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Special Report: Prescription Drug Abuse

Prescription drug abuse — particularly abuse of opioid pain medication — continues to grow as a serious health threat in the United States, posing significant issues for regulatory agencies. The U.S. Centers for Disease Control recently reported that the number of annual deaths from overdoses of opioids nearly quadrupled between 1999 and 2008 — reaching nearly 15,000 deaths in 2008.

News coverage has sparked growing awareness and increased activity among legislators and regulatory agencies to address the issue. State and national lawmakers and health policy officials have been crafting legislation and regulation intended to curb misuse while remaining sensitive to the legitimate needs of Americans who rely on these powerful drugs to manage both short-term and chronic pain. The unique considerations that must be balanced in forging policy have resulted in a wide range of proposals and enactments.

This update provides a sampling of recent activities throughout the United States.

Congress Introduces Pill Mill Legislation

The Pill Mill Crackdown Act of 2011 has been introduced with bipartisan support in both the U.S. House of Representatives (H.R. 1065) and U.S. Senate (S. 1760). This legislation would double the prison sentence and triple the fines for illegal distribution of controlled substances, as well as use seized assets to fund drug treatment programs and state drug-monitoring databases.

Senate Discussing VA Measures Aimed at Drug Monitoring

The Senate Committee on Veterans Affairs reported favorably on The Veterans Programs Improvement Act of 2011 (S. 914), which includes a provision to authorize the VA to disclose prescription drug data to state prescription drug monitoring programs.

State Legislators and Policymakers Push for Education, Awareness-Building Measures

Many states are seeking to address the educational disparities prevalent among practitioners, the public, and policymakers alike. In New York, SB 2723 has been introduced, which establishes a state chronic pain management education and training council. The council would be empowered to provide technical information and guidance to health care professionals to encourage better coordinated care in the treatment or elimination of chronic pain experienced by patients.

New Mexico, in its passage of HM 77, and West Virginia, in its introduction of SB 283, are exploring the prescription drug problems plaguing their

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states through the creation of prescription drug task forces. In West Virginia, where creation of the Unintentional Pharmaceutical Drug Overdose Fatality Review Team has been proposed, lawmakers are seeking to examine, review, and analyze the deaths of all individuals in West Virginia who die as a result of unintentional prescription or pharmaceutical drug overdose. New Mexico’s HM 77 creates a task force to study the issues resulting in increasing rates of addiction and deaths due to accidental overdose of prescription drugs, review the programs and rules promulgated by the agencies intending to address the rate of addiction and accidental deaths, and report its findings and legislative recommendations to the legislative health and human services committee.



In an effort to increase and improve public awareness concerning chronic pain and appropriate methods of pain management, four states have proposed the designation of a “Pain Awareness” month. Ohio and New Jersey seek to designate September as “Pain Awareness Month,” while Pennsylvania, in its adoption of SR 144, and California, through SCR 54, designated September 2011 as “Women in Pain Awareness Month.” While all of these measures are intended to encourage residents to learn more about acute and chronic pain and appropriate pain management, SR 144 and SCR 54 seek specifically to raise awareness concerning gender disparity in pain assessment and treatment.

States Expand Prescription Monitoring Programs

In Georgia, HB 184 was passed, providing for the establishment of an electronic database to monitor the prescribing and dispensing of Schedule II, III, IV, and V controlled substances. A similar measure was passed in Maryland, which establishes the

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Prescription Drug Monitoring Program. Maryland’s SB 883 requires the monitoring of specified substances by specified prescribers and dispensers. In New Hampshire, HB 332 was introduced, which would establish a prescription drug monitoring program (PMP). Missouri also introduced a bill which would have established a PMP; however, that measure, HB 732, died in committee. With these proposals and enactments, every state, except for Missouri and the District of Columbia, has an operational prescription monitoring program or legislation pending which seeks to establish a PMP.

Rules Tightened for Pain Management Clinics

Pain-management clinics have been shown, through study and experience, to be a particularly ripe environment from which so-called “pill mills” may develop and mature. As a result, many states have proposed or enacted legislation requiring licensure or certification of pain management clinics and restricting who may own or operate them. In Tennessee, for example, where SB 1258 was recently passed, pain management clinics must be issued a certificate from the Tennessee Board of Medical Examiners in order to remain operational, and cash may not be paid except for a co-pay. In Maryland, HB 1051 was introduced, which proposes an outright restriction on all freestanding pain management clinics that are not licensed by the Secretary of Health and Mental Hygiene.