What is The Controlled Substance Abuse Prevention Act?

- AB 474, sponsored by Governor Sandoval, passed unanimously during the 2017 Nevada Legislative Session to combat controlled substance II, III, IV abuse, misuse, and diversion
- Effective on January 1, 2018

The Problem

- Controlled Substance Abuse, Misuse and Diversion
  - Illicit Drugs
  - Licit Drugs

Hospitalizations

Mortality
Prescribing Patterns

Diversion of Legal Prescription

• Of those at highest risk for overdose, using prescription;
  • 27% get their opioids using their own prescriptions
  • 26% get them from friends or relatives for free
  • 23% buy them from friends of relatives
  • 15% buy them from a drug dealer

• Abuse of legal prescriptions, and diversion of legal prescriptions is a problem

Governor Sandoval’s Bill – AB474

NEVADA’S UNIQUE APPROACH

• Preserves provider clinical decision-making
• Creates rational prescribing requirements at appropriate treatment intervals
• Creates mandatory continuing education requirements to keep providers current
• Written from the perspective of both provider AND patient affording equal protections
  • Informed Consent (patient) and drug contract (provider)

Governor Sandoval’s Bill – AB474

NEVADA’S UNIQUE APPROACH CONTINUED

• 1) Preservation of provider clinical decision-making
• 2) Requirement to register with the PDMP
• 3) Requirement for regular and normal follow up
• 4) Requirement for Evidence-based diagnosis work-up
• 5) Increased Licensing Board oversight
• 6) Change in required information for CS II,III,IV Prescriptions
• 7) Improved, and increased overdose data collection
• 8) ADDRESSES THE PRIMARY SOURCE OF THE LICIT DRUG PROBLEM

Five Major Points of AB474

1) At the time of the initial or first prescription:
   Primary Issues to be assessed before writing rx
   • Prescriber must query the PDMP
   • Have a bona fide provider-patient relationship
   • Perform a primary risk assessment*
   • Discuss non-opioid treatment options (if any)
   • Discuss why a controlled substance is being prescribed
   • Provide a preliminary diagnosis and treatment plan
   • Completed Informed Consent
   • Initial prescriptions are limited to 14 days, and 90 mme for opiate naïve patients

* Primary risk assessment, per AB474 includes; obtaining and reviewing a medical history of the patient, conducting a physical exam of the patient, and making a good faith effort to obtain medical records, and assess the mental health and risk of abuse dependency using peer reviewed methods.
Five Major Points of AB474

1) INITIAL OR FIRST PRESCRIPTION MANDATES
2) Mandates for prescribing at 30 consecutive days
   - Signed Prescription Medication Agreement
   - Consent to drug test bodily tissue if requested
   - Inform patient about reasons for prescription changes or termination
   - Patient needs to inform prescriber about
     - Patient use of any licit or illicit substances such as alcohol, marijuana (not in PDMP) or amphetamines, etc.
     - Each state where the patient has previously received controlled substances
     - Any prior history of substance abuse treatment or complications (such as overdose) from using controlled substances

3) Mandates for prescribing at 90 days
   - Must begin evidence-based diagnostic workup and discuss treatment plan with patient (Can't just use "back pain" or "chronic pain" as a diagnosis)
   - Complete Risk of Abuse Assessment (Opioid Risk Tool)
   - PDMP review every 90 days
   - If dose is >90 Mmeq, consider referral to pain medicine specialist and assess for increased risk of adverse effects from long-term controlled substance use

4) Mandates for prescribing at 365 days
   - "Prescribe 365"
     - Does not restrict the prescriber in any way as they can still write for whatever drug they choose and for any dose and quantity

5) MANDATES FOR REQUIREMENTS ON AN ACTUAL RX
   - MUST include patient date of birth
   - MUST include ICD-10 diagnosis
   - MUST include minimum number of days to consume rx (adherence to Prescribe 365)
   - MUST include provider DEA number

Implementation / Compliance of AB474

Common Question #1

• How will the provider ever be able to become compliant with this type of legislation?

  • Creation of "DW 474" forms
    - Informed Consent
    - Prescription Medication Agreement
  • Each form will be specific to the section in the Bill that contains mandates for compliance
    - Will be in editable version on the DHHS website available for download and editing by each provider
    - If forms are complete, provider will be in compliance

Common Question #2

• But my practice should have an exception or carve-out to this Bill!

  • There is no need as the Bill takes into account all prescribers needs by not restricting prescription writing
    - "Provider owns the prescription"
Implementation Compliance of AB474
Common Question #3

• Why does my practice need this Bill?
  • We all have to do our part to address this issue without exception. We need to change prescribing practices across the board without exception.
  • Physicians hated Electronic Medical Records (EMRs) in the beginning but now can’t live without them.

Governor Sandoval’s AB474

What are the take-home points?

1. Innovative, rational controlled substance legislation was needed
2. This bill allows prescribers to practice medicine without restrictions
3. Requirements at Day 0, 30, 90 and 365
4. Prescribe 365 is a novel approach based upon the statistical data
5. Depth of knowledge is not well appreciated
6. No carve-outs for any prescriber entity
7. No language on cannabis
8. Compliant-friendly forms being created for download
9. All prescribers must contribute if we are going to make a difference

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