DATE: December 23, 2019

TO: Governor Little

FROM: Melinda S. Smyser

SUBJECT: Recommendations from the Governor’s Opioid and Substance Use Disorder Advisory Group

Dear Governor,

Here are the recommendations you requested. We know we have 18 months to present our recommendations, but at our December meeting the Advisory Group voted on the following charges:

**Charge 1: Advancing the goals and strategies from the Idaho Opioid Misuse and Overdose Strategic Plan.**

Chair: Director Janice Fulkerson
ODP Facilitator: Marianne King

Recommend the Governor support the Federal efforts to make Naloxone nasal spray an ‘over the counter’ medication.

- Background: Making it over the counter will make the life-saving measure more available and a logical follow-up to the bill the Governor signed in February 2019. The pricing of the medication may be a barrier that needs to be address once this action occurs.
- The group is comfortable with over the counter or behind the counter, depending on what the Federal Government may do.
- An approach that is similar to other medications where it can be paid for by insurance AND paid for directly by an individual is preferred recommendation for greater access (similar to Fluticasone).
- OTC availability will compliment Idaho’s efforts of community distribution programs to get naloxone to those who need it most.

Recommend to the Governor that he ask the Idaho Dept of Insurance to do a Market Conduct Study of the insurance companies operating in Idaho, to ensure they are complying with the expanded access of Naloxone.

- Pharmacists and other medical professionals are authorized to write the prescription and distribute. We want to ensure compliance with the expanded availability both in access and payment policies.
Idaho law grants authority to pharmacists as prescribers of naloxone and dispensing fees are to be covered by insurance carriers. Concerns have been raised that the law may not be properly administered; inconsistencies in implementation may be the issue. A market conduct study will help to ensure insurance carriers are implementing the law correctly.

**Charge 2: Best Practices in other states used to combat opioid misuse and substance use disorder.**
Chair: Director Dave Jeppeson
ODP Facilitator: Camille McCashland

Increase immediate intervention to facilitate treatment, including Medication-Assisted Treatment (MAT), at points of contact, including the judicial, correctional, and healthcare systems (eg, people presenting to emergency departments with non-fatal overdose).
- Examples of best practices from other states include:
  - Opioid intervention courts, which get people rapidly into treatment (example: Buffalo, New York and others)
  - LEAD programs (already being piloted in Idaho)
  - Quick Response Teams (example: Indiana)

Increase Support to Substance Use Disorder Treatment Providers.
- Examples of best practices from other states include:
  - ECHO, a model of interactive learning (already underway in Idaho but could be expanded/supported)
  - Incentivizing providers to get training in addiction medicine, get the federal license to treat substance use disorders (DATA Waiver), and attract providers with these skills to our state (example: West Virginia)

**Charge 3: Prescribing practices including usage of prescription monitoring program, prescription limitations, and required continuing education.**
Chair: Marv Hagedorn
ODP Facilitator: Nikki Regent

JOINT RECOMMENDATION—To mandate a check of the PDMP at some point during the prescription cycle, details to be worked out by a subcommittee of relevant stakeholders; funding for Gateway past the three year mark (three years of funding is currently provided by Support Act funding); and establish the proper internet infrastructure statewide to ensure that PDMP access is feasible to all who need to access it to fulfill this mandate (22% of the state does not have broadband internet access).

Sincerely,

Melinda S. Smyser
Administrator
Idaho Office of Drug Policy