



Spotlight on Mississippi

Leading edge practices and next steps in reversing the opioid epidemic

The [American Medical Association \(AMA\)](#), [Mississippi State Medical Association](#), and [Manatt Health](#) conducted an in-depth analysis of Mississippi's responses to the opioid epidemic to identify best practices and identify next steps to help end the opioid epidemic. This document provides the full range of recommendations and key next steps for Mississippi.

The full analysis is available at www.end-opioid-epidemic.org/MSspotlight, focused on three main areas:

1. **Increasing access to high-quality, evidence-based care for substance use disorders**
2. **Providing comprehensive care to patients with pain**
3. **Enhancing access to naloxone**

WHERE MISSISSIPPI IS SUCCEEDING

- **Expanding naloxone access.** The state's efforts to expand naloxone access, including a standing order and a Good Samaritan law, have saved lives. Over 2000 lives were saved by emergency medical services using naloxone in 2017.
- **Expanding coverage of opioid alternatives.** Medicaid covers non-opioid pain management options, including some non-opioid pharmaceuticals and topical analgesics, though Medicaid also has a monthly limit on prescription drugs that reduces the impact of this coverage.
- **Community engagement.** StandUp Mississippi was designed to help reduce stigma and promote overdose prevention across multiple agencies, including the Mississippi Department of Mental Health, Department of Public Safety, Mississippi Bureau of Narcotics, Mississippi Board of Pharmacy, Federal Bureau of Investigation, Mississippi Department of Human Services, and Drug Enforcement Agency.

Following the AMA-MSMA-Manatt analysis, Mississippi Medicaid officials provided two promising updates:

- Mississippi Medicaid recently went from a part-time to a full-time medical director, and expects the expansion of this role will enhance Medicaid's ability to address a range of issues on the epidemic, including coordinating on opioid-related issues with internal and external stakeholders.
- Mississippi Medicaid noted that it actively collaborates with organizations such as the Mississippi State Medical Association, DMH, the State Health Department, the State Boards of Medical Licensure and Pharmacy, and other professional organizations. Medicaid recommends that this group of partners work together to expand access to MAT.

NEXT STEPS AND RECOMMENDATIONS

Mississippi's opioid epidemic follows national trends. Even as the number of opioid prescriptions dispensed in the state has steadily dropped, deaths due to opioid-related overdoses have continued to increase. Governor Phil Bryant has led state efforts to address the epidemic through an August 2017 executive order that encouraged the use of naloxone by law enforcement officers, and by convening an Opioid and Heroin Study Task Force comprising representatives from state agencies, medical and dental boards, providers, and county representatives. Working with the MSMA, the state has several opportunities for positive next steps.



**Further expand
MAT treatment
workforce**



**Remove barriers
to high-quality,
evidence-based
SUD services**



**Enhance
comprehensive
pain care, non-
opioid alternatives**



**Strengthen
mental health
and SUD parity
enforcement**



**Remove stigma
associated with
MAT**

- **Increasing access to opioid alternatives.** The University of Mississippi Medical Center's initiatives to treat pain with acupuncture, physical therapy, biofeedback, and other non-opioid alternatives could be promoted across other leading state institutions and used to expand Medicaid and commercial coverage of non-opioid pain management strategies
- **Reviewing parity compliance.** The Mississippi Insurance Department (MID) is conducting a comprehensive review of health insurer policy forms to assess compliance with mental health and substance use disorder (SUD) parity laws, and is developing materials for future regulatory reviews, as well as for insurers and consumers, on parity requirements.
- **Expanding access to medication-assisted treatment (MAT) and other treatment options.** Mississippi's decision not to expand Medicaid leaves many people affected by the epidemic without coverage, making it critical that the state maximize its remaining options by strategically using other sources of federal opioid funding, covering the cost of training to encourage more providers to become waived, developing outreach programs to connect individuals to existing treatment options, and covering all clinically appropriate forms of MAT without prior authorization.
- **Enforcing parity requirements.** The MID will be able to use the new materials that come out of its current parity assessment work to more closely scrutinize benefit packages, prior authorization policies, and cost-sharing obligations to ensure ongoing parity compliance. Where compliance problems emerge, the MID can use its regulatory authority to perform market conduct exams similar to the parity exams currently under way in Pennsylvania and Colorado.
- **Tracking metrics to assess impacts.** The data clearinghouse being established at Mississippi State University could become a forum for state agencies to track key indicators of the epidemic on a regular basis to assess whether policies, programs, and other efforts in the state are working to improve patient care and reduce opioid-related harms. Greater collaboration with the MID, Medicaid, and public health experts could be helpful.

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