

# GOS UPDATE



## Legislative Changes for Opioid Prescriptions

In an attempt to address Georgia's opioid abuse epidemic, H.B. 249 was introduced and signed into law by Gov. Nathan Deal on May 4<sup>th</sup>, 2017. In combination with the subsequent passage of the H.B. 782/407 "clean up bills", fundamental changes to the rules and laws surrounding prescriptions of narcotic pain medication are underway. This letter is aimed at summarizing the rule changes.



The two major deadlines and changes are as follows:

1. As of **January 1<sup>st</sup>, 2018** all prescribers in the state of Georgia must register for the Prescription Drug Monitoring Program (PDMP). Access can be found under <https://georgia.pmpaware.net/login>.
2. As of **July 1<sup>st</sup>, 2018** all prescribers must check the PDMP when prescribing a Schedule II, paragraphs 1 & 2 drug or benzodiazepine, unless there is an exception under the law. Specifics are listed below.

DEA Drug Schedule II substances are defined as drugs with a high potential for abuse, with use potentially leading to severe psychological or physical dependence.

Under the new law prescribers and dispensers are allowed to register two delegates (staff without a DEA number) to check the PDMP and enter prescription information.

Much like HIPAA regulations, unauthorized use of the PDMP data by the prescriber or delegate can result in civil or criminal liability. The data should only be used for the purpose of providing medical care or to inform the prescriber of a patient's use/misuse of a medication.

### **How often do you or your delegate have to check the PDMP?**

- The first time you issue a Schedule II prescription for the patient
- At least every 90 days thereafter

**There are a few circumstances in which the prescriber or delegate does not have to check the PDMP database for Schedule II prescriptions. They are:**

- If the prescription is for no more than a **3-day supply** and no more than **26 pills**
- If the patient is **in a hospital or health care facility** (nursing home, intermediate care home, personal care home or hospice). **This does not include discharge medications!**
- If the patient has had **outpatient/ambulatory surgery** and prescription is for no more than a **10-day supply** and not more than **40 pills**
- If the patient is terminally ill or receiving treatment for cancer

It is also important to note that merely checking the PDMP database for every patient receiving a prescription for a Schedule II drug is insufficient, as there has to be **appropriate documentation**. Prescribers or their delegates must make a notation in the patient's medical record of the time and date that the PDMP was consulted and identify the individual by full name who conducted the PDMP patient search. In short, every Schedule II prescription has to go into the chart with date, time and name of the person that checked the PDMP.

Moreover, the prescriber must provide the patient with information on the drug's addictive risks and the options that are available for safely disposing of any unused medications. This information may be provided in either verbal or written form. The GOS is currently working on a project to provide Georgia orthopaedic practices with a poster to display in the office with narcotic disposal information.

Lastly, health care providers must report all incidents of neonatal abstinence syndrome to the Department of Public Health.

DISCLAIMER: The information provided in this document is for general informational purposes only and not intended to, nor does it provide legal advice. GOS will not be responsible for and cannot be held liable for misinterpretation of the current law or any changes in the law or any reliance in this information. Please refer to <https://dph.georgia.gov/pdmp> for additional disclaimer.

**Summary:**

- **As of July 1, 2018 all patients receiving a Schedule II prescription must undergo a PDMP database check.**
- **Exemptions are:**
  - **3-day supplies of no more than 26 pills**
  - **Inpatients in a hospital or health care facility**
  - **Patients undergoing outpatient surgery receiving a prescription of no more than 10 days worth and no more than 40 pills**
  - **Terminally ill and cancer treatment receiving patients**
- **Up to two delegates per prescriber**
- **Check PDMP initially and at least every 90 days thereafter**
- **PDMP check has to be documented in the chart with the name of the person that performed the check**
- **Prescribers must provide verbal or written information on the drug's addictive risks and options for safe disposal of unused medications to every patient**

**New Opioid CME requirement for GA license renewal:**

The Georgia Composite Medical Board (GCMB) has ruled that as of January 1, 2018, every physician must complete 3 or more hours of AMA/AOA PRA Category 1 CME of opioid prescribing CME in order to renew their Georgia medical license.

The American College of Physicians is offering a free online Safe Opioid Prescribing CME course (3.5 AMA PRA Category 1 credits):  
<https://www.acponline.org/meetings-courses/focused-topics/safe-opioid-prescribing-strategies-assessment-fundamentals-education>.