

MINUTES, OPIOID, PAIN AND ADDICTION COMMITTEE 3-19-2024 (virtual)

ATTENDING:

Dr. Joe Adams, Chair
Dr. Michael Abrams
Dr. Bethany DiPaula
Dr. Terry Fitzgerald

Dr. Drew Fuller
Dr. Sarah Merritt
Dr. Lorraine Milio
Dr. Marcia Wolf
MedChi staff: Colleen George, Alyssa Mills

PRESENTATION BY SARAH MERRITT ON BUPRENORPHINE FOR PAIN.

This was an excerpt of her full presentation on this topic, on the MACS website (MD Addiction Consultation Service)

Webinar: <https://www.youtube.com/watch?v=KM2ZKF4eeaw>

Slides: <https://www.marylandmacs.org/media/som/microsites/macs/documents/11.12.21-MACS-Pain-management-Cases.pdf>

PRESENTATION BY DREW FULLER ON BUPRENORPHINE AFTER OD IN MARYLAND EMERGENCY DEPARTMENTS

BILL FOR OUD AND OD TREATMENT IN MARYLAND EDs – discussed by Drew and Joe.

House Bill 1155 / Senate Bill SB 1071: Hospitals - Opioid Overdose and Opioid-Related Emergency Medical Conditions - Treatment.

Drew, Dr. Eric Weintraub, Ellen Weber JD of the Legal Action Center and others gave oral testimony, Joe submitted written testimony on behalf of the MD-DC Society of Addiction Medicine. Currently the House and Senate versions have been amended identically, have passed their respective chambers, headed for approval.

Current Excerpt:

Would require hospitals to have, as part of their emergency services, protocols and capacity:

- For evidence-based treatments that reduce the risk of harm after an opioid overdose or other opioid-related emergency,
- To possess at least one formulation of both a full opioid and partial opioid agonist medication that is FDA-approved for OUD treatment,
- To treat certain patients in the ED with a medication for OUD as recommended by the health provider,
- For offering and administering opioid agonist medication to treat OUD, and opioid-related overdoses,
- To screen and diagnose OUD in patients presenting with an opioid-related emergency,
- For patients with OUD (or who were provided medication for OUD), to make a referral, where possible, and assist patients with accessing appropriate community

- services, working with peer support professionals, as available, and
- To identify community-based treatment services appropriate for OUD treatment.
- Would take effect January 1, 2025.

POSSIBLE OPA COMMITTEE RESOLUTIONS FOR MEDCHI HOUSE OF DELEGATES

We considered getting these in to the Spring HOD meetings, but we will aim for the Fall meeting. These will circulate prior to, and be a topic of discussion at, our next meeting.

(1): Legislation to prevent the MD Dept of Health from providing certification of recovery residences which prohibit or limit access to MOUD. (Medication for OUD)

Maryland recovery residences commonly prohibit or limit access to MOUD in various ways, even though treatment without MOUD is ineffective for the great majority with OUD. The Maryland Department of Health provides quality certifications to certain recovery residences as a guide to the public even when they prohibit or limit access to essential, doctor-ordered medication treatment, the most basic standard of care for individuals with OUD. This results from, and exacerbates, "Medication-stigma" which has been described as one of the greatest barriers to access to care for individuals with OUD.

Maryland's MCORR program (Maryland Certification of Recovery Residences) has no expectation or requirement that certified recovery residences allow access to essential doctor-ordered OUD treatment, or avoid discriminating against individuals on medication for OUD.

The MDRN program (Maryland Recovery Network) includes residences receiving financial reimbursement and ostensibly requires them to provide access to MOUD. In practice, this is not enforced, and the Handbook for these residential providers does not make this expectation clear.

According to The Legal Action Center, this kind of discrimination violates federal law:
<https://www.lac.org/assets/files/Recovery-Home-MOUD-Info-Sheet-Feb-2022.pdf>

Bethany pointed out that it is also common for recovery services to inappropriately prohibit access to prescribed mental health medication and suggested including this in our resolution. It was pointed out that that access to benzodiazepines should be an exception to a standard protecting access to other prescribed mental health medications. This would complicate passing such a law.

(2): Legislation and/or advocacy for buprenorphine (formulations approved for pain) to be listed on the PDL for pain along with full opioids, and removing bup prior auth requirements for pain treatment. This may be a step toward prevention of OUD and OD, famously caused by full opioids prescribed for pain. At least some Maryland carriers have only full opioids on their Preferred Drug List (PDL) for pain, with all buprenorphine pain formulations requiring Prior Auth, even though, unlike full opioids, buprenorphine does not cause overdose, and is not known to lead to the development of OUD.

Minutes by Joe Adams MD