

West Virginia Rolls Out Comprehensive Opioid Response Plan

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On October 26, 2017, President Donald J. Trump declared the opioid crisis a national public health emergency, and on November 1, 2017, the President's Commission on Combatting Drug Addiction and the Opioid Crisis issued a final 124-page report that outlines recommendations to supplement funding, ramp up prevention efforts, implement more effective treatment programs and further research efforts to combat opioid abuse.

On December 21, 2017, The West Virginia Bureau for Public Health (BPH) announced that West Virginia again leads the United States in opioid fatalities with 41.5 deaths per 100,000 residents in 2015 (as compared to the average rate in the United States of 16.3 per 100,000 residents). On January 30, 2017, Dr. Rahul Gupta, Commissioner for the BPH, announced a detailed opioid response plan for the State of West Virginia (outlined below). Soon after, on February 6, 2018, Dr. Michael Bromage took the reins of the West Virginia Office of Drug Control Policy, and immediately announced a demonstration project would be established to develop creative and comprehensive ways to address the opioid crisis in the state.

On February 13. 2018, West Virginia became the first state to gain approval from the Centers for Medicare and Medicaid Services for Medicaid programs to treat Neonatal Abstinence Syndrome in infants, furthering the breakthroughs in treating infants with withdrawal problems being developed at Lily's Place in Huntington.

John Deskins, Director of West Virginia University's Bureau of Business and Economic Research, estimates that the economic loss to the West Virginia economy is approximately 1 one billion dollars annually, which consists of $322,000,000.00 in productivity loss due to fatalities, $316,000,000.00 in productivity loss due to workers being less productive because of addiction, and $320,000,000.00 in losses as a result of resources dedicated to combat the opioid crisis, including treatment and law enforcement

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costs.

The Opioid Response Plan for the state outlines a bold initiative to address the opioid crisis in a comprehensive manner:

West Virginia Opioid Response Plan

- Expand the authority of medical licensing boards to address inappropriate prescribing.
- Limit the duration of initial opioid prescriptions.
- Early intervention.
- Expanding effective treatment.
- Implement Medicaid Waivers for substance abuse medication treatment programs.
- Develop multiple treatment options.
- Expand access to effective substance abuse treatment in ERs, other settings, and in the criminal justice system.
- Provide prompt and effective Naloxone treatment.
- Support families.
- Provide recovery coaches and other solutions.

The West Virginia Legislature is addressing these recommendations in the current session, including a proposal to severely limit the number of initial opioid prescriptions. Senate Bill 273 proposes to: 1) make an exception of physicians treating less than 30 patients from registering as an office-based, medication-assisted treatment program; and 2) establish the following limits for opioid prescriptions: a) a four-day supply for emergency room treatments for adult outpatient use; b) a three-day supply to minors and to require parental involvement; c) a three-day supply for dental patients; d) otherwise a seven-day initial supply by other practitioners.

Stakeholders should stay tuned to these developments, and providers should be prepared to immediately implement changes to their opioid programs and policies based upon these federal and state planning efforts.

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Finally, to educate the public and stakeholders as to the current opioid situation, West Virginia University will conduct a panel discussion on “Understanding the Opioid Epidemic” on February 20 at 7:30 p.m. in Charleston, bringing together many of the best experts in the state and region to openly address these issues in a public forum.

If you have any questions regarding the above, please contact Chuck Johnson at cmjohnson@fbtlaw.com.

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