

## LOUISIANA LEGISLATURE ACT 88:

### ADVISORY COUNCIL ON HEROIN AND OPIOID PREVENTION AND EDUCATION

Date: December 7, 2018

Time: 1:30 – 3:30 p.m.

Location: Louisiana Department of Health

628 North 4<sup>th</sup> Street, Bienville Building, Room 118

Baton Rouge, LA 70802

#### Minutes:

1. Call to Order - Dr. Hussey called the meeting to order at 1:35
2. Roll Call –

*Present:*

Dr. James Hussey (Chair)- Dept. of Health  
Matt Adams (Co-Chair)- Board of Regents  
Major Bob Brown- State Police  
Linda Theriot- Veterans Affairs  
Mona Michelli- Dept. of Children and Family Services  
Keetsie Gunnels- Attorney General's Office  
Michael Comeaux- Dept. of Education  
Dr. John Morrison- Dept. of Public Safety and Corrections  
Judge Jules Edwards- 15<sup>th</sup> JDC  
Thomas Travis- Dept. of Insurance  
Senator Barrow- Senate

*Absent:*

Troy Prevot- LCTA Workers' Comp  
Sheral Kellar- Workforce Commission

3. Approval of new agenda – Agenda approved
4. Approval of minutes from February, May and August
  - a. February minutes- motion to approve by Michael Comeaux, seconded by Co-Chair Matt Adams, approved.
  - b. May minutes- motion to approve by Mona Michelli, no objection, approved.
  - c. August minutes- motion to approve by Mona Michelli, seconded by Michael Comeaux, approved.

5. PEW Charitable Trusts – An update was provided by Andrew Whitacre via PowerPoint including policy challenges, potential policy revisions and next steps with key dates.

Some highlights of the presentation include the following:

The most significant issue that Pew has seen from the assessment of Louisiana is that there are not enough providers across the state that offer effective treatment. In both rural and urban areas, there are not enough providers to meet the need for treatment. Pew has heard this concern from stakeholders statewide. A strong treatment system that is able to provide treatment at or near capacity needs to rely upon community-based providers that are accessible in all parts of the state. Outpatient providers in Louisiana frequently either a) don't offer MAT or b) don't accept Medicaid patients. LA ranks 46<sup>th</sup> in per capita accessibility of OTPs. MAT is not widely offered at residential facilities. Pregnant women in Louisiana are largely unable to access any form of MAT. Another

underserved population in Louisiana are justice-involved individuals. Louisiana's Medicaid program does not cover methadone for the treatment of OUD. Louisiana's OTPs are siloed, rarely offering all forms of FDA-approved medications, and not integrated with primary care and co-occurring mental health services. Louisiana is one of only a few state Medicaid programs that does not cover methadone to treat OUD. However, Secretary Gee and other leaders at LDH have made this a priority and have undertaken a significant amount of work to change that. To expand Medicaid provider networks and engage community-based providers, Louisiana could pursue reforms to Medicaid that target MAT access in outpatient and residential facilities, provide training and billing support to residential facilities to increase use of MAT, and require all licensed SUD providers that treat pregnant women to offer MAT to ensure pregnant women can access MAT. With 34 FQHCs statewide, expanding access to MAT in health centers in Louisiana could help reach those that need effective treatment.

Andrew Whitacre asked that those who would like to get in contact with Pew, to reach out to Alaina McBournie at [amcbournie@pewtrusts.org](mailto:amcbournie@pewtrusts.org) or by phone: 202-540-6967 until February 11th. After that date, he can be reached at [awhitacre@pewtrusts.org](mailto:awhitacre@pewtrusts.org) or by phone at 202-552-2228.

Questions from the public audience were addressed including:

**Q:** What are some of the reasons states are not covering Methadone?

**A:** Stigma, cost and not wanting to promote that method of care

**Q:** Are rates for care coordination for SUD only?

**A:** Yes, for provider-level care coordination, which is different from MCO care Coordination

**Q:** Are rates for consultation among providers considered?

**A:** Yes, it will be considered in LDH's Hub and Spoke model through the LaSOR Grant. The ECHO model is also being launched with Tulane through the LaSOR grant. This offers tele video conference (case conferencing) for experts, where providers can discuss cases anonymously.

#### 6. HOPE Year-end Report Review

- a. Chair Dr. James Hussey provided a high-level review of the report and summary of the draft HOPE Interagency Coordination plan - (a draft report had been provided to Council members prior to this meeting with recommendations/comments from Council members)
- b. The Council engaged in a detailed discussion on recommendations included in the draft document
- c. Revisions to language and formatting were made, particularly around palliative care
- d. Vote
  - i. Judge Jules Edwards made a motion to adopt all amendments proposed, to authorize staff to make any technical changes necessary, and to move the document as amended; Seconded by Major Bob Brown; Report approved.

#### 7. Public Comment

- a. Dr. Allison Smith- Asked if there is any way that disposal bags used for hospice to also be provided to rural families. Keetsie Gunnels responded that there is a supply of pouches, but how to disseminate them is a whole other question. General practitioners would need to hand out to a family. However, it is a possibility. More readily available at this stage are the drop boxes. More information on that can be found on the AG's website- [endtheepidemic.org](http://endtheepidemic.org). Drop boxes can be found in every parish.
- b. Michael Comeaux asked about the release of the opioid panel reports and wanted clarity of this. Dr. Petersen responded that there was an open forum held October 5<sup>th</sup> with an expert panel to hear recommendations from the public. Tentative recommendations were received from the expert panel to LDH. LDH will use these recommendations and comments towards LDH's strategic plan.

- c. No further comments
8. Next Steps
- a. Report will be submitted to the Governor, President of Senate, Speaker of the House, Supreme Court, and Drug Policy Board by December 31<sup>st</sup>.
  - b. Statewide data- sharing- Chair Dr. James Hussey stated that Nov 15<sup>th</sup> and 16<sup>th</sup>, Dr. Joseph Kanter, Jay Besse, Jen Katzman, David Timoll, Dr. Alexander Billioux, and himself attended an ASTHO meeting in Atlanta. Five or so states were put together to discuss interconnecting public health and behavioral health and the challenges each state faces in getting the data needed in order to do what we are charged with, i.e. the HOPE Council. There was discussion on how we can get together and form policy around data and gather data across different sectors across the state. There is more reluctance to data than meets the eye. Chair Dr. James Hussey's workgroup decided to look at data sharing agreements and governance. A data governance board can handle this. Chair Dr. James Hussey stated that we shouldn't blindly ask for data. We should consider if it is data we need, how it will be used, etc. If the HOPE Council does get authority to receive data, we need to be very responsible in asking for it, how to request it, and what we do with it.
  - c. Minutes will be shared with members to review prior to the next meeting
  - d. A date was not determined for 2019's first meeting, but the consensus is that March will work better for most than February.
9. Motion to adjourn by Major Bob Brown, no objection, adjourned at 3:13pm.