

FACTSHEET: Nevada'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

- Senate Bill (SB) 459 (passed in 2015), which was signed into law as Nevada Revised Statutes § 422.4025, has provisions that addressed the prescribing of opioids. SB 459 requires the following:
 - Prescribing physicians must obtain a patient utilization report from the prescription drug monitoring program (PDMP) before (1) initiation of a schedule II, III, or IV prescription drug for a new patient or (2) a course of treatment longer than 7 days that is part of a new course of treatment for an existing patient.
- Assembly Bill (AB) 474 (passed in 2017) is a comprehensive measure that addresses misuse, abuse, and diversion through enacting prescribing protocols at appropriate levels; increases oversight of prescribing; and improves data collection efforts. AB 474:
 - creates additional requirements for all controlled substance prescriptions;
 - creates a comprehensive list of factors that prescribers should consider before writing a prescription for a controlled substance;
 - includes guidelines that prescribers must follow before writing an initial prescription;
 - requires the use of a prescription medication agreement when a practitioner prescribes a controlled substance to treat pain for more than 30 days;
 - implements additional requirements for practitioners that prescribe a controlled substance to treat pain for more than 90 consecutive days, such as evidence-based diagnosis, completion of a risk-of-abuse assessment, ongoing discussion about the plan with the patient, and obtaining and reviewing the patient's PDMP report at least every 90 days;
 - states that a practitioner should not prescribe a controlled substance to a patient who has already received 365 days' worth of that controlled substance for a particular diagnosis in any given 365-day rolling period, unless the practitioner documents the rationale in the patient's medical record;

This factsheet shows Nevada'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 11 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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- requires mandatory reporting of an overdose or a suspected overdose, which allows for more real-time data (previously, these data came from reviewing billing and claim data, which could be up to 18 months old); and
- directs the Board of Medical Examiners to require those registered to prescribe controlled substances to complete 2 hours of training related specifically to the misuse and abuse of controlled substances during each period of licensure.

Medicaid Policies Related to Opioids

- Nevada Medicaid has specific guidelines for opioid prescribing and dosing that follow the Centers for Disease Control and Prevention guidelines.
- Effective May 2017, opioids are subject to prior authorization and quantity limitations. A prior authorization is required to exceed a 7-day prescription supply or 60 morphine milligram equivalents per day or 13 prescriptions in a rolling 12-month period.
- Each type of opioid, such as transdermal fentanyl or buprenorphine, has its own specific prior-authorization criteria, as listed in the Nevada Department of Health and Human Services' (DHHS's) *Medicaid Services Manual*.
- Nevada Medicaid pays for up to only a 34-day supply of medications for beneficiaries each month. A refill will be paid for only when 90 percent of the controlled substance prescription is used in accordance with the prescriber's orders on the prescription and on the label of the medication.

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

- Nevada Revised Statutes § 639.23507 requires prescribers to review a patient's PDMP report before issuing an initial prescription for a controlled substance.
 - AB 474 established an additional requirement to obtain a new report at least every 90 days during extended courses of treatment.
- There is no statute or requirement for pharmacists to check a patient's PDMP report before dispensing a prescription, but some pharmacy chains require their pharmacists to check the PDMP report before dispensing controlled substances.

Laws, Regulations, and Guidance Related to Treatment

- Nevada Medicaid allows for medication-assisted treatment, peer-to-peer counseling, and other behavioral health services as part of the Medicaid State plan.



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Laws, Regulations, and Guidance on Naloxone

- In addition to the opioid-related requirements, SB 459:
 - requires naloxone to be added to the Medicaid preferred drug list (managed-care organizations (MCOs) that contracted with Medicaid are required to do the same);
 - permits a physician to prescribe naloxone directly or by standing order to a person who is at risk of overdose or to a family member, friend, or other person in a position to assist a person who is at risk of experiencing an overdose; and
 - provides limited immunity for individuals who seek medical help for others or themselves during a drug overdose. This immunity allows individuals to evade prosecution for personal use and possession of controlled substances.

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).

- DHHS has a single data analytics group, the Office of Analytics. MCOs do their own data analyses, and the Nevada Board of Pharmacy uses OptumRX, its data contractor.
- The Office of Analytics creates analyses and reports for all DHHS departments on an ad hoc basis using multiple data sources, such as hospital billing data and vital records. The office also creates reports for the Nevada Opioid Surveillance quarterly meetings.
- The Office of Analytics does not have direct access to PDMP data but does receive monthly extracts from the Board of Pharmacy.
- Work products from the Office of Analytics are shared internally with the Board of Pharmacy and in public forums, such as the Governor's Opioid Taskforce Accountability meetings.
- The Office of Analytics created an opioid dashboard, but it uses claim data that can be up to a year old.
- PDMP staff review the PDMP data to identify any suspected fraudulent, illegal, unauthorized, or otherwise inappropriate activity related to the prescribing, dispensing, or use of controlled substances.
- Nevada performed clinical and claim reviews to identify at-risk patients.



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- Nevada has used data analytics to identify the top 10 opioid-prescribing providers, in order to monitor these providers.
- Through the State Targeted Response to the Opioid Crisis (Opioid STR) grant funding, Nevada is using the Web Infrastructure for Treatment Services (WITS) data repository. WITS allows the State to:
 - collect and share behavioral health data across the State and
 - collect and analyze opioid prevention, treatment, and recovery data.

OUTREACH

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

Outreach to Providers

- Nevada reaches out to providers in multiple ways:
 - The Nevada Medicaid website includes Medicaid pharmacy web announcements and notifications.
 - The DHHS, Division of Health Care Financing and Policy (DHCFP), Pharmacy Services website includes resources, reports, links to the Drug Use Review Board, and public notes.
 - The DHCFP Providers website includes provider enrollment information, provider exclusions, sanctions, press releases, and the Medicaid Provider Portal.
 - Although Nevada provides opioid-related training to Medicaid providers, the State refers to “substances” rather than singling out opioids.
- Nevada provides opioid-related training to Medicaid providers via DHHS’s Division of Public and Behavioral Health (DPBH) website, Prescribe365.
- With Federal funding from the Substance Abuse and Mental Health Services Administration, there was an opportunity to offer training on the use of naloxone.
 - Because there was such a large response, the funding was depleted in 6 months.

Outreach to Patients

- Nevada used focus groups to determine the best approach to providing patient education. Results showed that making the materials available at the provider is the best way to get the information to patients.



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- The Nevada Board of Medical Examiners website “Know Your Pain Meds” provides information for patients and consumers.
- There is also training on the opioid alternatives offered in Washoe and Clark Counties.
- DPBH’s Substance Abuse Prevention and Treatment Agency (SAPTA) has a website that provides opioid-abuse prevention information to patients.

PROGRAMS

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

Prevention Programs

- A drug abuse prevention taskforce was developed during the Governor’s Prescription Drug Abuse Prevention Summit in 2016.
- DPBH and the University of Nevada, Reno, provide a telehealth link connecting university-based faculty specialists to primary care providers in rural and underserved areas, called the Project ECHO Pain Management Clinic.
- SAPTA provides a 24-hour crisis call center.
- In conjunction with the Federal Drug Enforcement Agency, Nevada conducts drug takeback days, called Prescription Drug Roundup, a couple of times a year.
 - There are also drop box locations.
 - Nevada has purchased an incinerator to dispose of drugs.

Detection Programs

Prescription Drug Monitoring Program

- The Board of Pharmacy is responsible for the PDMP.
- The Board of Pharmacy is working to ensure the accuracy of the PDMP data by verifying the data against the actual prescriptions and educating pharmacies on the importance of accurate data entry.
 - The Board of Pharmacy physically inspects every pharmacy annually.
- Nevada shares its PDMP data with 24 other States via InterConnect.



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- Nevada shares its PDMP data with law enforcement. One reason for sharing the data is so that law enforcement officials can see if people being arrested for heroin are also being prescribed opioids.

Lock-In Program

- Nevada Medicaid implemented the Lock-In Program in 2008.
 - The program provides continuity of care, avoids potentially harmful overutilization of prescription drugs, and ensures that only the most medically necessary care and services are provided.
 - Patients are monitored on a monthly basis.
 - Nevada does clinical reviews of potential lock-in patients based on prescriptions and usage of providers.
 - Beneficiaries are not notified of a review until they are being locked in.
 - Nevada Medicaid sends notice-of-decision letters to beneficiaries who are being placed in the Lock-In Program.
 - When a beneficiary has demonstrated drug-seeking behaviors, they are locked in to one specific pharmacy and/or provider for controlled substance prescriptions.
 - The program is for those abusing controlled substances only, not those who might be abusing services.
 - Patients are locked in permanently, as long as they are in the Medicaid program.
 - There are approximately 1,000 fee-for-service beneficiaries in the Lock-In Program.
- MCOs have their own lock-in programs.
 - The programs are quite similar to the fee-for-service program, except that beneficiaries are not necessarily locked in permanently.
 - If a fee-for-service locked-in beneficiary transfers to an MCO or an MCO locked-in beneficiary transfers to another MCO, that beneficiary continues to be locked in.

Opioid-Use-Disorder Treatment Programs

- Nevada Medicaid has an expansive State plan for behavioral health services and peer support, which are covered services under Medicaid.
- Nevada has 16 opioid treatment programs (OTPs).
 - OTPs must be licensed by DPBH's Bureau of Health Care Quality and Compliance, as well as certified by DPBH/SAPTA.
 - DPBH/SAPTA established criteria as standards of care that exceed what is required by Federal or State statute for the operation of an OTP.



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- OTPs must adhere to standards of care as set forth in the American Society of Addiction Medicine (ASAM) criteria, including ASAM admission, continued-stay, and transfer and discharge criteria for this level of care.
- Integrated Opioid Treatment and Recovery Centers have been developed through the Opioid STR grant.
 - The Centers provide medication-assisted treatment, peer-to-peer counseling, mobile outreach, and other essential services and recovery supports for individuals with opioid use disorders.
- Nevada's Hub and Spokes system was based on Vermont's model and is funded by the Opioid STR grant.
 - Nevada uses providers, or hubs, to provide care coordination and management with other treatment services, or spokes.
 - The grant helped with the implementation of the collaborative opioid-prescribing model within the system.
- Nevada has a Plan of Safe Care, which is in response to the national Comprehensive Addiction and Recovery Act (CARA) legislation.
 - States are required to have policies and procedures in place to assist providers in addressing the needs of substance-exposed infants, including the creation of plans of safe care.
 - CARA updated these requirements to ensure that such plans address the needs of both infants and their families or caretakers, expanded the types of substance abuse requiring a plan, and established new requirements related to data collection and monitoring.
 - The Plan of Safe Care requires providers to report infants suspected of exposure to substance abuse or fetal alcohol syndrome via a standard form submitted to DPBH.
 - Babies who are found to be affected by a substance in utero must be reported to Child Protective Services.
 - Nevada supports universal screening of substance use disorder in pregnant women to get them engaged in treatment.
 - The goal is to treat the whole family and provide the family with resources and a clear plan set up before discharge, in order for the infant to be discharged home safely.
 - A pilot program in southern Nevada through Dignity Health Systems provides universal screening for women, educational training for providers, support for mothers through classes, and connecting mothers to resources using case management.



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OTHER

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

- Nevada Medicaid covers outpatient therapy services for pain management that are considered reasonable and medically necessary, with the expectation that the condition will improve in a reasonable and generally predictable period of time based on an assessment by the patient's physician.
- Nevada Medicaid covers some chiropractic services for Medicaid-eligible children under 21 years of age. A prior authorization is not required for four or fewer office visits in a rolling 365 days.
- As part of the Substance Abuse and Mental Health Administration's section 223 demonstration program, Nevada provides counseling at Certified Community Behavioral Health Clinics (CCBHC) via Bridge Counseling Associates, a nonprofit providing individual and family counseling.
 - Nevada was one of only eight States selected to participate in this CCBHC demonstration.
 - These clinics are staffed by 43 clinicians, 16 of whom are also Spanish speaking. They provide patients with access to targeted case management, nurses, counselors, and basic skills training.
- Nevada Medicaid is constantly monitoring opioid use and evaluating the need for changes to policy. Findings are shared with DHCFP's Drug Use Review Board.
- In 2016, the Governor hosted the Prescription Drug Abuse Prevention Summit, which more than 450 people from across the State attended to provide recommendations in four areas:
 - Track 1—Prescriber Education and Guidelines,
 - Track 2—Treatment Options and Third Party Payers,
 - Track 3—Data Collection and Intelligence Sharing, and
 - Track 4—Criminal Justice Interventions.
- The Governor and First Lady have made it a priority to address substance use disorder in women of childbearing age and in babies who have neonatal abstinence syndrome (NAS).
- The Governor holds quarterly Opioid Taskforce Accountability meetings with committee members that come from multiple groups, including DHHS, the Nevada judicial system, State representatives, and Federal law enforcement.



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- The director of DHHS oversees a department-wide executive committee for oversight of DHHS activities related to the opioid crisis.
- DHHS has contracted with Social Entrepreneurs, Inc. (SEI), to provide project oversight for opioid-related activities.
 - SEI helped facilitate mini-summits.
- Nevada uses a community coalition model to help provide prevention education throughout the state.
 - Coalitions help provide coverage to all 17 counties.
 - Coalitions have held community education for parents and kids.
- Nevada's attorney general has established a Substance Abuse Working Group and a Statewide Partnership on the Opioid Crisis to address the opioid crisis.
- Partially funded through DHHS's Opioid STR grant, Nevada uses the Federal Government's High Intensity Drug Trafficking Areas program's Overdose Detection Mapping Application Program.
 - This application program was originally just a law enforcement tool but is now used as a public health tool by being able to detect and respond to overdose spikes.
 - A critical response team has been created to deliver naloxone.
- Nevada collaborates with multiple organizations to connect people with resources.
 - The EMPOWERED program (Empowering Mothers for Positive Outcomes With Education, Recovery, and Early Development), through Dignity Health, has NAS specialists who are working on a booklet with information on how to deal with NAS, what to anticipate, etc.
 - With assistance from the Foundation for Recovery (a peer-driven nonprofit), Nevada is able to provide peer support and trainings across the State to train peer counselors.
- DHHS helped fund Mission High School, which is a public recovery high school.
 - The school helps provide students a place to recover, while also allowing them to learn and earn school credit.
 - The school works with The Alternative Peer Group to provide peer support for students.
 - The group sets up activities such as fitness therapy, meditation, dances, jam sessions, and game night.
 - The Foundation for Recovery helps to train the school's mentors and peer recovery specialists.



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- The school works with the University of Nevada, Las Vegas, to provide tutoring and recovery support systems for recovery students going to college.
- Nevada started a Law Enforcement Assisted Diversion program in Clark County with the help of Opioid STR grant funding.
 - The Las Vegas Police Department and the Southern Nevada Opioid Coalition work together to better address prebooked individuals to help reduce crime and repeat offenses.
 - The program provides people with resources for recovery.
 - The program is more cost effective than housing people in jail.
- The Opioid STR grant also helps fund the Specialty Court Program in Clark County, which helps to provide offenders with a chance to get treatment rather than just sending them to jail.
 - Multiple courts are involved, including adult drug, veterans treatment, medicated assistance, youth drug, mental health, and female trauma.
 - Program length can vary from 12 to 24 months.
 - The program is successful, with approximately 70 percent not ending up back in the criminal justice system, but program size is limited because of funding.
 - Youth drug court requires family participation, to provide the offender with the best environment for recovery.
 - The program faces challenges in obtaining insurance coverage for offenders. Without coverage, offenders may not participate in the program and are subsequently incarcerated.
 - As the Nevada Medicaid program and Medicare generally limit eligibility for individuals who are incarcerated or in the custody of law enforcement, the programs require an eligibility assessment to determine the offender's incarceration status.
 - This process often takes 3 to 6 weeks to accomplish, which is too long for the program to wait to determine the offender's eligibility, so the offender is sent to jail.



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NEVADA ENTITIES

Department of Health and Human Services: DHHS promotes the health and well-being of Nevadans through the delivery or facilitation of essential services to ensure that families are strengthened, public health is protected, and individuals achieve their highest level of self-sufficiency.

DHHS, Division of Health Care Financing and Policy: DHCFP works in partnership with the Centers for Medicare & Medicaid Services to assist in providing quality medical care for eligible individuals and families with low incomes and limited resources. DHCFP oversees the State's Medicaid program. DHCFP's Drug Use Review Board meets quarterly to monitor drugs for therapeutic appropriateness, over- or underutilization, therapeutic duplications, drug-disease contraindications, and quality care.

DHHS, Division of Public and Behavioral Health: DPBH's mission is to protect, promote, and improve the physical and behavioral health of the people of Nevada.

DHHS, Nevada Medicaid: Nevada Medicaid is the State's Medicaid program, which provides healthcare coverage for many people, including certain low-income families, Supplemental Security Income recipients, certain Medicare beneficiaries, recipients of adoption assistance, and foster care children and some children aging out of foster care.

DHHS, Office of Analytics: The Office of Analytics provides DHHS staff, media, legislators, and the public a consistent location to request data to support grant funding, drive policy, and inform the public.

DPBH, Bureau of Health Care Quality and Compliance: The Bureau of Health Care Quality and Compliance licenses medical and other health facilities in Nevada in accordance with State laws.

DPBH, Substance Abuse Prevention and Treatment Agency: SAPTA administers programs and activities that provide community-based prevention and treatment.



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GLOSSARY OF TERMS

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 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: NAS is a group of conditions caused when a baby withdraws from certain drugs that he or she was exposed to in the womb before birth. NAS most often is caused by opioids.

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 use disorder: A problematic pattern of opioid use that causes significant impairment or distress. A diagnosis is based on specific criteria, such as unsuccessful efforts to cut down or control use, or use resulting in social problems and a failure to fulfill obligations at work, school, or home, among other criteria.

Prescription Drug Monitoring Program: A State-run electronic database that tracks controlled substance prescriptions. A PDMP 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.

standing order (for naloxone): Written by a prescriber, a standing order authorizes a pharmacy to dispense naloxone to a patient without a prescription from a provider. For example, a community prescriber can sign a standing order to authorize a local pharmacy to dispense naloxone without a prescription, or a State-level physician (e.g., the physician general) can authorize all pharmacies in the State to do so.

