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NEW RULES FOR CHRONIC PAIN PRESCRIPTIONS WILL HELP PATIENTS & PRESCRIBERS WORK TO PREVENT ADDICTION

Over the past few years – and well ahead of other states – Ohio has implemented guidelines for emergency departments and medical providers treating both chronic and acute pain. Addressing prescription opioid misuse and abuse are important steps in fighting addiction because they are often a gateway to heroin and fentanyl use. In fact, 80 percent of Ohioans who died from an overdose in 2016 had a history of controlled substance prescriptions, including opioids. By urging physicians and other prescribers to first consider non-opioid therapies and pain medications to avoid the potential misuse and abuse of opioids, and then putting in place commonsense limits on opiate prescribing for short-term, acute pain, Ohio has seen opiate prescriptions drop by 30 percent and doctor shopping has been nearly eliminated.

In its continuing effort to prevent opioid abuse and addiction, Ohio is building on its successful work to reduce opiate prescriptions by issuing new rules for prescription opiates for the treatment of long-term pain (lasting 12 weeks or more) and sub-acute pain (lasting between six and 12 weeks). Ohio's new rules will not take away medication for those in need, but instead strengthen communication between physicians and patients by establishing check points for additional assessment to ensure that anyone in their care with prescribed opiates is more carefully managed. These regulations will be enacted through rules adopted by the State Medical Board, Ohio Board of Nursing and Ohio State Dental Board. Highlights include:

Increasing Patient Awareness Of The Risk Of Opioid Misuse And Addiction: Addressing pain before it becomes a chronic problem can lead to more effective treatment. Physicians will be required to engage in conversations with patients before starting on long-term medication treatment to ensure opioids are actually improving function and the patient is offered other non-opioid treatments when appropriate.

Establishing New Thresholds For Increased Monitoring: The potency of pain killers is measured in morphine equivalent doses (MEDs). According to the federal Centers for Disease Control and Prevention, a dose of 50 MED or more per day doubles the risk of opioid overdose death. At 90 MED or more, the risk of overdose increases ten times. The new rules establish check points for additional assessment by prescribers to ensure appropriate prescribing of medications and non-medication treatments. The rules also promote collaboration – between prescribers and specialists and prescribers and their patients.

- At 50 MED, clinicians will be required to re-evaluate the status of the patient's underlying condition causing pain, assess functioning, look for signs of prescription misuse, consider consultation with a specialist and obtain written informed consent.

- At 80 MED, clinicians will be required to look for signs of prescription misuse, consult with a specialist, obtain a written pain-management agreement and consider a prescription for naloxone, the lifesaving overdose antidote.
- At 120 MED, clinicians will be required to engage a pain-medicine specialist as prescriber or consultant.
- Qualifying dentists will be limited to prescribing 100 MEDs. If there is an exception needed, they must work with a pain specialist.

Bringing Expertise To The Toughest Cases: The signs of addiction can be difficult to determine, and matching the right dosage to the severity of long-term pain can be equally difficult, which is why providers who prescribe their patients 120 MED of opiates or more must regularly consult a pain medicine specialist. Additionally, only dentists with specific training and those treating long-term conditions such as chronic neuropathic pain and temporomandibular joint (TMJ) dysfunction will be allowed to prescribe opioids for chronic pain.

Ensuring Appropriate Pain Treatment For Those Who Need It: The new rules will not place limits on opioid prescriptions for sub-acute and chronic pain, rather they set forth safety checkpoints to promote collaboration to ensure appropriate prescribing of medications and non-medication treatment. The rules do not apply to patients receiving medication for terminal conditions or those within a hospital or in-patient setting where they are closely monitored. They also take into consideration patients who are already being treated for chronic pain by not establishing a maximum dose or duration of treatment. For patients that are already being treated with opioids for chronic pain, medical standards of care still apply, however, these patients will not be required to consult with a pain management specialist unless dosages increase.

BOTTOM LINE: Establishing safety checkpoints on prescription opioids for long-term pain will help ensure that treatment is improving patients' quality of life without increasing the risk of opioid misuse and addiction.