



2015-2016 General Assembly

# HOUSE BILL 1030: 2016 Appropriations Act, Sec. 12F.1: Medication-Assisted Opioid Use Disorder Treatment Pilot Program

<b>Committee:</b>		<b>Date:</b>	August 4, 2016
<b>Introduced by:</b>		<b>Prepared by:</b>	Augustus D. Willis Staff Attorney
<b>Analysis of:</b>	Sec. 12F.1 of S.L. 2016-94		

**OVERVIEW:** *Sec. 12F.1 of S.L. 2016-94 creates a three-year pilot program conducted by designated federally qualified health centers located in North Carolina and overseen by the Department of Health and Human Services to study the effectiveness of combining behavioral therapy with the utilization of a nonnarcotic, nonaddictive, extended-release injectable formulation of opioid antagonist approved by the United States Food and Drug Administration, for the prevention of relapse to opioid dependence.*

*This section became effective July 14, 2016.*

**BILL ANALYSIS:** Prior to initiation of the pilot program, DHHS must, in collaboration with the North Carolina Institute of Medicine and any other qualified entity, determine the number of program participants and randomized control group members needed to ensure sufficient statistical significance to support any conclusions about the effectiveness of the pilot program.

By August 13, 2016 DHHS must select between 3 and 5 FQHCs located in different parts of the state to participate in the pilot program, giving priority to FQHCs that have received supplemental grant funds from the US Department of Health and Human Services, Health Resources and Services Administration for substance abuse service expansion with a focus on medication-assisted treatment in opioid use disorders. As a condition of participating in the pilot program, each FQHC must sign a written participation agreement provided by DHHS requiring the FQHC to adhere, at a minimum, to treatment standards enumerated in the Act.

By September 12, 2016 DHHS must develop, in collaboration with the North Carolina Institute of Medicine and any other qualified entity, a methodology for selecting program participants and randomized control group members at each FQHC. Also by September 12, 2016, DHHS, in collaboration with the North Carolina Institute of Medicine or any other qualified entity, develop a standardized methodology for the collection of information on program participants and randomized control group members at each FQHC. As a condition of participating in the pilot program, each selected FQHC must agree to follow the standardized methodology for collecting the information and annually reporting the information to DHHS. The Act sets forth minimum standards for information that must be reported to DHHS.

By November 1, 2020, DHHS must conduct and submit to the Joint Legislative Oversight Committee on Health and Human Services a comprehensive evaluation of the effectiveness of the pilot program, including specific criteria for judging the success of the program.

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**EFFECTIVE DATE:** The allocation of funds to be distributed to the FQHCs selected to participate in the pilot program became effective July 1, 2016. The remainder of this section became effective July 14, 2016.