Recent Changes to State Laws on Opioid Prescribing

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December 2022

New Hampshire: Reference New Hampshire Law Protects Patient Access to Rx Opioids — Pain News Network 8-20-20

"Under the New Hampshire law, "all decisions" regarding treatment are to be made by the treating practitioner, who is required to treat chronic pain "without fear of reprimand or discipline." Doctors in the state are also allowed to exceed the MME limit, provided the dose is "the lowest amount necessary to control pain" and there are no signs of a patient abusing their opioid medication.

> *"Ordering, prescribing, dispensing, administering, or paying for controlled substances, including opioid analgesics, shall not in any way be pre-determined by specific Morphine Milligram Equivalent (MME) guidelines.*
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> *For those patients who experience chronic illness or injury and resulting chronic pain who are on a managed and monitored regimen of opioid analgesic treatment and have increased functionality and quality of life as a result of said treatment, treatment shall be continued if there remains no indication of misuse or diversion.""*

Rhode Island: Reference https://legiscan.com/RI/text/S0384/id/2313142/Rhode_Island-2021-S0384-Introduced.pdf

"*A practitioner, in good faith and in the course of his or her professional practice managing pain associated with a cancer diagnosis, palliative or nursing home care, intractable or chronic intractable pain as provided in § 5-37.4-2, or other condition allowed by department of health regulations pursuant to the exception in § 21-28-3.20(d), may prescribe, administer, and dispense controlled substances, or he or she may cause the controlled substances to be administered by a nurse or intern under his or her direction and supervision without regard to the 2016 CDC Guideline for Prescribing Opioids for Chronic Pain."*

Oklahoma: Reference P3 Alliance — Latest Stories — Pain News Network
5-6-21

SB57 was passed unanimously by the Oklahoma House and Senate last month, and signed by Gov. Stitt on Monday. Patient advocates worked hard over the last few months to make changes to the state's Anti-Drug Diversion Act, which imposed several limits on opioid prescribing.

One key amendment emphasizes that "individualized treatment" be provided to patients without tapering or mandatory dose limits, something that has been implemented around the country since the CDC released its controversial opioid guideline in 2016.

> *"Nothing in the Anti-Drug Diversion Act shall be construed to require practitioner to limit or forcibly taper a patient on opioid therapy. The standard of care requires effective and individualized treatment for each patient as deemed appropriate by the prescribing practitioner without an administrative or codified limit on dose or quantity that is more restrictive than approved by the Food and Drug Administration."*

Arizona: Reference Bill Text: AZ SB1162 | 2022 | Fifty-fifth Legislature 2nd Regular | Chaptered | LegiScan

> *"E. THE NINETY MORPHINE MILLIGRAM EQUIVALENTS PER DAY LIMIT PRESCRIBED IN THIS SECTION DOES NOT APPLY TO A PATIENT WITH CHRONIC INTRACTABLE PAIN ONCE THE PATIENT HAS AN ESTABLISHED HEALTH PROFESSIONAL-PATIENT RELATIONSHIP AND THE PATIENT HAS TRIED DOSES OF LESS THAN NINETY MORPHINE MILLIGRAM EQUIVALENTS THAT HAVE BEEN INEFFECTIVE AT ADDRESSING THE PATIENT'S PAIN."*

Minnesota: Reference [MN law change, now in effect, could be life-saving for chronic pain patients (msn.com)] 8-5-22

Provides new or updated definitions for intractable pain, drug diversion, palliative care, rare disease and establishes criteria for the evaluation and treatment of intractable pain when treating non-terminal and terminal patients.

> *No physician, advanced practice registered nurse, or physician assistant shall be subject to disciplinary action by the Board of Medical Practice or Board of Nursing for appropriately prescribing or administering a controlled substance in Schedules II to V of section 152.02 in the course of treatment of a patient for intractable pain, provided the physician, advanced practice registered nurse, or physician assistant keeps accurate records of the purpose, use, prescription, and disposal of controlled substances, writes accurate prescriptions, and prescribes medications in conformance with chapter 147 or 148 or in accordance with the current standard of care.*
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> *No physician, advanced practice registered nurse, or physician assistant, acting in good faith and based on the needs of the patient, shall be subject to disenrollment or termination by the commissioner of health solely for prescribing a dosage that equates to an upward deviation from morphine milligram equivalent dosage recommendations or thresholds specified in state or federal opioid prescribing guidelines or policies, including but not limited to the Guideline for Prescribing Opioids for Chronic Pain issued by the Centers for Disease Control and Prevention and Minnesota Opioid Prescribing Guidelines.*
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> *Prohibits a prescriber from tapering a patient's medication dosage solely to meet a predetermined dosage recommendation or threshold if the patient is stable; is experiencing no serious harm from the level of medication prescribed, and is in compliance with treatment plan and patient-provider agreement.*
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> ***No pharmacist, health plan company or pharmacy benefit manager shall refuse to fill a prescription for an opiate issued by a licensed practitioner authorized to prescribe opiates solely based on the prescription exceeding a predetermined morphine milligram equivalent dosage recommendation or threshold.***