Testimony to

Fighting Against a Growing Epidemic: Opioid Misuse and Abuse among Older Americans

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Senator Kaine, distinguished panel members and guests, thank you for this opportunity to participate in this important hearing. My name is Mellie Randall and I am the director of the state's publicly-funded substance abuse treatment services that are provided through 40 community services boards, or CSBs, which are entities of local government. The CSBs provide treatment services to about 33,000 individuals each year, and are funded by a combination of state and federal funds totaling about $90 million. Local tax dollars and fees also help.

In my role guiding the use of these resources to provide the best possible treatment services, I was privileged to provide staff support to Governor McAuliffe's Task Force on Prescription Drug and Heroin Abuse. Jointly chaired by Secretary of Health and Human Resources, Dr. William A. Hazel, Jr, and Secretary of Public Safety and Homeland Security, Brian Moran, the task force began its work in the fall of 2014 in response to the growing number of deaths resulting from overdose from opioid pain medications such as hydrocodone and fentanyl, and heroin. Currently, at least two Virginians die each day from opioid overdose.

Between 2012 and 2014, this number increased by 38%, and current information from the Department of Health indicates that deaths continued to rise in 2015.

The 32 members of the task force represented state agency heads, judges, law enforcement officers, physicians, pharmacists, providers of substance abuse treatment, individuals in recovery and parents whose children had died from overdose. The task force met five times to gather in depth information from experts and to discuss recommendations from the five work groups, which met numerous times between task force meetings. In addition to the task force members, the workgroups also included subject matter experts and individuals who had day-t- day knowledge of the issues being explored. Workgroups focused on education, treatment, storage and disposal, data and monitoring, and enforcement. At the conclusion of the task force, 51 recommendations had been adopted for consideration by the Governor. In the 2015 Session of the General Assembly, when the task force had met only twice, four of its initiatives were enacted into law, and we are hopeful that many of the final recommendations will be enacted in the 2016 Session. Today I want to share with you some of the most relevant initiatives and recommendations resulting from the task force and how they tie in with the legislation that Senator Kaine has introduced.

When the task force began, Virginia had implemented a pilot program to train lay people to use naloxone, a medication that reverses the effects of opioid overdose. The pilot had focused on two areas of Virginia that were most affected at the time: the very rural area of southwest Virginia that borders North Carolina, Tennessee, Kentucky and West Virginia; and the metropolitan Richmond area. With the backing of the task force, the project (REVIVE!), was

went statewide last April. In addition, legislation permitted law enforcement and firefighters who had been trained to carry the medication with them, as they are often the first to encounter an overdose victim. Furthermore, to increase access to the medication, which could previously be obtained only with a prescription, pharmacists were empowered to dispense the medication if they have a collaborative practice agreement with a prescriber, similar to that which enables them to administer the flu shot.

I want to take this opportunity to personally thank Senator Kaine for his support of REVIVE! and for the distribution of naloxone. In addition to personally being trained to use naloxone, Senator Kaine is sponsoring S.2256, which, if enacted, would include training for prescribers in co-prescribing naloxone whenever opioid pain medication is prescribed. While there are legitimate needs for strong pain medications, co-prescribing naloxone can reduce the possibility of accidental overdose by the patient, who may accidentally take too much medication or who takes a combination of medications that make the effects of the pain medication stronger than intended. Naloxone can also reduce accidental overdose that result from curious children confusing brightly colored pills with candy, or risk-taking adolescents who impulsively experiment with their family member's medicine. Senator Kaine's legislation also supports prescribers training in appropriate guidelines for the use of opioid pain medications, pain management, identification of addiction, referral to treatment, and proper methods of disposal. These practices are encompassed in an "evidence-based practice" known by the acronym SBIRT, which stands for Screening, Brief Intervention, and Referral to Treatment, endorsed by the World Health Organization and the Substance Abuse and Mental Health Services Administration, and widely discussed in both the Education and Treatment workgroups of the

task force in their recommendations for expanded education for physicians. Task force staff have already begun having conversations with medical schools in the state about what and how they are teaching their students about addiction and pain management so that they are able to provide the best medical care possible, prevent individuals from slipping into abuse of medication that could develop into a serious and life-threatening problem, and gives them tools to use in the unfortunate instances when this does occur.

Another major theme of the task force was increased use of the state's Prescription Monitoring Program, which is a database of all the prescriptions for medications that are at high risk for abuse that have been filled in the state. The idea is that, before writing a prescription for a medication that has high potential for abuse, such as an opioid pain medication or some medications that help individuals to sleep or reduce anxiety, a prescriber would check this database to see if the patient had recently had another prescription for a similar type of drug filled. If the prescriber found that was the case, she could discuss this with the patient. In addition, pharmacists can also check this database when they fill the prescription and either discuss it with the patient or notify the physician. This kind of check can help physicians and pharmacists work together to coordinate patient care, help identify potential problems and prevent dangerous situations and potential overdoses. The task force was successful in getting legislation passed that requires all prescribers and dispensers to register to use the PMP, and protects the data in the PMP from use in a civil suit, such as a divorce or child custody case. Task force sponsored legislation was also enacted that requires hospice facilities to notify the pharmacy of record when a patient dies, so that a relative of the decedent cannot refill a prescription for pain medication that would then be misused. Legislation also passed that refines

the types of information collected and provided by the PMP, requires pharmacists to report dispensing of medication more frequently, and gives the PMP authority to send reports to enforcement authorities.

Senator Kaine's legislation, S. 1913, the "Stopping Medication Abuse and Protecting Seniors Act of 2015," also seeks to prevent abuse of prescription medication by establishing a drug-management program for Medicare beneficiaries who are at-risk of abusing their medications. The legislation would utilize the same SBIRT model I previously described to assist at-risk individuals in getting treatment, and would limit the number of pharmacies where the person could use his or her Medicare benefits to pay for prescriptions, thus reducing opportunities for possible misuse of prescriptions.

The task force also recognized the significant role that treatment plays and the resources that are necessary to support a robust system of care. The 2015 Session of the General Assembly passed legislation that requires health insurance plans operating in Virginia to comply with the Mental Health Parity and Addiction Equity Act passed by Congress in 2008. This gives the state the power to enforce the legislation without having to wait for federal enforcement to occur. We are currently working with the Bureau of Insurance to develop methods of measuring compliance and developing an annual report. This will also reduce discrimination and stigma often experienced by individuals who develop addiction and help them access care using resources they have already paid for, thus reducing reliance on public sector resources. In addition, the task force recommended that Virginia's Medicaid benefits for treating substance abuse and addiction

be expanded to support a more extensive range of services, and a budget request has been submitted to support this action.

In closing, I want to reiterate that although the task force is no longer meeting, its recommendations are providing a blueprint for action that will serve Virginians well for years to come, and we are so pleased to support Senator Kaine's legislation at the federal level which is congruent with these strategies. Again, I very much appreciate the opportunity to represent the work of the task force and am happy to answer any questions.