Health and Human Services Meeting
Tuesday, September 14, 2021, 9:00 AM

OKLAHOMA OPIOID CRISIS
HISTORY, DATA, STATUS, FUTURE

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HISTORY

2016   Recognition that:
- You can't treat your way out of the opioid crisis
- Must stop the increasing flow of opioids
- Medical community has:
  - No control on illegal opioid flow into Okla.
  - Control and influence on Rx opioids.
- 3 prongs: Education; Legislation; Regulation

2017   Status
- only limit on opioid Rx is federal (30 day supply)
- Opioid Lawsuit filed 6/30/2017 [awareness]

2018   Legislation
- Medical facilities to register and use PMP (Prescription Monitoring Program)
- Foreign distributors to register and use PMP
- Creation of overdose review board
- E-Rx requirement
- Tribes' authority to use PMP
- Good Samaritan Law
- Pill limits
- AG Task Force created (non-legislative body)
- Opioid Coalition Formed (associations, agencies, interested parties)

2019   Legislation
- Medical education requirements
- Legislative formalization of opioid task force
- Clean up bills re PMP, E-Rx, Pill Limits
- Best Practices published (medical community)

2020   Legislation [Covid]
- Parity for MH and SA treatment
- Appropriations re opioid crisis
- Clean up bills re PMP, E-Rx, Pill Limits

2021   Legislation

- Parity extension, telemedicine
- Clean up bills re PMP, E-Rx, Pill Limits

DATA**, Oklahoma

Pills:
    2015 - 2020   Decrease 39% (329M to 129M)

Rx's:
    2015 - 2020   Decrease 37% (4.5M to 1.8M)

MME:
    2016   ~80,000 MME/day prescribed in Oklahoma
    2021   ~46,000 MME/day prescribed in Oklahoma; 39% decrease

Overdose deaths:
    2017-2019   decrease ~25%; significantly better than US Avg.
    2020   increase ~11% [Covid]; significantly better than US Avg.

** Sources: Oklahoma Bureau of Narcotics
                Healthy Minds Policy Initiative

STATUS & FUTURE

- Pain Clinic Regulation [failed since 2018][ownership issue]
- Champions in Legislature; Oklahoma Mental Health Legislative Caucus
- AG as Champion
- Active involvement of medical community
- Improved treatment options; i.e., Insurance Parity improvements