INSIGHTS & INNOVATIONS

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Responding to the Indiana Addictions Crisis
Legal & Policy Best Practices

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Disclaimers, etc.

- I am a lawyer, but not yours, so nothing I say in this talk should be taken as legal advice.

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Indiana University Responding to the Addictions Crisis Grand Challenge

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https://grandchallenges.iu.edu/addiction/hill-briefing.html
Crisis: Background

$1.25-1.8 Billion negative impact on the Indiana Gross State Product
Background: Two Drug Crises

Drugs Involved in U.S. Overdose Deaths, 2000 to 2016

- Synthetic Opioids other than Methadone, 20,145
- Heroin, 15,446
- Natural and semi-synthetic opioids, 14,427
- Cocaine, 10,619
- Methamphetamine, 7,663
- Methadone, 3,314
Project Methodology

- Two-pronged approach:
  - Stakeholder interviews
  - Original research by members of the team, guided by our discrete areas of expertise and insights drawn from stakeholder interviews
  - Build up from Significant existing literature
Qualitative Interviews

Figure 1: Interviewee Substantive Expertise (inc. multiple expertise)

- Criminal Justice: 10
- Healthcare: 4
- Health Law: 3
- Public Health: 2
- Social Services: 4
- Health Policy: 7

Number of Interviewees
Qualitative Interviews

Figure 2: Interviewee Roles (inc. multiple roles)
How to Scope the Project?
A Wicked Problem

As soon as one problem is solved, another rears its ugly head.
Dr. Google?

The Health 202: There's a no-brainer way to solve the opioid crisis...
https://www.washingtonpost.com/...solve-the-opioid-crisis/59f2058810bf60468e7653dc0...
Oct 27, 2017 - President Trump declared the opioid crisis a national public health emergency on Oct. 26. Here are the highlights from his speech. (Bastien Inzaurralde/The Washington Post). What on earth is going on in Washington when it comes to health policy? We've got you covered here. There's a quick and simple...

The Health 202: How a fringe idea to solve the opioid crisis turned...
https://www.washingtonpost.com/...solve-the-opioid-crisis/...5c61b3530f6043deaded75...
Apr 6, 2018 - The first advisory from a surgeon general in more than a decade -- the last one, in 2005, was to warn pregnant women against imbibing -- is the latest indication the Trump administration is trying to take on the opioid epidemic, which killed more than 42,000 people in 2016. "If you or someone you know is at...

Opinion | Diane Black: How to solve the opioid crisis - The Tennessean
https://www.tennessean.com/story/opinion/2018/03/14/diane...opioid-crisis/412248002/
Mar 14, 2018 - The Republican candidate for governor lays out her plan for addressing the epidemic.

Solving the opioid crisis must start in the doctor's office | Fox News
www.foxnews.com/opinion/2017/.../solving-opioid-crisis-must-start-in-doctors-office.ht...
Sep 20, 2017 - Every day, 91 Americans die from the growing epidemic of opioid addiction.

Legalised cannabis could help solve America's opioid crisis, studies ...
https://www.independent.co.uk/News -> World -> Americas
Apr 7, 2018 - Legalised cannabis use may help solve America's opioid crisis, two scientific studies have suggested. Two separate peer-reviewed studies in the journal JAMA Internal Medicine found significant drops in opioid prescribing in US states that had relaxed their cannabis laws. Both studies appear to offer...

Technology Can Help Solve the Opioid Crisis | RealClearHealth
https://www.realclearhealth.com/...technology_can_help_solve_the_opioid_crisis_11...
Mar 22, 2018 - The opioid crisis is being called the worst addiction epidemic in American history. The statistics tell a grim story: 30,000 drug overdoses in 2016 -- equating to 91 American deaths every day and...

Mar 1, 2018 - President Donald Trump suggested that executing drug dealers could help solve the opioid crisis during a White House summit Thursday, an event the administration billed as a way to measure its progress in combating the nation's drug problem. "Some countries have a very tough penalty, the ultimate...
Significant Progress Has Been Made

- Making naloxone broadly available and increasing the number of persons who can administer it;
- Improving data management & data sharing among agencies and producing actionable information designed to help public health and other authorities address new outbreaks or concentrated hot spots;
- Expanding Prescription Drug Monitoring Programs (PDMP) and review requirements;
- Establishing supply-side approaches to reducing the number of opioids in circulation, such as by placing limits on the prescription of opioids (as Indiana has done), increasing physician education, and changes in reimbursement policy;
- Increasing policing and other law enforcement efforts to reduce the supply of illegal drugs.
- Open Beds/ 2-1-1 Program
- Numerous pilot programs
General Findings

• Role of the healthcare system
• Connects to a century old problem US has with addiction
• Largest public health crisis of this generation
• Impact of the crisis on Indiana
• 92 Counties, Unique Perspectives, Challenges
Three Major Themes
8 Significant Findings

1. Harm Reduction
2. Healthcare Interventions
3. Care Coordination & Wrap-Around Services
4. Drug Take Back Programs
5. Patient Privacy Protections
6. Courts
7. Proceeds from Opioids Litigation
8. Stigma
1. Harm Reduction

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<td>Repeal requirement that bystander immunity be linked to administration of overdose intervention drugs</td>
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<td>Extend overdose immunity to individual needing medical assistance</td>
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<td>Extend overdose immunity to include more violations</td>
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<tr>
<td>Extend overdose immunity to individual possessing a syringe from a syringe exchange program</td>
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<td>Implement safe station programs</td>
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2. Healthcare Interventions

| Provide resources to better integrate syringe exchange programs with other treatment and services |
| Provide evidence-based treatment to Indiana's jail population |
| Provide wrap-around services to those in recovery or during re-entry |
| Evaluate needs of addictions and healthcare workforce |
| Look beyond existing intervention models and explore potential for county or regional rapid stabilization models of care |
| Reduce administrative barriers to receiving Medicaid services |
### 3. Care Coordination/ Wrap Around Services

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<th>Allow prisoner re-entry, safe and supportive housing, vocational services, and other wrap-around services to qualify as Medicaid reimbursable products</th>
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<td>Evaluate provision of wrap-around services for 6-12 months for SUD individuals who successfully complete a treatment program</td>
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<td>Reexamine premium requirements, administrative requirements, and penalties such as lock-outs and negative HIP tiering for persons with SUD to reduce care coordination costs</td>
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<td>Consider making additional waiver requests from CMS to provide care coordination and wrap-around services that lead to Medicaid savings</td>
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<td>Fund demonstration projects to examine novel approaches to providing coordinated care for SUD population</td>
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<td>Examine feasibility of delaying introduction of HIP eligibility and maintenance of benefits reforms as they apply to SUD population until crisis shows signs of abatement</td>
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<td>Reinstate Medicaid services for incarcerated individuals 30 days prior to their release</td>
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<td>4. Drug Take Back Programs</td>
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<td>5. Patient Privacy Protections</td>
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- Develop, implement, and support more flexible local take back programs

- Clarify limited role of "psychotherapy notes" provision, and instruct providers that it does not justify a refusal to share substance use or mental health records

- Clarify how "emergency" carve-outs in the two regulations operate and provide detailed instructions on how to navigate them

- Identify and promote specific, lawful data-sharing frameworks and technical workflows that minimize barriers caused by the differential protections

- OCR and SAMHSA should issue explicit joint enforcement guidance that minimizes clinicians' concerns over legal implications of dealing with these privacy laws
### 6. Courts

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<tr>
<td>Law Enforcement</td>
<td>First Detention or Court Appearance</td>
<td>Jails/Courts</td>
<td>Community Reentry</td>
<td>Community Corrections, Probation, Parole</td>
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- Assess the knowledge, attitudes, beliefs, and behaviors of those working in the court systems related to MAT and SUD
- Evaluate the variation in entry requirements for the state's drug courts
- Update assessment of the decade-old, limited outcomes evaluation of Indiana's state drug courts
- Explore effectiveness of using the Indiana 2-1-1 system to aid in identify area inpatient and community-based treatment options for those with community-based sentences and/or probation
- Identify and evaluate court policies addressing the interaction of judges with pharmaceutical and medical device representatives
7. Proceeds from Opioid Litigation

Support inclusion of language in any opioids settlement that directs the majority of settlement funds be spent on treatment and health care related to opioid addictions.

Pass legislation that commits the state to responsible and relevant "best practices" expenditures that prioritize substance use harm reduction, treatment, and education.
8. Stigma

“Stigma is a dynamic multidimensional, multilevel phenomenon that occurs at three levels of society — structural (laws, regulations, policies), public (attitudes, beliefs, and behaviors of individuals and groups), and self-stigma (internalized negative stereotypes).”
- National Academies of Science, Engineering, and Medicine

Encourage education campaigns directed toward providers, as well as the public, on MAT and naloxone

Assess impact on knowledge, attitudes and beliefs of Indiana Supreme Court educational program in July 2018 for those who work in court system
Policymaking bodies should, whenever possible, include the voices of those directly impacted by SUD, including family members and current or former SUD service recipients.
Conclusion

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