



TAKING RESPONSIBILITY

Reversing the Overdose Epidemic in Oregon

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PCSS Providers Clinical Support System
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SAMHSA Substance Abuse and Mental Health Services Administration



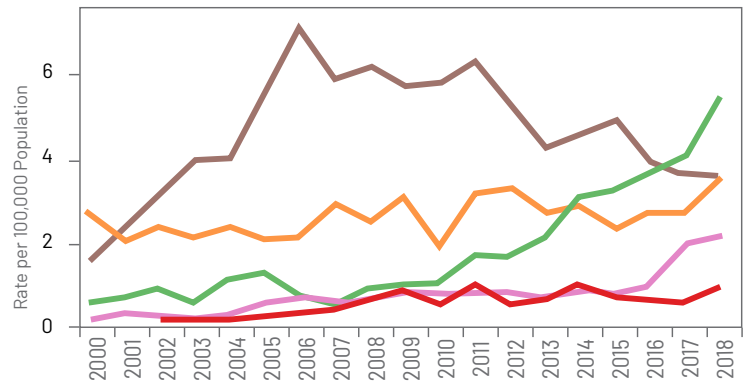
A HEALTH CARE PROFESSIONAL'S TOOLBOX TO REVERSE THE OVERDOSE EPIDEMIC

Opioid-related overdose and death is a national epidemic, involving both prescription opioid pain medications, and illicit opioids such as heroin, illicit fentanyl, and fentanyl analogs. In addition, overdoses involving stimulants such as methamphetamine, cocaine, and prescription stimulants (often mixed with illicit fentanyl) are increasing. This toolkit is meant to provide resources that physicians, physician assistants, and other healthcare providers can use to help reverse the overdose epidemic in Oregon. **The Oregon Medical Association is a member of the American Medical Association (AMA) Opioid Task Force.**

OREGON DATA: MORTALITY

Data trends show that overdose deaths in Oregon from prescription opioids have decreased from a high of 260 in 2006 to 153 in 2018. Overdose deaths from heroin and other synthetic opioids (e.g. illicit fentanyl), however, have increased since 2016 and combined, illicit opioid deaths (N=242) surpass those from prescription opioids (N=153). Alarming, overdose deaths also involving methamphetamine have increased since 2007, killing 230 Oregonians in 2018. Oregon clinicians can help in this challenge and continue progress in decreasing overdoses and overdose deaths.

OREGON DRUG OVERDOSE DEATHS



Drug Class Legend

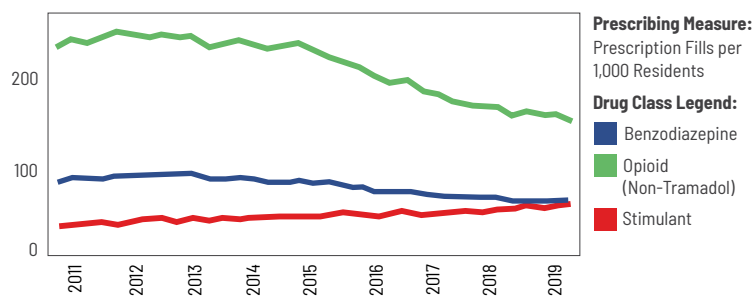
- Heroin
- Methamphetamines and psychostimulants
- Opioid Benzo Combination
- Pharmaceutical Opioids
- Synthetic Opioids (other than methadone)

Source: www.oregon.gov/oha/ph/PreventionWellness/Substanceuse/opioids/Pages/data.aspx

OREGON DATA: PRESCRIBING

Oregon Prescription Drug Monitoring Program (PDMP) data show a significant decrease in prescribing of opioids and benzodiazepines from 2015-2019. There has been a small but steady increase, however, in prescribing of stimulants, but caution should be taken to distinguish the use of prescription stimulants for medical conditions from the use of methamphetamine and cocaine or misuse of prescription stimulants.

OREGON CONTROLLED SUBSTANCE PRESCRIBING



Source: www.oregon.gov/oha/ph/PreventionWellness/Substanceuse/opioids/Pages/data.aspx

OREGON STRATEGIES TO REDUCE OPIOID OVERDOSE AND MISUSE

- 1. Reduce Risks to Patients** by making pain treatment safer and more effective, emphasizing non-opioid and non-pharmaceutical treatments where accessible and affordable.
- 2. Reduce Harms for People Taking Opioids** and support recovery from substance use disorders by making naloxone rescue and medications for addiction treatment more accessible and affordable.
- 3. Protect the Community** by reducing the potential for non-medical use of controlled substances number of pills in circulation through implementation of safe prescribing, storage, and disposal practices.
- 4. Optimize Outcomes** by making state and local data available for informing, monitoring, and evaluating policies and targeted interventions.

Source: Oregon Health Authority Overdose Home Page:

<https://www.oregon.gov/oha/ph/preventionwellness/substanceuse/opioids/pages/index.aspx>

THE OREGON OPIOID INITIATIVE:

Integrating Public Health and Health Care Strategies to Address the Opioid Epidemic: The Oregon Health Authority's Opioid Initiative, 2018: https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Documents/Integrating_Public_Health_and_Health_Care.pdf

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TREATING THE PATIENT'S PAIN WITH CARE AND COMPASSION

PAIN MANAGEMENT EDUCATION

By law, (ORS 413.590) Oregon prescribers and other health care providers are required to complete pain management training.

www.oregon.gov/oha/HPA/dsi-pmc/Pages/pain-education.aspx

The **Oregon Pain Management Commission**, created by the state Legislature in 1999, developed a required on-line training: "Changing the Conversation about Pain".

www.oregon.gov/oha/HPA/dsi-pmc/Pages/module.aspx

The **Oregon Pain Commission** has also developed a pain care toolbox for providers. www.oregon.gov/oha/HPA/dsi-pmc/Pages/pain-care-toolbox.aspx

Health care providers are required to complete an additional 6 hours of continuing education related to pain management or palliative care.

PCSS Pain Education Resources

<https://pcssnow.org/education-training/treating-chronic-pain-core-curriculum>

Oregon Medical Board Material Risk Notice: By law, the Oregon Medical Board requires providers and patients to sign a Material Risk Notice when prescribing opioids for chronic pain.

<https://www.oregon.gov/omb/OMBForms1/material-risk-notice.pdf>

OREGON'S PRESCRIPTION DRUG MONITORING PROGRAM (PDMP)

Oregon's PDMP is a tool to help healthcare providers deliver patients better care in managing their prescriptions. Oregon-licensed retail pharmacies report all Schedules II, III and IV controlled substances dispensed to Oregon residents. The OMA developed policy to integrate the PDMP into existing electronic medical records to streamline use of the PDMP. As of July 1, 2018, all Oregon providers licensed to prescribe opioids are required to register with the PDMP.

The PDMP Prescribing Practices Review Subcommittee, established by OMA legislation in 2017, allows use of PDMP data to compare similar specialties' prescribing practices to share with prescribers. These "report cards" offer prescribers insight on their own prescribing practices.

General PDMP information: www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SAFELIVING/PDMP/Pages/index.aspx

Oregon's PDMP Access: 866-205-1222 or oregon.pmpaware.net/login

PDMP frequently asked questions: bit.ly/2KlkjZl

PRESCRIBING GUIDELINES

To promote safe opioid prescribing practices in the state and improve patient safety and care, the Oregon Health Authority convened several panels of experts from across the state to develop clinical guidelines on opioid prescribing.

www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Pages/task-force.aspx

These guidelines have been endorsed by the Oregon Medical Board and adopted into policy by the Oregon Medical Association. Guidelines include the following (NB: there are also specific guidelines for dentists):

- ▶ **Acute Opioid Prescribing Guidelines.** The guidelines note that in general, opioids should not be considered first line therapy for mild to moderate pain in patients with limited past exposure to opioids. The guidelines include recommendations for patient evaluation, assessing past history of opioid use, checking the PMDP, patient education, amount and type of medication, and patient follow-up. www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Documents/Acute-Prescribing-Guidelines.pdf
- ▶ **Chronic Opioid Prescribing Guidelines.** These guidelines include recommendations for: when to initiate or continue opioids for chronic pain; opioid selection, dose, duration and follow up; assessing risk of opioid use; and additional considerations, including assessing patient's use of cannabis to help pain, and safe storage and disposal of opioids. [NB: it is important that clinicians assess all modalities their patients using to manage their pain, including use of cannabis, alcohol, and illicit substances, since these may contribute to severe adverse outcomes when combined with opioids.]

www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Documents/Chronic-Opioid-Prescribing-Guidelines.pdf

The Oregon Chronic Opioid Prescribing Guidelines were based on the **Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain**. It is essential to note that the CDC guideline does not require dose or quantity thresholds for patients with pain nor mandate tapering for patients receiving opioid therapy. cdc.gov/drugoverdose/prescribing/guideline.html

- ▶ **Pregnancy and Opioids.** These guidelines include recommendations for prescribing opioids in women who are pregnant or intend a pregnancy, as well as for assessing for and managing opioid use disorder in pregnant women.

www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Documents/Oregon-Pregnancy-and-Opioids-Recommendations.pdf



AMA Opioid Task Force encourages all physicians to ensure that they have the necessary education and training to ensure effective evidence-based treatment for patients with pain and substance use disorders.

Learn more: end-overdose-epidemic.org/resources/?_recommendations=treatment



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TREATING THE PATIENT'S PAIN WITH CARE AND COMPASSION

THE OREGON MEDICAL ASSOCIATION AND THE AMERICAN MEDICAL ASSOCIATION ENCOURAGE PHYSICIANS TO:

SUPPORT

Support multidisciplinary, multi-modal, and integrated approaches to help patients with pain. Consider all available, affordable, and accessible evidence-based therapies including medication, restorative, psychological/behavioral and complementary/integrative treatments.

INDIVIDUALIZE

Individualize care for all patients with pain, considering all evidence-based therapies. When opioids are indicated, discuss risks and benefits as part of shared decision making with patients.

IDENTIFY

Identify co-occurring mental and behavioral health disorders (depression, anxiety, substance use disorder) as they can impact pain intensity. Mental health and substance use disorders can be treated effectively and concurrently with chronic pain and result in improved outcomes overall.



Physician-led efforts to acknowledge and overcome pain-related stigma are needed to make sure our patients receive the care they need.

Learn more: end-overdose-epidemic.org/advocacy/pain-care-task-force

OPIOID TAPERING GUIDELINES

During 2019, the Oregon Health Authority convened a panel of experts to develop recommendations for tapering patients who are on high doses of opioids. Principles that underlie the guidelines include:

- ▶ Pain management, with or without opioids, **should be patient-centered, trauma-informed** and based on current pain science.
- ▶ The overarching goals for opioid tapering are to **improve patient safety**, to maintain or improve functional status, and to **improve quality** of life through provision of compassionate care.
- ▶ The tapering guidelines are intended to **encourage conversations** between clinicians and patients; promote patient engagement and **shared decision-making**; support informed consent; and apply easily to different practice settings.
- ▶ Tapering plans should be **individualized, collaborative**, clear, flexible, and include realistic goals.
- ▶ Health systems and payers must support a **team-based, integrated approach** to the tapering process and ensure access to non-opioid and non-pharmacologic pain therapies, including broad multidisciplinary supports as needed.

Oregon Tapering Guidelines are available at:

sharesystems.dhsosha.state.or.us/DHSForms/Served/le2589.pdf

Oregon Opioid Tapering Guidelines Task Force information:

www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Pages/task-force.aspx

RESOURCES FOR CLINICAL DECISION-MAKING

The Oregon Pain Guidance has extensive resources for clinicians treating pain. Tools include: pain treatment guidelines; assessment tools; Morphine Equivalent Dose (MED) calculator; provider and patient resources. www.oregonpainguidance.org

PCSS Pain Education Resources

<https://pcssnow.org/education-training/treating-chronic-pain-core-curriculum>





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OVERDOSE PREVENTION, HARM REDUCTION, AND TREATMENT FOR SUBSTANCE USE DISORDERS

OREGON HEALTH AUTHORITY-NALOXONE RESCUE FOR OPIOID OVERDOSE:

Oregon law allows lay people to carry and use naloxone on others. You can be prepared to save the life of someone in need. **Ask your healthcare provider or a pharmacist about naloxone** if you believe you or someone you know may be at risk of an overdose.

PRESCRIBING NALOXONE MAY HELP SAVE A PATIENT'S LIFE.

Several factors may be helpful in determining whether to prescribe naloxone to a patient, family member or close friend of the patient, including:

- ▶ Is my patient on a high dose of opioids?
- ▶ Does my patient have a concomitant benzodiazepine prescription?
- ▶ Does my patient have a history of substance use disorder?
- ▶ Does my patient have an underlying mental health condition that might make him or her more susceptible to overdose?
- ▶ Does my patient have medical condition, such as a respiratory disease or other co-morbidities, that might make him or her susceptible to opioid toxicity, respiratory distress or overdose?
- ▶ Might my patient be in a position to aid someone who is at risk of opioid overdose?
- ▶ Has my patient recently been in an addiction treatment facility or gone through opioid detox?



NALOXONE RESOURCES FOR CLINICIANS

Oregon Health Authority general naloxone information

www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Pages/naloxone.aspx

Oregon Health Authority naloxone training protocol

oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EMSTRAUMASYSTEMS/Documents/naloxone-training-protocol.pdf

Oregon standards of care for naloxone

oregon.gov/adpc/Documents/Naloxone-Standards-Care.pdf

Resources for prescribing naloxone in primary care settings

prescribetoprevent.org

Oregon patient and family education on naloxone, including where to get naloxone and training tools

www.reverseoverdose.org

In Oregon, pharmacists can dispense naloxone without a patient-specific prescription; the only requirement is a brief training on how to use it.

www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Pages/naloxone.aspx#pharmtoolkit



Prescribing naloxone as well as educating your patients about safe storage and disposal of opioids can help save lives. **Learn more: end-overdose-epidemic.org**



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OVERDOSE PREVENTION, HARM REDUCTION, AND TREATMENT FOR SUBSTANCE USE DISORDERS

MEDICATIONS FOR ADDICTION TREATMENT RESOURCES

Oregon Health Authority: By law (OAR 415.020), OHA is responsible for supporting and regulating addiction prevention and treatment services in Oregon. **Opioid Treatment Programs** dispense and administer medications for the treatment of opioid use disorder. Change-Program participants have access to counseling, social supports, and medical services. <https://bit.ly/2ILKVCh>

Substances Abuse and Mental Health Services Administration (SAMHSA): An overview of Medications for Addiction Treatment is available at: www.samhsa.gov/medication-assisted-treatment

Providers Clinical Support System (PCSS) is a SAMHSA funded project made up of a coalition led by the American Academy of Addiction Psychiatry (AAAP) and 23 leading national organizations. PCSS provides a variety of trainings including waiver training, a curriculum on pain, clinical mentoring and over 700 other educational resources online with CME at no cost.

Providers Clinical Support System (PCSS): Training for clinicians interested in learning more about Medications for Addiction Treatment is available at: <https://bit.ly/3nBbQji>

PCSS MAT Waiver information: Clinicians must be federally-certified to provide in-office treatment of opioid use disorder with partial opioid agonists (i.e., buprenorphine). Information on how to apply for a waiver is available at: <https://bit.ly/3kLPI3R>

ADDITIONAL RESOURCES (AAAP, PCSS AND ASAM)

AAAP-PCSS Resources for Clinicians: an overview of PCSS and AAAP clinical support resources. <https://bit.ly/2IKknBK>

Covid19 Resources: an overview of national and state based information and resources.

www.pcssnow.org/resources/covid-19-resources

Clinical Roundtable: PCSS offers Clinical Roundtables on a variety of topics, giving providers the opportunity to ask questions of a clinical expert. www.pcssnow.org/mentoring/clinical-roundtable

American Society of Addiction Medicine (ASAM) has developed practice guidelines, intended to inform and empower clinicians and others who are interested in implementing evidence-based practices to improve outcomes for individuals with opioid use disorder (OUD). The ASAM National Practice Treatment Guideline (PCSS-MAT) is available at:

www.asam.org/Quality-Science/quality/2020-national-practice-guideline

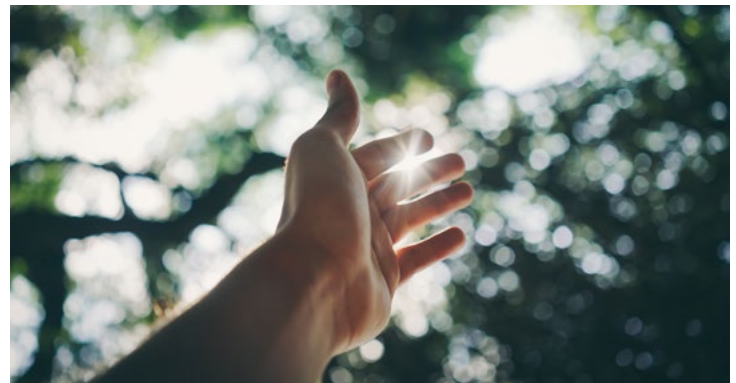
ASAM COVID-19 information: ASAM has also created a collection of educational resources addressing guidance for addiction medicine-treatment within the context of the COVID-19 pandemic.

www.asam.org/Quality-Science/covid-19-coronavirus

Turn the Tide Rx is a national campaign created to enable “prescribers talking to prescribers” with the aim of informing them on safer prescribing practices and the public on ways to prevent opioid overdose and misuse, and to get help for opioid use disorder. <https://turnthetiderx.org>

Northwest Addiction Technology Transfer Center (Northwest ATTC) provides services to develop and strengthen the substance use disorder treatment and recovery workforce in Alaska, Idaho, Oregon, and Washington.

<http://www.attcnetwork.org/centers/northwest-attc/home>



RESOURCES FOR PATIENTS EXPERIENCING A SUBSTANCE USE DISORDER

Lines for Life is a not-for-profit organization dedicated to preventing substance use disorder and suicide through intervention, prevention, and advocacy. Lines for Life maintains a crisis line for patients or their families needing confidential help for drug addiction, substance use disorder, thoughts of suicide, and other mental health issues.

<https://www.linesforlife.org/about-us/>

Oregon Recovers is a statewide network of individuals and organizations working across sectors to transform Oregon’s capacity to provide treatment and support for Oregonians suffering from addiction to drugs and alcohol: oregonrecovers.org/resources

Northwest Portland Area Indian Health Board has resources for Native community members, health providers and tribal leaders on the prevention, treatment and support of persons suffering from opioid use disorder. www.npaih.org/opioid

OREGON SUBSTANCE USE DISORDER

Oregon Substance Use Disorders Service Directory

A 94-page resource guide serves to better equip Oregon’s communities in making appropriate referrals to agencies that provide substance use disorders treatment services.

www.oregon.gov/oha/HSD/AMH/Publications/provider-directory.pdf



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PROTECTING THE COMMUNITY AND SUPPORTING PATIENTS

Prescribing guidelines, use of the PDMP, clinician education, improved access to naloxone, treatment for substance use disorder and recovery support services all play important roles in reducing the risk of opioid-related overdose and death. Educating the public about non-opioid pain management, as well as safe storage and disposal of unused medications also play important roles in reducing overdose risk.

PUBLIC EDUCATION

Oregon Health Authority website includes information for patients on: opioids, if the clinician prescribes opioids, the Heal Safely campaign, disposing of unused medication, opioid use disorder and getting help, what happens during an overdose, as well as videos from community members telling their stories.

oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Pages/public.aspx

Heal Safely is an Oregon campaign to empower people to heal safely after injury or surgery. The website includes links for patients to know the risks of opioids, find options and make a plan to treat their pain without opioid medications. The website includes resources for patients on the safe storage and disposal of medications, as well as resources for providers. healsafely.org

SAFE DISPOSAL

In 2019, Oregon passed legislation requiring drug manufacturers to pay for and run a statewide drug take-back program. The program will be operational by July 1, 2021.

www.oregon.gov/newsroom/Pages/NewsDetail.aspx?newsid=3392

Currently, several locations around the state offer permanent drug disposal boxes, and communities offer periodic "drug take-back days".

www.oregon.gov/oha/ph/HealthyEnvironments/DrinkingWater/SourceWater/Pages/takeback.aspx

OREGON MEDICAL ASSOCIATION OPIOID TASK FORCE

In 2015, the OMA convened an Opioid Task Force, charged with developing the OMA's statewide platform for issues surrounding the prescribing and management of opioids, and other issues related to opioid use disorder and misuse. Topics the Task Force has addressed include: opioid policy development, legislative review, member and community education and resources, content expertise, and appropriate pain management.

OMA PARTNERS

Who the Oregon Medical Association works with to end the Opioid Epidemic

- ▶ Governor's Opioid Epidemic Task Force
- ▶ AMA Opioid Task Force
- ▶ Oregon Health Authority
- ▶ Oregon Opioid Prescribing Guidelines Task Forces
- ▶ Oregon Pregnancy and Opioids Workgroup
- ▶ Multnomah County Health Department
- ▶ Tri-county Opioid Safety Coalition
- ▶ Oregon Pain Guidance
- ▶ Oregon Coalition for the Responsible Use of Medicine
- ▶ Oregon Health Leadership Council
- ▶ Oregon Health Leadership Council PDMP Steering Committee
- ▶ PDMP Commission
- ▶ Oregon Medical Education Foundation
- ▶ Lines for Life



STIMULANT USE IS ON THE RISE

OREGON DATA. In Oregon, overdose from stimulants (including methamphetamine and cocaine) are on the rise. Deaths increased almost 4-fold, from 1.7/100,00 in 2012 to 5.5/100,000 in 2018. Of these deaths, approximately 1/2 involved methamphetamine alone, and 1/2 were in combination with other drugs, including opioids. This percentage has not changed over time. (See Oregon's data dashboard <https://bit.ly/2IsJx7U>)

NATIONAL DATA. Nationally, deaths from stimulants have also been increasing. From 2012 through 2018, the rate for overdose deaths involving illicit stimulants and misuse of psychostimulants increased nearly 5-fold (from 0.8 to 3.9). (See: <https://bit.ly/2VNIUZo>). Many of these deaths involve stimulants combined with opioids. <https://bit.ly/39PCGR6>

SAMHSA-Guide to Treatment of Stimulant Use Disorder

To help Oregon physicians in addressing misuse of stimulants and stimulant use disorder, the Substance Abuse and Mental Health Services Administration (SAMHSA) has released its guide to the treatment of stimulant use disorder. The goal of this guide is to inform health care providers, healthcare administrators, policy makers, and community members of the rising rates of stimulant use and the need for targeted treatment programs and practices. <https://store.samhsa.gov/product/Treatment-of-Stimulant-Use-Disorder/PEP20-06-01-001>

PCSS: Rise of Methamphetamine

This PCSS webinar will provide an overview of the current state of methamphetamine use, considerations for concurrent opioid use, and strategies and interventions for treating and engaging individuals with stimulant use disorder. <https://bit.ly/36K3dfF>



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PROTECTING THE COMMUNITY AND SUPPORTING PATIENTS

AMERICAN MEDICAL ASSOCIATION OPIOID TASK FORCE

In 2015, the AMA convened more than 25 national, state, specialty and other health care associations, including the Oregon Medical Association, to develop industry-wide recommendations for physicians and policymakers to help end the nation's opioid epidemic. end-overdose-epidemic.org/advocacy/opioid-task-force

2015 recommendations for physicians include:

- ▶ **Supporting use of PDMPs**
- ▶ Using effective, **evidence-based prescribing and treatment** for pain and substance use disorders
- ▶ **Increasing access to comprehensive, affordable, compassionate treatment** for pain and substance use disorders
- ▶ **Ending stigma** for patients with chronic pain or a substance use disorder
- ▶ **Expanding access to naloxone** in the community and through prescribing
- ▶ **Encouraging safe storage and disposal** of unused medications



The 2020 progress report shows improvement in all these areas resulting in a significant decrease in overdoses from prescription opioids. Unfortunately, the use of illicitly manufactured fentanyl, fentanyl analogues, heroin and stimulants (e.g. methamphetamine, cocaine) has surged, and these drugs are now leading causes of overdose deaths. Use of these illicit drugs has made the overdose epidemic more dangerous and complex.

www.ama-assn.org/system/files/2020-07/opioid-task-force-progress-report.pdf

CALL TO ACTION

The changing epidemic requires an urgent, coordinated response from clinicians, policymakers, and health care insurers. Patients need access to evidence-based non-opioid pain management, as well as to addiction and mental health services. The AMA Task Force urges policymakers to remove barriers to evidence-based treatments for patients with chronic pain and those with a substance use disorder.

Specific recommendations include:

- ▶ **Remove prior authorization**, step therapy and other inappropriate administrative barriers that delay or deny care for FDA-approved medications for treatment of opioid use disorder.
- ▶ **Support assessment, referral and treatment for co-occurring mental health disorders** as well as enforcement of state and federal mental health and substance use disorder parity laws, including requiring health insurance companies to demonstrate parity compliance at the time of their rate and form filing.
- ▶ **Remove administrative barriers** to comprehensive, multi-modal, multidisciplinary pain care and rehabilitation programs, including opioid therapy when indicated.
- ▶ **Support maternal and child health** by increasing access to evidence-based treatment, preserving families and ensuring that policies are non-punitive.
- ▶ **Support increased efforts to expand sterile syringe services programs** as well as reforms in the civil and criminal justice system that help ensure access to high quality, evidence-based care for opioid use disorder, including medications for addiction treatment.
- ▶ **Improve surveillance** to accurately track overdose and mortality trends. Provide equitable public health interventions that include comprehensive, disaggregated, racial and ethnic data collection related to testing, hospitalization and mortality associated with opioids and other substances.



AMA 2019 Opioid Task Force Progress Report

"We must continue to work to remove stigma, reduce barriers to evidence-based care, and close the gap between the number of patients who need treatment and the number who are receiving it."