

OPIOID PRESCRIBING AMENDMENTS: INAPPROPRIATE USE OF CDC GUIDELINES

2019 General Session

Utah State Legislature

LONG TITLE: GUIDELINES FOR PRESCRIBING OPIOIDS: PROHIBITION OF DOSE SPECIFIC OR DOSE DURATION LIMITS ON PHARAMACOLOGIC THERAPY

General Description:

State of Utah opposes specific dose or duration limits on pharmacologic therapy that are not supported by medical evidence and clinical practice.

Highlighted Provisions:

This bill:

- Prohibits specific dose or duration limits on pharmacologic therapy that are not supported by medical evidence and clinical practice
- Prohibits blanket proscription against filing prescriptions for opioids that exceed numerical thresholds without considering the diagnosis and previous response to treatment for a patient and any clinical nuances
- Affirms that some patients with acute or chronic pain can benefit from taking opioid pain medications at doses greater than generally recommended in the CDC Guideline for Prescribing Opioids for Chronic Pain
- Prohibits the misapplication of the CDC Guideline for Prescribing Opioids by pharmacists, health insurers, pharmacy benefit managers, and governmental and private regulatory bodies in ways that prevent or limit patients' medical access to opioid analgesia
- Creates process for improved guidance on management of pain and management of potential withdrawal syndromes and other aspects of patient care for "legacy patients"
- Establishes an evaluation and accountability report of actions by Pharmacy Benefit Managers and Payer Policies regarding Patient Care

Money Appropriated in this bill:

None

Other Special Clauses:

Utah Code Section Affected

AMENDS:

[TBD by Bill Drafter]

Purpose: State of Utah to adopt alternative language that discontinues the codification of CDC Guidelines for the expressed purpose of protecting patient rights, including informed consent, and access to opioid analgesia

Definitions: TBD

Part 1: Patient Protections and Access

Prohibits specific dose or duration limits on pharmacologic therapy that are not supported by medical evidence and clinical practice; and

Prohibits blanket proscription against filing prescriptions for opioids that exceed numerical thresholds without considering the diagnosis and previous response to treatment for a patient and any clinical nuances that would support such prescribing as falling within standards of good quality patient care; and

Affirms that some patients with acute or chronic pain can benefit from taking opioid pain medications at doses greater than generally recommended in the CDC Guideline for Prescribing Opioids for Chronic Pain and that such care may be medically necessary and appropriate; and

Prohibits the misapplication of the CDC Guideline for Prescribing Opioids by pharmacists, health insurers, pharmacy benefit managers, and governmental and private regulatory bodies in ways that prevent or limit patients' medical access to opioid analgesia; and

No entity shall use MME (morphine milligram equivalents) thresholds as anything more than guidance, and physicians should not be subject to professional discipline, loss of board certification, loss of clinical privileges, criminal prosecution, civil liability, or other penalties or practice limitations solely for prescribing opioids at a quantitative level above the MME thresholds found in the CDC Guideline for Prescribing Opioids.”; and

No entity shall use MME (morphine milligram equivalents) thresholds as anything more than guidance and that MME thresholds should not be used to completely prohibit the prescribing of, or the filling of prescriptions for, medications used in oncology care, palliative medicine care, and addiction medicine care; and

That Utah and/or [appropriate agencies TBD by Drafter] advocate against misapplication of the CDC Guideline for Prescribing Opioids by pharmacists, health insurers, pharmacy benefit managers, and governmental and private regulatory bodies in ways that prevent or limit patients' medical access to opioid analgesia; and

That the State of Utah [or appropriate agency TBD by drafter] communicates with the nation's largest pharmacy chains and pharmacy benefit managers to recommend that they cease and desist with writing threatening letters to physicians and cease and desist with presenting policies, procedures and directives to retail pharmacists that include a blanket proscription against filling prescriptions for opioids that exceed certain numerical thresholds without considering the diagnosis and previous response to treatment for a patient and any clinical nuances that would support such prescribing as falling within standards of good quality patient care and opposes numerical limits on medication dosage, duration of therapy, numbers of pills/tablets, etc., be reaffirmed; and

Physicians shall not be subject to professional discipline or loss of board certification or loss of clinical privileges simply for prescribing opioids at a quantitative level that exceeds the MME thresholds found in the CDC Guidelines; and

Encourage [all agencies, parties, organizations, national and state pharmacy chains etc.] including the CDC, to develop improved guidance on management of pain and management of potential withdrawal syndromes and other aspects of patient care for “legacy patients” who may have been treated for extended periods of time with high-dose opioid therapy for chronic non-malignant pain, including reaffirming existing policy.

Part 2: Evaluating and Accounting for Actions by Pharmacy Benefit Manager and Payer Policies on Patient Care

The state of Utah shall

- (1) Require the State Pharmacy Board, State Medical Board, Insurance Commissioner, and/or [other appropriate agencies TBD by Drafter] to request compliance regarding congruency in best prescribing practice from state and national pharmacy chains, health insurance companies, and pharmacy benefits managers (PBMs).
- (2) Require the State Pharmacy Board, State Medical Board, Insurance Commissioner, and/or [other appropriate agencies] to submit an annual report to the Health and Human Services Interim Committee a report that includes:
 - a. Baseline inventory of state medical/pharmacy boards and state departments of insurance, pharmacy chains, health insurance companies, and PBMs' policies related to the prescribing/dispensing of opioid analgesics and;
 - b. Compliance metrics that include trauma-informed best practices and patient collaboration
 - c. Baseline inventory of state and national policies in conflict with state insurance laws or state laws governing the practice of medicine and pharmacy; and
 - d. Baseline inventory of state and national policies that are not in opposition to specific dose or duration limits on pharmacologic therapy that are not supported by medical evidence and clinical practice.
 - e. All state medical/pharmacy boards and state departments of insurance, pharmacy chains, health insurance companies, and PBMs' policies that support specific dose or duration limits on pharmacologic therapy that are not supported by medical evidence and clinical practice.