HELP4WV).
- WV implemented naloxone distribution as a community intervention activity to widen the availability of naloxone in support of the Access to Opioid Antagonists Act (WV Code Chapter 16, Article 47).
- The WV Bureau for Medical Services submitted a Medicaid Section 1115 Waiver to CMS to expand WV's reimbursement for more services including Medicaid reimbursement for peer-recovery.
- Governor Justice signed HB 2428 into law, ensuring additional beds for purposes of providing substance abuse treatment.
- WV Department of Health and Human Resources (DHHR) is working to establish and define regulatory and licensing requirements

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<p><b>WEST VIRGINIA (cont'd)</b></p>	<p>uptake of the CDC opioid prescribing guideline have been influential.</p> <ul style="list-style-type: none"> <li>WV Senate Bill 454 required office-based MAT prescribers to review the CSMP for each patient at least quarterly and prohibited licensing boards from issuing/reissuing licenses to practitioners without a CSMP registration.</li> <li>In coordination with the West Virginia University School of Pharmacy and WV Board of Pharmacy, an academic detailing program has been established within the BPH, WV Violence and Injury Prevention Program to conduct educational outreach to outlier opioid prescribers and high-burden communities and counties.</li> <li>The WV Bureau for Behavioral Health and Health Facilities (BBHFF) supported the Appalachian Addiction and Prescription Drug Abuse Conference: Pain &amp; Addiction, Best Practices and Proper Prescribing in October 2016.</li> </ul>	<p>education was provided, in addition to training efforts that included county- and regional-led prevention campaigns, and also planning for a 2017 roll-out of a stigma-reduction campaign that will utilize SAMHSA overdose toolkit and materials from the Surgeon General's Report on Facing Addiction.</p> <ul style="list-style-type: none"> <li>BBHFF provided 150+ individuals across WV with Mental Health First Aid training as well as SUD prevention to 100+ members of the WV National Guard.</li> <li>WV BBHFF was awarded its Opioid State Targeted Response (STR) grant, which includes plans to update the WV Behavioral Health Epidemiological Profile to include a web-based mapping tool that will centralize access to behavioral health data, outcomes, and resources in West Virginia, starting with a focus on opioid data.</li> </ul>	<p>for Neonatal Abstinence Syndrome Treatment Centers, to enable reimbursement of services and rapid expansion/replication of additional facilities.</p> <ul style="list-style-type: none"> <li>WV was awarded the Bringing Recovery Supports to Scale Technical Assistance Center Strategy grant in May 2017 for TA on expansion of Recovery Coaching to new environments and special populations, including MAT, criminal justice and hospital ERs.</li> <li>In 2017, Governor Justice sign HB2620 into law, creating the WV Office of Drug Control Policy (ODCP) within the WV Department of Health and Human Resources. The ODCP Director serves as an advisor to the DHHR Cabinet Secretary and state health officer and is charged with leading development of comprehensive drug control policy, coordinating services, funding and strategic direction of all programs and services related to the prevention, treatment and reduction of substance use disorder.</li> </ul>
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<p><b>WISCONSIN</b></p>	<ul style="list-style-type: none"> <li>Legislated changes to require a practitioner to review a patient's record through the state's prescription drug monitoring program (PDMP) when prescribing a monitor prescription drug.</li> <li>Encourage communities to set up drug disposal programs and regulate these programs so unwanted prescription drugs do not fall into the wrong hands.</li> <li>Wisconsin's Medical Examining Board issued <a href="#">guidelines</a> regarding best</li> </ul>	<ul style="list-style-type: none"> <li>Attorney General Brad Schimel runs a prevention campaign to prevent prescription painkiller abuse in Wisconsin titled Dose of Reality.</li> <li>Governor Walker and Representative John Nygren held a listening session with addiction and treatment advocates from around the state.</li> <li>Wisconsin State Health Plan, which is a five-year health improvement plan, named opioid abuse one of their top 5 priorities to tackle.</li> </ul>	<ul style="list-style-type: none"> <li>The Department of Health Services signs a statewide standing order for naloxone; which lets pharmacists provide naloxone without a direct prescription to individuals at risk of an opioid overdose or who may witness an opioid overdose.</li> <li>Invested over \$7 million to the treatment, alternative and diversion (TAD) programs to \$9 million from 2017-2019.</li> <li>Created regional pilot programs to address opioid addiction in underserved areas. The treatment programs will assess individuals to</li> </ul>
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<b>WISCONSIN (cont'd)</b>	<p>practices in prescribing controlled substances.</p> <ul style="list-style-type: none"> <li>• Governor Walker created a Task Force on Opioid Abuse. The co-chairs released a report with recommendations for legislation, and Governor Walker called a special session to introduce those bills. Access the report <a href="#">here</a>.</li> <li>• The Wisconsin Medical Examining Board issued a rule requiring two continuing medical education (CME) credits per biennium for best practices for opioid prescribing.</li> </ul>	<ul style="list-style-type: none"> <li>• Part of a coalition or state regulatory boards, medical associations. This mission of the coalition is to optimize Wisconsin's health care assistance to best position providers, medical groups and hospital systems in battling the prescription drug epidemic.</li> </ul>	<p>determine treatment needs, provide counseling, and medical or abstinence-based treatment.</p> <ul style="list-style-type: none"> <li>• Enacted the Good Samaritan law to provide basic immunity for those who assist a person who has overdosed.</li> </ul>
<b>WYOMING</b>	<ul style="list-style-type: none"> <li>• In a collaborative effort, the University of Wyoming School of Pharmacy and the Wyoming Boards of Medicine and Nursing issued a letter to all Medicaid prescribers offering CDC Opioid Prescribing Guidelines and encouraging their use. WY has a 99% Medicaid provider participation rate; therefore, this awareness letter was sent to nearly all providers. 100% of nursing homes and hospitals and 78% of dentists participate in Medicaid.</li> <li>• Providers were notified that Wyoming Medicaid is preparing to tighten limits for the morphine equivalents for pain medication beginning in this summer. Current limits are 180 morphine equivalents per day for long-acting medications and six tablets per day for short acting medication. These apply to any patient who has received six weeks of narcotic medications and is</li> </ul>	<ul style="list-style-type: none"> <li>• Wyoming hosted a Medication Assisted Treatment (MAT) Conference: Expanding Treatment Statewide. The conference focused on the provider community and the latest methods in MAT and strategies to promote long-term recovery. Topics included Medication Interactions, Monitoring Clients, Behavioral Therapies, Integrating MAT &amp; Primary Care, Jail-Based Populations, Transitioning from Methadone to Naltrexone/Buprenorphine. Attendees included, counselors, physicians, nurse practitioners, physicians assistants, recovery specialists, criminal justice professionals, and family members.</li> <li>• Wyoming collaborated with <a href="#">Wyoming Prescription Drug Abuse Stakeholders</a> (RAS) group to draft opioid antagonist legislation. Wyoming and RAS advocate for the appropriate use of prescription medication by increasing awareness, providing education, and impacting policy among public, health</li> </ul>	<ul style="list-style-type: none"> <li>• Wyoming Senate Bill SF0042 Opioid Overdose Emergency Treatment was signed into law in March of 2017. The law created the Emergency Administration of Opiate Antagonist Act. It provides immunity from criminal or civil liability and a mechanism to report any administrations of antagonist to the Department of Health. Pharmacists or practitioner may prescribe an antagonist without a direct prescriber-patient relationship to people or entities that may be in a position to assist a person experiencing an opiate related drug overdose, such as law enforcement, firefighters, EMS personnel, homeless shelters, clinics or family members. Entities must have an emergency drug overdose policy, proper training and a standing order from a licensed practitioner. Text of the legislation can be found <a href="#">here</a>.</li> <li>• The Wyoming Department of Health is engaged in a pilot program with providers in two counties that provide direct Medication</li> </ul>

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**WYOMING  
(cont'd)**

considered a chronic pain patient. The limits will be lowered to 120 morphine equivalents per day for long-acting and four tablets per day for short-acting medications.

professionals, and law enforcement. Wyoming and RAS currently work together to create statewide public awareness, targeting 12-25-year-olds, on the dangers of opioid and heroin overdoses. Media contractor interviews are ongoing as of this date.

- The Wyoming Department of Health contracts with Prevention Management Organization for public education about the dangers of misusing prescription opioid drugs and safe drug disposal. At-Home Drug Deactivation Kits are being promoted to expand drug disposal options. The deactivation pouches use activated carbon and water to render unneeded narcotics and other prescription drugs ineffective for misuse and safe for disposal.

Assisted Treatment and behavioral therapy to those with opioid or heroine addictions. The pilot project is funded by Substance Abuse and Mental Health Services Administration. Many of the clients in the pilot program (35%) come from judicial or correctional referrals.