

Alaska Opioid Policy Task Force

a partnership of the Advisory Board on Alcoholism and Drug Abuse, Alaska Mental Health Trust Authority, and Alaska Department of Health and Social Services

431 North Franklin Street, Suite 200
Juneau, Alaska 99801
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Meeting Agenda October 28, 2016

Videconference Sites:

Juneau – Alaska Office Building, Room 416, Main Street

Anchorage – Alaska Mental Health Trust Authority, 3745 Community Park Loop

Fairbanks – Fairbanks Imaging Center, Room 252, 1650 Cowles Street

Teleconference: 1- 800-676- 6259

IF YOU ARE IN ANCHORAGE, JUNEAU, OR FAIRBANKS – PLEASE ATTEND FROM THE VIDEOCONFERENCE SITE. TELECONFERENCE ACCESS IS LIMITED.

9:00 a.m.	Welcome, Roll Call
9:05 a.m.	Draft Policy Recommendation Discussion
11:00 a.m.	Scheduling November Meeting to Review Public Comment, Finalize Recommendations November 28, 29, or 30, 2016
11:20 a.m.	Break
11:30 a.m.	Public Comment (2 minutes per person) <i>General public comment related to heroin use and opioid abuse and recommendations considered, or to be considered, by the AOPTF will be taken.</i>
Noon	Adjourn

Next meeting TBD

Draft Recommendations for Public Notice & Comment

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The following are policy recommendations being considered by the Alaska Opioid Policy Task Force. These recommendations are derived from information provided to task force members by Alaskan and national experts, public comment at task force meetings and other forums around the state, input from local heroin/opioid coalitions, research and evidence. They are organized according to a public health framework developed by the Association of State and Territorial Health Officials.

Environmental Controls and Social Determinants

1. Reducing and Controlling Access to Opioids

- Communities provide timely and convenient access to medication take-back programs statewide.
- Medical professional organizations convene together to develop prescribing guidelines based on CDC Guidelines for Prescribing Opioids for Chronic Pain and clinical best practices.
- Local, state and federal authorities work together to increase security measures to prevent importation of opioids (and other drugs) on bush airlines, small planes, ferries, boats, etc.
- All prescribers utilize the Prescription Drug Monitoring Program to the fullest extent possible.
- Public and private health plans reimburse alternatives to narcotic pain management.

2. Reducing Risk of Opioid Misuse, Abuse, and Dependence

- State and local authorities implement policies promoting healthy childhood development.
- State and local authorities implement policies supporting access to healthy nutrition for all Alaskans.
- State and local authorities implement policies preventing and mitigating the impacts of adverse childhood experiences.
- State and local authorities implement policies promoting connectedness in families and communities.
- Local, state and federal authorities work together to maintain and expand comprehensive school-based prevention programs.

Chronic Disease Screening, Treatment, and Management

1. Screening and Referral

- Public and private health plans promote and reimburse Screening, Brief Intervention, Referral to Treatment (SBIRT) in all health care settings.

- Public and private health plans promote SBIRT and peer-supported referral to substance use disorder treatment after emergency admissions for opioid overdose.
- Public and private health plans reimburse clinical assessment of risk of abuse and overdose whenever opioids prescribed.

2. Treatment

- The State of Alaska adopts a “chronic disease management” framework for substance use disorder treatment policies and system reform.
- Alaskans have timely access to the appropriate level of care/treatment as close to the home community as possible.
- State and local authorities support effective implementation of police assisted addiction and recovery models (also known as the Gloucester Model of responding to individuals experiencing substance use disorders).
- Require substance use disorder treatment providers and programs licensed/certified by the State of Alaska to provide psychosocial treatment along with medication assisted treatment (MAT).
- Public and private health plans reimburse the cost of medications used for MAT as well as the administration of the medication.
- Public and private health plans remove prior authorizations for MAT for opioid use disorder treatment.
- The Advisory Board on Alcoholism and Drug Abuse and partners convene a working group to review and provide revisions to the statutes for commitment of individuals incapacitated by drug and alcohol intoxication to treatment, with the goal of increasing utilization and access for appropriate patients.
- State and federal authorities work together to reframe existing treatment policies and practices to allow substance use disorder treatment providers to focus on managing withdrawal symptoms as well as detoxification.
- Alaskans in recovery from opioid and other substance use disorders have immediate access to treatment to prevent and/or mitigate relapse.
- Require all state licensed health care professionals to have annual addiction medicine continuing education hours.
- Public and private health plans provide parity for inpatient and residential substance use disorder treatment.
- State and federal authorities work together to expand access to drug courts and therapeutic justice alternatives.

Harm Reduction

1. Overdose Prevention

- Public and private health plans establish or maintain systems to identify and intervene with high-risk prescriptions (frequent refills, large dosages, etc.).
- All prescribers utilize the Prescription Drug Monitoring Program to the fullest extent possible.
- Prescriptions for naloxone accompany all high-risk opioid prescriptions.

- Local, state and federal authorities work together to ensure consistent, affordable access to naloxone and education on its use in the community for family/caregivers of individuals addicted to opioids.
- All first responders (EMTs, firefighters, police, etc.) are equipped with naloxone.

2. Syringe Exchange

- State and local authorities work together to reimburse syringe exchange services delivered by certain health care providers.
- State and local authorities work together to Incentivize expansion of private syringe/needle disposal services.
- State and local authorities support partnerships between syringe exchange programs and treatment providers to take advantage of readiness when it presents.

Recovery

- Support expansion of existing recovery networks to include people in recovery from opioid addiction, including those receiving MAT.
- Local, state and federal authorities work together to incentivize, educate, and support “second chance” employers (employers willing to hire people in recovery from opioid and other substance use disorders).
- Local, state and federal authorities expand services for individuals in recovery who are re-entering the community from incarceration.
- The Department of Corrections increases access to 12-step, other group recovery models in its institutions.

Collaboration

- The Department of Health and Social Services and its partners identify and work together to address barriers to integration and coordination of care between prescribers and behavioral health treatment providers.
- Health care organizations and licensing boards work together to establish professional expectations and accountability for prescribing and treatment practices.
- Local, state and federal authorities strengthen partnerships in law enforcement and work together to support law enforcement participation in the community efforts (prevention coalitions, school-based programs, etc.).