John's Hopkins Bloomberg School of Public Health Recommendations

Current Efforts in Nevada – Summary

SECTION 1: OPTIMIZING PRESCRIPTION DRUG MONITORING PROGRAMS

1.1 Mandate prescriber PDMP registration and use.

A Prescription Drug Monitoring Program (PDMP) is an electronic database that tracks controlled substance prescriptions in a state. Such programs have operated in Nevada since 1995, and they are referred to as Prescription Monitoring Programs (PMP). In 2015, state Senate Bill 459 was passed to require prescribers to review a patient utilization report from the PMP for new patients or new prescriptions that are for more than seven days. In 2017, AB 474 (known as the Controlled Substances Prevention Act) revised Nevada Revised Statutes 453.226, to require prescribers to register for the PMP when they receive or renew their controlled substance prescribing license.

1.2 Proactively use PMP data for education and enforcement.

The PMP issues are identified by prescriber, and letters are sent quarterly to their respective licensing boards and pharmacies, as well as to the prescribers themselves, alerting them to the concerns for each patient. Reports may be generated from complaints or from abnormal findings, including "doctor shopper" reports, top RX count prescriber, top pill count prescriber, and top prescriber by drug. Disciplinary action for inappropriate prescribing of targeted controlled substances must include a requirement for continuing education for prescribing of these controlled substances. The three-day course, "Prescribing Controlled Drugs: Critical Issues & Common Pitfalls of Misprescribing includes content on: recognizing personal characteristics which influence current decisions; describing the different change theories and how they can be incorporated in daily life; applying Motivational Interviewing and Cognitive Behavioral Therapy techniques; recognizing burnout and utilizing skills to avoid personal burnout; recognizing high risk patients and how to use refusal skills; distinguishing different personality profiles and how to communicate with different personality types; utilizing screening tools for depression, anxiety, and co-occurring disorders; applying ethical thought processes and how to implement them; recognizing suicide risk and utilize screening tools for awareness, intervention and prevention; utilizing referral resources to treat the whole patient with a team approach; identifying substance use disorders and addictions in patients; explaining current information regarding controlled substances, use, trends, and resources available; applying tools to screen, assess, and diagnose substance use disorders; explaining Nevada's laws and requirements for prescribing controlled substances including PMP and AB 474; identifying risky prescribing practices and replacing them with safe prescribing practices; and applying personal and professional tools to help the physician and office staff when prescribing drugs.

1.3 Authorize third-party payers to access PMP data with a plan for appropriate use and proper protections.

Currently the Nevada Board of Pharmacy shares data with Nevada's Medicaid Program. The Board of Pharmacy does not have statutory authority to share PMP data with Nevada's Health Plans or Pharmacy Benefit Managers.

1.4 Empower law enforcement and licensing boards for health professions to investigate high-risk prescribers and dispensers.

Passed in 2019 AB 239 allowed for licensing boards to discipline any health professionals that violate AB 474. The Board of Pharmacy reports suspected fraudulent, illegal, unauthorized or inappropriate activity related to controlled substances to the Nevada Division of Investigations, and licensing boards.

1.5 Work with industry and state lawmakers to require improved integration of PMPs into Electronic Health Records systems.

The Nevada Overdose Data to Action Program is partnering with the Board of Pharmacy to offer optional Integration of the PMP and Electronic Health Records to hospitals

1.6 Engage state health leadership to establish or enhance PMP access across state lines.

The Nevada PMP has interstate sharing partnerships with 34 states, and shares data with 80% of the state's boarding PMPs. Nevada PMP does not get any data from California because of California data controls. This is a barrier for NV providers on the Stateline, but any changes would need to be made by California authorities.

SECTION 2: STANDARDIZING CLINICAL GUIDELINES

2.1 Work with state medical boards and other stakeholders to enact policies reflecting the Centers for Disease Control and Prevention's (CDC's) Guideline for Prescribing Opioids for Chronic Pain.

AB474/AB239 enacted. During the 2017 session of the Nevada Legislature, Governor Brian Sandoval sponsored the Controlled Substance Abuse Prevention Act. The law, effective January 1, 2018, was developed to ensure patients have opportunities to discuss their treatment options with their providers. The new law also provides steps prescribers must take to reduce risks related to use of certain medications and inform patients about their treatment, risks and benefit s of the medications, alternative options for treating their pain, and the providers' policies for prescribing controlled substances for pain management.

Resources can be found at:

https://www.nvopioidresponse.org/wp-content/uploads/2019/04/opioid-compendium-of-resources.pdf

2.2 Mandate electronic prescribing of opioids.

Passed in 2019, AB310 mandates electronic prescribing for controlled substances by January 1, 2021.

Additional information can be found at:

https://nvdoctors.org/wp-content/uploads/AB310-Legislative-Report-.pdf

2.3 Standardize metrics for opioid prescriptions.

AB474 included a requirement to track prescriptions of more than 30 days through an agreement to be updated at least every 365 days, regarding: the goals of treatment; consent of the patient for testing to monitor drug use when deemed medically necessary; requirement to take controlled substance only as prescribed; prohibition on sharing medication with any other person; requirement to inform the practitioner

of certain information; authorization for practitioner to conduct random counts of the amount of controlled substance in patient's possession; the reasons the practitioner may change or discontinue treatment of the patient; and any other requirements that the practitioner may impose. To comply with these requirements, prescribe365.nv.gov was created to help the PDP and licensing boards monitor over-prescribing or inappropriate prescribing.

2.4 Improve formulary coverage and reimbursement for non-pharmacologic treatments as well as multidisciplinary and comprehensive pain management models.

At least one of Nevada's Medicaid MCOs must cover psychotherapy, exercises/movement and manual services for non-pharmacological pain management.

SECTION 3: ENGAGING PHARMACY BENEFITS MANAGERS AND PHARMACIES

3.1 Inform and support evaluation research of PBM and pharmacy interventions to address the opioid epidemic.

PBM are currently regulated by the Division of Insurance, and have annual reporting requirements to the Department of Health and Human Services. PBM are required to submit transparency reports related to drug rebates for drugs determined to be essential for treating asthma and diabetes. However, no major initiatives were identified related to the evaluation of PBM in Nevada to address the Opioid Epidemic.

3.2 Continue the development and enhancement of evidence-based criteria to identify individuals at elevated risk for opioid-use disorders or overdose and offer additional assistance and care to these patients.

Opioid Stewardship and Safety: A Nevada Provider's Guide was developed and distributed to providers in 2018. The guide provided health care professionals with information on risk factors for an opioid overdose, informed consent, prescription medication agreements, starting and tapering opioid therapy, and existing tools for assessing risk of opioid abuse. Two guides targeted towards pregnant and postpartum women were developed in 2020. The Reference Guide for Reproductive Health Complicated by Substance Use was designed to provide basic directives for successfully implementing Screening, Brief Intervention and Referral to Treatment (SBIRT), into the clinical setting for pregnant and non-pregnant women of reproductive age populations. The second guide, Reference Guide for Labor and Delivery Complicated By Substance Use, aims to provide a resource with best practices, guidelines, and protocols for medical professionals involved in the care of pregnant patients with opioid use disorder (OUD) who are admitted to Labor and Delivery units for delivery and their infants up until discharge. The guides were distributed through hospital partners. There is an upcoming CME training.

Additionally, through the integration of the PMP and Electronic Health Records the Gateway NarxCare program generates a patient risk score. This risk score can be used by prescribers as a clinical decision support tool.

3.3 Improve management and oversight of individuals who are prescribed opioids for chronic non-cancer pain.

Health care providers are not licensed by specialty or sub-specialty in the state of Nevada. So, all controlled substance prescriptions, by all types of providers are subject to the Prescribe 365 regulations and are monitored through the PMP regardless of specialty.

3.4 Support restricted recipient (lock-in) programs among select high-risk patient populations.

Under Nevada Medicaid, Managed Care Organizations (MCOs) operate lock in programs thathelp to avoid potentially harmful overutilization of prescription drugs and promote continuity of care.

3.5 Improve monitoring of pharmacies, prescribers, and beneficiaries.

The PMP identifies prescribers and sends letters quarterly to their respective licensing boards and pharmacies alerting them to the concerns for each patient. Reports are generated from complaints or from day-to-day abnormal findings, including "doctor shopper" reports, top RX count prescriber, top pill count prescriber, and top prescriber by drug.

SECTION 4: IMPLEMENTING INNOVATIVE ENGINEERING STRATEGIES –

These recommendations are for the Federal Drug Administration and the Pharmaceutical Industry.

4.1 Continue to support stakeholder meetings to advance technological solutions.

4.2 Sponsor design competitions.

4.3 Secure funding for research to assess the effectiveness of innovative packaging and designs available and under development.

4.4 Use research to develop implementation strategies in advance of identification of effective products.

4.5 Work with industry and government agencies to identify opportunities for the development and rigorous evaluation of abuse-deterrent formulations of prescription opioids.

SECTION 5: ENGAGING PATIENTS AND THE GENERAL PUBLIC

5.1 Convene a stakeholder meeting with broad representation to create guidance that will help communities undertake comprehensive approaches that address the supply of, and demand for prescription opioids in their locales; implement and evaluate demonstration projects that model these approaches.

There are several working groups at the state and local levels that are working to convene stakeholders. The Southern Nevada Opioid Accountability Coalition (SNOAC) meets quarterly to convene substance abuse prevention and intervention stakeholders in Clark County. The Washoe County Sheriff's Substance Abuse Taskforce (SATF) meets quarterly to bring together substance abuse stakeholders in Washoe County. Quarterly the Overdose Data to Action (OD2A) Program brings together programs and agencies that are currently working on grant funded opioid response initiatives. In addition to these quarterly meetings, the Regional Behavioral Health Policy Boards convene meetings to discuss behavioral health policy issues. The Substance Abuse Prevention and Treatment Agency (SAPTA) Advisory Boards meet quarterly. Nevada Opioid Treatment Association (NOTA) holds meetings periodically. The Multidisciplinary Prevention Advisory Council (MPAC) has met in the past. Going forward a Substance Use Response Group (SURG) is being established in the Attorney General's Office (through 2021 legislation under AB 374) and will provide coordination of statewide efforts.

5.2 Convene an inter-agency task force to assure that current and future national public education campaigns about prescription opioids are informed by the available evidence, and that best practices are shared.

Centers for Disease Control (CDC) Prevention For States (PFS) funds supported the RX Awareness campaign Wake Up Nevada. in the past. Southern Nevada Health District (SNHD) OD2A project works in collaboration with the PACT (Prevention, Advocacy, Choices, Teamwork) Coalition on "Back to Life," a targeted campaign to reduce stigma with law enforcement around naloxone.

5.3 Provide clear and consistent guidance on safe storage of prescription opioids

The Office of Suicide Prevention has supported "safe storage efforts" but at this time, there has been no concerted effort to push out safe storage methods as an overdose harm reduction strategy. There is opportunity for collaboration in this area.

5.4 Provide clear and consistent guidance on safe disposal of prescription opioids and expand take-back programs.

Grants have been used to support take-back in Nevada in the past and Coalitions still do a DEA take-back twice a year with separate funding. Coalitions provide training on safe disposal of medications and distribute Deterra bags to parents, school officials, health nurses, senior citizens, funeral homes, and hospice programs through partnerships with the RX Abuse Leadership Initiative (RALI) Retail chain pharmacies, like Walmart and Walgreens also support take-back programs. Several incinerators were purchased to destroy medications collected through take-back days and drop boxes. State Opioid Response (SOR) funds are used to purchase prescription medication drop boxes for tribal organizations.

SECTION 6: IMPROVING SURVEILLANCE

6.1 Invest in surveillance of opioid misuse and use disorders, including information about supply sources.

The OD2A Program and the Office of the Attorney Generals are working to increase the frequency of overdose data shared with stakeholders. At this time there are no public health efforts seeking to gather "source" data, but the OD2A program is currently trying to get seizure data through HIDTA (High Intensity Drug Trafficking Areas) Program Monitoring Reports, as well as increase system capacity for surveillance sample testing.

The SNHD OD2A program is funded to conduct surveillance as documented by linkage to care service outcomes and is tracking drug use/overdose history among program participants. They are testing the drug supply on returned paraphernalia through local partnerships..

6.2 Develop and invest in real-time surveillance of fatal and non-fatal opioid overdose events.

The OD2A state level program is working to create a centralized analysis and reporting hub for overdose data in Nevada. Currently the program is taking in data from ODMAP (Overdose Detection Mapping Application Program), Image Trend, Monthly Vital Records, CHIA (Center for Health Information Analysis at UNLV), and Syndromic Surveillance. Additionally, the program is working with the StateCoroner/Medical Examiners to develop suspected overdose reporting.

Additionally the SNHD participates in the above efforts and purchased ESO software, a data repository of data for Emergency Medical Services (EMS) and hospitals.

6.3 Use federal funding for interventions to address opioid-use disorders to incentivize inclusion of outcome data in those funded programs.

All SOR and SOR II funds supported organizations are required to collect and report outcome data to SAMHSA (Substance Abuse and Mental Health Services Administration) as a condition of the award. The client-level outcome data includes assessing changes in abstinence, criminal justice involvement, employment/education, health/behavioral/social consequences, social connectedness, and stability in housing.

6.4 Support the linkage of public health, health care, and criminal justice data related to the opioid epidemic.

Formal data sharing is limited with public health programs in Nevada and is primarily restricted to the Office of Analytics. The Office of Analytics has integrated PMP data with mental health service utilization, opioid overdose deaths, emergency room billing data on overdoses, and the criminal history repository. The state level OD2A program is currently reviewing data sharing agreements between public health and public safety agencies, to understand how local jails collect/save/share data related to Substance Use Disorder (SUD). Each county has been tasked to create a community preparedness plan that utilizes ODMAP to identify spikes in overdoses. These plans support a response across community sectors including law enforcement, substance use treatment, emergency care, primary care, and community awareness.

SNHD OD2A is exploring the use of ESO software to identify non-fatal opioid overdoses in this region.

SECTION 7: TREATING OPIOID-USE DISORDERS

7.1 Provide a waiver from patient caps for buprenorphine treatment for clinics that implement evidence-based models of care.

Federal Recommendation: Pull information about current federal efforts.

7.2 Require all state-licensed addiction treatment programs that admit patients with opioid-use disorders to permit access to buprenorphine or methadone.

Adopted in December 2017, Division Criteria for the Certification of Programs through SAPTA per NAC 458 states that *Certified treatment programs, private, public or funded **cannot deny** treatment services to clients that are on stable medication maintenance for the treatment of an opioid use disorder including FDA approved medications.*

7.3 Require all Federally Qualified Health Centers to offer buprenorphine.

The SOR grant is currently funding the Nevada Primary Care Association to expand MAT (Medically Assisted Treatment) within FQHCs (Federally Qualified Health Centers) that are interested. All CCBHCs (Certified Community Behavioral Health Clinic) are required to provide FDA-approved MAT.

7.4 Allocate federal funding to build treatment capacity in communities with high rates of opioid addiction and limited access to treatment.

Federal recommendation.

7.5 Develop and disseminate a public education campaign about the role of treatment in addressing opioid addiction.

Several information/educational campaigns have been developed and deployed in Nevada in the last 10 years. These include the CDC/PFS funded campaigns – Good Samaritan and Chronic Pain, Non-opioid Treatment Chronic Pain, NeoNatal, Stigma, Wake up NV, and the SOR funded KPS3 campaign.

7.6 Educate prescribers and pharmacists how to prevent, identify, and treat opioid addiction.

The SOR/STR has done provider education/academic detailing in the past. Health care provider training was a significant focus of Opioid STR, with some training activities continuing into SOR. Project ECHO offered biweekly clinics on MAT and pain management. The clinics addressed a variety of topics including: strategies for pain patients; mental health implications of pain; how to integrate behavioral health in the primary care setting; and patient retention and responding to behaviors. The University of Nevada School of Medicine (UNSOM) Continuing Medical Education (CME) designed recorded trainings placed online for viewing in perpetuity. Some courses include: Evidence-based Pain Prescribing; Misuse, Abuse, and Dependence in Controlled Substance; Medication Assisted Treatment Opioid Response; and Medications for Opioid Use Disorder in Pregnancy. Adopt SBIRT began in 2018 as an STR initiative that provides key resources to assist organizations to promote, prepare, adopt, and implement SBIRT. Training is provided through a 4-hour self-paced online course, face-to-face training, and a 6-week interactive virtual learning series.

SNHD OD2A has developed an academic detailing/e-detailing campaign to educate providers in Clark County on tapering and alternatives to opioid prescribing.

7.7 Establish access to opioid agonist treatment with buprenorphine and methadone maintenance in jails and prisons.

Currently there are a few jails in Nevada participating in Naloxone programs, and MAT, but it is unknown if there is any uniform guidance for jails. Two prisons provide access to MAT through outside agencies. One county jail provides induction and maintenance of MAT. Discussions are taking place with two other jails to establish MAT programs. Several jails allow maintenance MAT through outside agencies.

7.8 Incentivize initiation of buprenorphine in the emergency department and during hospital stays.

Nevada hospitals don't currently provide buprenorphine induction in Emergency Departments, but SOR funded staff are currently in discussion with the director of California's induction program about implementation in Nevada.

SECTION 8: IMPROVING NALOXONE ACCESS AND USE

8.1 Partner with product developers to design naloxone formulations that are easier to use by non-medical personnel and less costly to deliver.

Federal Recommendation

8.2 Work with insurers and other third-party payers to ensure coverage of naloxone products.

In Nevada, naloxone is available without a prescription and community-based organizations are allowed to distribute naloxone free of charge under 2015 legislation - SB 459, the Good Samaritan law. Nevada Medicaid Fee For Service, and MCOs cover a majority of the FDA-Approved drugs on the market. Some prescribed

drugs require prior authorization, have quantity limits or require an approved exception to the preferred drug list before coverage.

8.3 Work with community-based overdose education and naloxone distribution programs to identify stable funding sources to ensure program sustainability.

All naloxone is purchased through federal grants. Sustainable Community-based organization distribution has been established.

8.4 Engage with the scientific community to assess the research needs related to naloxone distribution evaluations and identify high priority future directions for naloxone-related research.

Researchers at the University of Nevada, School of Community Health Sciences have worked to evaluate some naloxone distribution programs.

8.5 Engage with the health care professional community to advance consensus guidelines on the co-prescription of naloxone.

The manual Naloxone for Opioid Safety: A Providers Guide to Prescribing Naloxone was developed and distributed in 2018. Discussions on naloxone prescribing were integrated into trainings on AB474 in 2017 and 2018.

8.6 Assess the effects of state laws expanding naloxone access to the general public.

Through STR/SOR funded naloxone distribution, data has been collected on understanding the Good Samaritan law and who the naloxone was distributed to (high-risk vs. low risk).

SECTION 9: EXPANDING HARM REDUCTION STRATEGIES

9.1 Establish and evaluate supervised consumption spaces.

A Safe Injection Site bill was brought forward during the 2021 Legislative Session. The bill did not move out of the first house committee.

9.2 Work with state and local stakeholders to establish and support needle and syringe service programs.

Nevada enacted syringe service programs (SSP) legislation in 2013. Two SSP serve Nevada's Urban Centers through mobile and storefront exchange. Currently there are two SSP that operate in Nevada:Trac B serves Clark County and Change Point serves Washoe County. Trac B supports a mail order and vending machine program. Federal Funds cannot be used to purchase syringes.

SNHD supports Trac B on several efforts including vending expansion and technical assistance for other jurisdictions to implement public health vending, collaboration on outreach, rural expansion of harm reduction initiatives, linkage to care and peer support services, and alliance work. (SNHD does not provide funding for the purchase of syringes.)

9.3 Evaluate and disseminate the use of test kits for fentanyl-laced opioids.

Currently Trac B is supporting fentanyl test strip distribution. Recently identified policy issues are being addressed so Nevada can expand fentanyl test strip work in the future.

SECTION 10: COMBATING STIGMA

10.1 Update employer human resources and benefits language to avoid stigmatizing language and include evidence about the effectiveness of treatment for opioid-use disorders.

A recovery friendly workplace initiative began in 2018. The purpose of the Nevada Recovery Friendly Workplace (RFW) Initiative is to promote individual wellness by creating work environments that further mental and physical wellbeing of employees; proactively prevent substance misuse and support recovery from addiction in the workplace and the community. Creating a work environment that supports addiction recovery is good for employees and saves businesses money. This initiative empowers employers to implement recovery friendly
practices within the workplace and provide support for employees in recovery or those impacted by substance use disorder (SUD).

The RFW includes a 4-part curriculum:

1) Problematic Substance Use: What and Why providing information about substance use disorders, SUD prevention concepts, and practical prevention strategies that can be implemented in the workplace;

2) Recovery & Workplace Wellness: Recovery is for All of Us, which provides information about substance use disorder and mental health recovery, discussing an employer's role in recovery and covers self-care strategies that can be implemented in the workplace;

3) Making Vital Connections: Community Resources for the Recovery Friendly Workplace, introduces participants to the systems, services, and people available to them as partners in a substance use disorders continuum of care; and

4) Creating a Resilient Workplace Culture which provides information about the workplace drug use laws and workers' rights affecting employers and employees.

10.2 Avoid stigmatizing language and include information about the effectiveness of treatment and the structural barriers that exist to treatment when communicating with the public about opioid-use disorders.

The SOR Program supported a campaign to reduce stigma by increasing awareness that addiction is a disease. Additionally, the OD2A program partnered with the Nevada Broadcasters Association to launch a stigma campaign.

10.3 Educate health care providers about the benefits associated with destigmatizing language.

The three guides for health care providers mentioned above all discuss destigmatizing language. Additionally, SNHD provides Harm Reduction 101 and Drug Related Stigma training to public health workforce and other related organizations.