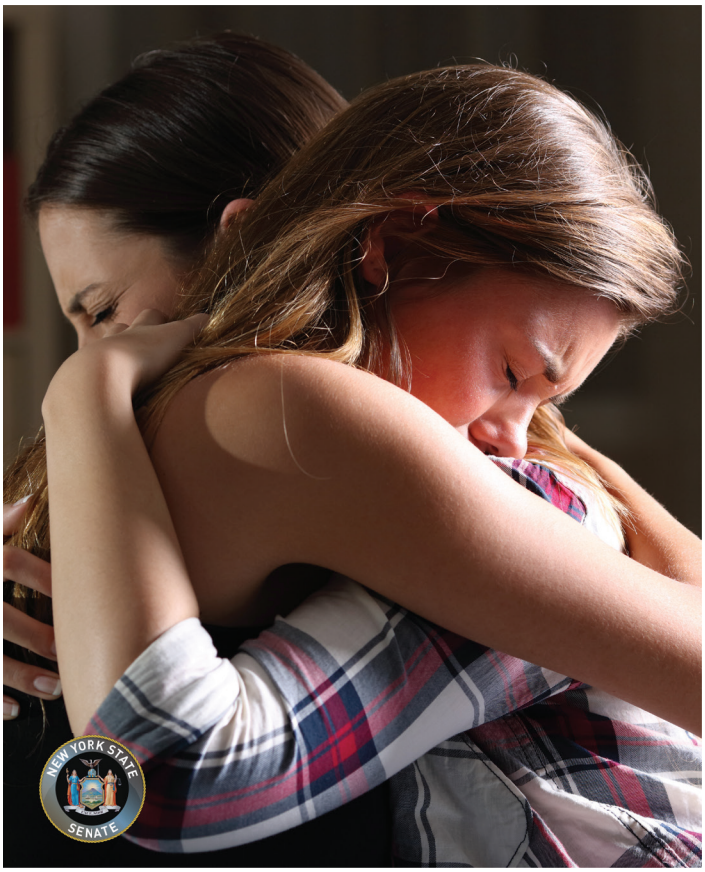
SENATE MAJORITY TASK FORCE ON HEROIN & OPIOID ADDICTION



2018 REPORT & RECOMMENDATIONS

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THE SENATE
STATE OF NEW YORK
ALBANY 12247

**SENATE MAJORITY TASK FORCE ON
HEROIN AND OPIOID ADDICTION**

October 23, 2018

Honorable John J. Flanagan
Temporary President and Majority Leader
Legislative Office Building, Room 909
Albany, New York 12247

Dear Majority Leader Flanagan,

We are pleased to submit the Task Force on Heroin and Opioid Addiction's (Task Force) 2017-2018 report. This report details the state of the opioid crisis in New York, examines initiatives championed by the Senate Majority, and provides recommendations for future action.

Opioids including prescription medications, heroin, fentanyl, and their derivatives are a public health crisis. Over the last decade, the scourge of opioids has affected every community from Western New York, and Central New York, to the North Country, the Hudson Valley, the Southern Tier, New York City, and Long Island.

During the 2017-2018 legislative session, the Task Force traveled the state to hear from New Yorkers on the front lines of this crisis, at a series of public hearings.

The Task Force was successful in championing a number of innovative initiatives to address the opioid crisis, including a statewide drug take-back program, ending patient brokering, increasing support for jail-based substance use disorder treatment, programs aimed at treating the specialized needs of infants and expectant mothers, and the creation of an opioid alternative project in emergency rooms.

Additionally, this year Congress passed the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act. Included within the Act are many proposals that closely mirror initiatives sponsored by the Senate Majority. The Senate Majority has not only led New York in the fight against opioids but has also led the nation.

Nevertheless, there is more work to be done. This report contains recommendations that build on previous years' successes and aims to end the crisis. The Senate Majority will continue to lead the fight on this issue in the coming years.

We want to thank the committee members and forum participants for their tireless work and advocacy on this issue. We look forward to continuing to work with our colleagues as we strive to end the opioid crisis.

Sincerely,

Frederick J. Akshar II
52nd Senate District

George A. Amedore, Jr.
46th Senate District

Chris Jacobs
60th Senate District

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Executive Summary

The New York State Senate Task Force on Heroin and Opioid Addiction (Task Force) has prepared this report, which details the steps currently being taken to address the state's opioid crisis and the ways New York can continue to lead by implementing a series of 11 comprehensive recommendations, which will help save lives and rebuild families.

The opioid crisis continues to plague New York, as evidenced in the most recent state health data available which reports opioid deaths more than doubled in six years to 2,158 in 2015. While some statistics may indicate a slowing of this meteoric rise – potentially due to many of the steps New York has already taken to reduce opioid abuse – the Task Force is committed to doing more to prevent additional loss of life.

Since the Senate Majority formed the Task Force in 2014, significant resources have been committed to examining the multi-faceted causes and effects of the heroin and opioid crisis and working to find innovative solutions. State funding has increased from $168 million in 2015 to a record $247 million in this year's budget. More than two dozen forums have been held in large and small communities throughout the state, and 15 new laws have been enacted. Legislation spearheaded by the Task Force has served as a national model for other states, including the federal Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act.

The Task Force continues to follow a four-pronged approach – focusing on prevention, treatment, recovery, and enforcement – in developing legislative and budgetary recommendations following extensive collaboration with stakeholders at forums in communities across the state. In 2017 and 2018, nine forums were held in Buffalo, Cortland, Binghamton, Johnstown, Albany, Hudson, Newburgh, Pleasantville, and Mineola. As a result of community outreach, several victories were achieved this past session, including:

- expanding the permissible uses of medical marijuana to include substance use disorder (SUD) or treatment of acute pain;
- creating an Independent Substance Use Disorder and Mental Health Ombudsman to assist those seeking treatment and resolving insurance coverage issues;
- establishing a unified, statewide drug take-back program that saves taxpayers the money spent on current publicly-funded programs, while also helping to reduce medication misuse and improper disposal which pollutes New York's water;
- obtaining $3.75 million for jail-based substance use disorder treatment;
- securing $1.35 million in funding and providing specialized care to opioid-addicted infants and new mothers through the creation of the Children and Recovering Mothers (CHARM) program and Infant Recovery Centers pilot;
- providing $500,000 for the Opioid Alternative Project that encourages doctors to prescribe alternative pain treatments in order to reduce opioid usage in emergency rooms;
- prohibiting "patient brokering" that aggressively targets people in need of substance use disorder treatment in exchange for a fee; and

- adding two new derivatives of highly-deadly fentanyl and several new hallucinogenic drugs, synthetic cannabinoids, and cannabimimetic agents to the state's controlled substances schedule.

While prevention, treatment, and recovery were addressed through a variety of legislative and budget victories this session, the Assembly did not join the Senate in passing comprehensive enforcement legislation like Laree's Law, which targets drug dealers and other criminals who seek to profit from the devastation caused by this deadly epidemic. This will continue to be a Senate Majority priority.

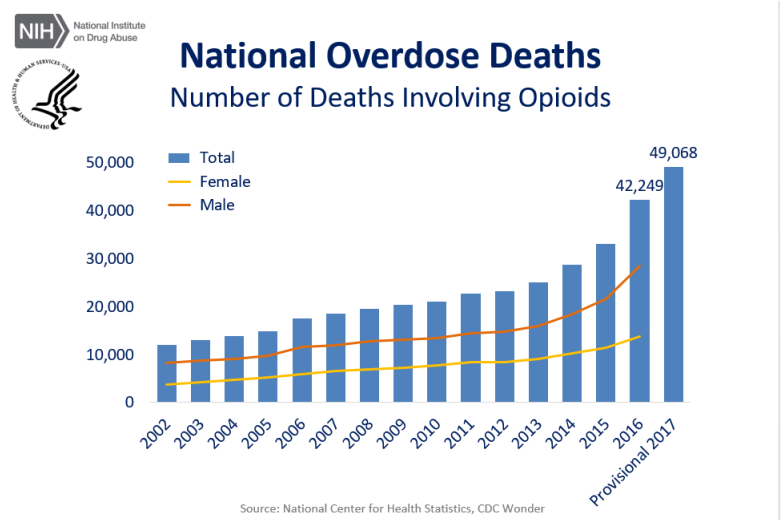
Looking forward, the 2018 report reflects upon past successes and incorporates the significant input received from forum participants to identify 11 specific recommendations for further action. Together, the recommendations form a comprehensive plan to utilize public and private resources and help underserved populations and others without access to treatment, as well as improve the support systems already in place to support the state's evolving fight against opioid abuse. They include:

- increasing resources to support the recruitment and retention of healthcare professionals trained to treat substance use disorder;
- upgrading the I-STOP Prescription Monitoring Program to improve interstate monitoring of potential over-prescribing of opioids;
- maximizing federal funding to help support more children at the state's newly-established Infant Recovery Centers;
- reducing the cost of naloxone to ensure greater access to this life-saving overdose-reversal medication and enhancing public education and outreach on naloxone use and expiration to ensure effective treatment;
- exploring the further limitation of initial opioid prescriptions for acute pain to three days from the current seven days, with certain medical exceptions;
- requiring enhanced treatment plans for patients after the first month of opioid use, instead of waiting until the current 90-day standard;
- further addressing addiction in rural parts of the state by improving access to treatment, such as establishing Centers for Excellence on Substance Use Disorders;
- authorizing hospital-community-healthcare-SUD treatment professional collaboration programs to facilitate innovation in meeting community health care needs;
- improving the use and collection of data to better identify, investigate, and prosecute high-volume opioid prescribers;
- enhancing and creating appropriate criminal penalties for drug dealers who sell substances that result in death; and
- expanding health insurance coverage options for medical marijuana as a method to reduce overall usage of opioid medications.

Informational resources to connect with substance abuse treatment services, opioid prevention services, and drug take-back programs can be found in Appendix A of this report. Links to footage of all Task Force forums, and additional Senate reports can be found at https://www.nysenate.gov/committees/heroin-task-force.

Introduction

Every community in New York State has been touched by the opioid crisis. The losses and impacts of the crisis have profoundly affected individuals, families, neighborhoods, small towns, and large cities across the State and the Nation – more so than any other epidemic in recent history. According to the Centers for Disease Control and Prevention (CDC), 115 Americans die every day from opioid overdose.[i] Since 1999 the CDC estimates over 350,000 people have died from an opioid overdose; many of those individuals were New Yorkers.[ii]

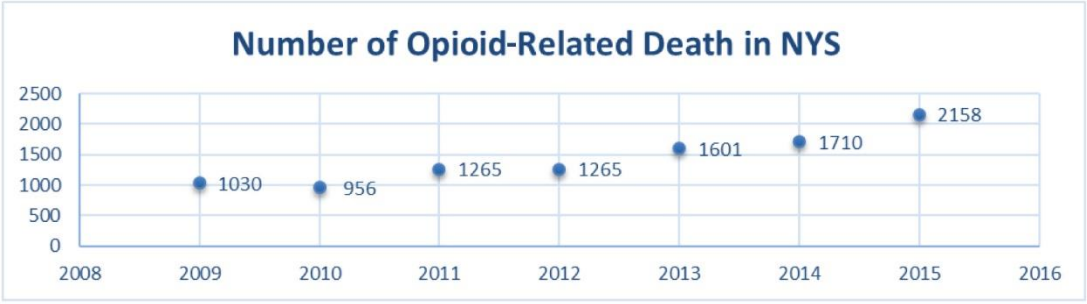


The CDC estimates that more than 350,000 deaths have been attributed to an opioid overdose since 1999. The trend of increasing opioid overdose deaths is similar to that in New York State.

While many are prescribed opioids to relieve pain, anyone can become addicted and addiction can happen in just days with a sharp increase in long-term dependence after only five days.[iii] That is why, in 2016, the Senate successfully limited initial prescriptions of opioids for acute pain to seven days and continues to call for a stronger three-day limit.

Addiction to prescription opioids often leads to heroin, a cheaper and more easily accessible alternative. Heroin, a synthesized form of morphine, is injected, inhaled, or smoked, and its use is rising.[iv] In 2016, nearly a million Americans reported using heroin in the prior year.[v] Heroin use is associated with serious health conditions, including collapsed veins, infection of the heart lining and valves, contraction of infectious diseases like hepatitis and HIV, respiratory complications, and fatal overdose.[vi]

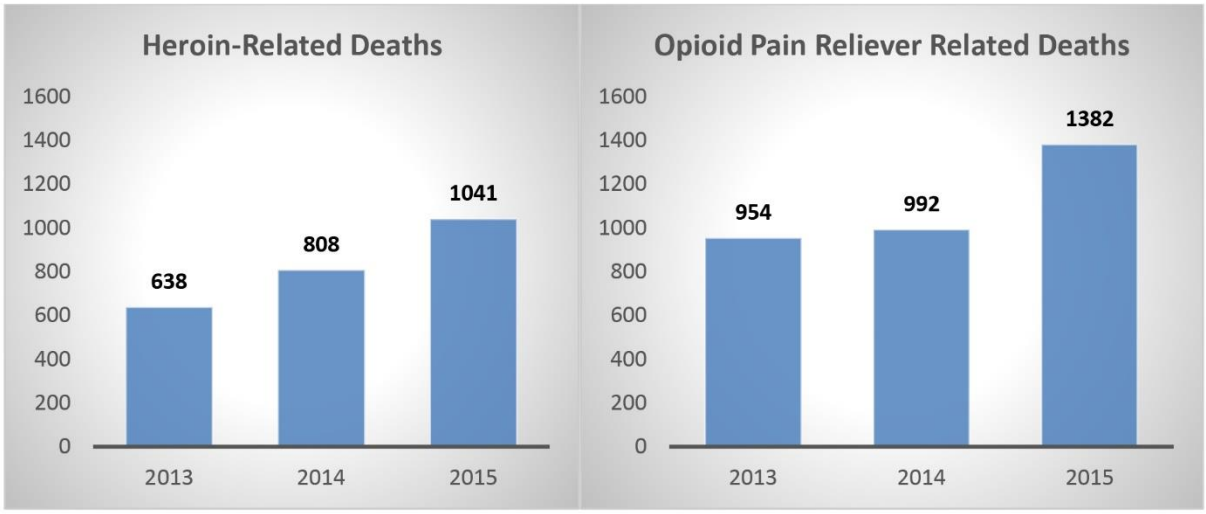
Despite ongoing efforts to address the opioid and heroin crisis, there has been a continued increase in the number of opioid-related deaths. In 2009, 1,030 New Yorkers died from opioid-related overdoses.[vii] In 2015, the number of deaths more than doubled, reaching a high of 2,158.[viii]



From 2009 through 2015, opioid-related deaths more than doubled (includes all opioids such as heroin and fentanyl).

When overall opioid-related deaths are broken down further, it is clear the increase in the number of deaths is resulting from both heroin and prescription opioid pain relievers.

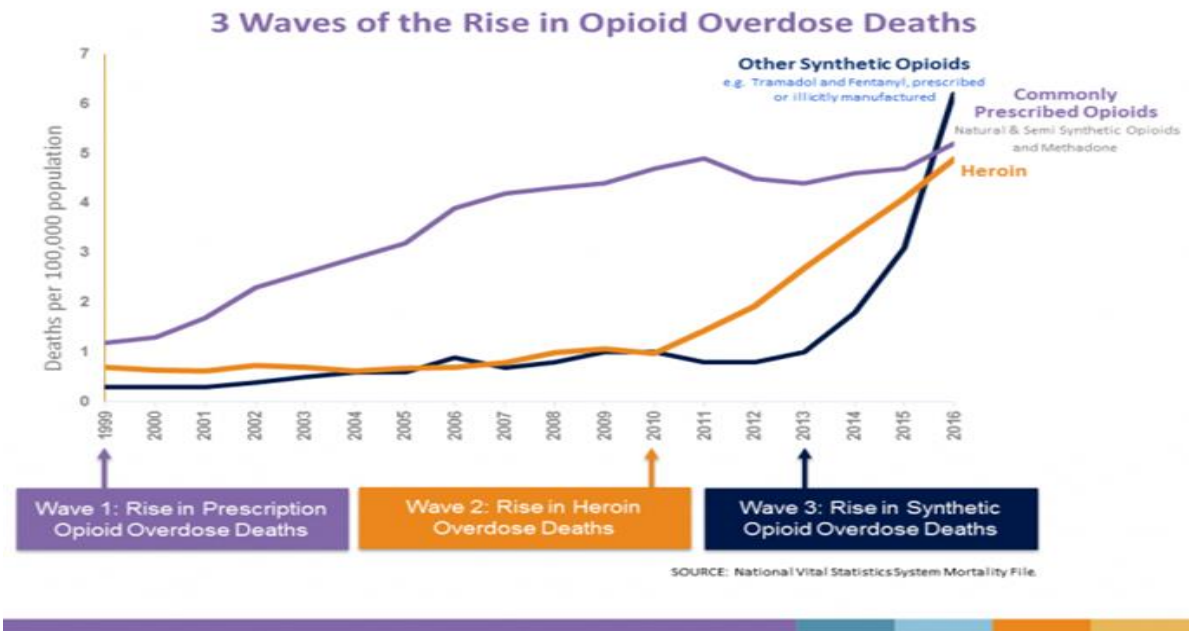
New York Deaths from Heroin and Opioid Scripts 2013-2015



Deaths attributed to heroin and to opioid pain relievers both increased at alarming rates from 2013 through 2015.

As the charts above illustrate, in 2013, there were 638 reported cases of heroin-related deaths.[ix] By 2015, that number had increased to 1,041, a 63 percent increase in just three years.[x] Similarly, in 2013, there were 954 reported deaths caused by an opioid pain reliever.[xi] By 2015, that number increased to 1,382, representing a 45 percent increase.

The CDC characterizes the opioid crisis as occurring in three stages. The first stage, beginning in the 1990s, saw a rise in deaths from opioid prescription medications. The second stage was marked by a steep rise in heroin-related deaths in 2010. The third stage began in 2013 and is marked by a rise in deaths caused by the use of synthetic opioids such as fentanyl. [xii]



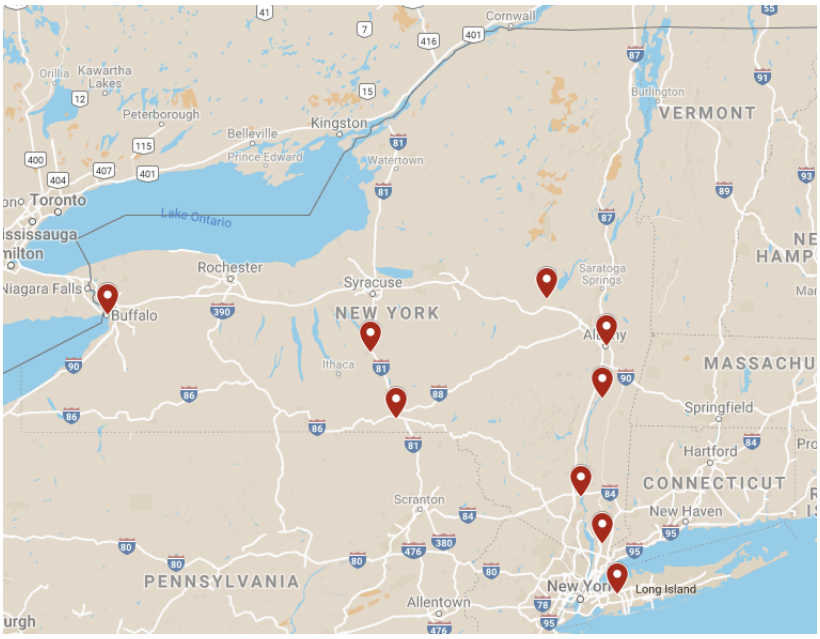
The CDC breaks the opioid crisis up into three distinct phases. While each of the phases has unique characteristics, all have led to an increasing number of opioid-related overdose deaths.[xiii]

A recent and disturbing trend is the growing number of overdoses attributed to the use of fentanyl, a synthetic opioid 50 to 100 times more potent than morphine.[xiv] Much like other legal opioid medications, fentanyl is used as a pain reliever.[xv] Fentanyl is especially dangerous to users of heroin who are unaware of its presence. Dealers mix it into heroin to enhance its euphoric effect and due to its potency, the often unknown presence of fentanyl greatly increases the risk of overdose for heroin users.[xvi]

It takes only 2-3 milligrams of fentanyl to induce respiratory depression, arrest, or even death. (Image from OASAS www.oasas.ny.gov/CombatAddiction/Fentanyl.cfm)

Recognizing the epidemic nature of the opioid crisis, the New York State Senate Majority continues to lead the charge: identifying shortcomings in prevention and treatment systems, pursuing legislative solutions, and securing the necessary funding to implement solutions.

In 2014, the Task Force was established. Since then, the Task Force has crisscrossed the state from Western New York to Long Island and places in between to hear from New Yorkers on the front lines of this ongoing epidemic.



The Task Force held hearings throughout the state during the 2017 and 2018 legislative sessions. No part of the state has been left untouched by the crisis.

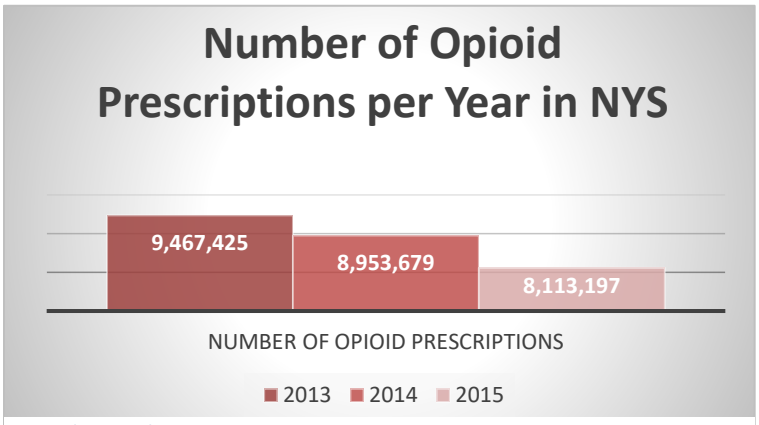
During the 2017 and 2018 legislative sessions, the Task Force, co-chaired by Senators Akshar, Amedore, and Jacobs, held hearings and forums in Buffalo, Cortland, Binghamton, Johnstown, Albany, Hudson, Newburgh, Pleasantville, and Mineola. Stakeholders, including family members of those afflicted with addiction, law enforcement, treatment and medical professionals, prevention groups, educators, and those recovering from addiction, provided valuable testimony on the necessary changes to address this crisis. Critical points were made on the unresolved challenges as well as on the successes of current and past efforts. The Senate Health and Insurance Committees also joined with the Task Force in May 2018 to hold a roundtable discussion in Albany on ensuring access to lifesaving naloxone. These events provided invaluable information and perspective that guided policy decisions made during the 2017-2018 legislative session.

Highlights of 2017-2018 Session Accomplishments

New York has led the way in the fight against opioids. In October 2018, Congress passed the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act, which includes a host of new policy measures aimed at addressing the opioid crisis.[xvii] Many components of the federal legislation are policies and initiatives already adopted in New York, and many of those were championed by the Task Force in collaboration with other Senate committees during the 2017-2018 legislative session, including the following Senate measures:

Drug Take-Back

Many who become addicted to opioids have their first encounter with the drug through prescription medication. Nearly 80 percent of Americans using heroin reported initially misusing prescription opioids.[xviii] The good news is between 2013 and 2015, the number of prescriptions for opioids went down in New York. Unfortunately, the number is still far too high. These prescriptions often linger in medicine cabinets, creating an environment that easily leads to misuse or abuse. One of the primary goals of the Drug Take-Back Program is to remove unneeded medications before that happens.



According to the NYS Prescription Management Program prescriptions written for opioid analgesics have decreased.

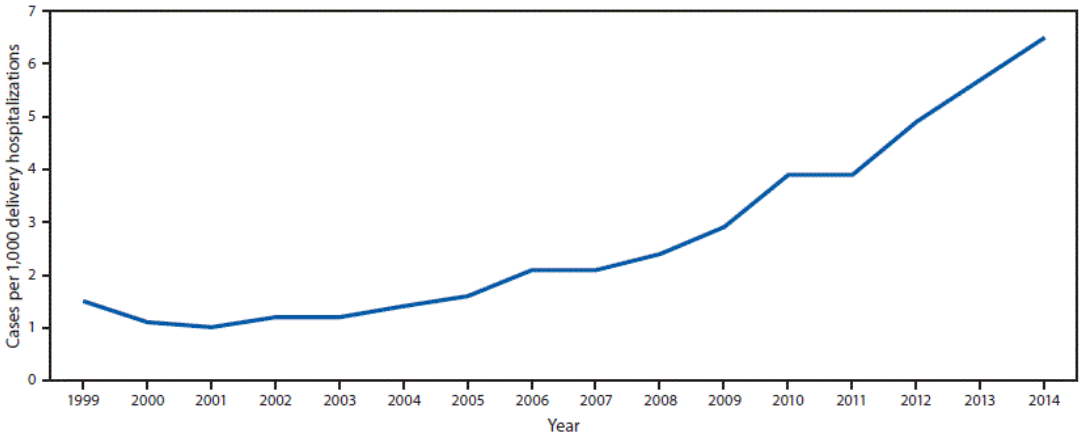
The 2018 Drug Take-Back Act[xix] creates a unified statewide drug take-back program. The program will reduce medication misuse by providing a free and convenient method for people to safely dispose of unused, and unwanted medications, at most pharmacies and through mail order pharmacies. Under the program, manufacturers are responsible for all associated costs of safe disposal, and the Act includes the establishment of a public awareness and education campaign to ensure New Yorkers are aware of the importance of safely and responsibly disposing of unwanted medication.

Recognizing the importance of drug take-back, the federal SUPPORT Act provides funding for up to five states to increase participation in drug-disposal programs. Also included is a provision allowing qualified hospice employees to safely dispose of medications on-site after the death of a patient or when the medication is no longer needed (a process already made easier through New York's Drug Take Back Program).

Treatment for Opioid Addicted Infants and New Mothers

A 2018 CDC report found opioid use by pregnant women to be a "significant public health concern."[xx] According to the report, 6.5 out of every 1,000 delivery hospitalizations in 2014 included a woman addicted to opioids, a significant rise from the 1.5 per 1,000 delivery hospitalizations in 1999.[xxi]

Rising Opioid Use by Pregnant Women Nationwide



National prevalence of opioid use disorder per 1,000 delivery hospitalizations.[xxii]

Untreated substance use disorder in pregnant women results in negative health effects to both mother and child, including neonatal abstinence syndrome (NAS), stunted growth, preterm labor, fetal death, increased risk for maternal infection, and malnutrition and poor prenatal care.[xxiii] Treatment improves infant and maternal health outcomes by stabilizing fetal levels of opioids, reducing repeated prenatal withdrawal, linking mothers to treatment for infectious diseases, reducing likelihood of transmittal to the unborn baby, providing opportunities for better prenatal care, and improving long-term health outcomes for mother and baby.[xxiv] The Senate sought to bring new programs and funding to this underserved population by creating the CHARM program and Infant Recovery Centers.

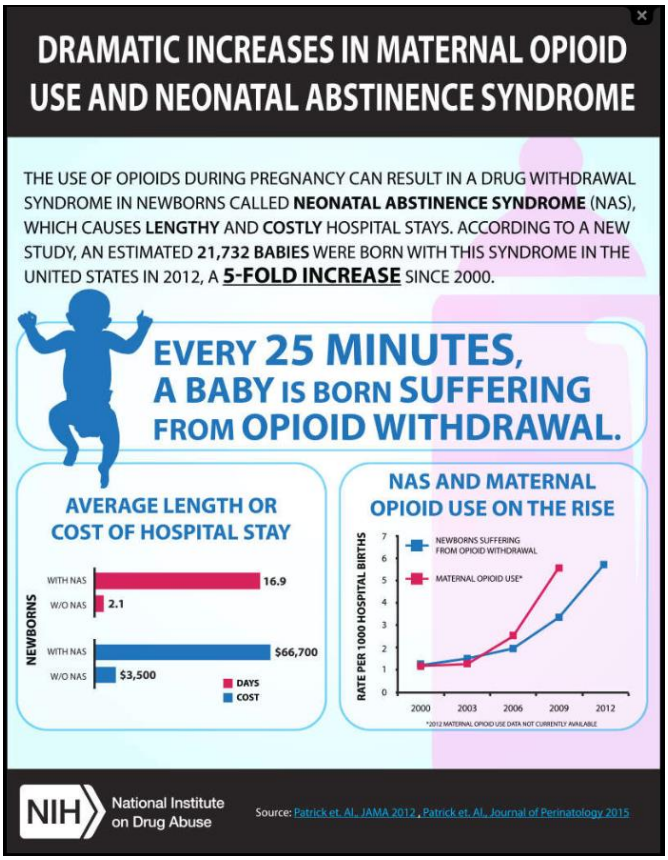
CHARM - Recognizing that addicted and recovering women and infants need specialized care, the Senate Majority secured $1 million in the FY 2019 budget and codified the CHARM program.[xxv] The program will assist providers, hospitals and midwifery birth centers with guidance, education and assistance when caring for expectant mothers with a substance use disorder.

One of the key components of this program is the rapid consultation and referral linkage for obstetricians, pediatricians, and primary care providers who care for new and expectant mothers with substance use disorder, ensuring that mother and child quickly receive the care that they need.

CHARM will assist health care providers in recognizing the signs and symptoms of substance use disorder in expectant mothers and understanding what resources and tools, including medication-assisted treatments (MAT), are available. Mothers identified with a substance use disorder will be

able to receive the best support and referrals from their health care provider in seeking the most appropriate treatment and recovery.

Infant Recovery Centers - In addition to prioritizing services to expectant mothers, the Senate Majority secured funding for a new program to treat infants born to mothers with substance use disorder. Since 2000, there has been a five-fold increase in the number of babies born with NAS, a condition newborns present with when exposed to opioids or other drugs while in the womb.[xxvi] The National Institute on Drug Abuse estimates that every 25 minutes a baby is born suffering from opioid withdrawal.[xxvii] Symptoms of NAS include body shakes, fussiness or high-pitched crying, poor feeding, breathing difficulties, trouble sleeping, diarrhea, and stuffy nose.[xxviii]



Number of babies born with NAS.

The Senate Majority proposed and passed legislation and secured $350,000 in the FY 2019 budget for Infant Recovery Centers outside of the neonatal intensive care unit (NICU) to treat infants affected by opioids. As the number of opioid affected infants born has increased, many hospitals across the state have struggled to care for the youngest victims of the opioid crisis. In an effort to care for these infants, hospitals often treat them in the NICU, which is costly and inefficient.

The funding secured by the Senate Majority will create four Infant Recovery Centers away from the hospital where babies with NAS can receive specialized care, opening up space in NICUs for infants with other serious conditions. At the recovery centers, infants will receive the same kind of specialized medical treatment for their painful, weeks-long process of opioid withdrawal as they would in the hospital, and their parents will receive the supports they need to care for their new baby and pursue their own recovery.

The federal SUPPORT Act borrows from New York's new programs for mothers and their infants. It provides clinicians with educational materials that may be used with pregnant women to encourage shared decision-making in pain management during pregnancy and make resources available to states to improve plans for safe care of substance-exposed babies. The Act also authorizes data collection and analysis of NAS and other outcomes related to prenatal substance abuse and misuse.

Most importantly for New York, the federal SUPPORT Act allows Medicaid to pay for the care of infants with NAS in Residential Pediatric Recovery Centers. Similar to the Senate's Infant Recovery Centers, these federal recovery centers will provide counseling or other services to mothers and caregivers to help not only address the infant's needs, but also the mother's recovery.

Emergency Room Opioid Usage

As the number of overdose deaths continues to rise in New York, it becomes more important that patients and providers have the tools to limit exposure to opioids in the first place. Many people first have contact with opioids in the emergency department of a hospital, usually to address incidences of acute pain.

In an effort to reduce the number of opioids prescribed in emergency departments, the Senate Majority secured $500,000 for the Opioid Alternative Project. This groundbreaking measure will reduce opioid usage in the emergency room by encouraging doctors to prescribe alternative pain treatments. This project is similar to the Colorado Opioid Safety Collaborative, where during the course of the state's initiative, 10 participating sites reduced opioid administration by 36 percent.[xxix]

New York's Opioid Alternative Project is designed to develop protocols, ensure compliance with protocols, and track the administration of opioids in an effort to reduce the number of patients exposed to opioids in the emergency department. At the conclusion of the pilot, the Opioid Alternative Project will report its findings to the state. The results will provide a roadmap for policymakers, other emergency departments, and healthcare professionals to further reduce the number of opioids prescribed to patients.

The federal SUPPORT Act also establishes a demonstration program to limit the use of opioids in emergency departments; however the enactment of the Senate Majority's initiative prior to the federal proposal places New York communities at the forefront and cutting edge of efforts to prevent new opioid addictions.

Patient Brokers

A recent and disturbing trend in the opioid epidemic is the practice of "patient brokering," or aggressively targeting people in need of substance use disorder treatment in exchange for a fee (sometimes an exorbitant fee), and promising admission to treatment programs. For these unscrupulous brokers the most lucrative patients are those with robust insurance coverage and hefty out-of-network benefit packages. When patient brokers refer well-insured individuals, the broker receives a kickback. Patient brokers often ignore the needs of the patient, capitalize on the fears of families, and place patients in inappropriate treatment settings in favor of admitting the patient to the treatment program that offers the greatest kickback. Many patients end up in treatment programs that quickly use up their lifetime insurance limits. When these limits are reached, the patient no longer has insurance coverage to seek future treatment, and should treatment fail, they must either pay out of pocket or go without treatment.

In 2018, the Senate passed legislation which was signed into law and outlaws the practice of patient brokering.[xxx] Beginning October 23, 2018, any person who violates the prohibition on patient brokering may be subject to criminal and civil penalties. This law will protect patients from predatory behavior during one of the most difficult moments of their lives.

Following New York's lead, the federal SUPPORT Act also makes it illegal to knowingly or willfully pay or receive kickbacks for referring a patient to treatment. Those found guilty may be fined up to $200,000 and /or be sentenced up to 10 years in prison.

Additional New York Legislative Victories

In addition to New York's state initiatives which are in the new federal SUPPORT Act, the State has led the way in other key areas that were recently enacted into law, including:

Jail-based Substance Use Disorder Treatment

The Correctional Association of New York estimates that 83 percent of inmates are in need of some form of substance use disorder treatment.[xxxi] The New York State Conference of Local Mental Hygiene Directors released a report in 2017, which included findings that 68 percent of inmates with substance use disorder have previously been in jail.[xxxii] The report also found that 51 percent of jails do not receive funding for substance use disorder treatment despite research showing that for many inmates to effectively re-enter society, they must treat their substance use disorder. [xxxiii]

The Senate Majority addressed this gap by securing $3.75 million in funding for jail-based substance use disorder treatment in the FY 2019 budget. This funding will be distributed to select counties to provide jail-based substance use disorder treatment. The Office of Alcoholism and Substance Abuse Services (OASAS) is directed to work with local governments, county sheriffs, and other stakeholders to implement substance use disorder treatment and transition services for individuals incarcerated in county jails. Services eligible for funding include alcohol, heroin, and opioid withdrawal management, medication-assisted treatments approved for substance use disorder by the Federal Food and Drug Administration, group and individual counseling, peer support, discharge planning, and re-entry and transitional support.

Medical Marijuana

Studies have indicated that medical marijuana can be an effective tool in the fight against opioid overdoses. A 2014 article in the *Journal of the American Medical Association* found that in states with legalized *medical marijuana,* overdose deaths from opioids declined by 19 % within one year and 33% after six years.[xxxiv] Overall, the presence of medical marijuana translated into a 24% reduction in opioid overdoses.[xxxv]

Under New York's 2016 Compassionate Care Act, medical marijuana is limited to use for the treatment of several conditions including chronic pain, but the law did not include the treatment of substance use disorder nor short-term acute pain. This year a new law was enacted that expanded

the permissible uses of medical marijuana to include the treatment of substance use disorder or as an alternative to opioids for the treatment of acute pain. [xxxvi]

Desarae Rouso-Little (second from right) pictured with Task Force Members.

At an Albany press conference in May 2018, the public heard from Desarae Rouso-Little. A nurse by profession, Ms. Rouso-Little explained how after years of opioid treatments for her pain, including fentanyl patches and pills which made her sleep for more than 14 hours a day, she switched to medical marijuana. Getting off opioids not only helped relieve her pain more effectively, but, she was able to return to work and her life was transformed. Ms. Rouso-Little commented, "I have my life back and am opiate-free."

The addition of acute pain and substance use disorder to the list of permissible uses for medical marijuana is a significant advancement for individuals who can avoid opioid prescriptions or would benefit from treatment that engages in a harm reduction strategy as opposed to abstinence only treatment.

Outlawing Deadly Drugs

New York added two new derivatives of highly-deadly fentanyl as well as several hallucinogenic drugs, synthetic cannabinoids, and cannabimimetic agents to the state's controlled substance schedule in this year's budget at the urging of the Senate Majority. In an effort to evade the law, drug dealers and their suppliers often change the chemical makeup of their substances to evade prosecution. The addition of these substances ensures that those who wish to sell harmful drugs are subject to the appropriate punishment.

Insurance Ombudsman

For those seeking treatment, navigating the insurance coverage process is often a difficult challenge on several levels, ranging from confusion over what may or may not be covered, to how and when payment is made for services. In an effort to address these challenges, the Senate Majority has worked for several years to ensure access to inpatient, outpatient, and MAT without prior authorization. This legislative session, the Task Force successfully advocated for and championed the establishment of an insurance ombudsman whose purpose is to assist individuals in navigating the system and resolving their insurance coverage issues.

In the FY 2019 budget, the Senate Majority secured $1.5 million for an Independent Substance Use Disorder and Mental Health Ombudsman. The Ombudsman will assist individuals with

substance use disorder by identifying, accepting, investigating, referring and resolving consumer complaints relative to health insurance coverage and access to substance use disorder care, including MAT. The Ombudsman will be an advocate for consumers during an especially trying time, providing them with a resource and assistance.

Other Significant Accomplishments 2011-2018

Since 2011, the New York State Senate Majority has pursued solutions to the opioid/heroin crisis, resulting in a wide range of important initiatives that have been funded and enacted into law. Highlights include:

- ***Establishing Good Samaritan Provisions:*** To help save lives during a drug overdose, a law now encourages witnesses or victims of a drug overdose to call emergency services without fear of criminal prosecution (with certain limitations).
- ***Enacting I –STOP (Internet System for Tracking Over-Prescribing):*** To prevent doctor shopping and inappropriate access to controlled substances, the Department of Health (DOH) was required to establish a real-time Prescription Monitoring Program (PMP) to update prescribers and pharmacists. Physicians are required to consult the PMP prior to prescribing a controlled substance to prevent over-use by patients.
- ***Promoting Pharmaceutical Take-Back Events:*** To remove opioids and other unused medications from medicine cabinets, legislation authorizing pharmacies to take back controlled substances was enacted, aligning with federal Drug Enforcement Agency regulations, and required OASAS to post guidelines and requirements on its website for conducting a pharmaceutical collection event. These measures were precursors to the 2018 Drug Take-Back Act.
- ***Facilitating Use of Opioid Antagonists like Naloxone:*** To save lives, New York expanded access to opioid antagonists (such as naloxone) to a person at risk of an opioid-related overdose, their family member or friend, schools, or any another person in a position to provide assistance. Additionally the law required certain pharmacies to have a standing order or non-patient specific prescription for naloxone.

"The introduction of Narcan, for us, is probably the single best drug treatment that we have ever seen, that I have ever seen in my lifetime. And it certainly works in the given situations where it needs to be … we're seeing an increase use of this, both from civilians, families." PJ Keeler, Columbia County Emergency Medical Services Coordinator, February 28, 2018, NEW YORK STATE JOINT SENATE TASK FORCE ON HEROIN AND OPIOID ADDICTION

- ***Expanding Access to Addiction Treatment:*** To prevent insurance coverage from standing in the way of care, measures were enacted to require insurance companies to provide an expedited appeals process for individuals denied coverage and to provide coverage for services while an individual's appeals process is underway; to use recognized, evidenced-based, peer reviewed clinical criteria approved by OASAS in determining medical necessity; and stipulate that such determinations be made by a medical professional who specializes in behavioral health or substance use.

- ***Removing Barriers to Treatment:*** To ensure timely and more comprehensive insurance coverages, which is critical to ensuring successful treatment options, New York enacted provisions to eliminate prior authorization for up to a minimum of 14 days of inpatient treatment. Prior authorization was eliminated for an emergency five-day supply of medications for treating substance use disorder; insurers were required to provide coverage for naloxone or other overdose reversal medications; and prior authorization requirements under Medicaid for buprenorphine and vivitrol, which are used in MAT, were eliminated.

> *"We must continue to make sure access to the right kind of treatment at the right time, for the right duration, is available to each and every person."*
>
> Ruth Roberts, Director of Community Services of Chenango County, February 6, 2018, NEW YORK STATE JOINT SENATE TASK FORCE ON HEROIN AND OPIOID ADDICTION

- ***Establishing Prevention Measures:*** To reduce addiction to opioid prescriptions, legislation was enacted to require physicians and others with prescribing authority to participate in Continuing Medical Education (CME) related to pain management, palliative care, and addiction. Opioid prescriptions for acute pain were limited to a seven-day supply and prescribers were required to establish treatment plans after 90 days of opioid prescriptions with some exceptions.

In addition to these policy initiatives, over the years, the Senate Majority has advocated for and committed substantial resources to combat the opioid crisis. State funding has increased from $168 million in 2015 to a record $247 million in this year's budget. The FY 2019 budget also included a new Opioid Stewardship Act, which holds manufacturers and distributors of opioids accountable by requiring a financial contribution to the state based on their sales. This is currently subject to litigation.[xxxvii]

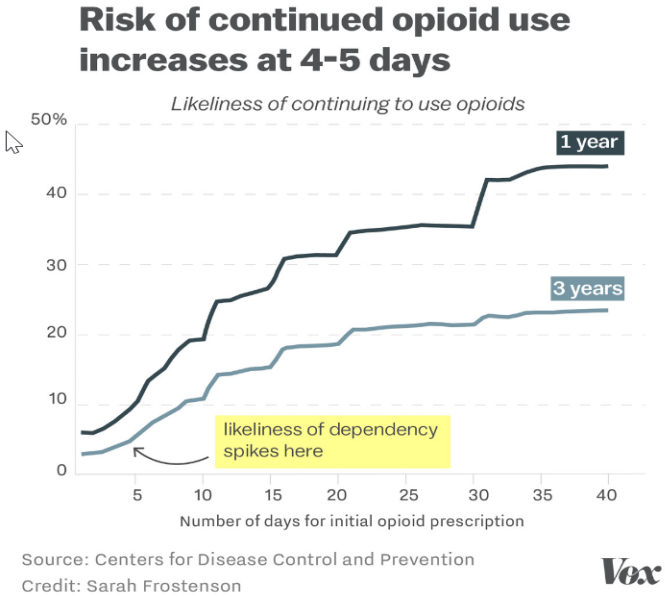
This chart illustrates the additional funding allocated to combat the opioid crisis.

Recommendations

The federal SUPPORT Act includes many of the initiatives developed and implemented in New York State, and the State continues to lead the nation in its fight against the opioid and heroin epidemic. However, more needs to be done to support addiction treatment and eliminate the scourge of opioid addiction. The Task Force puts forth the following recommendations:

- **SUD Workforce Recruitment** – Utilize the highly successful New York's Doctors Across New York Program (DANY) model to create a specialized loan repayment initiative to support substance use disorder treatment professional recruitment and retention. DANY is a state-funded initiative enacted in 2008 to help train and place physicians in underserved areas in a variety of settings and specialties to care for New York's diverse population. The program provides funds for practice support or loan repayment in return for service commitments in underserved areas. The substance use disorder treatment program would follow a similar model, but focus on areas hit hardest by the heroin and opioid epidemic and those that lack adequate services by including professionals whose scope of practice allows treating addiction.
- **Upgrades to the Prescription Monitoring Program** – Take advantage of 100% Federal Medical Assistance Percentages (FMAP) funding to upgrade the state's Prescription Monitoring Program (PMP also known as I-STOP), a provision included in the new federal SUPPORT Act.[xxxviii] This will allow for better interstate operability and enable prescribers to be able to access information much more easily. Currently, prescribers must deal with burdensome login processes for a PMP system that does not interact with electronic health records (EHRs).
- **Support Infant Recovery Centers** – The opioid package recently passed in Congress included a provision that clarified the states' ability under Medicaid to provide care for infants with NAS in Residential Pediatric Recovery Centers.[xxxix] The Senate Majority funded four Infant Recovery Centers in the FY 2019 enacted budget and New York should ensure it accesses this Medicaid option, by waiver or otherwise, to continue financial support for New York's new "Infant Recovery Centers."
- **Improve Access to Naloxone** – The Naloxone Co-payment Assistance Program (N-CAP) ensures that there are no or lower out-of-pocket expenses for naloxone at pharmacies; however, stakeholders at the Senate's Naloxone Roundtable pointed out that this is only helpful when the individual is insured and that coverage includes a prescription plan.[xl] If an individual has no insurance, a high deductible plan, or his/her coverage does not include a prescription plan, then there is no co-pay assistance. There are free programs that offer kits, but they may not be offered when an individual realizes they need to have this lifesaving drug, and even those that do qualify for the co-pay assistance still find it expensive. Therefore, bringing down the cost in any way would improve access to naloxone. The Senate Naloxone Roundtable also heard numerous concerns related to difficulty gathering data on naloxone administrations, data that is crucial to helping localities understand the needs of the community. Developing methods to collect better data on naloxone use in non-medical settings, and public education and outreach on naloxone use and expiration will ensure individuals have effective treatment available.

- **Limiting Prescriptions** – Explore limiting initial opioid prescriptions for acute pain to three days from the current seven days. Florida recently enacted a law requiring a three-day limit for opioids for patients with acute pain due to surgery, trauma or acute illness. There is an exception that allows for a seven-day prescription when the doctor documents a patient's pain and lack of alternative treatment.[xli] The Senate has passed a version of this proposal in its one house budget.



This graph illustrates the risk of developing a substance use disorder after just a few days of prescription opioid use.[xlii]

- **Enhanced Treatment Plans** – Require treatment plans after the first 30 days of opioid use rather than the 90-day standard adopted in the FY 2019 budget following negotiations between the Senate, Assembly, and the Governor. The adopted compromise provision requires a written opioid treatment plan when prescribing opioids for pain which has lasted more than three months, or past the time of normal tissue healing, unless the patient is being treated for cancer not in remission, is receiving hospice, end of life care, or other palliative care. Opioid abuse and addiction can occur in days or weeks of an initial prescription and the Senate maintains that requiring a plan after 30 days as opposed to 90 could help to further combat opioid abuse and addiction.
- **Addressing Rural Addiction** – Create "Rural Centers of Excellence on Substance Use Disorder," to address opioid addiction in rural parts of the state where communities face unique challenges. Access to treatment and prevention centers as well as health care workforce shortages are barriers not found in most suburban and urban areas. The Centers would focus on researching science-based, community approaches to the opioid crisis and implementing those approaches around the state by providing scientific and technical assistance. Various hospitals across New York currently serve as Centers of Excellence for a range of conditions and public health issues, such as maternal and infant health, eating disorders, oncology and mental health. The federal SUPPORT Act includes funding for three centers nationwide, which New York should aggressively pursue, but New York also has the ability to implement such centers at the state level and should pursue both courses.

- **Collaboration Programs** – Authorize hospital-community-healthcare-SUD professionals to collaborate and facilitate innovation to help meet the community's health care needs, such as seen with community para-medicine. Stakeholders voiced support for these models at the 2018 Senate Roundtable on Naloxone Access, citing the many preventative overdose strategies that trained providers exercise in the field can also be used in responding to overdoses.[xliii] A continuing theme, particularly for rural areas in the state, is that there is a shortage of health care services/practitioners in these areas.
- **Better Data Mining** – Direct the Department of Health's Bureau of Narcotics Enforcement (BNE) to more aggressively identify and investigate the highest opioid prescribers would help further ensure pill mills are put out of business. I-STOP, operated by BNE, which collects data on all filled Schedule II, III, and IV controlled substance prescriptions regardless of payment type. In light of continued reports of pill mills in New York being brought down by federal officials after many years of illegal prescribing practices, New York must be more vigilant and proactive, mining data and making referrals to the State Attorney General and or local law enforcement sooner rather than later. [xliv]
- **Laree's Law** – Empower law enforcement officials to charge a drug dealer with homicide if a death results from the sale of heroin or an opiate controlled substance. The current law dictates that a person who provides an illicit drug that results in the death of a user can typically only be charged with the criminal sale of a controlled substance. This proposal ensures that big business drug dealers are held accountable.
- **Insurance Coverage of Medical Marijuana** – Explore ways in which New York can build on the State Workers' Compensation Board's decision that coverage for medical marijuana is permissible as it relates to workers' compensation claims. This means that individuals (or rather their employers) prescribed medical marijuana under the Compassionate Care Act can legally seek payments from their insurer for reimbursement. Insurers offering coverage outside of the workers' compensation system are not required to provide coverage for medical marijuana, so individuals often cover the cost out-of-pocket, which is expensive. New York must address the disparity between medical marijuana coverage for those injured at work and the lack of coverage for individuals outside the workers' compensation system.

In addition to these recommendations, the Task Force would like to encourage a continuation of the tireless advocacy demonstrated by the men and women on the front lines of the state's opioid crisis. By participating in the forums and providing first-hand knowledge about the evolving challenges facing individuals, institutions, and communities, their expertise has been invaluable in making policies that are saving New Yorkers' lives. The Task Force thanks everyone who took the time to share their expertise thus far, and looks forward to continuing to work with them and others to fully end this epidemic.

[i] Understanding the Epidemic. Centers for Disease Control. https://www.cdc.gov/drugoverdose/epidemic/index.html last accessed October 9, 2018.
[ii] Id.
[iii] Shah A, Hayes CJ, Martin BC. Characteristics of Initial Prescription Episodes and Likelihood of Long-Term Opioid Use — United States, 2006–2015. MMWR Morb Mortal Wkly Rep 2017;66:265–269. DOI: http://dx.doi.org/10.15585/mmwr.mm6610a1.
[iv] id
[v] *What is the scope of heroin use in the United States?,* National Institute on Drug Abuse, revised June 2018. https://www.drugabuse.gov/publications/research-reports/heroin/scope-heroin-use-in-united-states
[vi] *What are the medical complications of chronic heroin use?* National Institute on Drug Abuse, revised June 2018 https://www.drugabuse.gov/publications/research-reports/heroin/what-are-medical-complications-chronic-heroin-use
[vii] Overdose deaths related to opioids in New York State by Region and County. New York State Department of Health. Last accessed 09/18/18 https://www.health.ny.gov/statistics/opioid/aboutopioids.htm#dth
[viii] Id.
[ix] Id.
[x] Id.
[xi] Id.
[xii] Id.
[xiii] German Lopez. *The opioid painkiller and heroin epidemic, explained*. Vox. Updated Mar 29, 2017, 12:52pm EDT https://www.vox.com/2015/10/1/9433099/opioid-painkiller-heroin-epidemic
[xiv] *Fentanyl.,* National Institute on Drug Abuse, revised June 2018. https://www.drugabuse.gov/publications/drugfacts/fentanyl
[xv] Id.
[xvi] Id.
[xvii] Majority and Minority Committees' Staffs. *SUPPORT for Patients and Communities Act*. 2018, *SUPPORT for Patients and Communities Act*, energycommerce.house.gov/wp-content/uploads/2018/09/HR6_09.28.18-Final-Opioid-Sec-by-Sec_BIPART-BICAM.pdf.
[xviii] *Heroin*. National Institute on Drug Abuse. Revised June 2018. https://www.drugabuse.gov/publications/drugfacts/heroin
[xix] S9100 (Hannon), Chapter 120 of 2018.
[xx] Haight SC, Ko JY, Tong VT, Bohm MK, Callaghan WM. Opioid Use Disorder Documented at Delivery Hospitalization — United States, 1999–2014. MMWR Morb Mortal Wkly Rep 2018;67:845–849. DOI: http://dx.doi.org/10.15585/mmwr.mm6731a1
[xxi] Id.
[xxii] Id.
[xxiii] *Treating Opioid Use Disorder During Pregnancy*. National Institute on Drug Abuse, revised July 2018 https://www.drugabuse.gov/publications/treating-opioid-use-disorder-during-pregnancy/treating-opioid-use-disorder-during-pregnancy
[xxiv] Id.
[xxv] Part MM section 6 of S7507(C), Chapter 57 of 2018.
[xxvi] *Dramatic Increases in Maternal Opioid Use and Neonatal Abstinence Syndrome*. National Institute on Drug Abuse, revised September 2015 https://www.drugabuse.gov/related-topics/trends-statistics/infographics/dramatic-increases-in-maternal-opioid-use-neonatal-abstinence-syndrome
[xxvii] Id.
[xxviii] Id.
[xxix] *2017 Colorado Opioid Safety Pilot Results Report*. *2017 Colorado Opioid Safety Pilot Results Report*, cha.com/wp-content/uploads/2018/01/CHA.090-Opioid-SummitReport_FINAL.pdf.
[xxx] S6544B (Akshar),Chapter 223 of 2018.
[xxxi] https://www.correctionalassociation.org/resource/substance-abuse-treatment-in-new-york-prisons
[xxxii] Completing the Recovery Treatment Continuum: Jail-Based Substance Use Disorder Services. New York State Conference of Local Mental Hygiene Directors. December 2017. http://www.clmhd.org/img/uploads/CLMHD%20Report%20Completing%20the%20Recovery%20Treatment%20Continuum%20-%20FINAL.pdf

[xxxiii] Id.
[xxxiv] Bachhuber MA, Saloner B, Cunningham CO, Barry CL. Medical Cannabis Laws and Opioid Analgesic Overdose Mortality in the United States, 1999-2010. JAMA Intern Med. 2014;174(10):1668–1673. doi:10.1001/jamainternmed.2014.4005
[xxxv] Id.
[xxxvi] S.8987 (Amedore), Chapter 273 of 2018.
[xxxvii] Bump, Bethenny. "Pharma Sues New York over 'Unconstitutional' Opioid Tax." Albany Times Union, 11 July 2018, www.timesunion.com/news/article/Pharma-sues-New-York-over-unconstitutional-13066993.php. The Opioid Stewardship Act is currently the subject of litigation.
[xxxviii] H.R. 6, the SUPPORT for Patients and Communities Act https://docs.house.gov/billsthisweek/20180924/HR6.pdf
[xxxix] Id.
[xl] NYS Senate Roundtable on Naloxone Access, May 22, 2018 https://www.nysenate.gov/calendar/events/health/kemp-hannon/may-22-2018/explore-access-and-coverage-opioid-antagonists-such
[xli] New Florida law cracks down on opioid prescriptions July 2, 2018, https://www.naplesnews.com/story/news/health/2018/07/02/new-florida-opioid-law-creates-more-legwork-doctors/751228002/
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[xliv] "Manhattan U.S. Attorney Announces Charges Against 5 Doctors And 2 Other Medical Professionals For Illegally Distributing Oxycodone." 11 Oct. 2018, www.justice.gov/usao-sdny/pr/manhattan-us-attorney-announces-charges-against-5-doctors-and-2-other-medical.

APPENDIX A

Additional Resources

New York State Combat Heroin & Prescription Drug Abuse
www.combatheroin.ny.gov 1-877-8-HOPENY (877-864-7369)

Independent Substance Use Disorder and Mental Health Ombudsman Program
Assisting individuals with substance use disorder and/or mental illness to ensure that they receive appropriate health insurance coverage
ombuds@oasas.ny.gov 888-614-5400

New York State Department of Health
www.health.ny.gov/diseases/aids/general/opioid_overdose_prevention

N-CAP Program
www.health.ny.gov/diseases/aids/general/opioid_overdose_prevention/directories.htm

Opioid Overdose Prevention Programs Directory
https://www.health.ny.gov/diseases/aids/general/resources/oop_directory/index.htm

New York State Office of Alcoholism and Substance Abuse Services
www.oasas.ny.gov/accesshelp

National Institute on Drug Abuse
www.drugabuse.gov

Narcotics Anonymous
www.na.org

Nar-Anon Family Groups
www.nar-anon.org 800-477-6291