

## Illinois Opioid Crisis Response Advisory Council Meeting

March 18, 2019

### MEETING MINUTES

IDHS/SUPR Director Danielle Kirby welcomed the group. Dr. Maria Bruni, IDHS Assistant Secretary of Programs, shared that she has been meeting with the Attorney General's Office Consumer Protections Division regarding opioid settlement monies. Meeting discussions focus on services that are currently covered by Medicaid and federal grants, and the services that might be supported by the \$4,000,000 settlement.

#### Illinois Department of Public Health (IDPH) Updates

Jenny Epstein, Director of Strategic Opioid Initiatives, gave the following updates:

- IDPH is applying for a Centers for Disease Control and Prevention (CDC) Overdose to Action grant. If funded, this grant will strengthen surveillance and prevention work and the Prescription Monitoring Program (PMP).
- IDPH is working with hospitals to improve data collection on naloxone administration. Hospitals are required to report naloxone administrations within 48 hours.
- As previously reported, the Chicago Recovery Alliance (CRA) and the Chicago Department of Public Health (CDPH) are collaborating on the CoAg fentanyl testing project. The Chicago Alliance for Drug Checking – Realtime has three machines that are testing people's heroin samples for fentanyl. Ms. Epstein will have this team present their work at a future Council meeting.

#### IDHS/SUPR Updates

Director Kirby gave the following updates:

- Two Notice of Funding Opportunities (NOFOs) were open in March. The Residential Stabilization Centers for Patients with OUD program will provide short term stabilization for a patient with OUD who is in crisis and seeking treatment or recovery support services during the first few days of their MAT induction. The Digital Toolkit Recovery Support project will support the development and implementation of digital recovery support resources. Note: These NOFOs closed on March 31<sup>st</sup> and April 2<sup>nd</sup>, respectively. Links to the NOFOs were emailed to the Council immediately after the meeting.
- Seven Federally Qualified Health Centers (FQHCs) applied for the OUD MAT in FQHCs program. This program will provide MAT and supportive services to people with OUD who are served by FQHCs and who not eligible for Medicaid. Funding decisions will be made in April.
- As announced in the February 2019 Council meeting, eight hospitals were awarded funding for the Hospital Warm Handoff project. Hospitals will begin providing services under this project in the next few weeks. Go to: <http://www.dhs.state.il.us/page.aspx?item=116027> for more information on this project.

#### Marijuana as An Opioid Alternative Program (OAPP)

Conny Mueller Moody, IDPH Deputy Director, Office of Health Promotion & Medical Cannabis, gave the following presentation on OAPP (see attached handouts).

- Public Act 100-1114 was signed into law on 8/28/2018, creating the Opioid Alternative Pilot Program (OAPP). OAPP allows access to medical cannabis for individuals who have or could receive a prescription for opioids as certified by a physician licensed in Illinois. The overarching goal of OAPP is to reduce overdoses related to opioid prescription drugs.
- OAPP officially launched on January 31, 2019. State agency partners include IDPH, Illinois Department of Financial and Professional Regulations (IDFPR), Illinois State Police, PMP,

Department of Agriculture's State Seed-to-Sale Tracking System, and the Office of the Secretary of State. As of 3/18/2019, 442 patients and 264 physicians were registered with OAPP.

- Qualifying patients are those who have a current prescription for an opioid or those who could be prescribed an opioid based on generally accepted standards of care. Patients must be 21 or older. Physicians issuing certifications must be licensed to practice in Illinois and hold a valid Illinois Controlled Substances License. Physicians must have a bona-fide physician-patient relationship with the patient. OAPP Physician Certification (PC) is valid for 90 days. Certification requires an in-person office visit; telemedicine and telephone consultation are prohibited. Patients are limited to 2.5 ounces of medical cannabis every 14 days. Qualifying patients can re-register after the 90 day period.
- Patient and physician registration take place online through the Illinois Cannabis Tracking System. Physicians are required to register with OAPP before a qualifying patient can complete their registration. Once submitted by the physician, a PC is valid for 30 days. If the physician determines that the registered patient should continue in the OAPP, a new PC can be entered. However, this requires an in-person office visit.
- Patient registration requirements include: Illinois driver's license or state ID, proof of address documentation, passport-style photograph, and \$10 co-payment. The Secretary of State makes notations of patients' participation in OAPP and issues registry cards. Patients are protected under the Act for transporting medical cannabis if they are stopped by law enforcement; they are not protected however if they are stopped or arrested for driving under the influence of medical cannabis.
- Several patient and physician education efforts are underway. Go to <http://www.dph.illinois.gov/sites/default/files/publications/oapppatientbrochure.pdf> to download a copy of the patient brochure. Educational webinar slides can be found at <http://www.dph.illinois.gov/sites/default/files/publications/oapp-webinar-01082019-slides.pdf>. Additional resources can be found on the IDPH OAPP website: <http://www.dph.illinois.gov/topics-services/prevention-wellness/medical-cannabis/opioid-alternative-pilot-program>.
- The University of Illinois is conducting an evaluation of OAPP. The evaluation will identify physician training needs, patient and dispensary readiness to participate in OAPP, and changes in attitudes and beliefs about medical cannabis.
- Discussion:
  - Council members asked why telemedicine cannot be used to obtain physician certifications. IDFPF clarified that no narcotics can be prescribed via telemedicine, including medical cannabis. Additionally, Ms. Moody explained that teleconferencing has resulted in abuse of the system in other states.
  - It was clarified that OAPP patients do not have to give up their opioid prescriptions in order to participate in the program. Anecdotal evidence suggests that many patients who use medical cannabis have reduced or stopped their use of opioids.
  - It was suggested that OAPP patients receive education on medical cannabis dosing and side effects. Ms. Moody explained that because medical cannabis is not an FDA-approved drug, dosing information is not available.

### **Substance Use Disorder (SUD) Allies AmeriCorps Program**

Clare Healy of the Public Health Institute of Metropolitan Chicago gave an overview of the SUD Allies AmeriCorps Program.

- SUD Allies is part of the federal AmeriCorps program. The SUD Allies program supports agencies throughout Chicago and suburban Cook County in providing prevention, treatment and recovery services. SUD Allies provide opportunities for AmeriCorps members to gain

training and expertise in SUD treatments and recovery while providing service directly in the community.

- The program is looking for host site organizations. Eligible organizations must be a 501(c)(3) public or private nonprofit organization, institution of higher education, government entity within a state or territory, Indian Tribe, or a partnership/consortium. Organizations must provide a cash contribution in the amount of \$13,500 per full-time SUD Allies member and \$7,155 per part-time member. Host sites must be able to provide meaningful activities for SUD Allies members and the work members do must address a significant and unmet need.
- Note: Applications for SUD Allies host sites were due on April 3, 2019. A link to the funding announcement was sent both prior to and after the Council meeting. For more information on the program go to: <https://www.phimc.org/2019/03/04/rfa-sud-allies-host-sites-19-20/>

### **Impact of CDC Opioid Guidelines on Intractable Pain**

Sally Balsamo, National Pain Patient Advocate at the Alliance for the Treatment of Intractable Pain (ATIP), gave the following updates.

- There is growing concern that current CDC opioid prescribing guidelines are preventing people with intractable pain (see definition below) from receiving opioids needed to treat their medical conditions. For example: Oregon's Health Advisory Evidence Review Committee recently made the recommendation to wean all Medicaid patients off of opioids. This includes individuals with disabling medical conditions who often fall through the cracks, i.e., rely solely on Medicaid for their healthcare. Health professionals submitted a letter documenting the negative impact of this forced taper on patient health. Oregon is re-evaluating this recommendation and has put it on hold.
- ATIP attended a meeting convened by the Centers for Medicare and Medicaid Services (CMS) to discuss the impact of CDC opioid prescribing guidelines on people with intractable pain. The CDC agreed to assess the impact of these guidelines on people with intractable pain within a year of implementation but has yet to do so. More than 300 people attended the CMS meeting. The goal of the meeting was to hold CDC accountable and encourage more communication with patient advocacy groups.
- Discussion:
  - Council members asked whether there is a difference between chronic and intractable pain. Ms. Balsamo gave the following definitions of the three types of pain: 1) Acute pain is brought on by something specific (surgery, broken bone, dental work). This pain lasts less than six months and goes away after the underlying cause is resolved. 2) Chronic pain last for at least six months and is most frequently caused by musculoskeletal conditions. 3) Intractable pain is constant, severe, life altering, difficult to treat and due to an underlying incurable medical condition.
  - Council members discussed that some people in rural areas of the state are being forced to taper of their opioids and have no access to pain care. As a result, people are more likely to turn to illicit opioids to try to manage their pain. Ms. Balsamo noted that this occurs regardless of where people live and is an underlying reason why it's important to hold the CDC accountable to assessing the impact of their opioid prescribing guidelines on people with intractable pain.
  - It was recommended that the Helpline include resources, such as myth busters about intractable pain and opioid treatment, to help educate people about this issue.

### **April 2019 Council Meeting**

The next Illinois Crisis Response Advisory Council meeting will be held on Monday, April 15, 2019 from 1:00-3:00 PM. Please e-mail Brian Pacwa at [Brian.Pacwa@illinois.gov](mailto:Brian.Pacwa@illinois.gov) if you would

like to be added to the email list. Information on Chicago and Springfield locations will be sent closer to the meeting date.

Call in number: 415-655-0052 Access Code: 599279395

Council meeting minutes and materials (including handouts from this meeting) can be found on the Council's website: <http://www.dhs.state.il.us/page.aspx?item=97186>