

Protecting  
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# A Regulatory Perspective on Pain Management: An FSMB Update

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# Federation of State Medical Boards

- Represents all 70 state medical boards in the U.S. and its territories
- Non-profit association, founded in 1912
- Headquarters in Euless, Texas
- Advocacy office in Washington, DC



# State Medical Boards

## § 70 State Medical Boards

- 50 states with composite boards (licensing MDs and DOs) or allopathic boards
- 14 osteopathic boards
- 5 U.S. territories – including Washington, DC, Guam, Northern Mariana Islands, Puerto Rico & Virgin Islands

## § State Agency

- Many under umbrella organization, e.g. Dept. of Health
- Varying degrees of autonomy



# FSMB Vision and Mission 2015-2020

## Vision

The FSMB is an innovative leader, helping state medical boards shape the future of medical regulation by protecting the public and promoting quality health care.

## Mission

The FSMB serves as the voice for state medical boards, supporting them through education, assessment, research and advocacy while providing services and initiatives that promote patient safety, quality health care and regulatory best practices.



## 2015-2020 Strategic Goals

### **Data and Research Services:**

Expand the FSMB's data-sharing and research capabilities while providing valuable information to state medical boards, the public and other stakeholders.

### **State Medical Board Support:**

Serve state medical boards by promoting best practices and providing policies, advocacy, and other resources that add to their effectiveness.

### **Advocacy and Policy Leadership:**

Strengthen the viability of state-based medical regulation in a changing, globally-connected health care environment.

### **Organizational Strength and Excellence:**

Enhance the FSMB's organizational vitality and adaptability in an environment of change and strengthen its financial resources in support of its mission.

### **Education:**

Provide educational tools and resources that enhance the quality of medical regulation and raise public awareness of the vital role of state medical boards.

### **Collaboration:**

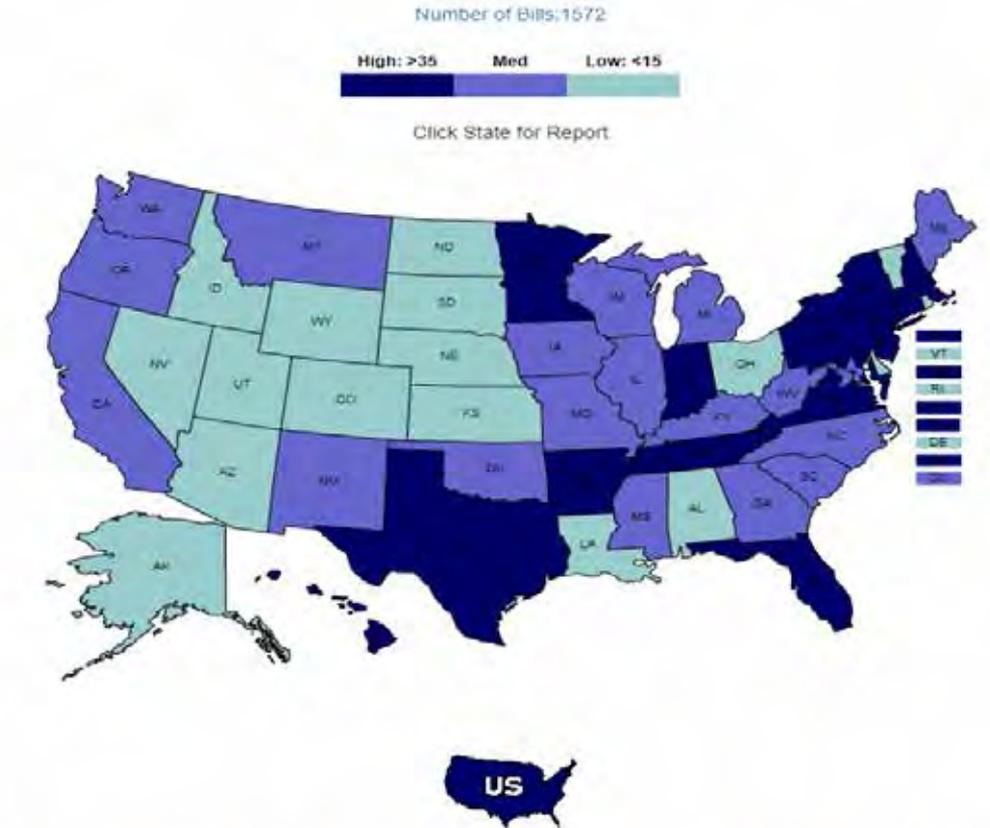
Strengthen participation and engagement among state medical boards and expand collaborative relationships with national and international organizations.

# State Legislative Trends

## I. Pain Management, Opioid Abuse, & PDMPs

- **1572** bills introduced in 2017, so far, related to opioids, pain management, controlled substances, and PDMPs.
  - **285** signed into law
  - Various strategies to address prescription drug abuse:
    - Mandating query to the state PDMP
    - Requiring registration, certification & inspection of pain clinics (“Pill Mill”)
    - Increasing access to opioid antagonists (Naloxone) and providing immunity to those that administer
    - Mandating CME
      - Alaska (eff. 7/1/18), New Jersey (eff. 5/17), Nevada (eff. 1/1/18), and Utah (eff. 5/9)

# State Legislative Trends – Pain Management



AK 8	AL 4	AR 48	AZ 12	CA 29	CO 8	CT 47	DC 30	DE 8	FL 43
GA 18	HI 42	IA 31	ID 2	IL 32	IN 36	KS 13	KY 30	LA 10	MA 105
MD 38	ME 25	MI 17	MN 62	MO 22	MS 20	MT 31	NC 17	ND 7	NE 8
NH 53	NJ 137	NM 22	NV 14	NY 118	OH 9	OK 18	OR 19	PA 41	RI 12
SC 15	SD 4	TN 37	TX 39	US 79	UT 13	VA 40	VT 8	WA 29	WI 21
WV 35	WY 0								

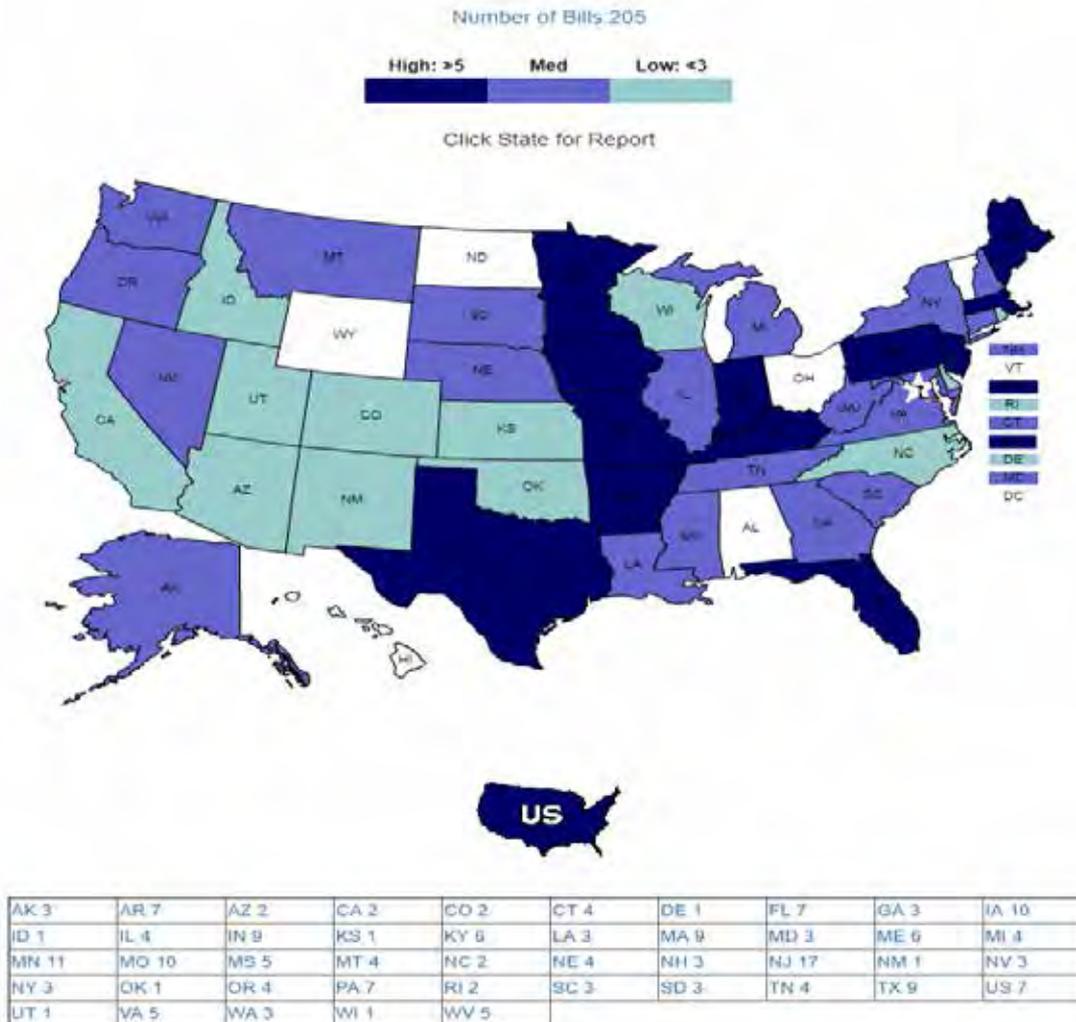


# State Legislative Trends

## II. PDMPs

- **205** bills introduced in 2017 (includes 2018 prefilled bills)
  - **47** signed into law
    - **Arkansas** SB 339 mandates prescribers check the prescription drug monitoring program when prescribing certain medications.
    - **Colorado** SB 146 allows a health care provider with authority to prescribe controlled substances to query the program regarding a current patient, regardless of whether the provider is prescribing or considering prescribing a controlled substance to that patient
    - **Kentucky** SB 32 requires the Administrative Office of the Courts to forward drug conviction data to the Cabinet for Health and Family Services for inclusion in the KASPER electronic monitoring system
    - **Mississippi** HB 1032 requires all licensed health care providers to register as users with the prescription monitoring program of the state board of pharmacy.

# State Legislative Trends - PDMPs



# PDMP National Landscape

- **49 states, D.C, Guam, and Puerto Rico have operational PDMPs - Missouri being the lone state without a program.**
  - Missouri Gov. issued Executive Order creating statewide PDMP
    - Will not grant access to prescribers or dispensers; instead, it grants health department access
  - In meantime, efforts are underway between counties and cities to adopt local PDMP programs, of which currently cover approximately 45% of all residents.
- **36 states, D.C., and Guam require prescribers and/or dispensers to access the PDMP database in specified circumstances.**
- **34 states, D.C., and Guam require prescribers to register with their state's PDMP.**
- **9 states require accessing the database prior to each prescribing of a designated substance.**



# State Legislative Trends

## III. Continuing Medical Education

- **64 out of 69 Boards require CME to renew license**
  - 40 require content specific continuing medical education
    - 26 Boards require content specifically on **pain management**
    - 12 Boards require CME on **prescribing practices**
    - 10 Boards require CME related to a physician's **primary area of practice**
    - 7 Boards require **medical ethics** CME for practitioners
    - 7 Boards require content specifically on **risk management**
    - 7 Boards require CME on **end-of-life care**





## Continuing Medical Education for Licensure Reregistration

## Category/Content Requirement

	Pain Management	Primary area of practice	Prescribing practices	Medical Ethics	Risk Management	End-of-Life Care	Other
AR	—	Yes	Yes	—	—	—	—
CA-M	Yes	—	—	—	—	Yes	Yes
CA-O	Yes	—	—	—	—	Yes	Yes
CT	Yes	Yes	Yes	—	Yes	—	Yes
DC	—	—	—	—	—	—	Yes
FL-M	Yes	—	—	—	—	—	Yes
FL-O	—	Yes	—	Yes	Yes	—	Yes
IA	Yes	—	—	—	—	Yes	Yes
KY	Yes	—	Yes	—	—	—	Yes
LA	—	—	—	—	—	—	Yes
MD	Yes	—	—	—	—	—	—
MA	Yes	—	—	—	Yes	Yes	Yes
MI-M	Yes	—	—	Yes	—	—	—
MI-O	Yes	—	—	—	—	—	—
NV-M	—	Yes	—	Yes	—	—	Yes
NV-O	Yes	—	—	Yes	—	—	Yes
NH	Yes	—	—	—	—	—	—
NJ	Yes	—	—	—	—	—	Yes
NM-M	Yes	—	—	—	—	—	—
NY	—	—	—	—	—	—	Yes
NC	—	Yes	Yes	—	—	—	—
OH	Yes	—	—	—	—	—	—
OK-O	Yes	—	—	—	—	—	—
OR	Yes	Yes	—	—	—	—	—
PA-M	—	—	—	—	Yes	—	—
PA-O	—	—	—	—	Yes	—	—
PR	Yes	Yes	Yes	Yes	Yes	Yes	Yes
RI	Yes	—	—	Yes	—	Yes	Yes
SC	Yes	Yes	Yes	—	—	—	—
TN-M	Yes	—	Yes	—	—	—	—
TN-O	—	—	Yes	—	—	—	—
TX	Yes	—	—	Yes	—	—	—
UT-M	—	—	Yes	—	—	—	—
VT-M	Yes	—	Yes	—	—	Yes	Yes
VT-O	—	Yes	—	—	—	—	—
VA	—	—	Yes	—	—	—	Yes
WA-O	—	—	—	—	—	—	Yes
WV-M	Yes	Yes	Yes	—	—	—	—
WV-O	Yes	—	—	—	—	—	—
WI	Yes	—	—	—	—	—	—

Source: FSMB's US  
Medical Regulatory  
Trends and Actions  
Report

# Making a Difference: State Successes



## 2012 Action:

New York required prescribers to check the state's prescription drug monitoring program before prescribing painkillers.

## 2013 Result:

Saw a 75% **drop in patients** who were seeing **multiple prescribers** to obtain the same drugs, which would put them at higher risk of overdose.



## 2010 Action:

Florida regulated pain clinics and stopped health care providers from dispensing prescription painkillers from their offices.

## 2012 Result:

Saw more than 50% **decrease in overdose deaths** from oxycodone.



## 2012 Action:

Tennessee required prescribers to check the state's prescription drug monitoring program before prescribing painkillers.

## 2013 Result:

Saw a 36% **drop in patients** who were seeing **multiple prescribers** to obtain the same drugs, which would put them at higher risk of overdose.

# New Policy Initiatives 2018

## Workgroup on Prescription Drug Monitoring Programs –

- 1) Evaluate the impact of mandatory PDMP query on patient outcomes and prescribing;
- 2) Evaluate challenges to increasing PDMP utilization;
- 3) Develop recommendations to state medical and osteopathic boards regarding physician utilization of PDMPs, including a recommendation regarding mandatory query

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# Thank you!