

Second Substitute Senate Bill 5195

Lunch & Learn:

*Implementation
Overview for WA
Behavioral Health
Agencies*

Part 1 of 2

Recording Notice

Washington State Health Care Authority is recording this training. Slides will also be available if you prefer not to participate in a recorded training.

Speakers

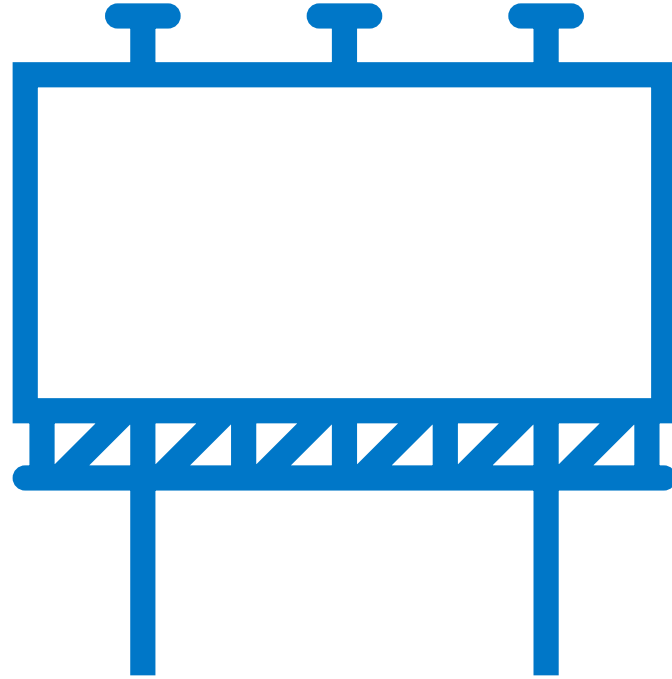
Laura Meader, MA, LSWAIC
Washington State Health Care Authority

Mandy Sladky, RN, MSN, CARN
Public Health- Seattle and King County

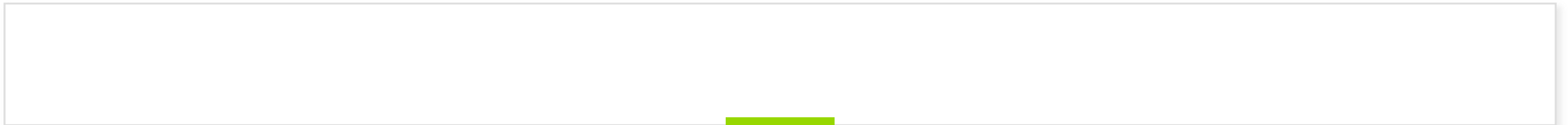
Marieme Sow, LPN
We Care Daily Clinics

Agenda

- Background and Context
- Overview: Requirements for Behavioral Health Agencies
- Pharmacy Partnerships & Approaches
- Agency Policy & Procedure Development
- Technical Assistance & Resources
- Q&A



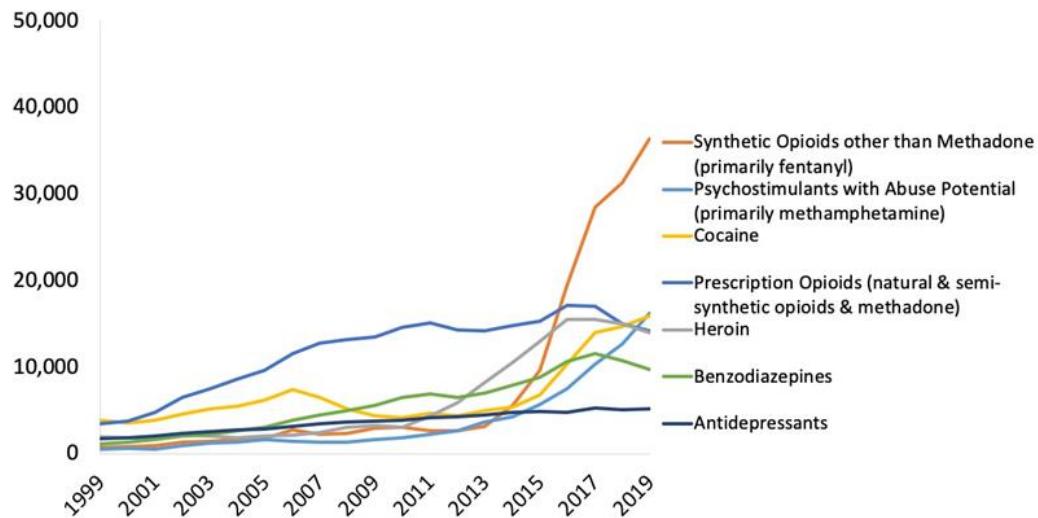
Background & Context



Why 2SSB 5195?

- ▶ 100,000 people dying annually in the US from drug overdose.
- ▶ Huge increases in opioid-related deaths nationally and locally.
- ▶ Many people at risk are not accessing naloxone.
- ▶ Widespread dissemination of **naloxone is safe and saves lives.**
- ▶ Insurance is an already available, sustainable payment method.

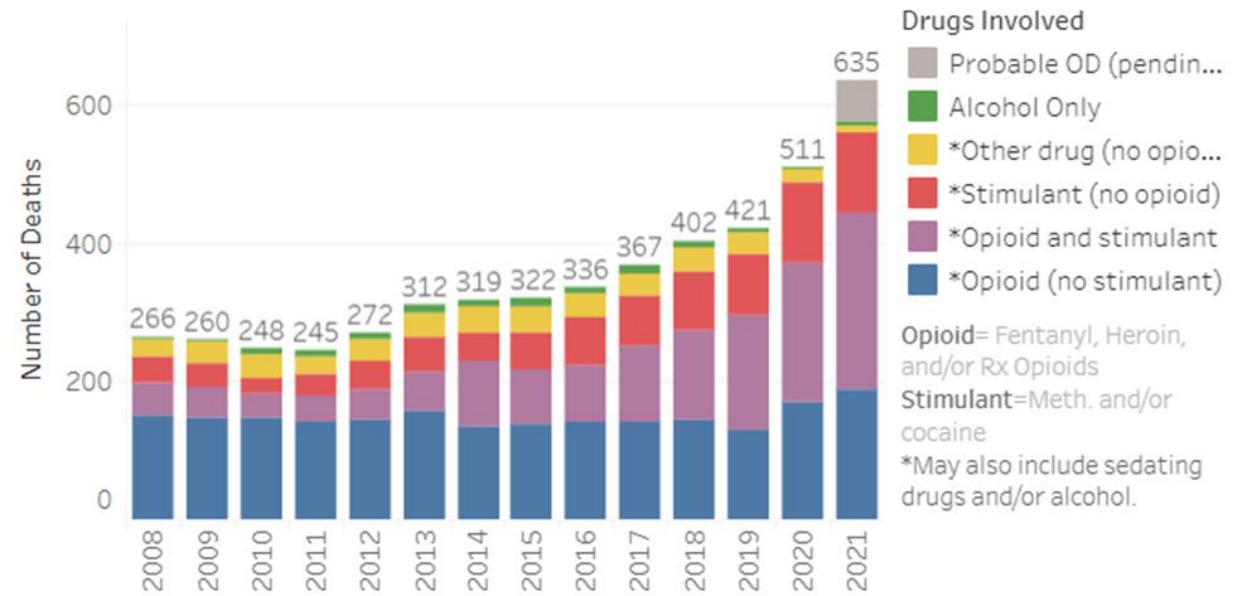
Figure 2. National Drug-Involved Overdose Deaths*, Number Among All Ages, 1999-2019



*Includes deaths with underlying causes of unintentional drug poisoning (X40-X44), suicide drug poisoning (X60-X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10-Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2019 on CDC WONDER Online Database, released 12/2020.

Drug & Alcohol Poisoning Deaths, King County

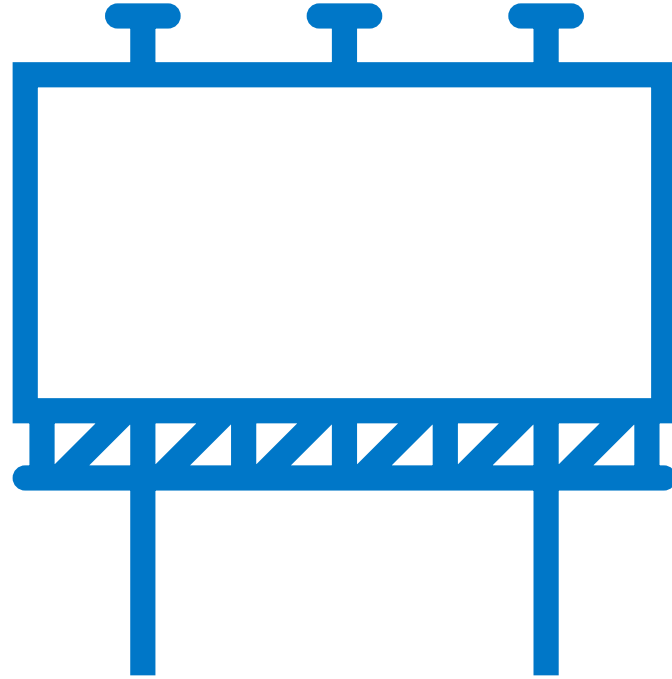
(Note: Bar chart can be viewed in terms of counts or rates; each decedent with a toxicology-confirmed overdose death is represented once.)



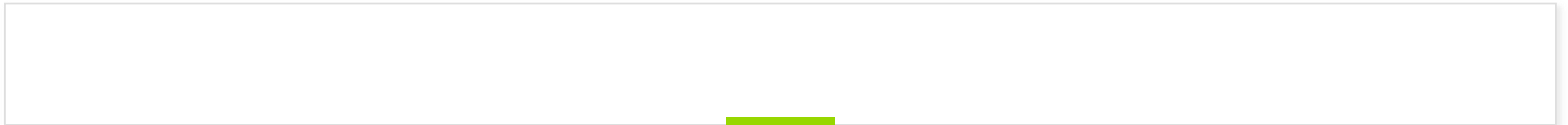
Drugs Involved

- Probable OD (pendin...)
- Alcohol Only
- *Other drug (no opio...)
- *Stimulant (no opioid)
- *Opioid and stimulant
- *Opioid (no stimulant)

Opioid= Fentanyl, Heroin, and/or Rx Opioids
Stimulant= Meth. and/or cocaine
 *May also include sedating drugs and/or alcohol.



Overview



Distributing naloxone in behavioral health settings

- ▶ Effective January 1, 2022
 - ▶ Behavioral Health Agencies (BHAs) will need to assess all clients for opioid use disorder (OUD) or recent opioid use outside of legal authority.
 - ▶ If a client has OUD or recent illicit opioid use, the agency must confirm the client has naloxone.
 - ▶ If the client does not have naloxone, the agency must assist the client with getting it and provide education.
 - ▶ Agencies must bill the client's insurance to the extent possible.

Impacted agencies

All Opioid Treatment Programs

All licensed or certified behavioral health agencies (BHA) that provide any of the following services:

- Treatment for mental health
- Treatment for substance use disorders
- Secure withdrawal management
- Evaluation and treatment



Requirements

Identify clients at risk for opioid overdose, who 1) present with symptoms of an opioid use disorder (OUD), or 2) who report recent use of opioids outside legal authority.

Ask identified clients if they have naloxone. If not, assist them in directly obtaining naloxone and associated education as soon as practical.

Requirement

- ▶ This must be done, as appropriate, during:
 - ▶ Intake
 - ▶ Discharge, or
 - ▶ Treatment Plan Review

Billing Requirements

- ▶ Bill the client's Medicaid benefit or other insurance for the medication
 - ▶ Insurance must be billed whenever possible.
 - ▶ If the patient is not enrolled in Medicaid and does not have other available insurance coverage, HCA will reimburse the BHA until the bulk purchasing program is operational.

Education Requirements

- ▶ The BHA must provide:
 - ▶ Directions for use, and
 - ▶ Information and resources on MOUD and Harm Reduction strategies and services.

Labeling

- ▶ The labeling requirements of RCW 69.41.050 and 18.64.246 do not apply to naloxone dispensed or distributed in accordance with this law



Distribution Approaches & Pharmacy Partnership

Distribution Approaches

- ▶ Partner with a community pharmacy
- ▶ Onsite pharmacy
- ▶ Mail order
- ▶ Any other resources or means authorized by state law
- ▶ HCA bulk purchasing and distribution program (when operational)

Pharmacy Partnership

- Establishing, building, & strengthening your pharmacy partnership
- The Statewide Standing Order to Dispense Naloxone



WCDC – Genoa Emergency Naloxone Distribution Program

Program Background

- ▶ WCDC utilized limited state grant like most organization to provide naloxone/Narcan, but it was not enough to cover all patients in our program.
- ▶ WCDC does not have an inside pharmacy.
- ▶ WCDC partnered with Genoa pharmacy to provide Narcan to insured patients with \$ 0 or minimum co-pay.

Program Overview

- ▶ Patient screening during medical admission visit
 - ▶ Overdose history, naloxone utilization, use patterns, overdose risk, supply of naloxone among contacts
- ▶ Every patient is offered Narcan in dispensary on first day of intake
- ▶ Patient education in dispensary
- ▶ Patient gives permission for pharmacy to deliver their medication to WCDC
 - ▶ Can be useful in future with other prescribed medications

Section one: Client Information

Client's Name: Last: _____ First: _____ MI: _____

Date of Birth: _____ Social Security Number: _____ Gender: M/F

Shipping address: 3320 Auburn Way N Auburn, WA 98002

Client's Phone Number: _____

Section Two: Insurance Information

Billing Address: 3320 Auburn Way N. Auburn, WA 98002

Primary Insurance Information

Policy Holder Name: Last: _____ First: _____ MI: _____

Social Security Number: _____ DOB: _____ Relationship: _____

Insurance Policy: _____ Group Number: _____

Secondary Insurance Information

Policy Holder Name: Last: _____ First: _____ MI: _____

Social Security Number: _____ DOB: _____ Relationship: _____

Insurance Policy: _____ Group Number: _____

Section Three: Brief Medical History

Diagnosis/Medical Conditions, please describe:

Medication Allergies: Y/N, if yes, describe: _____

Current Medication: _____

Section Four: Packaging

Vial Y/N, Child resistant Y/N, 30 Day card Y/N, Dispill Y/N, Other Y/N _____

I understand and acknowledge that I am personally responsible for the charges at this facility and that Genoa will bill my insurance as a courtesy. In the event of a non-payment, I understand that I will be responsible for any outstanding balance.

Patient Signature: _____ Date: _____

Genoa Healthcare

Client Enrollment Packet

Acknowledgement of receipt of notice of Privacy:

By signing this form, you acknowledge receipt of notice of privacy practices of Genoa Healthcare. Our notice of privacy practice provides information about how we may use and disclose your protected health information. We encourage you to read it in full. Our notice of privacy practice is subject to change. If we change our notice, you may obtain a copy of our revised notice by accessing our website at genoahealthcare.com or contacting

1-888-GENOARX (1-888-436-6279).

I acknowledge receipt of notice of privacy practice of Genoa Healthcare.

Consumer's Printed Name: _____

Signature: _____ Date: _____

If you have received this acknowledgement by mail, please return this signed copy to:

Genoa Healthcare at 4508 Auburn Way North, Ste. A-104, Auburn WA, 98002

Phone: (253) 373-9944 Fax: (253)373-9946



STANDING ORDER TO DISPENSE NALOXONE

Authority: This standing order is issued in accordance with RCW 69.41.095(5), which allows for “[t]he secretary or the secretary’s designee [to] issue a standing order prescribing opioid overdose reversal medications to any person at risk of experiencing an opioid-related overdose or any person or entity in a position to assist a person at risk of experiencing an opioid-related overdose.”

The physician issuing this standing order has been designated to do so by the Secretary of Health.

Purpose: The purpose of this standing order is to aid persons experiencing an opioid related overdose by facilitating distribution of the opioid antagonist naloxone to people in Washington.

Authorization: This standing order shall be considered a naloxone prescription for an eligible person or entity. This standing order authorizes a pharmacist to dispense naloxone to any eligible person or entity. This standing order authorizes any eligible person or entity in the State of Washington, including but not limited to any wholesaler licensed in the State of Washington, to possess, store, deliver, distribute, or administer naloxone.

An eligible person or entity is any person at risk of experiencing an opioid-related overdose or any person or entity in a position to assist a person at risk of experiencing an opioid-related overdose. These could include a natural person, such as an individual at risk of an opioid-related overdose or a family member, friend or acquaintance of that individual; or a legal person, such as an ambulance service, police department, or school or other educational institution that could be in a position to assist a person at risk of experiencing an opioid-related overdose.

Terms and Conditions: Any pharmacist dispensing naloxone to eligible persons or entities, as defined above, must provide written instructions on the proper response to an opioid-related overdose, including instructions for seeking immediate medical attention.

Pharmacists using this standing order to dispense naloxone should list the provider who signed this order as the prescriber.

Any individual or entity that dispenses, distributes, or delivers an opioid overdose reversal medication as authorized by this section shall ensure that directions for use are provided. Pharmacies and other entities are strongly encouraged to provide in-person training and allow hands-on practice with a demonstration kit and/or show a training video to persons receiving naloxone for the first time. Training may include information on the proper response to an opioid-related overdose; instructions on the role of naloxone; recognizing a potential opioid-related overdose; verifying unresponsiveness; calling 911; administering naloxone; starting rescue breathing; administering a second dose of naloxone if needed; and providing post-overdose care.

Written printable instructions and a training video for lay persons on responding to an opioid-related overdose and administering naloxone are available at:

<https://www.doh.wa.gov/YouandYourFamily/DrugUserHealth/OverdoseandNaloxone/NaloxoneInstructions>

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

Naloxone HCL Dispensing Procedures

Pharmacies and other entities can dispense and deliver the following naloxone products to eligible persons and entities based on availability and preference. Eligible persons and entities include persons at risk of experiencing an opioid-related overdose or persons or entities in a position to aid persons experiencing an opioid-related overdose.

Intramuscular Naloxone Hydrochloride Injection Solution (0.4 mg/ml)

Dispense: Two or more 1ml single dose vials of naloxone HCL (0.4mg/1ml) inj. and sufficient quantity of 3 ml syringes with 23 or 25 gauge 1.5" needles for the number of doses dispensed.

Directions for use: Call 911. Inject the entire solution of the vial intramuscularly in the shoulder or thigh. Repeat after two to three minutes as needed if no or minimal response.

Refills: As needed.

NARCAN Nasal Spray (4mg/0.1 ml)

Dispense: Two or more NARCAN[®] 4mg nasal sprays.

Directions for use: Call 911. Administer a single spray of NARCAN[®] in one nostril. Repeat after two to three minutes as needed if no or minimal response.

Refills: As needed.

Generic Naloxone Hydrochloride Nasal Spray (4mg/0.1ml)

Dispense: Two or more generic naloxone HCl 4mg nasal sprays.

Directions for use: Call 911. Administer a single spray in one nostril. Repeat after two to three minutes as needed if no or minimal response.

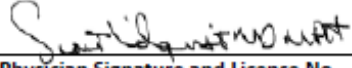
Refills: As needed.

Evzio[®] Naloxone HCl Injection, USP auto-injector (2mg)

Dispense: Two or more Evzio[®] 2mg auto-injector devices and 1 trainer device.

Directions for use: Remove auto-injector device from outer case. Remove red safety cover on bottom of device. Place black end of device firmly against person's thigh. Press firmly and listen as device counts down from 3 to 1. Once the device gives approval, remove device from thigh. Repeat after two to three minutes as needed if no or minimal response.

Refills: As needed.

	MD 00033520	02/01/2021
Physician Signature and License No.		Date
Scott Lindquist, MD, MPH		NPI 1780611871
Physician Name (Printed)		

Expiration, Renewal and Review

This standing order will automatically expire on 02/01/2023 or on the date that the physician who signed the order revokes it or ceases to act as the Secretary of Health's designee, whichever comes sooner. This standing order shall be reviewed on a regular basis against current best practices and may be revised or updated if new information about naloxone administration necessitates it.

Process

Patient signs confidentiality form allowing for delivery of medication to OTP

Form is faxed to pharmacy

Pharmacy uses state standing order to fill Narcan kit

Pharmacy delivers medication to OTP on the same day or next day

Receiving nurse enters a flag in the patient chart and distributes Narcan and education, with documentation, the next time the patient presents

Pharmacy Contact

Dr. Butler has agreed to answer any questions the group may have about this process in the pharmacy:

Allie Butler, PharmD, BCMTMS

Site Manager #00003 | **Genoa Healthcare**

Phone: (253)373-9944 | Fax Line: (253)373-9946 | Internal ext. 38025
4508 Auburn Way N Ste A104 | Auburn, WA 98002

Insurance

- ▶ Medicaid
 - ▶ No problems with reimbursement, no co-pays
 - ▶ Pharmacy and HCA state there should not be any per-patient yearly limits on Narcan (not quantity limited)
- ▶ We did recently have a patient with Medicare Advantage – Humana have a \$100 co-pay
 - ▶ We use limited DOH grant supply Narcan for these rare cases

Onsite Pharmacy & Mail Order

- ▶ Directly dispense using onsite hospital pharmacy or outpatient pharmacy on hospital property
 - ▶ Need to develop policies/processes for delivery and receipt by facility
- ▶ Develop relationships/processes with mail-order pharmacy to delivery medication to facility
 - ▶ Medication mailed directly to patient's home or delivered to the agency for distribution to client



Agency Policy & Procedure Development



Policy development

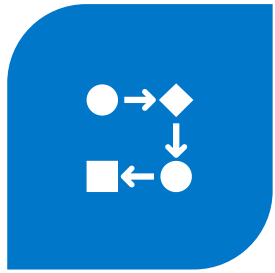
Standardizing screening & inclusion

Documentation

Exceptions and considerations

Internal quality assurance

Considerations



WORKFLOW



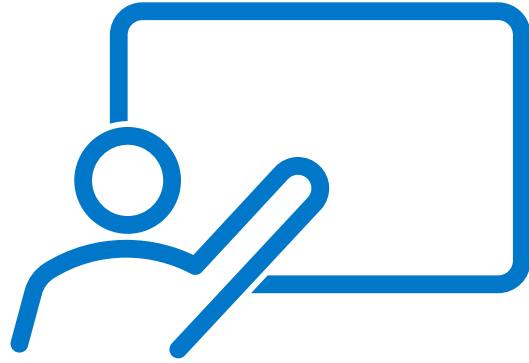
STAFFING



TRAINING



SUSTAINABILITY



Technical Assistance



Technical Assistance

- ▶ Webpage
- ▶ Toolkit for Behavioral Health Agencies
 - ▶ Requirements
 - ▶ Sample materials including training materials
- ▶ Training and support

Contact HCA

For Training & Technical Assistance:

Laura Meader, MA, LSWAIC
Overdose Reversal Medication Program Director
Division of Behavioral Health and Recovery
laura.meader@HCA.wa.gov
Pronouns: she/her

For Pharmacy-Specific or Apple Health Policy Questions:

AppleHealthPharmacyPolicy@hca.wa.gov





Resources



Pharmacy Partnership Resources

- ▶ The Statewide Standing Order to Dispense Naloxone
 - ▶ <https://www.doh.wa.gov/YouandYourFamily/DrugUserHealth/OverdoseandNaloxone>
- ▶ Additional pharmacy sample guidance & locator at stopoverdose.org
 - ▶ <http://stopoverdose.org/section/find-naloxone-near-you/>
- ▶ Regional Pharmacy Contacts:

Ryan Oftebro, PharmD, FACA

Principal / CEO

Telephone: 206-838-4577

roftebro@kelley-ross.com



Shaelah Easterday, PharmD

Pharmacist in Charge

Telephone: 360-794-5555

shaelah.easterday@providence.org

CredenaHealth^{rx}

Existing Resources

Order these free materials from ADAI

[submit request to adaiclr@uw.edu]

- ▶ Opioid Overdose brochure
 - ▶ Available in hard copies and download: [English](#), [Chinese](#), [Russian](#), [Somali](#), [Spanish](#), [Tagalog](#), [Tigrinya](#), and [Vietnamese](#)
 - ▶ Download only: [Amharic](#), [Arabic](#), [Farsi](#), [French](#), [Hindi](#), [Japanese](#), [Khmer/Cambodian](#), [K'iche](#), [Korean](#), [Laotian](#), [Marshallese](#), [Oromo](#), [Punjabi](#), [Russian](#), [Samoan](#), [Ukrainian](#)
- ▶ Medications for OUD brochure in [English](#) and [Spanish](#)
- ▶ Methamphetamine overdose flyer
 - ▶ Long version in [English](#) and [Spanish](#)
 - ▶ Short version in [English](#) and [Spanish](#)
- ▶ [Good Samaritan Law posters and card](#)

Overdose information

- ▶ [Opioid overdose video](#)
- ▶ [WA DOH](#): opioid overdose response in multiple languages.
- ▶ [Stopoverdose.org Methamphetamine page](#)
- ▶ [Stopoverdose.org Fentanyl page](#)
- ▶ [Laced & Lethal](#): fentanyl; youth can order free naloxone.
- ▶ Free posters: kingcounty.gov/overdose

Access naloxone for your agency

- ▶ [Using pharmacies to access naloxone: a guide for community-based agencies](#)
- ▶ Order naloxone for uninsured patients from [WA Department of Health Overdose Education and Naloxone Distribution Program](#).

Existing Resources

Legal references and law resources

- ▶ [2SSB 5195](#) – An act relating to opioid overdose reversal medication
- ▶ [RCW 71.24.025](#) – Subsection 30– Definition of Licensed or Certified Behavioral Health Agency
- ▶ [RCW 70.41.480](#) – Authority to prescribe prepackaged emergency medications
- ▶ [Pharmacy Quality Assurance Commission \(PQAC\) Policy Statement Distributing Naloxone](#)
- ▶ [Department of Health News Release – Overdose deaths show alarming trend in 2020; fentanyl party to blame](#)

Harm reduction information

- ▶ [UW HaRRT Lab](#): print outs on safer drug use
- ▶ [DOH SSP Directory](#): find syringe service programs (SSP)
- ▶ [Harm Reduction Coalition](#)

MOUD information

- ▶ [Learnabouttreatment.org](#)
- ▶ [Talking to patients about medications for opioid use disorder](#)
- ▶ [WA Recovery Helpline](#): hotline & interactive map of treatment programs providing MOUD.

Save the
Date

Lunch & Learn Part
Two: Clinical
Considerations

12/15/2021 from

12:00 pm – 1:00 pm

PT



Q&A

