



State Efforts to Address Opioid Misuse

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Conference of Governors at the White House, 1908

Who We Are

Over **100** years of serving our nation's governors



Founded in 1908, the National Governors Association (NGA) is the nonpartisan organization of the nation's 55 governors. Through NGA, governors share best practices, address issues of national and state interest and share innovative solutions that improve state government and support the principles of federalism.

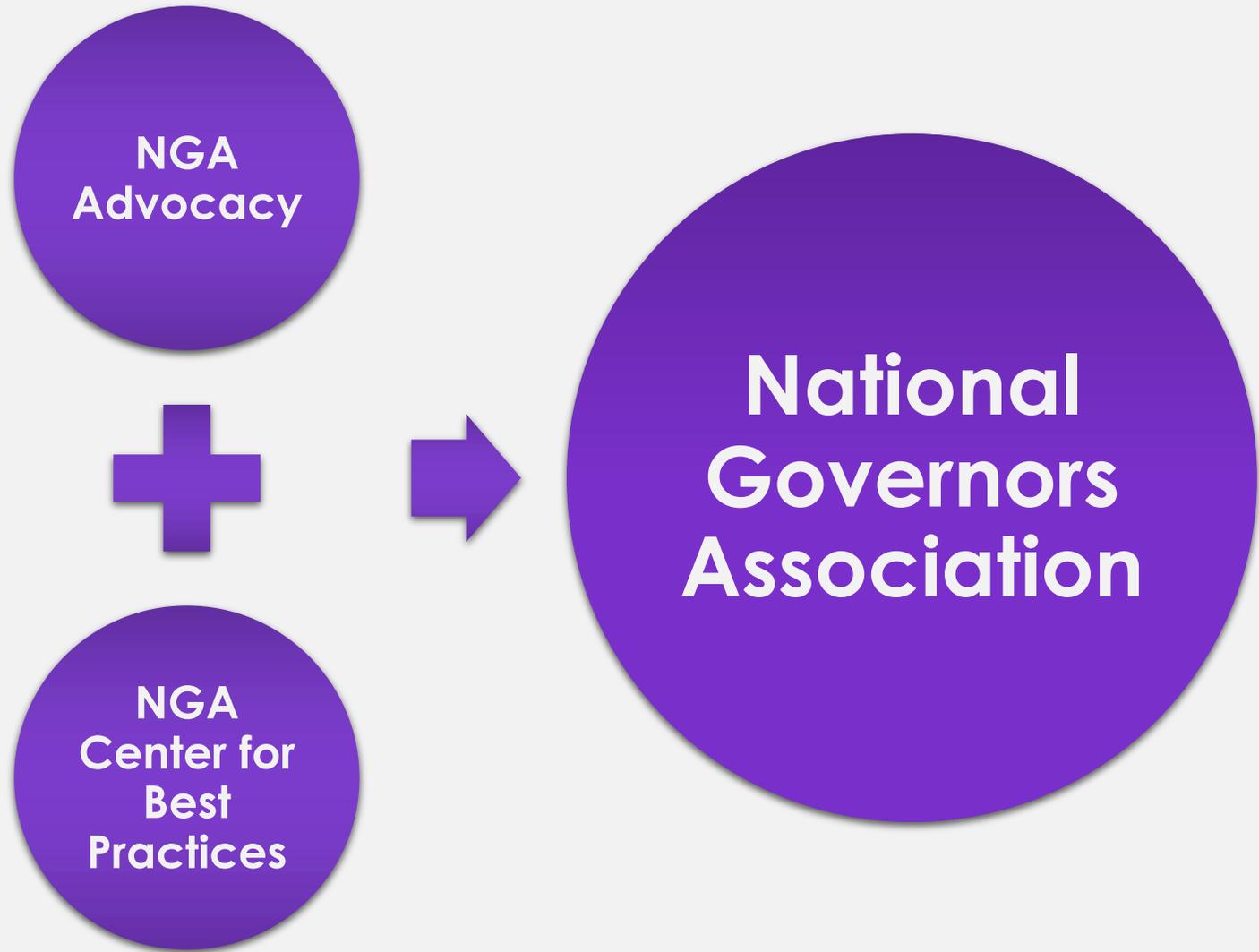


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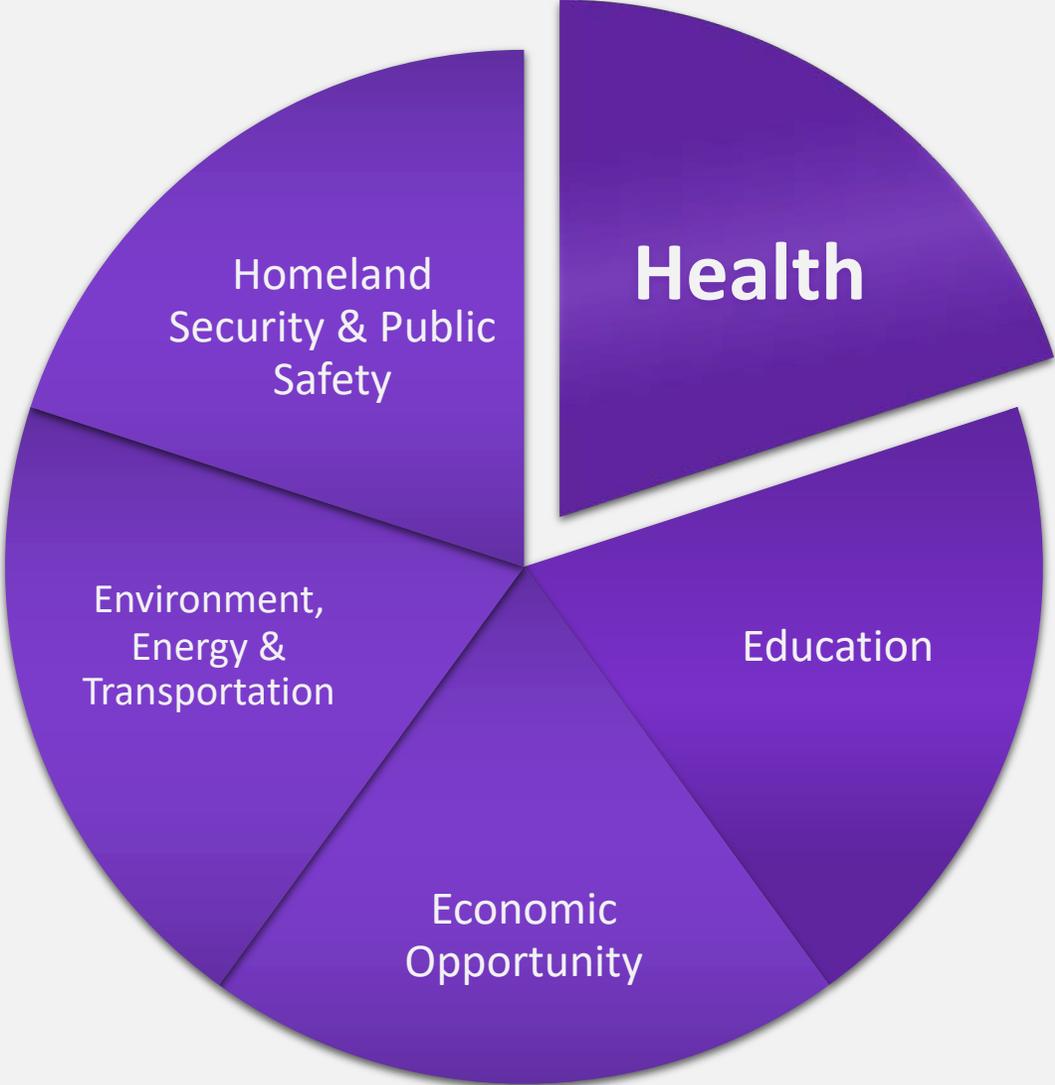
Organization

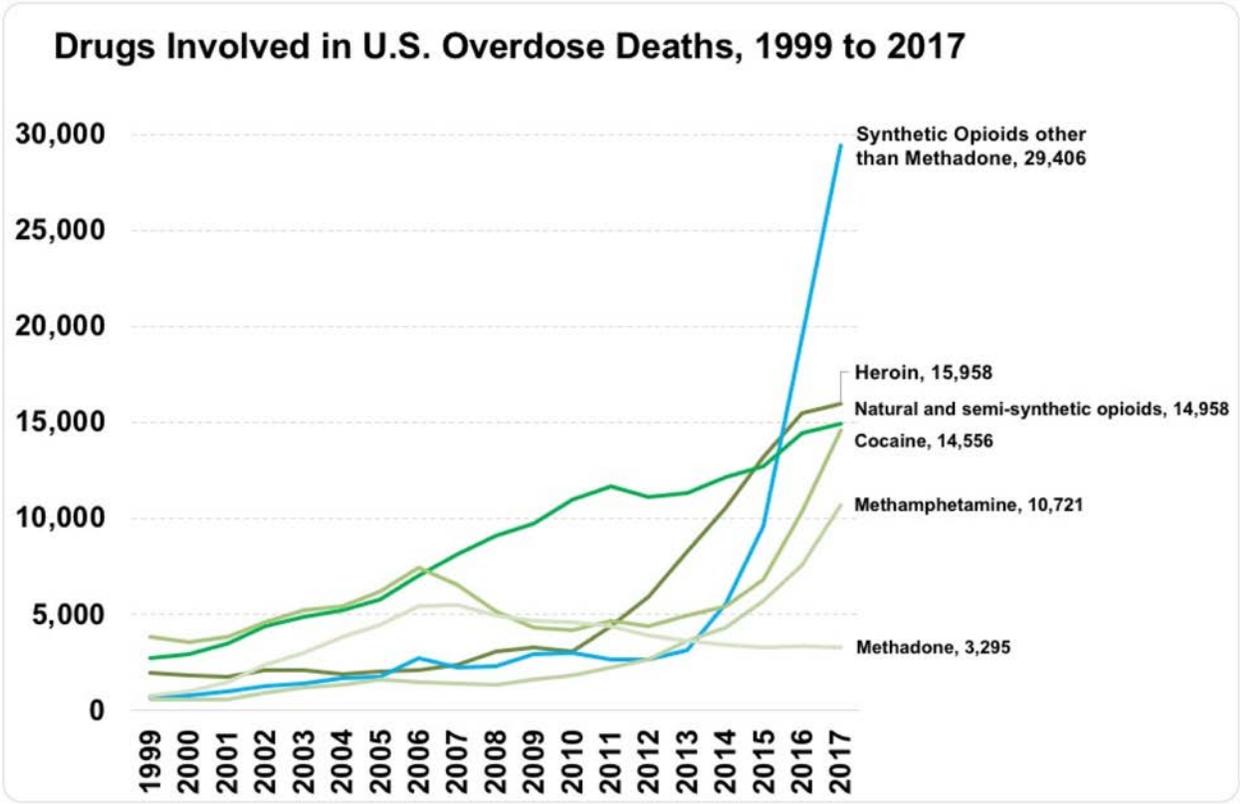


NGA Center for Best Practices is a 501(c)(3) and part of our larger organization.



The Center for Best Practices Five Divisions





AN EVOLVING EPIDEMIC

Overdose Deaths from Heroin and Synthetic Opioids are Surpassing Prescription Opioids



The dramatic rise in the supply of illicitly manufactured fentanyl and its analogs has been mirrored by an equally dramatic rise in deaths involving synthetic opioids other than methadone.

Finding Solutions to the Prescription Opioid and Heroin Crisis: A Road Map for States

National Governors Association

NGA OPIOID ROAD MAP RELEASED JULY 2016



Developed by the NGA Center for Best Practices Health Division, this roadmap is a tool to help states respond to the opioid crisis across the continuum, from prevention through treatment and recovery, with effective public health and public safety strategies.



Finding Solutions to the Opioid and Addiction Crisis

Focus Areas for States and Governor's Offices



Improving Access to Addiction Treatment in Rural Areas

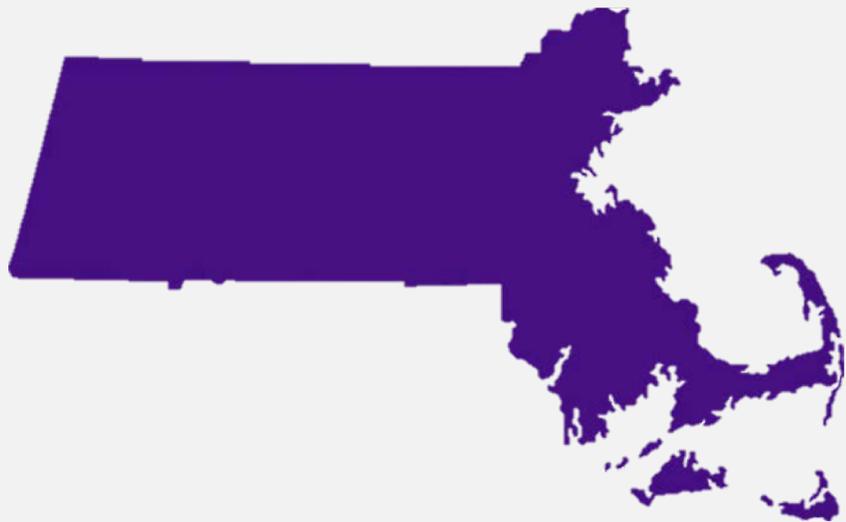


New Mexico's Integrated Addictions and Psychiatry teleECHO Program

New Mexico's teleECHO (Extension for Community Healthcare Outcomes) program allows primary care physicians to join a virtual clinic with specialists in substance abuse and behavioral health. Participants participate in didactic coursework and present cases from their practices for feedback from specialists and peers. The program began in 2005 out of the University of New Mexico Health Sciences Center.

Medicaid MCOs are required to participate in Project ECHO through their contracts, paying specialists with per member per month funds. Primary care physicians who present cases of Medicaid patients during virtual clinics training sessions are also reimbursed.

Medication Assisted Treatment for Justice-Involved Populations



Massachusetts's MAT Re-entry Initiative

The MAT Re-entry Initiative (MATRI) is a partnership between the Massachusetts Department of Corrections and Department of Public Health. This program was implemented in 2014 and has increased access to community-based MAT for opioid-dependent individuals released from the state's prison's system to communities statewide.

Upon release, linkages to community-based resources such as housing, employment, healthcare, and other treatment services are established to provide for a successful transition from the correctional setting to the community.

Addressing the Infectious Disease Consequences of Substance Use

Kentucky's Harm Reduction Approach

As of April 2019, harm reduction syringe exchange programs have been approved in 60 of Kentucky's 120 counties. These programs offer testing for HIV and hepatitis C, provide naloxone, and have onsite access to a peer-recovery coach.

The programs also sometimes have access to health care services onsite or may link individuals to community providers for other care, including substance use treatment.

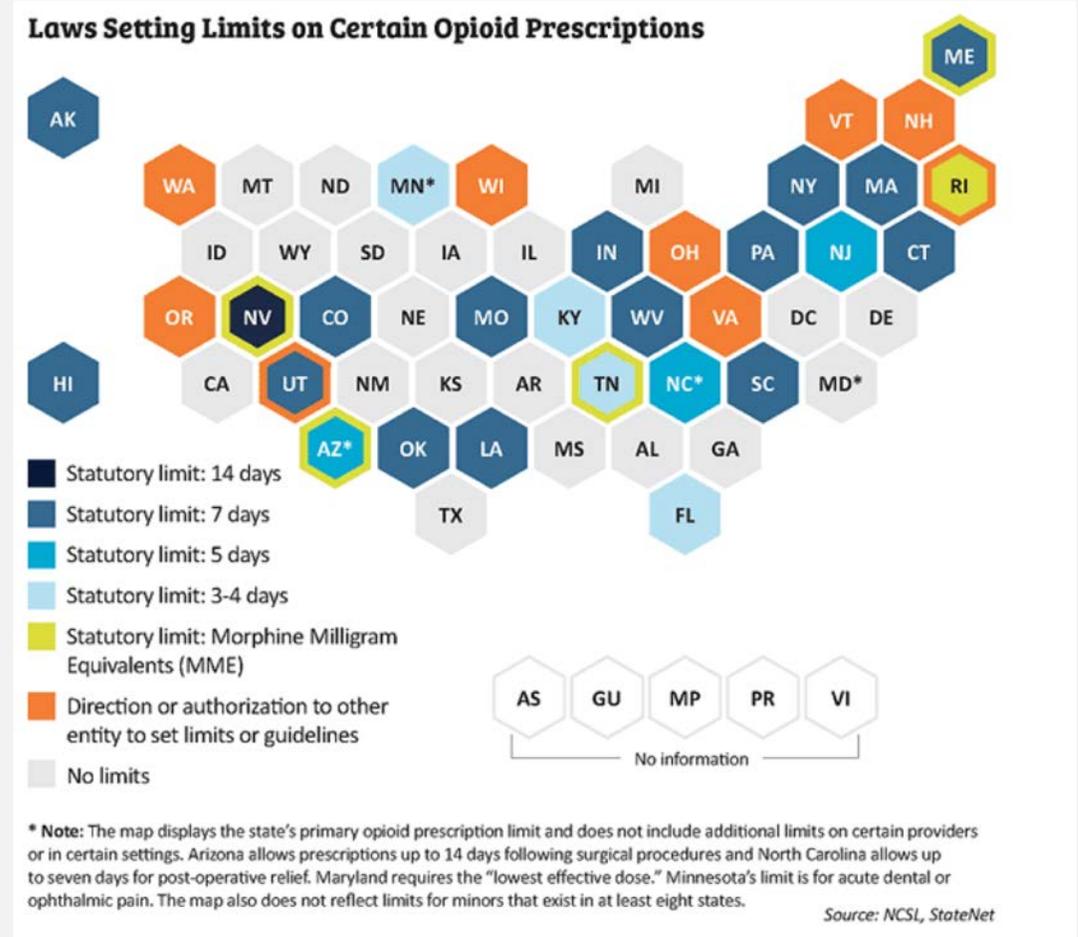
Kentucky is now looking to expand harm reduction services to other areas has recently purchased five vans to serve as mobile harm reduction syringe exchange programs in rural communities.



SERIOUS ILLNESS CARVE-OUTS

State Prescribing Policies

Debuting in 2016, Massachusetts passed the first law in the nation limiting opioid prescriptions. By October 2018, 33 states have enacted legislation with some type of pill limit, guidance, or requirement related to opioid prescribing. Nearly half the states with limits specify that they apply to treating acute pain, and most states set exceptions for chronic pain treatment, cancer and palliative care.

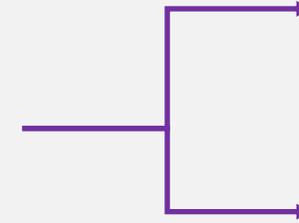


GOVERNORS PERSPECTIVE

State Strategies Around Pain Management



REDUCING THE FLOW OF PRESCRIPTIONS

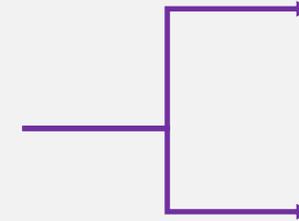


LIMITING FIRST TIME OPIOID PRESCRIPTIONS

PROMOTING CLINICAL GUIDELINES FOR SAFE PRESCRIBING



TRANSFORMING PAIN MANAGEMENT

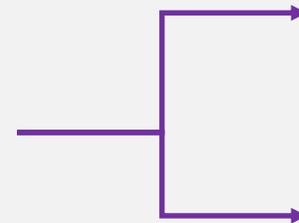


SUPPORTING AND ENHANCING COMMUNITY-BASED COLLABORATION

INCREASING NON-OPIOID TREATMENT BENEFITS



EXPANDING ACCESS



EXPANDING ACCESS TO NON-OPIOID THERAPIES THROUGH MEDICAID

BUILDING THE WORKFORCE

State Examples

Increasing Access to Non-Opioid Therapies in Medicaid



Ohio's State Plan Amendment

In 2017, Ohio submitted a state plan amendment to allow for coverage of acupuncture and chiropractic services when performed by a qualified chiropractor within their scope of practice for either low back pain or migraines.

The *Other Licensed Practitioner Services Option* allows states to cover new services (such as acupuncture) that are provided by licensed practitioners in the state.

Ohio has since broadened its rules to cover the practice when performed by licensed acupuncturists.



Rhode Island's Medicaid Communities of Care

Rhode Island developed the Communities of Care program under its 1115 waiver which is an initiative that provides access to complementary and alternative medicine (CAM) services through managed care organizations in the state.

This program provides access to chiropractic care, acupuncture, and massage therapy, along with access to nurse case management.

Most recently, the state discontinued the Communities of Care program, but still offers all CAM services available to beneficiaries.



QUESTIONS?

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