**The Florida Senate**

# COMMITTEE MEETING EXPANDED AGENDA

**HEALTH POLICY**
**Senator Young, Chair**
**Senator Passidomo, Vice Chair**

**MEETING DATE:** Tuesday, October 10, 2017
**TIME:** 10:00 a.m.—12:30 p.m.
**PLACE:** *Pat Thomas Committee Room,* 412 Knott Building

**MEMBERS:** Senator Young, Chair; Senator Passidomo, Vice Chair; Senators Benacquisto, Book, Hukill, Hutson, Montford, and Powell

| TAB | BILL NO. and INTRODUCER | BILL DESCRIPTION and SENATE COMMITTEE ACTIONS | COMMITTEE ACTION |
|---|---|---|---|
| 1 | | Workshop on Opioid Addiction:<br><br>Eric Bailey, LPC, CAC III, Director, Business Solutions of Anthem, Inc.<br>Mark Bishop, PT, PhD., Associate Professor, University of Florida<br>Michael J. Chitwood, Sheriff, Volusia County<br>William Delaney, LCSW, Vice President, Government Relations, Beacon Health Options<br>Raymond Pomm, M.D., Medical Director, Gateway Community Services and River Region Human Services<br>Kenneth A. Scheppke, M.D., Emergency Medicine<br>Mary Lynn Ulrey, MS ARNP, CEO, Drug Abuse Comprehensive Coordinating Office<br>Aaron Wohl, M.D., FACEP, Emergency Medicine, Lee Health | Discussed |
| 2 | | Update on the Implementation of SB 8-A (2017A), Medical Use of Marijuana by Christian Bax, Department of Health | Not Considered |
| | | Other Related Meeting Documents | |

# Strategies for Prevention and Treatment

# Our Commitment

## We are committed to taking a leadership role in addressing the national opioid epidemic:

- We aim to reduce the amount of opioids dispensed among their members **by 35 percent** from historic peak levels by the end of 2019.

- We will **double the number** of consumers who receive behavioral health services as part of medication-assisted therapy (MAT) for opioid addiction.

- We are **committed to supporting providers** in their care of our members; recognizing the importance of patient engagement, and prescribing practices that balance treating chronic pain while minimizing risks for misuse and diversion.

# What We're Doing Today

## Anthem's strategy to combating opioid misuse

- ☑ Prevention
- ☑ Treatment and Recovery
- ☑ Deterrence

***We are expanding and refining a comprehensive suite of services to address the rising rate of substance use disorders across the country.***

# Our Opioid Strategy:

## Prescription opioid management

- **Promoting coordination of care and ensuring appropriate medication access:**
  - Limiting, initial prescriptions for short-acting opioids
  - Requiring prior authorization for all long-acting opioids
  - Covering MAT for members
  - Introduced a Pharmacy Home program
  - Controlled Substance Use Monitoring Program

**Prevention**

## Early identification, treatment and recovery

- **Minimize risks and enable earlier identification:**
  - Care Management support
  - Improving MAT access in rural areas through PCP recruitment
  - Peer recovery support services
  - Expanded care and treatment options through telehealth
  - Provider and Vendor collaboration

**Treatment and Recovery**

## Address chronic pain management

- **Provide access to additional evidence based tools:**
  - Access to online consumer tools, such as mobile apps, decision-support tools, and support groups
  - Offer a variety of coverage for non-pharmacologic approaches to pain management including:
    - Physical Therapy
    - Osteopathic Manipulation
    - Pain management programs
    - Cognitive behavioral therapy

## Preventing fraud, diversion, and abuse

- **Leverage data mining and analytic capabilities:**
  - Review of high volume pharmacies
  - Partner with law enforcement to monitor claims for potential fraudulent or abusive behavior
  - Monitoring potential “doctor shopping”
  - Investigating “pill mills”
  - Provider Education

**Deterrence**

# Recommendations for Legislative Consideration

1) For Medicaid, address coverage for higher levels of care for SUD as well as Office Based Therapy for Opioid Use Disorder

2) Work with E-FCovORCSE - Electronic-Florida Online Reporting of Controlled Substance Evaluation Program to allow for Health Insurer access

3) Advocate for amendment to federal privacy rules (42 CFR Part 2) to ensure providers have access to their patients' substance use disorder treatment information (*The Overdose Prevention and Patient Safety Act, HR 3545 and the Protecting Jessica Grubb's Legacy Act, S. 1850*)

# Anthem's Commitment to Addressing the Prescription Opioid Epidemic and Substance Use Disorders

## ANTHEM'S COMMITMENT:

- With over 74 million people served by its affiliated companies, Anthem is taking a leadership role in addressing the national opioid epidemic by supporting prevention, treatment, recovery, and deterrence. We are committed to making a significant difference in the lives of our members and their families.
- As part of our strategy, Anthem reached the company's collective goal of reducing prescribed opioids filled at pharmacies by 30% since 2012 – 2 years earlier than the initial goal. Anthem has now updated its goal to achieve a 35% reduction by 2019.
- Anthem will double the number of consumers who receive mental health and substance use disorder services as part of Medication-Assisted Therapy (MAT) for opioid addiction by 2019.

## Preventing Unnecessary Prescribing and Overprescribing of Opioids:

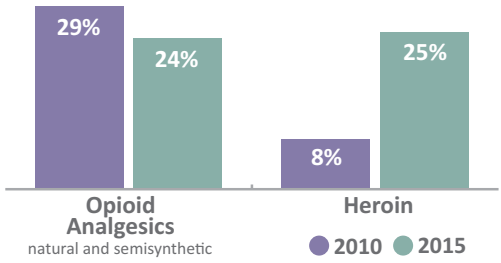
- Anthem has aligned our pharmacy benefit management strategies with the March 2016 Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain. For short-acting opioids, initial prescriptions are limited to seven days. Members can receive a maximum of 14 days' supply in a 30-day period without additional authorization. For long-acting opioids, there is a prior authorization for initiation of therapy to support clinical appropriateness. Anthem also maintains robust exceptions processes available for clinically appropriate circumstances.
- Pharmacy Home programs exist that can assign members, who meet certain criteria related to medication utilization, to one pharmacy and/or one provider for their prescriptions. These programs allow providers to monitor for dangerous combinations of medications and access to opioids, while helping to ensure members are receiving counseling and mental health supports.
- Anthem's Medicare Opioid Overutilization Management Program uses pharmacist driven retrospective drug utilization review to identify inappropriate utilization and conduct outreach to members and prescribers. The current program has demonstrated a 55% reduction from 2014 to 2015 in the number of Medicare members who use more opioids than average compared to all Medicare members using opioids.

## OPIOID FAST FACTS

**11.4%**
**increase in deaths from drug overdose from 2014-2015.[1]**

**33,091**
**deaths in 2015 where opioids were involved.[1]**

**Drug overdose deaths involving opioids versus heroin.[2]**




**5x**
**increase of babies born with Neonatal Abstinence Syndrome (NAS)[3,4]**

## Supporting Early Identification, Treatment, and Recovery:

By partnering with our providers, we are working to minimize the risk of opioid misuse:

- Removed prior authorization for oral and sublingual MAT.
- Promoting the use of Naloxone as a life-saving emergency drug; Anthem does not require prior authorization.
- Improving MAT access in rural and underserved areas through primary care physician recruitment and training so there is at least one MAT-trained physician in each primary care practice.
- Accelerating best practices in local communities, such as funding and supporting an Extension for Community Healthcare Outcomes (ECHO) project in West Virginia (WV). Project ECHO is a collaboration among Anthem, the WV Clinical and Translational Science Institute (WVCTSI), WV University School of Medicine, WV Primary Care Association, and Cabin Creek Health Systems, connecting primary care providers with expert information to treat individuals with substance use disorders.

- Partnering with AWARE Recovery Services in Connecticut and New Hampshire to provide in-home substance use disorder treatment services, including peer recovery support. Also, in New Hampshire, we have partnered with an organization who provides clinically supported peer recovery coaching to assist individuals who enter emergency rooms due to overdoses or substance use complications.
- Extending availability of care and treatment through telehealth. Anthem launched LiveHealth Online Psychology and is contracting with Bright Heart Health, to provide outpatient, opioid use disorder treatment and MAT.
- Partnering with NICU facilities and their providers to establish care practices that follow established standards of care for newborns with NAS, while encouraging non pharmacologic treatment, parent involvement, rooming-in, and protocols to decrease the severity of symptoms and improve outcomes.
- Focusing on non-opioid pain management. Anthem addresses chronic pain through a holistic and integrated approach to care and services. Anthem supports coverage of pain relief drugs and non-drug treatments, according to best clinical practice guidelines and scientific evidence, including the CDC Guideline. There are many non-opioid approaches to pain relief that Anthem covers, including coverage for non-steroidal inflammatory drugs, skeletal muscle relaxants, benzodiazepines, anti-seizure medications, and systemic corticosteroids. Anthem also covers transcutaneous electrical nerve stimulation, percutaneous electrical nerve stimulation, bracing, traction, taping and in some plans covers massage, spinal manipulation and acupuncture.

### Deterrence from Opioid Waste, Fraud, and Abuse:

- Anthem has a range of strategies to identify and address instances of opioid waste, fraud, and abuse, as well as diversion including: monitoring of claims for potential fraudulent or abusive behavior; data mining for top prescribers; review of pharmacies when identified for high volume dispensing of controlled substances; and monitoring cases of potential “doctor shopping”.

## REMAINING CHALLENGES FACING THE HEALTH CARE SYSTEM:

- There are an inadequate number of qualified substance use treatment providers and licensed health care professionals trained to support individuals with substance use disorders.
- Due to a lack of accessible pain medicine specialists, non-specialists and primary care providers are left to manage some patients with complex chronic pain and painful conditions.
- There is a need for increased access to Naloxone to reduce overdose mortality.
- Greater resources need to be dedicated to research, understanding opioid misuse, substance use disorders, and the establishment of evidence-based treatment guidelines for NAS.
- 42 CFR Part 2 should be aligned with the Health Insurance Portability and Accountability Act (HIPAA) for the purposes of health care treatment, payment, and operations. Having all of the information necessary for safe, effective, high-quality treatment and care coordination is vital.
- Health plans should be granted access to Prescription Drug Monitoring Programs (PDMP). Increased information, with appropriate privacy protections, supports the provision of holistic and integrated care.

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1. “Drug Overdose Death Data.” Centers for Disease Control and Prevention, 16 Dec, 2016: https://www.cdc.gov/drugoverdose/data/statedeaths.html. Accessed 6 Sept. 2017.

2. “Drug Overdose Deaths in the United States, 1999–2015”, Center for Disease Control and Prevention, 24 Feb. 2017. https://www.cdc.gov/nchs/products/databriefs/db273.htm. Accessed 6 Sept. 2017.

3. Stephen W. Patrick, MD, MPH, MS; Robert E. Schumacher, MD; Brian D. Benneyworth, MD, MS; et al. “Neonatal Abstinence Syndrome and Associated Health Care Expenditures United States, 2000-2009.” JAMA. 2012; 307(18):1934-40.

4. Patrick SW, Davis MM, Lehmann CU, et al. Increasing incidence and geographic distribution of neonatal abstinence syndrome: United States 2009 to 2012. J Perinatol. 2015 Aug; 35(8):650-5.

# Physical Therapists:

## Non-pharmacological alternative to opioids

Mark D Bishop, PT, PhD
University of Florida

Senate Panel, Tallahassee October 10, 2017

# Disclosures

- Representing FPTA and physical therapists
- Funded by National Institutes of Health
- Owner, Bona Vista Services
- Consultant, Advanced Therapy and Wellness

- Opioids appropriate for acute and/or severe pain but….

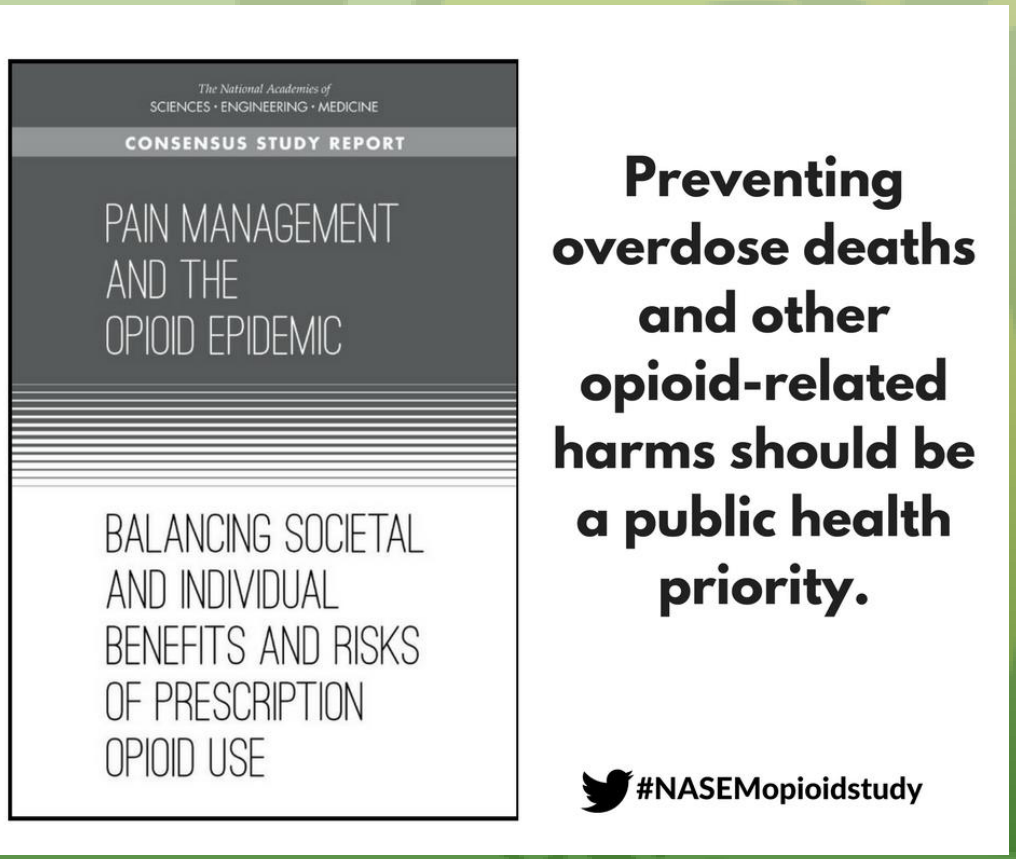
- “Opioids are not first-line or routine therapy for chronic pain”
  - Centers for Disease Control Guideline for Prescribing Opioids for Chronic Pain, 2017

# However

- Opioids may hinder the progress toward recovery that can be achieved by other means
  - Deyo et al, 1999; Deyo et al, 2005
- Particularly true for musculoskeletal pain.
  - Ballantyne, 2015

# Pain Management and the Opioid Epidemic

## National Academies of Science, 2017




…….a sustained, coordinated effort is necessary to stem the still-escalating prevalence of opioid-related harms, including a culture change in prescribing for chronic noncancer pain, ……

Senate Panel, Tallahassee October 10, 2017

# Prescribing guidelines

"Nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred for chronic pain"

CDC Prescribing Guideline, 2017

Senate Panel, Tallahassee October 10, 2017

# Prescribing guidelines

"Nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred for chronic pain"

CDC Prescribing Guideline, 2017

Senate Panel, Tallahassee October 10, 2017

# Does access to physical therapy prevent or reduce opioid use?

Senate Panel, Tallahassee October 10, 2017

# Impact of seeing a PT for pain

- 80% of patients do not receive opioid therapy
  - Only 20% of patients with pain receive a new prescription for opioids in the 12 months after PT
  - Predictors of new opioid prescription
    - Increased pain during rehabilitation
    - High perceived functional limitation

Lentz et al, UF Dissertation, 2017

# Access to Physical Therapy

- 41% less likely to receive opioid therapy for MSK neck pain in the next 12 months if see PT first

  Horn et al, in press

- 22% fewer patients receive opioids for MSK back pain in next 12 months if see PT first (89% lower risk of exposure)

  Frogner et al, in review

# Timing is everything

- Low back pain
  - 40%-60% less likely to use opioids over 2 years for early treatment group
    - Childs et al 2015; Fritz et al 2013

- Knee pain
  - 33% less likely over 12 months
    - Stevans et al 2017

# Why don’t people get treatment in the first 2 weeks?

# Predictors of long term opioid use

- Factors related to limited access to other services

Sites et al, 2015

# Impact on chronic pain conditions

- Interdisciplinary program including PT
- Successful weaning of chronic opioid therapy
- AND 70% remained off opioids at one year

Huffman et al, 2017

# Recommendations

- Increase awareness (patient and provider)
  - Treatment from a physical therapist within the first two weeks after injury or pain onset reduces medication use, imaging and surgery
    - Education through Department of Health
    - Education at hospitals
    - Training programs

# Recommendations

- Incentivize patients to seek physical therapy early in the process in lieu of opioids

# Recommendations

- Include physical therapists as part of the interdisciplinary team in the opioid addiction recovery setting

# Thank you

## Sheriff Michael J. Chitwood Bio

### Personal

- Born November 1963 in Philadelphia, Pennsylvania
- Second-generation law enforcement officer
- Three grown daughters, two grandchildren

### Education

- Bachelor's Degree in Organizational Management, Eastern University of Pennsylvania (2005)
- Master's Degree in Criminal Justice, NOVA Southeastern University (2008)

### Employment

- Elected Sheriff of Volusia County in August 2016. Sworn in on January 3, 2017
- Police Chief, Daytona Beach Police Department (May 30, 2006-November 11, 2016)
- Police Chief, Shawnee, Oklahoma (May 1, 2005-May 23, 2006)
- Philadelphia Police Department (November 1988-May 2005); worked in the patrol, tactical, narcotics and detective divisions;
  rose to the rank of Lieutenant and was the recipient of 58 official commendations for valor, bravery, heroism and merit

### Professional training

- Graduate of the Philadelphia Police Academy
- Graduate of the 204th session of the FBI National Academy, Quantico, VA (2001)
- Northwestern University School of Police Staff and Command (1999)

### Professional involvement

- Participating member of the Police Executive Research Forum
- Member of the International Association of Police Chiefs
- Member of the Volusia/Flagler Police Chiefs Association
- Adjunct professor, University of Central Florida

# CURRICULUM VITAE

**RAYMOND M. POMM, M.D.**
**25 Beach Walker Rd.,**
**Fernandina Beach Florida,**
**32034**
**904-557-1544**

## EDUCATIONAL:

| | |
|---|---|
| 1970-1973 | University of Tennessee<br>Knoxville, Tennessee<br>B.A. Degree in Psychology |
| 1974-1975 | George Peabody College for Teachers<br>(now Vanderbilt University)<br>Nashville, Tennessee<br>M.A. Degree in Biology with a minor in Secondary Education |
| 1976-1980 | Meharry Medical College<br>Nashville, Tennessee<br>M.D. Degree |
| 1980-1984 | Department of Psychiatry, Pennsylvania State University<br>College of Medicine, Milton S. Hershey Medical Center<br>(HMC)<br>Hershey, Pennsylvania<br>Psychiatric Residency |

## MEDICAL LICENSURE:

State of Florida, No. ME0061126

## CERTIFICATION:

Board-Certified, Psychiatry and Neurology, 1987, no time limit
Board-Certified in Addiction Psychiatry, 1993, 2003, 2013
Certified by the American Board of Addiction Medicine, 1995, no time limit
Certified as a Medical Review Officer, 1995, no time limit (review courses 2004, 2007)

**POST RESIDENCY:**

| | |
|---|---|
| 1984-1987 | Director, Inpatient Diagnostic Evaluation Unit, David C. Wilson Hospital (a private 60-bed psychiatric facility in Charlottesville, Virginia) |
| | Director, Inpatient Laboratory, David C. Wilson Hospital, |
| | Director, Outpatient Laboratory, of a large outpatient multi disciplinary psychiatric corporation affiliated with David C. Wilson Hospital |
| | Director, Outpatient Neuropsychiatric Diagnostic Clinic, of the above group |
| | Outpatient Psychiatric practice maintained within the same Corporation |
| 1986-1990 | Assistant Clinical Professor, University of Virginia |
| | Developed an accredited 12-bed Inpatient Community Psychiatric Unit; Kings Daughters Hospital, Staunton, Virginia |
| | Sole proprietorship growing into President of an incorporated outpatient multi-disciplinary group practice, including Psychiatrists, Clinical Psychologists, Licensed Professional Counselors, and Licensed Clinical Social Workers located in Staunton, Virginia Continued Inpatient Clinical Practice at Kings Daughters Hospital while offering consulting and Emergency Psychiatric Services Board- Approved Supervisor for the Virginia Health Regulatory Board for training of allied mental health disciplines |
| 1987 | Clinical Supervisor of Ed. S. Student in contract with James Madison University, Harrisonburg, Virginia |
| 1987-1988 | Supervisor and Consultant to Valley Pastoral Counseling Center, Staunton, Virginia |
| 1987 & 1989 | Chief of Psychiatric Services, Augusta Hospital Corporation, Kings Daughters Hospital |
| 1988-1990 | Consultant to inpatient and extended outpatient substance abuse program, Augusta Hospital Corporation, Staunton and Waynesboro, Virginia |

| | |
|---|---|
| 1991 | Supervisor of clinical staff of Fulton County Drug and Alcohol Treatment Center for delivery of group therapy and individual therapy skills within the context of inpatient treatment of patients with primary addiction diagnosis |
| 1992 | Program and staffing development of Nassau County Mental Health and Drug & Alcohol Treatment Clinic. Medical Director of said facility, Fernandina Beach, Florida |
| | Private Practice in General & Addiction Psychiatry, Fernandina Beach, Florida |
| 1992-1998 | Staff Psychiatrist with the Florida Physicians Recovery Network, Fernandina Beach, Florida |
| 1992-1995 | Staff Psychiatrist to River Region Drug & Alcohol Treatment Center Development & Director of Dual Diagnosis Evaluation & Treatment Team for River Region, Jacksonville, Florida |
| 1995-Present | Medical Director/Vice President of Medical Services for River Region Human Services, Jacksonville, Florida |
| | Expert Consultant to the Florida Board of Bar Examiners (1995-2009) related to impairment from addictive and co-occurring disorders |
| 1998 - 2010 | Medical Director for the Professionals Resource Network/Impaired Practitioners Program of Florida, Fernandina Beach, Florida |
| | Consultant to the Department of Health and Department of Business and Professional Regulation |
| | Clinical Assistant Professor/Visiting Professor, University of Florida School of Medicine, Gainesville, FL. |
| 1998-2010 | Member of Board of Directors, Florida Lawyers Assistance, Inc. |
| 1998-2001 | Governor Appointment to the Florida Commission on Mental Health & Substance Abuse |
| 2000-2010 | Member of the Florida Certification Board's Ethics Committee Member of the National Board for Certification in Occupational Therapy (NBCOT) Impaired Provider Task Force |
| 2004-Present | Medical Director Gateway Community Service |
| 2013-Present | Courtesy Faculty, Assistant Professor in the Division of Pharmacy Practice; Florida A&M University College of Pharmacy and Pharmaceutical Scienc |

| | |
|---|---|
| 2017-Present | Courtesy Associate Professor in the Dept. of Psychiatry, University of Florida College of Medicine-Jacksonville |

**LECTURES AND PRESENTATIONS**

| | |
|---|---|
| Frequent Topics 1998-2010: | Impaired Practitioners & Impaired Practitioners Program<br>Professionals Resource Network - History of Who it is, What it does, & How it functions<br>Disruptive Professionals<br>Dual Diagnosis in Impaired Professionals - Evaluation, Treatment and Prognostic Implications<br>Spirituality in Medicine<br>Sexual Boundary Violations<br>Affective Disorders<br>Prescription Drug Abuse<br>Triple Diagnosis - HIV, Addiction & Mental Illness<br>When Physicians Run Into Trouble<br>Managing Physician Health<br>Political and Legal Influences of an Impaired Practitioners Program<br>Uses and Abuses of Controlled Substances |
| Routine Presentations: 1998-2010 | Substance Abuse Disorders: Evaluation and Monitoring Issues<br>PRN: How It Works and What's for the Future<br>Professionals Resource Network: Significant Treatment Outcomes<br>Determining Ability to Practice from a Recovery Perspective<br>Anesthesia: A PRN Perspective<br>The Impaired Physician: What Does it Mean and What to Do?<br>Florida Medical Professionals Group<br>Hospital & Medical Center Staff Lectures<br>County Medical Societies Lectures<br>Medical Specialty Groups & Professional Associations Lectures<br>AMA International Conferences on Physician Health<br>Multiple State Lawyers Assistance Programs<br>Nova Southeastern University Medical Students<br>University of Florida School of Veterinary Medicine<br>Gulf Coast Conference on Treatment on Addiction Disorders<br>Jacksonville Sheriff's Office Police Academy<br>University of Florida College of Pharmacy 1998 - 2010<br>University of Florida School of Medicine 1998 - 2010<br>University of Florida School of Dentistry 1998 - 2010<br>University of South Florida School of Medicine 1998 - 2010<br>Florida State University School of Medicine 1998 – 2010<br>University of Miami School of Medicine<br>Southern Coastal International Conference on Addictions<br>Naval Air Station of Jacksonville Family Practice Residents |

University of Florida UF Health JAX- Psychiatric Residents' Lecture Series 1st and 2nd Year: Addiction Psychiatry 2013 – Present

Presentations: to Present

Florida College of Advanced Judicial Studies – Medication Assisted Treatment
Florida Premier Behavioral Health Conference – Integrated Care
Florida Mental Health Summit – Best Practices in the Identification of Co-occurring Disorders
Women's Services Coalition – Practical Application of DSM V Techniques in Co-occurring Disorders Among Women
FAADA – Building Blocks – A Specialized Program for Pregnant and Post-Partum Women
NEFCADA- The Opioid Epidemic: Do or Die!

**PROFESSIONAL SOCIETIES:**

American Medical Association
American Psychiatric Association: Distinguished Fellow
American Academy of Addiction Psychiatry
American Society of Addiction Medicine
Florida Society of Addiction Medicine

**AWARDS:**

Michael E. Hanrahan Award for Outstanding Service in the Field of Alcoholism and Drug Abuse, 2013
Florida Board of Medicine Chair Recognition Award, 2011
Nyswander-Dole Award, 2008 - American Association for the Treatment of Opioid Dependence
Florida Medical Association Distinguished Physician Award, 2007.
Annual Medical Leadership Award 2007: Florida Society of Addiction Medicine
Florida Board of Medicine Chair Recognition Award, 2004
Meritorious Service Award: Jacksonville Sheriff's Office, 2002
Top Docs In Addiction Medicine of N.E. Florida 1998, Jacksonville Business Journal.
Distinguished Service Award: Agency for Healthcare Administration, June, 1997

**BOOKS and PUBLICATIONS**

Pomm HA, Pomm RM. Management of the Addicted Patient in Primary Care. 2007; Springer Publishing Company, New York, NY.

Guest Editor, Journal of Northeast Florida Medicine; Addiction Medicine issue, spring 2012

**PAPERS, ARTICLES, MONOLOGUES:**

Pomm R. (May, 1997) 23rd National Conference on Professional Responsibility, Naples, FL. ABA Center for Professional Responsibility. "Psychiatric Conditions Affecting Competency."

Talbott GD. (March, 1999) Monologue: *Problem Physicians - A National Prospective;* Chapter X: Pomm, R, "Physically or Mentally Disabled Physicians."

Harmon L, Pomm RM. "Evaluation, Treatment and Monitoring of Disruptive Physician Behavior" *(Psychiatric Annals,* Oct. 2004).

Pomm RM, Harmon L. "Evaluation and Posttreatment Monitoring of the Impaired Physician" *(Psychiatric Annals,* Oct. 2004)

Jacobs WS, Repetto M, Vinson S, Pomm R, Gold MS. "Random Urine Testing as an Intervention for Drug Addiction" *(Psychiatric Annals,* Oct. 2004).

Hall J, Gold MS, Graham NA, Pomm R. "The Effects of Alcohol Use During Medical School" *(Psychiatric Annals,* June 2005).

Pomm HA, Pomm RM. Don't give up on an Addicted Patient. *Clinical Advisor* Feb 2007.

**POSTERS & PAPERS:**

Gold MS, Pomm R, Kennedy Y, Jacobs W, Frost-Pineda K. 5- Year State- Wide Study Of Physician Addiction Treatment Outcomes Confirmed By Urine Testing. Society for Neuroscience, San Diego, CA, *11113/02.* Prog. # 668.1. Available at **http://sfn.scholarone.comlitin2001**

Hall JD, Pomm R, Frost-Pineda K, Gold MS. Treatment of Alcohol Dependent Physicians: Impact of Alcohol Use During Medical School. Biological Psychiatry 2002; 51(8S), 1975 573.

Pomm RM, Kennedy Y, Frost-Pineda K, Gold MS. Physician LV. and P.O. Opioid Dependence Treatment Outcomes Confirmed by Urine Testing. Biological Psychiatry 2002; 51 (8S), 51 S 153.

Hall J.D., Pomm RM, Kennedy Y, Frost-Pineda K, Gold MS, Five-Year Physician Outcomes: Prognostic Factors. American Academy of Addiction Psychiatry 13th Annual Mtg., Las Vegas, NV, *12112-15/02.*

Frost-Pineda K, Gold MS, Pomm RM, Jacobs WS, Repetto M, Randomized Urine Testing: A Safe and Effective Intervention for Drug Addiction. American College of Clinical Pharmacology 32nd Annual meeting, Palm Harbor, FL 9/21103; Abstract #064, Board #44.

Brand JF, Brandt JM, Pomm RM, Frost-Pineda K, Gold MS, Florida Impaired Physicians: Longitudinal, Urine Testing Confirmed, 5-year Outcomes Study. "First Prize Research Award", Florida Academy of Family Physicians, Destin, FL, 11/07/03.

Jacobs WS, Hall JD, Pomm R, Kennedy Y, Frost-Pineda K, Gold MS. Prognostic Factors For Physician Addiction Outcomes at Five Years. American Society for Addiction Medicine, 34th Annual Medical-Scientific Conference, May1-4, 2003, Toronto, Canada

Frost-Pineda K, Gold MS, Pomm R, Kennedy Y, Are Crack Smoking and Intravenous Drug Abuse Treatable? Society for Neuroscience 33rd Annual Meeting Sunday, November 9th, 2003

Gold MS, Frost-Pineda K, Pomm R, Repetto M, Jacobs WS. Physicians Vote with Their Feet: No Methadone for Opiate Addicted Colleagues. Submitted to Society for Biological Psychiatry, April 2004, Control/Tracking Number: 04-P-149-S0BP. (Not presented at this time)

Gold MS, Melker RJ, Pomm R, Frost-Pineda K, Morey T, Dennis DM. Anesthesiologists Are Exposed to Fentanyl in The Operating Room: Addiction May be Due to Sensitization. CINP, Paris, 2004.

McAuliffe PF, Gold MS, Bajpai L, Merves ML, Frost-Pineda K, Pomm RM, Goldberger BA, Melker RJ, Cendan JC. Second-hand exposure to aerosolized intravenous anesthetics propofol and fentanyl may cause sensitization and subsequent opiate addiction among anesthesiologists and surgeons. Presented at the 66th Annual meeting of the Society of University Surgeons, Nashville, TN, February 7-12, 2005.

Frost-Pineda K, McAuliffe PF, Pomm R, Melker RJ, Morey T, Dennis DM, Cendan JC, Gold MS. Opiate Exposure and Addiction Among Anesthesiologist and Surgeons. Program No. 450.1. Washington, DC: Society for Neuroscience, 2005.

Gold MS, Melker RJ, Dennis DM, Morey TE, Bajpai Pornm R, Frost-Pineda K.Fentanyl Abuse and Dependence: Further Evidence for Second Hand Exposure Hypothesis, Journal of Addictive Diseases, Vol. 25(1) 2006

Graham NA, Kolodner D, Fitzgerald K, Pomm RM, Gold MS. Premorbid Risk Factors of Impaired Anesthesiologists. Society of Biological Psychiatry 62nd Scientific Convention & Meeting, San Diego, CA: Poster Presentation, May 17,2007.

Fitzgerald KA, Graham NA, Pomm R, Gold MS. Early Drug Use As a Risk Factor in Anesthesiologist's Addictive Illness. ASAM 38th Annual Medical-Scientific Conference, April 27,2007, Miami, Fl.

Lisa J. Merlo, William M. Greene MD, Doratha Byrd, Raymond Pomm MD, "Mandatory Naltrexone treatment Prevents Relapse Among Opiate-Dependent Anesthesiologists Returning to Practice" (American Society of Addiction Medicine, Annual Conference: "highlighted" session, April 2010)

Arora S, Dodani S, Kaeley GS, Kraemer DF, Aldridge P, et al. (2015) Cocaine Use and Subclinical Coronary Artery Disease in Caucasions, J Clin Exp Cardiolog 6:386. Doi:10.4172/2155-9880.1000386

**TRAINING VIDEO:**

Pomm R, Faculty, FirstLab in Cooperation with the Florida Medical Association. Impaired Healthcare Practitioners: Identification, Intervention & Management.

**Kenneth A Scheppke, MD** is a dual board certified specialist in the fields of emergency medicine and EMS (Emergency Medical Services). He has been practicing medicine for over 25 years.

Dr. Scheppke graduated Magna Cum Laude with a major in Biochemistry and Minor in Anthropology and then he went on to graduate at the top of his class at the Stony Brook University School of Medicine. He followed that with specialty training in emergency medicine where he was promoted to Chief Resident at the Medical Center of Delaware.

Dr. Scheppke is a recognized national leader in the field of EMS. He serves as the EMS Medical Director for six fire-rescue agencies in Palm Beach County, FL and he is one of three EMS Medical Directors for the Broward Sheriff's Office. Collectively, his agencies serve a population of over 2 million people. In addition, he is the medical director for the Nation's largest public access defibrillator program (AED) and is involved with numerous Florida schools as medical director for their emergency epinephrine programs.

Dr. Scheppke is an innovator and thought leader in both emergency medicine and EMS. In partnership with the Health Care District of Palm Beach County and JFK Medical Center, Dr. Scheppke researched and developed a community paramedicine program to assist patients suffering from narcotic addiction to get help from an innovative medication assisted treatment program. The program uses Fire Rescue for initial dosing of suboxone for at risk patients with a warm hand off to ongoing treatment. This program has since been recognized as a successful model superior to the current standard abstinence programs and is being replicated in several other locations around the nation.

He is recognized as an expert in adult cardiac arrest resuscitation and lectures on this topic both locally and nationally at scientific meetings such as the EMS World Expo, Florida Academy of Emergency Medicine Scientific Assembly, the 20th Annual First There First Care Conference, The Gathering of Eagles EMS State of the Sciences Conference, and he was the keynote speaker for the 41st State of Alaska EMS Symposium. His EMS agencies boast some of the highest ROSC (return of spontaneous circulation) rates in the nation.

He was one of the first in the nation to develop several cutting edge protocols for critically ill prehospital patients including Ketamine for excited delirium, passive oxygenation with delayed positive pressure ventilation for primary adult cardiac arrest, direct triage to comprehensive stroke centers for those suffering large vessel obstruction stroke, sepsis alert, and many others.

He has published several articles in both the peer reviewed and non-peer reviewed literature. He lectures to community organizations on how to recognize and provide emergency care to victims of stroke, myocardial infarction and cardiac arrest. He spearheaded the annual Palm Beach County Hands Only CPR day and the medical magnet CPR training program that is viewed as a model for other areas to replicate. This free program is responsible for training several thousands of lay people in hands only CPR each year.

For more than 16 years he has educated paramedics, EMT's, midlevel providers and resident physicians, via his role as medical director of the Palm Beach State College EMS Academy and his associations with both the University of Miami Palm Beach Regional Campus at JFK Medical

Center and the Palm Beach County Graduate Medical Education emergency medicine residency program.

Dr. Scheppke is a co-founder and past president of the Florida Academy of Emergency Medicine. He serves as the chairman of the Palm Beach County EMS Medical Directors Association and sits on both the County's EMS Advisory Council and its Trauma Quality Improvement Committee. Dr. Scheppke is a recipient of the Palm Beach County EMS Distinguished Service Award, the American Red Cross Heroes in Medicine Award and the American Heart Association EMS Mission Lifeline Award. He volunteers both locally and internationally in times of disaster. He served as a member of a medical relief team visiting Haiti after the 2010 earthquake, helping to care for over 700 patients per day.

Dr. Scheppke is a member of the prestigious and influential U.S. and International Metropolitan Municipalities EMS Medical Directors Consortium dubbed the “Eagles Coalition”, an organization of the EMS Medical Directors from many of the largest EMS agencies across North America, Paris and New Zealand. He also serves as a faculty speaker at the annual “Gathering of Eagles” EMS State of the Sciences conference. He is an advocate for EMS research along with paramedic and physician education and skill augmentation. His quality improvement initiatives focus on nonpunitive education, systems improvement and data driven protocol enhancements. As a physician leader, Dr. Scheppke's vision is to continuously push the envelope for high quality, scientifically sound, state of the art medical care provided to the citizens he serves.

Dr. Scheppke is an instrument rated private pilot and serves as the Medical Director for both the Palm Beach County Trauma Hawk and the Broward Sheriff’s Office Aeromedical Programs. In addition, he uses his skills as a pilot to volunteer his time for not for profit organizations. One such organization is Pilots n Paws where he spends his efforts flying animals at risk for euthanasia to safe foster homes and non-kill shelters to await adoption. He also volunteers to fly in times of natural disasters, delivering necessary relief supplies when ground transportation is not available.

Dr. Scheppke has spent his career following his commitment to provide compassionate, high quality, cost effective emergency healthcare both in the prehospital and hospital arenas, while at the same time increasing access to care and providing healthcare education to the citizens and communities he serves.

# KENNETH A. SCHEPPKE, M.D.

**Palm Beach County Fire Rescue**
**405 Pike Road**
**West Palm Beach, Florida 33411**
**561-436-2291**


## Board Certification

American Board of Emergency Medicine
1996 - Present
American Board of Emergency Medicine Subspecialty in EMS
2015 - Present

## Postgraduate Training

Medical Center of Delaware
Department of Emergency Medicine
Wilmington, Delaware
July 1992 - June 1995

Chief Resident
July 1994 - June 1995

## Education

State University of New York at Stony Brook School of Medicine
Doctor of Medicine: May 1992
*Alpha Omega Alpha*

State University of New York at Stony Brook
Bachelor of Science: May 1988
Major: Biochemistry
Minor: Anthropology
*Magna Cum Laude*
*Phi Beta Kappa*

## Licensure

Florida, Georgia, South Carolina, North Carolina, Alabama, Tennessee

## NBME Certification

NBME Part III - 99 percentile
NBME Part II - 98 percentile
NBME Part I - 94 percentile

## Emergency Medical Services

Chairman: Palm Beach County EMS Medical Director's Association 2010-Present

Medical Director:
Palm Beach State College EMS Training Academy
Palm Beach County Fire Rescue
Broward Sheriff's Office
West Palm Beach Fire Rescue
Boynton Beach Fire Rescue
Palm Beach Gardens Fire Rescue
Town of Palm Beach Fire Rescue
Greenacres Fire Rescue
Aeromedical Director Palm Beach and Broward

Palm Beach County EMS Advisory Council Member

## Awards

EMS Distinguished Service Award 2008, 2012
American Red Cross Heroes in Medicine 2005
American Heart Association EMS Mission Lifeline 2015, 2016

## Professional Societies

National Association of EMS Physicians
Member

Florida Association of EMS Medical Directors
Member

U.S. and International Metropolitan Municipalities EMS Medical Directors Consortium (Eagles Coalition) Member

Air Medical Physician Association
Member

## Administrative

Palm Beach Emergency Medicine Associates
Vice President/Owner
Provided Emergency Medicine Physician Staffing
to JFK Medical Center 2004 -2010

Assistant Medical Director Emergency Dept.
JFK Medical Center – 2001 - 2016

Quality Leadership Committee
JFK Medical Center – 2004 – 2016

Peer Review Committee
JFK Medical Center – 2005 - 2016

Assistant Medical Director Emergency Dept.
Palm Beach Gardens Medical Center 1995-1999

Performance Improvement Director Emergency Dept.
Palm Beach Gardens Medical Center 1995-1999

Code Blue Committee
Palm Beach Gardens Medical Center 1995-1999

Continuous Performance Improvement Committee
Medical Center of Delaware July 1994 - June 1995

Chief Resident Medical Center of Delaware
July 1994 - June 1995

## Faculty Positions

University of Miami Palm Beach Campus
Internal Medicine Residency Program
Director Emergency Medicine Rotation
2008 - 2015

Palm Beach State College EMS Academy
Medical Director 2000 - Present

Palm Beach County Graduate Medical Education Core Faculty
Emergency Medicine Residency Program
Director JFK Medical Center Emergency Medicine Rotation
2012 - 2016

Clinical Assistant Professor
Nova Southeastern College of Osteopathic Medicine
1999 – 2009

## Lectures

Hawaiian Islands Trauma Symposium Faculty Speaker July 2017
"Ketamine for the Trauma Patient: New Uses for an Old Drug", "From Pulse Night Club to Fort Lauderdale Airport, Lessons Learned from Recent Shootings", "Pre-hospital Spinal Immobilization", Addiction Affliction: Breaking the Revolving Door of Narcotic Abuse"

The Gathering of Eagles EMS State of the Sciences Faculty Feb 2017
Narcotic Abuse, Active Shooter, Mechanical CPR

41st State of Alaska EMS Symposium Keynote Speaker November 2016
"Ensuring the Chain of Survival in Your Community"

EMS World Expo Faculty Speaker New Orleans October 2016
"Medical Director's Expert Panel", "Advanced Resuscitation Techniques", "Bio Warfare Against the US, Anthrax 2001: What Really Happened?"

20th Annual First There, First Care Conference Faculty May 2016:
"A Cerebral Vascular Accident Waiting to Happen: Where Evidence, Practice and Politics Intersect in Stroke", "Digging Down to the Roots in OOHCA: Addressing the Factors that can Improve Adult Cardiac Arrest Survival"

FLAAEM Scientific Assembly 2014 Faculty Speaker
"Advanced Resuscitation: Beyond ACLS"

FLAAEM Scientific Assembly 2012 Faculty Speaker
"Induced Hypothermia: Update from the Literature"

Palm Beach State College Lecture Yearly Lecture 2004 - Present
"Common Pre-Hospital Pitfalls"

EMS Lectures: 2015, 2016
"Rapid Sequence Intubation"
"Stroke"
"Ketamine"
"Delivering Bad News"
"Targeted Temperature Management for EMS"
"A Gathering of Eagles 2015 Summary"
"A Gathering of Eagles 2016 Summary"
"Pit Crew CPR"
"STEMI Mimics"

Hands on Education and Training (HEAT) Conference Faculty 2011
"Patient Refusals and Non-Transports"

JFK Medical Center Grand Rounds Presentation 2009
"Hypothermia"

JFK Medical Center Lecture 2005
"Stroke: Rapid Response"

JFK Medical Center Lecture 2003
"Weapons of Mass Destruction"

JFK Leadership Council Lecture
"Smallpox" February 2003

JFK Medical Center Grand Rounds Presentation May 2002
"Pulmonary Embolism"

## Hospital Experience

JFK Medical Center Emergency Department
July 1999 - 2016
Palm Beach Gardens Medical Center Emergency Department
June 1995 - July 1999

## Advanced Life Support

Training Center Faculty: ACLS, PALS
Provider: ACLS, PALS, PHTLS,
Instructor: ACLS, PALS, PHTLS

## Publications

*Supportive technology in the resuscitation of out-of-hospital cardiac arrest patients* Youngquist, Scott T.; **Scheppke, Kenneth A**.; Pepe, Paul E. Current Opinion in Critical Care . 23(3):209-214, June 2017.

*Impact of Head/Torso-Up Chest Compressions and Flow-Oriented CPR Adjuncts on Survival* Pepe, Paul; **Scheppke, Kenneth**; Antevy, Peter; Coyle, Charles; Millstone, Daniel; Moore, Johanna Critical Care Medicine: December 2016 - Volume 44 - Issue 12 - p 148

*How Would Use of Flow-Focused Adjuncts, Passive Ventilation and Head-Up CPR Affect All-Rhythm Cardiac Arrest Resuscitation Rates in a Large, Complex EMS System?* Paul E Pepe, **Kenneth A Scheppke**, Peter M Antevy, Charles Coyle, Daniel Millstone, Craig Prusansky, Johanna C Moore Circulation 2016; 134 Suppl 1:A15255

*Improved Survival in Out of Hospital Cardiac Arrest: Withholding Positive Pressure Ventilation* **Kenneth Scheppke**, James Ippolito, Keith Breyer, Robert Chait Circulation **2015;** 132: **A18049**

*Pre-hospital Use of IM Ketamine for Excited Delirium and Violent Patients* **Kenneth A. Scheppke, MD**, Joao Braghiroli, MD, Mostafa Shalaby, MD, and Robert Chait, MD West J Emerg Med. 2014 Nov; 15(7): 736–741

*Getting the Most From Your History and Physical Part I: Chest Pain Patients,* **Kenneth A Scheppke**, Keith Bryer EMS World Jan 25, 2016

*Getting the Most From Your History and Physical Part II: Neurological Patients,* **Kenneth A Scheppke**, Keith Bryer EMS World March 30, 2016
*Getting the Most From Your History and Physical Part III: Respiratory Patients*, **Kenneth A Scheppke**, Keith Bryer EMS World June 30, 2016

*Getting the Most From Your History and Physical Part IV: Abdominal Pain,* **Kenneth A Scheppke**, Keith Bryer EMS World December 1, 2016

American College of Emergency Physicians *Foresight*
Editorial Panel 1994 - 1997

*Emergency Medicine self-assessment and review*
Third Edition
Contributing Author: Chapter 25

Cocaine Associated Myocardial Infarction Study Group
Manuscripts Published:
*Cocaine Associated Myocardial Infarction: Mortality and Complications* Archives of Internal Medicine 1995
*Cocaine Associated Myocardial Infarction: Clinical Safety of Thrombolytic Therapy* Chest 1995

## Pilot Certifications

Aircraft: Single Engine Land
Instrument Rated
High Performance Airplane Rated

## Community Involvement

Medical Director Public Access to Defibrillation Program
Medical Director Public Access to Epinephrine Program
Founder Palm Beach County Hands Only CPR Program
Animal Rescue Pilot for Pilots n Paws
Disaster Relief Supplies Pilot
Disaster Health Services Volunteer American Red Cross
Disaster Relief Mission Haiti Earthquake

**VITAE**

# *Mary Lynn Edwards Ulrey*

**3614 West Santiago Street, Tampa FL 33629**
**Phone : 813-839-3385 Cell: 813-388-1100**
**E-mail: marylynnu@dacco.org**

## EDUCATION

1986-89 Masters of Science Degree, Nursing – University of South Florida, Tampa, FL
***Clinical Specialist in Psychiatric Mental Health Nursing (ARNP)***
1971-74 Bachelor of Science Degree, Nursing (Cum Laude) & Mathematics (Cum Laude)
University of Florida – Gainesville, FL
1977-78 Registered Representative of the New York Stock Exchange
1990-Present Risk Manager: Health Care Risk Manager State of Florida License #264725968

## LICENSURE, MEMBERSHIPS AND AFFLIATIONS:

- **Advanced Registered Nurse Practitioner (ARNP), (Psychiatric Mental Health Specialty) State of Florida, #71912-2; State of Florida Licensed Health Care Risk Manager: License # 264-72-5968;**
- Executive Committee Member of the Board of Directors of the Florida Alcohol and Drug Abuse Association (FADAA) 1999-current; and Florida Behavioral Health Association (FBHA) Justice Division Chair;
- Elected Chair, Hillsborough Regional Council (Substance Abuse and Mental Health managing entity participating providers of Hillsborough County), 2006-2014;
- Member, Baycare Behavioral Health Alliance, 2014-Present.
- Board of Directors, CFBHN – DCF Managing Entity, 1999-2015;
- Board Member, Tampa Hillsborough Homeless Initiative (THHI), 2012-Present;
- Member of the Hillsborough County Prevention Coalition (HCADA);
- Public Safety Coordinating Council Member for Hillsborough County appointed by the County Commission;
- Chair of Co-Occurring Committee of the Florida Alcohol and Drug Abuse Association (FADAA) 2002-2008;
- Appointed Member of the Health Council of West Central Florida by the Pinellas County Commissioners, 4/1/01-3/31/06;
- Member, Springbrook Hospital Board of Directors, Hernando County, Brooksville, Florida,1999 to 2002;
- Member of the Council of Executives, United Way of Pinellas County;
- Former Member of Adult Mental Health Providers Executive Directors, District 5;

## HONORS & ACCOMPLISHMENTS

- Leader of the Year 2016 by Florida Alcohol and Drug Abuse Association and Florida Behavioral Health Association
- National Award for Comprehensive Coordinated Care from SAMHSA, 2014;
- Testified for the Health & Human Services Committee of the Legislature, 2016;
- Presented to the Hillsborough Legislative Delegation, 2010-16;
- Selected to Board for Tampa Hillsborough Homeless Initiative, 2012-Present; Treasurer 2015-2017;
- Completed Federal New Market Tax Credit Transaction for DACCO, 2011;
- Oversight of $2.6MM Department of Corrections PDP and Residential Programs, 2001 to present;
- Led DACCO's growth from $9MM in 2002 to over $20MM in 2017 while taking staff turnover from 56% down to 35%.
- Led DACCO in achieving Best Practice Award for the State of Florida for Prevention Home Based Family Therapy programming in 2003 Best Residential Treatment Program for 2004 and Best Statewide intervention Program, Zero Exposure, 2006 and Best Innovative Program – Community Promise, HIV Services, 2009;
- Appointed to 8 member statewide committee by the Florida Dept. of Children and Families to rewrite the Substance Abuse Rule 65D30 corresponding to Statute 397, 2005-2006;
- Appointed Chairman for the Dept. of Correction Community Based Care Manuel Rewrite 2004 by the Florida Dept. of Corrections.
- Member of the Implementation Committee for Commissioner Murman's Misdemeanant Jail Diversion Program;
- Participated on the SAMHSA National Steering Committee, which developed the report to Congress on treatment and prevention of co-occurring substance abuse and mental disorders,1/2002 – 9/2002;
- Reviewer for National Publication (TIP) on Co-occurring Disorders for CSAT and SAMHSA published, 2002-2005.
- Leader of Operation PAR's Strategic Planning: 2000, 2001, 2002 for $28MM dollar budget process
- Expanded Operation PAR's Methadone Treatment Clinics from 3 to 4 adding the Lee County, Ft. Myers site, 2000 and gained Joint Commission Accreditation for all sites.
- Oversight of Operation PAR's $3MM DOC Program for Youthful Offenders and Other Adults;
- Financial turnaround of 50 bed Psychiatric Hospital in Hernando County for Operation PAR, 2001;

- While Chief Operating Officer of Operation PAR awarded the Grand Prize by the Florida Department of Children and Families and Florida Alcohol and Drug Abuse Association sponsored for its Best Practices of the Cannabis Youth Treatment Study, Family Support Network model funded by Center for Substance Abuse Treatment (CSAT), 2001;
- Selected for the National Council for Mental Health and Substance Abuse Dual Diagnosis

**PROFESSIONAL EXPERIENCE:**

10/02-Present **Chief Executive Officer – Drug Abuse Comprehensive Coordinating Office, Inc. (DACCO),**
The CEO is responsible for the functioning of the entire not-for-profit substance abuse agency of over 300 employees, and with locations throughout Hillsborough County. DACCO, founded in 1973, provides award-winning prevention, intervention, treatment and aftercare services to more than 25,000 individuals annually, in more than 50 programs and 10 service sites and has an annual operating budget of over 13M

5/99 –10/02 **Chief Operating Officer – Operation PAR, Inc., Pinellas Park, FL –**
Responsible for agency growth and the over-site of all agency services: Finance, Physical Plant Operations, Grant & Resource Development, Contract Management, Information Systems, Strategic Planning and Alliances, Intervention, Prevention, Treatment, Staff Development, Criminal Justice, Community Relations and Development, Human Resources, Quality Management: Supervises more than 15 Regional Administrators, Administrators and Program Directors at multi-treatment facilities having more than 600 employees. Managed/oversight of more than 50 contracts with DJJ, DCF, DOC, County, United Way, Wellcare, United Behavioral Health, Juvenile Welfare Board, etc.

**PERSONAL:** Married to Stephen H. Ulrey, Educator
Two sons: William Stainton, Attorney, and Mark Stainton, Sergeant with Hillsborough County Sheriff's Office.
Interests include: reading, teaching, training, water sports, sailing, community and program development and design, working with the Legislative process, family time and travel.

# IDEAS TO ADDRESS THE OPIOID CRISIS

MARY LYNN ULREY, MS, ARNP
DACCO BEHAVIORAL HEALTH CEO

# MEDICAL POLICIES

Primary Care

Include mandatory use of PDMP in MD practices. (Last year law was changed to allow designee)

Utilize Drug Screening across the state in Primary Care offices to ID addiction just as you would Labs, Urine Screenings or Blood Pressures

Emergency Departments

Utilize Emergency Marchman Act on all opioid overdoses (or naloxone administered) just like we would for those needing a Baker Act for psychosis.

Realize this may cause capacity issues. (10 people come in daily to DACCO for opioid treatment)

# DRUG COURTS AND JUDICIARY

Pilot an Opioid Drug Court Track or Docket in 3 state sites and gather data on results to replicate when successful.

Train judiciary and their staff to understand medication assisted treatments (MAT)

# INSURANCE POLICIES

Require all Commercial Health Insurance carriers/managed care plans to cover the cost of naloxone and full range of Medication Assisted Treatment (MAT) services and eliminate prior authorization . There is no preauthorization for Insulin, etc.

Give the Department of Insurance authorization through statute to enforce federal healthcare parity so that BH disorders are covered equally.

Cover Substance Use Disorders Rehabilitation like Circulatory (Stroke) or cardiac. This is a Chronic Disease.

# POLICIES ON STAFFING ADDICTION TREATMENT

Create incentives for medical practitioners to obtain a specialty in Addiction medicine

This is the newest specialty in Medicine established by the American Academy of Physician Specialties in 2015.

Psychiatrists only have 1 month training in addictions in the 4 year residency program.

There are staff shortages now for staff to work in our programs. Please be careful passing laws that would complicate and cost more to fill positions.

# PREVENTION POLICIES

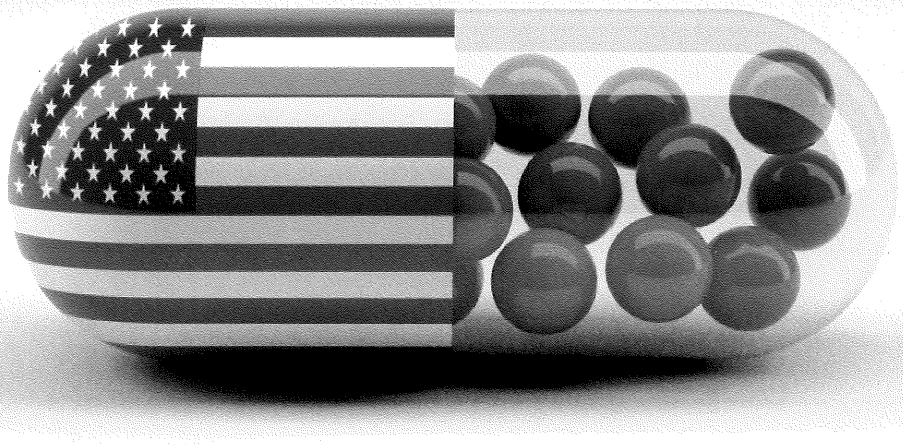
Encourage use of newer prevention models that address Prescription Abuse in high School.

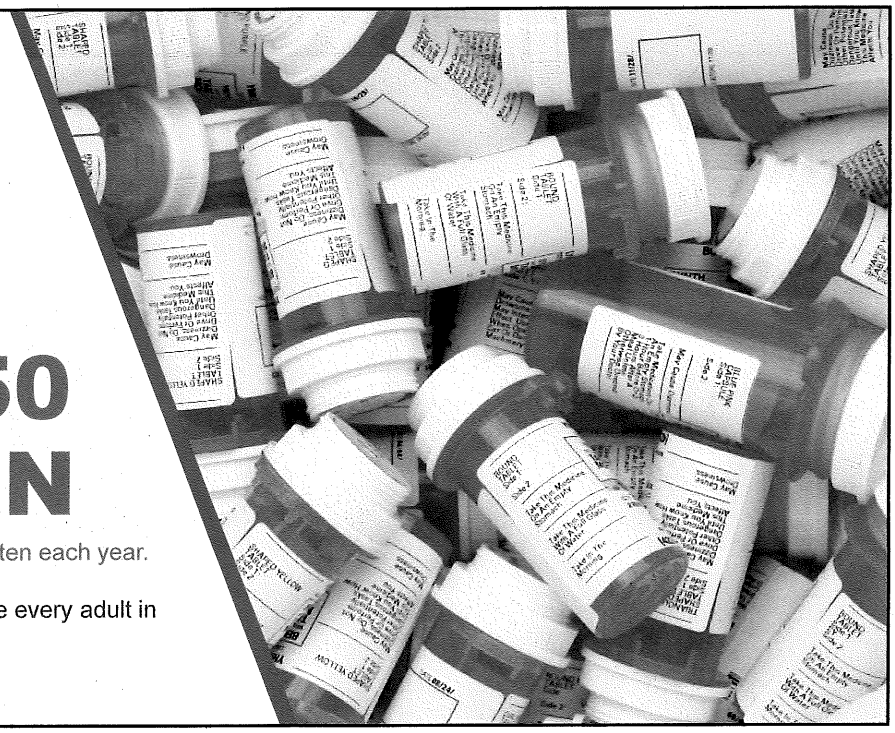
DACCO is implementing RxSmart in all 27 Hillsborough High Schools addressing Rx Drugs and Opioids teaching refusal skills and changing attitudes and bx. (45 minute on-line ed program)

Promote strategies to reduce stigma of seeking help for Substance Use Disorders (Ad campaign)

Drug test all new drivers, teens and adults and refer for assessment if positive, it is a privilege to drive.

# THE **IMPACT** OF **ADDICTION** IN AMERICA





# NEARLY 250 MILLION

prescriptions for opioids are written each year.

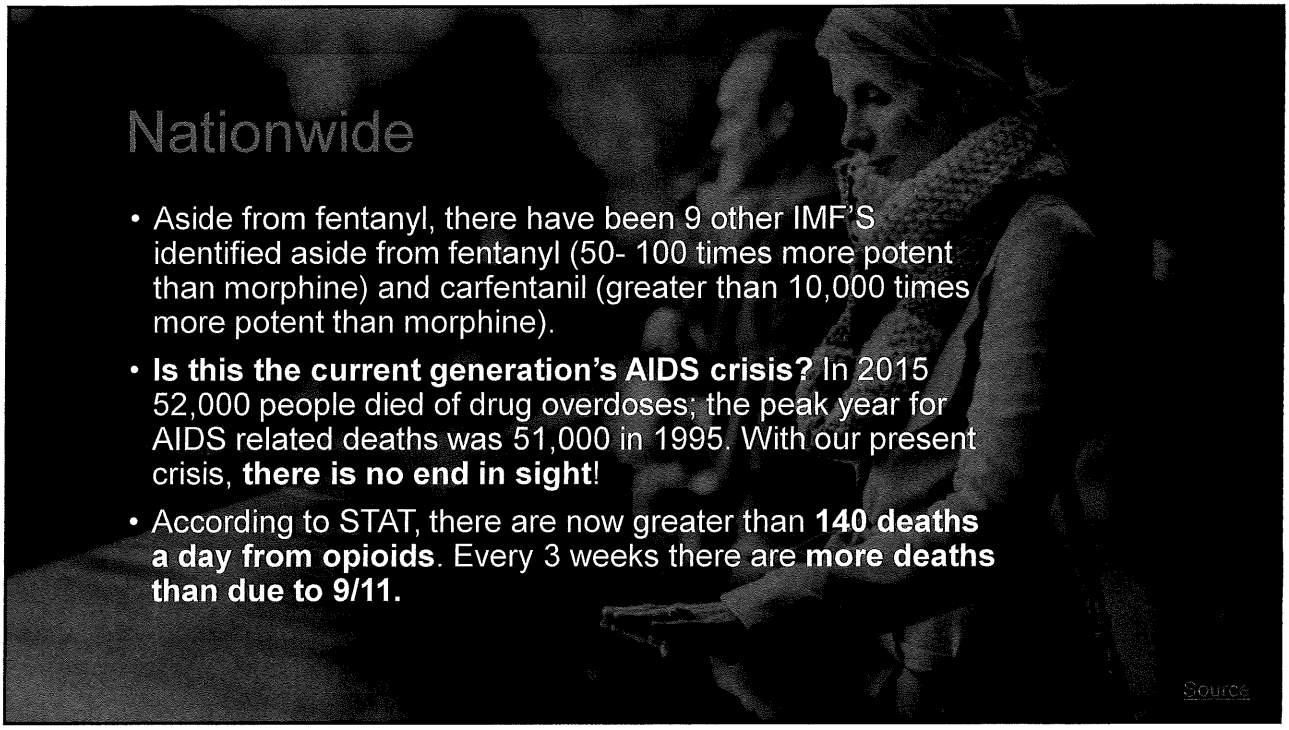
This is more than enough to give every adult in our country their own bottle.

Source

# MORE

American adults used prescription painkillers than used cigarettes, smokeless tobacco or cigars combined in 2015.

Source



# Nationwide

- Aside from fentanyl, there have been 9 other IMF'S identified aside from fentanyl (50- 100 times more potent than morphine) and carfentanil (greater than 10,000 times more potent than morphine).
- **Is this the current generation's AIDS crisis?** In 2015 52,000 people died of drug overdoses; the peak year for AIDS related deaths was 51,000 in 1995. With our present crisis, **there is no end in sight**!
- According to STAT, there are now greater than **140 deaths a day from opioids**. Every 3 weeks there are **more deaths than due to 9/11.**

Source

# Provisional Counts of Drug Overdose Deaths

Jan 2016-2017

| | Drug overdose deaths | | | Data quality | |
|---|---|---|---|---|---|
| | Number of deaths for 12 month-ending | | | 12 month-ending Jan-2017 | |
| Selected Jurisdictions | Jan-2016 | Jan-2017 | % Change | % Complete | % Pending Investigation |
| US Total | 52,898 | 64,070 | 21 | 99+ | 0.25 |
| 22 Reporting Jurisdictions | 21,061 | 26,841 | 27 | 100 | 0.07 |
| Alaska | 126 | 126 | 0 | 100 | 0.09 |
| Arkansas | 378 | 382 | 1 | 100 | 0.08 |
| Colorado | 913 | 970 | 6 | 100 | 0.05 |
| Delaware | 181 | 309 | 71 | 100 | 0.01 |
| Florida | 3,324 | 5,167 | 55 | 100 | 0.06 |
| Georgia | 1,299 | 1,366 | 5 | 100 | 0.10 |
| Illinois | 1,893 | 2,518 | 33 | 100 | 0.04 |
| Indiana | 1,228 | 1,566 | 28 | 100 | 0.02 |
| Iowa | 303 | 324 | 7 | 99+ | 0.00 |
| Kentucky | 1,253 | 1,480 | 18 | 100 | 0.01 |
| Louisiana | 890 | 1,015 | 14 | 100 | 0.01 |
| Maine | 270 | 359 | 33 | 100 | 0.11 |
| Maryland | 1,303 | 2,171 | 67 | 100 | 0.04 |
| Minnesota | 607 | 655 | 8 | 100 | 0.00 |
| Missouri | 1,096 | 1,384 | 26 | 100 | 0.02 |
| Nebraska | 122 | 112 | -8 | 100 | 0.04 |
| New York City | 987 | 1,478 | 50 | 100 | 0.08 |
| North Dakota | 62 | 80 | 29 | 99+ | 0.28 |
| Texas | 2,593 | 2,799 | 8 | 100 | 0.18 |
| Virginia | 1,005 | 1,387 | 38 | 100 | 0.02 |
| Washington | 1,134 | 1,102 | -3 | 100 | 0.04 |
| Wyoming | 94 | 91 | -3 | 100 | 0.00 |

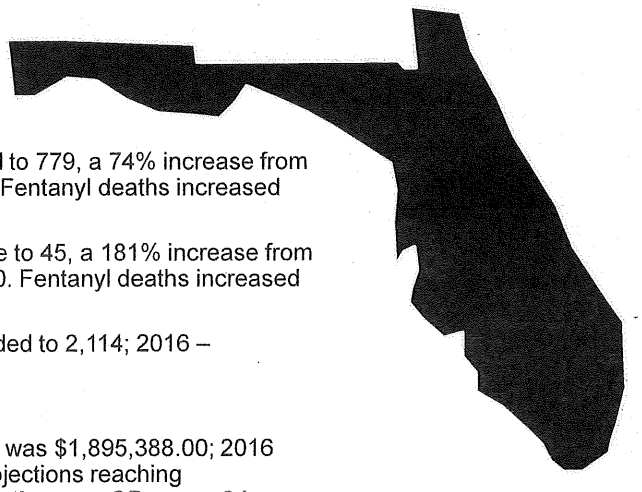
Source

# Fentanyl is Now Florida's Deadliest Drug

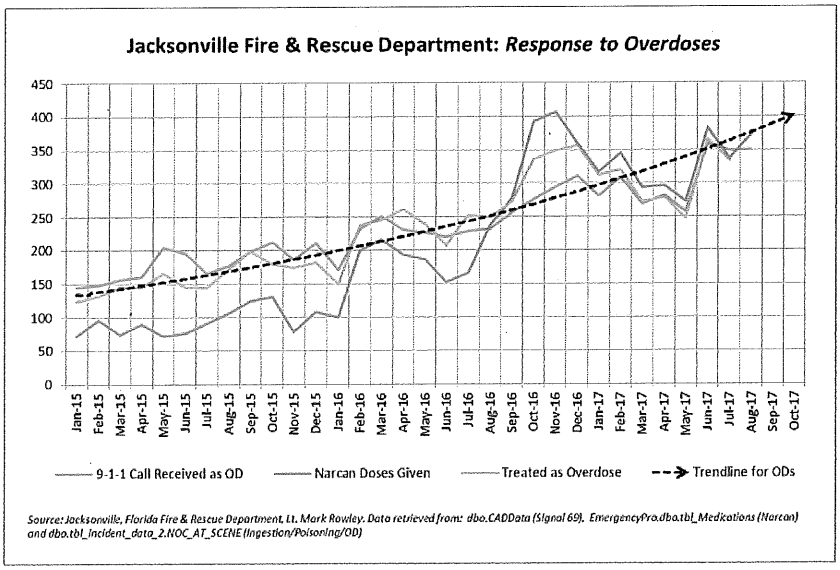
- Fentanyl is now killing more Floridians than any other single drug, with Palm Beach County leading the state in deaths caused by the powerful opioid.
- In the first six months of 2016, a mix of street drugs, including heroin and fentanyl, killed 225 people in Palm Beach County
- The deadly cocktail of heroin mixed with fentanyl or Carfentanil figured in 220 deaths in Miami-Dade County in 2015.
- 90% of fatal drug overdoses in Broward County involved heroin, fentanyl or other opioids.

Source

# Local

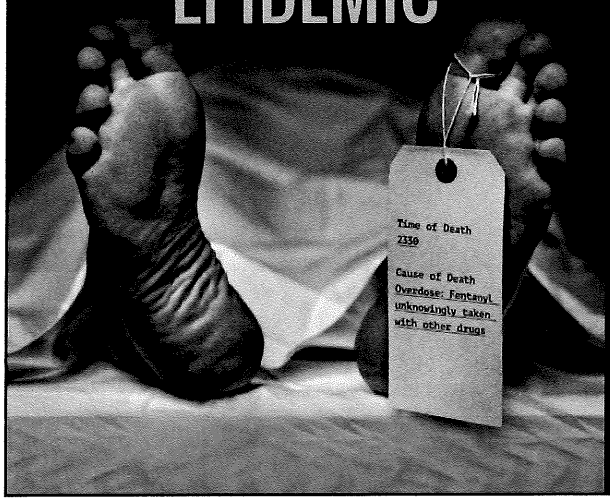


- In 2015, Florida Heroin Deaths escalated to 779, a 74% increase from 2014; and a 2400% increase from 2010. Fentanyl deaths increased over 69% (538 to 911) from 2014-15.
- In 2015, North Florida Heroin deaths rose to 45, a 181% increase from 2014; and a 10,000% increase from 2010. Fentanyl deaths increased nearly 70% (33 to 56) from 2014-15.
- Overdose victims – 2015 - JFRD responded to 2,114; 2016 – JFRD responded to 3,114
- 911 calls have tripled.
- In 2015 – cost of transporting OD victims was $1,895,388.00; 2016 cost $3,143,376.00 with current trend projections reaching $4,451,124.00 in 2017. **JFRD is transporting one OD every 2 hours.**
- Naloxone use by Paramedics has increased fivefold with one-tenth of medical supply budget spent on naloxone.


Jacksonville Fire & Rescue Department: Response to Overdoses
450
400
350
300
250
200
150
100
50
0
Jan-15
Feb-15
Mar-15
Apr-15
May-15
Jun-15
Jul-15
Aug-15
Sep-15
Oct-15
Nov-15
Dec-15
Jan-16
Feb-16
Mar-16
Apr-16
May-16
Jun-16
Jul-16
Aug-16
Sep-16
Oct-16
Nov-16
Dec-16
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
9-1-1 Call Received as OD
Narcan Doses Given
Treated as Overdose
Trendline for ODs
Source: Jacksonville, Florida Fire & Rescue Department, Lt. Mark Rowley. Data retrieved from: dbo.CADData (Signal 69), EmergencyPro.dbo.tbl_Medications (Narcan) and dbo.tbl_Incident_data_2.NOC_AT_SCENE (Ingestion/Poisoning/OD)

**Addiction** Hijacks The Brain. **Fentanyl** Hijacks The Mind, Body and Soul!

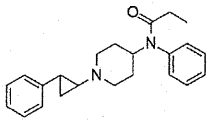
# FENTANYL
## FUELING A DANGEROUS EPIDEMIC



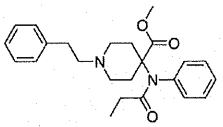

The United States is in the midst of an opioid epidemic with **fentanyl** fueling the crisis.

Drug overdose deaths in 2016 most likely exceeded **59,000**, the largest annual jump ever recorded in the United States, according to preliminary data compiled by The New York Times. The **death count** is the latest consequence of an escalating public health crisis; opioid addiction, now becoming even more deadly by an influx of illicitly manufactured fentanyl and **fentanyl analogs**.

## Fentanyl And Fentanyl Analogs

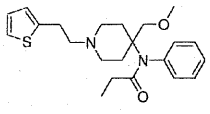


Fentanyl (and Norfentanyl a metabolite of fentanyl), 50 to 100 times more potent than morphine, and 30 to 50 times more potent than heroin. Fentanyl is also used as a recreational drug, leading to thousands of overdose deaths from 2000 to 2017.

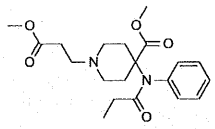


Carfentanil Oxalate is a potent synthetic opioid that has similar properties to heroin and has been used as an elephant tranquilizer. Recently, though, Carfentanil has made headlines due to its deadly consequences. It is 100 times more potent than fentanyl, which is a drug that is 50 times more potent than heroin. Carfentanil is 10,000 times more potent than morphine. An amount smaller than a few grains of salt can be a lethal dose.

## Fentanyl And Fentanyl Analogs

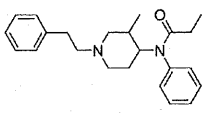


Sufentanil is a synthetic opioid between 5-10 times more potent than it's parent drug fentanyl. It is used to treat pain primarily along with anesthesia during surgery or childbirth.

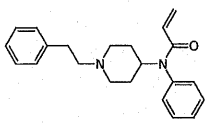


Remifentanil/Acid Remifentanil a synthetic opioid used to induce or supplement general anesthesia. Remifentanil is approximately twice as potent as fentanyl, and 100-200 times as potent as morphine.

## Fentanyl And Fentanyl Analogs

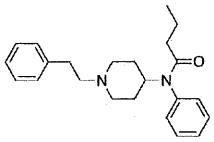


(+)-Cis-3-methylfentanyl is a designer drug and fentanyl analogue with an estimated potency 400 to 6000 times greater than morphine.

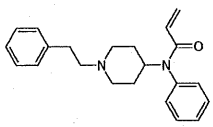


Acetyl Norfentanyl is a major metabolite of acetyl fentanyl, a designer drug and fentanyl analog with a potency 40 times greater than heroin and 80 times greater than morphine.

## Fentanyl And Fentanyl Analogs

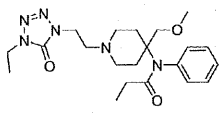


Butyryl Fentanyl is a designer drug that has been associated with numerous overdose deaths around the world. In 2016, the U.S Drug Enforcement Administration (DEA) classified butyryl fentanyl as a schedule I controlled substance.

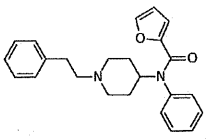


Acetyl Fentanyl is a designer drug with a potency 40 times greater than heroin and 80 times greater than morphine. In 2013, the Centers for Disease Control (CDC) issued a health alert for acetyl fentanyl, reporting 14 overdose deaths in Rhode Island.

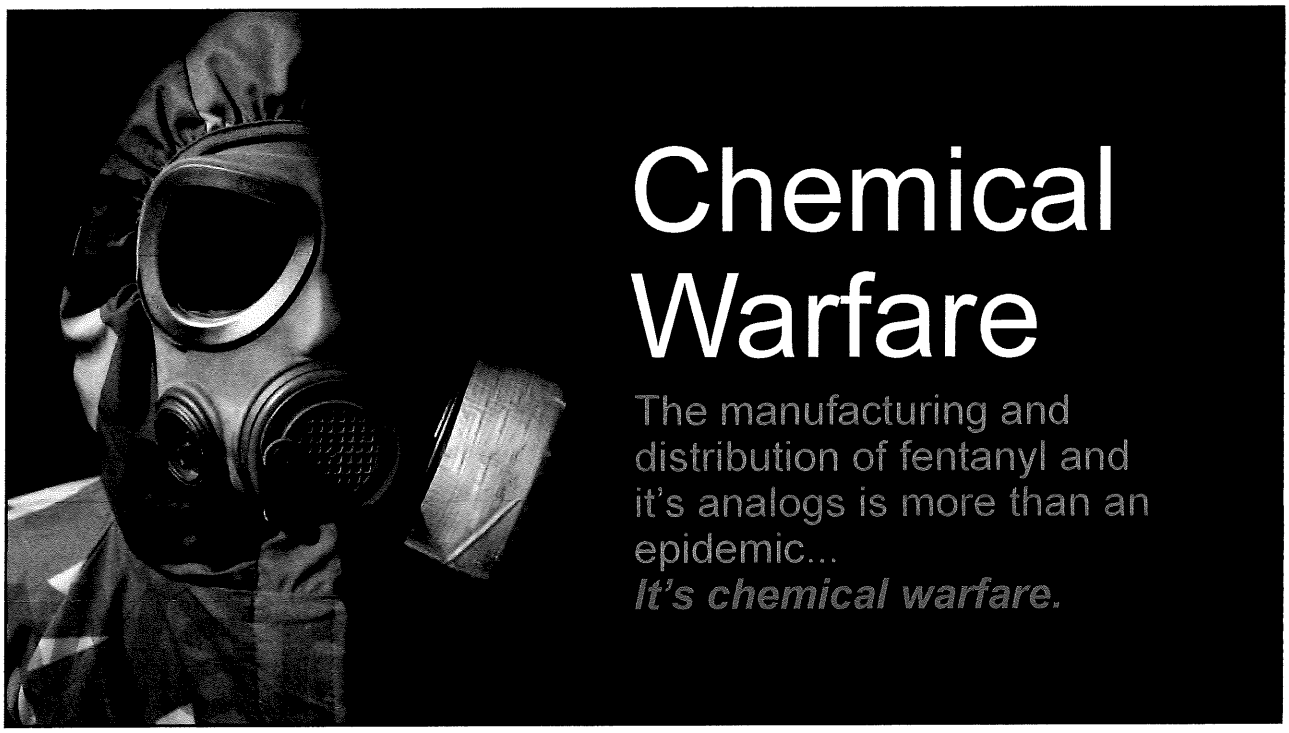
## Fentanyl And Fentanyl Analogs



Alfentanil is a potent but short-acting synthetic opioid analgesic drug used for anaesthesia in surgery. The drug is 1/4 to 1/10 the potency of fentanyl and around 1/3 of the duration of action, but with an onset of effects 4x faster than fentanyl.



Furanyl Fentanyl HCl is an opioid analgesic that is an analogue of fentanyl and has been sold as a designer drug. The drug is so potent, it can cause a fatal overdose just through skin absorption. Furanyl fentanyl is a new compound and medical experts believe it could be as much as 30 to 50 times more potent than other similar drugs.



# Chemical Warfare

The manufacturing and distribution of fentanyl and it's analogs is more than an epidemic...

***It's chemical warfare.***

This is an ***epidemic*** that is growing faster than we ever imagined. The cost in lives and money is pushing the envelope of everything the system has to offer. We need a **solution now!!!**

# Medication Assisted Treatment Options

## Methadone

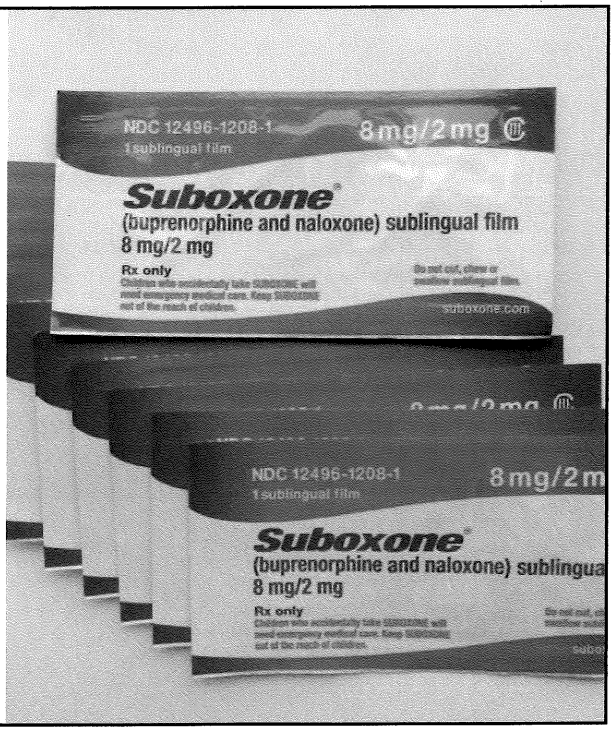
- For opioid dependence only
- It is a highly regulated Schedule II opioid
- DCF, DEA and Board of Pharmacy perform regular and stringent audits of Methadone clinics
- The gold standard for pregnant women due to potential fetal demise from withdrawal
- Stops withdrawal sxs and craving
- Most researched medication used in the treatment of addiction
- Clients don't get high once stabilized
- Tolerance is not as much of a factor with this medication
- Do not confuse its abuse with the methadone prescribed from pain clinics

Methadone works very well for heroin and prescription opioid dependence.

Methadone is not working as well for treatment of the abuse of fentanyl or its analogs!

## Suboxone/Subutex

- Given sublingual. Takes approx. 10 minutes to dissolve. Buccal and implants available.
- A partial mu agonist with reduced abuse potential. Long duration of action. Holds tight to the mu receptor.
- Clients rarely need more than 16mg, though max dose is 32 mg.
- Must be in withdrawal before the induction process is started.



## Vivitrol

- For opioid and alcohol dependence.
- Injectable form of Naltrexone; a full mu receptor antagonist. It fully covers the receptor and does not allow opioids to attach.
- This is not an opioid. Not mood altering and not addictive.
- A monthly injection. The pill form can be taken every day but compliance is a problem and side effects are a greater possibility.
- Blocks action of opioids and reduces cravings for opioids.
- Reduces craving for alcohol and reduces effect.

## Models

- Yale
- Manchester Safe Station
- Massachusetts $3M model begins in September
- Vermont Hub and Spoke model
- Rhode Island ED levels of assessment/care and referral
- Palm Beach $1M model
- Indianapolis
- New Jersey

# Project Save Lives

Goals

- Create a seamless, collaborative, stabilization and treatment solution between three key entities: River Region Human Services (RRHS), Gateway Community Services (GCS), St. Vincent's Emergency Department (ED) and UF Health Dept. of Psychiatry;
- Reduce opioid-related overdoses, recidivism and mortality; and,
- Identify all supporting partners such as UF Health, GCS, RRHS, LSF Health Systems, Drug Free Duval, Florida Alcohol and Drug Abuse Association, Jacksonville City Council, Florida Department of Children and Families and Jacksonville Fire and Rescue Department (JFRD) and Jacksonville University.

# Project Save Lives

Pilot Model (Phase 1)

- ED staff triage and stabilize the patient (administration of Naloxone as indicated). Urine drug screen obtained.
- A Recovery Peer Specialist (RPS) speaks with family/identified significant other(s) – offers support and education regarding the next steps and resources.
- Once stable, the RPS speaks with patient regarding his/her role and the next steps of process.
- SBIRT (Screening, Brief Intervention, and Referral to Treatment evidence-based practice tool) administered by Mental Health staff in ED. Drug Free Duval will donate a web-based version of SBIRT to the ED. ASAM PPC-2 administered
- Assessment performed by Mental Health staff in ED.
- Multi-level team (RPS, Mental Health staff and Family Medicine Resident when available) assessment of family and needs of children involved. Referrals/reports made as indicated.

# Project Save Lives

Pilot Model (Phase 1)

- If ED Suboxone induction in ED/hospital is indicated; when system is ready, it will be performed by St. V's Faculty/Resident/ARNP/PA. Patient will then be referred to RRHS or GCS for residential or outpatient services. If referral to residential service, the RPS will transport to RRHS or GCS residential services. If outpatient treatment is indicated, the RPS will meet with the patient next day for transport and/or accompany to GCS or RRHS outpatient referral appointment.
- If ED/hospital Suboxone induction is not indicated; RPS will transport the patient to GCS detoxification/stabilization unit. GCS will determine needs: Suboxone, Vivitrol or Methadone; Residential or outpatient treatment. Referral, when the patient is ready, will be made to GCS or RRHS services as indicated.
- If ED/hospital Suboxone induction and detoxification/stabilization are not indicated; the patient will be referred to RRHS or GCS for Vivitrol/Suboxone and/or outpatient treatment or RRHS for methadone treatment. RPS to transport and/or accompany the next day for admission process at GCS/RRHS. Narcan with education will be given to family/partner as an additional precautionary measure.
- If the patient refuses treatment; RPS/Mental Health staff/Resident will educate the family regarding resources and the Marchman Act process. Narcan with education will be given to family/partner as a precautionary measure.

# Project Save Lives

Pilot Model (Phase 1)

- UF Health Department of Psychiatry will be collecting and analyzing all data related to the pilot project. Jacksonville University will be collecting and analyzing all data relating to the role of the Recovery Peer Specialists. Learning from this data and publishing outcomes will be a significant role of these two Institutions. These institutions' work will be fundamental to the identification of needs for and implementation of ongoing improvements as well as identifying funding for sustainability.

- RRHS and GCS have, for many years, worked as part of an inter-referral team with the high risk pregnancy unit within the Department of Obstetrics and Gynecology at UF Health as well as with Dr. William Driscoll, Neonatologist, who cares for many of the neonates born to opioid dependent mothers in Jacksonville. The outcomes of the mothers and neonates followed within this team who enter as participants in this pilot project shall be incorporated within the data collection.

# Project Save Lives

Pilot Model (Phase 1)

- A ***Center of Excellence*** will be created with the inclusion of all partners. This Center will first develop an educational program and training for all area providers. The goal of this program will be to educate all area providers about the results of **Project Save Lives** and the refined processes necessary to expand the model to all area ED's and treatment providers. This will be a time to coordinate the roll out the expansion of this pilot (Phase II). CEU's and CME's will be offered.
- Once the original education/training is complete, the role for the ***Center of Excellence*** will become the area resource for information and ongoing education for professionals, agencies and community members.

# Project Save Lives

Pilot Model (Phase 2-3)

**Phase II:** Expand model to all area ED's and other treatment providers…..**A citywide seamless, stabilization, treatment and support network;**

**Phase III:** Include all patients with mental health and other substance use disorders entering into area ED's via an expanded stabilization and treatment model.

# FLORIDA DEPARTMENT OF HEALTH

# Office Of Medical Marijuana Use

## Low-THC Cannabis & Medical Marijuana

MedicalMarijuanaUse@FLHealth.gov

Florida HEALTH

# Medical Marijuana in Florida

- Medical marijuana was first legalized in Florida under the Compassionate Medical Cannabis Act of 2014. The act authorized a low tetrahydrocannabinol (low-THC) and high cannabidiol (CBD) form of marijuana for medical use by patients suffering from cancer or seizures.
- The 2016 Right to Try Act allowed patients with terminal illnesses access to “full potency” medical marijuana.
- In November, 2016, 71 percent of Florida voters voted for Amendment 2, which created Article X, section 29 of the Florida Constitution. Amendment 2 expanded access to both low-THC and full-potency medical marijuana for a larger list of medical conditions.
- SB 8-A (2017) implemented Amendment 2.

# Timeline

| | |
|---|---|
| **Jun 6, 2014** | SB 1030 “Compassionate Medical Cannabis Act of 2014” signed into law |
| **Mar 25, 2016** | HB 307 “The Right to Try Act” signed into law |
| **Nov 8, 2016** | Amendment 2 passed |
| **Jan 3, 2017** | Amendment 2 became effective |
| **June 9, 2017** | Senate Bill 8-A passed in special session |
| **June 23, 2017** | Senate Bill 8A signed into law |
| **July 1, 2017** | Rule 1-1.01, Medical Marijuana for Debilitating Medical Conditions, became effective |

# What is *Medical* Marijuana in Florida

## Authorized Use

- Full potency medical marijuana, *and* low-THC cannabis under 381.986. F.S., for all qualifying conditions.
- Medical use is the acquisition, possession, use, delivery, transfer, or administration of marijuana authorized by a qualified ordering physician.
- Medical marijuana is only provided through an approved MMTC.

## Unauthorized Use

- Marijuana that was not purchased or acquired from a MMTC.
- Marijuana in forms for smoking, commercially produced food items other than edibles, and marijuana seeds or flower, except for flower in a sealed, tamper-proof receptacle for vaping.
- Use in a manner inconsistent with the qualified physician's directions or certification.
- Transfer of marijuana to a person other than and authorized qualified patient or the qualified patient's caregiver on their behalf.

# Medical Marijuana Treatment Center (MMTC) Qualifications

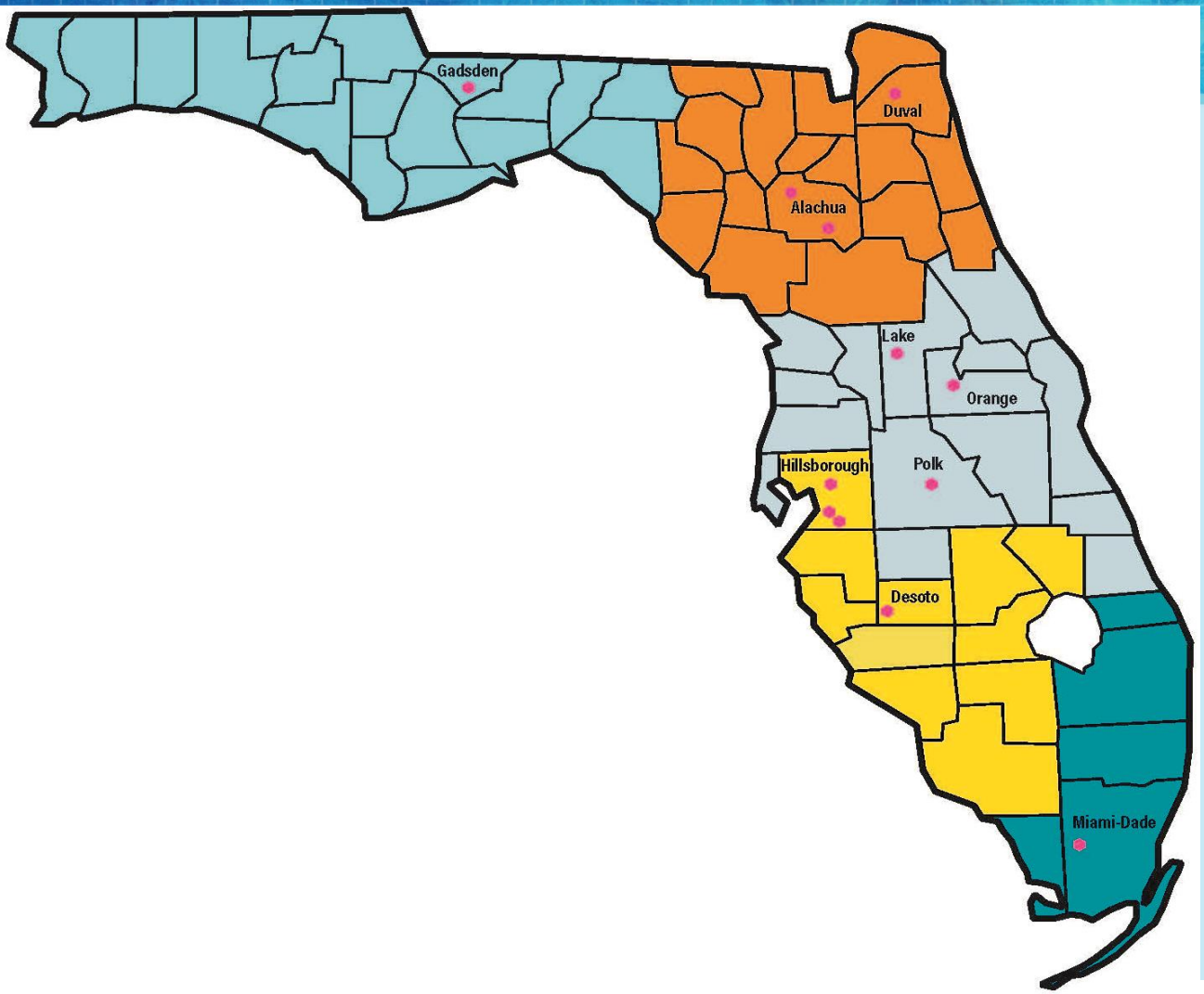
All Medical Marijuana Treatment Centers (MMTCs) must:

- Be vertically integrated
- Have been registered to do business in the state for at least 5 consecutive years before submitting an application
- Possess a valid certificate of registration issued by the Department of Agriculture and Consumer Services pursuant to s. 581.131 F.S.
- Upon approval, post a $5 million performance bond issued by an authorized surety insurance company

# MMTC Licensure Phases

- Phase 1: By July 3, 2017, DOH must license any entity that holds an active, license under former Compassionate Use Act.
- Phase 2: By August 1, 2017, DOH must license any applicant whose application was scored but denied a license by DOH under the Compassionate Use Act, and which had an ongoing administrative or judicial challenge as of January 1, 2017, or had a final ranking within one point of the highest final ranking in its region.
- Phase 3: By October 3, 2017, DOH must license 5 more MMTCs, one of which is a recognized class member of Pigford v. Glickman and is a member of the Black Farmers and Agriculturalists Association (Florida Chapter).
- Phase 4: Upon reaching 100,000 patients in the registry, and for each additional 100,000 patients thereafter, DOH must license 4 more MMTCs within 6 months.

# Phase 1 and 2 Approved MMTCs by Region




Approved Medical Marijuana Treatment Centers

Trulieve—Gadsden County

CHT Medical—Alachua County
The Green Solution—Alachua County
Loop's—Duval County

Knox Medical—Orange County
GrowHealthy—Polk County
Treadwell Nursery—Lake County

3 Boys—Hillsborough County
Plants of Ruskin—Hillsborough County
Surterra Therapeutics—Hillsborough County
Sun Bulb Company—Hillsborough County

Modern Health Concepts—Miami-Dade County

# Dispensary Distribution Method and Current Dispensing Locations

| Dispensary Distribution | MMTC* | Retail Dispensary Locations |
|---|---|---|
| • **Statewide Maximum** - Each MMTC may have up to 25 dispensaries statewide, before the patient population reaches 100,000. Each MMTC gets an additional 5 dispensaries for each additional 100,000 patients.<br>• **Regional Maximum** - The statewide maximum is distributed in the 5 regions (Northwest, Northeast, Central, Southwest and Southeast) based on regional population.<br>• MMTCs may purchase dispensary slots from other MMTCs.<br>• These limits sunset on April 1, 2020. | Surterra Therapeutics | Tallahassee, Tampa |
| | Trulieve | Bradenton, Clearwater, Edgewater, Jacksonville, Miami, Lady Lake, Pensacola, St. Petersburg, Tallahassee, Tampa |
| | Knox Medical | Gainesville, Jacksonville, Lake Worth, Orlando, Tallahassee |
| | Curaleaf | Kendall, Miami |

*** These are the only MMTCs currently operating retail dispensaries.**

# Phase 3 MMTC Licensure and Procurements

- DOH adopted rules and noticed proposed regulations that establish the MMTC application procedure pursuant to s. 381.986, F.S. and Art. X, S. 29 Fla. Const. (Notice of Proposed Regulation 1-1.02 & 2-1.01 Emergency Rule 64ER17-1 & 64ER17-2).
- DOH is procuring outside specialists to evaluate new applications.
  - Request for Quotes issued to state term contracts; currently reviewing quotes received.
- DOH is currently negotiating with vendors to outsource the patient and caregiver identification card program.
- DOH has developed an Request for Proposals for the statewide seed-to-sale tracking system.

# MMTC Rules and Regulations

The department is in the process of developing rules for:

- Pesticide use
- Fine and fee collection
- Labeling and packaging standards
- Edible standards
- Dosing guidelines
- Testing laboratory Certification

# Qualified Physician Requirements

- Only a qualified physician may issue a certification for low-THC cannabis and medical marijuana for patients. 1,047 qualified physicians are currently registered with DOH.
- To be a qualified physician, a doctor must:
  - Have a clear/active license as a medical or osteopathic physician (ch. 458 and 459, F.S.)
  - Complete a course and examination provided by the Florida Medical Association or the Florida Osteopathic Medical Association.
- To issue a certification, a qualified physician must:
  - Conduct a physical examination while physically present in the same room as the patient and assess the patient's medical history.
  - Diagnose the patient with a qualifying medical condition
  - Determine that the benefits of medical marijuana would likely outweigh the potential health risks for the patient, and record this determination. If a patient is under age18, a second physician must agree and record the agreement.

# Qualified Physician Requirements, cont'd

- To issue a certification, a qualified physician must (continued):
  - Determine if the patient is pregnant and record it. A physician may not issue a physician certification, except for low-THC cannabis, to a patient who is pregnant.
  - Review the patient's controlled drug prescription history in the Prescription Drug Monitoring Program database.
  - Review the Medical Marijuana Use Registry and confirm that the patient does not have an active physician certification from another qualified physician.
  - Have registered for this patient in the Medical Marijuana Use Registry and entered the physician certification information into the registry, including the qualifying condition, dosage, amount and forms of marijuana authorized, and any types of marijuana delivery devices needed.
  - Evaluate the patient at least every 30 weeks.

# Requirements for Patients

Only a qualified patient may use low-THC cannabis and medical marijuana. There are currently 41,300 qualified patients in Florida.

To be a qualified patient, a person must:

- Be a Florida resident
- Not fraudulently represent qualification
- Have debilitating medical condition
- Be placed in the registry by physician and linked to only one physician
- Have Office of Medical Marijuana Use Identification Card
- Not transfer product to anyone else
- Use only in permitted places

# Requirements for Caregivers

Only registered caregivers may obtain and administer Low-THC cannabis and medical marijuana for qualified patients.

To qualify as a caregiver, a person must:

- Be 21 years old (with certain exceptions)
- Pass a background check (with certain exceptions)
- Complete a course and examination provided by DOH, when available

To obtain and assist qualified patients, a caregiver must:

- Only transfer product to qualified patients
- Not use a patient's medical marijuana
- Not administer medical marijuana in prohibited places
- Assist only one qualified patient (with certain exceptions)
- Not receive compensation
- Have the caregiver ID card in immediate possession at all times when possessing, delivering, administering

# Identification Cards

Identification card statutory requirements:

- Must be renewed annually
- Must be resistant to counterfeiting and tampering
- Must include:
  - The name, address, and date of birth of the qualified patient or caregiver.
  - A full-face, passport-type, color photograph of the qualified patient or caregiver taken within the 90 days immediately preceding registration or the Florida driver license or Florida identification card photograph of the qualified patient or caregiver obtained directly from the Department of Highway Safety and Motor Vehicles.
  - The expiration date of the identification card.
- DOH has released an ITN, and is currently in negotiations to outsource the production of cards, as directed by SB 8-A.
- Each qualified patient must have an approved application prior to filling an order at an MMTC
- The current processing time for identification cards is approximately 30 days
- The OMMU has issued over 20,000 identification cards
- Common application deficiencies: Photo submitted is not a passport style photo, payment not signed, application not signed

# Public Education

Education Campaign Requirements:

- Promote legal requirements for use and possession
- Promote information regarding safe use of marijuana, including prevention of unintended ingestion, particularly in children
- Publicize the short-term and long-term health effects of marijuana use, particularly on minors and young adults
- Educate on use of medical marijuana for individuals diagnosed with terminal conditions and those who provide palliative or hospice services
- **Conduct research to establish baseline knowledge**

Current Status:

- Established partnership with the Florida Survey Research Center (FSRC), based at UF and lead by Dr. Michael Scicchitano
- Survey in draft to be disseminated to five regions of the state to establish baseline knowledge and perception of medical marijuana in Florida
  - Data will be analyzed by FSRC and a report provided to DOH that will guide message development moving forward
- Completed review of public education campaigns in other states that have already implemented medical marijuana

Note: FAMU, Florida Highway Safety and Motor Vehicles and Florida Department of Law Enforcement also received funding for education campaigns.

# Statutory Deadlines

| | |
|---|---|
| **July 3, 2017** | Grant MMTC licenses to licensed dispensing organizations |
| **Aug 1, 2017** | Grant MMTC licenses (5) to any denied DO with a pending legal challenge as of January 1, 2017, or a final ranking within one point the regional winner that proves it has the infrastructure and ability to begin cultivating within 30 days |
| **Oct 3, 2017** | Grant MMTC license to a member of the Black Farmers (1), give preference to (2) applicants that own citrus processing facilities and (2) more to reach the requirement |
| **Oct 3, 2017** | Must begin issuing patient and caregiver ID cards |
| **Jan 1, 2018** | Physician certification pattern review panel shall submit an annual report to Governor, President and Speaker. Department and applicable boards shall initiate nonemergency rulemaking pursuant to Ch. 120 |
| **Jan 15, 2018** | DOH must submit to the research board and quarterly thereafter data sets for each patient registered in the registry, including condition and daily dose amounts |
| **Jan 31, 2018** | Submit to Governor, President and Speaker the annual evaluation of the marijuana use and prevention campaign as assessed by an independent entity |
| **May 1, 2018** | Establish supplemental fees to cover costs of marijuana education and use prevention campaign, as well as Medical Marijuana Research and Education at H. Lee Moffitt Cancer Center |
| | |

# Implementation Update

- Granted seven MMTC licenses to existing Dispensing Organizations
- Approved five new MMTCs and have commenced cultivation authorization inspections
- Issued MMTC application grading RFQ
- Established OMMU organizational structure for 28 initial FTEs as well as the 27 FTEs held in reserve by SB-8A
- Developed position descriptions, class codes and pay bands for each new position
- Assembled screening and interview teams that have begun establishing these positions and hiring candidates
- Developed RFP for Statewide Seed-to-Sale Tracking
- Developed ITN for Medical Marijuana Identification Card outsourcing and have commenced negotiations with vendors
- Engaged Moffitt in order to fulfill their requirements of SB 8-A and are finalizing an agreement with the organization
- Established a relationship with the University of Florida to fulfill the research and educational requirements of SB 8-A

# Legal Challenges

- Home Grow:
  - Redner v. DOH, et. al., 13th Judicial Circuit Case No. 17-CA-5677

- Smoking Ban:
  - People United for Medical Marijuana v. DOH, et. al.,
    2d Judicial Circuit Case No. 2017-CA-1394

- Constitutionality of Black Farmers Provision 381.986(8)(a)2 F.S.
  - Smith v. DOH, 2d Judicial Circuit Case No. 2017–CA-001972

- MMTC Licensure:
  - Tropiflora, LLC v. DOH, 2d Judicial Circuit Case No. 2016-CA-1330
  - Keith St. Germain v. DOH Case No. 17-5011

# Questions?

# CourtSmart Tag Report

**Room:** KN 412 **Case No.:** **Type:**
**Caption:** Senate Health Policy **Judge:**

**Started: 10/10/2017 10:05:14 AM**
**Ends: 10/10/2017 12:29:18 PM Length: 02:24:05**

**10:13:57 AM** Sheriff Chitwood, Sheriff, Volusia County
**10:20:05 AM** Senator Young
**10:20:16 AM** Dr. Kenneth Scheppke, Emergency Medicine
**10:29:09 AM** Senator Young
**10:29:18 AM** Dr. Aaron Wohl, FACEP, Emergency Medicine, Lee Health
**10:44:40 AM** Senator Young
**10:44:56 AM** Dr. Raymond Pomm, Medical Director, Gateway Community Services and River Region Human Services
**10:56:15 AM** Senator Young
**10:56:39 AM** Mary Lynn Ulrey, MS ARNP, CEO, Drug Abuse Comprehensive Coordinating Office
**11:06:58 AM** Senator Young
**11:07:06 AM** Mark Bishop, PT, Ph.D., Department of Physical Therapy, Associate Professor, University of Florida
**11:15:46 AM** Senator Young
**11:16:02 AM** William Delaney, LCSW, Vice President, Government Relations, Beacon Health Options
**11:25:36 AM** Senator Young
**11:25:45 AM** Eric Bailey, LPC, CAC III, Director, Business Solutions of Anthem, Inc.
**11:37:45 AM** Senator Young
**11:38:29 AM** Senator Benacquisto with comments and questions
**11:41:12 AM** Dr. Scheppke
**11:41:47 AM** Dr. Pomm
**11:43:02 AM** Eric Bailey
**11:43:22 AM** Senator Benacquisto
**11:43:33 AM** Eric Bailey
**11:44:41 AM** Senator Hukill with comments and questions
**11:45:56 AM** Sheriff Chitwood
**11:47:10 AM** Dr. Wohl
**11:48:18 AM** Dr. Pomm
**11:49:36 AM** Senator Book with comments and questions
**11:52:56 AM** Sheriff Chitwood
**11:54:38 AM** Dr. Scheppke
**11:55:44 AM** Mary Lynn Ulrey
**11:58:04 AM** Senator Young
**11:58:25 AM** Senator Montford with comments and questions
**11:59:18 AM** Dr. Wohl
**12:01:22 PM** Senator Montford
**12:01:43 PM** Dr. Wohl
**12:03:22 PM** Senator Montford
**12:03:35 PM** Mary Lynn Ulrey
**12:04:00 PM** Senator Montford
**12:04:17 PM** Mary Lynn Ulrey
**12:04:40 PM** Senator Young
**12:04:46 PM** Senator Rader with comments and questions
**12:10:32 PM** Dr. Scheppke
**12:11:43 PM** Dr. Pomm re: family involvement
**12:12:28 PM** Eric Bailey re: technology involvement
**12:13:38 PM** Senator Rouson
**12:14:55 PM** Dr. Scheppke
**12:17:44 PM** Dr. Wohl
**12:18:38 PM** Dr. Rouson with comments and questions
**12:20:01 PM** William Delaney
**12:21:53 PM** Eric Bailey
**12:23:02 PM** Senator Garcia with questions re: unreported cases
**12:23:48 PM** Dr. Pomm

**12:23:55 PM** Senator Garcia with comments
**12:28:00 PM** Senator Young with closing remarks