

**Statewide Prescription Drug Abuse & Newborns Task Force
Meeting Minutes
October 7, 2013**

Present

Florida Attorney General Pam Bondi
Senator Joe Negron
Dr. Stephanie Haridopolos (Attorney General Appointment)
Keith Nash (March of Dimes)
Dr. Robert Yelverton (Florida Medical Association)
Dr. Kenneth Solomon (Florida Hospital Association)
Doug Leonardo (Substance Abuse Treatment)
Jane Murphy (Healthy Start)
Jim Madden (Florida Department of Law Enforcement)
Willa Fuller (Florida Nurses Association)
Dr. Celeste Philip (Representing Department of Health)
Hayden Mathieson (Representing Department of Children & Families)

Absent

Secretary Elizabeth Dudek (Agency for Health Care Administration)
Interim Secretary Esther Jacobo (Department of Children & Families)
State Surgeon General Dr. John H. Armstrong (Department of Health)
Representative Dana Young
Dr. David Dixon (Florida Osteopathic Medical Association)

Attorney General Pam Bondi called the meeting to order at 2:05 P.M. and welcomed everyone to the meeting.

Opening Remarks

Attorney General Bondi reviewed the agenda and noted that most of their time would be spent reviewing previous policy recommendations.

Florida Hospital's Rich Morrison and Orange County Mayor Teresa Jacobs welcomed the Task Force to Orlando and each made opening remarks about the importance of preventing and treating prescription drug abuse.

Addressing Trauma and Attachment in Substance-abusing Parents

Dr. Neil Boris

Dr. Neil Boris provided a brief overview of treating children of substance-abusing parents. Prevention is key and doctors are learning new ways to treat children each day. 20 years of brain development research is now creating new interventions for substance-abusing parents that are very powerful.

New Safety Measures for Extended-release & Long-acting Opioids

Keith Nash

Task Force member Keith Nash; (Florida March of Dimes) provided information about the FDA's new labeling requirements. Consumers and health care professionals will soon find updated labeling for extended-release and long-acting opioid pain relievers to help ensure their safe and appropriate use. The updated indication for when to prescribe and take these

medicines will, when finalized by the FDA, emphasize that other, less potentially addictive, treatment options should be considered first. In addition, the new labeling will provide more detail and will elevate the risk of NAS to the most prominent position in labeling - a boxed warning.

**Born Drug-Free Florida Initiative
Dr. Stephanie Haridopolos**

Dr. Haridopolos updated the Task Force on the statewide educational campaign. Born Drug-Free Florida educates expectant mothers about the importance of discussing prescription drug use with their doctors, and it provides ways to assist women. The campaign includes a helpline at 1-877-233-5656, a website at BornDrugFreeFL.com, video and radio spots, and billboards.

As of August 2013, the Born Drug-Free Florida hotline had received 159 calls. The hotline screens callers, refers them to appropriate facilities in their area and provides informational resources. The initiative's ad campaign ran April - August 2013, including free spots and placement provided by media partners statewide.

In addition, 22 billboards were posted in Pensacola, Tallahassee, Orlando, Tampa, Jacksonville and Gainesville, and more than 22,000 local, network affiliate radio and iHeart radio spots ran statewide. Printed materials were also distributed by regional DCF offices, Healthy Start Coalition, County Health Departments, Healthy Families and other local organizations. The materials included 74,400 postcard-size fliers and 2,720 posters.

**Florida Perinatal Quality Collaborative (FPQC) Update
Dr. Mark Hudak**

Dr. Hudak informed the task force that the FPQC met the previous Monday. FPQC are continuing to discuss what interventions can be rigorously tested and they have been looking for ways to collaborate with other states (North Carolina is an example). Dr. Hudak noted that there is great variability in the treatment of drug exposed newborns. Their research must continue to compare drug treatments to see what can be used to treat newborns more effectively and reduce time in the NICU.

Dr. Hudak concluded his remarks by highlighting hospitals in Cincinnati are now testing all mothers for opioids. Hospital administrators have made this decision to drug test all mothers because the problem of prescription drug abuse has become such a public health issue.

**Florida Nurses' Association Update
Willa Fuller**

The FNA assembled a task force to create a toolkit for nurses; 25 volunteers from around the state signed-up to serve. This task force is now developing both a toolkit as well as other resources for nurses. Its next step will be to create a timeline and then decide which of the good materials that are coming in and decide what should be included in the toolkit.

**Follow-up on SBIRT Policy Recommendation
Doug Leonardo**

The Task Force recommended that SBIRT be expanded outside the primary care setting in order to reach more women needing an intervention and referral to treatment. In order to

determine the best approach a small workgroup was created to assess the viability of expanding the SBIRT model. Members of the workgroup determined that an effective way of making the SBIRT model a part of a routine medical practice is to ensure that the procedure is reimbursable. The key conclusions from the workgroup are the following:

1. Other states that made SBIRT-related billing codes open for reimbursement have not seen a flood of Medicaid claims.
2. Opening SBIRT codes is a first step toward better tracking and understanding of the extent to which SBIRT is being performed, and the interventions and treatment provided.
3. SBIRT is seen by those effectively using it in their medical practice as a helpful tool to improve their patient’s health, reign in costs and save lives.

Doug Leonardo concluded that early screening and referral to treatment is much better for the mother and is cost-effective because it covers the smaller upfront costs instead of having Medicaid pay for lengthy stays in a NICU.

**Department of Health Update
Dr. Celeste Philip**

Dr. Philip reported that DOH convened an NAS Ad Hoc Advisory Committee in order to make NAS reportable per the recommendations of the Task Force. Based on their expertise and guidance, a standardized NAS case definition was developed to ensure that comparable data are collected across the state. The proposed definition is: “Infants with signs and symptoms consistent with drug withdrawal plus a maternal history of drug use and/or lab results in a mother or baby consistent with drugs known to cause drug withdrawal.”

The committee discussed two ways in which data is typically collected: (1) real-time data and (2) hospital discharge data. DOH will use hospital discharge diagnosis data to calculate statewide NAS rates. DOH will also coordinate with FHA, FMA and FOMA to ensure new reporting requirements gain the support of their members.

**Department of Children & Families Update
Hayden Mathieson**

Hayden Mathieson brief updated the Task Force on how the \$8.9M in new substance abuse treatment was being used to provide services for pregnant women and mothers. DCF channeled these new funds into the seven behavioral health Managing Entity (ME) contracts. DCF determined the location of funding by the number of live births in each ME region. These MEs do not provide direct services; rather, they allow the department’s funding to be tailored to the specific behavioral health needs in the various regions of the State.

Managing Entity	FY 13-14 Allocation
Big Bend Community Based Care	\$725,807
Broward Behavioral Health Coalition	\$935,500
Central Florida Behavioral Health Network	\$1,821,721
Central Florida Cares Health System	\$1,689,000
Lutheran Services Florida	\$1,278,352
South Florida Behavioral Health Network	\$1,625,596
Southeast Florida Behavioral Health Network	\$891,724
Total	\$8,967,700

Discussion: Task Force Policy Recommendations

Dr. Yelverton discussed how screening at the primary care setting was critical; he was delighted to see the Task Force place an emphasis on that type of screening.

Doug Leonardo noted that Florida has 16,000 children born drug exposed to some form of a substance each year, not just prescription drugs, and that the lessons learned by this Task Force should be used throughout the state to ensure fewer babies are born drug exposed.

Dr. Hudak emphasized that it will be essential to accurately report the problem of NAS and that policy makers should not discourage women from coming forward. General Bondi concurred, stating that the focus of the task force has always been preventing the problem, and that when a woman needs help, to get her treatment in order to keep families together.

Closing Remarks

General Bondi stated that a rough draft of the Task Force's Progress Report should be completed by December and will then be shared with all members. Attorney General Bondi thanked all task force members for their continued dedication and hard work in ending prescription drug abuse.

Attorney General Bondi then called the meeting to adjournment at 3:20 P.M.