



# OPIOID ABATEMENT ADVISORY COMMISSION

Kentucky Opioid Abatement Advisory Commission  
Treatment and Recovery Subcommittee  
October 4, 2022

## Minutes

### **I. CALL TO ORDER**

1. The Treatment and Recovery Subcommittee convened at 1:40pm with four members attending. The members in attendance were Sharon Walsh, Karen Butcher, Van Ingram, and Jason Roop.

### **II. MINUTES**

1. August 29, 2022, Subcommittee Meeting
  - a. The minutes August meeting were provided to the commission members prior to the meeting for review.
  - b. There was no discussion on the minutes.

*Jason Roop motioned to approve the August 29, 2022, minutes. Van Ingram seconded, and the motion carried*

### **III. NEW BUSINESS**

1. Statutory, Regulatory and Policy Changes for Treatment and Recovery
  - a. Currently, the federal government allows federal funds to be spent on fentanyl test strips (FTS). Our state KORE project is using these federal funds (SAMHSA) to buy and distribute FTS to public health departments. However, our state regulations adopted from the DEA list drug testing supplies (including FTS) as paraphernalia.
  - b. With the opioid settlement, it was stipulated that distributors/manufacturers needed to develop algorithms for monitoring the supply/distribution of scheduled drugs. This is having a chilling effect downstream as pharmacies are unable to receive adequate supplies to



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serve patients. In some cases, buprenorphine (life-saving medication for treating those with OUD) is unavailable or in limited supply for patients in need.

- c. Patients on Medicare face additional barriers as many services are not covered or are covered inadequately (many of these patients are on Medicare due to disability rather than age). Medicare (as we heard from our community partners) does not provide any coverage for residential care.
- d. Prior authorizations from Medicaid MCOs (which were eliminated for medication for opioid use disorder) for inpatient care are too restrictive and require treatment providers to repeatedly get permission for an extra day and then the next day.
- e. Medicaid copays are too restrictive (refills are limited by time) and prevent adequate access to naloxone.
- f. Any agency violating the ADA should not receive public funding.
- g. The guidelines for Opioid Treatment Programs are currently undergoing revision and are open for comment. Some of the proposed changes would further limit the ability of these programs to provide care. For example, under federal guidelines, patients receiving care in an OTP are required to see a physician at some interval but would typically come in for dosing in person everyday - typically administered by nurses. The new guidelines include a requirement that a prescribing physician needs to be on site during operating hours- this has never been a requirement in the past and there are too few addiction-trained practitioners to fill this need. It is also irrational to introduce more restrictive requirements (for no apparent reason) that will lead to reduced care during this crisis.
- h. Senate Bill 90, an eleven county pilot program, will launch in January.



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## IV. PUBLIC COMMENTS AND REMARKS

1. Chair Walsh requested members of the public who were present to introduce themselves and give the Committee members their thoughts on guidelines that might be impeding individuals from getting the help they need.
  - a. Guests included, Sonja Adams, Lelia Salsberry, Rebecca Bray, Cassidy Lee, Jim, and Leandra Knox.
  - b. Additional issues discussed included the challenges of using federated transportation, lack of transportation for Medicaid methadone patients, and transportation problems in general. Pretrial diversion programs, rocket dockets, alternative sentencing program, licensing requirements for treatment providers, emergency treatment education, and additional treatment services in jails.

## V. ADJOURNMENT

*2:48 p.m. – Van Ingram motioned to adjourn the subcommittee. Karen Butcher seconded the motion. Motion to adjourn was unanimous.*