Lane County Pain Guidance and Safety Workgroup
January 21, 2019
7:00 am – 8:30 am
Lane County MLK CHC – Room 198

Chair: Rick Kincade, MD, Richard.Kincade@lanecountyor.gov
Facilitator: Lucy Zammarelli, MA, CADCIII Lucy.Zammarelli@lanecountyor.gov
Reocurring Call-in number for off-site participants: 314-512-9400 code: 9313272

§	Agenda Items
1	**Welcome, Introductions, and Announcements** The opening question brought up the following as themes and focus areas for 2020: Jail integration, hospital (ER) integration, and Primary Care. In attendance: Rick Kincade **(Lane County – CHC Medical Director)** Lucy Zammarelli **(Lane County- LaneCare)** Jon Roberts **(South Lane Mental Health),** Scott Pengelly **(Strong Integrated BH**), Teri Morgan **(Springfield Treatment Center),** Natalia Uzal **(Lane County- CHC Pharmacy),** Bill Walter **(Lane County Naturopathic Physician)** Jonathan Duke & Rachel Monjesky **(Rx Clinical Services)**, Douglas Bovee **(Lane County - Methadone Treatment Program**), Coleen Connolly **(Trillium – Medical Director),** Kim Gian-Tran **(Trillium – Pharmacy),** Sheila Stigall **(Center for Family Development),** Jeanne Savage **(Trillium – Chief Medical Director),** Carla Ayres **(Lane County – Methadone Program).** Announcements: • Medicare coverage for Opioid Use Disorder treatment. See attached information. Action Item (Shauna &Leilani): Check in to see what kind of prior authorizations would be needed to get someone on Medicare started with treatment. The group also asked for information on what the payment system will look like – this will be added to the February agenda. • There is a community perception that the growth of needle exchange facilities promotes and supports addiction and addictive behaviors. Action Item (Admin): Find research/reports/data on needle exchange impacts. Action Item (Carla): To send the FAQ sheet she created for the Neighborhood Society in response to the new MAR facility. • Geriatric Prescribing Training: OHA and Pacific University Oregon held training in Coos Bay around geriatric opioid prescribing and opioid misuse on January 18th. Lucy attended and thought that this would be a good training to bring to Eugene. See attached (old) flyer for course highlights and model. If you are interested talk to Lucy. SUDS referrals and geriatric SUDs treatment is mysterious to providers and can benefit from clarification.
2	**Lane County Medication Assisted Recovery (MAR) Program Expansion** Lane County secured a property on West 11th for the expansion of MAR (the old Jones and Rock building). The goal is to move the Buprenorphine program by April and then move the methadone program by the beginning or end of fall 2020 – there are several requirements that need to be approved by the DEA (i.e. pharmacy, safe). There has

	been a lot of pushback regardless of community education (i.e. 2100 letters sent, 3 community meetings, attended 2 of the west 11th community meetings). An FAQ sheet was developed by Carla Ayres to respond to community pushback and to give information on why the expansion is necessary. There will not be a needle exchange on-site –maybe some time down the road the program will coordinate with HIVA to accomplish this. Patients currently on Buprenorphine = 160 with the expected increase to 500 with expansion and the MAR program currently has 210 patients with a goal to increase to 300-350 (staffing limited). Currently Jason Keister, Moxie Loffler and Doug Bovee are the physicians on staff –others will be hired. *Question from the group:* Is the program looking into adding other health services like ECGs – the program sends out orders to the Oregon Heart and Vascular Institute but do not run the tests on site. Hepatitis C testing is done for methadone patients other than this nothing else is planned – although Dr. Bovee would like to do ADD treatment but this is not likely. The MAR Program will not expected to close or be put on hold and will continue business as usual. *How are other agencies doing with MAR?* Center for Family Development is opening up a MAR program shortly. They have a prescriber and are looking at accepting referrals soon. Springfield Family Treatment currently does not have a waitlist and sees about 250 patients. Can get someone in crisis in within 24 hours. South Lane Mental Health is not seeing a lot of opiate use patients coming through the doors and is struggling more with methamphetamine and alcohol. The agency and program is currently going through a lot of organizational changes and is referring out to other agencies for those who need MAR. A few of their clients are being prescribed buprenorphine directly from their PCPs. HIVA is also housed in SLMH and have received similar community pushback. LC- Community Health Centers have MAR present at every site except for the MLK CHC which is still a possibility in the future. Client expansion continues for those PCPs who prescribe buprenorphine. HIVA has a new medical director Robert Barnes and he is doing work on the programs at HIVA but there are no plans to bring in a MAR program. The needle exchange was pushed out of various communities and now has been pushed out of the Whitaker. It is now located at ShelterCare on 4th and Washington in Eugene.
3	**Matrix Training for Methamphetamine Treatment** Willamette Family and Springfield Treatment Center (STC) are using this model. *Program Feedback:* STC began implementation of this program in October 2019 for those who are using methamphetamine and opiates. The experience STC has had with this pilot program is positive. Feedback includes staffing someone to manage the program as their main duty as this requires a lot of administrative work and also informing current clients of what this program implementation will mean for their current treatment plan as this is an organizational model and applies to all clients. It can be challenging implementing this

	model into one already in existence –surprise to some clients who have had a less robust treatment plan and wrapping them into the Matrix model. *Model Overview:* The model includes intensive meetings and increased groups for the first 4 weeks followed by a decrease in meetings and adding "treatment recovery" activities; Includes scheduling and planning out your day as a person in recovery. Clients who go through the program and "graduate" have the option of coming back to the program to act as a model and peer support for new clients – this is a program objective as peer supports play a large role in the recovery model. Each session has an agenda, topic, and handout. *Training Overview/Discussion:* Training is about $8K for 30 staff members to learn the tools to implement an intensive outpatient 36-week program (~9 hours a week). There is an agency level certification (which means the agency can administer the model to other community members) for this group the first certification for staff members will be considered first and the "Day Core Training Workshop" would be the first training step. There is also an option to have trainees come for more than 2 days and tact on another relevant training. See attached "onsite training options" sheet for more information. PCPs would be hard to engage in this training because the chances of implementation are slim. **Education Opportunity:** May be beneficial to PCPs to provide them with a short info session to gauge interest and barriers. The group will consider funding training after the "pilot" agencies complete Year-1 and can share challenges and successes with those interested. **Discussion initiated around ethical guidelines for engaging SUD patients:** What are the ethics/dilemmas with PCPs and SUDS providers for engaging clients? Cold calling potential clients has always been an ethical issue but if a PCP or provider knows for a fact that the patient is using drugs then someone who understands addiction (PSS) could call and get them engaged. A problem is that there is no feedback loop for SUD referrals and there needs to be some work done on creating a process for parity. ROIs solve some of the issues around 42 CFR Part 2 (for changes to the rule submitted Aug 2019 click here) but many providers do not get the releases they need- which should be happening at intake by asking the patient for a list of those involved in their healthcare treatment. There is also the barrier of patients not wanting to sign a ROI – referrals can be made without an ROI and LCBH MAR is set up for receiving referrals but if a referral is sent to a SUD provider without a ROI the agency will not reach out to the patient until the patient initiates contact due to the rule. Peer Support is a huge advantage to those clients who do not want to sign an ROI or for those who are being referred to treatment. The first step after talking to a patient about treatment options would be to engage the client with a peer support specialist. Action Item (Leilani): Agenda topic > Include Jim Shames, MD in this ethical discussion and the SUDS workgroup members.
4	**Living Well with Chronic Pain 2019 Stats** Classes sponsored by Trillium, coordinated by S&DS. Completed 3 Chronic Pain workshops in 2019. • 60 People registered for the program, 16 graduated (attended 4 or more

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	sessions). • Two were held in Eugene, one in Cottage Grove. • 2020 plan: Hold at least 4 class series next year, with a higher graduation rate.
5	**Naloxone Workgroup Update** Lane County Jail is handing out naloxone! Peace Health started dispensing naloxone after an overdoes in one of their EDs and they will be paying for it themselves. No update on McKenzie Willamette Medical Center naloxone distribution. LCBH MAR is not sending prescriptions of naloxone with medications and should consider doing this with the expansion. **Educational Opportunity:** Pharmacists are not prescribing naloxone with opioid prescriptions at all (according to the TCHP data dashboards).
6	**Community Awareness/Recovery Workgroup Update** Working with Oregon Recovers. February is Advocacy Day. Recovery Summit will be May 29-3 in Eugene at the Graduate Hotel. Looking for a title sponsor. OHA was last year and will not sponsor this year. Save the date to be sent out. Oregon Recovers is opposing House Bill 2523 going through the state that will allow for home delivery of alcohol. For information on this HB2523 click here or see attached.
7	**Dental Prescribing** Engaging DCOs and Oral Health. Ran out of time on the agenda and will bring this discussion back in February.

Meeting Minutes: Leilani Brewer, LaneCare, leilani.brewer@lanecountyor.gov

Next Meeting: February 18, 2020 @ LCBH (MLK) Room 198 from 7:00 am – 8:30 am

Medicare Coverage for Opioid Use Disorder Treatment Services Furnished by Opioid Treatment Programs

Dear Opioid Treatment Program Sponsors and State Opioid Treatment Authorities:

Starting January 1, 2020, under the Calendar Year (CY) 2020 Physician Fee Schedule final rule, the Centers for Medicare & Medicaid Services (CMS) will pay Opioid Treatment Programs (OTPs) through bundled payments for opioid use disorder (OUD) treatment services in an episode of care provided to people with Medicare Part B (Medical Insurance).
Under the new OTP benefit, Medicare covers:

- U.S. Food and Drug Administration (FDA)-approved opioid agonist and antagonist medication-assisted treatment (MAT) medications
- Dispensing and administration of MAT medications (if applicable)
- Substance use counseling
- Individual and group therapy
- Toxicology testing
- Intake activities
- Periodic assessments

With the release of the final rule, OTPs fully-certified by the Substance Abuse and Mental Health Services Administration (SAMHSA) and accredited by a SAMHSA-approved accrediting body can start enrolling in the Medicare program so they can bill for services starting January 1, 2020. We encourage OTPs to begin the enrollment process as soon as possible, and to open the doors to Medicare patients who may use this benefit to cover their OUD treatment services.
For dually eligible beneficiaries (those enrolled in both Medicare and Medicaid) who get OTP services through Medicaid now, starting January 1, 2020, Medicare will be the primary payer for OTP services. CMS will issue guidance to states to clarify how Medicaid can pay OTP providers that are not yet enrolled in Medicare, so State Medicaid Agencies can uphold their responsibilities as the payer of last resort while promoting continuity of care for dually eligible beneficiaries. Briefly, Medicaid:

- Must pay for services delivered to these beneficiaries by OTP providers who are not yet enrolled in Medicare but are enrolled in Medicaid, to the extent the service is covered in the state plan.
- Will later recoup those Medicaid payments made to the OTP, back to the date the provider can begin billing Medicare (30 days prior to the effective date of the OTP's Medicare enrollment), and the OTP will then bill Medicare for those services.

OTP providers should enroll in Medicare now to be able to bill Medicare for OTP services beginning January 1, 2020.
Medicare Advantage plans must also include the OTP benefit as of January 1, 2020, and can contract with OTP providers in their service area. In covering the OTP benefit, Medicare Advantage plans must use only OTP providers that meet the same requirements as those providing services under Medicare Part B (including enrollment with Medicare).

SAMHSA Certification and Accreditation
To enroll in Medicare, OTPs must be fully certified by the SAMHSA and accredited by a SAMHSA-approved accrediting body. Medicare will not accept provisional SAMHSA certifications during the Medicare enrollment process.
For more information on the accreditation process, visit SAMHSA's Certification of Opioid Treatment Programs (OTPs) webpage.
Link: https://www.samhsa.gov/medication-assisted-treatment/opioid-treatment-programs

Enroll in Medicare
Enroll in Medicare using the Provider Enrollment, Chain, and Ownership System (PECOS). PECOS lets you complete most of your enrollment activities online, including submitting your enrollment application and changing existing Medicare enrollment record information. PECOS expedites the enrollment process because it verifies enrollment information online then electronically sends it to your Medicare Administrative Contractor (MAC) for processing. If you can't enroll electronically, you can complete a paper application and mail it to your MAC, however, this process takes longer than the online submission.
Read our Enrollment Fact Sheet to learn more about the enrollment process and the documentation you'll need to get started.
Link (1): https://pecos.cms.hhs.gov/pecos/login.do#headingLv1
Link (2): https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/OTP-enrollment-factsheet-MLN6325432.pdf

Get to Know Your MAC
As a newly eligible Medicare provider, you should get to know your MAC. CMS contracts with MACs to process enrollment applications and Medicare Fee-For-Service (FFS) claims (also known as Medicare Part A and Part B claims). Each MAC processes FFS claims (including claims for OTP services) for certain areas of the country called jurisdictions. If you deliver OTP services in multiple jurisdictions, you might work with more than one Medicare A/B MAC. MACs also communicate information about the Medicare FFS Program to health care providers enrolled in the Medicare program.
Learn more about MACs
Link: https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/What-is-a-MAC

Participate in a Call with CMS Experts
On Tuesday, November 12, we will host a Medicare Learning Network® call to help OTPs navigate the enrollment process and understand the details of the new benefit. Register for our Opioid Treatment Programs: Enrolling in Medicare call.

Stay Connected
Bookmark our OTP webpage for the most current information, education, and upcoming events on the new benefit.
Link: https://www.cms.gov/Center/Provider-Type/Opioid-Treatment-Program-Center

What customers want to know

What makes *The Matrix Model* different from other programs?
No other evidence-based program for stimulant treatment approaches the rigorous studies of The Matrix Model. One of its creators, Richard Rawson, is the leading authority on meth and stimulants treatment in the United States. Five clinical areas, including a family component, and urine testing make it comprehensive. In short, The Matrix Model is a readymade intensive outpatient program (IOP), including a UA component, that any treatment center can implement.

What is the background on this product?
The Matrix Model was funded by a NIDA grant in the mid-1980s. It has over 25 years of research and development. It is the only specific treatment program model endorsed by NIDA as a scientifically based approach in Principles of Drug Addiction Treatment: A Research-Based Guide.

The Matrix Model was most recently tested in the CSAT Methamphetamine Treatment Project, the largest randomized clinical trial of treatments for methamphetamine dependence to date. Research findings from that trial can be found in this kit. The Matrix Model features a CD of journal articles and abstracts of many of the relevant clinical trials.

Does The Matrix Model work only with meth clients?
The Matrix Model is most recognized for its results with meth clients, but it is not limited to this stimulant. Meth and cocaine were the focus of the original outpatient treatment program. However, clients abusing alcohol and other substances were soon participating. As a result, the philosophy of the original Matrix Model program broadened to include treatment protocols for other substances. These protocols address the addictive tendencies that are common among treatment clients regardless of the substance being abused.

Given the crisis level of methamphetamine admissions to treatment and criminal justice facilities, however, Hazelden has published *A Clinician's Guide to Methamphetamine*, which is part of the Hazelden Professional Library.

How long are the sessions?
Suggested session lengths are listed on the sample schedule enclosed in this kit.

Why is Twelve Step or Outside Support Group involvement important?
Studies have shown that combining a spiritual component such as the Twelve Steps with *The Matrix Model* program improves a client's chance of long-term abstinence. What's more, clinicians have limited time to spend with clients. Twelve Step participation is an effective way to reinforce concepts discussed in treatment.

It is recommended that clients be informed that the most successful clients receive emotional support and nurturing from Twelve Step fellowships or other types of groups such as Smart Recovery or Refuge Recovery

Why is family involvement important?
Family involvement or therapy is important because it typically isn't a part of outpatient adult treatment. This is due to numerous issues: lack of training, the cost of dealing with multiple people, the added length of stay when coverage for primary treatment alone is a challenge, and a lack of emphasis on family dynamics except when treating adolescents. Hence, the family unit is a major point of difference between The Matrix Model and other IOPs.

What does manualized mean?
Information isn't effective unless it's available. "Manualized" means taking the model and writing it down. With the publication of *The Matrix Model*, research becomes practice. For you, that means less training time for staff, better time management, and less bibliotherapy resources to purchase.

What is instructional design and why is it a benefit?
Instructional design refers to how information is organized and presented to meet the reader's learning needs. In short: tell readers what they're about to learn, tell them what they're learning, and tell them what they've just learned. Instructional design includes text divided into clear digestible sections, illustrations, white space for ease of reading, and wide margins.

Instructional design is a key benefit of *The Matrix Model* to be published by Hazelden. Research findings indicate that illustrations help in the comprehension and retention of information among clients with reduced cognitive abilities due to substance abuse.

Tell me about the UA component.
It's not always easy to tell if outpatient clients are staying clean. The urinalysis (UA) component of The Matrix Model functions as a clinical tool that can assist in recovery. It is not intended as a monitoring measure or a statement of mistrust regarding a person's honesty.

Depending on your facility, you can do testing through an outside laboratory or on site. The therapist's manual for *The Matrix Model* provides information on UA issues: procedure, dealing with a positive test, falsified specimens, observed tests, and other concerns. Another useful resource is the Hazelden book Drug Testing in Treatment Settings: Guidelines for Effective Use.

Can I use The Matrix Model with diverse groups?
The Matrix Model has been used successfully with diverse ethnicities and cultures: Asian populations (predominantly in Thailand), Native Americans (both urban and on reservations), African Americans throughout North America, and many others. The manuals have been translated into Spanish (the translation being funded by CSAT), Thai, Slovak, and Korean.

The nonconfrontational, motivational style of delivery is respectful of cultural differences, and it presents an alternative to treatment programs that may be more prescriptive. Information in *The Matrix Model* can be easily tailored to specific populations. For example,

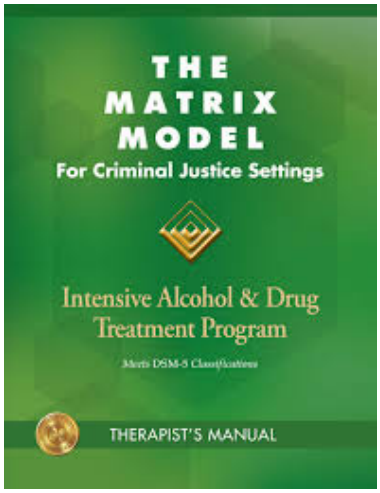
in Hawaii, practitioners allow group participants to use the Hawaiian tradition of “talk story” to integrate program concepts. (“Talk story” is a conversational method in which people share culture, history, family traditions, and wisdom.)

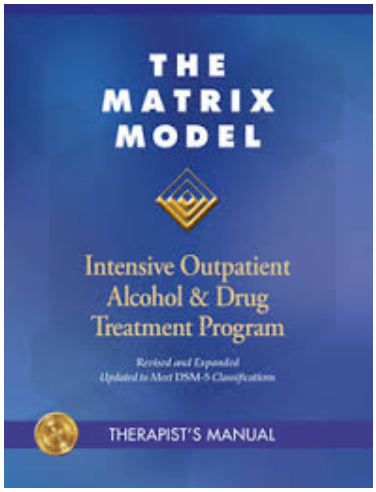
What about clients with co-occurring disorders?
The emphasis on structure makes *The Matrix Model* ideal for treating clients with co-occurring disorders or other mental health issues. The treatment goal is to reduce the use of nonprescribed drugs and alcohol while tracking compliance with taking prescribed medications.

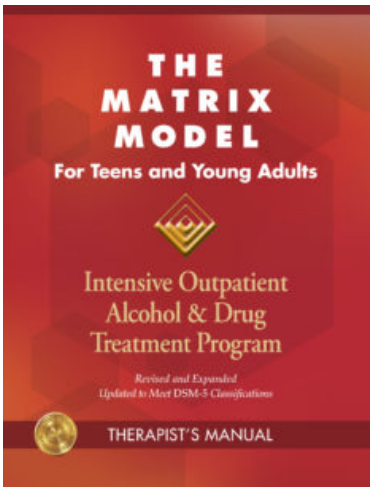
What specific skills do I need to administer this program?
A knowledge of motivational interviewing and stages of change is essential in administering *The Matrix Model*. Those delivering the treatment need to have a therapeutic skill set along with the ability to work within the "spirit" of Motivational Interviewing.

Do I need to take training?
Training conducted by **CLARE|MATRIX** is recommended. Fidelity of implementation of *The Matrix Model* is vital to attaining effective outcomes. Matrix has held trainings domestically and internationally for the last 15 years.
For more information, please contact

Ahndrea Weiner, Director of Training,at CLARE|MATRIX at
1-877-422-2353 or aweiner@clarematrix.org







CLARE | MATRIX
Saving Lives Through Recovery

MATRIX MODEL ONSITE TRAINING OPTIONS

For Training please contact
Ahndrea Weiner M.S., LMFT, LPCC
Director of Training
aweiner@clarematrix.org
877-422-2353

The Matrix Model® 2 – Day Core Training Workshop
This updated training is based on the second edition "Matrix Model Manual Revised and Expanded." The two-day workshop includes a didactic overview of the Matrix Model® and experiential exercises. There will be special emphasis on familiarizing the audience with the components of the model and how to start using it whether in implementation or adaptation. Participants in this training will be able to: describe the various core components that comprise the Matrix Model® and begin implementing them at their organization, educate their clients on the brain and addiction, apply the Matrix format of cognitive behavioral manualized treatment with difficult and complex populations and incorporate elements of the Matrix Model into existing treatment programs. (***Optional Native focused training upon request***)

The Matrix Model® for Criminal Justice Settings Workshop
This training will give the participant an overview of the new The Matrix Model® for Criminal Justice Settings. The workshop will include the Matrix Model Core Training as well as the additional criminogenic focused components. Participants will be trained on how to give offenders with substance use disorders the knowledge, structure, and support to allow them to achieve abstinence from substance use and criminal behavior. It is intended for programs treating offenders and mandated populations, such as drug courts, re-entry programs, jail populations, DUI programs, prison treatment programs, court programs, and outpatient programs for these groups.

The Matrix Model® 2 – Day Core Training for Teens and Young Adults Workshop
This updated training is based on the second edition of the Matrix Model for Teens and Young Adults Revised and Expanded. The two-day workshop includes a didactic overview of the Matrix Model® and experiential exercises. There will be special emphasis on familiarizing the audience with the components of the Teen and Young Adults curriculum and how to start using it whether in implementation or adaptation. Participants in this training will be able to: describe the various core components that comprise the Matrix Model® and begin implementing them at their organization, educate clients on the brain and addiction, create a parent focused education and support group and incorporate elements of the Matrix Model into existing treatment programs

The Matrix Model® Key Supervisor Training Workshop
A Key Supervisor leads their organization in implementing the Matrix Model® and assuring structural and clinical fidelity. The Key Supervisor Training will include a Matrix Key Supervisor Manual, observations of actual group treatment sessions and use of the Fidelity Instruments of the model along with a host of other advanced training and support materials. The Key Supervisors will be trained to supervise clinicians in the Matrix Model® of treatment, to work with administrators to adapt the Model to their settings, and to administer the fidelity instruments. Becoming a Key Supervisor is the first step to leading your organization toward Certification in the Matrix Model®. ***(Prerequisite: requires a previous training in a 2 –Day Matrix Model Core Training or Matrix Model for Criminal Justice Settings Training)***

Follow-on Phone Supervision for Key Supervisors implementing Fidelity to the Matrix Model®
Phone Supervision with a Matrix Trainer will allow organizations who are looking to ensure Fidelity to the Matrix model have monthly support for their Key Supervisor while they are in the process of implementation. Calls can be monthly/bi monthly for up to 12 months or on a month to month basis. Ideal for organizations with multiple locations and Key Supervisors.

The Matrix Model® Certification Program
The Matrix Model Certification Program identifies treatment programs delivering the highest quality of services to clinical and structural fidelity. Certified sites will receive a certificate of recognition, use of the Matrix logo in promotional materials, placement on the Matrix Institute Website as a certified Matrix site, and ongoing technical support ***(Prerequisite: requires a trained key supervisor and implementation of a Matrix program for a minimum of 6 months prior to a scheduled a site visit).***

Motivational Interviewing Training (**1 or 2 Day Option**)
This workshop will provide the essential theoretical and conceptual underpinnings of Motivational Interviewing and its' techniques in order to help people move towards change. Participants will gain familiarity with the opening strategies designed to elicit change talk from individuals who are early in the "Stages of Change". This workshop includes introductory concepts with content applicable to clinicians and health care providers with a wide range of backgrounds and experience. Introductory concepts will be presented. This workshop is for those who have never been trained in Motivational Interviewing or for those who have some familiarity with it and want more hands-on instruction.

Substances- Basic Knowledge and Concepts in Best Practices (**1 or 2 Day Option**)
This training will focus on substances and its' impact on the user, the family and the community as a whole. Medical complications regarding the acute and chronic long term physical and psychological effects will be discussed along with understanding medication assisted treatment. Evidence based treatment implications and the emphasis on behavioral changes will be addressed.
(***Optional Methamphetamine focused training available upon request***)

House Bill 2523

Sponsored by Representative DOHERTY (Presession filed.)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced.**

Allows appointed agent or distillery retail outlet agent for Oregon Liquor Control Commission to deliver distilled liquor to retail purchaser.

A BILL FOR AN ACT

Relating to distilled liquor delivery.

Be It Enacted by the People of the State of Oregon:

SECTION 1. Section 2 of this 2019 Act is added to and made a part of ORS chapter 471.

SECTION 2. (1) An agent appointed by the Oregon Liquor Control Commission under ORS 471.750, or a distillery retail outlet agent appointed by the commission under ORS 471.230, may deliver factory-sealed containers of distilled liquor that are on the list of products approved by the commission for retail sale in Oregon. Any deliveries by the agent are subject to any rules adopted by the commission relating to deliveries made under this subsection. Deliveries under this subsection:

(a) May be made only to a person who is at least 21 years of age;

(b) May be made only for personal use and not for the purpose of resale; and

(c) Must be made in containers that are conspicuously labeled with the words: "CONTAINS ALCOHOL: SIGNATURE OF PERSON AGE 21 YEARS OR OLDER REQUIRED FOR DELIVERY."

(2) The agent that makes deliveries of distilled liquor must take all actions necessary to ensure that a carrier used by the agent does not deliver any distilled liquor unless the carrier:

(a) Obtains the signature of the recipient of the distilled liquor upon delivery;

(b) Verifies by inspecting government-issued photo identification that the recipient is at least 21 years of age; and

(c) Determines that the recipient is not visibly intoxicated at the time of delivery.

(3) Any person who knowingly or negligently delivers distilled liquor under the provisions of this section to a person under 21 years of age, or who knowingly or negligently delivers distilled liquor under the provisions of this section to a visibly intoxicated person, violates ORS 471.410.

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

Pacific University Oregon College of Health Professions and the Oregon Health Authority present

ADDRESSING GERIATRIC OPIOID PRESCRIBING AND OPIOID MISUSE

THE MILL | COOS BAY

SATURDAY | January 18, 2020 | 8:30 a.m. to 5:00 p.m.

REGISTRATION |
http://bit.ly/GeriatricOpioidConference

BREAKFAST AND LUNCH WILL BE PROVIDED

PENDING AMERICAN ACADEMY OF FAMILY PHYSICIANS CME

Course Highlights

Discuss the basics of opioid use disorder (expand screening, diagnosis, and treatment of opioid use disorders).

Learn the most up-to-date information regarding improper opioid prescribing in older adults.

Address non-opioid pain treatments (increase the use of evidence based practices for acute and chronic pain).

This Conference Utilizes a Three-stage Model

Stage A	Performance Measurement: Identify older adult patients (65 or older) on your panel receiving pain treatment with opioids.
Stage B	Conference: All-day interactive seminar with experts in the field.
Stage C	Survey: Assessment of interventions implemented in your practice.

The Mill Casino Hotel & RV Park
3201 Tremont Street | North Bend, OR 97459

pacificu.edu/chp