

# MIGLIORE OFFERS ROOT-CAUSE SOLUTION for OPIOIDS

States are critical players in preventing prescription opioid overdoses. States run prescription drug monitoring programs (PDMPs), public insurance programs like Medicaid, regulate controlled substances, and license providers.

Equipping states with the data resources needed to combat opioid abuse is at the heart of this epidemic.

Funding for enhanced surveillance assists states in prevention by providing timely data on fatal/nonfatal overdoses and info on risk factors. In Fall of 2016, the \$12.8 million awarded to 12 states to track opioid-overdoses for 36 months began that tracking. New Hampshire was among those awarded that funding through a competitive application process to improve the reporting and timeliness of data and share this with others key stakeholders, including healthcare professionals where this problem begins and must be stopped. That industry bases decisions on data. Hence, the need for empirical evidence. This is a positive step.

As the opioid crisis evolves, more scientific expertise is needed, to enhance surveillance, and tailor resources to address states' changing needs. This fundamental understanding is crucial to enable support at the state level for agencies to be empowered and advocate for allocations of those funds. Elected officials in NH must have the wisdom to make those types of decisions, but more importantly have the experience to ferret out where those opportunities exist or create them when needed. This is no time for on-the-job training with the problem as serious as it is in NH.

Advancing promising strategies to ensure the wellbeing of our residents must include:

- Ways to use prescription drug monitoring programs, which are state-run databases to track prescriptions and improve opioid pain reliever prescribing, inform clinical practices while protecting patients at risk.
- Consider options to reduce prescribing to risky patients.
- Evaluate data and find ways to assess Medicaid, and state-run plans to detect and address inappropriate opioid pain relief prescriptions, through use of prior authorization, drug utilization review, and patient restriction programs.
- Increase access to abuse treatment services, including Medication-Assisted Treatment (MAT), for opioid addiction.
- Assistance at putting effective practices to work in NH towns where drug addiction is common.

NH's legislature must work with state resources to garner available federal funding to implement approaches that will work for us. That's where experience and knowledge become critical to realizing these options even exist, and then understand what it takes for resource allocation to pursue them. This is analogous to having a modicum of actual experience with at least knowing this is a road worth traveling. One needs a basic understanding that opioids are actually regulated by the federal Drug Enforcement Administration, but through 50 \*DIFFERENT\* state agencies making it a logistical nightmare. *A fundamental solution is to require labeling on individual dosages.* UPC coding, and blister-packs simplify the matter. In lieu of loosely packing 30 or so pills in a vile, enacting federally mandated packaging restrictions would allow useful data to flow and as made reference above, to reveal the exact source of the problem, and allow remedies to be applied by appropriate

personnel – be they the 50 state pharmaceutical regulators, clinical providers or even law enforcement when executing a drug bust. *NH could lead the nation by mandating such a law.* Will ways be found around this? Sure. But getting it under control requires a first step. And finding the first step requires an understanding. Understanding comes with wisdom and experience.

Making state-level policies that enhance prescription drug monitoring programs (PDMPs) or regulate pain clinics have shown some promising results. Here's some evidence that even simple monitoring works and the states where it's made a difference. Florida took a 2010 action to regulate pain clinics and stopped health care providers from dispensing prescription opioid pain relievers from their offices, in combination with establishing a PDMP. By 2012, the state – tracking this data -- saw more than 50% decrease in oxycodone overdose deaths. These changes might represent the first documented substantial decline in drug overdose mortality in any state during the previous ten years. But again, you must understand the problem to know enough to legislate such a solution. New York proved to have another good approach when in 2012 it required prescribers to check the state's PDMP before prescribing opioids. Within a year it saw a 75% drop in patients' seeing multiple prescribers for the same drugs. More proof from Tennessee who took similar steps to require prescribers to check the state's PDMP before prescribing painkillers. They saw a 36% decline in patients' seeing multiple prescribers for the same drugs.

I'm willing to devote my time to refine an effort like this on your behalf, but I need to get to Concord to do so. And that requires *\*your\** vote for me on **Tuesday, September 5<sup>th</sup> -- the day after Labor Day** -- to begin that work and then again in November 2018 to continue it. This is no small task, and one must at least be able to articulate the problem and understand its root-cause. I seek your vote to continue my 10-year bi-partisan efforts and experience on your School Board as your new, full-time state representative to find more creative solutions to many more of the challenges facing our state as well. Please vote for me on **Tuesday, September 5<sup>th</sup>**.

A handwritten signature in black ink, reading "Migliore". The signature is fluid and cursive, with a large, looping initial "M".

Vincent Paul Migliore

Candidate for State Representative

Ashland, Alexandria, Bridgewater, Bristol & G

**Special Election, Tuesday, SEPTEMBER 5, 2017**

Paid for by VP Migliore 198 Whittemore Point Rd So bridgewater, NH 03222 VP Migliore, Fiscal Agent