



## Addressing the Opioid Crisis

# Creating Systems to Stop Prescription Drug Misuse

The U.S. is in the midst of a prescription drug addiction crisis. In 2016, there were nearly 700 opioid related overdose deaths in Washington State. While Washington data shows a significant drop in deaths from prescription drugs in recent years, this has been offset by a doubling of the number of heroin deaths.

The Washington State Legislature has enacted several state laws to address this crisis. We should allow the Department of Health (DOH) complete its rulemaking, let these new laws take effect and work collaboratively to find new ways to expand access to treatment.

### Expanding access to treatment

Access to treatment remains challenging, both for those with an opioid use disorder and those with chronic pain. Washington needs expanded models of care like hub and spoke or nurse care coordinator models that provide additional resources and support for providers who treat patients with an opioid use disorder.

Data demonstrates that prescription opioids are a pathway to future opioid abuse and that non-opioid therapies are often the best initial treatment option. Unfortunately, Medicaid does not cover some non-opioid therapies like acupuncture and behavioral cognitive therapy. Washington residents and providers need options to treat chronic pain beyond opioids. We support efforts to expand access to non-opioid therapies and opioid treatment medication.

### Pill limits are appealing, but not the right solution

While mandated pill limits for opioids is appealing and may have a short-term impact, the approach could negatively impact patient access and be difficult to implement. A pill limit mandate also ignores ongoing rulemaking work under HB 1427 where state Boards and Commissions are rewriting prescriber pain rules. We should finalize this rulemaking work before we enact new laws that may be contradictory.



**Expanding access to treatment for opioid addiction and chronic pain are essential to addressing the opioid crisis.**

### Mandating PMP checks ignores integration efforts

The state prescription monitoring program (PMP) is an effective tool to help prescribers better understand a patient's prescriptive drug history. Elected officials advanced efforts in 2016 and 2017 to expand access and further bolster our state PMP. Part of this effort includes integrating PMP data into electronic medical records (EMRs) so that essential opioid information is at providers fingertips.

Efforts to mandate that providers check the PMP ignores ongoing efforts to integrate PMP data directly into facility EMRs. HB 1427, which passed in 2017 requires DOH to provide a report to the legislature on integration efforts and barriers. Hospitals and health systems are working toward integrating PMP data into EMRs. The state legislature should support efforts to attain integration rather than mandating providers to check the PMP.

### New overdose notification system will help patients and providers

Evidence demonstrates that over 90 percent of patients who have a near fatal overdose have a continuation of the same prescription that almost killed them. This is due to the fact that there is no system to notify providers their patient almost died.

HB 1427 was enacted into law in 2017 and establishes an overdose event notification system. When a patient

experiences an overdose event and is brought to an emergency department, it will trigger a notification process. A patient's primary care provider and any prescriber of an opiate will receive a notification informing them of the overdose event. This information will enable the provider to reconsider opioid treatment and work with the patient to treat addiction. We believe this is the first system of its type in the US and elected officials should be proud of their innovative approach to addressing the opioid crisis in Washington. DOH is undertaking rulemaking to implement this effort.

### **Leveraging data to support appropriate prescribing**

HB 1427 also allows DOH to share opioid prescribing reports with hospitals and individual providers. Some of this information will also be shared with WSHA. Hospital leaders, providers and WSHA will use this information to identify high prescribers of opiates and work with providers to attain appropriate opioid prescribing per state guidelines. DOH is undertaking rulemaking to implement this effort.

### **WSHA Position**

Washington State needs to increase access to opioid addiction treatment and non-opioid treatment options. WSHA opposes efforts to legislate opioid pill count limits and mandatory checks of the PMP as it ignores existing rulemaking efforts underway by the Department of Health as part of HB 1427.