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RE: Report Relative to HCR No. 99 (2014)
Over-Prescribing of Pain Medication by Physicians

Dear Sirs:

Pursuant to HCR No., 99(2014), the Louisiana State Board of Medical Examiners is submitting the enclosed report relative to the Over-Prescribing of Medication by Physicians.

Yours very truly,

**LOUISIANA STATE BOARD
OF MEDICAL EXAMINERS**

By:

A handwritten signature in black ink, appearing to read "Cecilia Mouton".

Cecilia Ann Mouton, M.D.
Executive Director

**REPORT RELATIVE TO OVERPRESCRIBING
OF PAIN MEDICATION BY PHYSICIANS
(HCR No. 99 (2014))**

By The

LOUISIANA STATE
BOARD OF MEDICAL EXAMINERS

Submitted To The

COMMITTEE ON HEALTH AND WELFARE,
LOUISIANA SENATE,

COMMITTEE ON HEALTH AND WELFARE,
LOUISIANA HOUSE OF REPRESENTATIVES,

PRESIDENT OF THE SENATE

And

SPEAKER OF THE HOUSE OF REPRESENTATIVES

February 12, 2015

Respectfully submitted,
Cecilia Mouton, MD
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LOUISIANA STATE BOARD
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Background

Noting the major public health concerns, both nationally and in this state, caused by the overprescribing of pain medication and the resulting consequences on individuals, families, and the state, in 2014 the Louisiana Legislature adopted House Concurrent Resolution No. 99. In so doing, it urged and requested the Louisiana State Board of Medical Examiners (the “Board”) to study the problem of overprescribing of pain medication by physicians and report its findings and recommendations to the Senate and House Committees on Health and Welfare in advance of the 2015 Session. In connection with this task, the Board was encouraged to solicit input from the Louisiana Board of Pharmacy (the “LBP”) on matters related to monitoring of controlled dangerous substances (“CDS”) and drugs of concern that are prescribed and dispensed in this state.

The Board’s Response

HCR No. 99 was considered by the Board during its August 2014 meeting. Thereafter, the Board undertook the task of researching and gathering materials relative to the problem, soliciting the input of the LBP on matters related to monitoring of controlled substances and drugs of concern, and preparing preliminary suggestions and recommendations. These materials were then considered by the Board, and during its January 2015 meeting, this Report was approved. This Report, then, sets forth: (i) a summary of the problem resulting from overprescribing of pain medication in general;* and (ii) the Board’s recommendations respecting: education of physicians and citizens respecting the dangers of misuse and abuse of controlled substances; tracking and monitoring of controlled substance prescriptions; enforcement of existing laws, rules, and regulations; and access to care.

I. INTRODUCTION

Initially, the Board wholeheartedly concurs with the concerns expressed by HCR 99 and commends the Legislature’s solicitation of suggestions and recommendations to address them. Drug overdose deaths have progressively increased since 1992 and have become the leading

* Although HCR No. 99 specifically requested the Board’s guidance with respect to *physicians*, the same concerns exist, and therefore similar recommendations should be considered and explored, with respect to all other Louisiana licensed health care providers who are authorized to prescribe pain medication including: dentists, nurses practitioners, physician assistants, podiatrists, optometrists and veterinarians.

cause of injury death in the United States.¹ Each day, 46 people die from an overdose of prescription painkillers in the U.S.² Currently, the number of overdose deaths from prescription painkillers surpasses the amount of deaths from heroin and cocaine combined.³ The financial burden on the United States due to prescription drug abuse is astronomical. Prescription painkillers cost the nation \$53.4 billion each year due to lost productivity, healthcare costs, and criminal justice expenses.⁴ As noted by the Centers for Disease Control and Prevention (“CDC”), the most likely cause of this increase in prescription overdoses is an increase in painkiller prescribing.⁵ Since 1999, sales of prescription painkillers in this country have quadrupled.⁶ In 2012, health care providers wrote 259 million prescriptions for painkillers, enough for every adult in the United States to have a bottle of pills.⁵

While often unintentional, physicians (and other prescribers) are major contributors to the problem. After years of hesitancy in prescribing opioid therapy for treatment (for fear of discipline by the state medical boards) as well as lack of standardized tools for pain assessment, physicians have made an effort to recognize and treat pain in the most recent two to three decades.⁷ Moreover, doctors feel pressure to improve patient satisfaction, which may lead to prescribing actions that are not in the best interest of the patient’s health.⁷ These and other factors have most likely contributed to the growing use of pain medications, which has led to an increase in drug abuse, addiction, and overdose deaths. Therefore, the challenge for law and policy makers is to prevent abuse and addiction while simultaneously allowing prescription of medications to improve the well-being of individuals who suffer from pain.³

Overview of the Problem

Most recent data from the CDC shows that 10 of the highest prescribing states for narcotic pain medications are in the South, and this includes Louisiana.⁵ Louisiana ranks number 7 in the nation per capita for states that prescribe the most opioids as well as the most benzodiazepines (such as “Xanax”). The combination of painkillers with benzodiazepines is associated with an increased risk for overdose death, and oftentimes, these two types of medications are prescribed at the same time. In 2012, Louisiana prescribers dispensed 118 prescriptions of opioids/100 people and 51.5 prescriptions of benzodiazepine/100 people.² Data from the Workers Compensation Research Institute shows that narcotics are prevalent among prescriptions filled by injured workers in Louisiana. Among the 25 states included in the study,

Louisiana had the highest amount of narcotics received by the average injured worker, a number that was double that of the median state.⁸ Moreover, in recent years, rising numbers of prescriptions for narcotic pain medications have paralleled an increase in the incidence of neonatal abstinence syndrome (“NAS”), which is directly related to the use of these addictive medications by a pregnant woman. This preventable condition results in millions of health care dollars spent each year.

As a result of high prescribing, the state of Louisiana has one of the highest overdose death rates in the country. In 2010, Louisiana’s overdose death rate (13.2 per 100,000 population) was above the national rate (12.4 per 100,000 population).^{9,10} As a state that ranks highly in prescribing and overdose deaths, the need for both an awareness of the problem and reassessment of prescribing practices in general is urgent.

In order to evaluate specific information about prescribing patterns by physicians in Louisiana, a more detailed analysis of the prescription monitoring program (PMP)¹¹ data provided by the LBP was necessary. The PMP is an electronic system that monitors controlled substances and other drugs of concern dispensed in the state. Data from the LBP shows that the three most prescribed drugs in Louisiana in order of frequency are Hydrocodone (“Vicodan” and “Lortab”), Alprazolam (“Xanax”), and Tramadol (“Ultram”). Specifically, there were 86.8 million doses of Hydrocodone and almost 30.8 million doses of Alprazolam dispensed in the first two quarters of 2014 in Louisiana. From 2010 to 2014, the prescription rates of benzodiazepines (including “Xanax”) have consistently increased. It is evident that the prescribing rates in Louisiana, which are some of the highest in the country, are on the incline.

While data from the PMP demonstrates that the majority of physicians have PMP access, the Board continues to utilize this information to evaluate and educate physicians to modify their prescribing patterns. Additionally, the PMP gives the Board the opportunity to assess how ongoing educational activities will affect prescribing in Louisiana.

Action Taken

The Board is aware of the catastrophic rate of overdose deaths in Louisiana and continues to take steps to influence practitioner behavior. The Board promulgated pain rules in 1997, which set the standard for physician obligations when prescribing controlled substances for the treatment of non-cancer related, chronic or intractable pain (the “Pain Rules”).¹² Since then, the

Board has amended its continuing medical education rules to require physicians renewing their medical license for the first time to attend a physician orientation program conducted by the Board.¹³ In order to make this program convenient for the approximate 500 Louisiana licensed physicians who take this program annually, it is offered four times per year in three cities around the state. One segment of the program focuses specifically on the rising rates of overdose deaths in Louisiana due to prescription drug abuse and details the requirements of the Board's Pain and Obesity Rules. Another segment involves a presentation by the Drug Enforcement Administration (the "DEA") concerning federal regulations governing the prescribing of pain medication and other CDS.

More recently, in 2014, the Board was awarded an educational grant to offer continuing medical education to physicians on the proper use of long acting opiates such as "Oxycontin," "methadone," and "Fentanyl" (the "REMS" course). Thus far, over 230 physicians in all areas of the state have taken this course. In addition to these educational opportunities, the Board is able to transmit advice and other pertinent information about prescription drug abuse to physicians in the Board's annual *Newsletter* and by posting updates on its website, www.lsbme.la.gov.

In addition, the Board recently worked in conjunction with the LBP to identify the top physician prescribers of controlled substances in Louisiana who do not have access to the PMP. Approximately 80 physicians were contacted and directed to obtain access, and they were further educated on the importance of its use.

In spite of the Board's best efforts to educate physicians, the need to conduct investigations into allegations of improper prescribing continues. In those instances when a physician is found to prescribe in an unsafe manner in violation of the Board's rules and regulations, discipline from the Board may range from remediation to formal disciplinary action including probation, suspension, or revocation of license.

On a national level, the CDC is involved in creating and promoting recommendations to address the problem of overprescribing. The CDC recently completed a survey of all states in order to better understand the extent of the problem and how each state has responded. Based on each state's ability to regulate drug prescribing and dispensing, the CDC has acknowledged seven legal and regulatory strategies that have the potential to prevent drug misuse, abuse, and overdose. In particular, Louisiana has taken action to implement most of these seven recommendations.¹⁴ These include pain clinic licensing,¹⁵ statutes that prohibit "doctor

shopping,”¹⁶ and requiring patient identification before filling a controlled substance prescription.^{17,14}

The Louisiana Legislature has also taken steps in response to the increase in prescribing of painkillers. In 2014, the Legislature authorized first responders to carry Naloxone, which is a medication that counteracts the deadly effects of opioids.¹⁸ Other legislation mandated query of the PMP for physicians who prescribe Schedule II controlled substances^{**} for chronic pain.¹⁹ Also in 2014, the DEA reclassified Hydrocodone as a Schedule II drug, which could have a positive impact by potentially decreasing the amount of Hydrocodone prescribed in Louisiana.²⁰ As these laws were only recently enacted, their full impact has not yet been fully realized.

II. RECOMMENDATIONS CONCERNING OVERPRESCRIBING OF PAIN MEDICATION BY PHYSICIANS

The Board’s recommendations concerning the overprescribing of pain medication fall into four major areas: education of prescribers and citizens respecting the dangers of misuse and abuse of controlled substances; tracking and monitoring of controlled substance prescriptions; enforcement of existing laws, rules, and regulations; and access to care.

1. Education. Awareness of a problem is essential to addressing that problem. Many medical/health professional schools do not provide in-depth training on how to appropriately prescribe pain medication or to prevent, recognize, and deal with adverse effects, diversion, and addiction. The key to addressing this problem is to educate physicians, other authorized prescribers of pain medication, and the public on the dangers of prescription pain medicine misuse and abuse and how to properly store and dispose of CDS.²¹

The Board suggests the following recommendations to improve educational efforts:

Physician Education:

- Encourage all Boards of authorized prescribers to work with the LBP to ensure that practitioners who request a Louisiana CDS registration receive mandatory training on how to responsibly prescribe opioids and other controlled substances as a precondition of

^{**} Federal regulations provide that CDS Schedule II drugs can only be prescribed after a physical examination and cannot be refilled.

registration. Training would include recognizing and addressing signs of abuse and/or dependence.

- Encourage all Boards of authorized prescribers to increase continuing medical education for practitioners on proper prescribing methods as well as safe disposal of prescription drugs.
- Encourage health professional schools to provide better instruction on safe and appropriate use of opioids to treat pain while minimizing the risk of addiction and drug abuse/misuse.

Public Education:

- Enlist stakeholders such as the Department of Health and Hospitals, the Department of Education, and local anti-drug organizations to disseminate public education materials in order to educate the public about the risks associated with taking controlled drugs and how to properly store and dispose of those substances.
- Encourage state (and federal) law enforcement and other stakeholders to sponsor more frequent, publicized events for the collection/proper disposal of unused pain medication and to provide educational information.

2. Tracking and Monitoring of CDS prescriptions. PMPs are helpful in order to identify and prevent prescription drug abuse at the retail level. PMPs track controlled substances that are prescribed by practitioners and dispensed by pharmacies and are key in collecting and analyzing prescription data. A recent analysis showed that PMPs were correlated with lower rates of substance abuse treatment admission. It is evident that PMPs show promise in monitoring drug abuse, though more work is required to increase their effectiveness and functioning.²¹

The Board suggests the following recommendations to improve tracking and monitoring of CDS prescriptions:

- Enabling legislation that would improve functioning of the Louisiana PMP, specifically by increasing interstate data sharing and communication.
- Encourage all Boards of authorized prescribers to promote use of the PMP data by their practitioners and to identify problem prescribers.

- Encourage both public and private insurance providers to continue to manage pharmacy benefits to help identify instances in which multiple providers could be prescribing controlled substances to the same patients. Consider mandating use of a single pharmacy by individuals who are prescribed multiple controlled substances.
- Promote utilization of e-prescribing by all practitioners in order to prevent fraudulent prescriptions.

3. Enforcement. Providers in clinics that misuse or abuse their ability to prescribe controlled substances endanger the individuals who receive those medications and threaten the communities where they are located.²¹ At the current time, only physicians are authorized to prescribe controlled substances for the treatment of chronic pain. Louisiana law mandates that all pain clinics be owned and operated by a specialty trained physician and be licensed by the Louisiana Department of Health and Hospitals (“DHH”). While the Board has the authority to regulate physicians, it is the responsibility of DHH to regulate the pain clinics. Enforcement and strengthening of existing laws and regulations is required to combat the crisis of prescription drug abuse.

The Board suggests the following recommendations to improve enforcement:

- Encourage all Boards of authorized prescribers to pursue aggressive enforcement actions against prescribers who are not prescribing within the usual course of practice and not for legitimate medical purposes.
- Solicit input from local law enforcement and consider legislation that would provide these agencies with greater authority to shut down illegally operating pain clinics, *i.e.* “pill mills.”
- Strengthen the Pain Clinic Law by adding significant penalties for operating an unlicensed pain clinic.

4. Access to Care. Only a small fraction of patients suffering from the substance use disorders have access to or participate in quality treatment programs. There is a need to increase the availability and effectiveness of treatment in order to combat substance abuse disorders.

Increased funding for such programs would help provide better access to care for those who suffer from substance abuse disorders.

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¹ Centers for Disease Control and Prevention (CDC). Prescription drug overdose in the United States: Fact sheet. Centers for Disease Control and Prevention Website. <http://www.cdc.gov/homeandrecreationalafety/overdose/facts.html> Published October 17, 2014. Updated January 9, 2015. Accessed November 2014.

² CDC. Vital signs: Variation among states in prescribing of opioid pain relievers and benzodiazepines—United States, 2012. MMWR. 2014; 63(26):563-568. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6326a2.htm?s_cid=mm6326a2_w Accessed December 2014.

³ National Alliance for Model State Drug Laws (NAMSDL). Prescription drug abuse, addiction and diversion – statutory or regulatory tools to address pill mills and safeguards for practitioners. Santa Fe, NM; 2012.

⁴ Trust for America’s Health. Prescription drug abuse: Strategies to stop the epidemic. <http://healthyamericans.org/reports/drugabuse2013/> Published October 2013. Accessed December 2014.

⁵ CDC. Opioid painkiller prescribing: Where you live makes a difference. Centers for Disease Control and Prevention Website. <http://www.cdc.gov/vitalsigns/opioid-prescribing/> Published July 1, 2014. Updated July 1, 2014. Accessed December 2014.

⁶ This fact is attributed to the National Center for Injury Prevention and Control. See CNN Health. Report: States failing to curb prescription abuse. October 7, 2013. <http://thechart.blogs.cnn.com/2013/10/07/report-states-failing-to-curb-prescription-abuse/?iref=allsearch> Accessed December 2014.

⁷ Paul S, Allread V. The misuse and abuse of prescription medications: Medical regulation, prevention and care initiatives in New Jersey. JMR. 2014; 100(3):7-18.

⁸ Thumula V., Wang D., Liu T. Interstate variations in use of narcotics, 2nd ed. Workers Compensation Research Institute. Cambridge, MA; May 2014.

⁹ CDC. National Vital Statistics System [database]. Accessed December 2014.

¹⁰ CDC. Prevention Status Reports 2013: Prescription drug overdose—Louisiana. Atlanta, GA: US Department of Health and Human Services; 2014. <http://www.cdc.gov/psr/prescriptiondrug/2013/LA-pdo.pdf> Accessed December 2014.

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- ¹¹ Louisiana's Prescription Monitoring Program Act, is set forth at La. Rev. Stat. §40:1001 *et seq.*
- ¹² *Medications Used in the Treatment of Non-Cancer-Related Chronic or Intractable Pain*, La. Adm. C. 46XLV.6915-6923
- ¹³ La. Adm. C. 46:XLV.449.
- ¹⁴ CDC. Home and recreational safety: Types of laws. Centers for Disease Control and Prevention Website.
<http://www.cdc.gov/homeandrecreationalafety/Poisoning/laws/laws.html> Published July 11, 2012. Updated July 11 2012. Accessed November 2014.
- ¹⁵ La. Rev. Stat. §40:2198.11-2198.13.
- ¹⁶ La. Rev. Stat. §40:971B.1(i).
- ¹⁷ La. Rev. Stat. §40:971E.
- ¹⁸ La. Rev. Stat. §40:978.1.
- ¹⁹ La. Rev. Stat. §40:978F.
- ²⁰ 21 CFR 1308; 21 U.S.C. 812(a).
- ²¹ Executive Office of the President of the United States. *Epidemic: Responding to America's Prescription Drug Abuse Crisis*, 2011.
http://www.whitehouse.gov/sites/default/files/ondcp/issues-content/prescription-drugs/rx_abuse_plan.pdf Accessed January 2015.