



Spotlight on North Carolina

Leading edge practices and next steps in reversing the opioid epidemic

The [American Medical Association \(AMA\)](#), [North Carolina Medical Society \(NCMS\)](#), and [Manatt Health](#) conducted an in-depth analysis of North Carolina’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 North Carolina.

The full analysis is available at www.end-opioid-epidemic.org/NCspotlight, 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 NORTH CAROLINA IS SUCCEEDING

- **INCREASING ACCESS TO MEDICATION-ASSISTED TREATMENT.** North Carolina has eliminated prior authorization for leading forms of medication-assisted treatment (MAT) in Medicaid and used federal grants to provide treatment, linkages to MAT, and training and support to providers who offer MAT services.
- **PROVIDING THE FULL CONTINUUM OF CARE REQUIRED FOR SUD TREATMENT.** NC’s Department of Health and Human Services (DHHS) has taken steps to provide the full continuum of care recommend by the American Society for Addiction Medicine.
- **FOCUSING ON “WHOLE PERSON CARE” IN MEDICAID MANAGED CARE.** As part of the transition to Medicaid managed care that goes into effect in 2019, the state has established requirements for Medicaid managed care plans to provide integrated care that considers an individual’s physical

health, behavioral health, and related social and economic issues.

- **PROMOTING COMPREHENSIVE PAIN CARE.** Medicaid has taken steps to increase access to non-opioid pain management alternatives, including adding or expanding coverage for some non-opioid pharmaceuticals and topical analgesics, and physical therapy and chiropractor services. Medicaid recognizes that some beneficiaries with chronic pain require opioids and created clinical guidelines that promote individualized patient care plans.
- **EXPANDING NALOXONE ACCESS AND PROMOTING HARM REDUCTION.** NC expanded the availability of naloxone throughout the state, building on its early adoption of a naloxone standing order and Good Samaritan law. The state also legalized and publicized syringe exchange programs to reduce the spread of infectious diseases and link individuals with SUD to services.

Two promising initiatives in North Carolina, **Project ECHO** and **Project OBOT**, deserve increased attention and investment to increase training, help expand the MAT workforce and build community-based collaborative care efforts to support SUD treatment—particularly in rural communities. In addition to enhancing incentives for primary care providers and local communities to begin providing office-based OUD treatment, these efforts may be able to be replicated in other communities and states beyond North Carolina.

NEXT STEPS AND RECOMMENDATIONS

North Carolina was among the first states to work to comprehensively support access to naloxone and other public health and harm reduction strategies. The state's steady decrease in opioid prescribing combined with increases in treatment point to the challenging nature of the epidemic. The state's recent policy emphasis on increasing access to treatment combined with promising pilot initiatives provides for an excellent case study to evaluate how policies and practices can serve as a national model for other states as they implement new initiatives.



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

- **Expand Medicaid.** North Carolina has not expanded Medicaid to low-income adults as allowed by federal law, leaving approximately 150,000 North Carolinians with an SUD without coverage. This is a major missed opportunity that could help North Carolina end the opioid epidemic within its borders.
- **Monitor implementation of key SUD-related policies.** NC has established strong requirements for Medicaid managed care plans to provide whole-person care, offer an adequate network of providers and cover key forms of MAT without prior authorization. It will be critical to ensure plans are complying with these requirements.
- **Adopt cross-sector approaches to combating the epidemic.** Many large insurers in NC have expressed support for removing prior authorization for MAT, for example, and we encourage all of them to issue public statements that are specific as to the policies they are implementing.
- **Ensure network adequacy and parity standards.** Network adequacy standards established for Medicaid managed care plans

provide clear guidance and could be used to strengthen Dept. of Insurance guidelines for ensuring that commercial insurers have adequate networks as well. The DOI also could clarify mental health and substance use disorder parity standards and use targeted market conduct exams to identify and remedy gaps in commercial insurance services.

- **Further increase access to opioid alternatives.** NC Medicaid covers important forms of evidence-based non-opioid and non-pharmacological alternatives for pain management. The DOI should work with commercial insurers to ensure patients' access to timely and affordable, comprehensive, multidisciplinary, multimodal pain care.
- **Continue efforts to systematically measure the impact of opioid-related interventions.** The state has developed key metrics that are monitored and published quarterly on an opioid data dashboard. It will be important to continue evaluating the effectiveness of interventions to identify where programs are working as well as how to more effectively use resources based on surveillance data.

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