

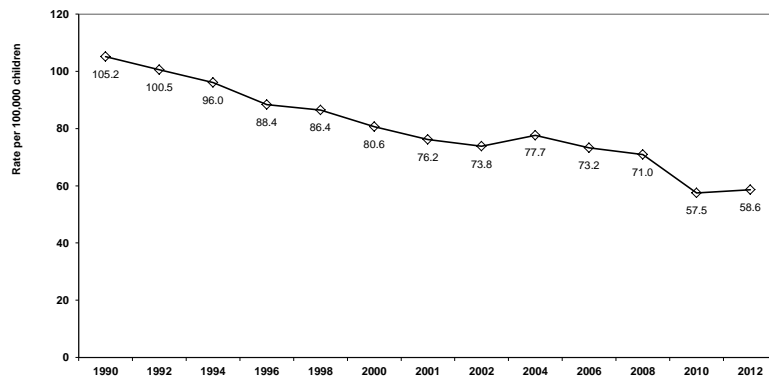


## CHILD FATALITY TASK FORCE AND PRESCRIPTION DRUG LEGISLATION

EVIDENCE AND PARTNERS

Elizabeth  
Hudgins  
Child  
Fatality  
Task  
Force  
1/24/14

## 45% DECLINE IN CHILD DEATH RATE SINCE INCEPTION OF CHILD FATALITY PREV SYSTEM



Data from State Center for Health  
Statistics

## 11,500 MORE CHILDREN ALIVE!

- Equivalent to
  - Averting 7-8 years of child death OR

About equivalent to the freshmen classes of NCSU, ECU and Appalachian State combined



## CHILD FATALITY PREVENTION SYSTEM: OUR CHARGE (7B-1400)

- Develop communitywide approach to child abuse and neglect;
- Understand causes of childhood death;
- ID gaps in service delivery in systems designed to prevent death; and
- Make and implement recommendations for changes to laws, rules and policies that will **support the safe and healthy development** of our children and **prevent future child abuse, neglect and death**

## CHILD FATALITY PREVENTION SYSTEM

- Local teams
  - Child Fatality Prevention Team
  - Community Child Protection Team
- State Child Fatality Prevention Team (State Team)
- Child Fatality Task Force
  - Policy arm of the Child Fatality Prevention System



## CFTF MEMBERSHIP

Legislators, local government, social services, law enforcement, education, advocacy, public members, domestic violence, DHHS

- 10 legislators
- 5 others appointed by Senate President Pro Tem
- 5 others appointed by House Speaker
- 4 appointed by Governor
  - Includes director of local department of health –Buck Wilson
- 10 ex officio
- Elects Co-Chairs – currently Karen McLeod and Dr. Peter Morris

## CFTF – COMMITTEES

- Perinatal Health
  - Co-chaired by Dr. Sarah Verbiest (member) and Belinda Pettiford
- Intentional Death Prevention
  - Co-chaired by Dr. Elaine Cabinum-Foeller (member) and Michelle Hughes
- Unintentional Death Prevention
  - Co-chaired by Martha Sue Hall (member) and Alan Dellapenna
- Open participation

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## CFTF - PROCESS



- Vet issues through Committees
- Committees make recommendations to CFTF
- CFTF makes recommendations to GA and Governor
- Recommendations may be legislative or administrative
- Members and stakeholders advance action agenda

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## KEY ELEMENTS: DATA, PARTNERSHIPS AND SPECIFIC SOLUTIONS

- Data from SCHS, State Team, CSRS, IPRC and others helped identify that poisoning was the fastest growing cause of teen death
- **Specific** problems were identified with **specific** solutions advanced
- Policy-makers were already interested in the issue and in advancing solution (infrastructure and trust)
- Partners were critical!!
  - Identifying problem *and* solution
  - Informing policy debate
  - Advancing solutions



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## SOME OF THE CFTF STEPS ON PRESCRIPTION DRUGS

- Started talking about prescription drug issues at least by 2010 (Operation Medicine Drop)
- Call for applications summer/fall 2012
  - CCNC proposed a multi-faceted solution to improve CSRS
  - NC Harm Reduction Coalition proposed legislation on naloxone and changes in Good Samaritan law
- September 2012 – UDC meeting devoted to prescription drug issues – experts presenting and at table
- Jan/Feb 2013 – legislation filed
- June 2013 – legislation signed into law
- January 2014 – all laws in effect



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## INPUT FROM A VARIETY OF EXPERTS

- Carolinas Poison Center
- College of Emergency Physicians
- Community Care of North Carolina
- Controlled Substances Reporting System at MH/DD/SAS
- Injury & Violence Prev Branch at DPH
- Injury Prevention Research Center at UNC
- NC Medical Board
- NC Medical Society
- Office of the Attorney General
- Project Lazarus
- Retail Merchants Assoc
- Safe Kids of NC
- State Bureau of Investigation
- Plus +++

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## AMEND CSRS: S222 (H173)

- Big kudos to Rep. Horn, Sens. Allran & Bingham and all our partners!
- Increase access to CSRS for prescribers
  - Require physician dispensed medications to be reported (48 hour exception)
  - Allow delegate accounts
  - Increase penalties for misuse (\$10,000 civil penalty)
- Allow reporting of aberrant practice (unsolicited alerts)
  - Report patient practices to physician of record
  - Report physician practices to Medical Board
  - Amend NC GS 90-5.2 (a)(7) to specifically allow the NC Medical Board to share their licensee e-mail information with DHHS for the purpose of implementing this feature
- Decrease required prescription-fill reporting time from 7 days to 3 days(\$54,000 R needed)

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## S222 –NOW



- All parts became effective January 2014
- Involves some rule-making, so some pieces will take a while
- CSRS Administrator position is being filled
- Medical Society and IVPB are working on distributing mousepads with CSRS info to doctor office
- As of October, number of doctors enrolled in CSRS increased 10%, pushing NC above national average and number of enrolled pharmacists more than doubled
- States going with mandates are looking at fixes

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## S20: END CIVIL LIABILITY FOR NALAXONE PRESCRIPTION AND USE

- Big thanks to Sens. Allran and Bingham, NC Harm Coalition and other partners
- Reverses immediate effect of OD
- Not a controlled substance. Virtually no risk of abuse
- Needs a third party for use (like a defibrillator)
- Administered by shot or inter-nassally
- Physicians (and other prescribers) may be wary about prescribing because of concerns about possible civil liability charges
- Knowledge gap – physicians may not think to prescribe naloxone when prescribing an opioid

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## S20: GOOD SAMARITAN LAWS (TRACK)

- Some people, esp. teens, may be reluctant to call 911 if they are worried about being caught with drugs or for underage drinking
- Even a few minutes delay can make the difference between life and death
- Fear of police involvement most common reason cited for not calling 911
- 911 calls occur in only 50% of ODs (US)
- In NC 911 call comes too late 50% of time (person dies before paramedic arrives)

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## S20: NOW

- At least **35 lives have been saved** and 550 kits distributed
- Training for law enforcement and others by NC Harm Reduction Coalition
- Orange County and other health departments issuing standing orders for naloxone
- Board of Pharmacy slated to clarify distribution policy earlier this week

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## MORE?

CFTF website, including membership list, meeting notices, presentations and minutes:

<http://www.ncleg.net/DocumentSites/Committees/NCCFTF/Homepage/>

### **S222:**

<http://www.ncleg.net/gascripts/BillLookUp/BillLookUp.pl?Session=2013&BillID=s222&submitButton=Go>

### **S20:**

<http://www.ncleg.net/gascripts/BillLookUp/BillLookUp.pl?Session=2013&BillID=s20&submitButton=Go>

To get on email distribution for CFTF meeting notices and action agenda updates, please email

[Elizabeth.Hudgins@dhhs.nc.gov](mailto:Elizabeth.Hudgins@dhhs.nc.gov)

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## CONTACT INFORMATION

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