2013 HOUSE HUMAN SERVICES

HB 1101

2013 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee
Fort Union Room, State Capitol

HB 1101
January 14, 2013
Job #17156

☐ Conference Committee

Committee Clerk Signature Vicky Crabtree

Explanation or reason for introduction of bill/resolution:

Minutes: Attachments 1 & 2

Chairman Weisz: Opened the hearing on HB 1101.

JoAnne Hoesel: Director of Mental Health and Substance Abuse from DHS introduced and supported the bill. (See Testimony #1)

16:48 Vice-Chair Hofstad: Give me the number of physicians that are operating within treatment centers across the state that have waiver and are using and have a program of sense.

Hoesel: Six physicians that have the federal waiver.

Rep. Anderson: Do you have a number instead of a percentage of the people having this problem?

Hoesel: I don't. Hospital and emergency data information is very helpful and we don't have that in our state. The best information we have is talking to the treatment centers that are getting these calls.

Chairman Weisz: Who is paying for these treatment programs? Is Medicaid paying versus private for these treatment programs? Who do you anticipate that would at least apply for this?

Hoesel: Many insurance companies cover these prescriptions in their prescription drug plan. Most of them in ND do. I talked with someone out of state who has thirteen clinics across different states, but they are self-pay. He said he can run his business for $10 a day fee. When we talk to individuals in recovery, they are saying they spent that much seeking the drug when taking it illegally. They are will to pay that fee to maintain their recovery. We don't anticipate at this time we would be using any general fund.

Rep. Laning: Opioids have been around for a long time. What has ND done in the past?

Hoesel: Some of the physicians have been overwhelmed and this has a long history even back to the civil war with pain relief. The mode of treatment before these medications came

to be in the 70's and then buprenorphine came to be in the late 1990's to 2000. It was abstinence based therapy. There is an 84% relapse rate. There was some success, but it wasn't as successful as when medication is added to that. These drugs are prescribed more than they use to be as they use to be used only for end stage cancer treatment to relieve the pain. It's not difficult to get a prescription for oxycodone.

Rep. Laning: There are a lot of different drugs out there and more coming. Is there some way to make these programs more generic to cover more drugs? Do we need to look at individual bills for individual drugs?

Hoesel: Two of these medications of the three I listed are narcotics. That is why DEA and SAMHSA and the state are involved to make sure there is little or no diversion of those drugs. We have treatment programs in the state that use other drugs, but are not narcotics and are very effective in the treatment of addiction. I don't anticipate coming before you for every drug.

Vice-Chair Hofstad: Your testimony said you are going to us SAMHSA as a guide in developing these programs. Give me a sense of how this program would look like. Does it have a residential component to it and what kind of additional training would be necessary for the providers out there?

Hoesel: SAMHSA has a role in this process and they take a look at it from an accreditation perspective. The will look at if they have a comprehensive program. DEA will look at from the fact they are dealing with a narcotic drug. Some states have said we want our administrative rules to reflect we are only going to require what the federal level requires. They have to come to the state and show what they have done and get approval from them. Some states have added on certificate of need process which the department is interested in doing so homework is done prior to the application process. There is technical assistance from SAMHSA that will assist states and we would use that to write the administrative rules.

Rep. Porter: I always have an issue when the agency that approves and licenses the program is also is going to be a provider of the services. Your last comment about limiting providers and certificate of need scare me that you hold both the ability to license and to control your competition in an area. I would like to hear about the safeguards from the private sector and providers that may want to get into this program and offer this program to the public. Would like to know how they will be treated in this process if they have the same certifications from the U.S. Justice and Department of Health unit services and the last hoop is yours and you don't want any competition.

Hoesel: I would offer that the department is interested in treating the accessible wherever it is. The department has no intention to be an OTP. These are generally standalone clinics and that is not a direction the department has an interest in pursuing.

Rep. Porter: Inside of the human services centers and addiction programs that are currently there, you don't see the department expanding those programs to have clinics established in their regional centers?

Hoesel: No we don't. OTP is a specific type of service.

Rep. Damschen: Is there a typical length of treatment for addicts that require medication to break the dependency on opioids?

Hoesel: It is an individualized decision. We do know that even with the regulation take home medication for methadone can't occur because they base it on time and treatment. They have to be in treatment and on the medication for nine months before a consideration. There are some people who recover after 12 months and some that need to stay on the medication longer.

Rep. Silbernagel: Do you feel the state regulations of morphine, hydrocodone, oxycodone, and fentanyl are adequate?

Hoesel: The department has been meeting with other agencies that have a roll in all of this like the Pharmacy Board, Board of Medical Examiners and others and we believe a comprehensive approach needs to be in place for the issue to be addressed. Medical examiners plan on doing more education because of the uniqueness of opioids.

Rep. Fehr: DHS licenses licensed addiction programs. Are these medication only clinics?

Hoesel: This is not medication only. It needs to be a comprehensive program. Our current licensing rules are based on the ASAM criteria so through the process of writing the administrative rules for this program, we believe that there will be differences and we will be using that technical assistance to help guide that. And we will look at other states and their administrative rules.

Rep. Fehr: Current licensed addiction programs won't have any part of this or might have?

Hoesel: They absolutely might.

Rep. Fehr: My next question is about prevention. This bill is only on the OTPs. This is not to address the overall bigger picture or does it? This is just to allow the creation of treatment programs, is that correct?

Hoesel: That is correct.

Rep. Fehr: You talked about individual providers. The physicians who get the federal approval; with this program being created, and OPTs being licensed, you are hoping but don't necessarily know whether other physicians will get involved. Is there a reason to think they will? Would it reduce their liability if they get involved in these treatment programs as opposed to individually treating patients?

Hoesel: That is our hope. We are basing that on from what we have heard from the physicians who stopped providing this service because they were overwhelmed. They had high maintenance patients and didn't have the time or energy to do that.

Rep. Fehr: On the fiscal note, it says zeros, no impact. So, if you are licensing this, this will not require any staff?

Hoesel: We already have licensed staff that license and we believe we can do this within our current staff resources.

Mark Hardy: Assistant Executive Director of the Board of Pharmacy. I want to bring up an amendment for your consideration. (See Handout #2) Currently it is exempted since they are considered opioid treatment programs. There is a segment that would like to change that law federally. We just want to make it clear that they need to submit so that the right people have the right information to make those decisions.

Chairman Weisz: Asked for further support and then for opposition. No response so he closed the hearing on HB 1101.

2013 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee
Fort Union Room, State Capitol

HB 1101
January 16, 2013
Job # 17293

☐ Conference Committee

Committee Clerk Signature Vicky Crabtree

Explanation or reason for introduction of bill/resolution:
Relating to Opioid treatment programs and creating and amending the Century Code.

Minutes: You may make reference to "attached testimony."

Chairman Weisz: Opened the meeting on HB 1101. The amendment deals with the program having to submit the information by electronic means. We have been moving for in the prescriptions and the pharmacies and electronic health records. This is just to clarify. They don't want to go backwards on this. If a private entity has a program, they need to know they have to transmit that information electronically.

Rep. Porter: I would move the proposed amendment from the Board of Pharmacy.

Rep. Fehr: Second.

Voice Vote: Motion Carried

Rep. Porter: I move a Do Pass as amended.

Rep. Fehr: Second:

ROLL CALL VOTE: 13 yeas 0 nays 0 absent

Bill Carrier: Rep. Mooney

FISCAL NOTE
Requested by Legislative Council
12/21/2012

Bill/Resolution No.: HB 1101

1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2011-2013 Biennium		2013-2015 Biennium		2015-2017 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues	$0	$0	$0	$0	$0	$0
Expenditures	$0	$0	$0	$0	$0	$0
Appropriations	$0	$0	$0	$0	$0	$0

1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2011-2013 Biennium	2013-2015 Biennium	2015-2017 Biennium
Counties	$0	$0	$0
Cities	$0	$0	$0
School Districts	$0	$0	$0
Townships	$0	$0	$0

2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

HB 1101 establishes the Division of Mental Health and Substance Abuse as the state's opioid treatment authority. The Bill requires the Division to adopt rules for the licensure and monitoring of opioid programs and gives the Division the responsibility of licensing any opioid treatment program.

B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

HB 1101 has no fiscal impact.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

Name: Paul R. Kramer
Agency: Department of Human Services
Telephone: 701-328-4608
Date Prepared: 01/08/2013

VK
1/16/13

13.8110.01001
Title.02000

Adopted by the Human Services Committee

January 16, 2013

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1101

Page 2, after line 8, insert:

"4. Each state-licensed opioid treatment program shall submit by electronic means information regarding each prescription dispensed for a controlled substance to the state's prescription drug monitoring program, unless specifically exempted by federal law."

Renumber accordingly

Date: 1-16-13
Roll Call Vote #: 1

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1101

House Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Porter Seconded By Rep. Fehr

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN WEISZ			REP. MOONEY		
VICE-CHAIRMAN HOFSTAD			REP. MUSCHA		
REP. ANDERSON			REP. OVERSEN		
REP. DAMSCHEN					
REP. FEHR					
REP. KIEFERT					
REP. LANING					
REP. LOOYSEN					
REP. PORTER					
REP. SILBERNAGEL					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

move to accept amendment
Voice Vote
Motion Carried

Date: 1-16-13
Roll Call Vote #: 2

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1101

House Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: ☒ Do Pass ☐ Do Not Pass ☒ Amended ☐ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Porter Seconded By Rep. Fehr

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN WEISZ	✓		REP. MOONEY	✓	
VICE-CHAIRMAN HOFSTAD	✓		REP. MUSCHA	✓	
REP. ANDERSON	✓		REP. OVERSEN	✓	
REP. DAMSCHEN	✓				
REP. FEHR	✓				
REP. KIEFERT	✓				
REP. LANING	✓				
REP. LOOYSEN	✓				
REP. PORTER	✓				
REP. SILBERNAGEL	✓				

Total (Yes) 13 No 0

Absent _____

Floor Assignment Rep. Mooney

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1101: Human Services Committee (Rep. Weisz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (13 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HB 1101 was placed on the Sixth order on the calendar.

Page 2, after line 8, insert:

"4. Each state-licensed opioid treatment program shall submit by electronic means information regarding each prescription dispensed for a controlled substance to the state's prescription drug monitoring program, unless specifically exempted by federal law."

Renumber accordingly

2013 SENATE HUMAN SERVICES

HB 1101

2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee
Red River Room, State Capitol

HB 1101
02/19/2013
19177

☐ Conference Committee

Kirsin Dvorak

Explanation or reason for introduction of bill/resolution:

Related to opioid treatment program.

Minutes: See attached testimony.

Vice Chairman Larsen opens the testimony

JoAnne Hoesel (Meter 2:25) Director of the Mental Health Substance Abuse Division for the Department of Human Services. Testified in favor of HB 1101. See attachment #1

Sen. Dever: (Meter 17:25) Asked to clarification on Federal licensing of Doctors and this bill is to license programs.

Joanne Hoesel: (Meter 17:40) There are three requirements that need to be in place for the OPT and this bill would allow the state to put in place the requirements for the program.

Sen. Dever: (Meter 18:03) what entities of the state would be licensed?

Joanne Hoesel: They are not sure at this time would run the program at this time. There is great interest in becoming an opt program.

Sen. Dever: (Meter 19:23) Questioned if the treatment is reimbursed by insurance or by Medicaid.

Joanne Hoesel: Stated that most insurance pharmacy policies would cover the medication.

Sen. Anderson (Meter 20:00) made comment about treatment programs are for profit providers and that they are not extensions of local hospitals or treatment programs.

Joanne Hoesel: Is not sure of the ratio however there are for-profit and Not-for-profit programs around the country.

Sen. Anderson: Questioned about what type of medications were being dispensed for treatment.

Joanne Hoesel (Meter 20:33) National trends are using Buprenorphine due to a federal regulation. However both medications may be used depending on location, and the patient.

No further questions for Joanne Hoesel

No further testimony

Chairwoman J. Lee closed the testimony.

Sen. Anderson: (Meter 22:16) discussed his concern with Methadone treatment programs. Cost of the program and how the program is run. He does however agree that there should be a OPT Program in North Dakota.

Chairwoman. J. Lee (Meter 25:05) called Dr. Brendon Joyce to the podium. **Chairwoman J. Lee** is concerned how the rules are drafted and that providing services that are needed.

Dr. Brendon Joyce (Meter 25:39) pharmacy administrator for Medicaid. He wanted to clarify that medication is not covered by pharmacy benefits. However it is a medical claim because it is administered by the physician dispensing it there also no separate payment or reporting of the methadone to any insurance. There is also no record of the medication that is being dispensed to the patient through pharmacy records only through medical records. It is a per diem by daily payment.

Chairwoman J. Lee (Meter 26:47) asked about the amendment that was added on in the House. That the information would be submitting what was being dispensed.

Dr. Joyce: (Meter 27:00) discussion about how Federal law does not allow reporting of the medications is dispensed from treatment programs.

Chairwoman J. Lee (Meter 27:45) asked what the reasoning behind not allowing the reporting.

Sen. Dever: Wanted to know about the price of medication.

Dr. Joyce: Stated that it is a cheap medication.

There were no further questions for Dr. Joyce.

Discussion. (30:04)

Sen. Dever (Meter 30:48) shared his experience about his visit to a treatment program in Portland Oregon.

Sen. Anderson (Meter 31:50) talked about how the treatment was originally for a maintenance program and not treatment program.

Sen. Dever motioned for Do Pass **Sen. Larsen** second.

Do Pass 5-0-0. **Sen. Anderson** will carry it to the floor.

FISCAL NOTE
Requested by Legislative Council
12/21/2012

Amendment to: HB 1101

1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

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Appropriations	$0	$0	$0	$0	$0	$0

1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

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School Districts	$0	$0	$0
Townships	$0	$0	$0

2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

HB 1101 establishes the Division of Mental Health and Substance Abuse as the state's opioid treatment authority. The Bill requires the Division to adopt rules for the licensure and monitoring of opioid programs and gives the Division the responsibility of licensing any opioid treatment program.

B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

HB 1101 has no fiscal impact.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

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Name: Paul R. Kramer
Agency: Department of Human Services
Telephone: 701-328-4608
Date Prepared: 01/08/2013

Date: 2-19-13
Roll Call Vote #: 1

2013 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1101

Senate Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: ☒ Do Pass ☐ Do Not Pass ☐ Amended ☐ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Sen Dever Seconded By Sen Larsen

Senators	Yes	No	Senator	Yes	No
Chariman Judy Lee	✓		Senator Tyler Axness	✓	
Vice Chairman Oley Larsen	✓				
Senator Dick Dever	✓				
Senator Howard Anderson, Jr.	✓				

Total (Yes) 5 No 0

Absent _____

Floor Assignment Sen Anderson

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1101, as engrossed: Human Services Committee (Sen. J. Lee, Chairman) recommends **DO PASS** (5 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed HB 1101 was placed on the Fourteenth order on the calendar.

2013 TESTIMONY

HB 1101

#1

Testimony
House Bill 1101 – Department of Human Services
House Human Services Committee
Representative Weisz, Chairman
January 14, 2013

Chairman Weisz, members of the House Human Services Committee, I am JoAnne Hoesel, Director of the Mental Health and Substance Abuse Division for the Department of Human Services (Department). I am here today to testify in support of House Bill 1101, introduced at the request of the Department of Human Services.

House Bill 1101 allows the Department to license opioid treatment programs (OTPs) and adopt administrative rules to set licensing standards for OTPs in North Dakota.

An opioid treatment program (OTP) is a substance abuse treatment program where medication to treat the addiction to opioids is dispensed on-site, not prescribed and sent with the patient. This type of program is highly regulated. The Drug Enforcement Administration (DEA), Substance Abuse Mental Health Services Administration (SAMHSA), and the state are all involved in approving an OTP. SAMHSA certifies and the DEA registers programs (not individual physicians) to dispense and administer (but not prescribe) approved medications. This bill addresses the state's role in this process. North Dakota is one of two states that does not have this type of program.

Opioids are very strong narcotics. Opioids are commonly prescribed because of their effective pain-relieving properties. Medications in this class include morphine, hydrocodone, oxycodone, and fentanyl. The most notorious illegal opioid is heroin. These drugs are extremely effective for pain relief but they are highly addictive. There is a high

rate of relapse for opioid addiction. Due to the problematic and dangerous detoxification process, one year after stopping opioids, there is an 85 percent chance of relapse. Fortunately, there are three medications that are highly effective in reducing the rate of opioid addiction relapse. Buprenorphine, already used by physicians in North Dakota, along with the other two medications, methadone and Naltrexone, will increase successful treatment options for opioid addiction in the state. Increased regulated access to these medications will also address the treatment needs of individuals from other states who move here already on these treatment medications but who currently have few options in North Dakota.

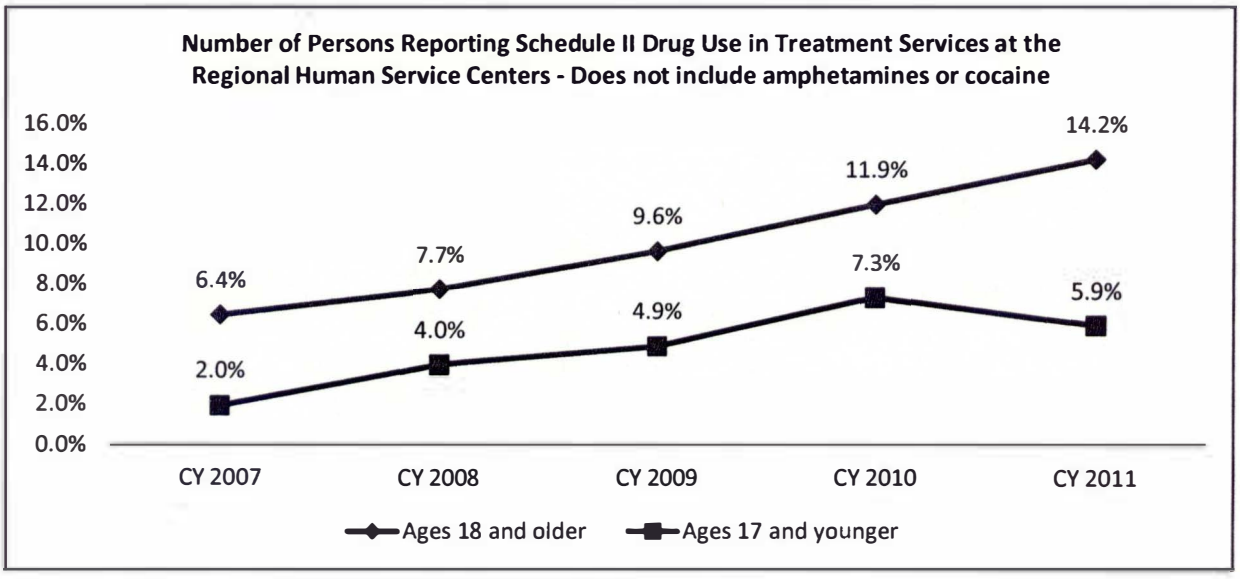
Forty years of opioid treatment research says a pill or dose alone is not enough. Opioid addiction is a medical disorder that can be treated effectively with medications when they are administered with supportive services such as addiction counseling, treatment for co-occurring disorders, medical services, and vocational rehabilitation. It is a combination of both medication and treatment therapy that leads to successful recovery. Addiction treatment is not a one-size-fits-all treatment. While not all people addicted to opioids need medication, the option for their use provides another tool for the physician and patient to consider.

There is a difference between people who use pain medication for chronic pain and whose treatment is appropriately monitored versus people addicted to pain medication. Opioids either for prescribed and advertised benefits or for nonmedical effects leads to tolerance. Uncontrolled use increases the need for larger quantities of opioids, more frequent use, or use in combination with other substances to sustain their effects. It also increases the severity of withdrawal when addiction is not satisfied. Opioid Treatment Programs treat people who continue to use the drug in increased amounts or

for longer periods of time than necessary and get into trouble because of their use.

Taking medication for alcohol or drug addiction is like taking medication to control heart disease or diabetes. It is NOT the same as substituting one addiction for another. Used properly, the medication does NOT create a new addiction but rather it results in relief from craving, anxiety, and withdrawal. Patients do not experience euphoria, tranquilizing, or pain relieving effects but get relief from withdrawal symptoms and opioid craving. Research in the use of these medications finds that patients can socialize and work normally with the use of these medications.

Opioid addiction is a problem with high costs to individuals, families, and society. Oxycodone overdose represents a major new trend in the dynamics of opioid dependence. Treatment admissions for prescription pain relievers have increased. Furthermore, the number of unintentional overdose deaths from prescription pain relievers has quadrupled in the U.S. since 1999. Many of the people addicted to opioids have never used illicit drugs, but become opioid-dependent.



In North Dakota, the use of needles for drug use has increased. Heroin use has increased in some parts of the state, as per the DEA, and crime is up. Prescription pain medication abuse is also on the rise. People are asking for this type of treatment. We have situations where people are stabilized on these medications in other states and relocate to the state but have no option to continue the use of these medications. This is creating a situation where affected individuals may return to illegal drug use.

Information shared at a recent stakeholder meeting held in October of 2012,

- the Department of Corrections (DOCR) reported more intravenous drug users in prison.
- DOCR also reported that probation officers are increasingly challenged by people addicted to prescription drugs as they are particularly clever and sophisticated in how they go about getting their pills.
- Prevention professionals shared that Watford City reports 24 percent of their youth having taken a prescription drug without a doctor's prescription one or more times during their life. (DHS Targeted Community Data)
- At the same time, state youth data showed 15 percent have taken prescription drugs without a doctor's prescription and that specific region's, 9 – 12 graders, reported 16.8 percent. (2009, YRBS)
- Since 2008, the incidence rate of hepatitis C, spread by the use of needles, increased among North Dakotans ages 18 to 24.
- The highest percentage increase, 21 percent, of hepatitis C cases was reported for the 18 to 24 age group. (Department of Health, 2011)

Hospitals, treatment centers and physicians provided vivid information of their experiences with this issue at the October 2012 stakeholder meeting.

- A Fargo treatment provider reported placing, three teen IV-drug users under 17 years of age during the week prior to the meeting.

- Private treatment providers report receiving 40-100 calls per week for this type of treatment.
- The people calling are horrified to learn of the lack of options in North Dakota but readily talk about Heroin as a potential option. People are flying to other states every month to get a prescription and work with their physicians.
- Current physicians offering in-office Buprenorphine treatment, are overwhelmed and are turning large number of patients away from treatment each week.
- One person searching for treatment services, called every doctor in North Dakota who had the federal approval for Buprenorphine, with no success. This person spends $2,000 monthly due to travel and related costs to maintain his recovery as he has to go out of state. He is willing to do this because these medications have given him his life back.
- One provider reports an increase of pregnant women who are addicted to opioids and are coming in for treatment in traditional treatment programs. The preferred method of treatment is methadone which is not available in North Dakota for addiction treatment, so these patients are sent to Minneapolis for treatment.

This type of treatment requires ongoing and consistent access to medications and counseling. Having significant travel for treatment impacts the ability of people to access this service. Through passage of this bill, the Department is hoping there will be programs available in North Dakota, so people can access services and be successful in their treatment.

- **1 in 6** N.D. high school students (16.2 percent) reported taking prescription drugs without a doctor's prescription in 2011 (N.D. Youth Risk Behavior Survey (YRBS), 2011)

- **11 percent** of all substance abuse evaluations at the regional human service centers involved prescription drug abuse (Treatment Episode Data Set (TEDS), 2009-2011)
- **71 percent** of people who abuse prescription pain relievers obtain them from a friend or relative (National Study on Drug Use and Health, 2010)
- In North Dakota, **unintentional poisonings,** from pain relievers, sedatives, antidepressants, and narcotics, were the fourth leading cause of injury-related mortality from 2004 to 2008 (ND Division of Injury Prevention and Control, 2011)

The Department's prevention efforts are focusing on raising awareness of prescription drug abuse and decreasing access to opioids. See Attachment A.

These emerging trends show an increasingly alarming problem. Lack of action in providing this effective way to treat opioid addictions, will lead to the use of illegal drugs.

It is important to know that these medications are used already in North Dakota. Methadone is used to treat pain and several physicians have the waiver, federal approval, to prescribe Buprenorphine. An OTP is a substance abuse treatment program where the **program**, not individual physicians, is approved to dispense and administer approved medications. OTP regulations do not limit how many patients may be treated. Individual waivered physicians, are restricted to treating up to 30 patients in the first year and may increase to 100 patients thereafter. The ability to treat more people in an OTP would be an advantage due to North Dakota's rural makeup and need to maximize physician time. Patients won't just get a pill

or dose, they will receive a treatment program. We believe the additional support within the treatment program, will provide incentive for more doctors to do this type of treatment. We hear of physicians who stopped their waivered- practice due to the overwhelming maintenance needs of patients.

This type of treatment needs regulation to assure safety and good management. We will benefit from the many lessons learned by other states. Washington state requires a Certificate of Need (CON) process for potential programs plus community outreach and public information.

In summary, this bill would permit the Department to adopt administrative rules for opioid treatment programs (OTP) in North Dakota. It would result in adding options for those citizens who are struggling with opioid addiction and need our assistance.

I am available to answer any questions.

BOARD OF PHARMACY
State of North Dakota

Jack Dalrymple, Governor

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Bonnie J. Thom, R.Ph.
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Gayle D. Ziegler, R.Ph.
Fargo
Diane M. Halvorson, RPhTech
Fargo
Mrs. Fran Gronberg
Public Member, Bismarck

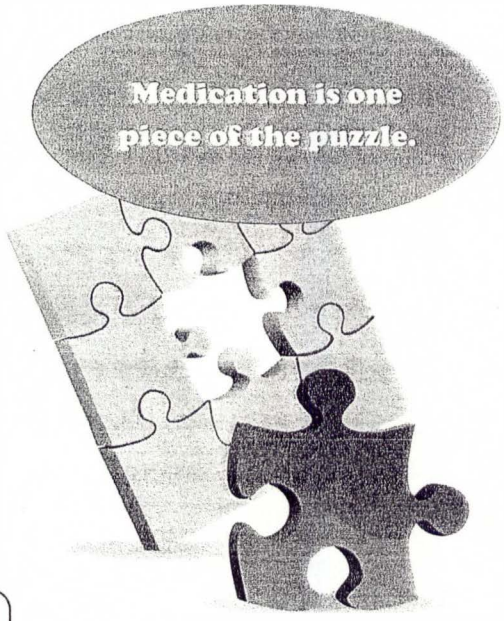
Proposed amendments to HB 1101

Chairman Weisz and members of the House Human Services committee, for the record my name is Mark J. Hardy, Pharm D., Assistant Executive Director of the North Dakota Board of Pharmacy. We would like to ask the committee's consideration on an amendment to HB 1101.

4. Each state licensed opioid treatment program shall submit by electronic means information regarding each prescription dispensed for a controlled substance to the state's prescription drug monitoring program, unless specifically exempted by federal law.

Why Use Medication When Treating Addiction?

- ✓ Science has proven medication treatment, when combined with other supportive services, is successful in leading patients to live productive, sober lives.
- ✓ Medications are already used to assist with detoxification, however, detox by itself is NOT treatment—it is merely the first step within the treatment process.
- ✓ Opiate addiction is associated with a high rate of relapse. Medication can effectively manage cravings, decreasing potential for relapse.



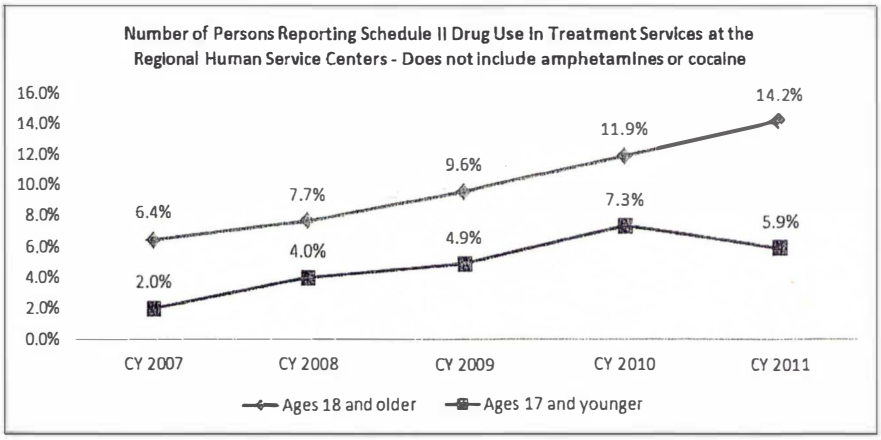
MYTH: Prescribing medication for addiction is substituting one addiction for another.

FACT: When used properly, taking medication to manage the symptoms of addiction is like taking insulin to regulate diabetes.

We receive on average, 50 calls per week requesting opioid treatment services.

- ND Treatment Provider

The number of people in treatment at ND Human Service Centers reporting prescription drug abuse is increasing.



TEDS

There are many paths to recovery from addiction.
Using medication is one of many tools to achieve sobriety.

MEDICATIONS USED TO TREAT OPIOID ADDICTION

Buprenorphine (Subutex, Suboxone)

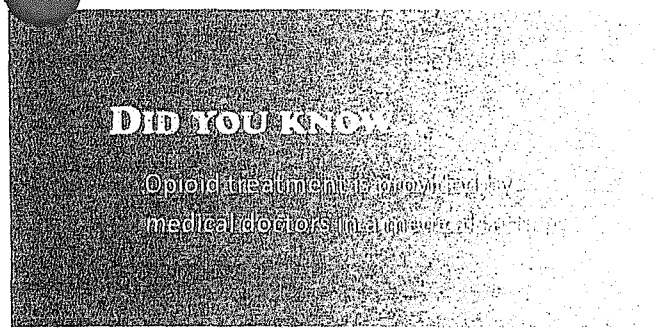
- Less risk for overdose and withdrawal effects when compared to Methadone
- Delivered in a doctor's office

Methadone (Methadose, Dolophine)

- Reduces cravings and prevents withdrawal symptoms
- Monitored in specialized opiate treatment programs

Naltrexone (Depade, ReVia, Vivitrol)

- Prevents feeling the effects of a drug
- Prescribed as an oral medication or by monthly injections



POTENTIAL CONSEQUENCES OF OPIOID ABUSE

- ↑ Increase in heroin use
- ↑ Increased needle use
- ↑ Increased rates of HIV/AIDS
- ↑ Increase in crime

The number of **calls to North Dakota poison centers related to prescription drug abuse has doubled** from 2005 (113) to 2012 (228).

Hennepin Regional Poison Center

north dakota department of human services

Attachment #1

Testimony
Engrossed House Bill 1101 – Department of Human Services
Senate Human Services Committee
Senator Judy Lee, Chairman
February 19, 2013

Chairman Lee, members of the Senate Human Services Committee, I am JoAnne Hoesel, Director of the Mental Health and Substance Abuse Division for the Department of Human Services (Department). I am here today to testify in support of Engrossed House Bill 1101, introduced at the request of the Department of Human Services.

Engrossed House Bill 1101 allows the Department to license opioid treatment programs and requires the Department to adopt administrative rules to establish licensing standards for opioid treatment programs (OTP) in North Dakota. This type of treatment needs regulation to assure safety and good management.

An OTP is a substance abuse treatment program in which medication to treat the addiction to opioids is dispensed on-site rather than prescribed and sent with the patient until federal approval is received. This type of program is highly regulated. The federal Drug Enforcement Agency (DEA), federal Substance Abuse Mental Health Administration (SAMHSA), and each participating state are all involved in approving an OTP. SAMHSA certifies and the DEA registers "narcotic treatment programs" (not individual physicians) to dispense and administer (but not prescribe) approved medications. This bill addresses the state's role in this process. North Dakota is one of two states that does not have this type of program.

Opioids are very strong narcotics that are commonly prescribed because of their effective pain-relieving properties and were originally used for late

stage cancer treatment. Medications that fall within this class include morphine, codeine, OxyContin, hydrocodone, oxycodone, and fentanyl. The most notorious illegal opioid is heroin. These drugs are extremely effective for pain management but they are highly addictive. There is a high rate of relapse for opioid addiction in those that are trying to stop their use. Due to the problematic and dangerous detoxification process, one year after stopping opioids, there is an 85 percent chance of relapse. Fortunately, there are three medications that are highly effective in reducing the rate of opioid addiction relapse. Buprenorphine is currently in use by physicians in North Dakota. Additionally, methadone and Naltrexone will increase successful treatment options for opioid addiction in the state. Increased regulated access to these medications will also address the treatment needs of individuals from other states who move here already on these treatment medications but who currently have few options in North Dakota to continue their treatment programs.

Forty years of opioid treatment research says one pill or one dose alone is not enough. Opioid addiction is a medical disorder that can be treated effectively with medications when they are administered with supportive services such as addiction counseling, treatment for co-occurring disorders, medical services, and vocational rehabilitation. It is a combination of medication and treatment therapy that leads to successful recovery. While not all people addicted to opioids need medication, the option for their use provides another tool for the physician and patient to consider.

There is a difference between people who use pain medication for chronic pain and whose treatment is appropriately monitored versus people addicted to pain medication. Use of opioids, either for prescribed and advertised benefits or for nonmedical effects, leads to tolerance. It is the uncontrolled

use leading to increased need for larger quantities of opioids, more frequent use, or use in combination with other substances to sustain their effects that leads to complications. Increased use also increases the severity of withdrawal when the addiction is not satisfied. OTPs treat people who continue to use the drug in increased amounts or for longer periods of time than prescribed and who get into trouble, physically, emotionally, or socially, because of their use.

Taking medication for alcohol or drug addiction is like taking medication to control heart disease or diabetes. It is NOT the same as substituting one addiction for another. Used properly, the medication for opioid addiction does NOT create a new addiction; rather it results in relief from craving, anxiety, and withdrawal. Patients do not experience euphoria, tranquilizing, or pain-relieving effects but get relief from withdrawal symptoms and opioid craving. Research in the use of these medications finds that patients can socialize and work normally with the use of these medications.

Opioid addiction is a problem with high costs to individuals, families, and society. Oxycodone overdose, alone, represents a major new trend in the dynamics of opioid dependence. Treatment admissions for prescription pain relievers have increased. Furthermore, the number of unintentional overdose deaths from prescription pain relievers has quadrupled in the U.S. since 1999. Many of the people addicted to opioids have never used illicit drugs, but have become opioid-dependent resulting from legal prescriptions of these drugs.

Schedule II substances listed below were reported by people who said they have used one of the substances, when they did not have a prescription or misused the substances with a prescription, as a primary, secondary or

tertiary substance. The Schedule II controlled substances included in this report are listed below with their trade names.

Schedule II - Potential Drugs of Abuse	
Substance Name	**Trade Name**
Codeine	
Methylphenidate	Ritalin, Concerta, Focalin, Metadate
Morphine Sulfate	MSContin, Roxanol, Oramorph SR, MSIR
Non-Prescription Methodone	
Other Opioid Pain Relievers	Tylox, OxyContin, Percodan, Percocet, Demerol, Dilaudid, Vicodin, Lortab, Lorcet, Darvon, Darvocet, Tussionex, Talwin, Stadol, Fentanyl, Paregonic, Buprenix, Roxcet, Endocet, Methodone
Tramadol	Ultram

Resources: Drug Enforcement Agency, Drugs of Abuse, 2005 Edition; National Institute on Drug Abuse (NIDA), Revised April 2005

The figure below shows the percent of people who reported they have used one or more of the substances listed above as a primary, secondary or tertiary substance. Adult who reported any of the substances as a substance used continued to increase over time, from CY 2007 through CY 2011. Adolescents who reported using any of the substances above reported an increased level of use by over 5% from CY 2007 through 2010.

In North Dakota, the use of needles for drug use has increased. Heroin use has increased in some parts of the state, as per the DEA, and crime is up. Prescription pain medication abuse is also on the rise. People are asking for this type of treatment. We have situations where people are stabilized through an opioid treatment program in other states and upon relocating to North Dakota have no option to continue the use of their treatment. This is creating a situation where affected individuals may return to illegal drug use

to satisfy their craving because they lose access to the medications and treatment.

The following information was shared at a stakeholder meeting held in October 2012:

- The Department of Corrections (DOCR) reported more intravenous drug users in prison.
- DOCR reported that probation officers are increasingly challenged by people addicted to prescription drugs as the addicts are particularly clever and sophisticated in how they go about getting their pills.
- Prevention professionals shared that Watford City reports 24 percent of their youth having taken a prescription drug without a doctor's prescription one or more times during their life. (DHS Targeted Community Data).
- State youth data showed 15 percent have taken prescription drugs without a doctor's prescription and 9–12 graders in Region I, reported 16.8 percent. (N.D. Youth Risk Behavior Survey (YRBS), 2009)
- Since 2008, the incidence rate of hepatitis C, spread by the use of needles, has increased among North Dakotans ages 18 to 24.
- The highest percentage increase, 21 percent, of hepatitis C cases was reported for the 18 to 24 age group. (Department of Health, 2011)

Hospitals, treatment centers and physicians provided vivid descriptions of their experiences with this issue at the October 2012 stakeholder meeting.

- A Fargo treatment provider reported placing into a hospital, three teen IV-drug users under 17 years of age during the week prior to the meeting.
- Private treatment providers report receiving 40-100 calls per week for treatment for opioid addiction.

- The people calling are 'horrified' to learn of the lack of options in North Dakota but readily talk about heroin as a potential option to eliminate their craving. People are flying to other states every month to get a prescription and work with their physicians.
- Current physicians offering in-office Buprenorphine treatment, are reportedly overwhelmed and are turning large number of patients away from treatment each week.
- One person searching for opioid treatment services, called every doctor in North Dakota who had the federal approval to dispense Buprenorphine, with no success. This person spends $2,000 monthly due to travel and related costs to maintain his recovery as he has to go out of state. He is willing to do this because these medications have given him his life back.
- One provider reports an increase of pregnant women who are addicted to opioids and are coming in for treatment in traditional treatment programs. The preferred method of treatment is methadone, which is not available in North Dakota for addiction treatment, so these patients are sent to Minneapolis for treatment.

This type of treatment requires ongoing and consistent access to medications and counseling. Having to travel out of state for treatment significantly impacts the ability of people to access treatment. Through passage of this bill, the Department is hoping there will be programs available in North Dakota, so people can access services and be successful in their treatment.

- 1 in 6 N.D. high school students (16.2 percent) reported taking prescription drugs without a doctor's prescription in 2011 (YRBS, 2011)

- 11 percent of all substance abuse evaluations at the regional human service centers involved prescription drug abuse (Treatment Episode Data Set (TEDS), 2009-2011)
- 71 percent of people who abuse prescription pain relievers obtain them from a friend or relative (National Study on Drug Use and Health, 2010)
- In North Dakota, unintentional poisonings, from pain relievers, sedatives, antidepressants, and narcotics, were the fourth leading cause of injury-related mortality from 2004 to 2008 (ND Division of Injury Prevention and Control, 2011)

The Department's prevention efforts are focusing on raising awareness of prescription drug abuse and decreasing access to opioids. See Attachment A.

These emerging trends show an increasingly alarming problem. Lack of action in providing this effective way to treat opioid addictions, will lead to greater use of illegal drugs.

To recap, it is important to know that these medications are used already in North Dakota. Methadone is used to treat pain and several physicians have the waiver, federal approval, to prescribe Buprenorphine. An OTP is a substance abuse treatment program where the **program**, not an individual physician, is approved to dispense and administer approved medications. Federal OTP regulations do not limit how many patients may be treated. Individual waivered physicians may treat up to only 30 patients in the first year and may increase to 100 patients thereafter. The ability to treat more people within the framework of an OTP would be an advantage due to North Dakota's rural makeup and need to maximize physician time. Patients won't

just get a pill or a dose, they will receive a treatment program. We believe the additional support within the treatment program will provide incentive for more doctors to provide this type of treatment. We hear of physicians who stopped their waivered practice due to the overwhelming maintenance needs of patients.

We will benefit from the many lessons learned by other states. Washington State requires a Certificate of Need (CON) process for potential programs plus community outreach and public information.

In summary, this bill would allow OTPs to be established in North Dakota and would require the Department to adopt administrative rules for the licensure of OTPs in North Dakota. Ultimately it would result in adding options for those citizens who are struggling with opioid addiction and need assistance.

The House of Representatives amended this bill to require that each OTP licensed under this bill submit by electronic means, information regarding each prescription dispensed for a controlled substance to the state's prescription drug monitoring program, unless specifically exempted by federal law. The Department has no objection to this amendment.

I am available to answer any questions.

Lawrence, LuWanna K.

From: Lee, Twyla J.
Sent: Friday, February 15, 2013 12:10 PM
To: Lawrence, LuWanna K.
Subject: Correction to Web page -- not a rush -

A correction needs to be made to the following page.

http://www.nd.gov/dhs/dvr/media/cd-dvd.html

Under **Self-Employment (correction highlighted in yellow)**

- **Resource Guide**
- **Prescreening Tool-Business Assessment Scale** **(instead of Business Accessment)**
- **Business Plan**

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DIVISION of VOCATIONAL REHABILITATION
State of North Dakota

Attachment #2

Prescription drug abuse is a growing problem.

You Lock these...

Why not these?

www.nd.gov/dhs/prevention

Prevention

Department of Human Services