HB 268

Opioid Prescription Warnings

The Nationwide Opioid Epidemic

14,000

According to the CDC, more than 14,000 people died from overdoses involving prescription opioids in 2014.

Since 1999, the amount of prescription opioids sold in the U.S. annually has nearly **tripled.** Deaths from prescription opioids also have **tripled.***

* https://www.cdc.gov/drugoverdose/epidemic/

Ninety-one Americans now die from an opioid overdose every day.*

91

* https://www.cdc.gov/drugoverdose/epidemic/

As many as **1 in 4** PEOPLE*

receiving prescription opioids long term in a primary care setting struggles with addiction.

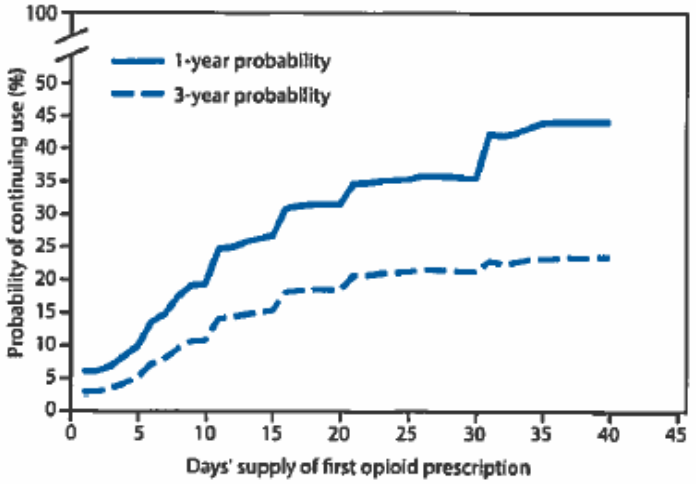
* Findings from one study

The Alaskan Opioid Epidemic

Extended Opioid Use Raises Risk of Addiction

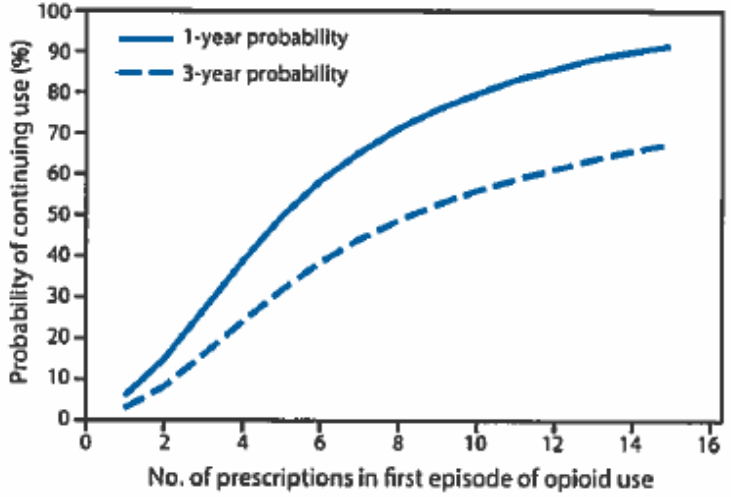
The chances of chronic opioid use begin to increase after the third day supplied and rise rapidly thereafter…

FIGURE 1. One- and 3-year probabilities of continued opioid use among opioid-naïve patients, by number of days' supply* of the first opioid prescription — United States, 2006–2015



* Days' supply of the first prescription is expressed in days (1–40) in 1-day increments. If a patient had multiple prescriptions on the first day, the prescription with the longest days' supply was considered the first prescription.

FIGURE 2. One- and 3-year probabilities of continued opioid use among opioid-naïve patients, by number of prescriptions* in the first episode of opioid use — United States, 2006–2015

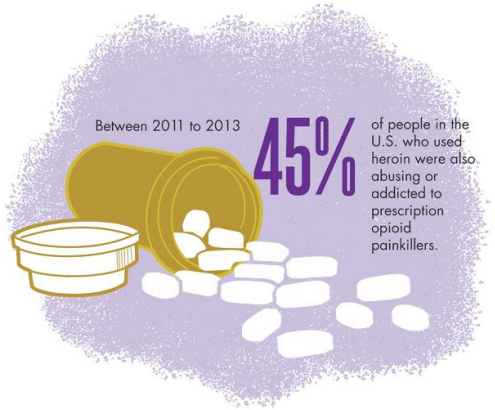


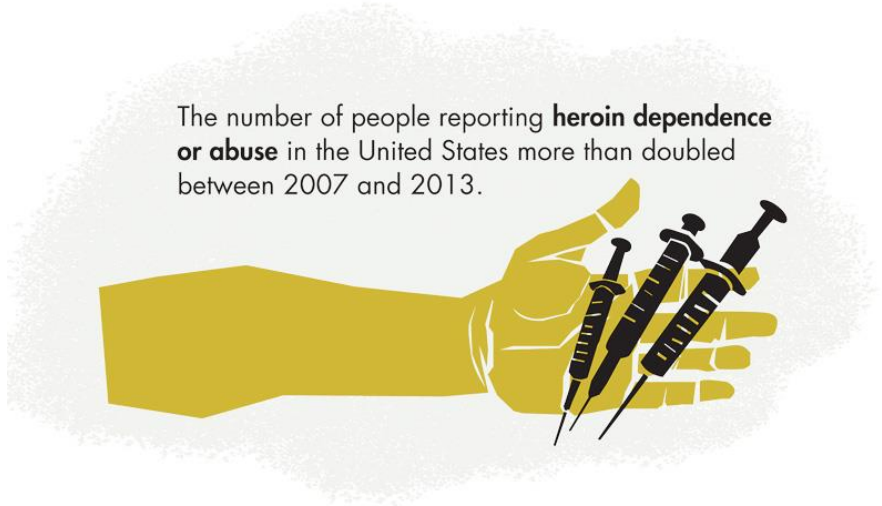
* Number of prescriptions is expressed as 1–15, in increments of one prescription.

Link Between Opioid Abuse and Heroin Addiction

WHY BE CAUTIOUS WITH OPIOIDS?

Opioid medications are chemical cousins of heroin, with serious risks of addiction and overdose, even when taken as directed:





Nationally, 4 out of 5 heroin users started out misusing prescription opioids.

American Society of Addiction Medicine

HB 268

Is a patient information bill which seeks to provide new regulations for prescribing:

Dentists
Doctors
Podiatrists
Osteopaths
Nurses
Optometrists

HB 268

Requires the state Board of Dental examiners, the State Medical Board, the Board of Nursing, and the Board of Examiners in Optometry to adopt regulations….

HB 268 Regulations

Requiring prescribers to:

"Advise patients, using oral and written information, before prescribing an opioid, of the potential dangers of opioid addiction, and alternatives to the opioid prescription the provider considers reasonable"

HB 268 Regulations

The boards may:

“Determine which classes of patients may be reasonably exempted from the information requirement and may allow an exemption from the requirement for violations the board considers to be unintentional, periodic accidental violations, and for good cause, including when a licensee needs to attend to the perceived immediate health care of another patient.”

HB 268 DHSS

HB 268 also requires that the Department of Health and Social Services

“Post on the department’s Internet website, and provide access to a printable version of , a written statement, which may include graphics, that provides easily understandable information on opioids, including the potentially addictive and harmful qualities of opioids.”

This written statement will assist prescribers in complying with the patient information regulations adopted by the state boards under this bill

Making HB 268 Effective Without Hurting Doctor-Patient Relationship

No civil liability for violating bill requirements

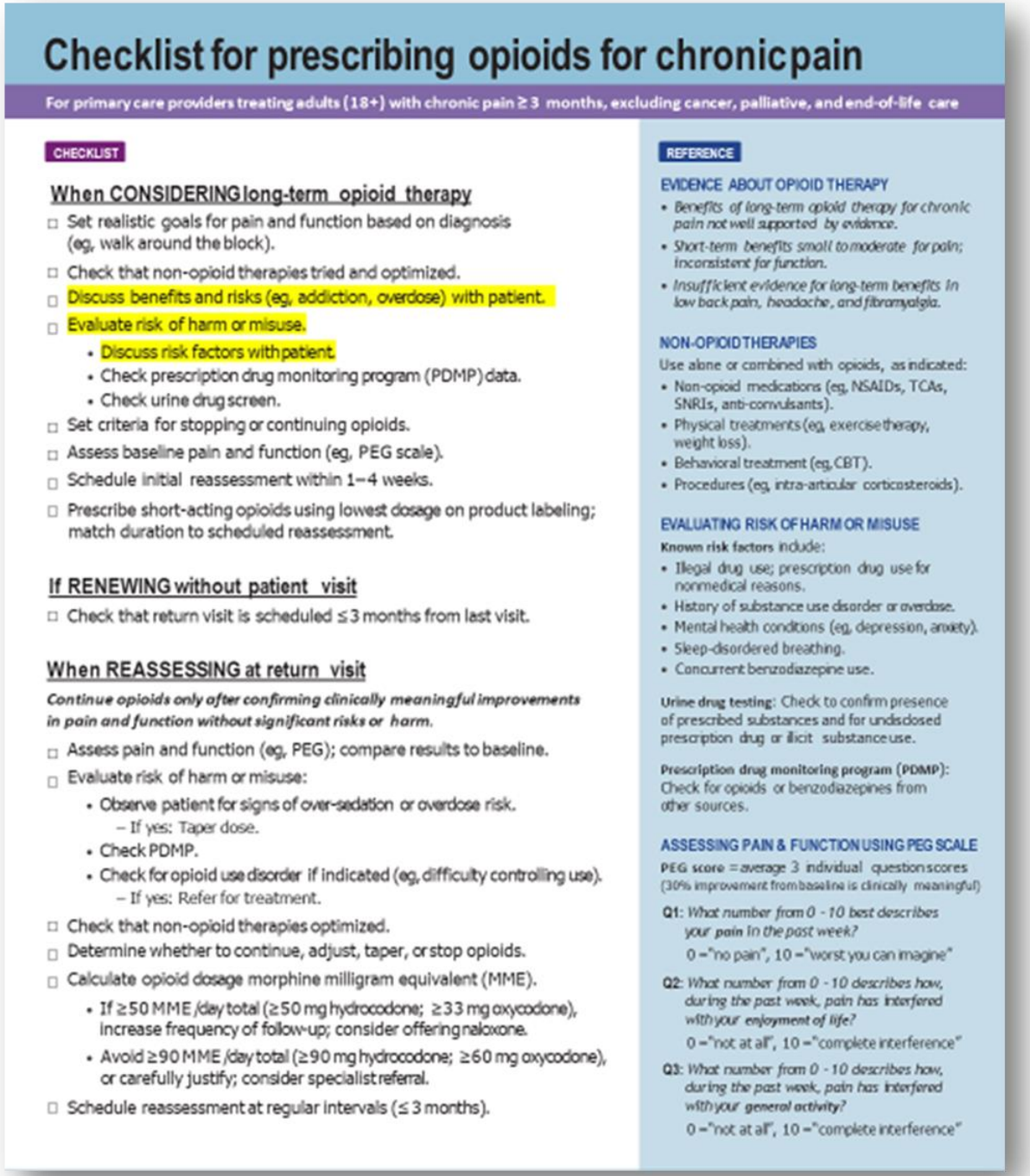
Prescribers given broad leeway to make honest mistakes

CDC Checklist for Prescribing Opioids

Bill Implements CDC Opioid Crisis Voluntary Recommendations

- The CDC recommends that prescribers discuss the risks, benefits, and alternatives to opioid medication with their patients when they prescribe… and much more.

CDC Checklist for Prescribing Opioids



Checklist for prescribing opioids for chronic pain

For primary care providers treating adults (18+) with chronic pain ≥ 3 months, excluding cancer, palliative, and end-of-life care

CHECKLIST

When CONSIDERING long-term opioid therapy

- ☐ Set realistic goals for pain and function based on diagnosis (eg, walk around the block).
- ☐ Check that non-opioid therapies tried and optimized.
- ☐ Discuss benefits and risks (eg, addiction, overdose) with patient.
- ☐ Evaluate risk of harm or misuse.
  - Discuss risk factors with patient.
  - Check prescription drug monitoring program (PDMP) data.
  - Check urine drug screen.
- ☐ Set criteria for stopping or continuing opioids.
- ☐ Assess baseline pain and function (eg, PEG scale).
- ☐ Schedule initial reassessment within 1–4 weeks.
- ☐ Prescribe short-acting opioids using lowest dosage on product labeling; match duration to scheduled reassessment.

If RENEWING without patient visit

- ☐ Check that return visit is scheduled ≤ 3 months from last visit.

When REASSESSING at return visit

Continue opioids only after confirming clinically meaningful improvements in pain and function without significant risks or harm.

- ☐ Assess pain and function (eg, PEG); compare results to baseline.
- ☐ Evaluate risk of harm or misuse:
  - Observe patient for signs of over-sedation or overdose risk.
    - If yes: Taper dose.
  - Check PDMP.
  - Check for opioid use disorder if indicated (eg, difficulty controlling use).
    - If yes: Refer for treatment.
- ☐ Check that non-opioid therapies optimized.
- ☐ Determine whether to continue, adjust, taper, or stop opioids.
- ☐ Calculate opioid dosage morphine milligram equivalent (MME).
  - If ≥ 50 MME /day total (≥ 50 mg hydrocodone; ≥ 33 mg oxycodone), increase frequency of follow-up; consider offering naloxone.
  - Avoid ≥ 90 MME /day total (≥ 90 mg hydrocodone; ≥ 60 mg oxycodone), or carefully justify; consider specialist referral.
- ☐ Schedule reassessment at regular intervals (≤ 3 months).

REFERENCE

EVIDENCE ABOUT OPIOID THERAPY

- *Benefits of long-term opioid therapy for chronic pain not well supported by evidence.*
- *Short-term benefits small to moderate for pain; inconsistent for function.*
- *Insufficient evidence for long-term benefits in low back pain, headache, and fibromyalgia.*

NON-OPIOID THERAPIES

Use alone or combined with opioids, as indicated:

- Non-opioid medications (eg, NSAIDs, TCAs, SNRIs, anti-convulsants).
- Physical treatments (eg, exercise therapy, weight loss).
- Behavioral treatment (eg, CBT).
- Procedures (eg, intra-articular corticosteroids).

EVALUATING RISK OF HARM OR MISUSE

Known risk factors include:

- Illegal drug use; prescription drug use for nonmedical reasons.
- History of substance use disorder or overdose.
- Mental health conditions (eg, depression, anxiety).
- Sleep-disordered breathing.
- Concurrent benzodiazepine use.

Urine drug testing: Check to confirm presence of prescribed substances and for undisclosed prescription drug or illicit substance use.

Prescription drug monitoring program (PDMP): Check for opioids or benzodiazepines from other sources.

ASSESSING PAIN & FUNCTION USING PEG SCALE

PEG score = average 3 individual question scores (30% improvement from baseline is clinically meaningful)

Q1: *What number from 0 - 10 best describes your pain in the past week?*
0 = "no pain", 10 = "worst you can imagine"

Q2: *What number from 0 - 10 describes how, during the past week, pain has interfered with your enjoyment of life?*
0 = "not at all", 10 = "complete interference"

Q3: *What number from 0 - 10 describes how, during the past week, pain has interfered with your general activity?*
0 = "not at all", 10 = "complete interference"

Why Inform Patients?

"We know of no other medication routinely used for a nonfatal condition that kills patients so frequently…"

--CDC Director's Frieden and Houry, New England Journal of Medicine, March 2016

Only about 5 percent of patients being prescribed opioid painkillers are receiving them for chronic pain. But that small group accounts for nearly three-quarters of opioid prescriptions. [1]

More than 70 percent of patients who die of opioid-related overdoses became addicted while being treated for chronic pain. [1]

The CDC found that "many patients lack information about opioids and identified concerns that some clinicians miss opportunities to effectively communicate about safety." [2]

1.The Washington Post, CDC Warns Doctors About the Dangers of Prescribing Opioid Painkillers, (March 15 2016)
2.Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1–49. DOI: http://dx.doi.org/10.15585/mmwr.rr6501e1

CDC Guidelines

This first national guidance on the subject is nonbinding, and doctors cannot be punished for failing to comply.

...the head of the Centers for Disease Control and Prevention, which issued the guidelines, said the effort was critical to bringing about "a culture shift for patients and doctors."

"Starting a patient on opiates is a momentous decision, and it should only be done if the patient and doctor have a full understanding of the substantial risks involved."

--CDC Director Tom Frieden

Source: The Washington Post, CDC Warns Doctors About the Dangers of Prescribing Opioid Painkillers, (March 15 2016)

Recognition that Prescribers Don't Always Inform Patients About the Dangers of Opioids

This problem of overprescribing opioids—and, according to other research, failing to warn patients about the risks of dependence and overdose—isn't unique to emergency doctors. Physicians in other specialties, like internal medicine and primary care, prescribe even more opioids, Barnett says. "The whole medical community has a responsibility for this."

--TIME Health, How Doctors Are Fueling the Opioid Epidemic (Feb 17, 2017)

A new set of bills to combat Michigan's opioid epidemic is on way to the Lt. Governor's desk Wednesday for his signature.
The bills will require doctors to provide information about the dangers of opioids to their patients and make sure they acknowledge that they understand.

--CBS Detroit, New Bills To Require Doctors To Educate Patients On Dangers Of Opioid Use (Dec 27, 2017)

A bill pending in the Maine Legislature that has the backing of the LePage administration would require medical professionals who prescribe opioids to inform patients that the painkillers are addictive…
"Research shows that informed consent for opioid treatment can be effective for ensuring that patients understand the risks associated with opioid medications and improving communication between providers and their patients," (Dr. Pezzullo the state health officer with the Maine Center for Disease Control and Prevention) said.

--Portland Press Herald, Bill Calls for Requiring Maine Doctors to Tell Patients About Opioid Risks, (April 18, 2017)

Document the assessment, plan of care and response to care in a clear, consistent, thorough and accurate manner. Patients should be informed of the risks and benefits when controlled substances or highly abusable drugs are prescribed in the ambulatory care setting. Documentation should be sufficiently detailed so that other practitioners can understand the original practitioner's findings and thought processes.

--Joint Policy Statement on Pain by the Iowa Boards of Medicine, Nursing, Pharmacy and Physician Assistants, Reissued 2014

Questions?

Thank You!