

**LOUISIANA LEGISLATURE ACT 88:**  
**ADVISORY COUNCIL ON HEROIN AND OPIOID PREVENTION AND EDUCATION**

Date: October 22, 2021  
Time: 1:00 pm– 3:00 pm  
Zoom Meeting

1. Call to Order at 1:00pm
2. Roll Call

*Present:*

- Chair Dr. James Hussey
- Lori Miller
- Blake LeBlanc
- Captain Heath Guillotte
- Dr. Allison Smith
- Monica Taylor
- John Ford

*Absent:*

- Michael Comeaux
- Linda Theriot
- Sen. Regina Barrow
- Elsie Joanne Brown
- Judge Timothy Marcel
- Sheral Kellar

A quorum was met.

3. Introduction/Welcome New Members  
John Ford, Executive Director at LDI was introduced.
4. Review and Approval of October 22, 2021 Agenda
  - Monica Taylor made a motion to approve the agenda; Dr. Allison Smith seconded. Agenda approved.
5. Approval of March 25, 2021 and June 10<sup>th</sup>, 2021 HOPE Minutes
  - March Minutes- Lori Miller made a motion to approve; John Ford seconded. Minutes approved.
  - June Minutes- Dr. Allison Smith made a motion to approve; Monica Taylor seconded. Minutes approved.
6. Presentations:
  - a. Non-opioid Alternative Treatments for Chronic Pain - Dr. Boussett presented.

Dr. Boussett made some suggestions:

The state should additionally focus on *preventing* the unnecessary prescription and dependence utilizing evidence-based pain management strategies that do not solely rely on opioids.

In addition to services like acupuncture, chiropractic treatment, massage, and physical therapy, specific pain management techniques typically performed by physicians should be reviewed for adequate coverage/reimbursement and access.

Dr. Bousert discussed common pain and treatments for neck, mid and low back pain, CRPS/RSD, failed back syndrome, joint pain, headaches, abdominal and pelvic pain, and Fibromyalgia.

- Barriers to alternative treatment options
  1. Lack of physician education
  2. Lack of patient education
  3. Cost
  4. Delays in insurance coverage
  5. Lack of insurance coverage
  6. Research delays (drug development and updated studies supporting interventional therapies)
  7. Limited access to pain specialists and analgesics
- Conclusion
  1. Numerous non-opioid treatment options exist for most pain conditions.
  2. Be aggressive with non-opioid medications for best effect (monitor closely, start low but titrate quickly to effect, try different classes/subclasses).
  3. Refer early to a specialist (pain management, neurology, rheumatology, orthopedic surgery, neurosurgery) if pain is severe and/or requiring opioid treatment.
  4. If opioid medication is necessary, start low and limit duration.
  5. Consider alternative causes or barriers to improvement (depression, anxiety, catastrophizing, lack of understanding/education, malingering, secondary gain).
  6. Eliminate barriers to treatment
  7. Give patients HOPE that many treatment options exist for pain control!

Judge Jules requested a list of conditions for treatment with medical marijuana. Dr. Bousert explained it may replace Xanax, be helpful for neuropathic pain, fibromyalgia, etc. She will send additional lists.

- b. OPH 2020 Death and ED data – presented by Nell Wilson, Project Director of LA Opioid Surveillance Program  
Nell Wilson reviewed data on overdose deaths (all drugs, opioids, synthetic opioids) from 2014-2020. Highlights include:
  1. CDC is predicting a 29.4% increase in drug overdose deaths in 2020.
  2. In 2020, more than 93,000 individuals died of a drug overdose in the US.
    - a. Highest number of overdose deaths ever recorded in a 12-month period
    - b. Largest increase since 1999

3. An estimated 57,550 people died of overdoses from synthetic opioids, 54% over 2019.

- Monica Taylor shared an observation: Naloxone was provided to Iberia Parish and they used 30 doses of naloxone in 2 weeks due to a batch of heroin with a large amount of fentanyl in it.
- Comment from Rebecca Chiasson: In 2020 LSP Crime Lab had between 550 and 600 pieces of seized drug evidence with fentanyl identified. On track to be close 1200 pieces in 2021

c. Medicaid 2020 Impact Data –presented by Bryan Hardy/ Dr. Hussey

All Medicaid Impact data is up (numbers have increased) from 2020: Total prescriptions filled, ED Visit Days, Inpatient admissions, Naloxone prescriptions, Inpatient OUD treatment; outpatients OUD treatment; MAT prescriptions up from 2020. The data will be added in the Annual Report. The good news is, those who need the treatment are accessing it more.

Questions: Judge Edwards- What is the number of people on waiting list? For example- Judge Edwards received a response from a lot of people seeking treatment that there is a waiting list- Mostly outpatient. Dr. Williams mentioned the Capacity Management System, and we should not have an outpatient waitlist- So if there is, we need to look into this a little further.

d. Other Agency Reports or Comments

- Rebecca from the LSP Crime lab mentioned new opioid drugs are added as schedule 1 now.
- The Naloxone Standing Order signed by J. Hussey Jan. 1, 2021 was mentioned.

7. HOPE Community of Caring Impact Workgroup Updates

Review of Health/Healthcare/Public Safety/Community Impact Domain Workgroup feedback and discussions.

#### *Health/Healthcare Workgroup*

Listing of possible considerations for 2021 HOPE EoY Recommendations:

1. Telemedicine:

- Report usage of telemedicine and trending of SUD/OUD treatment via telehealth. Consider as a new and routine Data Impact Metric for future yearly HOPE reports. -> New Impact metric Telemed Pre and Post-Covid
- Research hybrid models of telehealth/brick and models to enhance access for those without broadband and limited transportation, etc.
- Potential Recommendation to increase broadband internet access to enhance use of telemed services, education, etc.
- Recommend increased education and training on digital literacy

- Address Telemed/MAT and tox screening. Research effective models, perhaps get presentation for council on this topic.
- MAT Tox Screening: How to increase access to MAT via Telemed, while still requiring tox screens.

2. Outlier Prescribers: Recommend that MCO's and Medicaid Pharmacy Operations focus outreach efforts on outlier prescribers, based on most current/available data.

3. Transcranial Brain Stimulation: Is it effective for SUD/OD. Need to research and report to workgroup.

4. Alternative and Integrated models for pain management. Prior HOPE recommendations highlighted need for increased access to opioid alternatives for chronic pain mgt. Research possible integrated models for pain management and have presentation of same...a bit of a drill down to the 2019 recommendation.

5. Targeted Opioid and Addictions Education:

- Med schools and other professional schools. (E.G., LSU and Tulane consider reviewing number of hours offered to students and (FP, GP, Internal Med, OBGYN, Ortho) residents, including any specialty training around special populations like pregnant/SUD females, dental schools, APRN's, PA's, etc.)
- Targeted education for those who can provide MAT under SAMHSA's new certification

6. Coaching: Consider increasing access to/use of Recovery Coaches (E.G., LaSOR )

7. Sublocade ER/ buprenorphine in ED/ER (generally requires 7 days of SL bup 1<sup>st</sup>)

8. Specialty SUD/OD ER's like CA Bridge Program: <https://www.bridgetreatment.org/>

a. Consider seeking buy in from LHA (at least) and likely the rural hospital coalition, MCOs/Commercial insurance, and providers.

b. Training ED staff in general to have more clinical finesse regarding SUDs, as many are simply not trained in how to do ASAM 6 Dimension risk evaluations to determine appropriate type/ level of care. Or advocate for hospitals without the staff to credential and allow qualified SUD LMHP providers to go into EDs and do evals on PTs.

c. Facilitate/encourage better communication/coordination between EDs/hospitals, MCOs and all SU/MH providers.

d. Encouraging more outpatient prescribers to become willing to prescribe Bupe products, and having more residential facilities cooperating when MOUD is clinically appropriate.

9. ODMAP: Consider adding ODMAP enrollment trends to annual HOPE Report

10. Special Population theme: Consider further drill down on how to increase access to OUD education and treatment for specific special populations...e.g., pregnant females, incarcerated others.

11. Consider Adding State Board of Nursing and LSBME to HOPE Council through invite and legislation, as perhaps these boards may have a *role in monitoring opioid prescribing, outliers, outreach and education.*

12. ICD-10 Code for Narcan for family members and first responders

Chair Dr. Hussey then ran through Telehealth Data Trends for SUD and Opioid Treatment (Medicaid)

He pointed out that you can see an uptake in telehealth for non- OUD.

We might consider adding Telehealth utilization to future HOPE Reports Metrics

#### *Community Impact Workgroup*

Dr. Allison Smith- She said she will send out a doodle poll link the following week for the first meeting.

#### *Public Safety Impact Workgroup*

Jay Besse is no longer with OPH but a new lead has not been identified just yet. The lead does not have to be OPH/LDH. Shelley Edgerton is interested in being lead.

Additional discussion:

Naloxone Standing Order signed by Dr. Hussey- supported through statute. Should not get charged for naloxone. \$3 co pay for those who do not get it free.

Shelley Edgerton question- is there a training on naloxone standing order? Dr. Hussey said will research and get link to mail out to the group.

- Janice Williams mentioned the Pharmacists flyer- pain management education

#### **8. Public Comment**

- George Singletary- making sure the harms of marijuana are discussed as well as access to children and that it is not good for those with Mental Health issues. He suggested to prescribe cautiously. Dr. Hussey agreed and said there are risks associated with it.
  - i. Judge Edwards said that is his concern as well. The legislature authorized botanical marijuana. He wants prescribers to give thought about what dosage and type is appropriate the doc is prescribing for. A lot of people will be able to obtain marijuana so there is easy access for recreational use.
  - ii. Possible recommendation should be considered.
- Angelina Brown with LPCA mentioned in collaboration with LDH they have begun distributing naloxone to various FQHCs

#### **9. Vote on telehealth data (How is telehealth being utilized) being included in report-**

- No formal action necessary- We just need to consider- will it inform legislation, administrative action, decision makers, insurance providers, etc? The report will have to be approved before finalized so it will be voted on at that time.

**10. Next Steps**

Start to format the report, get information and craft the report.

Chair Dr. Hussey asked the members if there is any interest in condensing the report down.

Judge Edwards and Monica Taylor suggested to avoid being inundated w/ requests, it would be better to keep all data. Most agreed it will be best not to condense the report.

**11. Meeting adjourned at 3:00pm**