



2017 NORTH SOUND OPIOID SUMMIT POLICY IMPLICATIONS

Use federal and state dollars to expand capacity to fully address the need:

- 1. Increase Medicaid rates for Medication Assisted Treatment (MAT) prescribers** – Current reimbursement rates for physicians and others (e.g. Nurse Practitioners and Physician’s Assistants) deter potential buprenorphine prescribers. Persons struggling with Opioid Use Disorder (OUD) can be challenging to work with, especially in the early stages of Medication Assisted Treatment (MAT) while the patient’s situation is stabilizing. The lack of available prescribers limits the system’s ability to meet the need, but deficient rates create disincentives for prescribers to engage with this population.
- 2. Allow the services of Nurse Care Managers (NCMs) to become a Medicaid reimbursable expense** – NCMs expand the health care response to the Opioid Epidemic by expanding the reach of prescribing professionals and linking patients to other services such as counseling.
- 3. Invest state funds to expand the network of Care Coordinators, such as Peer Counselors and Community Health Workers** – A dedicated pool of Care Coordinators funded by Managed Care Organizations and federal programs such as the Department of Social and Health Services (DSHS) State Targeted Response (STR) grant (e.g. Spoke Care Navigators) already exists, but it is inadequate given the volume of OUD-affected persons needing help. Accessing treatment is difficult since there are not enough MAT prescribers or available slots in traditional treatment programs. Expanding the Care Coordinator system will help bridge system gaps and connect people with treatment, supportive services and the coaching they need to be successful in their recovery.
- 4. Create Housing opportunities for Persons who are receiving MAT through public-private partnerships and capital investments** – Oxford Houses and other Sober living houses are effective for persons with Substance Use Disorder, but typically do not allow persons with Opioid Use Disorder who are receiving Medication Assisted Treatment. The stigma against MAT in the recovery community persists in many settings. A proactive strategy must be implemented to ensure individuals with OUD have the stable housing they need to increase their chances for recovery.
- 5. Require Drug Courts receiving state dollars (e.g. Criminal Justice Treatment Account) to allow Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD)** – In 2015, the National Drug Czar, Michael Botticelli, confirmed MAT as the standard of care for OUD by defunding Drug Courts unwilling to allow medication as a treatment option for their clients. Washington State should follow suit by similarly restricting state funding for Drug Courts.
- 6. Require drug manufacturers to fund and operate a drug "take-back" program that offers a safe and secure method for collection and disposal of all medicines, including Schedule 1 drugs** – Current proposed legislation such as HB 1047 has great potential in holding drug manufacturers accountable for the safe disposal of medication. However, 1047 excludes Schedule 1 drugs which are the genesis of the opioid epidemic. Families and communities must have convenient everyday options for their responsible management of unused medications, especially opioids and other drugs vulnerable to misuse.
- 7. Support public and professional education to reduce the stigma related to both Opioid Use Disorder (OUD) and the use of Medication Assisted Treatment to address it** – Shame and misunderstanding can cause individuals struggling with opioid use, and their loved ones, to avoid the issue, causing delays in seeking life-saving treatment. Unfortunately, a core of professionals also remains in the OUD treatment system that resists accepting MAT as the Standard of Care in the treatment of OUD. This stigma should be addressed with education to change community and cultural norms that reinforce it. The State Legislature should also lead this effort by removing statements from the Revised Code of Washington that contribute to the stigma, such as “The state of Washington declares that there is no fundamental right to Medication Assisted Treatment for Opioid Use Disorder” (RCW 71.24.585) which contradicts medical Best Practices.