I learned a few things last week when I was visiting with Indiana Rep. Ed Clere, one of the new co-chairs of CSG’s Health Public Policy Committee.

- That week, the state announced the 100,000th person enrolled in the Medicaid expansion waiver, called HIP 2.0 in Indiana, after the program opened less than a month before. Indiana had three Medicaid managed care organizations already engaged in the state and the state Medicaid office and the three MCOs planned for enrollment and service, even as the state awaited federal approval of the Indiana waiver application. Obviously the advance planning worked to have systems in place on day one. And obviously there was pent-up demand for health insurance among the newly-eligible population.

- Fallout from prescription drug abuse and heroin drug abuse can be increased rates of HIV infection. A southeastern Indiana county has seen an outbreak with 55 confirmed cases that can be traced back to needles used to inject drugs. (See local media coverage here [2].) Some of the newly diagnosed are currently in local jails and the cost of treatment will fall to local governments. Needle exchange programs are cited by some experts as a public health intervention to prevent the spread of HIV/AIDS. The federal government funded research [3] in the 1990s on needle exchange and concluded that HIV transmission was reduced and that clean needle programs did not increase drug use. More recently, academic reviews of evaluative studies [4] in this area conclude that the methodologies of many studies are not sufficiently robust to support a conclusion that needle exchange programs reduce HIV transmission.

- The movement to provide access to naloxone, a quick-acting antidote to opioid-drug overdose, is gathering steam. A hearing in the chambers of the Indiana House of Representatives brought out first responders, physicians and parents who have lived with addicts - all calling for increased access to naloxone. Standing physician orders at community health settings are one proposed solution. To counter questions about naloxone’s safety, one witness from the Indiana A.G.’s office offered testimony that she had been given naloxone at a drug-abuse training program with no ill-effects.