

Achieving Balance in State Pain Policy

Women in Government

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Public health consequences of inadequately treated pain

- **Reduced function, quality of life**
- **Loss of employment, disability**
- **Harm to relationships**
- **Increased health care costs**
- **Death**

Media coverage about pain

Chronic Pain Under Treated, Expert Says

Omaha World-Herald 08 Mar 1999

Cancer Pain Still Under Treated

British Medical Journal, Nov 25, 2000

Experts Say Cancer Pain Under Treated

The Associated Press, 7/18/2002

Pain is Under Treated in African Americans

AORN Journal, Oct, 2002

Chronic Pain Management is a Sorely Ignored Topic

Baltimore Sun 10 Nov 2003

Media Coverage about pain and the war on drugs

The War on Painkillers

New York Times 29 Jan 2002

A War on Drugs or a War on Healing?

Tallahassee Democrat 5 Jan 2004

Painkillers: The New Villain in the Drug War

Atlanta Journal Constitution 6 Jan 2004

Doctors Cautious with Pain Prescriptions

Roanoke Times 23 May 2004

Doctors: Patient Care Losing to War on Drugs

Decatur Daily 26 Oct 2003

Laws Intruding on Medicine Do Little for Patients Redding

Record Searchlight 1 Aug 2004

Public health consequences of unaddressed abuse and diversion

- **Misuse, abuse, addiction**
- **Injuries and deaths**
- **Media coverage**
- **Reduced patient confidence**
- **Publicized arrests**
- **Fear of investigation**
- **Reluctance to prescribe**
- **Reduced patient access to care**

**What will guide governments'
response?**

The Principle of “Balance”

Goals

- **How we evaluate pain policies for “balance”**
- **Progress**
 - **Improved knowledge of state medical regulators**
 - **Model policies for state regulatory boards**
 - **More “balanced” state laws, regulations and guidelines**
- **Suggestions**
 - **Statutes, medical board policies or task forces?**
 - **Implement policy**

PPSG Education and research with state medical regulators

- ✓ **3 National surveys of medical board members
(1991, 1997, 2004)**
- ✓ **14 state and regional workshops
(1994-present)**

Prescribing an opioid analgesic for more than several months to treat a patient with:

	Lawful/generally acceptable medical practice? (1991, 1997, 2004)
Chronic cancer pain:	75%, 82%, 87%*
Chronic cancer pain/Hx abuse:	46%, 57%, 65%*
Chronic non-cancer pain:	12%, 33%, 67%*
Chronic non-cancer pain/Hx abuse:	1%, 6%, 21%*

* Significantly higher than on previous surveys

Why is state policy so important?

- **States are the laboratories**
- **States are the legal framework for the HCPs:**
 - **Medicine, pharmacy, nursing**
- **State boards adopt rules, guidelines**
 - **License providers of pain care, drugs**
 - **Define scope of practice**
 - **Provide for discipline**
- **Board policies more flexible than statutes**

State policy can address some impediments to pain relief and palliative care

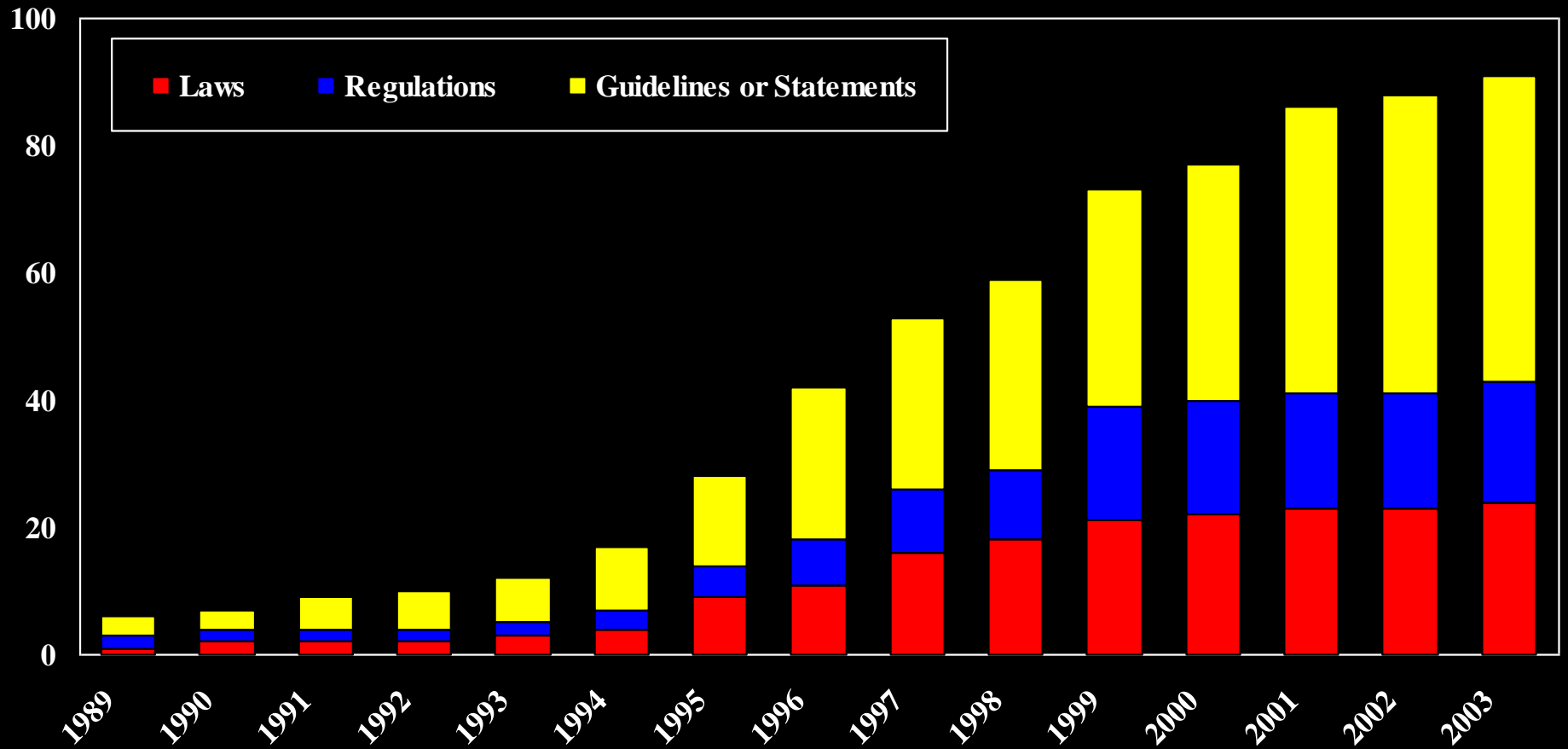
- **Pain a low priority in medicine**
- **Lack of education of clinicians**
- **Exaggerated fears of opioids**
 - **Opioids “cause” addiction**
 - **Physical dependence = addiction**
 - **“Morphine hastens death”**
- **Regulations that restrict medical practice and stigmatize chronic pain**
- **Physicians’ fear of investigation**

Monitoring, evaluating and improving state pain policy

- ✓ **Tracking state policy trends**
 - **Pain policies in nearly all states**
- ✓ **2 evaluations of national policy**
(2000-2003)
- ✓ **Progress Report Card (2003)**

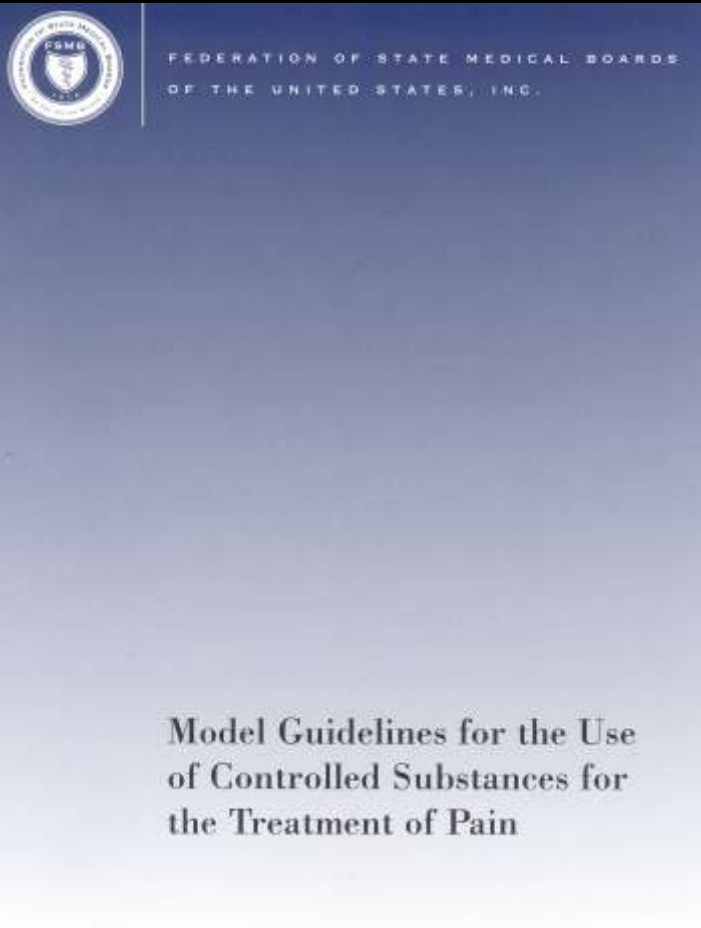
State Pain-Specific Policies

1989 - 2003



Models and trends in state pain policy

- **Legislatures: Intractable Pain Treatment Acts**
 - Texas 1989
 - 11 states
 - Revisions
- **State boards: Guidelines**
 - Model Guidelines 1998
 - Revised 2004 (Model Policy)
 - ~ 25 states

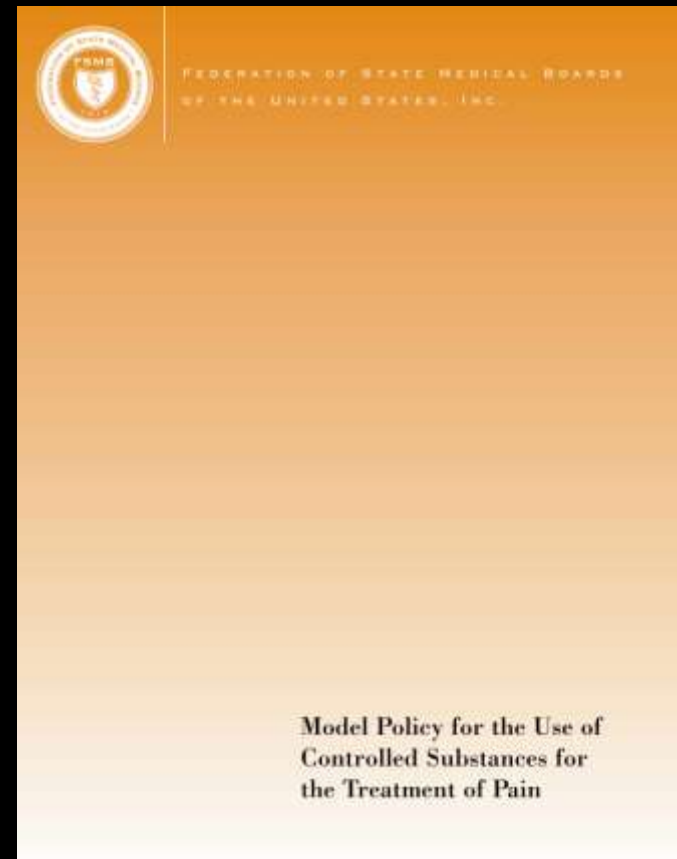


13 states

Adopted in full

12 states

Adopted in part



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FSMB Model Policy

- ✓ **Current definitions**
- ✓ **Should not fear investigation**
- ✓ **Documentation**
- ✓ **Compliance with laws**
- ✓ **Inappropriate tx includes over, under, non-treatment, continued ineffective tx**

Evaluating and Benchmarking State Pain Policies

- **Central principle (Balance)**
- **Derive evaluation criteria (17)**
- **Peer review**
- **Collect policies**
 - **Laws, regulations, guidelines (377 in 2003)**
 - **Pain, controlled substances, medical and pharmacy practice**
- **Evaluate policies (3 researchers)**
- **Analyze, report results (EG1, EG2, PRC)**

The Principle of “Balance”

- **Opioids safe and effective, necessary**
- **Opioids have potential for abuse, need control system**
- **“Controlled substance” does not change medical value**
- **Policy governing drugs and professional practice should not conflict with medicine**
- **Efforts to address diversion must not interfere with medical practice and patient care**

Recognition of the principle of Balance

- American Alliance of Cancer Pain Initiatives
- Institute of Medicine
- American Cancer Society
- National Cancer Institute
- Federation of State Medical Boards
- American Medical Association
- National Association of Attorneys General
- Drug Enforcement Administration (?)

- International Narcotics Control Board
- World Health Organization
- European Union

Examples of (-) state policies

- **Not for patients with addiction or Hx**
- **Consultation mandatory for every pt**
- **Only after failure of all other Tx**
- **“Drug holidays”**
- **Special government Rx form**
- **Rx quantity limited**
- **Rx validity expires in a few days**
- **Pharmacist reports patients to Attny Gen**

Drug dependent person means a person who is using a drug, controlled substance or alcohol, and who is in a state of psychic or physical dependence, or both...this definition shall include those persons commonly known as “drug addicts.”

**Pennsylvania Uniform Controlled
Substances Act**

**Physical dependence confused
with addiction**

Criterion 12 (-)

**18 states (35%) have policies that confuse physical
dependence/tolerance with addiction**

...tolerance and physical dependence are normal consequences of sustained use of opioid analgesics and are not synonymous with addiction.

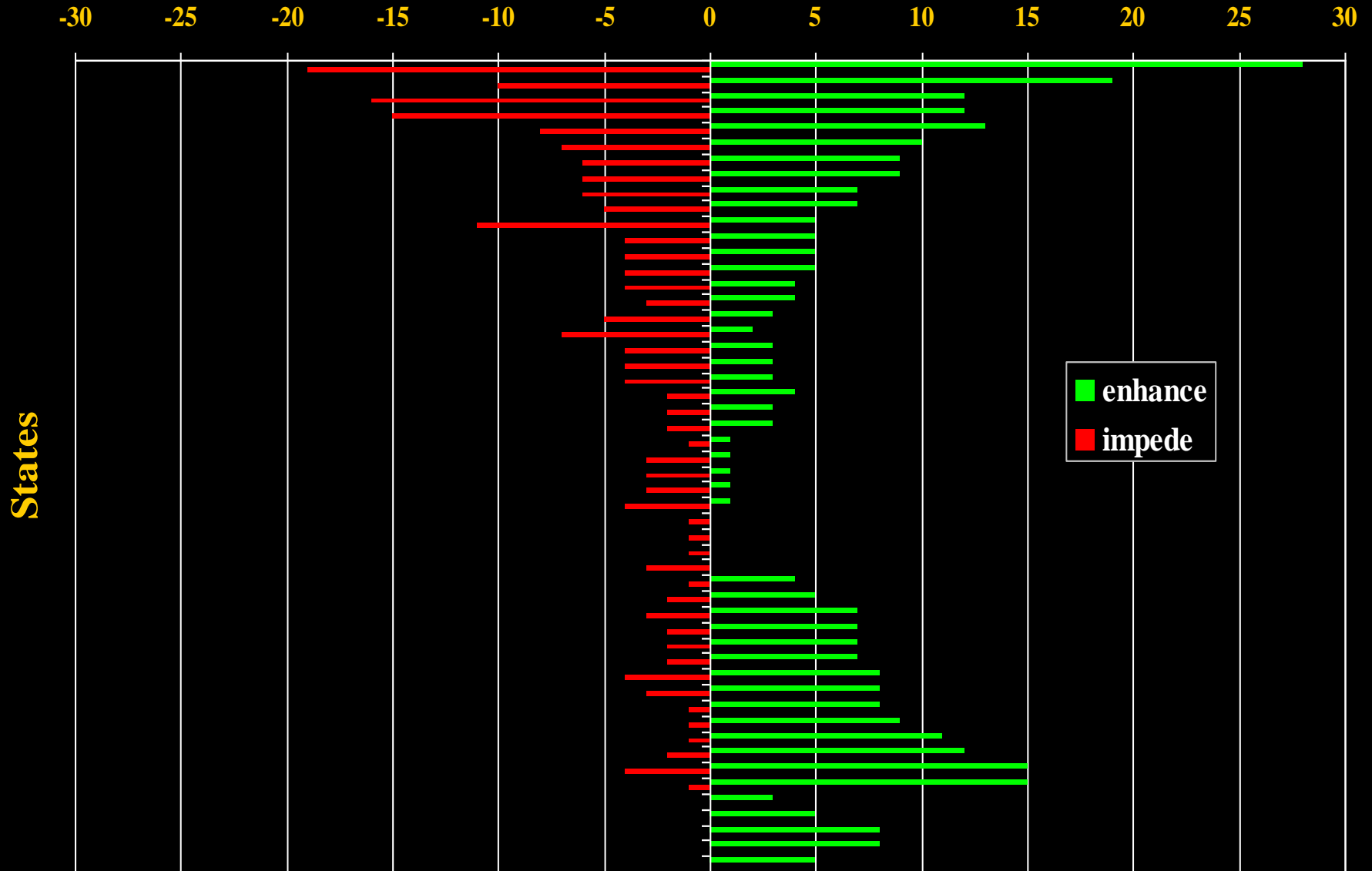
Kansas Medical Board Guidelines

Does not confuse physical dependence with addiction

Criterion 7 (+)

26 states (51%) have policies which clarify that physical dependence and tolerance are not the same as addiction

Number of Provisions Identified in 2003



Source: Pain & Policy Studies Group. *Achieving Balance in Federal and State Pain Policy: A Guide to Evaluation, Second Edition*. University of Wisconsin Comprehensive Cancer Center. Madison, Wisconsin, 2003.

ACHIEVING BALANCE in Federal & State Pain Policy:

A Guide to Evaluation, Second Edition



Pain & Policy Studies Group

University of Wisconsin

Comprehensive Cancer Center

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September 2003

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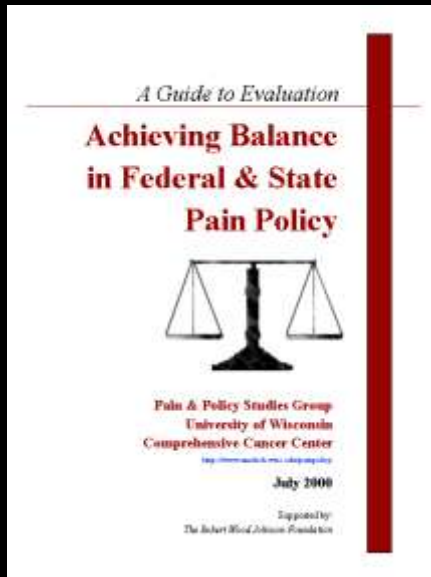
The Robert Wood Johnson Foundation

Regional Profile of Pain Policies

(March 2003)

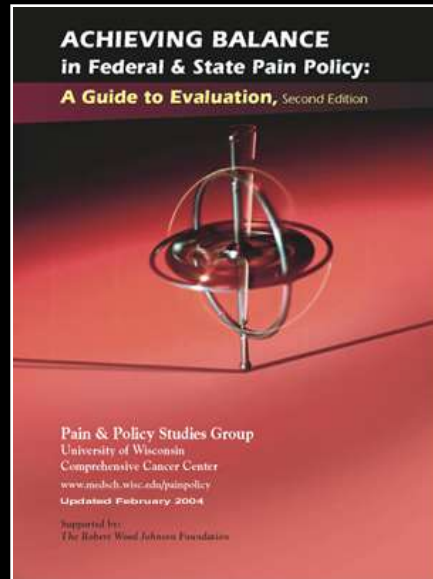
	US Range	US Mean	GA	IN	MD	MI	MN	MS	OR	PA	WV
Potential to enhance	0-29	5	1	1	5	4	4	5	7	7	15
Potential to impede	0-16	4	4	3	2	1	3	4	3	2	4
State Grades			D+	D+	C+	C+	C	C	C+	B	B

Sequence of Evaluations



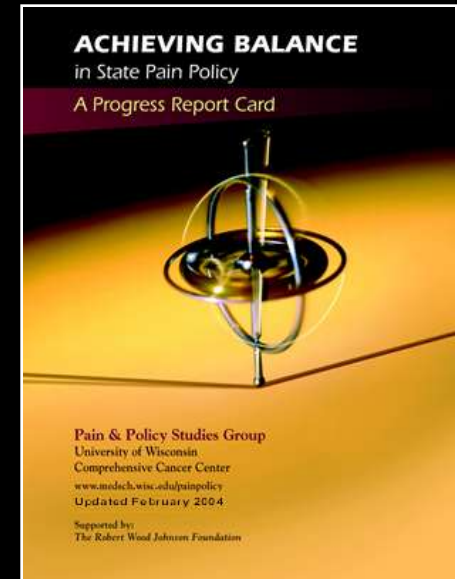
2000

+



2003

=



2003

State Grade Distribution - 2003

A	B+	B	C+	C		D+	D	F
	AL	FL	AR	AK	NY	AZ	NH	
	KS	IA	MD	CA	ND	CT	NJ	
	MA	ME	MI	CO	OH	DE	RI	
	NE	NC	NV	ID	OK	DC		
	NM	PA	OR	KY	TN	GA		
		SD	SC	MN	TX	HI		
		WA	UT	MS	VT	IL		
		WV	WI	MO	VA	IN		
				MT	WY	LA		

16 States Improved

(2000 to 2003)

Florida

Hawaii

Idaho

Iowa

Kansas

Kentucky

Massachusetts

Michigan

Missouri

Nevada

New Mexico

Ohio

South Carolina

Tennessee

West Virginia

Wisconsin

Pain policies have been adopted, revised and repealed by:

- **State legislatures**
- **State licensing boards**
 - **Medicine**
 - **Nursing**
 - **Pharmacy**

Examples of Policy Changes

- **Addition of positive provisions**
 - ✓ Encourage pain management
 - ✓ Pain management part of quality professional practice
 - ✓ Address fear of regulatory scrutiny
 - ✓ Correctly define addiction
 - ✓ Rx quantity not indicator
 - ✓ Tx of addicts with pain
 - ✓ Encourages risk assessment
- **Repeal of negative provisions**
 - ✓ PMP with special government form
 - ✓ Short validity periods (2 weeks or less)
 - ✓ Mandated consultation

Catalysts for Change

- **State Pain Initiatives**
- **ACS Divisions**
- **Community-State Partnerships**
- **End-of-Life Care Coalitions**
- **Federation of State Medical Boards**
- **Leadership of key individuals**

What can legislatures do?

- **Create a Task Force or Study Commission**
 - Stakeholders define the needs and issues
 - Review statutes and regulations
 - Identify strengths and weaknesses
 - Consider Model Policies
 - FSMB, NCCUSL
 - Joint Board Policy on End of Life Care (WV, KS)
 - Review PPSG Evaluation Guide for opportunities
- **Pain Care Policy Act H.R. 1020-Rogers**
- **Monitor diversion control efforts for “balance”**

“Balance” for clinicians, boards and law enforcement

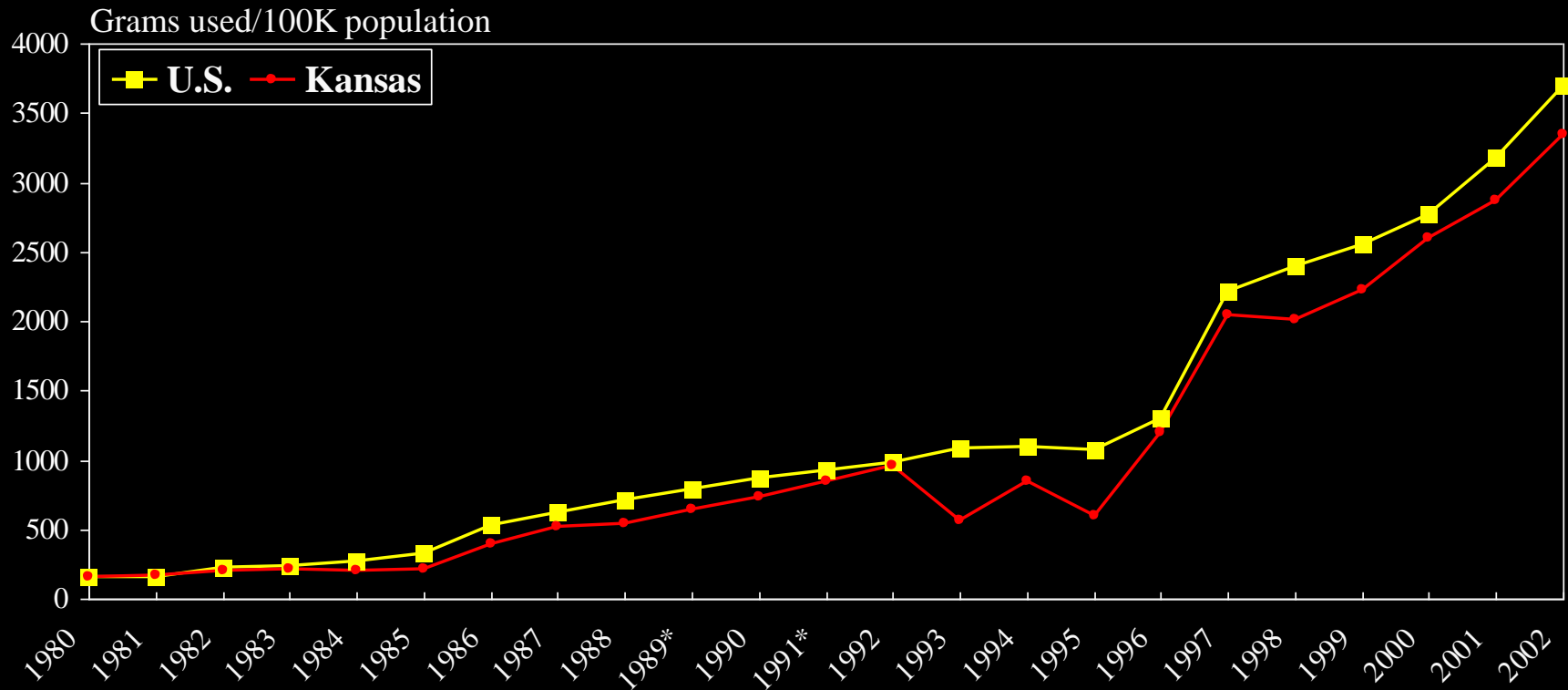
	CLINICIANS	BOARDS & L.E.
Primary	<ul style="list-style-type: none">• Evaluate patients’ pain• Relieve pain	<ul style="list-style-type: none">• Evaluate sources of diversion• Stop diverters
Secondary	<ul style="list-style-type: none">• Know about diversion• Avoid contributing to diversion	<ul style="list-style-type: none">• Know about pain management• Avoid interfering in medicine and patient care

JAILED FOR SECOND-DEGREE MURDER, ATTEMPTED MURDER

Kansan's convictions alarm doctors

When painkillers kill

Consumption of Morphine: U.S. vs Kansas, 1980-2002



* 1989 and 1991 data interpolated due to incomplete reporting.

Source: ARCOS, U.S. Drug Enforcement Administration

By: Pain & Policy Studies Group, University of Wisconsin/WHO Collaborating Center, 2004

Pain & Policy Studies Group

Kansas

(since Narramore)

- **Model Guidelines**
- **Joint Policy Statement**
- **Nursing Board Policy Statement**
- **Dissemination/education**

Thank you!

Pain & Policy Studies Group

WHO Collaborating Center

Univ. of Wisconsin Comprehensive Cancer Center

Madison, Wisconsin USA

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