

**Statewide Prescription Drug Abuse & Newborns Task Force
Meeting Minutes
December 10, 2012**

Present

Florida Attorney General Pam Bondi
State Surgeon General Dr. John H. Armstrong (Department of Health)
Secretary David Wilkins (Department of Children & Families)
Agency for Health Care Administration Secretary Elizabeth Dudek
Senator Joe Negron
Representative Dana Young
Dr. Stephanie Haridopolos (Attorney General Appointment)
Keith Nash (March of Dimes)
Dr. Robert Yelverton (Florida Medical Association)
Dr. Kenneth Solomon (Florida Hospital Association)
Dr. David Dixon (Florida Osteopathic Medical Association)
Doug Leonardo (Substance Abuse Treatment)
Jane Murphy (Healthy Start)
Jim Madden (representing Florida Department of Law Enforcement)
Rafael Copa (representing Agency for Health Care Administration)

Absent

Willa Fuller (Florida Nurses Association)

Attorney General Pam Bondi called the meeting to order at 1:15 P.M. and welcomed everyone to the meeting.

Opening Remarks

General Bondi asked all task force members to review the October 12th meeting minutes and ask for a motion to approve the minutes. A motion was put toward and all task force members approved the October 12th meeting minutes.

General Bondi reviewed the agenda and noted that most of their time would be spent discussing proposed policy recommendations. If the task force does not complete its work today then a conference call would be set-up after January 1st to finalize the recommendations.

**Department of Children & Families Presentation
Secretary David Wilkins**

Secretary Wilkins stated that he would provide an overview of DCF recommendations. Florida spends a billion dollars to protect its children. The primary reason for a child to be removed from their home by DCF is the parents' substance abuse problem. Last year DCF had 57,000 child abuse cases that were verified, and 28,00 of those cases were due to a substance abuse issue.

It costs the state of Florida \$20,000 per child to remove them from their family, and last year 8,000 children were removed. Secretary Wilkins stated that if Florida can avoid child removal and invest more on the front-end, it could save the state money and also keep families together.

The Department of Children and Families is recommended a \$22 million investment in substance abuse treatment. \$13 million would be spent on additional outpatient and residential treatment. The other funding (\$8 million) would go toward additional case management interventions on the front-end to save child welfare costs.

Attorney General Bondi thanked Secretary Wilkins for his presentation and stated that she had recently attended the National Association of Attorney Generals meeting where other Attorney Generals are excited about the work Florida is doing to lower prescription drug abuse.

**Department of Health Presentation
Dr. John H. Armstrong**

Dr. Armstrong stated that he wanted to provide the task force with context for what DOH is currently doing to combat prescription drug diversion and abuse. Dr. Armstrong highlighted that the state’s Prescription Drug Monitoring Program (PDMP) is working. Florida has seen a reduction in “doctor-shopping” and there has been a reduction in prescription drug overdose deaths. These positive reductions are not solely attributable to the PDMP, but the system has aided the state’s efforts.

Dr. Armstrong noted that DOH regulates and inspects pain management clinics. Also, Dr. Armstrong has signed 9 Emergency Suspension Orders (ESO) against pain management clinics and over the last 3 years DOH has signed 48 ESOs against Florida prescribers.

DOH is focused on prevention. DOH is also in the process of collecting all of its activities and is determining how to make them effective in reducing drug-exposed newborns. Dr. Armstrong also discussed the role of County Health Departments and how they can also help manage of the problem of drug addiction.

Dr. Armstrong concluded his presentation by highlighting the fact that he has tasked the statewide Drug Policy Advisory Council with formulating a statewide drug control strategy. DOH is ready to participate in statewide collaborative efforts and multi-jurisdictional approaches to lower drug abuse.

Open Discussion: Policy Recommendations

Prevention

To deter the onset of addiction by providing individuals with the information and skills necessary to stop the problem of prescription drug abuse.

| | |
|---|---|
| <p>1. Develop a coordinated statewide public awareness initiative intended to educate the public about the dangers of prescription drug abuse during pregnancy.</p> | <p>Attorney General Department of Children & Families Department of Health Florida Association of Healthy Start Coalitions March of Dimes</p> |
|---|---|

Doug Leonardo stated that prevention was going to have to come from a variety of locations (emergency rooms, healthcare clinics, substance abuse treatment providers, etc.). Prevention is low cost, but will have a big impact on the problem of NAS.

| | |
|--|--|
| <p>2. Collaborate with community anti-drug coalitions to ensure that all expert recommendations and evidence-based practices are developed and implemented through the strategic planning process.</p> | <p>Department of Children & Families</p> |
|--|--|

Secretary Wilkins noted that DCF would lead the effort on prevention, but that DOH should also be included. Dr. Armstrong stated that there is a lot of fade prevention messages, but that they do not take hold long-term. Prevention recommendation 1 and 2 should be combined. Task force members agreed.

| | |
|--|---|
| 3. Ensure that all school-based prescription-drug-specific primary prevention efforts are properly developed, evidence-based, rigorously evaluated, and sustainable. | Department of Children & Families Florida Alcohol and Drug Abuse Association Drug Policy Advisory Council |
|--|---|

Task force agreed with recommendation 3.

| | |
|---|---|
| 4. Develop and implement an evidence-based positive relationship development campaign to strengthen Florida’s families. | Department of Health Department of Children & Families |
|---|---|

Task force believed recommendation 4 should be merged with recommendation 1 and 2.

| | |
|---|--|
| 5. Require a warning label on prescribed opiates. Also, have warning signage at all pharmacy counters and pain clinics. | Department of Health March of Dimes |
|---|--|

Attorney General Bondi believed recommendation would fall under the federal Food & Drug Administration and not the state of Florida. Dr. Armstrong added that the Florida Board of Pharmacy could take this up as a way of stopping prescription drug diversion at the counter.

| | |
|---|---|
| 6. Establish “End Drug & Alcohol Exposed Newborn” Day at the Capitol to raise awareness to the dangers of using or misusing alcohol and drugs during pregnancy. | Department of Health Department of Children & Families Attorney General |
|---|---|

The task force agreed that there are already several “prevention” days at the Capitol and that adding another one would be ineffective. The Department of Health is in the process of collecting all of their prevention/healthy awareness days/months into one report.

Intervention & Best Practices

This is a broad category that can include: medical training, prenatal health care screenings, methods that detect and respond to substance exposure at the time of delivery, as well as interventions that provide services for the newborn as well as the family immediately after birth.

| | |
|---|--|
| 1. Make drug screening patients a best practice policy for obstetricians. This can occur by urinalysis testing, a questionnaire or via the state’s Prescription Drug Monitoring Program (PDMP) to identify controlled substance use or abuse as part of a patient standard of care. | Department of Health Florida Medical Association Florida Osteopathic Medical Association |
|---|--|

Senator Negron stated that he believed mandatory urinalysis screening was an invasive procedure and that he does not want to tell a doctor how to run his/her practice. Dr. Yelverton agreed with Senator Negron and noted that a questionnaire is also effective way to encourage doctors to get more history from their patients. Dr. Solomon added that a recommendation about using the state’s PDMP as a tool to screen patients should be included in the task force recommendations. Dr. Dixon concurred with Dr. Yelverton and Dr. Solomon’s statements.

Dr. Armstrong suggested the recommendation be reworded to state that Florida strongly encourages screening and that mandatory lab screenings are not the way to go. Task force agreed to have the recommendation, but that it needs to be revised.

| | |
|--|---|
| 2. Develop continuing education credits for medical professionals that enhance the knowledge and skills needed to effectively manage chronic pain, treat substance use disorders, and prevent prescription drug diversion. | Department of Health Florida Medical Schools Board of Governors |
|--|---|

Dr. Armstrong stated that there needs to be a system of education around appropriate prescribing. Florida should leverage its health care associations and medical schools to achieve this recommendation. Task force agreed to revise recommendation.

| | |
|--|---|
| 3. Develop curriculum for Florida nursing and medical schools to address addiction as brain disease. | Department of Health Florida’s Medical Schools Board of Governors |
|--|---|

Task force agreed to add recommendation 3 to recommendation 2.

| | |
|---|--------------------------------------|
| 8. Develop Medicaid policy on prenatal drug screening methods with establishment of reimbursement rules for documentation of appropriate screening. | Agency for Healthcare Administration |
|---|--------------------------------------|

Secretary Dudek stated that Medicaid does cover prenatal screenings. The recommendation could encourage more people to pursue screening and have it reimbursed. The task force agreed to remove recommendation 8 from the list.

| | |
|---|----------------------------|
| 4. Create a toolkit of “best practices” for nurses who are caring for Neonatal Abstinence Syndrome (NAS) newborns and their families. | Florida Nurses Association |
|---|----------------------------|

Task force agreed with recommendation, but will discuss it at the next meeting when Ms. Fuller and the Nurses Association can address the recommendation.

| | |
|---|--|
| 5. Collaborate with local communities (hospital staff, medical personnel, Healthy Start, Early Steps) to provide a system of “case conferencing” NAS infants to coordinate services before discharge from a hospital. | Department of Children & Families Department of Health Healthy Start |
|---|--|

Jane Murphy put this recommendation forward and stated that coordinating of services before the infant goes home would be a big help. This would improve follow-through (i.e. case management). Ms. Murphy noted that some smaller hospitals may not be doing this and the recommendation would encourage wider use of this practice. Task force agreed.

| | |
|--|---|
| 7. Expand the Screening Brief Intervention and Referral to Treatment (SBIRT) model beyond health care settings to other settings where at-risk mothers can be reached. | Department of Children & Families Department of Health |
|--|---|

Doug Leonardo discussed how SBIRT is used in a variety of settings (emergency rooms, primary care) but that it is not reimbursable service. Ms. Murphy stated that research shows that not all people need substance abuse treatment and that in many situations SBIRT can be that bridge to get people to change their behavior. SBIRT is low cost and effective. The recommendation will be included and more information will be pulled together before the next task force meeting.

| | |
|---|--|
| 9. Without making it mandatory, find innovative ways to increase use of Florida’s PDMP among medical professionals. | Department of Health Florida Medical Association Florida Osteopathic Medical Association |
|---|--|

Task force agreed with recommendation.

| | |
|---|---|
| <p>11. Create a toolkit to assist communities with establishing and maintaining Substance Exposed Newborn Workgroups.</p> | <p>Florida Association of Healthy Start Coalitions Department of Health Department of Children & Families Attorney General</p> |
|---|---|

Jane Murphy submitted this recommendation. She noted that every community has to craft their work to lowering NAS a little differently and having a workgroup helps provide guidelines to community/stakeholders. Recommendation was agreed to.

| | |
|--|---|
| <p>12. Work with federal agencies (Office of National Drug Control Policy, National Institutes of Health - specifically the National Institute on Drug Abuse and National Institute of Child Health and Human Development, Substance Abuse and Mental Health Services Administration, Agency for Healthcare Research and Quality, Centers for Disease Control and Prevention and the Government Accountability Office) to fund research projects in Florida aimed at: (1) understanding the full economic costs associated with NAS in the state of Florida, (2) enhancing our understanding of effective treatment methods for infants with NAS and mothers with opiate dependence and (3) understanding the long-term consequences of maternal opiate pain reliever abuse on children.</p> | <p>Department of Health Agency for Healthcare Administration Attorney General</p> |
|--|---|

Task force agreed with recommendation, but the recommendation needed to be revised to include collaboration with a variety of statewide stakeholders.

Dr. Armstrong also noted that the task force should also challenge pain as the 5th vital sign. This can be done by working with national and state medical associations to begin to discuss more effective ways on how doctors assess and treat pain. Blood pressure, pulse, respiratory rate and temperature are all exact measurements, but the assessment of pain is subjective. Dr. Armstrong stated that there perhaps needed to be guard rails in place to help treat pain, but also protect patients. Task force agreed to discuss a recommendation at its next meeting.

| | |
|---|--|
| <p>6. Develop the capacity of the Behavioral Health Epidemiology Workgroup to identify mothers at high risk of giving birth to a drug-exposed infants and obtain access to previously unexamined data sources (like private insurance company data and the Prescription Drug Monitoring Program).</p> | <p>Department of Children & Families Office of Insurance Regulation</p> |
|---|--|

Dr. Armstrong suggested that the recommendation should end after drug-exposed infants and not limit the Epidemiology Workgroup. Members decided to discuss further at next meeting.

| | |
|--|--|
| <p>10. Create an immunity provision in Florida law for any pregnant woman who seeks to receive treatment (similar to Florida’s Good Samaritan Emergency Response Act).</p> | |
|--|--|

Senator Negron stated that his intent for this recommendation to make it so that the mere act of asking for help could not be the basis for initiating a child removal. Encouraging women is key when substance abuse treatment is needed. General Bondi agreed that this recommendation is in line with her concern from the start of the task force that its goal should not be to scare women into not seeking help.

Senator Negron noted that a legislative proposal may be appropriate, but if it cannot be done then the task force may have to rely on the discretion of DCF and law enforcement. The proposal will be discussed further at next task force meeting.

Treatment

This area covers medical and/or psychotherapeutic care for substance dependencies such as alcohol, illegal drugs, or prescription drugs.

| | |
|--|---|
| 1. Develop protocols for treatment of drug addicted newborns as well as recommendations for alternatives to narcotics for pain management in pregnant women. | Florida Medical Association Florida Osteopathic Medical Association Florida Perinatal Quality Collaborative |
|--|---|

Dr. Solomon stated that the Florida Perinatal Quality Collaborative has several pilots going and could be very helpful in the future to assess what works.

| | |
|---|-----------------------------------|
| 2. Expand access to inpatient drug intervention treatment facilities in underserved areas of state. | Department of Children & Families |
|---|-----------------------------------|

Secretary Wilkins stated that recommendations 2-4 are all trying to get at funding of substance abuse treatment.

| | |
|---|---|
| 3. Increase the number of residential substance abuse treatment beds available for women with children. | Department of Children & Families Florida Alcohol and Drug Abuse Association |
|---|---|

Task force members agreed that recommendation 3 should be merged with recommendation 2. Dr. Armstrong stated that the treatment recommendations are really getting at how Florida can create a system of care. General Bondi highlighted that it was her opinion that the treatment recommendations are some of the most important the task force can make to help solve the problem of NAS.

| | |
|---|-----------------------------------|
| 4. Develop and enhance Intensive Outpatient Treatment so it becomes an appropriate and accessible level of care for pregnant women and mothers. | Department of Children & Families |
|---|-----------------------------------|

Task force agreed to merge this recommendation with the other 2 treatment recommendations.

| | |
|--|-----------------------------------|
| 5. Apply for federal and private grants that expand access to evidence-based behavioral interventions for at-risk mothers (like electronic-therapy and nonresidential community-based care). | Department of Children & Families |
|--|-----------------------------------|

Task force agreed to include this recommendation with Intervention Recommendation #12.

| | |
|--|-----------------------------------|
| 6. Establish data base shared by all treatment centers in Florida reporting diagnosis and treatment and outcome data on prenatal and | Department of Children & Families |
|--|-----------------------------------|

| | |
|--------------------|--|
| newborn treatment. | |
|--------------------|--|

Dr. Yelverton stated that treatment centers need to have a statewide network to compare data (i.e. length of stay). Task force agreed that it should be housed with DOH and not DCF. Senator Negron asked if it was only going to be raw data, and the answer was that it would be anonymous registry. It would be used for analysis and to assess specific outcome data.

Including the recommendation in the final list of policy recommendations was not determinate at the end of the conversation.

Closing Remarks

Attorney General Bondi thanked all task force members. Next task force meeting will be a conference call in mid-January.

Attorney General Bondi then called the meeting to adjournment at 2:51 P.M.