Testimony of the
New York State Association of County Health Officials (NYSACHO) on the availability of and access to opioid overdose reversal drugs

NYSACHO's MISSION:

To support, advocate for, and empower local health departments
in their work to prevent disease, disability and injury
and promote health and wellness
throughout New York State.

NYSACHO is incorporated as a not-for-profit, non-partisan charitable organization with 501(c)(3) tax exempt status.

Presented on behalf of NYSACHO by
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Good Morning Assemblywoman Rosenthal, Assemblyman Gottfried, Assemblyman Cahill, and distinguished committee members. Thank you for the opportunity to share the perspective of our 58 local health departments regarding the ongoing public health emergency surrounding the opioid epidemic, and specifically regarding naloxone training, access, distribution and use.

President Trump declared the opioid epidemic a national public health emergency this past January. In April of 2018, the United States Surgeon General, Dr. Jerome Adams, issued a national advisory that Americans keep on hand, and learn to use, naloxone, noting that, in addition to the many professionals fighting this epidemic, that patients and the public also have an important role to play in responding to this public health crisis.

Speaking on behalf of my colleagues, I would first like to say that any death from an opioid overdose is one too many. All local health departments are involved in community response to the opioid epidemic, as it continues to rise as a cause of preventable death. In fact, accidental deaths became the third leading cause of preventable death in the United States in 2016, attributed, in large part, to opioid related deaths. Naloxone is a critical public health tool in reducing preventable deaths due to opioid overdose. Data regarding overdose deaths and hospitalizations show that there is a continued and critical need for expansion of access to naloxone.

The New York State Department of Health (NYSDOH) has worked with NYSACHO and local health departments (LHDs) over the past few years to educate our public health leaders and staff on the opioid overdose prevention program and the Naloxone Co-Payment Assistance Program (N-Cap). My colleagues who are at the forefront of responding to this epidemic have also shared their experiences and interventions. There are registered opioid overdose prevention programs serving every county in New York State. Local health departments comprise 14% of the total

number of programs in New York State, with 27 local health departments participating as registered opioid overdose prevention programs, and two (2) others serving as program sites under another agency in their community.

Between 2014 and 2017, local health departments trained over 25,000 responders, including just under 19,000 community members throughout New York State. Based on the experiences of our members, I'd like to share the following recommendations on behalf of NYSACHO, to assist you in identifying and implementing policy changes that can increase access to this life-saving medication.

- First, provide additional funding to both the New York State Department of Health and localities for the purchase of Naloxone and naloxone kits to expand access to no-cost naloxone for community and family members and persons using drugs.

The implementation of the N-Cap program provided the State Health Department a way to direct their limited resources to provide no-cost naloxone to the uninsured, individuals using naloxone in the line of duty and vulnerable populations, such as individuals released from prison or syringe exchange program participants. While this program helps to maximize limited state resources, N-Cap has not completely remove financial barriers for individuals seeking naloxone prescriptions. For those with insurance, co-payments can continue to be a barrier to naloxone access, in which case they can be referred to the Opioid Overdose Prevention Program. Even so, based on my colleagues' experiences, there are still barriers and need for improvements, in getting Naloxone to those at high risk of overdosing. One local health department noted:

"Insurance copayments are still high for some. For uninsured individuals, cost may be prohibitive. Emergency departments cannot dispense Naloxone. We cannot rely on pharmacies alone, especially since many non-fatal OD's present to the ED when pharmacies are closed (often

including the hospital's pharmacy) and we really don't need barriers to naloxone for those at highest risk (i.e., those who has survived first OD)"

Persons with alcohol and drug diseases, and their friends and families, also struggle with the financial fall-out that so often results from addiction. Access to free naloxone can save lives. No one should die, or watch a loved one die, because they couldn't afford a co-pay, or because an overdose happened outside of regular business hours.

- Second, require the State Health Department to reclassify purchase of naloxone as an eligible expense for Article Six State Aid for General Public Health Work reimbursement and increase funding for Article Six accordingly.

The New York State Department of Health recently issued revised guidance for core public health services related to Injury Prevention and Control. DOH issued this updated guidance, in part, to recognize that local health department work in responding to the opioid epidemic is an appropriate core public health service. Enhanced eligible services specifically includes facilitating distribution of naloxone, and/or making referrals to appropriate agencies and organizations that distribute naloxone; *however*, purchase of Naloxone, is deemed an ineligible service and cost. The guidance considers Naloxone a safety device, much the same as a bike helmet or child's car seat. Naloxone is, however, a medication, used to reverse an overdose where the threat of death is imminent. I would compare it to providing post-exposure prophylaxis to someone bitten by a rabid animal.

The current guidance is also contradictory to publicly available information provided by DOH's opioid overdose prevention program, which describes Naloxone as follows:

"… a prescription medicine that reverses an overdose by blocking heroin (or other opioids) in the brain for 30 to 90 minutes."

DOH also is proposing to add preventing opioid and other substance misuse and deaths as a new goal in the 2019-2024 New York State Prevention Agenda. If opioid overdose deaths constitute a national public health emergency, and reducing these deaths is a stated goal for New York State, then prohibition on the purchase of naloxone as an Article Six eligible expense simply does not make sense. NYSACHO will pursue an administrative solution to this prohibition, but we ask that you pass legislation that would assist local health departments in their efforts to expand no-cost naloxone access, including an increase in state aid for general public health work in the 2019-20 state budget, in recognition of the increased public health efforts needed to combat this epidemic.

- Third, provide the necessary resources to expand availability of opioid overdose prevention training, including recruitment of more independent pharmacists.

Again, I would like to praise the New York State Department of Health for the implementation of, and ongoing efforts to expand, the N-Cap program. Large chain pharmacies are participating in the N-Cap program, but many of our communities, particularly rural communities, are still served by independent pharmacies, who are underrepresented on uptake of this program. This leaves many community members without access to naloxone.

In working with pharmacies to expand Naloxone access, local health departments have also found that even those participating in the N-Cap program are not necessarily providing the needed access.

My colleague in Rensselaer County shared that her staff surveyed all participating pharmacies listed on the state's web site and found varying results. Some didn't participate at all, some did not carry naloxone until someone came in to order and it would take a couple of days to get it. Some are charging the people $147.00 if their insurance didn't accept the prescription. Her department is in the process of doing public health detailing to all of their pharmacies to explain their Opioid Overdose Prevention program and N-CAP, leaving them with a flyer for referrals if insurance does not work.

Another local health department reported that some pharmacies are not aware of the program, even when they are listed as participants. We ask that you consider if there are any legislative solutions to improving pharmacy access to Naloxone.

- Fourth, enact and encourage policies that assure pharmacists both receive and provide appropriate training regarding naloxone administration.

Pharmacists are an increasingly important point of contact in our health care system. Pharmacists should be well-trained to assure that they can provide training to an individual requesting a naloxone prescription. Persons who access the N-Cap program, should leave the pharmacy with enough training to ensure that they are as prepared as they can be, should they need to administer naloxone to a person who has overdosed. A colleague shared his experience has been that the pharmacists do not have the time to adequately train the individuals receiving the naloxone on how to recognize an overdose situation, how to get first responders to the scene, the need for CPR if the victim is not breathing, and the need for medical care after the naloxone is given.

Naloxone is only one piece of the public health response and I would be remiss if I did not take the opportunity to raise my colleagues' broader concerns regarding this public health emergency. Recent influxes of both state and federal funding have

largely gone to address critical treatment needs. Expanding access to treatment is understandably a priority, but to truly combat this epidemic, New York must also invest in dedicated funding to support local health departments in providing the prevention education necessary to save lives and save the state millions of dollars on treatment and recovery. Like vaccinations, or mosquito control, or education on how to avoid tick bites, preventing disease is always our first goal.

In many communities, public health has been at the forefront of prevention activities to combat the opioid epidemic. In addition to naloxone training programs, local health departments are convening community coalitions and task forces, providing or participating in community educational forums, developing advertising and educational messaging, implementing drug takeback sites or events, and conducting public health detailing visits to health care providers regarding prescribing practices. Still other activities include Overdose GIS mapping and other efforts to improve data collection, supporting implementation of Screening, Brief Intervention and Referral to Treatment (SBIRT) training, addiction hotline services, and increasing medication assisted treatment in jails, as well as increasing the number of physicians trained in medication assisted treatment.

Some of these activities are reimbursable general public health work, and others have been funded by short-term grants that the local health departments or their partners were able to secure. This has been helpful, but we cannot, and should not, expect to grant fund our way out of a public health emergency of this magnitude. Public health is not the subject matter expert on addiction. We are, however, subject matter experts when it comes to promoting prevention and health education, gathering and analyzing data, convening community stakeholders, and identifying and implementing evidence-based interventions to address population health problems. Dedicated and sustainable funding is needed to support our public health efforts, whether that is used to purchase naloxone and naloxone kits, or to implement other interventions.

The best public health laws and policies you can construct must also be accompanied by the funding needed to implement them, or they will not achieve their intended outcomes. We ask that you take the opportunity to use the expertise you have in the 58 local health departments in New York State by giving us both the tools and resources we need to respond to this national public health emergency.

Once again, thank you for the opportunity to appear before you to share our experiences and recommendations regarding naloxone access and the response to the opioid abuse epidemic. Please continue to be strong advocates for public health on behalf of New York's citizens, and continue to engage us as your partners in protecting and enhancing your investment in good health.