



STATE OF WASHINGTON  
OFFICE OF THE GOVERNOR

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**EXECUTIVE ORDER 16-09**

**Addressing the Opioid Use Public Health Crisis**

**WHEREAS**, in 2015, each day an average of two Washingtonians died from opioid overdose, and heroin overdose deaths have more than doubled between 2010 and 2015;

**WHEREAS**, the opioid epidemic continues to affect communities, devastate families, and overwhelm law enforcement, health care, and social service providers;

**WHEREAS**, medically prescribed opioids intended to treat chronic pain have contributed to the epidemic, and though a first-in-the-nation set of [Washington state guidelines](#) for use of opioids to treat chronic pain has helped reduce the amount of opioids prescribed, more must be done to effectively implement these guidelines and offer effective treatment options for patients with chronic pain;

**WHEREAS**, opioid use disorder is a devastating and life-threatening chronic medical condition, and we need to improve access to treatments that support recovery and lifesaving medications to reverse overdoses;

**WHEREAS**, as individuals, communities, and governments, we must assist people struggling with opioid use disorder and reduce its associated stigma, using evidence-based interventions like our innovative syringe exchange program;

**WHEREAS**, we have developed a [Statewide Opioid Response Plan](#) that is highly consistent with the recent [Center for Disease Control \(CDC\) Guidelines for Prescribing Opioids for Chronic Pain](#), the [Surgeon General's call to end the opioid crisis](#), and [a compact relating to opioid use](#) that governors around the nation have signed; and

**WHEREAS**, it is imperative that we act in a comprehensive manner to address this public health crisis.

**NOW THEREFORE, I**, Jay Inslee, Governor of the state of Washington, direct that state agencies under my authority work with local public health, Tribal governments, and other partners across the state, to implement the state opioid response plan with an immediate focus on the following highest priority actions. These agencies must submit a progress report by December 31, 2016, in advance of next legislative session. The Office of Financial Management, which is leading and coordinating comprehensive behavioral health planning, shall evaluate, in the course of its work, the potential budget-related matters raised in this order.

**Goal 1: Prevent inappropriate opioid prescribing and reduce opioid misuse and abuse.**

1. The state Agency Medical Directors Group (AMDG) shall work with the [Bree Collaborative](#) (a health care improvement partnership), Tribal governments, boards and

commissions, professional associations, health care systems, insurers, teaching institutions, and others to consider amendments to the state pain guidelines and other training and policy materials, consistent with the 2015 AMDG and the 2016 CDC opioid guidelines, to reduce unnecessary prescribing for acute pain conditions for the general population, especially adolescents.

2. The Department of Health (DOH) and Department of Social and Health Services (DSHS), in partnership with my office and other agencies, including the Office of the Superintendent of Public Instruction, schools, and public and private partners, shall develop a communications strategy geared toward preventing opioid misuse in communities, particularly among youth, to raise awareness about the risks of opioid use and focus on reducing the stigma of opioid use disorder. This communication strategy shall promote safe home storage and appropriate prescription pain medication disposal to prevent misuse. Agencies shall also work with partners to consider and present options on how to best prevent misuse, including potential solutions like drug take-back programs.
3. The Health Care Authority (HCA) and Department of Labor and Industries (LNI), in collaboration with the Bree Collaborative, shall explore innovative methods and tools to deliver evidence-based alternatives and other promising practices, such as physical, occupational and cognitive behavioral therapy, to reduce overreliance on opioids while improving access to care and health outcomes with regard to the treatment of pain. HCA shall work with the University of Washington (UW) and other providers to utilize and make tele-mentoring prescriber education programs, such as UW TelePain, a fiscally sustainable telehealth service. These agencies will also establish support programs for providers, like an opioid prescribing consultation hotline.
4. To reduce the supply of illegal opioids, I have requested, and the Attorney General has agreed to partner with the Washington State Patrol and Washington Association of Prosecuting Attorneys, to convene local, state, and federal law enforcement agencies and community partners to develop and recommend strategies.

**Goal 2: Treat individuals with opioid use disorder and link them to support services, including housing.**

1. My office and HCA will work with health plans to support and implement behavioral health integration strategies in primary care, to include effective screening for opioid use disorder and increased management of medication-assisted and other needed treatments, like recovery support services. These strategies shall be implemented in a culturally appropriate and accessible manner, especially among historically marginalized communities such as American Indian and Alaska Native populations.
2. State agencies shall work with partner agencies and the health care community to expand availability of evidence-based medication-assisted treatment to:
  - a. Identify policy gaps and barriers, in communities and the criminal justice system, that limit availability and utilization of medication-assisted treatment, including naloxone for overdose reversal.

- b. Consider the [spoke and hub](#), nurse care manager, and similar center of excellence models that closely align with Behavioral Health Organizations and Accountable Communities of Health systems so that regional differences can be addressed and treatments may be delivered on a regional and population basis.
  - c. Ensure availability of rapid, low-barrier access to treatment medications for people with opioid use disorder, especially pregnant women, intravenous drug users, and those who are homeless.
  - d. Work with the UW Alcohol and Drug Abuse Institute (UW/ADAI) to pilot and evaluate low barrier models that provide rapid access to and stabilization on buprenorphine.
  - e. Explore new and existing funding sources to increase capacity in syringe service and other evidence-based programs.
3. The Department of Corrections, in collaboration with DSHS and HCA, shall improve processes to identify offenders with opioid use disorder and develop evidence-based interventions to ensure offenders will receive timely and effective treatment in the community upon release, concentrating immediately in regions that have achieved behavioral health and physical health integration.
  4. At my request, the Insurance Commissioner has agreed to work with state health care purchasing agencies, private insurers, and providers, to determine if access issues exist and explore and recommend solutions on how insurance payment mechanisms, formularies, and other administrative processes can ensure appropriate availability of medication-assisted services and evidence-based services for treatment of pain and overdoses. State health care purchasers shall assess whether current payment and coverage decisions support these treatments consistent with evidence-based practices and implement, as soon as feasible, value-based purchasing methods to improve results.

**Goal 3: Intervene in opioid overdoses to prevent death.**

1. DSHS and DOH will work with the UW/ADAI and other partners, including local public health officials, to educate heroin and/or prescription opioid users and those who may witness an overdose, on how to recognize and respond to an overdose. State and local data systems will be enhanced to document opioid overdose occurrence and response.
2. State agency health care purchasers shall ensure that covered individuals with opioid use disorder receive overdose education and access to naloxone.
3. Agency Medical Directors shall work with partners, including the CDC, to consider a centralized naloxone procurement process in order to reduce the cost of naloxone and increase its availability for first responders and families and friends of heroin users. Agency Medical Directors shall report recommended solutions when practicable.

**Goal 4: Use data and information to detect opioid misuse/abuse, monitor morbidity and mortality, and evaluate interventions.**

1. DOH, the Agency Medical Directors Group, the Bree Collaborative, and UW shall collaborate with providers and other partners to develop statewide measures to monitor

prescribing practices and access to high quality and necessary pain care, focusing on metrics with a statewide and regional view. Using these measures, DOH will identify regional variations in prescribing practices and encourage health systems and insurers to use these measures to identify and intervene with health care providers who engage in unsafe prescribing practices.

2. State agency health care purchasers, with assistance from DOH, shall identify persons at high risk for prescription opioid overdose and intervene when appropriate with outreach efforts to provide necessary medical care, including treatment of pain and/or opioid use disorder.
3. DOH shall collaborate with partners to explore policies and processes to enhance functionality and increase the use of the Prescription Drug Monitoring Program among health care providers.
4. DOH will work with HCA and LNI to explore methods to notify health care providers of opioid overdose events. These methods should include how the Emergency Department Information Exchange electronic health information system used by hospitals might use prescription drug monitoring program data to identify health care providers who recently prescribed opioids to an overdose victim and notify them of that overdose event.

This Executive Order shall take effect immediately.

Signed and sealed with the official seal of the state of Washington, on this 7th day of October 2016, at Olympia, Washington.

By:

/s/

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Jay Inslee  
Governor

BY THE GOVERNOR:

/s/

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Secretary of State