The Drug Overdose Epidemic in Northeast Ohio – Our Community’s Action Plan Revisited
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In late 2013, many of Northeast Ohio’s leading institutions gathered for a daylong summit in an effort to find solutions to the region’s heroin epidemic. A Community Action Plan was formulated over the course of multiple planning meetings and finalized after the summit. The purpose of the document was to serve as a master plan as we moved forward as a community. The Action Plan was divided into four categories: Education and Prevention; Healthcare Policy; Law Enforcement; and Treatment.

The group that formulated the Action Plan continued to meet every other month as part of what became to be known as the U.S. Attorney’s Heroin and Opioid Task Force. Those categories eventually morphed into four subcommittees: Education and Prevention; Healthcare Policy and Treatment; Law Enforcement; and Data and Analytics.

On Sept. 6, 2018, the group reconvened to update the Community Action Plan.

The reasons are numerous. Many parts of the 2013 Action Plan have been achieved. Some were not. Still other goals changed slightly based on experience. The nature of the problem changed as well: fentanyl caused an unprecedented surge in overdoses. Heroin overdoses declined. Cocaine overdoses increased. The public became more aware of the scope of the problem. Controversy over the use of Narcan largely went away. Illegal narcotics were more readily available online. The list goes on.

What follows is an effort to update the Community Action Plan to reflect the realities of 2018. This document is very much a working draft and not written in stone. Some of these items are immediately actionable while others will take time. And not every agency that helped developed this plan is in complete agreement with every item contained. The hope is this Action Plan will serve as a roadmap and tie together various ongoing efforts working toward the same goal – preventing people from becoming addicted to drugs, removing the stigma around addiction, helping treat people who have become addicted, choking off the supply and demand for drugs in the community, and working collaboratively to make our region healthier, safer and stronger.

This Action Plan was developed based upon input from representatives of the following agencies and organizations: the United States Attorney’s Office, the Cleveland Clinic, the MetroHealth System, University Hospitals, St. Vincent Charity Hospital, the Cuyahoga County Executive’s Office, the Cuyahoga County Medical Examiner’s Office, the Northeast Ohio Hospital Opioid Consortium, the Center for Health Affairs, the ADAMHS Board of Cuyahoga County, Recovery Resources, the Cuyahoga County Board of Health, the Cuyahoga County Prosecutor’s Office, the Academy of Medicine of Cleveland and Northern Ohio, the Cleveland Division of Police, the Drug Enforcement Administration, the Federal Bureau of Investigation, Cuyahoga County Common Pleas Court, Case Western Reserve University, Cleveland State University, the VA Medical Center, the Ohio Attorney General’s Office, the Cuyahoga County Sheriff’s Department, the West Shore Enforcement Bureau, the State of Ohio Board of Pharmacy and others.
I. **WORKFORCE ENGAGEMENT**
   - Work to develop partnerships with Northeast Ohio employers, modeled after best practice programs
   - Continue to partner with the Building Trades Council and other labor unions to discuss the dangers of self-medicating and opioid abuse
   - Educate employers and unions about addiction and the recovery process
   - Conduct/support a job fair for those in recovery

II. **DIVERSE AUDIENCES, PROGRAMMING AND PARTNERS**
   - Partner with religious communities for community meetings and possible shared message opportunities in which all participating organizations identify high-impact opportunities to discuss the epidemic
   - Provide training for religious leaders
   - Establish partnerships with local colleges and universities
   - Conduct/support early intervention campaigns across all age groups using both traditional and innovative approaches
   - Customize programming in a way that acknowledges that the drug epidemics vary across different geographic areas and among different demographics

III. **SPEAKERS**
   - Develop and maintain a list of vetted, qualified speakers to discuss various aspects of the opioid/drug abuse epidemic
   - Have an organization facilitate the creation and upkeep of a list of speakers as well as the distribution of speaker contact info.

IV. **COMMUNITY AND MEDIA AWARENESS**
   - Continue to provide updates to the media and make speakers available
   - Continue to provide information about harm-reduction strategies and combat misunderstandings or false narratives
   - Continue to develop messages focused beyond just opioids but instead focused on overcoming the stigma of addiction
   - Communicate that the epidemic is evolving, including the emergence of different drugs, problems and solutions
   - Discuss addiction as a disease, not a moral failing

V. **ADVANCING AND SUPPORTING EFFECTIVE PROGRAMS**
   - Work with remaining communities that have not done so to install a pill drop box in their police station, with a goal of 100 percent participation
- Continue to publicize National Drug Take Back Day(s) in the spring and fall
- Support the expansion of fentanyl test strip programs
- Support Naloxone distribution, including in homes
- Support distribution of drug disposal bags
- Support other emerging programs that are proven effective
- Support and publicize platforms that update the public, in real time, about what treatment services are available

Note: Education of medical community will be addressed by the Healthcare Policy and Treatment Subcommittee
I. INTERDICTION

- Federal, state and local law enforcement will continue to work together to reduce the supply of opioids, cocaine, methamphetamine and other illicit narcotics
- Prosecutors will seek long prison sentences, as appropriate, for drug traffickers who seek to profit from Ohio’s drug epidemic
- Use traditional narcotics investigative techniques to exploit data and evidence obtained from overdose victims and drug users to identify drug traffickers in local neighborhoods as well as larger networks of out-of-district and international suppliers
- Based on broad usage of intelligence-sharing platforms (e.g. CaseExplorer), coordinated law enforcement efforts will continue to pinpoint larger networks of traffickers
- Strengthen structures and relationships so law enforcement will be nimble enough to address the next drug crisis before it becomes an epidemic
  - Assistant U.S. Attorneys assigned as liaison to every county prosecutor’s office and various narcotics task forces, including local law enforcement task forces, in the district.
  - In areas of the greatest need, the U.S. Attorney’s Office will establish as SAUSA program and, on a case-by-case basis, assign AUSAs to serve as designated special prosecutors on local matters
- Recognize the nature of drug trafficking has somewhat changed and continue to dedicate investigative resources to online/dark net drug trafficking
  - Develop cyber-capable AUSA in OCDETF unit to investigate and prosecute dark net and cryptocurrency cases
- Utilize new and improved technology at U.S. Postal to interdict unprecedented amount of drugs being shipped via U.S. mail and other carriers
- Through HIDTA, OCDETF and USAO, provide additional funding to the Cuyahoga County Medical Examiner’s Office to pay for drug testing being done in relation to federal cases
  - Also seek to utilize emerging technologies, such as fentanyl test strips
- Utilize the new Strike Force to improve collaboration, de-confliction and data sharing among FBI, DEA, HSI, USPIS Cleveland Police, Cuyahoga County Sheriff and others.
- Fully implement Operation SOS in Lorain County to:
  - reduce drug trafficking there
  - determine if it is a viable model for other counties
- Seek Investment Review Board support for expanded CellBrite program for use in local law enforcement investigations
• Continue to utilize Heroin-Involved Death Investigation Teams to investigate fatal overdoses and, when appropriate, seek manslaughter (state) or death-specification (federal) charges

II. PILL DIVERSION

• DEA Tactical Diversion Squad will continue to coordinate efforts with federal and state partners, including medical and dental boards, to remain vigilant
• U.S. Attorney’s Office Diversion Working Group will bring together drug and white collar prosecutors, civil attorneys, attorneys in branch offices and community outreach workers to:
  o Initiate cases based on ACUMEN Medicare Fraud analysis
  o Provide leads on outlier prescribers to investigators
  o Use all criminal, civil and regulator remedies to pursue negligent or intentional diversion of prescription controlled substances by prescribers or dispensers
  o In appropriate cases, seek restraining orders to preclude physicians from prescribing controlled substances
• Continue to encourage police departments that have not done so to install pill drop boxes
• Continue to promote National Drug Take Back Day twice a year through public awareness and media opportunities.

III. DATA

• Use HIDTA as a clearinghouse for de-confliction and data collection, with an emphasis on using data to inform strategies and resource allocation
• Share law enforcement data as appropriate with other community partners (obviously not to the detriment of ongoing investigations)
• Continue to encourage, through training, funding and other means, data-driven policing and regular meetings between federal, state and local crime analysts
• Use DOJ grant opportunities to strengthen data collection and analysis

IV. SUPPORT SERVICES

• Law enforcement continues to support treatment and drug courts for drug users who would benefit
• As appropriate, municipalities are encouraged to consider establishing Quick Response Teams or Safe Passages programs
• Law enforcement will continue to work with area schools, churches, community groups, PTAs, media and others to warn about the dangers of drug abuse
• Area municipalities are encouraged to equip their police officers with Narcan
V. EXISTING CHALLENGES

- Identify challenges to effectively investigating and prosecuting opioid-related offenses, including:
  - Insufficient resources to staff response to non-fatal overdoses
  - Many departments lack sufficient capacity for crime intelligence analysis
  - The heavy burden placed on labs and the ongoing delays in obtaining lab results
  - Poor coordination of data sharing between law enforcement and health/treatment agencies due to HIPAA or state privacy laws
  - No complete data-based assessment of outcomes associated with overdose fatality prosecutions to weigh efficacy of these resource-driven initiatives (Continue to support ongoing CWRU study)
- Proposed Issue 1 and its potential to limit/preclude prosecutions of fentanyl dealers
DATA & ANALYTICS SUBCOMMITTEE
DRAFT ACTION SUPPORT PLAN

A. WHAT IS TO COME NEXT?

Can data provide a Comprehensive, Community Wide Coordinated Response in Real Time?

   I. Grant Initiatives
      • Academic / Public
      • Private / Non-Profit Initiatives

   II. Data sharing across platforms and disciplines
       • Data Sharing Models (Warehouse vs. Federated)
       • Barriers to overcome (Legislative vs. Bureaucratic)

   III. Data mining (old data)
       • Data uses? Purposes for each discipline (Education, Treatment, Law Enforcement)
       • Data Needs - Future trends, predictive modeling
       • What is missing? Who is missing?

B. DATA CONSIDERATIONS

TIME FRAMES (BOTH IMPLEMENTATION AND DATA AVAILABILITY)

   IMMEDIATE
   INTERMEDIATE
   LONG TERM

   LEVEL
   LOCAL
   STATE
   FEDERAL

EXPENSE

NO COST
LITTLE LOW COST
HIGH COST

THEMES

ADAPTABILITY
DIVERSITY
SHARABILITY

SECTORS

TREATMENT
LAW ENFORCEMENT/PROSECUTION
MEDICAL/MORTALITY

ACCESSIBILITY

PUBLIC
PRIVATE BUT SHARABLE FOR OFFICIAL USE
PROPRIETARY/CONFIDENTIAL
<table>
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<tr>
<th>STATUS</th>
<th>TARGET COMPLETION</th>
<th>OBJECTIVE</th>
<th>INITIATE</th>
<th>RELATED COMPONENT</th>
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**E: Education & Patient Management**

**客观目标**

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**D: Communication**

**C: Policy**

**F: Data & Education**

**N: Northeast Ohio Hospital Opioid Consortium**
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**Goal:**
- Increase to
- Use of NSAI
- Access and availability of nasal Narcan

**Component:**
- Develop and disseminate educational and resources folders for distribution to patients and families.
- Educational resources providers can distribute to patients and families with the goal of increasing the number of primary care physicians prescribing nasal Narcan, leading to increased use of NSAI.
- Educational resources providers can distribute to patients and families with the goal of increasing the number of primary care physicians prescribing nasal Narcan, leading to increased use of NSAI.

**Target:**
- Ensure availability of Narcan in emergency departments.
- Ensure availability of Narcan in hospital retail pharmacies.
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- Ensure availability of Narcan in emergency departments.
- Ensure availability of Narcan in hospital retail pharmacies.

**HARM REDUCTION**

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**Goal:**
- Expand education and patient awareness of ED Resource.

**Component:**
- Educational resources providers can distribute to patients and families with the goal of increasing the number of primary care physicians prescribing nasal Narcan, leading to increased use of NSAI.
- Educational resources providers can distribute to patients and families with the goal of increasing the number of primary care physicians prescribing nasal Narcan, leading to increased use of NSAI.

**Target:**
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<td>Review and implement state medical board/center for disease control guidelines for rate and trends</td>
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<td>ONGIONG</td>
<td>Asset with patients in coordinated care programs</td>
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<tr>
<td>In Progress</td>
<td>ONGIONG</td>
<td>Guideline, admire and improve care and services among hospitals systems and provide resources to</td>
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<tr>
<td>In Progress</td>
<td>ONGIONG</td>
<td>Develop and share quality performance report, review and identify outliers</td>
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<td>Conduct and monitor development of OPI furnishers and data sets further develop this complex goal</td>
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<td>Create or expand telehealth solutions that includes sbt treatment</td>
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<td>Prevention</td>
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<td>Evaluate availability and barriers to hospital-based detox and treatment services, expand opioid treatment for OPI growth</td>
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<tr>
<td>Prevention</td>
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<td>Evaluate and complete inventory of treatment options</td>
<td>2018 4Q 1</td>
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<tr>
<td>Prevention</td>
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<td>Increase use of MAT by 100%</td>
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<tr>
<td>Prevention</td>
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<td>Expand Adult Medication-Assisted Treatment (MAT)</td>
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<td>Expand Opioid Treatment (OTP) programs to opioid treatment</td>
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<tr>
<td>Prevention</td>
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<td>Expand use of OPI furnishing</td>
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<tr>
<td>Prevention</td>
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<td>Expand use of MAT</td>
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**System Integrity**

- Green (on track)
- Yellow (potential for various issues leading to immediate action)
- Red (current issues/delaying progress, requiring immediate action)

**Status Color Key**

- Green (on track)
- Yellow (potential for various issues leading to immediate action)
- Red (current issues/delaying progress, requiring immediate action)
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**Red (Serious Issues/delayed requiring immediate action)**
- Collection and data sharing agreements.

**Yellow (Potential for Serious Issues requiring corrective action)**
- Changes in prescribing practices and identify opportunities for improvement. Dependent on data and evidence.

**Green (Progress)**
- Examine facilitation of collection by aggregated regional hospital prescribing data from CHA to demonstrate.
- Provide comprehensive collection of secondary data sets (E8 PHA and Crawford County Medical).

**Objective**
- Related Component:

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**Red (Serious Issues/delayed requiring immediate action)**
- Improve pain management.

**Yellow (Potential for Serious Issues requiring corrective action)**
- Explore creation of pain management nurse champions through certification programs in pain management.
- Education.

**Green (Progress)**
- Identify, evaluate, use, and expand use and education and education of pain management techniques and SUD.

**Objective**
- Related Component:

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**Data**

**Goals**
- Improve pain management.
- Explore creation of pain management nurse champions through certification programs in pain management.
- Education.

**Red (Serious Issues/delayed requiring immediate action)**

**Yellow (Potential for Serious Issues requiring corrective action)**

**Green (Progress)**

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**Prevention (continued)**
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<tr>
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<tr>
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<td>Authority physicians to prescribe more than a three-day supply of Suboxone in the emergency department.</td>
<td>2018</td>
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<td>Increase industry-wide electronic prior authorization and make available to health care providers at point-of-care in ERs.</td>
<td>2018</td>
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<tr>
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<td>Improve interoperability between providers and PPOs in different states.</td>
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<td>Invest in Prescription Drug Monitoring Programs (PDMPs) to encourage greater information sharing between providers.</td>
<td>2018</td>
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<td>Complete</td>
<td>Encourage ODM to reimburse for hospital peer support programs.</td>
<td>2018</td>
<td>CT II</td>
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<td>In Progress</td>
<td>Pain referrals and less expensive than inpatient beds for patients who are able to address addiction.</td>
<td>2018</td>
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<td>Help clinicians prescribe opioids in a manner that is cost-effective for both providers and patients than most other-community.</td>
<td>2018</td>
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<td>Eliminate the lifetime exclusion and begin reimbur sign providers for opioid-related treatment to Medicaid enrollees.</td>
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<td>Expand reimbursement for treatment alternatives to opioids for pain.</td>
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<td>CT II</td>
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<td>Eliminate 120-Day Limit for Medicaid inpatient psychiatric hospital reimbursement.</td>
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<td>Eliminate prior authorization for MHFR for both Medicaid and medicare enrollees.</td>
<td>2018</td>
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<td>Ongoing</td>
<td>Dedicate additional resources for treatment beds, including sober living and transitional housing.</td>
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<td>Medicaid, Opioid treatment, medication-assisted treatment, and residential treatment.</td>
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<td>Specific to mental health departments.</td>
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<td>Address 20% Part 2 to align with the Health Insurance Portability and Accountability Act (HIPAA).</td>
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<tr>
<td>Not Started</td>
<td>Increase provider education by increasing Medicaid reimbursement under the Short-term Inpatient Payment.</td>
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<td>Increase patient limits for Medicare inpatient prescribing.</td>
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<td>CT II</td>
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<td>Medicare insurance coverage, including Medicaid expansion.</td>
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<td>In Progress</td>
<td>Enhance access to MAT and lessen regulations regarding suboxone prescribing.</td>
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<tr>
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<td>Invest in education regarding safe prescribing guidelines for both providers and patients.</td>
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<td>Support prescriber education on containing medical education.</td>
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<td>CTR III</td>
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<td>Support prescriber education through medical and dental school.</td>
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<td>CTR III</td>
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<td>Commission Report. Support HHS’ development of a national curriculum and standards of care for opioid prescribers as outlined in the President’s 2018</td>
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<tr>
<td>IN PROGRESS</td>
<td>Consider use of regional and/or state-wide health information exchange (HiE).</td>
<td>2018</td>
<td>CTR III</td>
<td></td>
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<tr>
<td>IN PROGRESS</td>
<td>Assess small-dose prescriptions frequently.</td>
<td>2018</td>
<td>CTR III</td>
<td></td>
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<tr>
<td>IN PROGRESS</td>
<td>Keep in mind legitimate uses for opioids for patients with severe chronic conditions — avoid burdensome requirements to ensure safe use of pain medications.</td>
<td>2018</td>
<td>CTR III</td>
<td></td>
<td></td>
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<tr>
<td>IN PROGRESS</td>
<td>Manage chronic pain and ensure that pain medications are used appropriately.</td>
<td>2018</td>
<td>CTR III</td>
<td></td>
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<tr>
<td>IN PROGRESS</td>
<td>Evaluate quality measures: Complete multi-state evaluation of Pay-for-Reporting Programs to evaluate Fortifying pain management.</td>
<td>2018</td>
<td>CTR III</td>
<td></td>
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<tr>
<td>IN PROGRESS</td>
<td>Maintain Ohio’s limits on opioid prescriptions (7 days’ supply) to reduce efforts to diversion of other opioid-like substances.</td>
<td>2018</td>
<td>CTR III</td>
<td></td>
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<tr>
<td>IN PROGRESS</td>
<td>Eliminate patient satisfaction surveys that include questions about pain.</td>
<td>2018</td>
<td>CTR III</td>
<td></td>
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<tr>
<td>NOT STARTED</td>
<td>Support changes to HIPAA which allow for hospitals to report non-fatal overdoses to law enforcement.</td>
<td>2018</td>
<td>CTR III</td>
<td></td>
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<tr>
<td>IN PROGRESS</td>
<td>Provide additional funding for naloxone to lessen the burden on manufacturers.</td>
<td>2018</td>
<td>CTR III</td>
<td></td>
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</tr>
<tr>
<td>IN PROGRESS</td>
<td>Eliminate prior authorization requirements for naloxone. Take home kits and require all insurers to cover kits.</td>
<td>2018</td>
<td>CTR III</td>
<td></td>
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</tr>
</tbody>
</table>