

# FACTSHEET: West Virginia's Oversight of Opioid Prescribing and Monitoring of Opioid Use

## POLICIES AND PROCEDURES

*State laws, regulations, guidance, and policies related to oversight of opioid prescribing and monitoring of opioid use (e.g., policies for prescribing opioids).*

### State-wide Laws, Regulations, and Guidance Related to Opioids

- Safe and Effective Management of Pain (SEMP) guidelines give physicians a tool to offer patients non-opioid alternatives for pain management and were adopted along with the Centers for Disease Control and Prevention's (CDC's) *Guideline for Prescribing Opioids for Chronic Pain – United States, 2016* (CDC guidelines).
- The Opioid Reduction Act (West Virginia Code § 16-54-1 et seq.), passed in 2018, codified and centralized several opioid-related efforts.
  - Prescribers must:
    - discuss the risks associated with opioid use and
    - discuss alternatives to opioid therapy such as physical therapy, occupational therapy, acupuncture, massage therapy, osteopathic manipulation, chronic pain management programs, and chiropractic services.
  - Prescribers can only prescribe a limited amount of opioids.
    - Prescribers may not issue more than a 4-day opioid supply within an emergency or urgent-care setting. However, prescribers in an urgent-care setting may issue an additional 7-day prescription if the medical record documents a medical rationale for exceeding the 4-day supply limit.
    - Minors may be prescribed a 3-day supply of opioids. The prescriber must consult the minor's parent or guardian on the risks of opioid use and the necessity of the prescription.
    - Dentists or optometrists may not issue more than a 3-day opioid supply at any time.
    - Prescribers in a non-emergency setting may not issue an initial opioid prescription for more than a 7-day opioid supply. The dosage must be at lowest effective dose as determined according to the prescriber's judgement.

This factsheet shows West Virginia's responses to our questionnaire covering five categories related to opioids:

- Policies and Procedures
- Data Analytics
- Outreach
- Programs
- Other

This information is current as of October 2018. See page 10 for a list of State entities involved with oversight of opioid prescribing and monitoring of opioid use. See page 12 for a glossary of terms used in this factsheet.



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- Insurance providers operating in West Virginia must provide coverage for 20 visits per event of alternative therapy when ordered by a health care practitioner to treat conditions that cause chronic pain.
- West Virginia also clarified that for patients who continue to receive opioid prescriptions, prescribers must:
  - discuss a plan for discontinuing opioids to reduce the potential for abuse or dependence and
  - discuss the benefits of seeking treatment through a pain clinic or specialist and make a referral as appropriate.

## Medicaid Policies Related to Opioids

- West Virginia uses the Medicaid 1115 Substance Use Disorder Waiver (the Waiver) to expand its benefits package and build a comprehensive State-wide strategy for combating drug misuse and substance use disorders. The State divided the expansion into two phases:
  - Phase I of the Waiver began in January 2018 and included:
    - implementing the Screening, Brief Intervention, and Referral to Treatment (SBIRT) tool to identify substance use disorder treatment needs;
    - establishing methadone treatment and related counseling services as Medicaid-covered strategies for withdrawal management; and
    - implementing the Naloxone Distribution Initiative to make the opioid antagonist naloxone widely available and increase awareness of its benefits in reversing the effects of an overdose.
  - Phase II of the Waiver began in July 2018 and expanded coverage to include:
    - Adult Residential Treatment: services adhering to the American Society of Addiction Medicine (ASAM) criteria;
    - Peer Recovery Support Services: services providing access to trained and certified peer recovery specialists who can extend the reach of treatment beyond the clinic; and
    - Withdrawal Management Services: a licensed program providing short-term medical services on a 24-hour basis. These services include stabilizing intoxicated Medicaid beneficiaries, managing withdrawal, and facilitating access to substance use disorder treatment as needed according to a comprehensive assessment.
  - As part of the Naloxone Distribution Initiative, West Virginia will reimburse providers for the cost of naloxone, the administrative costs associated with administering naloxone to Medicaid beneficiaries, and for the cost of providing Medicaid beneficiaries with information about and referrals to addiction treatment programs.



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## Laws, Regulations, and Guidance on Prescription Drug Monitoring Program Data

- Senate Bills (SBs) 437 (2012) and 339 (2017) amended the Code of West Virginia to define how West Virginia Controlled Substance Monitoring Program (CSMP) data may be shared with prescribers, State agencies, law enforcement, researchers, and others.
  - SB 437 (2012) amended several articles of West Virginia Code to add certain requirements and training that law enforcement officials must comply with and complete to access the CSMP database. SB 437 also permits the CSMP Database Review Committee to query the CSMP database, requires the Board of Pharmacy (BoP) to review the CSMP database to issue certain reports, and permits the BoP to share certain CSMP database information with the West Virginia Department of Health and Human Resources (DHHR).
  - SB 339 (2017) (West Virginia Code § 16-52-1 et seq.) created the Coalition for Responsible Chronic Pain Management in 2017 and details the Coalition's powers, duties, and membership. The Dean of the School of Public Health at West Virginia University, or his or her designee, serves as the Coalition's chair. The Coalition reviews chronic pain regulations and the CSMP database and provides guidance to the West Virginia legislature on potential solutions relative to chronic pain medications.
- West Virginia Code section 60A-9-5a requires all practitioners who prescribe or dispense Schedule II, III, or IV controlled substances to register with the CSMP. Those practitioners and pharmacies must document the information obtained from CSMP search in the patient's medical record. A prescriber is required to check the CSMP database when issuing an initial prescription. If the prescriber continues to treat the patient with a controlled substance, the prescriber must continue to check the CSMP database at least annually.
- West Virginia Code section 16-5H-4(7) states that a physician in a licensed pain management clinic must check the CSMP database when issuing an initial prescription. If the physician continues to treat the patient with a controlled substance, the physician must continue to check the CSMP at least every 90 days.

## Laws, Regulations, and Guidance Related to Treatment

- West Virginia does not have a State-run Opioid Treatment Program (OTP); however, State law specifies licensing and registration requirements for facilities and physicians that treat patients with substance abuse disorders and ensures that all West Virginia OTP medication-assisted treatment and office-based medication-assisted treatment programs conform to a common set of minimum standards (West Virginia Code § 16-5Y-1; West Virginia Code of State Rules § 69-11-1; and West Virginia Code of State Rules § 69-12-1).



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- West Virginia offers recovery services for people addicted to opioids. The West Virginia Bureau for Behavioral Health and Health Facilities (BHBF) leads West Virginia's efforts to increase the awareness and use of medication-assisted treatment programs.

## Laws, Regulations, and Guidance on Naloxone

- State law made opioid antagonists more accessible, especially for those who are most likely to have or witness an overdose.
  - SB 335 (2015) added West Virginia Code sections 16-46-1 through 16-46-6 to allow licensed health care providers to prescribe an opioid antagonist to first responders, individuals at risk of having an overdose, and relatives and friends of individuals at risk of having an overdose. Providers dispensing opioid antagonists must provide educational materials on overdose prevention and treatment programs as well as materials on administering opioid antagonists to recipients.
  - SB 431 (2016) added West Virginia Code section 16-46-3a to authorize pharmacists to dispense an opioid antagonist without a prescription according to an established protocol. A dispenser providing an opioid antagonist without a prescription must provide educational materials and a mandatory patient counseling to the individual receiving the opioid antagonist.
  - SB 272 (2018) amended West Virginia Code section 16-46-4 to require local and State government agencies to require first responders to carry opioid antagonists subject to certain conditions as long as there are sufficient supplies and funding. SB 272 (2018) also added West Virginia Code section 16-46-7, which states that the State health officer may use standing orders to prescribe an opioid antagonist on a State-wide basis to certain recipients.

## DATA ANALYTICS

*Data analysis that the State performs related to opioid prescribing and monitoring of opioid use (e.g., analyzing data to determine the number of opioid prescriptions written by providers to detect high-prescribing providers).*

- West Virginia cooperates with many different stakeholders to combine datasets into useful information. The State government group most responsible for coordinating data is a team working in the DHHR, Bureau for Public Health (BPH), Office of Maternal, Child, and Family Health (OMCFH), in collaboration with the Violence and Injury Prevention Program.
  - The main data source is the CSMP database, which is held in custody of the BoP. The BoP hired three former West Virginia DHHR employees (two epidemiologists and one data analyst) to analyze and compile data from the CSMP and provide that information, with personal identifying information removed, to OMCFH staff for public health surveillance use.



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- Other data sources include emergency medical services runs, violent death surveillance, Medicaid claims, the Public Employees Insurance Agency (PEIA), corrections data, birth and death certificates, and birth scores.
- DHHR's Bureau for Medical Services (BMS) and the PEIA provide medical coverage to approximately 66 percent of West Virginia residents, which allows State analysts to collect health experience data for a large portion of West Virginia's population.
- West Virginia performs analytics on its own Medicaid claims data. With the assistance of outside vendors, which include claims processors, the Drug Utilization Review (DUR) committee, and data warehouses, West Virginia creates utilization reports to allow for identification of at-risk Medicaid beneficiaries and high-prescribing physicians.
- West Virginia creates SEMP reports that detail the percentage change in the population's morphine milligram equivalent use beginning at intake and organize this information according to patients' risk assessment levels.
- OMCFH compiled information from multiple resources to publish a comprehensive [Overdose Fatality Analysis](#) report in 2017.
- Some data analysis is intended specifically for quality improvement interventions, and other analysis is intended for internal policy development and decision making.
  - The DUR Committee sends prescriber reports to high-prescribing providers based on data analytics.
  - The DUR Committee uses data analysis to evaluate prescribers and patients, and patients identified as at-risk can be "locked into" seeing a specific primary care physician, hospital, or pharmacy.

## OUTREACH

*Outreach that the State provides related to preventing potential opioid abuse and misuse (e.g., opioid-related training for providers).*

### Outreach to Providers

- BMS publishes eight annual newsletters, some of which have covered treatment guidelines for pain, opioid prescription, and the use of naloxone.
- West Virginia sent a letter signed by the BMS Director of Pharmacy to Medicaid health care providers to announce West Virginia's adoption of the CDC guidelines.
- West Virginia supplied health care providers with colored charts and graphics of the SEMP guidelines for patient reference to facilitate communication during in-person visits.



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- The BHHF, in partnership with the University of Charleston School of Pharmacy, hosted a one-day, in-person training titled, “Addressing Opioid Overdose: Understanding the Role of Prevention,” for prevention practitioners.
- The BHHF created and maintains a webpage with links to resources for office-based medication-assisted treatment.
- The BHHF facilitated a Substance Abuse and Mental Health Services Administration (SAMHSA) training for prescribers. The training, “Partnering for Opioid Addiction Prevention,” included an overview of ASAM’s strategic plan, which providers funded by the Waiver must apply when providing treatment services.

## Outreach to Patients

- House Bill 2195 (2017) requires comprehensive drug awareness and prevention programs in all public schools.
- BPH makes opioid abuse prevention information available through its website, and DHHR produced a [West Virginia Overdose Response Video](#) to provide additional information. BHHF’s [Health and Hope West Virginia](#) website also provides information about opioid abuse prevention.

## PROGRAMS

*State programs related to opioids (e.g., opioid-use-disorder treatment programs).*

### Prevention Programs

#### *Safe and Effective Management of Pain*

- SEMP is a geographically and professionally diverse expert panel of West Virginians, including DHHR executive personnel, formed with the intention of making guidelines for the safe and effective management of pain to build upon the CDC guidelines. SEMP’s efforts result in clinical pain management algorithms based on best practices, clinical experience, and evidence-based literature.

#### *Unused Medication Program*

- West Virginia created the Dispose Responsibly of Prescriptions (DRoP) Program to reduce the presence of unused prescription medication in the general public.
  - The DRoP Program provides permanent drug drop boxes to law enforcement agencies across the State.



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- The West Virginia Attorney General expanded the program in 2014 to increase access to disposal locations.
- As of February 2018, there are 85 DRoP Program locations in West Virginia.

## Detection Programs

### *Screening, Brief Intervention, and Referral to Treatment*

- SBIRT is a West Virginia tool implemented by community-based behavioral health centers, rural community-based primary health care clinics, trauma units, and school-based health clinics. In SBIRT, a health care provider has a conversation with a patient to assess life experiences to determine the suitability for early intervention for substance misuse and abuse. BMS used the Waiver to add the SBIRT screening tool to identify substance use disorder treatment needs.

### *Controlled Substance Monitoring Program*

- BPH uses CSMP data to identify on a county-level areas of the State with at-risk behavior by Medicaid beneficiaries and opioid prescribers.
- Although BoP is responsible for the CSMP, BPH receives a bulk data feed of CSMP data for all West Virginia prescriptions distributed. Information from the CSMP is sent to OMCfH staff.
- West Virginia does not share CSMP data with other States; however, West Virginia is working on sharing its methods and practices with other States interested in creating similar structures and partnerships.

### *Lock-In Program*

- The DUR committee is part of BMS's Pharmacy Division. Each month, the DUR committee reviews patient files that are referred by a Medicaid claims contractor and identified as having at-risk behavior that meets certain criteria. The DUR committee uses Medicaid data to conduct the reviews. If the reviewed case qualifies, the beneficiary is then locked into one pharmacy for 12 months.
- The purpose of the lock-in program is to provide enhanced coordination of care for members who may be at risk for adverse effects due to the potential overutilization of controlled substances.
- The DUR committee notifies physicians and pharmacists by letter when it identifies potential problems.



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## Opioid Treatment Programs

- West Virginia has nine licensed OTPs, none of which are State-operated. In 2007, West Virginia stopped granting licenses for new OTPs due to facilities failing to meet licensing requirements. West Virginia officials stated that they believe that the current number of facilities provides sufficient geographic coverage, but West Virginia can grant additional licenses if the need for more facilities arises.
- The Office of Health Facility Licensure and Certification licenses and certifies treatment programs and is the regulatory authority for corrective actions.
  - Each OTP must:
    - be registered and be licensed by the Secretary of DHHR, the West Virginia Secretary of State, and the State Tax Department;
    - comply with West Virginia's BoP regulations;
    - receive approval from the Drug Enforcement Administration; and
    - receive approval from SAMHSA's Center for Substance Abuse Treatment.
  - OTPs are regulated through State law (West Virginia Code § 16-5Y; Code of State Rules § 69-11-1; and SB 437 §16-1-4 (2012)) and Federal regulations (42 CFR part 8).
- OTPs provide a combination of outpatient substance-use-disorder counseling services with medication reviewed and administered by medical staff. Most OTPs in West Virginia dispense methadone, buprenorphine, and naltrexone products.

## OTHER

*Other State activities related to opioids that are not covered by the other categories in this factsheet.*

- West Virginia's Governor's Advisory Council on Substance Abuse (GACSA), Executive Order 5-11, was established in 2011 to provide guidance, recommend priorities for improvement, identify planning opportunities, and provide recommendations to the Governor. It was rescinded and replaced in 2017 by Executive Order 10-17, which established the West Virginia Governor's Advisory Council on Substance Use Disorder.
- Help4WV is a State-sponsored treatment referral and information service for individuals and families facing mental or substance use disorders. Help4WV is a free, confidential, 24-hour service offering call, chat, and text communication to provide immediate help for any West Virginian with a mental or substance use disorder.



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- The West Virginia Comprehensive Substance Abuse Strategic Action Plan is a report published by the task forces associated with GACSA. The report identifies four State goals:
  - to implement an integrated approach for the collection, analysis, interpretation, and use of data;
  - to promote and maintain a competent and diverse workforce;
  - to increase access to effective person-centered substance abuse prevention, early identification, treatment, and recovery management; and
  - to provide cooperation between State and local agencies to manage financial resources in providing substance use disorder services.
- The Opioid Response Plan for the State of West Virginia was developed by DHHR using public engagement and consultation with experts. A group of experts from West Virginia University, Marshall University, and Johns Hopkins University reviewed public input, data, other information, and best practices from around the country to provide a focused set of recommendations.
- The Ryan Brown Addiction Prevention and Recovery Fund is a special State Treasury revenue account that DHHR uses to allocate funds for additional treatment beds for Medicaid beneficiaries eligible for Waiver programs. In December 2017, DHHR awarded \$20.8 million to nine programs to expand residential treatment programs across West Virginia.
- In February 2018, West Virginia became the first State to receive approval from the Centers for Medicare and Medicaid Services to offer reimbursable Neonatal Abstinence Syndrome services through the State Medicaid program. Lily's Place, which opened in October 2014, offers observational, therapeutic, and pharmacological care for infants suffering from prenatal drug exposure. Beginning in February 2018, Lily's Place became a recognized Neonatal Abstinence Syndrome Treatment Center, with services provided covered under Medicaid.



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## WEST VIRGINIA STATE ENTITIES

**Bureau for Behavioral Health and Health Facilities:** BHHF ensures that assistance is available for people with mental illness, substance use disorder, and intellectual and developmental disabilities. BHHF provides support for families, individuals, and communities providing assistance to individuals enable these individuals to reach their potential and gain control over their futures.

**Bureau for Medical Services:** BMS is the State agency responsible for the administration of the State's Medicaid program. BMS provides Medicaid beneficiaries with access to appropriate health care.

**Board of Pharmacy:** BoP is responsible for certifying and licensing practitioners and facilities to provide pharmacist care. BoP also provides the public with access to current laws and legislative rules and gives the public the ability to file complaints.

**Bureau for Public Health:** BPH oversees health programs and makes information available to the public.

**Department of Health and Human Resources:** DHHR provides a wide range of necessary and life-saving services to many West Virginia residents. DHHR's bureaus and offices focus on West Virginia residents' needs, including Medicaid coverage, temporary assistance, public health, and the West Virginia Children's Health Insurance Program.

**Office of Health Facility Licensure and Certification:** OHFLAC, situated within the West Virginia Office of the Secretary, Office of Inspector General, enforces applicable laws and regulations to shape healthy environments for health care facility clients, patients, and residents by promoting the quality services and high standards of care that exist when facilities comply with State licensure rules and Federal certification regulations. OHFLAC oversees applications, completes inspections, and responds to complaints made by the public through the OHFLAC website.

**Office of Maternal, Child, and Family Health:** OMCFH provides leadership to support State and community efforts to build systems of care. Funded by a Federal block grant from the Social Security Act, Title V, the program seeks to assist, and under special circumstances be a payer of last resort for, pregnant women, women with infants, children, and youth.

**Public Employees Insurance Agency:** PEIA provides health insurance to public employees and State government retirees.

**Violence and Injury Prevention Program:** This program plays a critical role in informing policy strategies to prevent injury and violence. It supports the implementation and evaluation of



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State, regional, and locally-led evidence-based strategies and activities to reduce and prevent injuries and injury-related deaths.



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## GLOSSARY OF TERMS

**Controlled Substances Monitoring Program:** CSMP is West Virginia's Prescription Drug Monitoring Program. A Prescription Drug Monitoring Program is a State-run electronic database that tracks controlled substance prescriptions. It helps providers identify patients at risk of opioid misuse, abuse, or overdose due to overlapping prescriptions, high dosages, or co-prescribing of opioids with benzodiazepines.

**medication-assisted treatment:** Treatment for opioid use disorder combining the use of medications (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies.

**morphine milligram equivalents:** The amount of milligrams of morphine an opioid dose is equal to when prescribed.

**naloxone:** A prescription drug and opioid antagonist that can reverse the effects of an opioid overdose and can be life-saving if administered in time. The drug is sold under the brand names Narcan and Evzio.

**neonatal abstinence syndrome:** A generalized multisystem disorder that produces complications in newborn babies when exposure to opioids is discontinued at birth.

**opioids:** Natural or synthetic chemicals that interact with opioid receptors on nerve cells in the body and brain and reduce the intensity of pain signals and feelings of pain. This class of drugs includes the illegal drug heroin; synthetic opioids, such as fentanyl; and pain medications available legally by prescription, such as oxycodone, hydrocodone, codeine, and morphine. Opioid pain medications are generally safe when taken for a short time and as prescribed by a doctor, but because they produce euphoria in addition to pain relief, they can be misused.

**opioid antagonist:** An FDA-approved drug such as naloxone or other substance for the treatment of an opiate-related overdose. When administered, an opioid antagonist negates or neutralizes the effects of an opioid.

**substance use disorder:** Patterns of symptoms resulting from use of a substance that the individual continues to take, despite experiencing problems as a result.

