



The influential voice of Nebraska's hospitals

Opioid Abuse in Nebraska

Nebraska hasn't seen the worst of the epidemic. The state ranked 50th and Iowa 48th lowest among states for the rate of drug overdose deaths in 2014. Nebraska had 124 overdose deaths in 2014, a rate of 7.1 for every 100,000 people. Iowa's rate was 8.5 per 100,000. The national average was 14.8 per 100,000.

Dose of Reality Campaign (February 2017)

The NHA has been working with numerous stakeholders (the governor, the attorney general, DHHS, the Nebraska Broadcaster Association, the Nebraska Press Association, the Nebraska Medical Association, the Nebraska Pharmacy Association, CoalitionRX, the Nebraska MEDS Coalition, the Nebraska Association of County Officials, Nebraska League of Municipalities, the Greater Omaha Chamber, and the Nebraska Chamber of Commerce) on the Dose of Reality campaign.

The campaign involves public service announcements for radio and television, as well as advertisements and editorials for use by newspapers, along with a new website: www.doseofreality.nebraska.gov, which contains informational content regarding safe drug acquisition, storage, drug take back as well as direction for those seeking help.

The campaign focuses on a three-prong approach: prevention; law enforcement; and treatment.

PDMP (Prescription Drug Monitoring Program)

Starting on January 1 of this year, controlled substances dispensed in Nebraska are reported by all state pharmacies and mail-order pharmacies. The goal is to find out how many opioid pain medications a patient has been prescribed and when the medications were dispensed.

The program identifies:

- High risk patients: those who may have multiple prescriptions for opioids written by several providers and filled at multiple pharmacies.
- Those who may be selling medication.
- Frequent users who get pain medications from emergency rooms.

The NHA has been a member of NeHII, the Nebraska Health Information Initiative, throughout the legislative and development process of the PDMP. NeHII provides expertise and overall project management.

Advocacy (State Level)

The NHA has been a part of a the PDMP working group and helped develop legislation for the bill (LB471) that was passed last year.

The NHA supported LB223, Clinician Access to the Prescription Drug Monitoring Program, introduced by Sen. John Kuehn last session. LB223 amended the PDMP in the following ways:

- Includes language ensuring that the information transmitted to the Health Information Exchange (HIE) is protected by HIPPA.
 - Creates language requiring individuals to be trained before accessing the Prescription Drug Monitoring Program system. Training is to be conducted by the Health Information Exchange.
 - Defines a designee for a prescriber and dispenser. Allows members of a patient care team to access the Prescription Drug Monitoring Program on behalf of the prescriber.
 - Includes an e-clause due to the designee language needing to be enacted as soon as possible
- LB223 was signed into law on May 9, 2017.

The NHA supports LR186, introduced by Sen. Sara Howard, an interim study that will examine the PDMP and how providers access prescription drug data.

The NHA supported LB487, introduced by Senator Adam Morfeld last session, to help prevent opioid-related deaths, a recently passed law allows health professionals to prescribe, administer, or dispense naloxone to persons experiencing an opioid-related overdose or to a family member or friend in a position to assist such individuals. The law also authorizes emergency responders and peace officers to administer naloxone to persons experiencing this type of overdose. It was signed into law on May 2, 2017.

The NHA has worked with DHHS who received a \$2 million grant this summer from the Substance Abuse and Mental Health Services Administration (SAMHSA) for opioid response. The grant will go towards increasing access to treatment and to preventing opioid-related deaths by improving health care providers' capacity to serve people with opioid disorders. A training program will provide general practitioners and others access to experts on opioid treatment.

Advocacy (Federal)

The NHA advocated for the bill known as S. 524, The Comprehensive Addiction and Recovery Act (CARA). The bill would expand drug abuse education and prevention and provide states and local communities with resources to help first responders fight this crisis and save lives.

The bill also:

- Develops an inter-agency task force of government and non-governmental stakeholders to establish best practices for prescribing opioids and treating addiction;
- Provides grants to states and localities for education and prevention strategies that target areas experiencing drug crises;
- Establishes incarceration programs to treat addiction in prisons and develop treatment alternatives to incarceration;
- Provides funding for training and implementation of overdose drugs like naloxone (also known as Narcan) for first responders;
- Provides medication-assisted treatment programs in state and local governments with additional grant funding;
- Provides grants to help target groups affected by addiction, including women, veterans, and families; and
- Reauthorizes a program to provide grants for state-administered, electronic prescription monitoring systems to allow health care providers to identify patients at risk for addiction.

The bill was signed into law on July 22, 2017.

Conferences and Forums

Spring Forum 2017

Session 2: The Opioid Stewardship Quality Improvement Workshop Speaker: Brian Isetts, PhD, BCPS, FAPhA; Professor, Department of Pharmaceutical Care & Health Systems - University of Minnesota College of Pharmacy

Session 4: How Does Nebraska's Prescription Drug Monitoring Program Enhance Patient Safety? Speaker: Kevin C. Borchert, PharmD, PDMP Program Director - Nebraska Health Information Initiative (NeHII)

Conference Learning Objectives:

“Define the vital role for communities in opioid abuse prevention, identify meaningful outcome strategies for clinicians, recognize adverse drug event prevention and drug safety evidence, and adopt meaningful priorities to combat opioid-related morbidity.”

The NHA has also provided webinars on opioid abuse.

Lastly, opioid abuse was discussed in our panel discussions during Advocacy Day and the Spring Forum.