

Statewide Drug Policy Advisory Council

Meeting Minutes

**Betty Easley Conference
Center 4075 Esplanade Way,
Room 182
Tallahassee, FL 32399
October 29, 2019
8:30 AM to 4:00 PM**

The following members or designees were in attendance:

Scott A. Rivkees, MD, Chair, State Surgeon General
Jennifer Johnson, MPH Interim Assistant Deputy Secretary for Health
Nathan Dunn, MSA, Staff Liaison
Penny Taylor, Director for Healthy Schools (Department of Education)
Patrick Mahoney, Director of Programs (Department of Corrections)
MAJ Nate Dinger for COL Michael Ladd (Department of Military Affairs)
Karen Weaver for Rick Swearingen (Department of Law Enforcement Commissioner)
Lt. Jason Britt for Terry Rhodes (Department of Highway Safety and Motor Vehicles)
LTC Andrew Benard for Ashley Moody (Attorney General)
The Honorable Michelle Towbin-Singer (17th Judicial Circuit Court of FL)
Aaron Gerson (Office of the State Court Administrator)
Jason Holloway for Senator Darryl Rouson (Florida Senate)
Jeffrey Cece, MS, CPM for Chad Poppell (Department of Children and Family Services)
Mark Fontaine (Florida Behavioral Health Association)

Guests and staff:

Courtney Coppola, Chief of Staff and Marijuana Coordinator, DOH
Erica Floyd Thomas, MSW, Chief of Medicaid Policy, AHCA
Susan Williams, Senior Pharmacist, AHCA
Tamara Gibson-Alonso, Health Education Coordinator, DOE
Paula Williams, Epidemiologist, DCF
Melissa Jordan, Director Public Health Research, DOH
Shelby Meaders, MPH, DCF
Javier Betancourt, DOH
Nick Boutwell, FDLE
Victor Johnson, DOH
Kelly Woodard, DOH

1. **WELCOME/INTRODUCTIONS/OPENING REMARKS** - *Scott A. Rivkees, MD, State Surgeon General*

Dr. Rivkees introduced himself as the Chair and opened the meeting. Dr. Rivkees provided the

following announcements: An open position as a Neonatal Abstinence Coordinator position has been filled; the DOH has received a \$58 million grant for surveillance by the Center for Disease Control (CDC); and that the second Statewide Taskforce meeting will be held on November 21, 2019 in Saint Leo, FL. He asked all members and attendees to introduce themselves and provided an overview of the agenda. Andrew Benard addressed the opioid lawsuit and best practices as it relates to Treatment, Recovery, Law Enforcement, and Prevention of or from opioid abuse.

2. REVIEW AND APPROVAL OF MEETING MINUTES FROM JULY 23, 2019 - DPAC:

A motion was entered to approve the meetings minutes. Motion carried.

3. OFFICE OF MEDICAL MARIJUANA USE – Courtney F. Coppola, Chief of Staff & Marijuana Coordinator, DOH

Ms. Coppola provided a PowerPoint presentation of the legislative changes that have occurred from 2014 to 2019 such as the legalization of medical marijuana, The Compassionate Medical Cannabis Act, The Right to Try Act, and the expansion of Amendment Two. The following items were discussed:

A. Authorized and Unauthorized Uses

- i. Purchase, inconsistent use, transfer, and cultivation

B. Qualifying Conditions

- i. Cancer, epilepsy, glaucoma, HIV, AIDS, MS, PTSD, and more.

C. Defining Medical Use

- i. Acquisition, possession, use, delivery, transfer, or administration authorized by a certified physician.

D. Qualifying Physicians

- i. Number of Qualified Physicians – Approximately 2,500
- ii. Physician requirements
- iii. Qualifying Questions – Type, Route, Dose

E. Application for Medical Marijuana – Patient Registry

- i. Registration Process for ID cards – Demographics

- ii. Number of Qualified Patients – Approximately 277,000

F. Treatment Centers – Cultivation, Processing, Dispensing Authorization Phases

- i. Number of Retail Dispensing Facilities with Regional Caps – Approximately 35
- ii. Effective April 1, 2020, no caps will be required.

G. Dispensary Locations and Distribution

- i. Number of Locations – Approximately 185
- ii. Milligrams of Medical Marijuana Dispensed since January 2019 – Approximately 2,246,492,475

4. MEDICATION ASSISTED TREATMENT (MAT) IN THE FLORIDA MEDICAID SYSTEM
– Erica Floyd Thomas, MSW, Chief of Medicaid Policy; and Susan Williams, Senior Pharmacist, AHCA

Ms. Williams informed the committee that all medication assisted treatments are covered by Florida Medicaid which includes naltrexone tablets, vivitrol injections, buprenorphine; and suboxone tablets and film. The following items were discussed regarding these medications:

A. Diagnosis of Opioid Disorders

B. Dosing and Supply

- i. Doctors can prescribe up to a seven day supply of buprenorphine tablets, suboxone film or Zubsolv tablet without a prior authorization for patients with opioid use disorders. Patients may obtain up to two- seven day supplies within a 60 day period.

Ms. Williams informed the committee of a new drug, Lucemyra which helps ween patients off opioids by reducing withdrawal symptoms. She also informed the committee of the Medicaid Pharmaceutical and Therapeutics Committee meeting that will be held in December 2019. At this meeting, the group will review all related drugs to determine what may be covered. The following items were discussed:

A. Fee Schedules and Billing Codes

- i. http://ahca.myflorida.com/medicaid/review/fee_schedules.shtml

B. Criteria for Coverage and Plans

- i. Medicaid would like to cover a broader array of medications.

C. Rebates

- i. Supplemental federal rebates are paid by manufacturers quarterly to offset overall costs of prescription drugs.

D. Summary of Limitations, Preferred Drug List, Prior Authorization Forms, and Criteria:

- i. Age, Quantity, and Day Supply – Morphine milligram equivalent compares all opioids to morphine.
- ii. http://www.ahca.myflorida.com/medicaid/Prescribed_Drug/preferred_drug.shtml
- iii. After implementation of the 90 Morphine Milligram Equivalent edit, there was a 69% decrease in Medicaid fee-for-service (FFS) claims and a 65% decrease in managed care claims for opioids.
- iv. 50 milligram morphine equivalent (MME) claims or more flags the pharmacist to acknowledge by entering a code to override.

E. Supply:

- i. Reduction in possession – House bill 21 limited Schedule II pain medication to a 3-day supply
- ii. Acute Pain – Schedule II Controlled Substances - Typically, a seven-day supply. Patients may obtain up to two, seven-day supplies within a 30-day period. Schedules III, IV, and V allow up to a 14-day supply with two refills in a 30-day period.
- iii. Modification of physician behavior

F. Re-procurement of Plans and Alternative Treatments:

- i. 79% of the claims for fee-for-service (FFS) for buprenorphine containing products were written for Suboxone 8mg/2mg Film. 54% of MCO claims for buprenorphine containing products were also written for Suboxone 8mg/2mg Film.
- ii. Alternative Treatments include Medication Assisted Treatment, physical therapy, chiropractic, massage, acupuncture and behavioral therapies.
- iii. Approximately 2.8 to 3 million adults are covered through Florida Medicaid.

5. PATTERNS AND TRENDS OF THE OPIOID EPIDEMIC IN FLORIDA – Paula Williams, Epidemiologist, DCF

Ms. Williams provided a PowerPoint presentation of the opioid morbidity and mortality rates from 2017 to 2018. The following items were discussed:

A. Grant Programs

- i. Partnerships for Success (PFS)
- ii. State Opioid Targeted Response (STR)
- iii. State Opioid Response (SOR)
- iv. Substance Abuse Prevention and Treatment (SAPT)

B. Dispensed Drugs in Florida (per 100 persons)

- i. Opioid Rate: 82 in 2015; 80 in 2016; and 76 in 2017.
- ii. Benzodiazepine Rate: 53 in 2015; 52 in 2016; and 50 in 2017.

C. Opioids Dispensed by County (per 100 residents)

- i. Color map provided with prescriptions ranging from 34.56 to 90.96 between Central and South Florida; and over 100 in North Florida.

D. Opioid-Associated Deaths

- i. From 2015 to 2017, the death toll had risen from approximately 3,500 to nearly 6,000 deaths.

E. Opioid-Associated Deaths by County

- i. Color map provided with deaths ranging from 1 to 29 in North Florida; and 30 to 647 deaths between Central and South Florida.

F. Opioid Death Trends 2005-2017(Causal Occurrences)

- i. Fentanyl, Fentanyl Analogs, Morphine, and Oxycodone were among the highest causal occurrences from 2013 to 2017.

G. Opioid Caused Deaths: Demographics

- i. Age Grouping, Sex, Race – White males ages 25-35 were among the highest group of Opioid caused deaths.

H. Fentanyl and Fentanyl Analog Caused Deaths by County

- i. Color map provided with deaths ranging from 1 to 9 in North Florida; and ranging from 10 to 518 deaths between Central and South Florida.

I. Causal Occurrences of Heroin and Morphine

i. Heroin and Morphine were among the highest causal occurrences from 2014-2017.

J. Opioid-Associated EMS Response

i. Non-Fatal Opioid-Involved Overdoses in 2017 – An average of 30-80 overdoses in most counties.

K. Florida Emergency Department Visits

i. 2005-2017 – ED Visits hit its highest peak in 2017 at over 14,000 visits.

M. Gender and Race: Opioid Related ED Visits

i. 2017 – White males ranked the highest with an average of 8,200 visits and white females ranked the second highest with an average of 4,800 visits.

N. Age Group: Opioid Related ED Visits

i. 2017- Ages 25-34 were ranked the highest with an average of 6,100 visits.

O. Payers Associated with Opioid-Related ED Visits

i. 2017- An average of 7,900 patients were uninsured; an average of 2,400 visits had private insurance; and an average of 1,900 had Medicaid.

P. Opioid-Related ED Visits Discharge Statuses

i. 2017 – An average of 11,800 patients were routinely discharged; an average of 1,900 left AMM; and an average of 400 were discharged into other care settings or psychiatric hospitals.

6. OVERDOSE DATA TO ACTION OPIOID GRANT– *Melissa Jordan, Director of Public Health Research, DOH*

A. September 1, 2019 through August 31, 2022

i. 3-year grant from the Center for Disease Control and Prevention (CDC): \$58.8 million.

B. Local Partners – 17 County Health Departments

- i. CDC- Direct Funding: Broward, Duval, Palm Beach
- ii. State Grant Funding: Pinellas, Brevard, Lee, Pasco, Volusia, Marion, Sarasota, St. Lucie, Lake, Clay, Martin, Citrus, Nassau.

C. Long-term Project Goals

- i. Decrease the rate of opioid misuse and opioid use disorder.
- ii. Increase provision of evidence-based treatment for opioid use disorder.
- iii. Decrease rate of emergency department visits due to misuse or opioid use disorder.
- iv. Decrease drug overdose death rate, including prescription and illicit opioid overdose death rates.

D. Surveillance (Strategies 1-3): Disseminate timely and actionable surveillance data

- i. **Strategy 1** – includes funding that will be used to collect and disseminate timely emergency department data such as the reporting of overdoses; provide daily overdose report to county health departments to share with local stakeholders.
- ii. **Strategy 2** – includes funding for data abstractors who will collect information from death certificates, medical examiner reports, and toxicology screenings. The Department will contract with University of Florida to hire a forensic epidemiologist to conduct testing.
- iii. **Strategy 3** – includes funding to implement three new surveillance strategies focusing on: **a)** tracking Emergency Medical Services (EMS) data; **b)** enhancing Neonatal Abstinence Syndrome (NAS) and referral services; and **c)** monitoring target analytes for Florida’s population to identify new analytes.

E. Prevention (Strategies 4-10)

- i. **Strategy 4** – includes funding to collect and disseminate data from the Prescription Drug Monitoring Program (PDMP) to reduce over prescribing of pharmaceuticals. The Florida PDMP will focus on **a)** universal use among providers within Florida; **b)** collection and dissemination timelier PDMP data; **c)** creating automated reports for providers to inform physicians who prescribe the medication; **d)** ensuring that PDMP data is easy to use and accessible by providers; and **e)** improving inter-state interoperability.
- ii. **Strategy 5** – provide funding to increase local response efforts by providing direct funding to 14 County Health Departments (CHD) for outreach and intervention activities to target high risk populations and areas within each county.
- iii. **Strategy 6** – provide funding to place additional peer navigators in emergency departments to increase referrals to treatment centers. The Department of Children and Families (DCF) is currently funding seven peer navigators in emergency department with plans to expand. The Department will use these funds to hire five additional peer navigators in collaboration with DCF. The Department will also assist DCF in developing a standardized evaluation to cover all participating hospitals.
- iv. **Strategy 7** – provide funding increase access to patient history and risk factors across health systems to inform provider treatment, through technology integration projects. These projects will provide clinical education and training built on evidence-based treatment plans. The Department will work with the Agency for Healthcare Administration (AHCA), Florida Hospital Association, and the PDMP program to inform clinicians of those prescribing or providing

referrals to treat nonfatal overdoses. The Department will use funding to support modifications to electronic health records throughout the state. This strategy also includes funding to assess the quality of behavioral health services throughout the state to help clinicians make better referrals to high performing treatment facilities.

- v. **Strategy 8** – Develop partnerships among public safety and first responders within schools and communities to assess and identify risk factors. The Department will fund five positions in county health departments for Professional registered School Nurses (PRSN) to implement substance abuse health education and activities for Pre-K through 12th grade public school students, staff, and community members.
- vi. **Strategy 9** – Empower individuals to make safer choices through media campaigns that increase awareness and education. The Department is working with CDC to obtain and develop a communications toolkit with materials that target high risk populations. Funds will be used to distribute these materials through social media, printed materials, and other approaches that best reach the vulnerable populations.
- vii. **Strategy 10** – Implement patient follow-up for individuals who suffer from opioid addiction. Two local county health departments will pilot the program to improve follow-up services. The Department will contract with the county EMS Director to use community paramedicine approach for patient follow-up. The paramedics will be responsible for making daily contact with high risk individuals who have overdosed for approximately seven days to ensure they are using the initial course of opioid disorder treatment. The approach ensures high risk patients remain under treatment once they return home until they are enrolled into a treatment program.

Dr. Rivkees informed the committee of the Hepatitis A outbreak stemming from drug use; and advised that he has seen a substantial increase in methamphetamine related overdoses and deaths. Dr. Rivkees’ recommendation was for the committee to research and produce the data for methamphetamine which should focus mortality, morbidity, mortality surveillance, and innovative strategies.

7. **DISCUSS 2019 ANNUAL REPORT** – DPAC

Nathan Dunn lead the discussion on the recommendations from the annual report.

Each recommendation was addressed, and commentary followed.

Recommendation 31 and 28 –Dr. Rivkees advised Ms. P. Williams and Ms. Jordan to work together, to create the framework for one consolidated data resource as opposed to multiple agencies’ data. Ms. Weaver suggested that we combine this recommendation with Recommendation 28.

Recommendation 12-13 – Dr. Rivkees advised Mr. Cece to explore the HEROS program; Surveillance and mapping; and focus on certain programs in highly impacted areas. Mr. Benard expressed the need for metrics to tie into state taskforce.

Recommendation 30 – Mr. Fontaine recommended that everyone use EMSTARS and reported that nearly 99% of EMS providers are using it. Mr. Johnson recommended that the system be applicable to patient transportation. Mr. Gerson recommended that all law Enforcement and Fire Department utilize the ODMAP and advised that HIDTA could pull data as well.

Recommendation 15 – Ms. S. Williams reported that she has reviewed the Federal Act and that AHCA is in compliance; and exceeds the recommendation. Dr. Rivkees requested that the language in the recommendation be replaced with “all health state agencies.” Dr. Rivkees requested that AHCA educate the workforce with surveillance and strategies.

Recommendation 16 – Ms. S. Williams requested removal of this recommendation as they feel they have met the recommendation. Mr. Fontaine requested that AHCA provide report showing compliance with the data.

Recommendations 1, 2, and 3 – Discussion ensued relating to the integration, development, and implementation including the Public Awareness Campaign and creating regional task forces. Ms. Taylor recommended removal of language in paragraph 3 of the recommendation (“Social, Emotional Competencies”). Ms. Taylor suggested revision to the language in Recommendation 3 which states “lead agencies, DCF, DOH, and DOE” and to bundle with Recommendation 8.

Dr. Rivkees recommended adding nicotine because it is an epidemic that can lead to potential addiction.

Recommendation 4 – MAJ Dinger recommended the separation of menthol and mint cigarettes to decrease time. Dr. Rivkees suggested that recommendation should be sought from Tobacco Free Florida; and that the language should not be specific due to conflict with legislative development that may include comprehensive strategies and multi-agency response.

Recommendation 5 – Mr. Fontaine requested removal of the recommendation as it is not substantive.

Recommendation 6 – Mr. Fontaine stated that if the information was available, this recommendation was not needed. Mr. Dunn advised that he would contact Rebecca Poston regarding the statistics.

Recommendation 7 - Mr. Fontaine recommended educating physicians to look for trends in substance abuse; or to attend educational programs to encourage screening. Dr. Rivkees recommended asking preventative questions at visits, re-educating the workforce on the recognizing substance abuse, human trafficking, and mental health; and using the SBIRT model.

Recommendation 8 – Mr. Fontaine advised that Recommendations 1-3 apply and this recommendation may be removed.

Recommendation 9 – Mr. Fontaine requested incorporating strategies. Judge Towbin-Singer suggested starting a campaign educating users of where to get naloxone kits. Mr. Cece informed

the committee of a website funded with federal grants (www.isavefl.com). Mr. Cece recommended secondary or third-party distribution to peers, other users, family, etc.

Dr. Rivkees left the meeting. Nathan Dunn introduced Ms. Jennifer Johnson, Interim Assistant Deputy Secretary, to serve as chair for the remainder of the meeting. Ms. Penny Taylor introduced Tamara Gibson-Alonso, Health Education Coordinator for the Department of Education.

Recommendation 10 – Discussion ensued regarding the passage of ordinances to distribute naloxone. Revisions were requested.

Recommendations 11 and 20 – Mr. Fontaine advised that this recommendation ties into *Recommendation 20* and that DOH should host a summit. Ms. Johnson announced that DOH was collaborating with other agencies and will discuss with Surgeon General. Mr. Cece suggested holding off on the recommendation and to not convene a summit. Ms. Johnson advised that prevention strategies must be identified first.

Recommendation 14 – Mr. Fontaine requested moving the metrics to increase the percentage of physicians with an addiction specialty.

Recommendation 17 - Ms. S. Williams advised that AHCA does in fact cover non-opioid therapies and that she would work with Mr. Dunn to revise the language for this recommendation.

Recommendation 18 – Mr. Fontaine advised that this recommendation needs to address peer recovery.

Recommendation 19 – Mr. Fontaine requested to broaden the language and make it a workforce issue. Mr. Holloway advised that he will revise the paragraph statement.

Recommendation 21 – Discussion ensued regarding the addition of non-opioid drugs including stimulants such as cocaine and methamphetamine. Mr. Fontaine advised that he would expand his efforts in researching interventions for non-opioid substances as there are no medications for and only cognitive strategies. Ms. Taylor suggested the addition of alcohol.

Recommendation 22 – Mr. Fontaine requested removal of the recommendation.

Recommendation 23 – Mr. Fontaine requested removal of the recommendation as there has been a \$75 million funding cliff which funds medications with grants. Mr. Fontaine reported that DCF is educating legislature.

Recommendation 24 – Mr. Fontaine advised that he would revise the recommendation.

Recommendation 25 – Mr. Cece advised that he would revise the safe storage, disposal, and use procedures. The committee agreed that “Lock Your Meds” should be removed from the language.

Recommendation 26 – Ms. Johnson advised that she will ask Bureau Chief Ken Jones to update this recommendation and that we need a centralized data system for medical examiners.

Recommendation 27 – Mr. Fontaine advised that this is not a recommendation. Ms. Weaver suggested that it go under success column instead of data collection.

Recommendation 28 – No changes

8. **AGENCY AND MEMBER UPDATES** – DPAC

Mark Fontaine (Florida Behavioral Health Association)

Mr. Fontaine and Mr. Dunn discussed updating and reorganizing the Summary of Findings to include substance abuse of non-opioids.

Karen Weaver for Rick Swearingen (Department of Law Enforcement Commissioner)

Ms. Weaver reported that the percentage of methamphetamine abuse is up from 23% to 29% and fentanyl is up to 26.5%. She reported that multiple agencies are participating in a grant awarded to Florida for \$700,000 relative to the expansion of ODMAP.. The initial goal is to get 100% of counties having at least one law enforcement agency using ODMAP. Approximately 87% of Florida counties have at least one law enforcement agency participating in ODMAP. Currently over 240 agencies (Fire, EMS, Law Enforcement, Health Care, Federal) are participating. The Department of Health is also participating in the project by creating an Application Programming Interface which will bridge EMSTARS data into ODMAP and continuing with the HEROS program for Naloxone kits to law enforcement.

Jeffrey Cece, MS, CPM for Chad Poppell (Department of Children and Family Services)

Mr. Cece agreed that methamphetamine and stimulant indicators should be incorporated to extend the trend lines, ways to treat, and reduce opioid mortality. He advised that DCF conducts Behavioral Health Needs Assessments.

Patrick Mahoney, Director of Programs (Department of Corrections)

Mr. Mahoney announced budget cuts in substance abuse treatment. He advised that healthcare was funded and restored appropriately; and that by the end of the fiscal year, treatment capacity will be doubled. He also addressed the public health crisis within the prison system as it relates to contraband and drug use; and that prevention strategies are to be identified.

Penny Taylor, Director for Healthy Schools (Department of Education)

Ms. Taylor provided 2019 statistics from the Florida Youth Substance Abuse Survey (FYSAS) which included the percentage of middle and high school students that reported past 30-day prevalence drinking alcohol, vaping nicotine, smoking marijuana and vaping marijuana.

For alcohol use, although the trend is in a positive downward direction, it continues to be the most prevalent form of substance use among Florida students. Vaping nicotine is the second most prevalent, followed by smoking marijuana and then vaping marijuana.

- Alcohol (20% HS and 8% MS use)
- Vaping nicotine (17% HS and 6% MS use)
- Marijuana (15% HS and 4% MS use)
- Vaping marijuana (12% HS and 3% MS use)

She also provided 2017 statistics from the Florida Youth Risk Behavioral Survey (YRBS) documenting:

- 28% of high school students reported feeling sad or hopeless for two or more weeks in a row
- 14% reported purposely hurting themselves without wanting to die
- 14% reported having seriously considered attempting suicide
- 11% reported having made a plan to commit suicide
- 8% reported a suicide attempt

She advised that the State Board of Education recently approved three health education rules supporting drug prevention:

1. Rule 6A-1.094121, F.A.C., Mental and Emotional Health Education
2. Rule 6A-1.094122, F.A.C., Substance Use and Abuse Health Education
3. Rule 6A-1.094123, F.A.C., Child Trafficking Prevention Education

Lt. Jason Britt for Terry Rhodes (Department of Highway Safety and Motor Vehicles)

Lt. Britt reported that the K-9 Academy has 6 new K-9's and that FHP will be contracting with a third party to identify the differences between marijuana and hemp. He explained the type of testing that will be used to determine the differences and that hemp related rules and procedures were in the making.

MAJ Nathan Dinger for COL Michael Ladd (Department of Military Affairs)

Recommendation 32 – MAJ Dinger addressed a proposed recommendation establishing advertisement laws for medical marijuana/cannabis evaluation clinics, conveyance shops, and other businesses. MAJ Dinger reported a success as his group was awarded for community prevention.

Jason Holloway (Florida Senate)

Mr. Holloway reported that the Senate has refiled the peer recovery and parity bill.

Aaron Gerson (Office of the State Court Administrator)

Mr. Gerson announced a Florida Adult Drug Court Training conference being held at the Hyatt Regency in Sarasota, Fl and the deadline to register is November 11, 2019.

9. PUBLIC COMMENT

Mr. Dunn announced the next committee meeting will be held on November 19, 2019 via

teleconference; and the DPAC quarterly meeting will be held January 28, 2020.

10. NEXT STEPS AND FUTURE MEETING DATE - MOTION TO ADJOURN – *Jennifer Johnson, MPH, Interim Assistant Deputy Secretary for Health*

Next meeting November 19, 2019 via teleconference; In-person meeting: January 28, 2020.

Motion was entered to adjourn the meeting. Motion carried.