

# Ask An Attorney

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**Q** My partners and I run a general practice and have become alarmed about the reported increase in opioid abuse by patients. What concerns should we have about continuing to prescribe these medications?

**A** In response to the mounting public health crisis related to the misuse, abuse, and risk of addiction to opioid-based pain killers, the New York State Department of Health (NYSDOH) has mandated accredited continuing medical education (CME) for all prescribers, which must be completed by July 1, 2017. In addition, the Center for Disease Control and Prevention (CDC) has issued opioid-treatment guidelines for health care professionals and patients. Under New York State's "I-STOP" law, prescribers are required to review the state's Prescription Monitoring Program (PMP) Registry within 24 hours of issuing a prescription for a controlled substance.

Prescribers and medical residents who have a DEA registration number (individually or through a facility) to prescribe controlled substances are now required to complete at least three hours of course work or training in pain management, palliative care, and addiction. Pursuant to the Public Health Law, the initial CME must be completed by July 1, 2017 and once every three years thereafter. Such training or course work, which can be live or online, must include the following eight topics: New York State and federal requirements for prescribing controlled substances; pain management; managing acute pain; appropriate prescribing; palliative medicine; prevention, screening and signs of addiction; responses to abuse and addiction; and end-of-life care.

The NYSDOH Opioid Prevention Program seeks to provide up-to-date opioid-related data to increase prevention efforts throughout the state. This program was established to assist in identifying communities where abuse is more prevalent, thereby allowing health care providers to customize interventions.

The CDC has also issued a checklist for prescribers when contemplating long-term opioid therapy. These considerations include the need to set realistic goals for pain management and function based on diagnosis; contemplation of non-opioid therapies; discussing the benefits and risks with the patient, including addiction and the potential for overdose; continually evaluating the risk of harm or misuse; reviewing prescription drug monitoring program data; conducting urine drug screens; establishing criteria for discontinuing opioid treatment; assessing the patient's baseline pain and function; scheduling initial reassessment within one to four weeks; and prescribing short-acting opioids with the lowest dosage.

The CDC suggests that if a patient is renewing a prescription without an in-office visit, such a visit should be scheduled within three months. Prescribers are encouraged to confirm clinically-substantiated improvements in pain and function without risk or harm before continuing opioids. Furthermore, providers should continually evaluate their patients' risk of harm or misuse.

As opioid-related overdoses and abuse have increased dramatically in New York State in recent years, it is incumbent on all prescribers of controlled substances to be aware of and follow these legal requirements in an effort to keep their patients safe.

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