



[Workers' Comp](#)

## State Legislatures Looking at Opioid Bills

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States continue to propose opioid prescribing limits and are looking at more ways to control the prescribing and use of opioids through physician education, patient education, safer packaging and unused medication return options.

View updates on other major topics for 2019: [drug formularies](#), [directed care](#), [medical and recreational marijuana](#), [auto personal injury protection](#) and [workers' compensation reform](#).

Curiously, there is a bill in New York to expand access to opioids. AB102 would require health insurance companies to provide coverage for opioids, prevent any type of prior-authorization for opioids and prohibit an insurance carrier from charging a different rate for drugs in the opioid class. Fortunately, that bill does not affect workers' compensation.

Here are a few bills from the 2019 sessions that will impact workers' compensation opioid prescribing:

### Opioid Limits

#### Montana

- HB 86—Limits initial opioid prescriptions for acute pain to 5 days with exceptions (all health care)

#### Missouri

- HB 491—Opioids cannot be prescribed to a minor unless they have been admitted to a health care facility (all health care)
- HB642—Requires providers to follow CDC guidelines when prescribing opioids (all health care)

## **New York**

- SB 332—Limits prescribing of opioids to minors to a 7-day supply with parental consent (all health care)
- SB 2053—Limits initial opioid prescription for acute pain to a 3-day supply (all health care)

## **North Dakota**

- HB 1063—Limits opioids to an initial 7-day supply and no more than 90 MME during the first 30 days (all health care)

## **Wyoming**

- SF 46—Limits opioids to a 14-day supply for opioid naive patients (all health care)

## **Vermont**

- Rule Effective March 1, 2019
- No opioids for minor pain, 24 MME for up to 5 days for moderate pain, 32 MME for up to 5 days for severe pain, and 50 MME for up to 7 days for extreme pain (specific to workers' comp)

## **Patient Education**

### **Florida**

- HB 287—Dispensed opioids must have a red warning sticker and be accompanied with an education pamphlet

### **Hawaii**

- HB 724—Opioid prescriptions must include instructions for proper disposal of unused pills, along with a pre-address envelop to mail pills to a disposal program

### **Indiana**

- SB 133—Requires opioid statement on prescription bottle

### **New Hampshire**

- HB 359—Requires red caps and warning labels on prescription bottles

### **New York**

- AB 672—Requires prescriber of opioids, when issuing the first opioid prescription in the calendar year, to counsel patient on the risk of overdose (all health care)
- AB 741—Requires prescribers to counsel patient on risks of opioids and opportunities to lower doses (all health care)

- SB 1350—Requires extensive counseling on risk when opioids are prescribed (all health care)
- SB 1530—Pharmacists would be required to counsel patient on opioid risks and have patient sign informed consent form (all health care)

## **Texas**

- HB 562—Requires warning label on all opioid prescriptions (all health care)
- HB 563—Patients being prescribed an opioid must sign a form acknowledging they have been informed of risks (all health care)

## **Prescriber/Dispenser Requirements**

### **Florida**

- Rule—creates a \$100 fine for failing to consult the Prescription Drug Monitoring Program (PDMP) (all health care)

### **Missouri**

- HB 188—Requires dispensers to electronically send controlled substance information to PDMP within 24 hours of dispensing. By 2022, would require real-time updates (all health care)

### **Montana**

- HB 86—Dispenser must register to use the drug registry (PDMP) at time of licensure or renewal (all health care)

### **Nebraska**

- LB 489—Dispenser must register for and utilize the PDMP (all health care)

### **Oklahoma**

- SB 155/HB 1055—Baseline urine test required for opioid prescribing lasting longer than 3 months (all health care)

### **Virginia**

- HB 1743—Pharmacist must conduct a review of the patient's drug history prior to dispensing an opioid (all health care)

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Without question, 2019 is shaping up to be a very interesting and very active year on the legislative and regulatory fronts. Our government affairs team is actively engaged on critical issues around the country. As these legislative and regulatory initiatives advance, we will keep you posted on their progress and any pertinent changes as they occur.

If you have any questions or information about legislative and regulatory issues, please contact Brian Allen, Vice President of Government Affairs at [Brian.Allen@mitchell.com](mailto:Brian.Allen@mitchell.com) or at 801-903-5754.



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