Draft Minutes  
MSSNY’S Addiction and Psychiatric Medicine Committee  
Friday, April 20, 2018  
8:30 a.m. – 10:00 a.m.  
Via Web conference and Teleconference

Present
Ed Amyot, MD, Chair  
Stephen Hermele, MD, Vice-Chair  
Frank Dowling, MD  
Paul Haffey, DO  
Lynn Hohmann, MD  
Nina Huberman, MD  
Brian Johnson, MD  
Glenn Martin, MD  
Marvin Robinowitz, MD  
Jared Walsh, MD  
Norman Wetterau, MD

Absent
Pratik Bahekar, MD
Ellen Embick, Student
Tzvi Furer, MD
Celeste Johns, MD
Katherine McCarthy, MD

Invited Guest
Barbara Ellman, Alliance  
Josh Vinciguerra, Esq., Director  
NYS Bureau of Narcotic Enforcement

MSSNY Staff
Pat Clancy, SR. VP, Public Health & Education, Managing Director,  
Division of Governmental Affairs  
Terri Holmes, Secretary

Excused
David Kerling, Jr., Student  
Jeffrey Selzer, MD

1) Welcome/Introductions: Dr. Amyot welcomed new members.

2) Adoption of Minutes: February 9, 2018 accepted with corrections.

3) Setting 2018 Committee Priorities:

    2017 Priorities

    1) Continue to Respond to The Opioid Public Health Crisis – This committee plays a role in monitoring and responding to legislative and regulatory responses.

    2) Monitor The State’s Medical Marijuana Program and Changes – This on-going. The medical community is attentive to the changes particularly at the legislative level. Ms. Clancy stated that the governor has reiterated his call for and inter-agency task force on this issue to discuss the public health, criminal, public safety, and economic impact.

    3) Develop Contingency Plans for Addressing Mental Health Issues

    Should Changes in Insurance Law Occur – There was concern with the loss of some of the provisions under the Affordable Care Act. Obama Care and previous parody care covered psychiatric and substance abuse and this new law might undo it. It’s part of the effort that will give you a new product that does not cover many things and costs less. It was suggested that there be a fourth priority - *Come up with activist proposals to influence the morbidity and mortality that is going on because of addiction as well education.*

Dr. Amyot told the committee if they have further thoughts on the mission statement to forward them to Ms. Clancy and she and Dr. Amyot will write a memo which will go out to the committee as well as Dr. Madejski.

4) HOD Action:
1) **Safe Injection Facilities - 2018 Resolution 154**: This resolution was passed at the 2018 HOD. Dr. Dowling thanked to committee as well as the Infectious Diseases Committee for helping to move the AMA along with a coalition of other people. Ms. Clancy stated that she will inform members of the legislature who have expressed an interest in Safe Injection Facilities of MSSNY’s position.

2) **Integrating Medical Records – 2018 Resolution 63**: This resolution calls for Medical Society of the State of New York advocate for development of a model for mental health documentation that would allow portions of mental health and substance use disorder records to be available to other clinicians, and to include at least diagnoses, treatment plans, medication changes, and allergies. Governmental Affairs Reference Committee A, recommended a task force be created to consider this resolution. The house referred it to council. Since it was referred, the resolution reverts to the original. There needs to be a recommendation to council before March 2019. Ms. Clancy stated that she would invite Schoharie County and the Third & Fourth District representatives to the next meeting to answer questions and help the committee understand the resolution.

5) **Update on the Prescription Monitoring Program:**
   a) **Connecting with Other States**
   b) **Data from PMP**: There has been a lot more usage of the PMP since the mandate went into effect. Physicians have the highest number/percentages of searches followed by pharmacists. There is a requirement of pharmacists to check the PMP before dispensing. There has been about a 10% decrease in controlled substance prescriptions from 2013-2016. Overall it looks (based on the dispense record) that opioid prescribing has decreased.

   c) **New York State Buprenorphine prescribing for substance use disorder (SUD), rate per 1,000 population**

<table>
<thead>
<tr>
<th>Year</th>
<th>New York State</th>
<th>NYS exc. NYC</th>
<th>New York City</th>
<th>New York State</th>
<th>NYS exc. NYC</th>
<th>New York City</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>22.7</td>
<td>31.2</td>
<td>11.2</td>
<td>22.8</td>
<td>34.3</td>
<td>10.8</td>
</tr>
<tr>
<td>2013</td>
<td>25.0</td>
<td>34.9</td>
<td>11.7</td>
<td>25.1</td>
<td>38.5</td>
<td>11.2</td>
</tr>
<tr>
<td>2014</td>
<td>27.0</td>
<td>38.2</td>
<td>12.1</td>
<td>27.2</td>
<td>42.3</td>
<td>11.6</td>
</tr>
<tr>
<td>2015</td>
<td>28.9</td>
<td>41.4</td>
<td>12.4</td>
<td>29.3</td>
<td>46.2</td>
<td>11.8</td>
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<tr>
<td>2016</td>
<td>31.2</td>
<td>44.8</td>
<td>13.4</td>
<td>31.8</td>
<td>50.3</td>
<td>12.8</td>
</tr>
</tbody>
</table>

The rates presented are opioid prescription rates per population. They are not rates of the number of different people who are receiving an opioid prescription in a certain population. These numbers are federally-standardized indicators used to measure types of progress toward combating the opioid epidemic in certain states. These numbers do not indicate the numbers or rates of individuals who have received one or more opioid prescriptions in any given year (i.e., if a county has a rate of 25 out of 1,000, that means there were 25 prescriptions per 1,000
population, but, all 25 prescriptions could have been for one individual. It does not necessarily mean that 25 out of 1,000 individuals received a prescription.)

The PMP is interoperable in 25 states and the District of Columbia. BNE is also looking to establish a connections with other states through a second hub. There are some states that are interoperable through one or both hubs. NYS would like to connect and share data with any state that is connected to either hub. Showing practitioners the boldest picture of a patient’s controlled substance history is the best way to inform the treatment decision. The strategy has been to start with the states that border NYS and have expanded out to the Northeast. The bureau is looking forward to connecting with Florida (because of all the snowbirds). Florida has recently had a legislative change which will permit them to begin sharing data with other states in July 2018. Mr. Vinciguerra stated the bureau is currently implementing a data analytics system which they are hoping to deploy very soon that will give greater analytical capabilities with PMP data.

6) Opioid Provisions in the Budget:
MSSNY defeated:
Provisions which would have reduced from seven days to three days the length of an initial prescription for acute pain, and required physicians to get written consent from parents prior to prescribing an opioid to a minor. The final bill did include a requirement, consistent with CDC Chronic pain guidelines, for a prescriber to have a written treatment plan for a patient on opioid medications longer than 90 days or past the time of normal tissue healing. The final bill also included an opioid stewardship program to be funded by the drug manufacturers and distributors to help pay for substance abuse treatment programs and to support the Prescription Drug Monitoring Program.

7) Follow-up on S.6815 – Lanza/Cusick Bill: MSSNY had a host of physicians who were going to go to Assem Cusick’s office to discuss the bill on March 7, 2018 during MSSNY’s lobby day, however, it was canceled due to inclement weather. Plans are underway to select a new date.

8) Surgeon General’s Report on Naxolone
AMA’s Task Force on Opioids: https://www.end-opioid-epedemic.org/naloxone/ : There is going to be an NYS Senate Opioid Task Force meeting on May 22, 2018 on the use of Naxolone in NYS. Ms. Clancy suggested that Dr. Dowling attend. This meeting is by invitation only.

9) Adjournment – Next meeting October 19, 2018