RECOMMENDATIONS FOR ACTION (from John Hopkins Center for Injury Research and Policy report) August 1, 2017

Upstream recommendations **#1: Prescribing Guidelines**	**What Iowa is doing**
1.1 Repeal existing permissive and lax prescription laws and rules.	Iowa has "reasonable and responsible" approach to prescribing for pain: adequate patient assessments, thorough documentation, ongoing patient monitoring of drug use, use of pain management agreements, regularly reviewing patient data in the PDMP (recommended) and timely use of consults. Iowa Board of Medicine press release: Board encourages physicians to treat patients' pain responsibly. June 10, 2014. Refills of Schedule II controlled substances are prohibited (multiple prescriptions are allowed up to 90-day supply.) It is up to the discretion of an individual prescriber how often to see patients and whether it is appropriate to issue multiple prescriptions. Iowa administrative code 657 – 10.25. This is the link to the FDA's new 2017 proposed opioid education blue-print. It is open for public comment at the FDA site. The comment time closes around the first week of June.
1.2 Require oversight of pain treatment.	Physicians are *encouraged* to use a pain management agreement for patients prescribed controlled substances for more than 90 days and believed to be at risk of drug abuse. If the physician chooses not to, the physician *must document* in the why the pain management agreement was not used. Physicians, under this rule, *should also consider* drug testing for a patient who is prescribed controlled substances for more than 90 days for chronic pain. Pain treatment-related administrative rules for Iowa-licensed physicians: Iowa administrative code 653-13.2; Interventional Chronic Pain Management 653-13.9.Issued May, 2014.

1.3 Provide physician training in pain management and opioid prescribing and establish a residency in pain medicine for medical school graduates.	There is a mandatory continuing medical education licensure requirement for physicians who provide chronic pain management and end-of-life-care every five years. Iowa Board of Medicine. Chronic Pain and End-of-Life Training: Frequently Asked Questions. Pain treatment-related administrative rules for Iowa-licensed physicians: CME requirement on pain and palliative care 652-11.4. Issued May, 2014. The IPA Goes Local is a partnership between the Iowa Pharmacy Association and Iowa's regional pharmacy associations to bring a live CE program across the state. It is marketed to pharmacists in the state. The IPA partners with the Alliance of Coalitions for Change (AC4C) to gives presentations at the local level to physicians, pharmacists, dentists, nurses, social work and treatment programs (as well as other interested stakeholders). There is an informational PowerPoint on opioid trends (presented by Officer Al Fear/Eastern IA Heroin Initiative). Also, there are "listening sessions": The attendees discuss local strategies for collaboration and solutions to the problem. All voices are heard and consensus is built. In the spring of 2017 they presented in Dubuque, Des Moines, Mason City and Waverly. Physicians, pharmacists and pharmacy technicians may get continuing education credit for attending.
1.4 Work with state medical boards to enact policies echoing CDC opioid prescription guidelines	
1.5 Enact laws and rules supporting prescriber limits on first-time opioid prescriptions	HSB 99 allows a pharmacist to dispense a prescription for an opioid medication in a lesser quantity than the recommended full quantity indicated on the prescription if requested by the patient or patient's legal guardian. If the pharmacists does this, the remaining quantity cannot be dispensed without a new prescription.

Upstream recommendations **#2: Prescription Drug Monitoring Programs (PDMPs)**	**What is Iowa doing?** The Iowa PMP became fully operational on March 25, 2009. "The Iowa PMP is administered by the Board with the assistance and guidance of an advisory council consisting of pharmacists and prescribers appointed by the Governor. The advisory council meets as needed to review the progress of the Iowa PMP, the cost of maintaining the Iowa PMP and the benefits of the program, possible enhancements to the program, and information, comments, and suggestions received from program users and the public." *Iowa Board of Pharmacy report to Governor Branstad regarding the Iowa Prescription Monitoring Program. 1/31/17.* "Many prescribers and pharmacists have taken advantage of the option to identify one or more authorized agents (a licensed, registered, or certified health professional under the direct supervision of the prescriber or pharmacist) to register for delegate or agent access to the Iowa PMP. Agents access the Iowa PMP, on the direction of the supervising practitioner and using credentials assigned to and identifying the specific agent, to request patient prescription history information for the use of the supervising practitioner in making a more informed decision regarding the patient's health care plan. Practitioners report that the use of agents improves work flow, encourages more consistent use of the PMP, and ensures the practitioner has information regarding a patient's use of controlled substances prior to the practitioner making a decision on the patient's drug therapy." *Iowa Board of Pharmacy report to Governor Branstad regarding the Iowa Prescription Monitoring Program. 1/31/17.*
2.1 Mandate prescriber PDMP registration and use.	Iowa PMP use is not mandatory, and explicitly do not require prescribers and dispensers to access PMP information. Iowa also does not requires that all prescribers and dispensers register with the PMP. Iowa Administrative Code. Chapter 37 Iowa Prescription Monitoring Program. Iowa does not require certain authorized users to undergo training and/or educational courses before accessing PMP data. Iowa has a data collection interval of 7 days (weekly). National Alliance for Model State Drug Laws. Compilation of Prescription Monitoring Program Maps. 2016.

	HSB 99: each board that licenses a prescribing practitioner shall develop a process to integrate automatic registration as part of the board's licensure application and renewal process (does not require them to obtain information about a patient from the program). HF 532 requires prescribing practitioner to register to PMP at the same time they apply to board of pharmacy to register or renews registration to prescribe controlled substances as required by the board.
2.2 Proactively use PDMP data for enforcement and education purposes.	The Iowa Board of Pharmacy and advisory council review statistics on the use of the PMP, the number of prescriptions filled, the top drugs dispensed, and possible pharmacy or doctor shopping for controlled substances. "Iowa licensed pharmacies, both in-state and nonresident pharmacies, are required to report to the Iowa PMP all Schedule II, III and IV controlled substances dispensed by the pharmacy to ambulatory patients." *Iowa Board of Pharmacy report to Governor Branstad regarding the Iowa Prescription Monitoring Program. 1/31/17.* The Board is required to evaluate the PMP yearly and provide a report to the Iowa legislature. National Alliance for Model State Drug Laws. Compilation of Prescription Monitoring Program Maps. 2016. Judicial officials and law enforcement can be authorized recipients of the PMP only if there is probable cause, a search warrant, a subpoena, or other judicial process. National Alliance for Model State Drug Laws. Compilation of Prescription Monitoring Program Maps. 2016; Iowa Board of Pharmacy report to Governor Branstad regarding the Iowa Prescription Monitoring Program. 1/31/17. Physician Assistants, nurse practitioners and medical residents are authorized recipients of PMP data. See other recipients at: National Alliance for Model State Drug Laws. Compilation of Prescription Monitoring Program Maps. 2016. A limitation for research: Iowa does not authorize the use of de-identified (without personal identifying information) PMP data for research purposes. National Alliance for Model State Drug Laws. Compilation of Prescription Monitoring Program Maps. 2016.

	Those who want access to the PMP for research purposes are only able to request aggregate data: "37.4(6) Statistical data. The PMP administrator, following review and approval by the patients' rights committee, may provide summary, statistical, or aggregate data to public or private entities for statistical, research, or educational purposes. Prior to the release of any such data, the PMP administrator shall remove any information that could be used to identify an individual patient, prescriber, dispenser, practitioner, or other person who is the subject of the PMP information or data." Iowa Administrative Code. Chapter 37 Iowa Prescription Monitoring Program. Iowa does not send unsolicited PMP reports to relevant groups (JH recommendation) National Alliance for Model State Drug Laws. Compilation of Prescription Monitoring Program Maps. 2016. HF 524: Each licensed pharmacy that dispenses controlled substances shall submit prescription information to the PMP every day. HF 523 was signed by the Governor on 5/11/2017: "Allows the Board of Pharmacy to provide information from the Iowa Prescription Monitoring Program to the state medical examiner or a county medical examiner when the information relates to an investigation being conducted by the examiner."
2.3 Authorize third-party payers to access PDMP data with proper protections.	Third party payers have access to information in the Iowa PMP only if there is means of legal compulsion like a subpoena relating to a specific investigation. Prescription Drug Monitoring Program Training and Technical Assistance Center. Brandeis University; National Alliance for Model State Drug Laws. Compilation of Prescription Monitoring Program Maps. 2016.
2.4 Empower licensing boards for health professions and law enforcement to investigate high-risk prescribers and dispensers.	Licensing boards have access to information in the Iowa PMP only if there is means of legal compulsion like a subpoena relating to a specific investigation. Prescription Drug Monitoring Program Training and Technical Assistance Center. Brandeis University.

2.5 Work with industry and state lawmakers to require improved integration of PDMPs into electronic health records (EHR)	"The process of integrating the Iowa PMP into electronic health and pharmacy record systems is in progress but no direct integrations of this type have yet to be completed." Iowa Board of Pharmacy report to Governor Branstad regarding the Iowa Prescription Monitoring Program. 1/31/17.
2.6 Engage state health leadership to establish or enhance PDMP access across state lines	Iowa's Code was amended in 2014 authorizing the Board to enter into agreements with neighboring states to exchange PMP information so that authorized users can request patient records from the patient's home state PMP. Data sharing agreements were in place with Kansas, Illinois, Wisconsin, Minnesota and South Dakota. Iowa Board of Pharmacy report to Governor Branstad regarding the Iowa Prescription Monitoring Program. 1/31/17. New: HF 524 amended this so that the board may enter into an agreement with a prescription database or monitoring program operated in any state for the mutual exchange of information. This passed the Senate and now goes to the Governor (4/2017).

Upstream recommendations **#3: Pharmacy Benefit Managers (PBMs) and Pharmacies**	**What is Iowa doing?** Wellmark, Iowa's largest private insurer, has a policy for limiting quantities of long-acting opioids for non-cancer patients. Policy created in 2009. Wellmark also has prior authorization for oral and nasal fentanyl products. Policy effective 2008. HSB 99 requires insurance coverage for MAT (use of medications commonly in combination with counselling behavioral therapies) for all policies, contracts or plans for third-party payment of health or medical benefits.
3.1 Inform and support evaluation research.	
3.2 Evidence-based criteria are needed regarding how to use PBM and pharmacy claims data to identify individuals who are at high risk for abuse or overdose and in need of substance use disorder treatment. This can be accomplished through a consensus process that brings together experts in the field to identify criteria to include.	
3.3 Expand PBM and pharmacy access to Prescription Drug Monitoring Programs.	PBMs and pharmacies cannot access the PMP. Prescription Drug Monitoring Program Training and Technical Assistance Center. Brandeis University; National Alliance for Model State Drug Laws. Compilation of Prescription Monitoring Program Maps. 2016

3.4 Improve management and oversight of individuals who use controlled substances.	
3.5 Support restricted recipient (lock-in) programs.	
3.6 Enact legislation establishing or expanding take-back programs.	HSB 99 adds controlled substances to the collection and disposal program. "The program shall provide for the management and disposal of unused, excess, and expired pharmaceuticals **including the management and disposal of controlled substances pursuant to state and federal regulations**." The bill SF 484 was passed and signed by the Governor in April 2016. Advocacy Cooperative Bill Tracker. 155A.43 Pharmaceutical collection and disposal – annual allocation.
3.7 Improve monitoring of pharmacies, prescribers and beneficiaries.	
3.8 Improve formulary coverage of non-opioid alternatives, both pharmacologic and non-pharmacologic	

Upstream recommendations **#4: Engineering Strategies**	**What is Iowa doing?**
4.1 Convene a stakeholder meeting to assess the current product environment (e.g., products available, evidence to support effectiveness, regulatory issues) and identify high-priority future directions for engineering-related solutions.	
4.2 Sponsor design competitions to incentivize innovative packaging, dispensing, and storage solutions.	
4.3 Secure funding for research to assess the effectiveness of innovative packaging and designs available and under development.	
4.4 Use research to assure product uptake.	
4.5 Require pharmacies to dispense opioids only in evidence-based, technologically-enhanced safe storage devices.	"Controlled substances listed in Schedules II through V may be stored in a securely locked, substantially constructed cabinet… Pharmacies and hospitals may disperse these substances throughout the stock of non-controlled substances to obstruct theft and diversion." Iowa administrative Code. Chapter 10 Controlled Substances. 657 – 10.15(1).
4.6 Work with industry and government agencies to identify opportunities for the development of abuse-deterrent formulations of prescription opioids.	

Midstream recommendations: **#5: Surveillance**	**What is Iowa doing?**
5.1 Invest in surveillance of opioid addiction, including information about supply sources.	Officer Al Fear (Eastern Iowa Heroin Initiative) gets county data from ERs although it is hard to get from hospitals and not all of them are tracking this. [Stakeholder meeting] Poison control collects information about calls coming in. They follow the cases. Data from the nation's 55 poison centers is uploaded in near real-time into a national database for identifying and monitoring unusual poisoning outbreaks/patterns of new and emerging drugs of abuse. [Stakeholder meeting] Treatment centers also collect information but generally the patients won't identify their supplier [Stakeholder meeting] Intelligence is also collecting this information. [Stakeholder meeting]
5.2 Develop and invest in real-time surveillance of overdose events.	
5.3 Require that federal support for prescription drug misuse, abuse and overdose interventions include outcome data.	

Midstream recommendations: **#6: Addiction Treatment**	**What is Iowa doing?**
6.1 Invest in surveillance of opioid addiction.	The Iowa Consortium for Substance Abuse Research and Evaluation. Special Report: Opioid Admissions in Iowa 2010 – 2015 shows trends in opioid treatment admissions.
6.2 Expand access to buprenorphine treatment.	Iowa continues efforts to recruit more providers of buprenorphine, who need a waiver to provide these services. Iowa has developed a communication strategy to further assist in recruitment efforts, developing the attached infographic which has been distributed. [Kevin Gabbert, IDPH] As part of the Comprehensive Addiction and Recovery Act in 2016 (CARA), nurse practitioners and physician assistants are now eligible to receive training and prescribe buprenorphine. In 2016, a new federal rule was passed that increases the number of patients a waivered physician can apply to treat. Physicians who have prescribed buprenorphine to 100 patients for at least one year can now apply to increase their patient limits to 275. SAMHSA. Buprenorphine Waiver Management. "In 2015, Iowa had just 31 physicians listed on the SAMHSA Buprenorphine Physician Locator website, meaning these individuals had completed the required training to prescribe this medication to treat an opioid use disorder. A recent review of SAMHSA's website shows that Iowa now has 49 eligible providers listed – a 63% increase. While there are likely to be several reasons for the increase, the greater availability of this service is what's most notable and important." Iowa Department of Public Health, Division of Behavioral Health. E-newsletter: Opioid Update for Wednesday May, 17, 2017; SAMHSA. Buprenorphine Treatment Physician Locator.

6.3 Prohibit federal funding to treatment programs that refuse to allow patients access to buprenorphine or methadone.	SSB 1134: This bill would direct the department of human services to adopt rules to require the Iowa Medicaid program to cover medication-assisted treatments and services. "and include those medication-assisted treatment medications in its preferred drug lists for the treatment of substance-related disorders and prevention of overdose and death."
6.4 Provide treatment funding for communities with high rates of opioid addiction and limited access to treatment.	For the past 20 years, the Iowa Department of Public Health (IDPH) has funded selected opioid treatment programs to provide medication assisted treatment to Iowans in the form of methadone maintenance. As approaches to medication assisted treatment continued to evolve, through its Access to Recovery (ATR) grant, IDPH began funding additional medications such as Naltrexone and Buprenorphine. [Kevin Gabbert, IDPH] In 2015, SAMHSA awarded IDPH a Medication Assisted Treatment – Prescription Drug and Opioid Addiction (MAT-PDOA) grant to further support Iowa's efforts in addressing opioid misuse. In Year One of the grant, the four providers treated a total of 85 clients, which was 15 fewer than projected. However, in the first 8 months of Year Two of the grant, the four providers have treated 135 new clients, which is 15 more than the projected goal for the year. [Kevin Gabbert, IDPH] Iowa has applied for the 21st Century Cures Act funding that is being awarded by SAMSHSA to all 50 states. Iowa plans to distribute funding through the 23 Substance Abuse Block Grant catchment areas. Funding will be used for assessing community needs, developing a strategic plan, outreach/prevention, and providing MAT services. Grant award is expected in May or June of 2017. [Kevin Gabbert, IDPH] Federal dollars directed to states through the CURES Act funding will prioritize making treatment more accessible for opioid use disorders. IDPH's Iowa Opioid State Targeted Response grant has begun and interested stakeholders from across the state are encouraged to collaborate in the community assessment and strategic planning processes that will be hosted this summer by the treatment programs noted on this map. Iowa Department of Public Health, Division of Behavioral Health. E-newsletter: Opioid Update for Wednesday May, 17, 2017.

	"Iowa was awarded the Opioid State Targeted Response (STR) Grant. The project will expand capacity of the current provider network with a focus on accessible opioid treatment. Key steps to expand capacity will include a thorough assessment and strategic action plan involving local stakeholders. Funding will support planning and implementation of evidence-based practices, including medication assisted treatment (MAT)." Iowa Department of Public Health, Division of Behavioral Health. E-newsletter: Opioid Update for Wednesday May, 3, 2017. The focus of this project is to assist providers across the state to build community capacity for a successful community response to the opioid crisis. Plans will include prevention-focused media, promotion of the Iowa Prescription Monitoring Program (PMP), expanded treatment options, and naloxone distribution. The Iowa Opioid STR project will leverage the service improvements gained through other opioid-focused efforts, making evidence-based practices more accessible to Iowans affected by opioid use disorder across the state." Iowa Department of Public Health, Division of Behavioral Health. E-newsletter: Opioid Update for Wednesday May, 3, 2017. There are limited in-patient facilities in the state, and these can have 2-month waiting lists. [Stakeholder meeting] Only one treatment center takes Medicaid in Iowa (his clinic) for Suboxone See KCCI report: State of Addiction Iowa has its methadone clinics and (buprenorphine) suboxone doctors concentrated mostly in and around its metropolitan urban centers. See link. HF 618: "requires workgroup to promote meetings and programs for the discussion of methods to reduce opioid abuse and disseminate information on the prevention, evaluation, care, treatment, and rehabilitation of persons affected by opioid abuse. Requires workgroup to study and review current prevention, evaluation, care, treatment and rehabilitation programs and strategies and recommend appropriate preparation, training, retraining and distribution of personnel and resources in the provision of services to persons with opioid abuse issues though treatment programs. Imposes an excise tax of 5% on the gross receipts of schedule II controlled substances sold at wholesale to

	practitioners in the state. Requires funds from the tax to be used to assist opioid abuse prevention and treatment programs in the state."
6.5 Develop and disseminate a public education campaign about the important role for treatment in addressing opioid addiction.	
6.6 Educate prescribers and pharmacists about how to prevent, identify and treat opioid addiction.	
6.7 Support treatment-related research.	
6.8 Establish or enhance capacities for opioid addiction treatment, including medication-assisted treatment, in prisons and jails.	In 2017, the Eastern Iowa Heroin Initiative will start the Jail Recovery Program for those suffering from addiction.

Midstream recommendations: **#7: Community-Based Prevention Strategies**	**What is Iowa doing?**
7.1 Invest in surveillance to ascertain how patients in treatment for opioid abuse and those who have overdosed obtain their supply.	
7.2 Convene a stakeholder meeting with broad representation to create guidance that will help communities undertake comprehensive approaches that address the supply of, and demand for, prescription opioids in their locales; implement and evaluate demonstration projects that model these approaches.	The AMA, IMS and AC4C held a "Thought Leader's Summit" in 2015 to discuss current and possible strategies in an effort to being the silo work of the past merged into one solid plan. 15 state partners met to strategize. Iowa Medical Society; Alliance of Coalitions for Change; American Medical Society. Thought Leader's Summit: A Community Approach to Opioid Abuse. 2015.
7.3 Convene an inter-agency task force to ensure that current and future national public education campaigns about prescription opioids are informed by the available evidence and that best practices are shared.	
7.4 Provide clear and consistent guidance on safe storage of prescription drugs.	Iowa has a media campaign to reduce the misuse of prescription drugs for ages 12-25 (a video that began in June 2017 throughout Iowa on YouTube, banner ads, billboards and Pandora.) Iowa Department of Public Health, Division of Behavioral Health. E-newsletter: Opioid Update for Wednesday June 28, 2017.
7.5 Provide clear and consistent guidance on safe disposal of prescription drugs; expand access to take-back programs.	Eastern Iowa Heroin Initiative [Officer Al Fear] • 12 Town hall meetings • Development of the CRUSH of Iowa organization (Community Resources United to Stop Heroin)

	○ Chapters now in Linn, Johnson, Black Hawk, Dubuque, Clinton and Scott Counties ○ Support groups for victims of addiction and family members who are in the fight against addiction ○ Community grass roots efforts to link people to treatment resources in their specific part of the state • Partnership with the Iowa Office of Drug Control Policy to place at least 1 prescription pill drop box in every county in the state by 2017. (currently 6 shy of goal) • Partnership with the Iowa Pharmacy Association and presentations throughout the state at the "IPA Goes Local" events in Iowa (10 events) • Education of state legislators for the advancement of numerous bills regarding the opioid epidemic (currently, none have been passed successfully, but these are the issues they are educating policy makers on) ○ To strengthen the use of the state Prescription Monitoring Program (PMP) ○ To place recovery medication on the preferred list of medications to be covered under insurance ○ Good Samaritan Law for the state of Iowa • Education and push for more Physicians to register for the state PMP • Education for Pharmacy students on the PMP • Training of numerous Law Enforcement Agencies throughout the state on the methods needed for successful investigations of heroin overdose • Partnership with Mercy Hospital Turning Point in the roll out of NARCAN training for the state of Iowa • Partnership with the Area Substance Abuse Council in prevention activities throughout Eastern Iowa Locations of drop off boxes in Iowa: Iowa Governor's Office of Drug Control Policy. Prescription Drug Drop off Sites (map).
7.6 Enact policies to assess, educate, and treat patients for opioid addiction, including provision of buprenorphine, prior to discharge from the Emergency Department.	

7.7 Enact policies requiring assessment, counseling, treatment, referral, and follow-up for opioid-addicted individuals being released from prisons and jails.	In 2017, the Eastern Iowa Heroin Initiative will start the Jail Recovery Program for those suffering from addiction.
7.8 Establish community locations to test opioids for fentanyl.	

Downstream recommendations: **#8: Overdose Prevention and Harm Reduction Strategies**	**What is Iowa doing?**
8.1 Naloxone: Engage with the scientific community to assess the research needs related to naloxone distribution evaluations and identify high-priority future directions for naloxone-related research.	
8.2 Naloxone: Partner with product developers to design naloxone formulations that are easier to use by nonmedical personnel and less costly to deliver.	
8.3 Naloxone: Work with insurers and other third-party payers to ensure coverage of naloxone products.	Wellmark, Iowa's largest private insurer, does not cover Naloxone. [Stakeholder meeting]
8.4 Naloxone: Work with community-based overdose education and naloxone distribution programs to identify stable funding sources to ensure program sustainability.	Iowa Harm Reduction Coalition is working to get naloxone into high schools and educating community members who inject opioids about how to access naloxone. This program is being done in Iowa City. The coalition also worked with the Quad Cities Harm Reduction to advocate for a bill that would modify the current naloxone standing order to expand the standing order from pharmacies to community-based organizations (this has not gone anywhere yet- did not get out of committee). [Sarah Ziegenhorn, IA Harm Reduction Coalition] Iowa Harm Reduction Coalition (IHRC) is an Iowa City-based organization working to reduce the risks associated with opioid use in Iowa. IHRC conducts street-based and mobile outreach to communities in Eastern Iowa, provides community education programs, and engages in legislative advocacy. The community outreach program is a weekly service in Iowa City and Cedar Rapids that meets people in the places where they live, work, and play

	to provide general harm reduction services. Outreach to the community happens in the evenings and late at night and outreach staff and volunteers distribute materials to prevent opioid overdose and prevent the transmission of hepatitis C, HIV, and other pathogens through opioid injection. Outreach services meet people where they're at, both literally and figuratively, to provide respectful and nonjudgemental support. Often this includes connecting clients to existing social services, health care, opioid use disorder treatment, and case management. Further, IHRC provides overdose prevention and naloxone administration trainings in Eastern Iowa communities. [Sarah Ziegenhorn, IA Harm Reduction Coalition]
8.5 Naloxone: Enact laws and medical board rules requiring the co-prescription of naloxone with opioid prescriptions over 90 milligrams of morphine equivalents (MME) per day.	
8.6 Naloxone: Enact legislation expanding naloxone access to non-medical personnel	Gov. Branstad issued a standing order (11/28/16) that authorizes pharmacists to dispense Naloxone to eligible recipients including individuals at risk of opioid overdose, a family member or friend in a position to assist an at-risk person, and first responders. Office of the Governor. Governor Terry E. Branstad. Branstad, Reynolds, Lukan Announce Naloxone Access to Combat the Opioid Epidemic. Issued 11/28/2016; Iowa Department of Public Health. Naloxone Standing Order. The order allows Iowa pharmacists to sell the medication to any adult who asks for it. See article. "To assist in the national opioid overdose crises, Hy-Vee, Inc., made an announcement last week that it now offers naloxone to customers without a prescription in four of the eight states where it has pharmacies." Iowa Department of Public Health, Division of Behavioral Health. E-newsletter: Opioid Update for Wednesday May, 17, 2017. "All Hy-Vee pharmacy locations in Iowa, Missouri, South Dakota and Wisconsin offer naloxone without a prescription. The effort is meant to help prevent opioid-related deaths.

	While naloxone is known to reverse the effects of an opioid overdose, the medication has no effect if opioids are absent." Iowa Department of Public Health, Division of Behavioral Health. E-newsletter: Opioid Update for Wednesday May, 17, 2017. "The Iowa Board of Pharmacy has posted a list on their website of participating pharmacies utilizing the statewide Standing Order for Naloxone distribution. Included in the list are the different administration forms available, as well as participating locations if the pharmacy operates in more than one city." Iowa Department of Public Health, Division of Behavioral Health. E-newsletter: Opioid Update for Wednesday May, 17, 2017.
8.7 Work with state and local health departments to establish safe consumption sites	
8.8 Work with state and local health departments to facilitate access to clean needles	

Downstream recommendations: **#9: Promising Practices**	
9.1 Engage government, academic institutions, foundations, and corporations to support innovative approaches to opioid education and overdose treatment	HF653: Legislative interim study committee- opioid epidemic evaluation. The legislative council is requested to establish an interim study committee to comprehensively evaluate the state's response to the opioid epidemic in the state. 2. The committee shall receive input from agencies and entities including but not limited to all of the following: a. Representatives of the professional licensing boards for professionals authorized to prescribe controlled substances. b. Representatives of public safety and public health including but not limited to the office of the state medical examiner, the division of criminal investigation of the department of public safety, the department of corrections and community=based corrections, law enforcement agencies, the governor's office of drug control policy, and the department of public health. c. Representatives of the medical community and health insurance payers including but not limited to the Iowa hospital association, the Iowa medical society, the Iowa osteopathic medical society, the Iowa pharmacy association, and America's health insurance plans. d. Consumers and representatives of consumers including but not limited to the Iowa substance abuse information center, the Iowa prescription abuse reduction task force, and addiction treatment centers in the state. 3. The interim committee's evaluation shall include but is not limited to a review of the protocols and practices relating to the prescribing of opioid medications and the treatment options available including medication=assisted treatment. 4. The interim committee shall submit a report, including findings and recommendations, to the governor and the general assembly by November 15, 2017.

Bills sent to Governor 2017

Bills that didn't make it through 2017