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**NCOIL EXPANDS OPIOID BEST PRACTICES, OFFERS GUIDANCE ON
PRIVACY, NEWBORNS IN WITHDRAWAL, AND SAFE DISPOSAL**

Boston, Massachusetts, July 13, 2014 — On July 10, during a joint Summer Meeting session of the Health, LTC & Health Retirement Issues and Workers' Compensation Insurance Committees, legislators unanimously adopted enhancements to the 2013 NCOIL *Best Practices to Address Opioid Abuse, Misuse & Diversion*. In line with NCOIL's belief that the *Best Practices* should evolve and expand in response to emerging concerns, the additional provisions relate to privacy and prescription drug monitoring programs (PDMPs), neonatal abstinence syndrome (NAS)/addiction during pregnancy, and drug take-back/safe disposal programs.

Rep. Bill Botzow (VT), chair of the Workers' Compensation Insurance Committee and sponsor for discussion of the additions, commented that:

The provisions we added to the *Best Practices* are a natural extension of the guidance they already offer and will, I think, make them an even more important resource for states as they look at how to confront their own opioid and other drug abuse challenges. The frequently changing dynamics of opioid abuse makes it imperative for NCOIL to constantly consider how we might better weigh in and what the results of not doing so may be. Today, privacy, impacts of addiction on newborns, and drug take-back programs warrant our attention, and I imagine there will be other items in the future.

Rep. Botzow also said that it would be interesting, going forward, to explore outcomes of the *Best Practices* and to consider whether any recommendations included in them would ultimately be appropriate for model legislation.

Rep. Pete Lund (MI), chair of the Health, LTC & Health Retirement Issues Committee, noted that:

As a legislator concerned with the causes and consequences of opioid abuse, including how it relates to other drug addictions, I view the NCOIL *Best Practices* as an opportunity for my state to reevaluate the approaches it's taking to help prevent abuse and to make it easier for people to receive treatment they need. Opioid addiction is a complex problem that requires the kind of multi-faceted response set out in the *Best Practices*, and I'm pleased to see that so many interested parties agree.

NCOIL developed the additional provisions and corresponding footnotes in response to interested-party suggestions submitted, at NCOIL request, after the March Spring Meeting. The additions:

- lay out specific options for ensuring that PDMP data is kept private, including when law enforcement is involved and when delegates can access PDMP data on a physician's behalf
- urge evidence-based treatment for addiction during pregnancy and for newborns experiencing drug withdrawal, as well as discourage a punitive approach to dealing with pregnant drug abusers
- expand on take-back provisions already included in the *Best Practices* by offering additional state examples and by addressing location and environmental impacts related to take-back and other safe disposal programs

In general, the NCOIL *Best Practices* look at how to (1) establish, evaluate, and fund prescription drug monitoring programs (PDMPs) that require real-time reporting; (2) create strong evidence-based prescribing standards that recognize "one-size-does-not-fit-all" and that crack down on unlawful "pill mill" pain clinics; (3) promote improved, effective education of physicians and the public; and (4) encourage treatment and prevention, including use of drug courts and certain drug treatments.

The NCOIL Executive Committee unanimously adopted the *Best Practices* additions on July 13. The Summer Meeting took place from July 10 to 13 in Boston, Massachusetts.

NCOIL is an organization of state legislators whose main area of public policy interest is insurance legislation and regulation. Most legislators active in NCOIL either chair or are members of the committees responsible for insurance legislation in their respective state houses across the country. More information is available at www.ncoil.org.

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