Health Policy Update

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Hot Topics

• Opioid epidemic
• Expanded practice rights for APRN’s
• E-cigarettes and vaping
• Medical marijuana
• Medicaid work requirements
• Medicare for all proposals

• Projected physician shortage
• Disclosure of drug pricing to patients
• Hospital price transparency
• Future of the Affordable Care Act
Opioid Crisis
Opioid Crisis

• There are 70,000 drug overdose deaths annually in the US
• 67.8% of these involved opioids
• CDC estimates economic burden is $78 billion annually
• In 2017, Ohio had second highest rate of drug overdose deaths involving opioids
  • 39.2 drug overdose deaths per 100,000
    • National average 14.6 deaths per 100,000
  • In 2017, Ohio providers wrote 63.5 opioid rx per 100 pts
    • In 2015, providers wrote 86 opioid rx per 100 pts
    • National average 58.7 rx per 100 pts
2017 Ohio Drug Overdose Data - ODH

• Rx opioid-related overdose deaths at 8 year low
  • Decreased 7% from 2016-2017
  • Decreased 28% from 2011-2017

• Heroin-related overdose deaths at 4 year low
Figure 1. Number of Unintentional Drug Overdose Deaths Involving Prescription Opioids, 2011-2017

- 2011: 724
- 2012: 628
- 2013: 644
- 2014: 672
- 2015: 667
- 2016: 564
- 2017: 523

Figure 2. Percentage of Unintentional Drug Overdose Deaths Involving Prescription Opioids, 2011-2017

- 2011: 40.9%
- 2012: 32.8%
- 2013: 30.5%
- 2014: 26.6%
- 2015: 21.9%
- 2016: 13.9%
- 2017: 10.8%

*Prescription opioids reflect ICD-10 codes T40.2-T40.4, T40.5. Deaths are captured in this category only if there is no mention of fentanyl and related drugs (reflected in T40.4 and T40.6) on the death certificate, even if the death involved natural & semi-synthetic opioids (T40.2) or methadone (T40.3).

Figure 4. Number of Opioid Solid Doses Dispensed to Ohio Patients, by Year, Ohio, 2011-2017

Source: State of Ohio Board of Pharmacy, Ohio Automated Rx Reporting System.
Figure 13. Average Age-Adjusted Unintentional Drug Overdose Death Rate Per 100,000 Population, by County, 2012-2017

Sources: Ohio Department of Health, Bureau of Vital Statistics; Analysis by ODH Injury Prevention Program; U.S. Census Bureau (Vintage 2016 population estimates).

Includes Ohio residents who died due to unintentional drug poisoning (underlying cause of death ICDC-10 codes X40-X44).

Rate suppressed if <10 total deaths for 2012-2017.
Legislative Action - Federal

• H.R. 6 - SUPPORT for Patients and Communities Act
  • Signed into law in late 2018
  • Allocated $50 million to 15 states for planning grants aimed at increasing capacity for Medicaid SUD treatment and recovery services
  • Expands recovery centers, eases buprenorphine restrictions
  • Includes changes to Medicare, Medicaid and Public Health
  • Research grants for pain management, recovery initiatives
What’s New - Ohio

• Lawsuits against drug companies and distributors- $260 million settlement between 2 OH counties (Cuyahoga and Summit) and 4 drug companies
  • 2400 similar lawsuits across the country
  • Purdue Pharma $10-20 billion tentative settlement

• Governor DeWine recently proposed that state and local governments jointly negotiate opioid lawsuits and settlements

• Deterra drug deactivation system

• New state regulations regarding limits on opioid prescriptions for acute pain and chronic/subacute pain
For Prescribers - New Limits on Prescription Opioids for Acute Pain

Updated 2/22/2019

NOTE: This guidance is intended to provide a general overview of the limits on prescription opioids for acute pain. For specific questions regarding the limits, please contact the appropriate prescriber regulatory board.

The State of Ohio has rules for prescribing opioid analgesics for the treatment of acute pain. Please be advised, the limits in the rules DO NOT apply to the use of opioids for the treatment of chronic pain.

Ohio also implemented rules for the treatment of chronic pain using opioids. More information can be accessed here: https://med.ohio.gov/Overview-Regulations-for-Chronic-and-Subacute-Opioid-Prescriptions

In general, the rules limit the prescribing of opioid analgesics for acute pain, as follows:

1. No more than seven days of opioids can be prescribed for adults.
2. No more than five days of opioids can be prescribed for minors and only after the written consent of the parent or guardian is obtained in accordance with section 3719.061 of the Revised Code. A guidance document (that includes exemptions to the consent requirements) can be accessed here.
3. Health care providers may prescribe opioids in excess of the day supply limits only if they provide a specific reason in the patient’s medical record.
4. Except as provided for in the rules, the total morphine equivalent dose (MED) of a prescription for acute pain cannot exceed an average of 30 MED per day.
5. The new limits do not apply to opioids prescribed for cancer, palliative care, end-of-life/hospice care or medication-assisted treatment for addiction.
6. The rules apply to the first opioid analgesic prescription for the treatment of an episode of acute pain.
7. The rules do not apply to inpatient prescriptions as defined in rule 4729-17-01 of the Administrative Code.
Establishing safety checkpoints on prescription opioids for long-term pain will help ensure that treatment is improving patients’ quality of life without increasing the risk of opioid misuse and addiction.
Expanded Practice Rights for APRNs
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• Nurse Practitioners can diagnose and treat patients without physician involvement in 22 states and the District of Columbia
• In the remaining states, either a collaborative agreement or physician supervision is required
• Nurse Practitioners have independent prescribing authority in 24 states
• The VA granted APRN’s independent practice rights in 2016
Full Practice
State practice and licensure laws provide for nurse practitioners to evaluate patients, diagnose, order and interpret diagnostic tests, initiate and manage treatments—including prescribe medications and controlled substances—under the exclusive licensure authority of the state board of nursing. This is the model recommended by the National Academy of Medicine, formerly called the Institute of Medicine and National Council of State Boards of Nursing.

Reduced Practice
State practice and licensure law reduces the ability of nurse practitioners to engage in at least one element of NP practice. State requires a career-long regulated collaborative agreement with another health provider in order for the NP to provide patient care or limits the setting of one or more elements of NP practice.

Restricted Practice
State practice and licensure law restricts the ability of a nurse practitioner to engage in at least one element of NP practice. State law requires career-long supervision, delegation or team-management by another health provider in order for the NP to provide patient care.
Expanded Practice Rights for APRNs in Ohio

• Ohio HB 177 – Better Access to Better Care Act
  • Introduced by Representative Tom Brinkman
• Would eliminate need for Standard Care Agreement for APRN’s
• Proponents say bill would help address primary care shortages
• Opponents say APRN’s should not have independent practice rights and that only physicians should lead medical teams
Meet Ohioans for Healthcare Access

Ohioans for Healthcare Access is a non-profit, nonpartisan alliance of stakeholder organizations dedicated to increasing access to healthcare for all Ohioans. Our membership includes healthcare providers, patients and community-based organizations across the state.

We Stand for Better Healthcare Access for all Ohioans
October 25, 2019

Scope of Practice Bill Gains Traction

HB 177, which permits nurse practitioners to practice and prescribe independently, is gaining traction in the House of Representatives Health Committee. Nurse practitioners recently had an advocacy day at the Statehouse and are aggressively pursuing expanded scope of practice. The OOA and other physician groups maintain the education and abilities of physicians and APRNs are complementary, not equivalent—which makes supervision agreements necessary for patient safety. The OOA advocates the best approach to patient care is a physician-led, team-based model. If you want to advocate on this issue, please register your interest today.

The House Health Committee heard HB 341 this week. The measure allows the use of injectable medication-assisted treatments for opioid use disorder. It requires specific protocols for administering pharmacists.
E-cigarettes and Vaping
Vaping

• Ohio Tobacco 21 law went into effect 10/17/19
• Raises the minimum age to purchase tobacco, e-cigarettes and vaping products from 18 to 21 years of age
• Laws regulating vaping vary by state
Vaping

• Rapid growth among middle and high schoolers
• Vape culture
  • Cloud chasing, squonking, dripping, mods
• Worldwide vaping market is valued at $26 billion
• Expected to double over next six years
• More than 15,000 flavors available
• Many users think it’s just water vapor – but it’s actually an aerosol
• Vaping is believed to expose users to a variety of inhaled toxins
Vaping

- CDC tracking lung injury associated with e-cigarettes and vaping
- EVALI – e-cigarette or vaping lung injury
- 1888 reported cases in all states except Alaska
  - 28 cases in Ohio
- 37 deaths in 24 states (as of 10/29/19)
  - 3 deaths in Ohio
- FDA and CDC have not identified the causes(s) of EVALI
  - E-liquid usually contains propylene glycol or vegetable glycerin-based liquid with flavoring, nicotine, other chemical and metals
Outbreak of Lung Injury Associated with the Use of E-Cigarette, or Vaping, Products

CDC, the U.S. Food and Drug Administration (FDA), state and local health departments, and other clinical and public health partners are investigating a multistate outbreak of lung injury associated with use of e-cigarette, or vaping, products.
EVALI – CDC recommendations

• Diagnosis of exclusion
• Ask patients about symptoms of respiratory, GI, constitutional symptoms
• Ask patients about recent use of e-cigarette or vaping products and substances used
• Pulmonary auscultation often unremarkable
• Initial labs and infectious disease considerations should be guided by clinical findings
• Radiographic findings have included pulmonary infiltrates on CXR and opacities on CT
EVALI – CDC recommendations

• Consider hospitalization, especially if pts have respiratory distress, comorbidities that compromise pulmonary reserve or O2 sat <95%
• Consider consultation with pulmonology, critical care, infectious disease specialists
• Consider administration of corticosteroids
• Consider influenza antivirals per established guidelines
• Consider empiric antibiotics for CAP
Vaping legislation

• Governor DeWine has called for a ban on flavored e-cigarettes
• Trump administration has considered a ban on flavored e-cigarettes
• FDA is proposing tighter regulation of vaping industry
• E-cigarettes have been proposed as a means to help persons quit smoking, but there isn’t strong evidence to support this
• E-cigarettes are just as addictive as traditional cigarettes
• If vaping bans occur, it may drive individuals to use traditional cigarettes
Medical Marijuana
Medical Marijuana

• Legislation passed in 2016 legalizing medical marijuana
• Implementation of the new laws has proceeded slowly
• First licensed sale of medical marijuana in OH occurred in January 2019
• Medical marijuana can only be prescribed by physicians
• Patient registration required
• Limits on quantity, legal amounts, possession
• Marijuana remains illegal under federal law
HOW TO OBTAIN MEDICAL MARIJUANA

Obtaining medical marijuana through Ohio’s Medical Marijuana Control Program (OMMCP) involves three basic steps:

1. Visit a certified physician who can confirm that you have one of the medical conditions that qualify for medical marijuana and have the physician create your profile in the Patient & Caregiver Registry.
2. Confirm and complete your registration for the program through the OMMCP Patient & Caregiver Registry.
3. Purchase medical marijuana from an approved dispensary in Ohio.

- **Please note:** During the early months of Ohio’s Medical Marijuana Program, the industry responsible for growing, producing and testing these products is in start-up phase and may have limited inventory available. Also, not all proposed dispensary locations will be fully licensed and open for business. During this start-up phase, the industry may be unable to provide a full supply of products at all licensed locations until later in 2019.

1. **SEE A PHYSICIAN**

The first step to become a medical marijuana patient is to establish and maintain a bona fide physician-patient relationship with a certified physician.

- An in-person visit with a certified physician is required at least once per year.
- Certified physicians have access to the Patient Registry and will submit their recommendations for a patient to receive medical marijuana directly to the Patient Registry.
- The physician will need the patient’s valid Ohio driver’s license, a valid Ohio identification card issued by the Ohio bureau of motor vehicles (BMV), or a valid United States passport.
- A registered caregiver may possess and administer medical marijuana to patients with whom the caregiver’s registration is associated. The certified physician will need similar identification from a caregiver to establish their profile in the Patient Registry.
- A certified physician can recommend up to a 90-day supply of medical marijuana with three refills (totaling up to 360-day supply if appropriate for the patient).

**Certified Physicians**

- Physicians who wish to recommend medical marijuana in Ohio must have an active Certificate to Recommend (CTR) from the State Medical Board of Ohio. If your current physician does not have an active CTR, you can find a certified physician here.
Medical Marijuana OH Statistics

- 9 cultivators
- 10 processing agencies
- 44 dispensaries
- 3 testing agencies
- 63,819 registered patients
- 40,571 unique patients who have purchased medical marijuana
- 575 physicians have certificates to recommend
- $33.4 million in sales (through 10/31/19)
Qualifying Conditions

- AIDS
- Amyotrophic lateral sclerosis
- Alzheimer’s disease
- Cancer
- Chronic traumatic encephalopathy
- Crohn’s disease
- Epilepsy or another seizure disorder
- Fibromyalgia
- Glaucoma
- Hepatitis C
- Inflammatory bowel disease
- Multiple sclerosis
- Pain that is either chronic and severe or intractable
- Parkinson’s disease
- Positive status for HIV
- Post-traumatic stress disorder
- Sickle cell anemia
- Spinal cord disease or injury
- Tourette’s syndrome
- Traumatic brain injury
- Ulcerative colitis
Qualifying Conditions

• In 2019 the board voted down the following conditions:
  • Opioid Use Disorder
  • Insomnia
  • Depression
  • Anxiety (both acute and chronic)
  • Autism
Municipal Reforms

• OH Senate bill 57 decriminalized hemp
• Recently a number of OH cities have decriminalized marijuana
  • In November 2018 Dayton eliminated penalties for possession of up to 100 gm
  • In June 2019 Cincinnati eliminated penalties for possession of up to 100 gm
  • In July 2019 Columbus reduced fines for possession to $10 (up to 100 gm) and $25 (100-250 gm)
Vermilion stops enforcing Ohio’s misdemeanor marijuana law
AACOM Health Policy Fellowship
AACOM Health Policy Fellowship

• Year-long health policy fellowship for osteopathic physicians
• Sponsored by AACOM and coordinated by the HPF office at OUHCOM
• Began in under the direction of Barbara Ross-Lee, DO in 1993
• Program coordinator – Dan Skinner, PhD
• Over 250 fellows have graduated from the program
• Maximum of 12 fellows per cohort
HEALTH POLICY FELLOWSHIP

About The Health Policy Fellowship
References

- https://www.cdc.gov/drugoverdose/data/statedeaths.html
- https://www.medicalmarijuana.ohio.gov/
- https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html
- https://associationdatabase.com/aws/OOSA/ebulletin/view_mail/152573/280706
- https://www.centeronaddiction.org/e-cigarettes/recreational-vaping/what-vaping
Questions?