



Prescription for Pain Management 10 State Strategies

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Deaths and overdoses from prescription drugs have reached epidemic levels. On average, [44 people a day die from prescription drug overdoses](#) in the United States. States have enacted numerous policies over the past five years to curb the prescription drug overdose epidemic. In 2015 alone, [30 states enacted at least 56 laws](#) that aim to prevent deaths and overdoses from prescription drugs. With increased public policy responses to prevent these deaths, [concerns](#) exist that legitimate users of prescription painkillers, such as those with chronic pain, may face barriers to filling prescriptions because of more restrictive state rules.

Health care providers have expressed concerns about the potential legal risks for prescribing or dispensing too many prescription painkillers, which may obstruct access to legitimate prescriptions among those

with genuine needs. [A study](#) of the effects of state surveillance of benzodiazepine prescriptions (tranquilizers used for treating anxiety, sleep, bipolar and convulsive disorders) found that state-mandated physician surveillance may hinder legitimate drug use. Many health care providers are [insufficiently trained](#) in addiction medicine and chronic pain management, creating health care barriers for proper treatment of both addiction and pain.

In addition, research from the National Institute on Drug Abuse (NIDA) finds that [nearly half of young people](#) who inject heroin report having abused prescription painkillers before switching to heroin. The reason for the switch: Heroin was easier to find and cheaper than prescription painkillers, indicating another unintended consequence of more restrictive state policies, such as prescription drug monitoring

programs, put in place to curb abuse. Can state policies successfully reduce abuse while simultaneously ensuring access for legitimate users?

This policy brief is intended to identify policy options that aim to balance maintaining access to painkillers for legitimate prescription users and preventing access for those who abuse.

Exploring the Different Uses of Prescription Painkillers

Understanding how different people use prescription painkillers can help lawmakers weigh public policy options that aim to prevent overdoses while maintaining access for legitimate users. According to the [Institute of Medicine \(IOM\)](#), chronic pain affects about 100 million American adults, costing up to \$635 billion annually in medical costs and lost productivity. This is a challenge for policymakers and health professionals alike.

Pain is personal and subjective; every person with chronic pain experiences it differently. Pain is complex, involving biological, psychological and social elements. The [IOM](#) emphasizes the interrelationship between chronic pain and emotion. “Unrelenting pain is an important cause and contributor to depression and anxiety ... At the same time, positive emotions are associated with better outcomes in people with chronic pain.”

Diagnosis and treatment for chronic pain are also complex. No definitive tests measure or locate chronic pain, and treatment options vary from patient to patient.

The increasing misuse and abuse of prescription painkillers makes treating pain even more complicated. Health care [providers are more cautious about prescribing](#) painkillers for chronic pain, as they are “unable to distinguish among individuals who would use opioids for pain management and not develop problems with misuse, those who would use them for pain management and then become addicted, and those who request a prescription because of a primary substance abuse disorder,” according to the National Institutes of Health.

The continuing challenge for state legislators and health care providers is to develop policies and systems that maintain appropriate access to prescription painkillers for those with legitimate health conditions, prevent legitimate users from becoming addicted, and prevent access for those who are already addicted.

States have enacted numerous policies to encourage appropriate prescribing behavior and prevent prescription drug abuse. For example, state agencies run [Prescription Drug Monitoring Programs \(PDMPs\)](#), state Medicaid programs encourage or limit use of certain drugs through Preferred Drug Lists (PDLs), and the federal government appropriates funding to state agencies for drug abuse prevention and treatment activities.

Highlighted below are 10 innovative ways states are changing policy, initiating programs or developing partnerships to address drug overdose problems, while ensuring access to prescription drugs for legitimate users.

Ways to Address Drug Overdose Problems While Ensuring Access to Prescription Drugs for Legitimate Users

Systems Innovations

1. Patient review and restriction programs
2. Treatment options for abusers
3. Rapid response projects

Technological Innovations

4. Abuse deterrent technologies
5. Incorporating state prescription drug monitoring program (PDMP) data with electronic health records
6. Interstate data sharing among prescription drug monitoring programs

Practice Innovations

7. Rethinking treating pain with methadone
8. Reimbursement for alternative pain management
9. Continuing education for providers

Public Education Innovations

10. Prescription drug abuse education programs

What is Chronic Pain?

Pain lasting for more than 12 weeks is often defined as “chronic pain.” This pain may arise from an injury, an underlying illness, inflammation or ongoing medical treatments.

State Innovations to Achieve Responsible Prescribing

Systems Innovations

1. PATIENT REVIEW AND RESTRICTION (PRR) PROGRAMS, also called “lock-in” programs, aim to reduce overuse of services in Medicaid by restricting a patient to a single provider or pharmacy. These programs have [demonstrated effectiveness](#) at preventing drug abuse and saving costs for Medicaid. To curb concerns about targeting patients unfairly, states have established criteria to identify people more likely to misuse or abuse services. Washington, for example, restricts access to pharmacies if a patient [meets two or more](#) of the following criteria within 90 days: received services from four or more different providers; received 10 or more prescriptions; had prescriptions written by four or more different prescribers; received similar services from two or more providers on the same day; or had 10 or more office visits. [Data from Oklahoma’s PRR](#) program revealed that “No association between enrollment and the use of maintenance medications for these members ... suggesting that the lock-in program did not affect therapies for chronic conditions.”

2. TREATMENT OPTIONS FOR ABUSERS. The Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that 2.1 million Americans suffer substance abuse disorders related to prescription painkillers. In July 2015, the [U.S. Department of Health and Human Services](#) increased state funding for Medication Assisted Treatment (MAT) for substance abuse disorders. [MAT](#) is an evidence-based treatment method that includes the use of medication, counseling and behavioral therapies. The new funding was awarded to 11 states. State legislators

can set standards at state-run treatment facilities, particularly methadone clinics, to establish licensing and certification requirements. Understanding state regulations related to Medication Assisted Treatment clinics and removing unnecessary barriers may help legislators facilitate treatment options for those addicted to painkillers.

3. RAPID RESPONSE PROJECTS. In September 2015, [16 states](#) received funding from the Centers for Disease Control and Prevention (CDC) to implement and evaluate activities that aim to improve safe prescribing practices. A portion of this funding allows states to develop and implement “Rapid Response Projects,” enabling states to be nimble and flexible when responding to new trends or state-specific prescription drug overdose issues. Proposed state Rapid Response Projects include developing better systems to gather data from emergency rooms and emergency medical services (EMS) agencies on non-fatal overdoses; building public awareness campaigns; or conducting thorough needs assessments. State legislators may consider working with state agencies to provide additional support, coordination and recognition for these projects. After these Rapid Response Projects are evaluated, other states can learn from their experiences.

Technological Innovations

4. ABUSE DETERRENT TECHNOLOGIES, or ADTs, are formulations of prescription drugs that make them more difficult to chew, liquefy, crush or otherwise manipulate to expedite a “high” from consumption. Pharmaceutical companies are responding to the drug abuse epidemic by developing ADTs for commonly abused prescription painkillers. New drug formulations have two goals: Maintain levels of prescribing for legitimate patients and reduce the ability to misuse or overdose. Colorado, Indiana and Tennessee passed laws [in 2015](#) to help ensure ADT painkillers are incorporated into prescribing practices. [Colorado’s law](#), for example, prohibits providers from dispensing non-abuse-deterrent painkillers if the original prescription was for an ADT product.

5. INCORPORATING STATE PRESCRIPTION DRUG MONITORING PROGRAM (PDMP) DATA WITH ELECTRONIC HEALTH RECORDS (EHR) helps practitioners develop a more holistic patient profile. **Forty-nine states** now have statewide electronic databases to collect data on controlled substances dispensed in the state, commonly known as prescription drug monitoring programs. Provider use of these databases is **below 50 percent** in some states, and **non-integration of PDMPs into providers' workflow** contributes to low use. SAMHSA and the Office of the National Coordinator for Health Information Technology supported research to explore different state actions to improve PDMP access by using electronic health records. **This report** found that prescription drug monitoring program data were most useful when providers access the data within the patient's medical record. For example, a safety net hospital in Indiana led a successful pilot study, which triggered a PDMP query when a patient meeting certain criteria checked into the emergency department. Kansas' PDMP converted reports into a format compatible with providers' electronic health records. Several states are streamlining provider use of PDMP data with their current electronic health record systems.

6. INTERSTATE DATA SHARING AMONG PRESCRIPTION DRUG MONITORING PROGRAMS can offer providers a more complete picture of patients who move between states. The National Association of Boards of Pharmacies (NABP) has taken the lead on simplifying prescription drug monitoring program data to authorized users across state lines through its **PMP InterConnect** system. Each state that chooses to participate in the PMP InterConnect signs one Memorandum of Understanding (MOU) with NABP. This MOU allows PDMP data to be shared with other states through a secure online platform. As of late 2015, **30 states** signed an MOU to become participants. By facilitating interstate data cooperation, providers will have more tools to distinguish between legitimate and illegitimate users. In addition, **41 states** allow interstate sharing of PDMP database information.

Practice Innovations

7. RETHINKING TREATING PAIN WITH METHADONE. Methadone is a long-acting synthetic opioid approved by the U.S. Food and Drug Administration (FDA) to treat narcotic drug addiction and manage pain. However, methadone itself has become problematic. While it **accounted** for only 2 percent of painkiller prescriptions, it was responsible for more than 30 percent of deaths from painkillers in 2012. While most experts in pain management do not consider methadone a first choice for treatment, it is on **30 state Medicaid programs'** preferred drug lists for managing pain. **Alaska, Minnesota, Nevada, Tennessee and West Virginia** have removed methadone from their preferred lists. State legislators may consider working with state Medicaid programs and state agencies to remove methadone as a preferred pain treatment option.

8. REIMBURSEMENT FOR ALTERNATIVE PAIN MANAGEMENT. The American Academy of Pain Management encourages non-medication pain management options to **treat chronic pain**. Florida passed a bill in 2002 to create an "integrative therapies" pilot program for Medicaid enrollees experiencing chronic pain. **Florida beneficiaries** who received alternative and integrated therapies for pain management experienced reduced levels of pain, increased mental and physical function, and the program was able to reduce member costs. Assessing reimbursement policies for chronic pain treatments such as acupuncture, massage therapy or counseling may reduce initial painkiller prescriptions written for chronic pain.

9. CONTINUING EDUCATION FOR PROVIDERS. Many providers focus on training to recognize and diagnose drug abuse or chronic pain. However, creating specific online continuing education options about these issues may encourage providers to take a more active role in prevention. Oregon legislators created the Oregon Pain Management Commission **in 2001** to reduce overreliance on medications for pain management. The commission created a continuing education module for providers seeking to learn more about pain

management options. Providers receive continuing education credits for completing this free online module. In addition, the CDC's National Center for Injury Prevention and Control is developing a new set of prescribing guidelines for providers to help them treat pain properly, while limiting the risks of prescription painkiller abuse. These guidelines, published in early 2016, aim to clarify prescription painkiller dosage and duration limits.

Public Education Innovations

10. PRESCRIPTION DRUG ABUSE PUBLIC EDUCATION PROGRAMS can be a powerful tool to help inform the public of the risks of misusing prescriptions, options for those who are addicted, and strategies for friends and families of abusers. [Georgia](#), [North Dakota](#), [Ohio](#), [Utah](#) and [Wisconsin](#) developed media campaigns to educate the public about prescription drug abuse. [An evaluation](#) of Utah's "Use Only as Directed" campaign found that 34 percent of Utahans said the media campaign made them a "great deal" more aware of prescription drug abuse, and 52 percent said the campaign messages made them less likely to share prescription painkillers. State legislators may consider reaching out to other states with successful public

education campaigns to learn about costs, successes and challenges of existing media campaigns.

Moving Forward to Reduce Prescription Drug Abuse Responsibly

No silver bullet exists to combat the epidemic of prescription drug abuse. Unintended consequences should be considered for any state strategy that aims to combat drug abuse. Drug abuse and chronic pain are two very complex and common issues experienced by millions of Americans. Policies that are overly restrictive and dramatically reduce the supply of prescription painkillers may hamper access for legitimate users, while also pushing those who are truly addicted to [heroin use](#).

Many stakeholders wish to engage in this issue: state-run programs, health insurance companies, health care providers, pharmaceutical manufacturers and the public. To develop widespread and systemic solutions for preventing drug overdose, all of these groups should be part of the solution. Legislators are important leaders in fighting the drug abuse epidemic and can help lead the conversation to create effective and efficient policy solutions.

Questions for Legislators

- Does your state collect and analyze county-level or hospital-specific information about trends in prescription drug abuse overdoses and deaths?
- Do opportunities exist to leverage local, state, federal and private funding to support drug abuse prevention and treatment?
- How much state funding is specifically designated for preventing drug abuse? Treating drug abuse?
- Does your state encourage the use of Abuse-Deterrent Technologies for prescription painkillers?
- What is the status of substance abuse or mental health care access and coverage in your state?
- Are there programs or services to educate providers about drug abuse and chronic pain?
- In your state Medicaid program, are alternative therapies for chronic pain reimbursed at similar rates for medication therapies?

Resources

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