

## 2016 Omnibus Opioid Safe Prescribing Bill Proposal Notes

- Acute and Chronic Pain
  - Pill count limits for certain kinds of procedures
  - Direct the Commissioner of Health to adopt rules governing the prescription of opioid for acute pain
    - To include all prescribers, including dentists
    - Will include consultation with the Unified Pain Management System Advisory Council Acute Pain Advisory Council
    - The Rule
      - Major and Minor procedures distinction
        - Include pill count limitations
      - Require prescribers to provide all patients with information and education concerning safe use, safe storage and safe disposal
        - Require prescribers to co-prescribing of Naloxone with opioids in certain circumstance.
- VPMS Queries
  - Every prescriber, every prescription
    - Exempting Cancer, end-of-life-care, palliatives and hospice care
  - Requiring pharmacists to query, not just input, under described circumstances (e.g. early replacements, cash payments).
- Require Pharmacies VPMS data to upload every 24 hours
- Education for Prescribers and Pharmacists
  - Today the licensure for any physician with a DEA license requires one hour “of qualifying CME activity related to the topic of safe and effective prescribing of controlled substances.”
  - Propose to require every prescriber receive two hours of qualifying CME activity on the topic of safe and effective prescribing of controlled substances or identifying abuse and diversion.
  - Propose to require Continuing Pharmacy Education (CPE) Requirements to include two hours on the topic of abuse and diversion of Controlled Substances, safe use, storage and disposal.
- State-wide safe disposal program
- Medical Education Core Competencies for the Prevention and Management of Prescription Drug Misuse

