EMERGENCY RULES FOR
OPIOID PRESCRIBING AND
TREATMENT
Arizona Department of Health Services

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Introductions
Agenda

• How did we get here?
• Emergency Rulemaking Timeline
• Rules for Opioid Prescribing and Treatment
• Next Steps
• Are there resources available?
• Questions and Answers
How Did We Get Here?
Opioid Use is Increasing in the U.S.

The U.S. accounts for ~5% of the world’s population but... consumes 80% of the global opioid supply.
431 MILLION opioid pills were prescribed in 2016, enough for every Arizonan to have a 2.5 week supply.
Opioid-Related Deaths are Increasing in the U.S.

Overdose Deaths Involving Opioids, United States, 2000-2015

Any opioid

Commonly Prescribed Opioids
(Natural & Semi-Synthetic Opioids and Methadone)

Heroin

Other Synthetic Opioids
(e.g., fentanyl, tramadol)

4 out of 5 new heroin users start by misusing prescription painkillers
Opioid-Related Deaths are Increasing in Arizona

Heroin deaths have TRIPLED since 2012 in Arizona

Opioid Deaths (including both Rx and heroin)

Prescription Drugs Deaths

Heroin Deaths

2012

2016
Opioid death counts among Arizona residents and non-residents in Arizona from 2007 to 2016
Opioid-Related Deaths are Increasing in Arizona

- More than **two** Arizonans die each day from an opioid overdose
- In the past decade, there were **5,932** people who died from opioid-induced causes
- Arizona opioid death rates start to rise in the late teens and peak at age **45-54**
- **74%** increase in deaths since 2012

Full report available at [azhealth.gov/opioid](http://azhealth.gov/opioid)
What is a unique encounter?

- Unique encounters are events for a single person involving either hospital admission, or an emergency department encounter without admission.
The cost of all opioid-related encounters has **increased 125%** from 2009 to 2015.

*Cost for encounters are calculated by applying the annual cost-to-charges ratio (produced by the Agency for Healthcare Research and Quality, Healthcare Cost Utilization Project) to reported encounter charges. This will estimate the actual cost paid to the provider for the healthcare services of the encounter. For this report, 2015 costs were estimated using the 2010-2014 average cost-to-charges-ratio by facility since 2015 and 2016 ratios were not available. When facility-specific ratios were not provided, the group ratio was used, or the state average ratio. These estimated costs are reasonable, estimates of actual cost, and are a more accurate measure than reported charges.*

The full economic burden of opioids upon the healthcare system is difficult to precisely calculate, but a reasonable measure may be derived using hospital reported charges adjusted using national cost to charges ratios provided by the Department of Health and Human Services. Using this approach the cost of all ‘opioid-related’ encounters in Arizona from 2009 – 2015 has increased by 125%.*
The Emergency Declaration Comes with Authority and Deliverables of ADHS

- Provide consultation to governor on identifying and recommending elements for Enhanced Surveillance
- Initiate emergency rule-making with the Arizona Attorney General’s Office in order to develop rules for opioid prescribing and treatment within health care institutions pursuant to A.R.S. 36-405
- Develop guidelines to educate providers on responsible prescribing practices
The Emergency Declaration Comes with Authority and Deliverables of ADHS

- Provide training to local law enforcement agencies on proper protocols for administering naloxone in overdose situations
- Provide report on findings and recommendations by September 5, 2017
Opioid Epidemic

Real Time Opioid Data

For the first time, statewide opioid data is available in real time. Check out the details of the five categories of data we are now collecting.

- 206 suspect opioid deaths
- 1,417 suspect opioid overdoses
- 105 neonatal abstinence syndrome
- 1,086 naloxone doses dispensed
- 1,071 naloxone doses administered

Opioids are powerful painkillers that can be highly addictive. The impact of opioid misuse is significant in our communities and on the public health system. On June 1, 2017, the Arizona Department of Health Services released its latest data on opioid overdoses in Arizona showing the highest number of deaths in ten years. In 2016, 790 Arizonans died from opioid overdoses. The trend shows a startling increase of 74 percent over the past four years.
Emergency Rulemaking Timeline
Timeline

• ADHS initiated immediately
• ADHS submitted draft rules to Attorney General
• Attorney General approved and submitted final rules to Secretary of State - July 28
• Emergency rules in effect - July 28
Rules for Opioid Prescribing and Treatment
R9-10-120, Article 1. General

Rulemakings In Progress - Opioid Prescribing and Treatment (Emergency)

Notice of Emergency Rulemaking
Opioid Prescribing and Treatment Rules

• The new rules in A.A.C. R9-10-Article 1
  • Focus on health and safety
  • Provide regulatory consistency for all health care institutions
Rules Requirements

• Establish, document, and implement policies and procedures for prescribing, ordering, or administering opioids as part of treatment

• Include specific processes related to opioids in a health care institution’s quality management program; and

• Notify the Department of the death of a patient from an opioid overdose.
Policies and Procedures

• Cover who may prescribe, order or administer opioids
• Consistent with guidelines
• Cover the how, when and/or by whom:
  – Arizona Controlled Substance Database is reviewed
  – A substance abuse risk assessment is conducted and documented
  – Potential risks, adverse outcomes, and complications are explained
  – Alternatives to opioids are explained
  – Informed consent is obtained and documented
Policies and Procedures continued

- Contraindications to opioids
- Co-prescribing opioid antagonist
- Criteria if prescribed/ordered longer than 30 days
- Criteria and procedures for tapering or discontinuation
- Documenting a dispensed opioid in controlled substance database
- Criteria and procedures for offering/referring patients to substance abuse treatment
Quality & Reporting

• Process for reviewing incidents of opioid related adverse reactions, negative outcomes, deaths.

• Surveillance and monitoring for adherence to the policies and procedures.

• Reporting of opioid related deaths to Department within 1 working day.
Prescribing & Administration

• Before prescribing or ordering:
  – Reviews patient profile in database
  – Conducts a physical exam
  – Substance abuse assessment
  – Develops treatment plan
  – Explains risks, benefits and alternatives
  – Written informed consent is obtained

• Administration:
  – Patient’s pain is identified and documented
  – Patient’s response to the opioid is monitored
  – Effectiveness of opioid is assessed and documented
Next Steps

• Rules became effective on July 28, 2017
• Notice and Webinars have been scheduled
• Technical Assistance will be provided as Licensees develop and implement
• The Emergency Opioid Rule Package is valid for 180 days unless renewed
• ADHS may renew the emergency rule package for one more 180-day period if ADHS determines the emergency situation still exists and again must obtain the Attorney General’s approval prior to the expiration of the 180-day period.
  – If the text of renewed emergency rule differs from the text of the previous emergency rule, ADHS shall submit a list of every change made with the notice of renewal.
• Before a renewal may be obtained, ADHS must initiate a regular rulemaking to make the emergency rule permanent and must issue a Notice of Proposed Rulemaking.
Are There Resources Available?
Webinars

• Medical Licensing
  – August 7 & 11 (12 – 1pm)

• Residential Licensing
  – August 8 (12 – 1pm)

• Long Term Care Licensing
  – August 10 (12 – 1pm)
Questions and Answers

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