



20 PIECES OF LEGISLATION ARE IN PLAY AT THE CAPITOL TO STEM CALIFORNIA'S OPIOID PROBLEM. HERE'S A ROUNDUP.

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Two dozen bills on one issue might seem like a lot. But the national opioid epidemic is killing thousands in California, and lawmakers have a wide array of ideas about how to stop it. There are 20 pieces of legislation under consideration currently at the Capitol. This is in part because about 2,000 Californians die from opioid overdose annually, according to the California Department of Public Health. The Golden State's opioid overdose rate is well below the national average, but the death toll from synthetic opioids, such as fentanyl, have been on the rise.

Ramon Castellblanch, a former member of the California State Board of Pharmacy and professor emeritus at San Francisco State University, said the fentanyl factor has shifted opioid prevention efforts. "We used to think prescribing was the thing," he said. "We used to think 'OK, we've got to stop the doctors from giving away so many opioids, that's what's killing people, and if we can do that we can solve the problem' ... Until the fentanyl thing happened. And with the number of deaths still going up, we've got to just save lives."

He said the two main ways to do that are giving out naloxone — an overdose antidote — and offering medication assisted treatment. The latter involves giving a patient a medication called buprenorphine to help suppress their desire for heroin and other dangerous drugs.

But there's still a big push to tight prescribing practices, and a parallel effort to improve the state's opioid prescription database.

Here's a roundup of major opioid bills that have been making their way through the legislature this month:

CURBING PAINKILLER PRESCRIPTIONS

- Assemblymember Autumn Burke's AB 2741 would prohibit doctors from supplying minors with more than five days of opioids at a time, and require they get consent from the minor's parent or guardian before prescribing an opioid. The bill makes exceptions for chronic pain management, hospice and palliative-care patients, cancer patients and minors who are being treated for substance abuse disorders. Major medical groups including the American Academy of Pediatrics, the California Medical Association and the California Chapter of the American College of Physicians have said the bill creates an arbitrary limitation and puts unnecessary burdens on pediatricians.
- All prescriptions for controlled substances would have to be electronic, with some exceptions, under AB 2789 from Assemblymember Jim Wood. The goal is to reduce fraud, and make it easier for doctors to record prescriptions in the state's CURES opioid database (find more on CURES below). Physician groups argue that maintaining electronic medical records is expensive, and some providers — especially small practices, rural clinics and retiring physicians — shouldn't be required to switch over.
- AB 1753 from Assemblymember Evan Low, wants to change the prescription pad strategy to cut down on opioid prescriptions. It would authorize the Department of Justice to reduce the number of printer vendors making the pads. It's part of a wider effort to standardize and label all prescription pads, which would help law enforcement track down lost, stolen and counterfeit prescription pads.
- AB1998 from Freddie Rodriguez is dead, but it would have established a safe prescribing protocol for all opioids, and require prescribers to provide naloxone under certain conditions (more on naloxone below). The California chapter of the American College of Emergency Physicians was concerned that the guidelines were unclear, and that the bill would unfairly penalize physicians for not adhering to new protocols.

- There's currently a mismatch between California's controlled substance schedules and the national government's. Assemblymember Patrick O'Donnell's AB 2783 would fix it.
- And SB 1109 aims to better educate doctors about opioid addiction risk.

EXPANDING TREATMENT

- Assemblymember Kevin McCarty's AB 349 makes it easier for Medi-Cal to reimburse physicians who use drugs to treat addiction. He also authored AB 2487, which would add opioid prescription and opioid addiction treatment courses to continuing medical education programs
- Barriers that prevent insurers from covering medication-assisted treatment, like the requirement for prior authorization, could go away under Joaquin Arambula's AB 2384.
- Assemblymember Marie Waldron's AB 1963 died, but it aimed to incentivize more medical providers to become certified prescribers of medication-assisted treatment by raising reimbursement rates for providers who prescribe these drug treatments.
- AB2486, by Kevin McCarty, would establish the Opioid Prevention and Rehabilitation Program Fund to help treat opioid addiction by providing more funding to existing programs.

NALOXONE ACCESS

- AB 2256 would make it easier pharmacists to give law enforcement officers naloxone, an overdose antidote. An individual pharmacist can already give this drug to a law enforcement officer if they've completed special training, but wholesalers cannot. If law enforcement agencies want to acquire large amounts of naloxone, they must go through a local health department. Police departments and other agencies argue that this process makes it unnecessarily difficult to get the life-saving drug. The U.S. Surgeon General said earlier this year that all people at risk for overdose, and community members who interact with them, should know how to use naloxone and keep it within reach at all times. This bill is on its way to Governor Jerry Brown's desk.

- Assemblymember Jim Wood's AB 2760 would require doctors to prescribe naloxone to patients at high risk for overdose, and educate patients and their households on how to use it.

STRENGTHENING THE OPIOID DATABASE

- Right now, patients can get an opioid prescription in California and then go get another in Nevada without anyone knowing they've double-dipped. Assemblymember Low's AB 1751 would authorize the Department of Justice to share opioid prescriptions entered into California's CURES database across state lines. The California Medical Association and the California Pharmacists Association came out in opposition.
- AB 1752, also from Low, died. But it would have made it so controlled substances containing opioids, like cough syrups, would have to be monitored in CURES. It would have also required doctors to enter prescriptions into the database more quickly.
- And a bill from Assemblymember James Gallagher, AB 2086, would allow doctors to review how many patients they are listed as the prescriber for in CURES. This could help doctors identify fraudulent prescriptions.

REGULATING REHAB

- Supporters of SB 275, by Assemblymember Anthony Portantino, see a need for more youth substance disorder treatment. The bill would require the Department of Health Care Services to convene an expert panel on the topic.
- DHCS would also be required to adopt the American Society of Addiction Medicine treatment criteria, or a similar standard, as the minimum standard of care for licensed adult alcohol and drug abuse recovery facilities under Senator Jerry Hill's SB 823
- And SB 992, by Senator Ed Hernandez, would tighten licensing criteria for these facilities and require them to disclose more information to DHCS.

SAFELY STORING AND DUMPING DRUGS

- As it stands, counties run their own drug take-back programs and pay to safely dispose of opioids and other prescription medications. Senator Hanna-Beth Jackson's SB 212 would require drug-makers to take on that burden.
- And AB 2859 from Assemblymember Anna Caballero could help people keep opioids away from children by requiring community pharmacies that dispense opioids to display safe storage products in the pharmacy department. This bill is on Governor Jerry Brown's desk.