

JAY INSLEE
Governor



STATE OF WASHINGTON
OFFICE OF THE GOVERNOR

P.O. Box 40002 • Olympia, Washington 98504-0002 • (360) 902-4111 • www.governor.wa.gov

Legislation Action: Opportunities and Challenges

Jason T. McGill, JD

Sr. Health Policy Advisor

Governor's Office

Jason.McGill@gov.wa.gov

(360) 902-0448



Opioid crisis response – Governor’s Executive Order



Goal 1: Prevent inappropriate opioid prescriptions and use

Goal 2: Treat people with opioid use disorder and connect them to support services, including housing

Goal 3: Save lives by intervening in overdoses

Goal 4: Use data to focus and improve our work

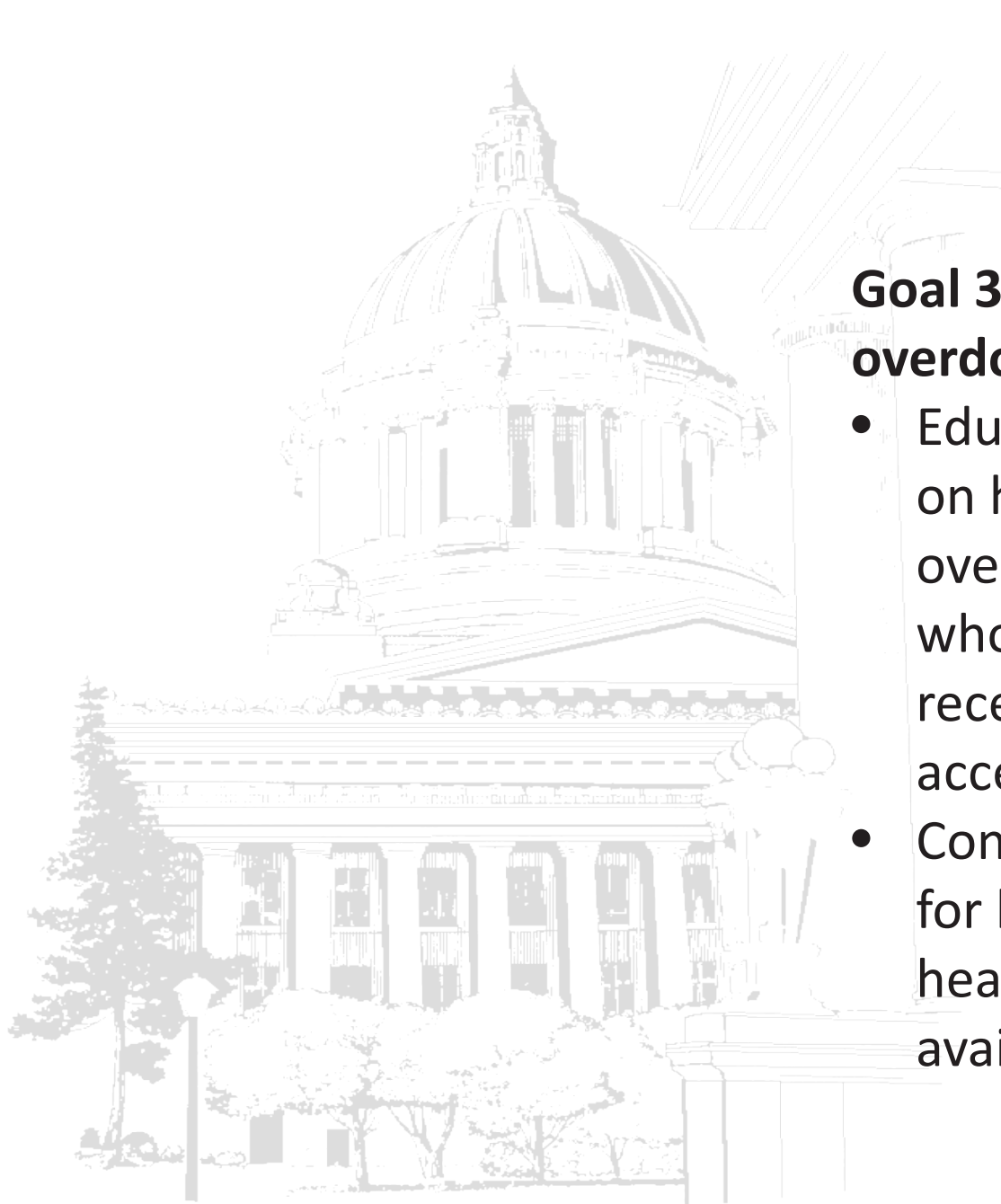
http://www.governor.wa.gov/sites/default/files/exe_order/OpioidEpidemic.pdf

Goal 1: Prevent inappropriate opioid prescriptions and use

- Prevent the next generation of pain patients from using opioids if they don't need to by amending practice guidelines for prescribing providers with a focus on limiting adolescent prescriptions.
- Use proven strategies for prevention education. We will develop a communication strategy geared to youth, to patients and to the community, and use our existing safe drug storage and disposal programs (e.g. drug take-back programs) to distribute prevention information.
- Expand tele-mentoring programs, such as UW TelePain and begin a pharmacy hotline program.
- Decrease the supply of illegal opioids like heroin and Fentanyl in our state. The Attorney General's Office will convene a summit in partnership with the Washington State Patrol and prosecutors, courts, and local and federal law enforcement agencies to develop strategies.

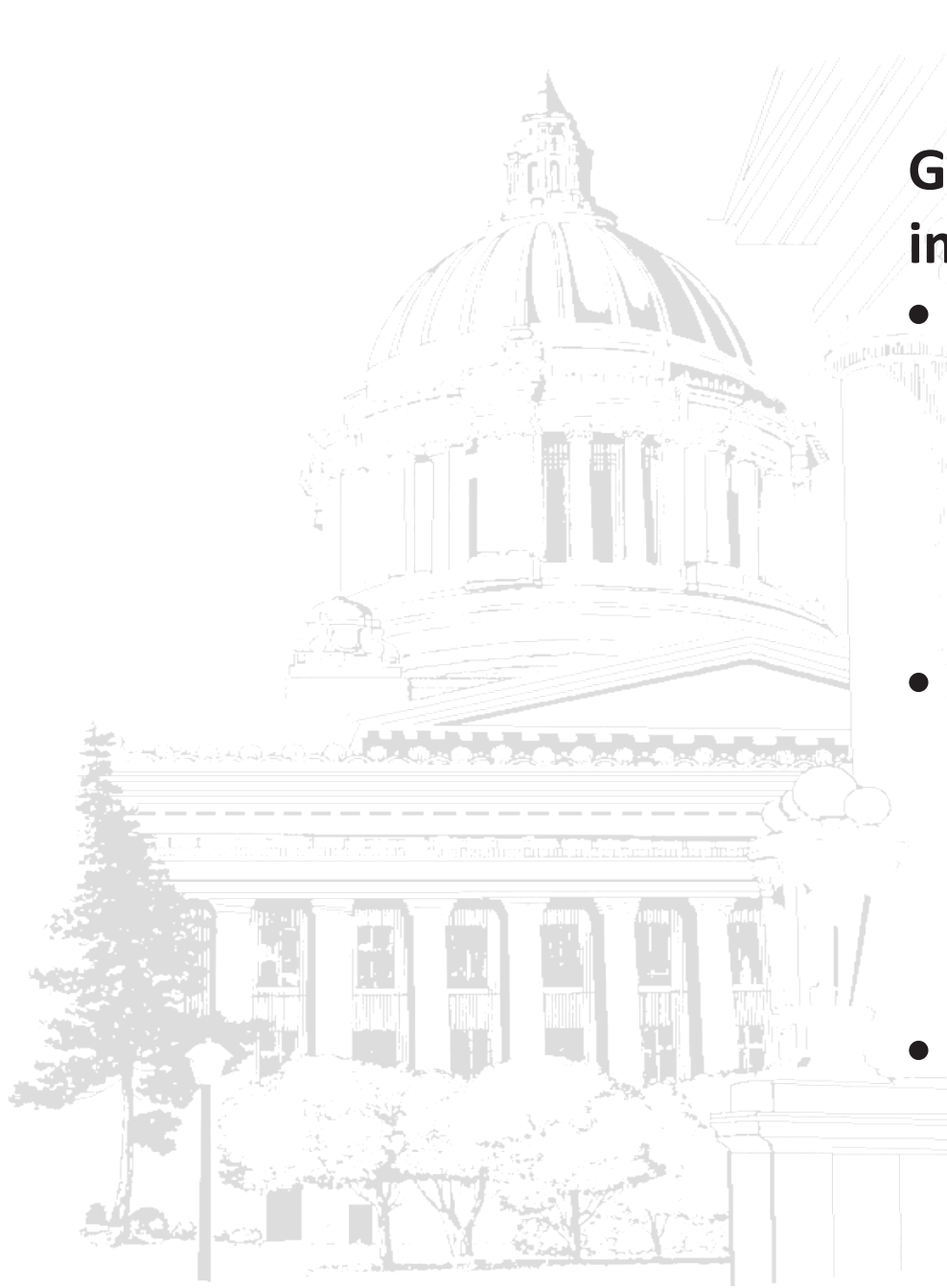
Goal 2: Treat people with opioid use disorder and link them to support services, including housing

- Support and implement behavioral health integration strategies and center of excellence models. This includes screening for opioid use disorder in primary care and increasing medication-assisted and other treatments in a culturally appropriate and accessible manner.
- Ensure availability of rapid, low-barrier access to treatment medications for people with opioid use disorder, especially pregnant women, intravenous drug users and those who are homeless. Explore new and existing funding sources to increase capacity in syringe exchanges and other evidenced-based programs.
- Ensure recently released offenders with opioid use disorder are connected with care.
- Reduce insurance and state program coverage barriers for treatment and services related to effective pain management, opioid use disorder and naloxone.



Goal 3: Save lives by intervening in overdoses

- Educate opioid users and others on how to respond to an overdose and make sure those who are covered by Medicaid receive overdose education and access to naloxone.
- Consider centralizing naloxone for bulk purchasing for public health use to increase availability.



Goal 4: Use data to focus and improve our work

- Develop statewide measures to help better detect unsafe prescribing practices and identify patients at high risk of opioid use disorder.
- Explore ways to improve functionality and use of the Prescription Drug Monitoring Program among health care providers.
- Explore methods to notify health care providers when a patient has an opioid overdose event.

2017 Legislation



Opioid crisis response – 2017 Legislation introduced:

- HB 1426/SB 5248: improves use of the prescription drug monitoring program (amends Chapter 70.225, Prescription Monitoring Program).
- HB 1339: 7-day supply for first time patient; dentists 3-day supply (amends Legend Drug Act – Chapter 69.41 RCW)
- HB 1427: implements updates to Community Mental Health Services Act (Chapter 70.24 RCW) improvements following taskforce recommendations.
- HB 1047: Creating a system for safe and secure collection and disposal of unwanted medications (aka Drug take-back).
- HB 1505: Naloxone Access Grant Program – imposes a fee on the wholesale distributor of prescription opioids and pays for distribution, training and education of Naloxone.
- SB 5223/HB 1761: Preempts local regulations to prohibit safe injection sites in Washington State.

PASSED

HB 1427 – Opioid treatment

- Modifies the standards for siting opioid treatment programs.
- Modernizes some terminology in statute and legal/court forms and declarations regarding treatment for opioid use disorder.
- Requires fair treatment of people lawfully possessing or using medication, including medication assisted treatment, in judicial and administrative proceedings.
- Expands access to the Prescription Monitoring Program (PMP) and allows the Dept. of Health to distribute data from the program to providers for quality improvement purposes (like reports to providers so they know where they stand).
- Requires prescribing boards and commissions to update practice rules establishing requirements for prescribing opioid drugs.

Funding



1115 Medicaid Demonstration Waiver

\$1B+ federal funding

Project Weighting		Example Statewide Project Funding (millions)*					
Project Name	Weight *	TOTAL	Y1	Y2	Y3	Y4	Y5
2A: Behavioral health integration (Bi-Directional Integration of Care and Primary Care Transformation)	32%	\$271	\$44	\$62	\$60	\$56	\$49
2B: Community-Based Care Coordination	22%	\$186	\$30	\$42	\$42	\$39	\$33
2C: Transitional Care	13%	\$110	\$18	\$25	\$25	\$23	\$20
2D: Diversions Interventions	13%	\$110	\$18	\$25	\$25	\$23	\$20
3A: Addressing the Opioid Use Crisis	4%	\$34	\$6	\$8	\$8	\$7	\$6
3B: Maternal and Child Health	5%	\$42	\$7	\$10	\$9	\$9	\$8
3C: Access to Oral Health Services	3%	\$25	\$4	\$6	\$6	\$5	\$5
3D: Chronic Disease Prevention / Control	8%	\$68	\$11	\$15	\$15	\$14	\$12
STATEWIDE PROJECT POOL FUNDS	100%	\$847	\$138	\$193	\$189	\$175	\$152

See toolkit for what providers can do to qualify for funding – basically integrate care, use care coordination, implement clinical guidelines and make practice changes, offer MAT:

<https://www.hca.wa.gov/sites/default/files/program/medicaid-transformation-toolkit.pdf>

Federal Grant: State Targeted Response (STR) to Opioid Crisis

\$11,790,256 per year/Two year grant.

Primary and Secondary Prevention \$2,155,768

Public Education Campaign (\$868,149)

Community Prevention and Wellness Initiative (CPWI) Expansion (\$752,000)

Treatment/Recovery Expansion \$9,044,975

Hub and Spoke (\$4,995,951)

Mobile OTP Van (\$400,000)

Low-Barrier Buprenorphine Pilot (\$130,000)

Prescription Monitoring Program (\$250,000)

Grant overview: https://www.dshs.wa.gov/sites/default/files/BHSIA/dbh/Fact%20Sheets/WA_STRGrant_Overview.pdf

THE AFFORDABLE CARE ACT: HOW WASHINGTON HAS BENEFITED



NUMBER OF ADULTS TREATED FOR CANCER

20,000 

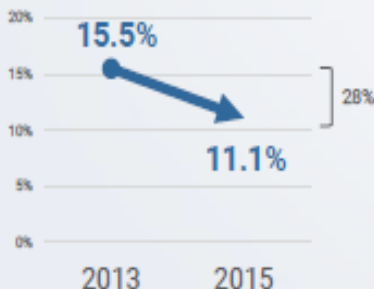
while enrolled under Medicaid expansion, since 2014

SUBSTANCE USE TREATMENT

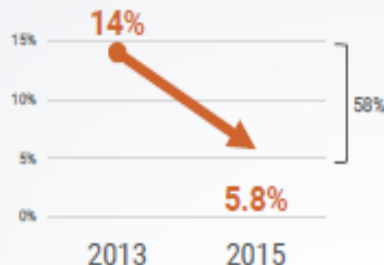
30,000 

new Medicaid enrollees who received substance use disorder treatment services in 2015

NUMBER OF ADULTS DELAYING CARE DUE TO COSTS DROPPED 28%



OUR UNINSURED RATE DROPPED BY 58%



HEALTH CARE COVERAGE FOR

790,000 

Washingtonians, comprising 600,000 lower-income, mostly working people who gained coverage through Medicaid expansion and 190,000 enrolled this year in Qualified Health Plans through the Health Plan Finder

JOBS CREATED OR SAVED AS A RESULT OF MEDICAID EXPANSION

51,000+ 

THE AMERICAN HEALTH CARE ACT: WHAT'S AT STAKE FOR WASHINGTON



OUR UNINSURED RATE WILL RISE



The Republican plan would result in an uninsured rate of 15%, even higher than the 13.5% projected if the ACA were just repealed

VETERANS WILL LOSE COVERAGE

24,000



veterans and their spouses stand to lose Medicaid coverage

CHANGE IN TAX CREDIT

The Republican plan bases subsidy on age and not on affordability, resulting in up to

100,000 

dropping out of the individual market

THE STATE WILL NEED TO PAY OUT

\$351M 

per biennium to restore previous programs that were supplanted by the ACA

LOST HEALTH CARE COVERAGE FOR

600,000 

lower-income Washingtonians who gained coverage through Medicaid expansion, 80% of whom are working families

PEOPLE AT RISK OF LOSING THEIR JOBS

51,000+

