

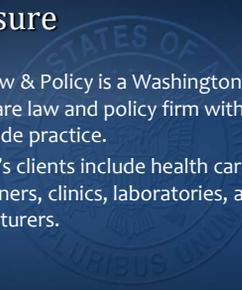


Warm Handoff: Bridging the Gap Between Overdose and Treatment

International Conference on Opioids
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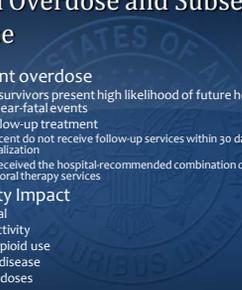
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Nonfatal Overdose and Subsequent Overdose

- ★ Subsequent overdose
 - Overdose survivors present high likelihood of future hospitalization and fatal and near-fatal events
 - Lack of follow-up treatment
 - 40 percent do not receive follow-up services within 30 days of opioid-related hospitalization
 - 10.7% received the hospital-recommended combination of both medication and behavioral therapy services
- ★ Community Impact
 - Withdrawal
 - Criminal activity
 - Ongoing opioid use
 - Spread of disease
 - More overdoses

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Richard Perry
Age 21



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Hospital Release Orders



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Heart Attack Victim Care

The first 24 hours following a heart attack are usually spent in a coronary care unit (CCU) or an intensive care unit(ICU).

Where skilled staff will:

- Continuously monitor your heart rhythm
- Administer a series of test and blood work
- Administer medication as needed
- Review patient's history
- Contact primary care and/or cardiac care physicians

Trump Administration

Trump Administration Response to the Final Recommendations of the President's Commission on Combatting Drug Addiction and the Opioid Crisis

The Administration is continuing to work to identify additional best practices and to disseminate such promising approaches to States and other stakeholders. For example, **the period immediately following overdose reversal with naloxone can provide a unique window of opportunity to engage survivors, to link them directly to substance abuse treatment and peer recovery support services, and to equip them and their family members with naloxone and train them in its administration in the event of a future overdose.** In an increasing number of hospital emergency departments, this work is being done by peer recovery coaches who engage patients, offer a warm handoff to treatment, and remain engaged with patients for 90 days or more following their discharge from the emergency department. When deployed through a recovery community organization, these peer recovery coaches can also link individuals directly to supportive social networks of people in recovery and to services, such as assistance in securing open-market housing, recovery housing, and employment. In addition, **medically managed opioid withdrawal through hospitals or detoxification units offers a unique opportunity not only to provide overdose prevention training and to distribute naloxone, but also to initiate medication for treatment of opioid addiction that can be continued in outpatient settings. This saves lives, since people are at an especially high risk for overdose after detoxification if they do not continue in treatment.**

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Federal Legislation

- ★ H.R. 5176: Preventing Overdoses While in Emergency Rooms Act of 2018:
 - Require the Secretary of HHS to award grants to 20 eligible hospitals to help such grantees establish policies and procedures that, among other things, address the referral of patients who experience a non-fatal drug overdose to evidence-based treatment.
- ★ H.R. 5545/ S.2700 - Comprehensive Addiction Resources Emergency Act of 2018
 - Provide grants to states and tribal areas, including for "early intervention and engagement services" to provide rapid access to treatment for substance use disorders in ED

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State Warm Handoff Policies

- ★ Florida HB 249 (2017): best practices policy
- ★ Rhode Island Gen L § 23-17.26-3(a): comprehensive discharge plan
- ★ Massachusetts Gen L ch 111 § 51 ½ (b): substance abuse evaluation within 24 hours; recommendations for further treatment, if necessary
- ★ Pennsylvania Dep't of Drug and Alcohol Programs policy: treatment referral
- ★ Louisiana Dep't of Health and Hospitals reg: referral or information regarding treatment

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Challenges

- ★ Funding (especially long term)
- ★ Complexity of referrals
 - Levels of care
 - Providers
 - Difficulty obtaining treatment through public system (wait lists)
 - Tracking admission capacity/turnover in treatment programs
- ★ Refusal of hospitals to participate

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Legal Considerations

- ★ Fear of prosecution/Good Samaritan laws
 - 40 states & DC passed
 - 15 protect overdose survivor from being charged with possession
 - Alternative legislation would charge overdose survivor and require guilty plea to receive treatment
- ★ Initiative of MAT in emergency dep't
 - OTP registration
 - DATA 2000 waiver
 - Three-day rule/one-day supply
- ★ Civil liability, e.g., wrongful death

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Privacy

- ★ HIPAA
 - Health Care Provider Exception
 - Good-Faith Belief Exception: Notification of emergency contact without consent because a patient is a threat to himself
 - Best-Interest Exception: Limited notification of emergency contact if patient is unable to object due to lack of capacity
- ★ 42 CFR Part 2
 - Applies only to federally assisted drug treatment programs (emergency department exception)
 - Disclosure permitted to other medical personnel in emergency
 - Disclosure not permitted to non-medical personnel
- ★ Prescription monitoring programs: helpful in notifying prescribers

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Ethical Concern

- ★ Exploitation of warm handoff programs for patient recruitment and brokering purposes
- ★ Referral should always be based on individual medical need



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Recommendations

- ★ Seek federal funding while it is available
- ★ Formulate a local warm handoff program
 - Law enforcement and other first responders
 - Emergency departments
 - Treatment community
 - Nonprofits, e.g. Gateway Foundation in Chicago
 - Treatment providers
- ★ Follow rapidly evolving standard of care
- ★ Educate vital stakeholders, especially attorneys, to overcome resistance and implement programs
- ★ Track and report outcomes
- ★ Plan for long-term funding of program

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Conclusion

- ★ Thank you
- ★ Questions and discussion

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