TOP FIVE BULLETS

1. In summary, this bill would establish prescribing limits for schedule II or III opioids used for the initial treatment of acute pain - with exceptions for prescribing post-operative pain relief, treatment for opioid use disorder, cancer treatment, hospice care, palliative care, chronic pain, and cases in which a practitioner provides a specific reason in accordance with a “clear medical standard” (recommended by Duke University) of care in a patient’s Electronic Health Record or medical record and consults a state’s Prescription Drug Monitoring Program and consults.

2. For states that already have their own state prescribing limits established, the bill allows deviation from Federal limits. It would encourage the Food and Drug Administration (FDA) to continue working with stakeholders to develop abuse-deterrent opiate formulations.

3. It requires the FDA Commissioner to study the feasibility of replacing the statutory prescribing limits in the bill with evidence-based clinical guidelines to inform opioid prescribing. (American Academy of Orthopaedic Surgeons and the Institute of Medicine define as a: “systematically developed statement to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances.”).

4. Finally, it would require the Government Accountability Office (GAO) to conduct and issue a comprehensive report on health care policy changes that may have contributed to opioid overdoses and deaths and an analysis of: the differences and effectiveness of State-based prescription drug monitoring programs; the impacts of State and Federal prescribing limitations on patient medical outcomes; the costs of using abuse-deterrent opioids compared to non-abuse-deterrent opioids.

5. Industry leaders like PhRMA and CVS have signaled support for limiting opioid prescriptions to seven days amid the national drug abuse epidemic and have voluntary adopted these same standards for certain conditions.