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# INTER-AGENCY HEROIN AND OPIOID COORDINATING COUNCIL

## MEETING MINUTES

Wednesday, May 20, 2015

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**Members in Attendance:** Secretary Van Mitchell (Chair), Joseph Cleary for Secretary Sam Abed, Secretary Sam Malhotra, Sandra Davis-Hart for Secretary Stephen Moyer, Executive Director Christopher Shank, Captain David Ruel and Major James Pyle for Superintendent William Pallozzi, Executive Director Kevin Seaman, Penelope Thornton-Talley, Mary Moody Kwei

**Members Absent:** None

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Secretary Mitchell called the meeting to order at 10:04 am. He asked for a motion to approve the March meeting minutes. Dr. Alcorta moved to adopt and Joseph Cleary seconded with no opposition.

### Updates from State Agencies

The Executive Order required the Council to share updates to the Chair regarding the agency's efforts to share public safety and public health information relating to the heroin and opioid epidemic at each meeting. Each Council member reviewed their major efforts, including:

- **Maryland State Police (MSP).** Major Pyles emphasized that MSP has made increasing awareness of the heroin and opioid issue in the state a priority by speaking about the issue at all public speaking engagements. In addition, MSP has been working on interdiction and provided the following updates:
  - Drug Arrests
    - 2015 - 776 (year to date)
    - 2014 - 1,896
    - 2013 - 1,783
    - Total since Jan. 2013 = 4,455
  - Heroin Seized
    - 2015 - 15,205 grams
    - 2014 - 43,628.17 grams
    - 2013 - 26,742.65 grams
    - Total since Jan. 2013 = 85,575.82 grams or approximately 188.66 lbs.
  - Oxycodone/Hydrocodone Pills Seized
    - 2015 - 6,502.5
    - 2014 - 6,522.5
    - 2013 - 9,465
    - Total since Jan. 2013 = 22,490 pills
- **Maryland State Department of Education (MSDE).** Penelope Thornton-Talley, Chief Performance Officer, shared with the Council that MSDE met with the Lieutenant Governor. During that meeting, MSDE provided details on the current alcohol and drug curriculum

practiced in Maryland school. As a result of that meeting, MSDE staff is exploring providing drug prevention education in elementary schools.

- **Department of Juvenile Services (DJS).** Joseph Cleary, Chief of Staff, shared that nursing supervisors at DJS facilities have been trained on opioid overdose symptoms. In addition, DJS received authorization from DHMH to train youth and family on naloxone as well as distribute naloxone kits.
- **Department of Public Safety and Correctional Services (DPSCS).** Sandra Davis-Hart, Director of Substance Abuse Treatment Services at DPSCS, provided the Council with three updates.
  - DPSCS is working collaboratively with the Baltimore City Health Department to train inmates on naloxone. Inmates in the Addicts Changing Together - Substance Abuse Program, known as ACT-SAP, will be trained on naloxone and will be given a prescription for naloxone upon release.
  - [Staying Alive on the Outside](#), a 19-minute video geared towards those approaching release from incarceration, will be shown to all inmates participating in treatment programs. The video uses interviews, conversation, and model training sessions by peers, who candidly discuss the challenges of re-entry from prison, opioid addiction and relapse and misconceptions about opioid tolerance and overdose.
  - The Opioid Overdose Prevention Toolkit, created by the Substance Abuse and Mental Health Services Administration, will also be shared with inmates. The toolkit addresses issues for first responders, treatment providers, and those recovering from opioid overdose.
- **Department of Human Resources (DHR).** Secretary Malhotra shared that DHR is looking into developing a multidisciplinary team to provide wrap-around services for their clients at DHR locations. The main barrier he described in developing such a team is privacy laws that govern Social Security records and other health records, such as 42 CFR Part II. He shared a toolkit developed by contractors for New York State on confidentiality and privacy in information sharing across health and human services. If the Council were to work towards developing multidisciplinary teams, a similar toolkit would likely be the place to begin.
- **Maryland Institute for Emergency Medical Services Systems (MIEMSS).** Dr. Alcorta, Chief Medical Officer, shared that MIEMSS had no new updates. He reiterated that every county now has advanced level providers (Paramedics, Cardiac Rescue Technicians) and basic level providers (EMTs) authorized and trained to use naloxone.
- **Governor's Office of Crime Control and Prevention (GOCCP).** Executive Director Shank provided the Council with three updates.
  - GOCCP awarded \$500,000 to programs in local jails and detention centers across Maryland for medication assisted treatment (MAT) programs. Under some of the programs, selected inmates will receive monthly injections of Vivitrol®, a non-narcotic and non-addictive substance that blocks the euphoric effects of heroin and other opiates, and alcohol.
  - GOCCP will fund local law enforcement for heroin interdiction efforts through the Edward J. Byrne Memorial Justice Assistance (BJAG) 2015 Grant.

- GOCCP is participating in the Justice Reinvestment Initiative, which will evaluate the criminal justice system's operations, budget, and the recidivism rate. The final report is due in January 2016.
- **Maryland Insurance Administration (MIA).** Mary Moody-Kwei provided a brief overview of MIA's role, which is to enforce the provisions of the Insurance Article, portions of the Health-General Article, and associated regulations. MIA does not regulate federal programs, health plans issued in other states, or self-funded employee benefit plans. Ms. Moody-Kwei then provided the following information:
  - Mental Health Parity and Substance Abuse Treatment
    - Maryland has a mental health parity law requiring coverage of medically necessary mental health and substance use disorder treatment. See §§ 15-802 of the Insurance Article and 19-703.1 of the Health-General Article.
    - The federal Mental Health Parity and Addiction Equity Act, (MHPAEA) now imposes additional standards, which have been incorporated into Maryland law.
  - Possible Barriers to Substance Use Treatment
    - Cost-Sharing: To reduce premiums, many employers and individuals choose a high deductible when buying a health benefit plan. The deductible must be met each calendar year before the health benefit plan begins to pay for coverage. After the deductible is met, there may be copayments or coinsurance until the out-of-pocket limit is met. Under federal and state law, mental health and substance use disorder treatment may not have separate deductibles or different cost-sharing than somatic illnesses.
    - Utilization Review: This is the process a health benefit plan uses to determine if care is medically necessary. Inpatient care normally requires prior authorization for somatic illnesses as well as for mental health or substance use disorders.
    - Networks of Providers:
      - There may be a shortage of providers in the area.
      - The reimbursement offered to participating providers may be too low to attract many providers to the health benefit plan's network.
      - The reimbursement to out-of-network providers may be low, leaving patients with a large balance. This is called balance billing. For example: An out-of-network provider charges \$150. The allowed amount is \$50, with 20% coinsurance. The health benefit plan pays \$40, and the patient owes \$110 above that. An in-network provider would accept the allowed amount, and charge the patient the \$10 coinsurance.
      - Providers cannot be required to contract with carriers.
  - Enforcement Actions
    - Forms Review: All health benefit plans are reviewed for compliance and approved before being sold or issued.
      - Extensive data is collected to determine if a health benefit plan is charging the correct cost-sharing to meet MHPAEA standards.
      - Policy contracts are reviewed in detail to ensure that no terms are included that would violate the mandates for coverage.
    - Market Conduct: Reviews carriers' actions and compliance for patterns and business practices.

- Reviews how a health benefit plan processes claims.
- Collects and reviews data to determine compliance with laws.
- Priorities are set based on numerous factors including complaint data, media reports, National Association of Insurance Commissioners best practice recommendations, and legislative priorities.
- Currently performing MHPAEA investigations on all major carriers. Any orders to correct violations will be made public on the website.
- Complaints: Reviews complaints from consumers and providers.
  - Medical necessity complaints are sent to outside reviewers for determinations by providers in the appropriate specialty.
  - Medical necessity review includes review of whether the criteria used in utilization review comply with the law.
  - Complaints about other issues are also reviewed for compliance with the law. Complaints may be about provider credentialing, payment amounts, claim denials, or other issues.
  - Complaints are entered into a database with codes that are reported to the National Association of Insurance Commissioners. The codes designate the reason for, and outcome of, complaints. Complaints about mental health issues can be tracked based on this coding. Reporting does not include identifiable information.
- The Insurance Administration may take steps, including issuing orders to require compliance, impose monetary administrative penalties, or require restitution when violations are found through any of these avenues.

Following questions from Executive Director Shank, Ms. Moody Kwei shared with the Council a fact sheet on navigating private insurance coverage for mental health and substance use disorder emergencies. This can be found at:

<http://www.mdinsurance.state.md.us/sa/docs/documents/consumer/publicnew/mental-health-handout.pdf>.

- **DHMH.** Sara Cherico-Hsii, Senior Health Policy Analyst, highlighted additional activities undertaken since March.
  - 2014 Annual Report: DHMH's data team released the 2014 Annual Report on Drug- and Alcohol- Related Intoxication Deaths. The data for the first quarter of 2015 will be released in June.
  - Prescription Drug Monitoring Program (PDMP) Grant: DHMH applied for a CDC grant to enhance the capacity of the state's PDMP. DHMH will keep the Council informed on the status of the grant.
  - Evzio Distribution: DHMH received the 5,000 donated units from Kaleo Pharmaceuticals in March. The majority of the supply was distributed to the opioid treatment programs (OTPs) during the week of March 30th. Health Officers in the jurisdictions with OTPs that received a donation were notified.

**Review of the 2014 Annual Report: Drug- and Alcohol-Related Intoxication Deaths in Maryland, 2014**

Dr. Isabelle Horon, Director, Vital Statistics Administration, DHMH, briefed the Council on the [2014 Annual Report: Drug- and Alcohol-Related Intoxication Deaths in Maryland](#). The data collected by

Dr. Horon's team is composed of data from multiple sources, including the Office of the Chief Medical Examiner and the Vital Statistics Administration. This makes Maryland's overdose death registry more complete than the Centers for Disease Prevention and Control. Major findings from the 2014 Annual Report include:

- There was a 20% increase in total intoxication deaths from 2013-2014 and a 60% increase from 2011-2014.
- There were three times as many overdose deaths as homicides in 2013 and double the number of suicides.
- Deaths have increased among all age groups, in whites and African Americans, in men and women, and across all regions of the State.
- There has been no change in prescription opioid overdose deaths since 2010.
- Heroin and fentanyl are driving the overall increase in deaths since many deaths involve multiple substances.

After discussion of the 2014 Annual Report concluded, Secretary Mitchell asked Dr. Laura Herrera, Deputy Secretary for Public Health, DHMH, to discuss the HIV epidemic in Indiana to highlight the morbidity and costs associated with opioid drug use. Dr. Herrera shared that the epidemic began by one to six individuals sharing needles and injecting Opana®, a narcotic pain reliever, as many as six times a day. State health officials announced that the number of HIV cases in the southeastern Indiana outbreak is up to 181 (177 confirmed cases and four preliminary positive) as of July 2015. The cost to treat HIV is over \$400,000 per person, and there are additional costs associated with the treatment of Hepatitis C, another infectious disease associated with injection drug use. DHMH has seen rates of HIV in Maryland decreasing over the past several years, but is actively monitoring the situation. Secretary Mitchell emphasized that the situation in Indiana could happen anywhere, including Maryland.

#### **Update on Heroin and Opioid Emergency Task Force**

Richard Tabuteau, Senior Advisor, Office of the Lt. Governor, provided the following updates to the Council.

- The major issues identified at the summits to date include housing, prevention and education, and public awareness.
- The Task Force will prepare an interim report due in August 2015 and a final report in December on their findings and recommendations. They will form workgroups to inform the development of recommendations.
- Mr. Tabuteau reminded Council members to recommend subject matter experts to participate in the Council's workgroups.

#### **Review of Upcoming Meetings**

**Ms. Cherico-Hsii reminded the group of the Internal Program Review.** Ask the Council members to conduct an internal review of their heroin and opioid programs to determine how resources, both manpower and funding, are being spent in their agency. DHMH is currently undertaking this effort, and believes it can help serve as an inventory on where we are and where we need to go. a request from Sec. Mitchell for each agency to develop an inventory of their assets (staff and program dollars) being put towards the heroin and opioid crisis. While we initially asked for this to be completed over the summer, we have decided to push this request back until October 16th. We would then discuss the inventories at the November 5th meeting. As a reminder, the goal of this exercise is to have a clear understanding of how each individual agency is currently utilizing resources so that when the LG's final TF report is released in December, we can be prepared to respond from both a programmatic and budgetary standpoint.

Ms. Cherico-Hsii reviewed the future dates, times and locations of upcoming Council Meetings. All future meetings will be held at the Harry Hughes Conference Center, Maryland Department of Transportation, 7201 Corporate Center Drive Hanover, MD 21076 during the following dates and times:

- Wednesday, September 16, 2015, from 10:00 – 11:30am
- Thursday, November 5, 2015, from 10:00 – 11:30 am

The meeting adjourned at 11:30am.