



January 2018

*"The mental health and opioid crises are interrelated and complex. We need to stop unnecessary prescriptions, provide treatment and deliver help to Washingtonians who have opioid use disorder. That is why I have proposed this legislation and budget package that take an all-encompassing approach to accelerate our efforts and save lives."*

– Gov. Jay Inslee

## TACKLING THE OPIOID CRISIS

### A thoughtful, comprehensive approach to prevention, treatment and service delivery

#### Background

The opioid epidemic sweeping the nation continues to devastate families, affect communities and overwhelm law enforcement, health care and social service providers. On average, two Washingtonians die each day from an opioid overdose.

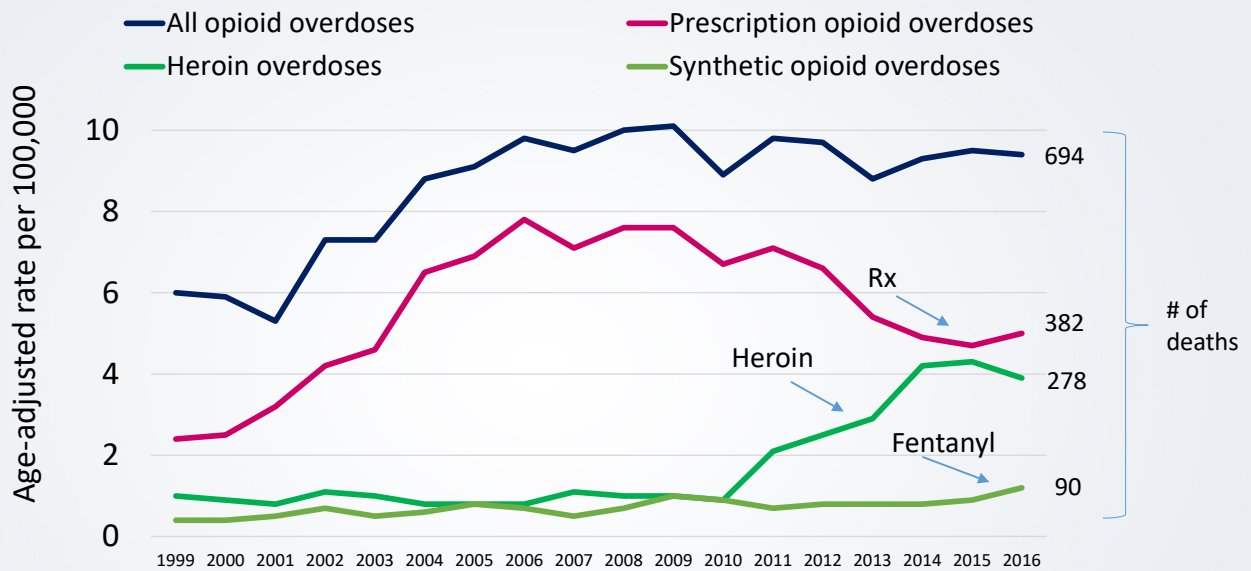
Medically prescribed opioids intended to treat chronic pain have contributed to the epidemic. Through a first-in-the-nation set of guidelines developed here in Washington for use of opioids to treat chronic pain, the volume of opioids prescribed has declined. Another positive step was taken in 2016 when Gov. Jay Inslee issued [Executive Order 16-09](#) that implements our [state opioid response plan](#).

Yet the work is not done. Gov. Inslee recognizes that treatment and prevention investments are needed now, in line with sensible policy changes at the state level. The governor proposes the following to reduce overdoses and deaths:

- Set policy and make investments to prevent the next generation from inappropriately using opioids and becoming addicted while balancing the needs of people with chronic pain;
- Improve treatment options for people with opioid use disorder; and
- Use data to improve services and establish performance metrics.

Gov. Inslee is proposing a multi-pronged approach to combat this crisis. His proposed supplemental budget and accompanying legislation will build upon substantial work already underway to treat more of those in need of services, not stigmatize people with a medical disorder and prevent the epidemic from claiming more lives.

## Rate of opioid-related overdose deaths in Washington by type of opioid, 2000–16



Source: DOH death certificates (Note: prescription opioid overdoses exclude synthetic opioid overdoses)

### Summary of legislation

The governor has requested legislation that calls for a robust response to fight opioid addiction. The measures have drawn bipartisan support. House Bill 2489, sponsored by Reps. Eileen Cody and Jay Rodne, and Senate Bill 6150, sponsored by Sens. Annette Cleveland and Ann Rivers, issue a clear mandate for a statewide “hub-and-spoke” program to treat opioid use disorder.

*Working in tandem, the legislation and budget aim to increase the number of individuals receiving treatment by 20 percent each year over the next two years*

These are networks that use a specialist as a hub for treatment to help people with their addiction and uses spokes for follow-up care. They also make a number of other changes to improve prevention and treatment services. Working in tandem, the legislation and budget aim to increase the number of individuals receiving treatment by 20 percent each year over the

next two years, thereby reducing the number of individuals with opioid use disorder and ultimately overdose deaths.

### Key provisions of the legislation

#### Treatment and prevention

- Sets up a statewide hub-and-spoke program for state-paid services. It also may encourage more individuals to seek treatment for opioid use disorder by removing terminology in law that stigmatizes them.
- Requires state-certified opioid programs as part of the state’s Medicaid program to promote access to all medications for treating opioid use disorder. This would include medications prescribed in emergency departments and in community-based health care settings for individuals experiencing an overdose.
- Requires the state to pursue a first in-the-nation Medicaid waiver to allow medication-assisted treatment for opioid use disorder for individuals in jail.

- Establishes a plan for piloting evidence-based nonpharmacological treatments in Medicaid as an alternative to drug-based treatment for pain. Implements an opioid criminal justice task force recommendation to fund a diversion pilot program to keep those with opioid use disorder out of the criminal justice system, when appropriate. Individuals would be treated in other settings, such as community clinics.

### Emergency treatment and response

- Establishes a statewide standing order through the Department of Health’s medical officer for Naloxone, the antidote medication for opioid overdoses, so people can obtain it without a prescription from pharmacies and other health care facilities.
- Requires state agency coordination with regional drug task forces to support rapid response teams to be deployed to communities that have a high number of fentanyl-related or other opioid-related overdoses.

### Prescribing and reporting

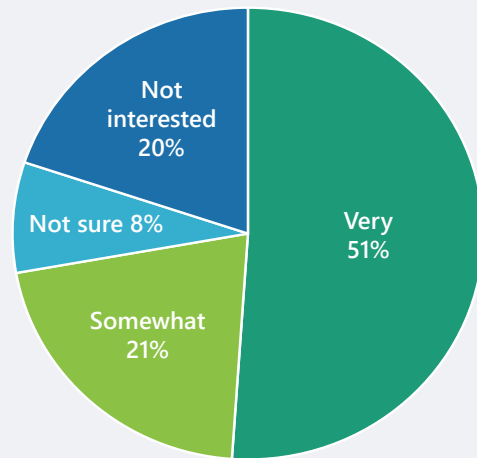
- Streamlines and mandates electronic health record connectivity to the state Prescription Monitoring Program so the PMP is part of a provider’s workflow and is actually used. Pharmacies enter prescription data in the PMP and then health care providers can check it when treating patients to prevent the unnecessary or inappropriate prescribing of opioids and contraindicated prescriptions.
- Permits release of PMP information to commercial insurers and Health Care Authority self-funded or self-insured health plans for purposes of quality improvement, patient safety and care coordination only. It also allows DOH to publish data for statistical, research or educational purposes only after removing all direct or indirect

information that could be used to identify individual patients.

- Integrates emergency medical services incident reporting with DOH’s hospital reporting system to gather data that can be used to improve public health responses to near overdoses.
- Requires annual reporting to the governor and Legislature, as requested, on steps taken and their success.

## Many people in Washington are not getting treatment they need

*How interested are you in reducing or stopping your opioid use?*



*What types of help would you want if they were easy to get?*

- 56% medication treatment
- 39% detox
- 34% individual counseling for addiction

*Source: UW Alcohol and Drug Abuse Institute, WA State Drug Injector Health Survey, 2017*

## Summary of opioid crisis-related items in the governor's proposed budget

The budget released by the governor in December calls for a number of investments to support the fight against the opioid crisis. Among the key items are the following:

### Treatment (total funding \$15.9 million)

#### Hub and spoke expansion

Adds four new hub-and-spoke networks to the current six. This will provide greater access to treatment and more treatment options, particularly in rural and Eastern Washington. (\$2.3 million General Fund-State; \$2.3 million GF-Federal)

#### MAT Medicaid rate increase

Increases the Medicaid medication-assisted treatment rate for opioid-use disorder to match the Medicare rate. MAT combines behavioral therapy and medications to treat substance use disorders. This will encourage more providers to treat patients. (\$1.2 million GF-S; \$4.9 million GF-F)

#### MAT and Naloxone for offenders

Provides medication-assisted treatment to incarcerated individuals with opioid use disorder who are being released from prison and gives Naloxone toolkits, which reverse an overdose, to specified groups. (\$241,000 GF-S)

#### Tribal-specific strategies

Provides tribes and/or urban Indian health care providers with funds and Naloxone kits to reduce overdose deaths. (\$1.5 million GF-S)

#### Diversion pilot project

Administers a 40-bed residential criminal justice diversion center pilot project in Snohomish

County. Its aims are to shrink recidivism, reduce the use of crisis and emergency resources, and decrease behaviors associated with untreated mental health and substance use disorders while increasing effective engagement with treatment providers, housing stability and employment. (\$500,000 GF-S)

#### Treatment data tracking and analytics

Creates new tools to track MAT provider capacity to make it easier for individuals to obtain treatment from the limited number of health professionals who now offer it. (\$1.5 million GF-S)

### Prevention (total funding \$4.0 million)

#### Prescription monitoring program

Integrates electronic medical records systems with the Prescription Monitoring Program so all providers use it. This gives private insurers access to the program. (\$793,000 GF-S)

#### Opioid-overdose data

Collects data on opioid-related emergency responses that do not result in a trip to the hospital. By reporting these incidents to DOH, a fuller understanding of the scope of the opioid problem is possible. (\$473,000 GF-S)

#### Youth drug prevention services

Provides direct services, technical assistance, training and evaluation of local efforts to approximately 40 predominately rural communities across the state, serving 4,200 youth, parents and families, to build prevention efforts. (\$1.7 million Dedicated Marijuana Account)

#### Drug and gang task force

Provides Washington State Patrol detectives as dedicated resources for the task force. (\$393,000 GF-S).

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*"The opioid epidemic is a community-wide problem that requires a community-wide response. A comprehensive approach to prevention and treatment will help save lives and strengthen communities and families."*

*– Gov. Jay Inslee*