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

**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.

**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.

**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
State Legislative Trends

II. PDMPs

- 205 bills introduced in 2017 (includes 2018 prefiled 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
    o 26 Boards require content specifically on pain management
    o 12 Boards require CME on prescribing practices
    o 10 Boards require CME related to a physician’s primary area of practice
    o 7 Boards require medical ethics CME for practitioners
    o 7 Boards require content specifically on risk management
    o 7 Boards require CME on end-of-life care
State Boards Requiring CME for Physician License Renewal

As of Sept. 2017

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Source: FSMB’s US Medical Regulatory Trends and Actions Report
Making a Difference: State Successes

New York
75%↓

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.

Florida
50%↓

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.

Tennessee
36%↓

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
Thank you!

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