



Foundation *for*
Opioid Response Efforts

03/13/24

State Policy Landscape to Address the Opioid and Overdose Crisis in 2024



Introduction



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Ken Shatzkes, PhD
Program Director
Foundation for Opioid Response Efforts



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<https://www.ForeFdn.org>

Agenda

1. Introduction and Webinar Logistics
2. Challenges and Opportunities in State Policy to Address the Opioid and Substance Use Crisis

Katie Greene, MPP - Project Director, Public Health, National Academy for State Health Policy (NASHP)

3. The Evolving Opioid Crisis and Policy Environment: State Policy Opportunities

Bradley Stein, MD, PhD - Director of the Opioid Policy, Tools, and Information Center (OPTIC), RAND Corporation

4. Fireside Chat

Chinazo Cunningham, MD - Commissioner, New York State Office of Addiction Services and Supports (OASAS)

Douglas Huntsinger - Executive Director for Drug Prevention, Treatment and Enforcement and Chairman of the Indiana Commission to Combat Substance Use Disorder

Karen A. Scott, MD, MPH - President, FORE

5. Question and Answer Session

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Webinar Logistics

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1. The webinar is being recorded and will be available on www.ForeFdn.org shortly after the session ends.
2. Presentation slides will be made available for download on our website.
3. Please use the “Q&A” found at the bottom of your Zoom screen.
 - If you have a similar question, please upvote using the thumbs up button on the question.
 - We will read as many questions live as time permits.
4. There will be a brief survey immediately following the webinar. Please provide us with feedback!

About FORE

Founded in 2018, the **Foundation for Opioid Response Efforts (FORE)** is a 501(c)(3) private, national, grantmaking foundation focused on one urgent public health emergency – **the opioid crisis**.

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Vision

To inspire and accelerate action to end the opioid crisis

Mission

To convene and support partners advancing patient-centered, **evidence-based solutions** addressing the opioid crisis

Focus

With **patients at the center**, our focus includes:



Professional
education



Payer & Provider
strategies



Policy initiatives



Public awareness



FORE

Webinar Speakers



FORE Grantees

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**Katie Greene,
MPP**
*Project Director,
Public Health
National
Academy for
State Health
Policy (NASHP)*



**Bradley Stein,
MD, PhD**
*Director of the
Opioid Policy,
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**Chinazo
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**Douglas
Huntsinger**
*Chairman
Indiana
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Combat
Substance Use
Disorder*

Challenges and Opportunities in State Policy to Address the Opioid and Substance Use Crisis



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Katie Greene, MPP

Project Director, Public Health

National Academy for State Health Policy (NASHP)

About NASHP



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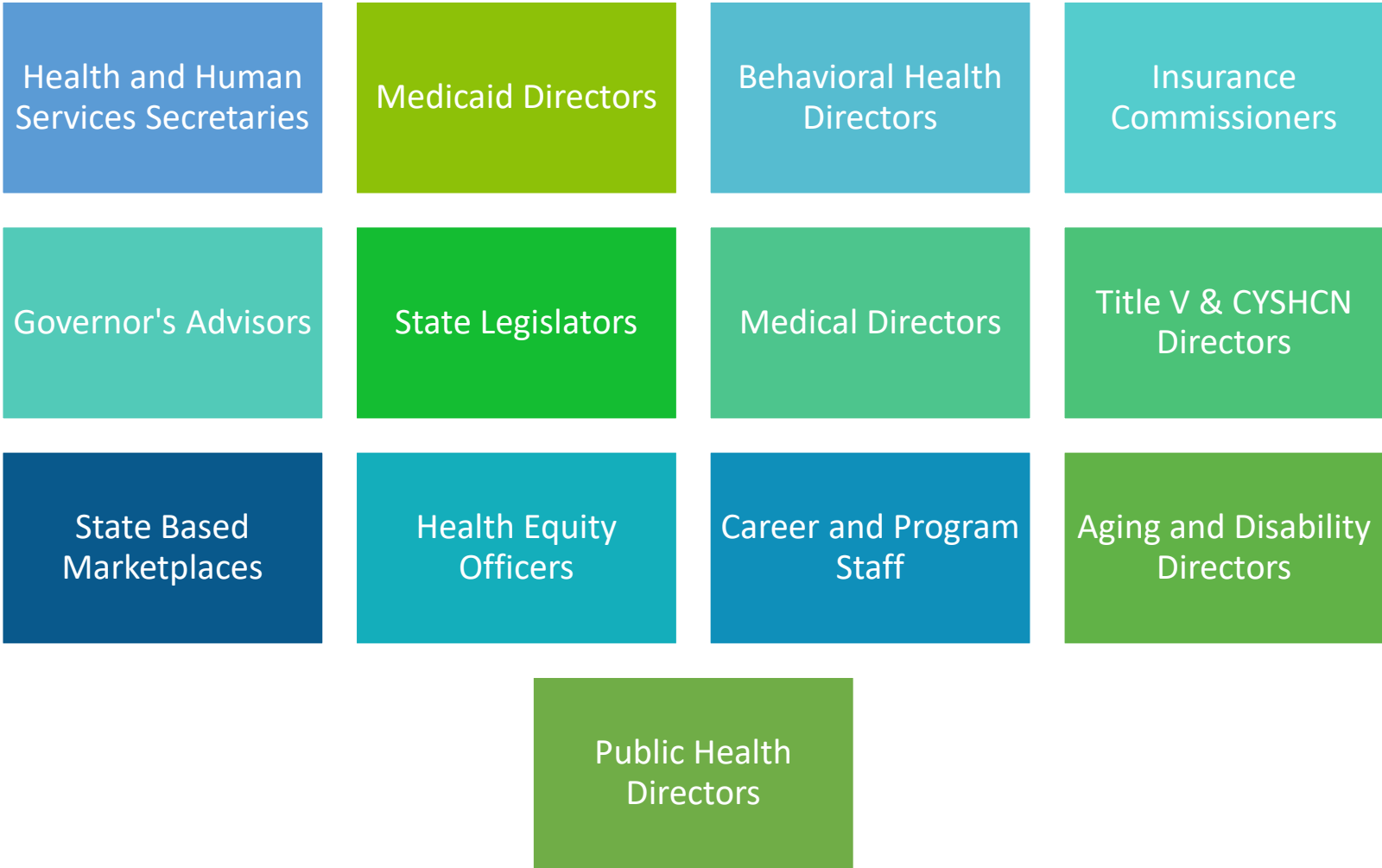
- The National Academy for State Health Policy (NASHP) is a not-for-profit organization committed to developing and advancing state health policy innovations and solutions.
- NASHP provides a unique forum for the productive exchange of strategies across state government, including the executive and legislative branches.
- To improve the health and well-being of all people across every state.
- To be of, by, and for all states by providing nonpartisan support for the development of policies that promote and sustain healthy people and communities, advance high quality and affordable health care, and address health equity.



How NASHP Accomplishes Our Mission



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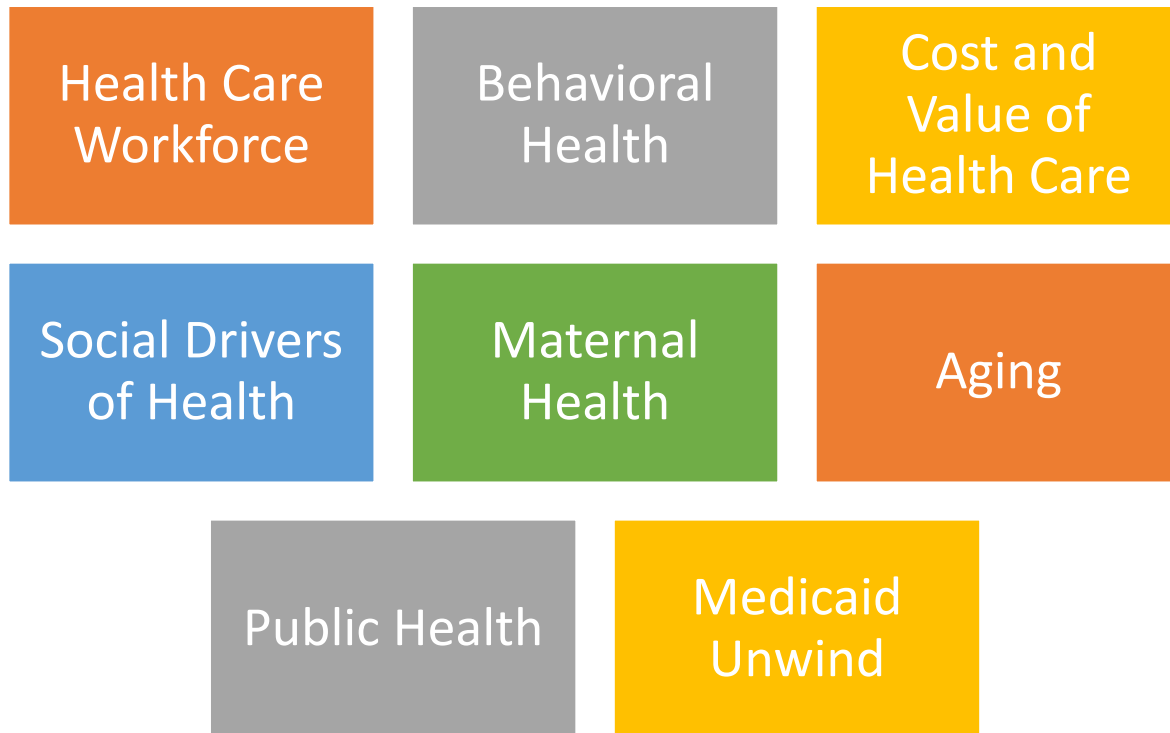


How NASHP is supporting state leaders in addressing the opioid and overdose crisis

NASHP is working with state leaders across policy landscapes to enact and expand policies that can enhance access and outcomes for Substance Use Disorder (SUD) and Opioid Use Disorder (OUD) treatment. Key activities include:

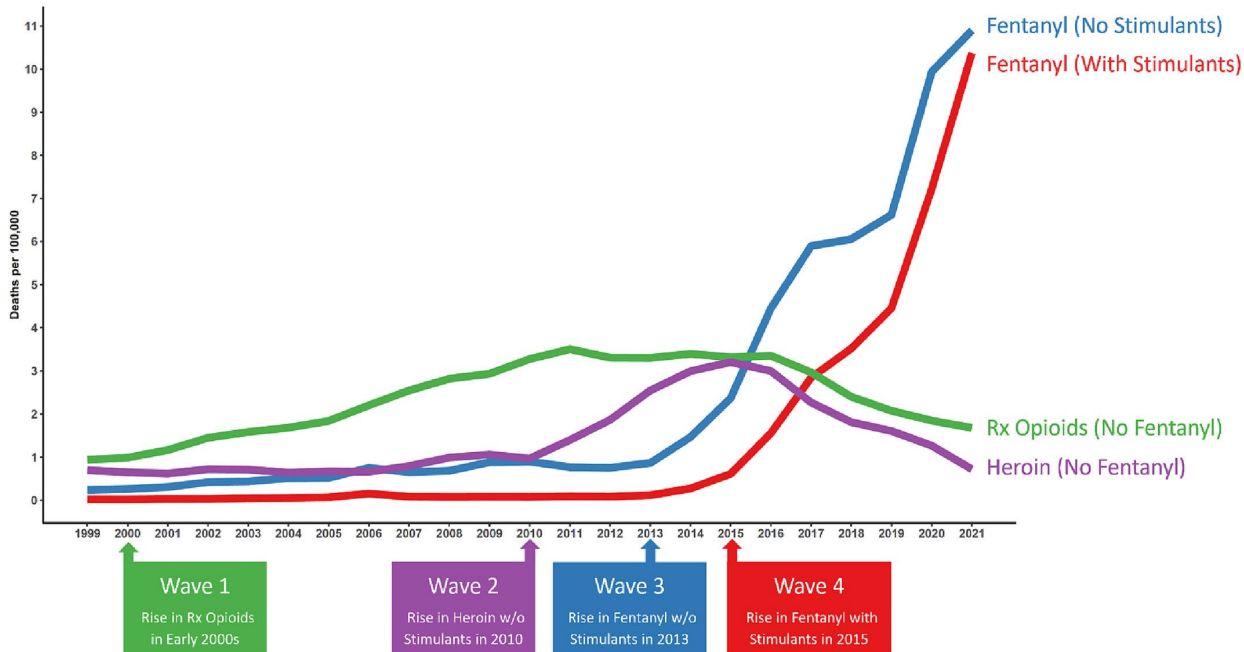
- **Forums for state-to-state learning:** The state opioid settlement (SOS) learning network is an ongoing forum for state-to-state learning and discussion of promising practices for settlement administration
- **Advancing Evidence-Based Strategies:** NASHP develops resources for state policymakers to help advance strategies for for reducing opioid-related overdoses and advancing evidence-based SUD treatment
- **Tracking state policies:** NASHP provides timely tracking and analysis of state opioid settlement activities and other policy topics
- **Technical assistance and support:** NASHP provides technical assistance to state leaders confronting emerging and ongoing challenges

State Health Priorities – 2024-2025



Trends in substance use: responding to a shifting crisis

Charting the fourth wave: Geographic, temporal, race/ethnicity and demographic trends in polysubstance fentanyl overdose deaths in the United States, 2010–2021



HEALTH REPORTING IN THE STATES

Fentanyl mixed with cocaine or meth is driving the '4th wave' of the overdose crisis

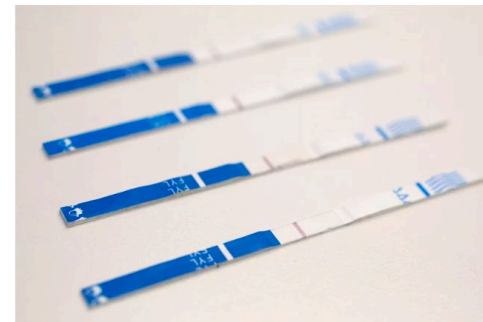
SEPTEMBER 14, 2023 · 12:01 AM ET
HEARD ON MORNING EDITION

FROM

By Scott Maulone

2-Minute Listen

+ PLAYLIST



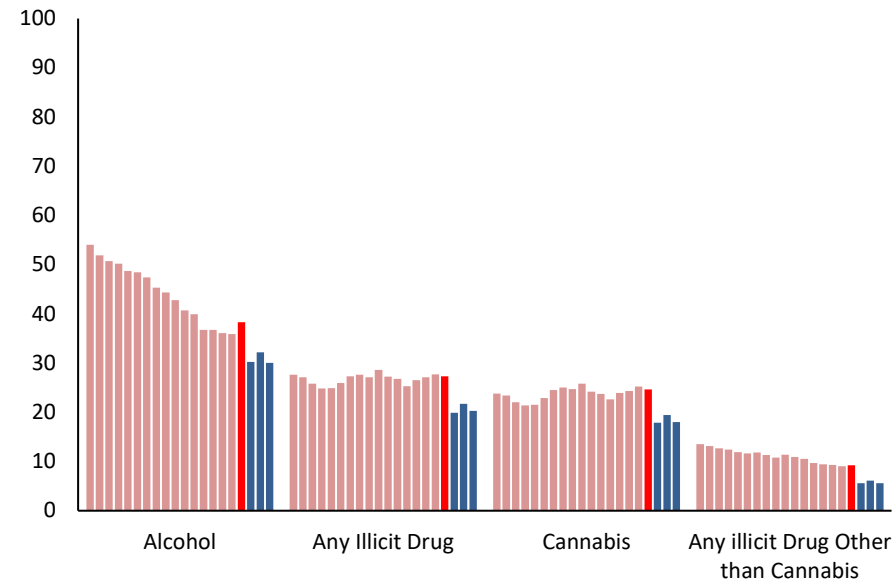
The number of overdoses that involve both fentanyl and stimulants like cocaine and meth is growing fast. One way people who use drugs can protect themselves is by using test strips to check for the presence of fentanyl in other drugs.

Mark Lennihan/AP

Youth overdoses have increased, even as substance use continues to decrease

- Youth substance use at historically low levels
- Yet, overdose deaths among youth continue to go up – driven by proliferation of fake pills that contain illicit fentanyl
 - Median monthly overdose deaths among persons aged 10–19 years increased 109% from 2019-2021; deaths involving illicitly manufactured fentanyls (IMFs) increased 182%. (CDC MMWR)

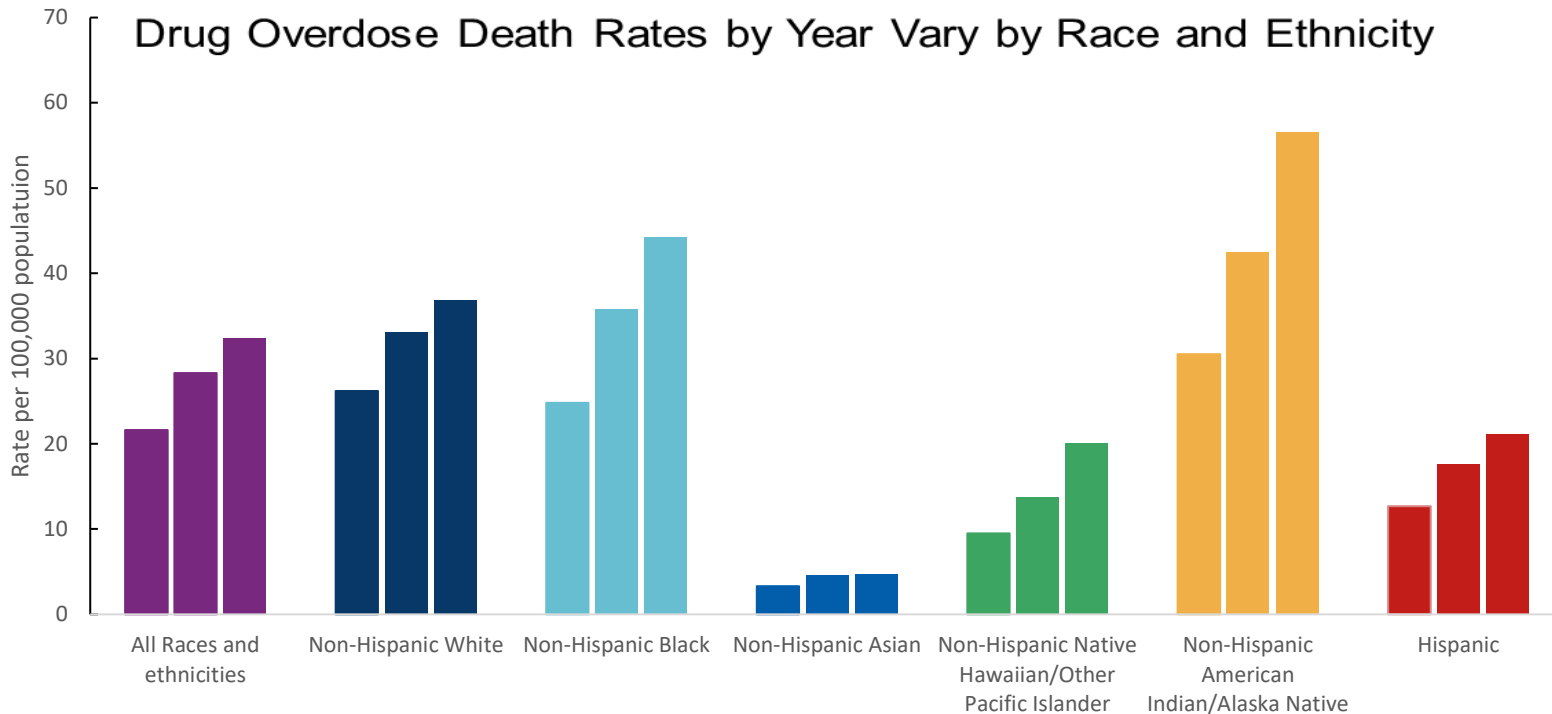
Prevalence of Past-Year Use Among 8th, 10th, 12th Grade Students
Monitoring the Future – 2004-2023



Sources:

- Monitoring the Future Survey 2023 <https://monitoringthefuture.org/results/annual-reports/>
- Tanz LJ, Dinwiddie AT, Mattson CL, O'Donnell J, Davis NL. Drug Overdose Deaths Among Persons Aged 10–19 Years — United States, July 2019–December 2021. MMWR Morb Mortal Wkly Rep 2022;71:1576–1582. DOI: <http://dx.doi.org/10.15585/mmwr.mm7150a2>.
- Chris Jones (SAMHSA) presentation to State Opioid Settlement Learning Network 3/1/2024

Rising disparities in opioid-related harms



- Health disparities in overdose rates continue to worsen, particularly among Black and AI/AN persons
- Social determinants of health, such as income inequality, exacerbate these inequities.
- Solutions: Implementation of culturally responsive overdose prevention and response efforts that meet needs of impacted communities

Key opportunity: Harnessing momentum around HRSN

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Health Related Social Needs

- Target populations: health and social risk criteria
- Covered benefits:
 - Housing supports
 - Nutrition supports
 - Case management, outreach, and education
 - Infrastructure and capacity building
- In 2022 - 2024, AZ, AR, CA, MA, NJ, NY, OR, and WA received approval of section 1115 demonstration waivers
- Pending waivers from: HI, IL, ME, MT, NM, RI, WV

Supports for people with SUD/ODU

- **Arizona's [Housing and Health Opportunities](#)** (H2O) Demonstration targets individuals experiencing/at-risk of homelessness with at least one of a series of health and social conditions or circumstances, which includes individuals in need of substance use treatment

1115 Waivers Cont'd: Re-entry

Reentry in Correctional Settings

- Up to 90 days of in-reach services to support transitions to the community
 - Case management
 - Clinical consultations
 - Medications (incl. MOUD)
 - Community Health Worker services
- CA, MT, WA received section 1115 demonstration waivers
- Pending waivers from: AZ, HI, IL, KY, MA, MT, NH, NJ, NM, NY, NC, OR, RI, UT, VT, WV

Supports for people with SUD/ODU

- **California and Washington** 1115 waivers authorize the states to cover MAT for all types of SUD with accompanying counseling
- Via California's Providing Access and Transforming Health (PATH) Justice-Involved initiative, the state is providing small planning grants to correctional agencies to support planning and implementation of re-entry services

Key opportunity: modernizing behavioral health systems

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- Investing in the crisis continuum
- Expansion of Certified Community Behavioral Health Clinics (CCBHCs)
- Housing supports for people with SUD/SMI
- Braiding funding to address OUD/SUD and Mental Illness:
 - State Opioid Response (SOR)
 - Community Mental Health Services Block Grant (MHGB)
 - Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG)

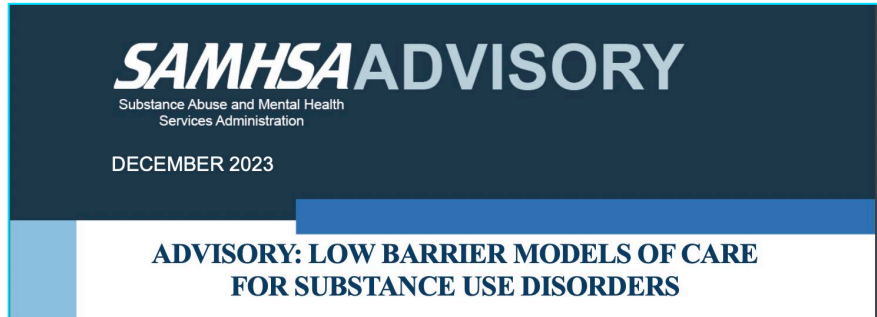
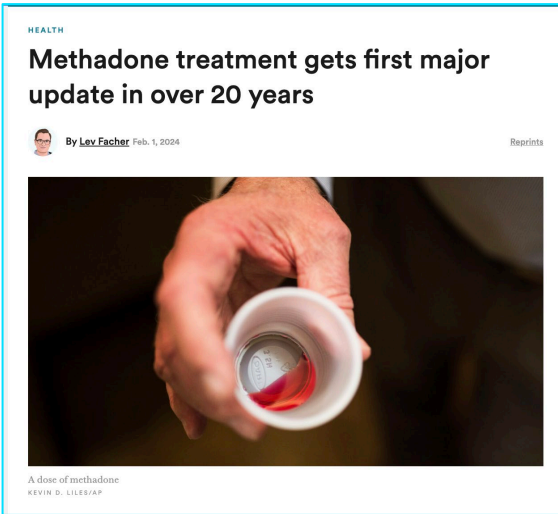
Key opportunity: lower barriers to treatment and harm reduction services

New flexibilities for MOUD and naloxone

- New Methadone rules promote greater flexibility
- Removal of x-waiver requirements for buprenorphine
- OTC naloxone

Priorities at the state level:

- Assessing regulatory barriers at the state level
- "No wrong door:" prioritizing initiation of MOUD in correctional, community, emergency department settings
- Working with harm reduction partners and advancing "low barrier" models of care



Key opportunity: adapting strategies to an evolving crisis

- Investing in the continuum of prevention strategies (primary, secondary, tertiary)
- Examining legal frameworks for harm reduction (Good Samaritan laws, fentanyl test strips, syringe and paraphernalia laws)
- Adapting harm reduction approaches to changes in the drug supply and other trends
 - Drug checking (including fentanyl and xylazine test strips), improved surveillance tools
 - Build community-based harm reduction infrastructure and communication with organizations serving people who use drugs
- Medicaid contingency management waivers
 - Section 1115 waivers approved in Washington and California (Delaware and West Virginia pending)

Thank you!

Katie Greene

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The Evolving Opioid Crisis and Policy Environment: State Policy Opportunities



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Bradley Stein, MD, PhD

Director of the Opioid Policy, Tools, and Information Center (OPTIC)
RAND Corporation

Today's Talk



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- Learning from state policy responses to the outbreak of COVID
- Questions emerging from the shifting policy landscape and evolving opioid crisis
- Identifying opportunities for state policy interventions



Pandemic triggered policy changes that influenced how we address the opioid crisis

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- **Telehealth policies:** payment parity, initiating buprenorphine
- **Relaxed policies:** authorizing treatment by out-of-state clinicians, temporary licenses
- **Substance use disorder (SUD) treatment policies:** prior authorization changes, waived copayments, less drug screening
- **Liberalized:** Medicaid eligibility and methadone policies

Effect on Medication Treatment for Opioid Use Disorder seemed positive

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- Medication treatment for opioid use disorder (MOUD) was relatively stable in first year of COVID, while other elements of outpatient care declined
- Studies suggest telehealth facilitated access for those receiving treatment
- Both patients and providers like aspects of telehealth—e.g. ease of access, more accessible for many patients
- Less burdensome access to methadone not associated with increased diversion or fatal opioid overdose

But story of policy effects may be more nuanced

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- Many Opioid Treatment Programs (OTPs) did not make use of liberalized methadone take-home policies
- Despite attention to telehealth, only a minority of patients received buprenorphine treatment via telehealth in Medicaid, Medicare, and commercially insured populations
- Only about 10% of new buprenorphine episodes among commercially insured and Medicare Advantage beneficiaries were initiated via telehealth
- How were changes in buprenorphine prescribing episodes associated with state telehealth policies?

Changes in initiating and ending buprenorphine episodes during COVID

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- Used national pharmacy data on buprenorphine dispensed from >90% of retail pharmacies to examine overall buprenorphine episodes, episodes starting, episodes ending, and duration of episodes initiated immediately before public health emergency
- Examined association of state policies with buprenorphine episode characteristics
 - Initiating buprenorphine via telehealth
 - Payment parity for telehealth in both Medicaid and commercial populations
 - Allowing telehealth for behavioral health disorders
 - Banning Medicaid prior authorization for substance use disorder treatment
 - Allowing physicians to practice across state lines
 - Allowing psychologists to practice across state lines

Buprenorphine episodes in 2020 after COVID

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- Overall number of buprenorphine episodes during pandemic remained relatively stable
 - Substantial increase in Medicaid episodes, decrease in cash-pay
- But 17% fewer new buprenorphine episodes than expected in 2020 compared to 2019; comparable decreases in episodes ending
- At population level, telehealth policies not associated with change in overall buprenorphine treatment episodes: state with multiple telehealth policies had some shifts in episodes beginning and ending
- State allowing psychology interstate practice associated with longer buprenorphine treatment episodes

Why didn't telehealth have population-level effect?

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- Telehealth may be beneficial to patients receiving buprenorphine via telehealth, but relatively few patients receive buprenorphine treatment via telehealth
- Telehealth may shift which individuals receive care or nature of care provided but not change care at the population level
- Other contemporaneous changes in policies or society may have influenced care provided
- Understanding these nuances can better inform future policymaking

What about Medicaid unwinding?

- Medicaid is country's largest payer for substance use treatment
- Expansion under Affordable Care Act increased number of individuals with SUD receiving treatment/buprenorphine paid for by Medicaid
- States required to maintain Medicaid enrollment during COVID
- Continuous enrollment requirement has ended with wide state variation in disenrollment
- Early stories of deleterious impact of Medicaid unwinding on those receiving treatment for OUD/SUD

Story of Medicaid unwinding may also be nuanced

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- COVID-related policies were important benefit for many, helping them use insurance coverage to stay in SUD treatment
- Likely responsible for substantial shift to Medicaid among those receiving buprenorphine treatment; may have contributed to longer treatment episodes
- Population-level effects less clear – e.g. were longer treatment episodes an unintentional barrier to those trying to start treatment?
- Hard to imagine unwinding won't harm some people, but how and for whom will harm be greatest?
- New FORE project examines these issues, informing policies to mitigate consequences of unwinding for those receiving MOUD

Rapidly changing environment may give states policy opportunities

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SAMHSA changing policy to facilitate access to Methadone

- Variable uptake of new policy
- Who benefits?
- Possible unintended consequences?

No more X-waiver for buprenorphine prescribing but to what effect?

- Initial studies suggest modest impact of removing this barrier
- ~ 70% of clinicians stop prescribing after several months, only 10% treated more than 10 patients per month over 6 years
- How can we facilitate and support clinicians willing to treat more patients?

Xylazine growth: when injected, this veterinary sedative causes necrotic wounds.

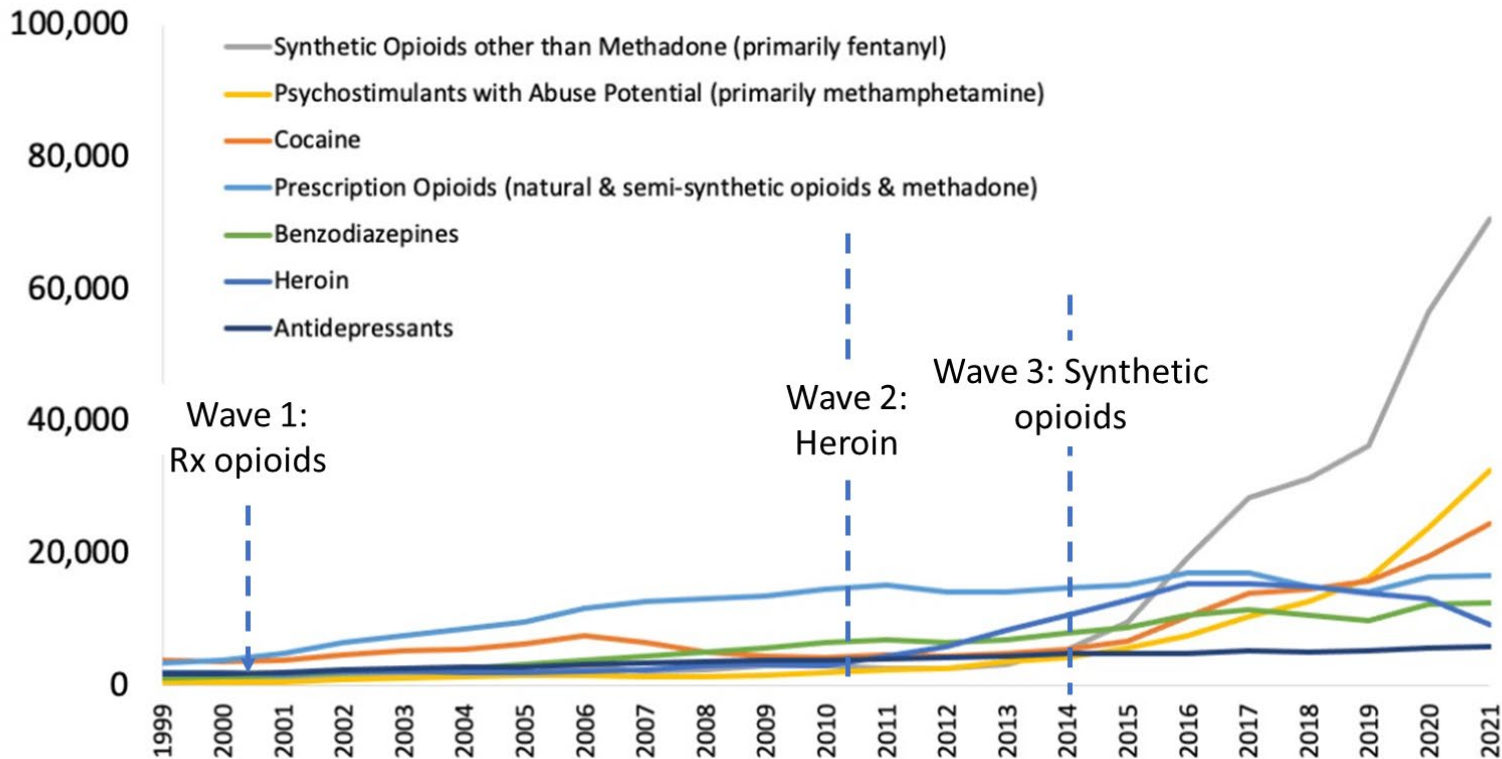
- Test strips could help identify its presence in mixes with other drugs

Other State Policy Opportunities

We don't have medications for substances other than opioids

- Evidence that Contingency Management works but federal restrictions limit its use
- Feds are starting to relax limits
 - Contingency management used in Veterans Affairs healthcare system as primary treatment for stimulant use disorder
 - Several states have received CMS waivers to increase use of Contingency Management
 - Office of Inspector General has announced intention to create a safe harbor provision for Contingency Management

Opioid crisis is evolving — so must our responses to it





Implementing policies to address the polysubstance crisis will require incremental gains, emerging understanding, and ongoing policy corrections. Lots of opportunities for impactful state policies.

Thank you



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Opioid Policy Tools and Information Center

USC Schaeffer

NIDA P50DA046351



OPTIC website



Fireside Chat



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Commissioner

New York State Office of
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Chairman

Indiana Commission
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Karen A. Scott, MD, MPH

President

FORE

Question and Answer Session



FORE Grantees

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Thank You For Your Work!

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