SB23-144 Prescription Drugs for Chronic Pain

Sponsor: Senator Ginal

A recent study showed that as many as 40% of primary care physician offices will NOT see a new patient if they are using opiate pain medications.[1][2][3]

Doctors' fear of increased scrutiny for prescribing medications for patients with a legitimate medical need has had a chilling effect on care.

Overly restrictive policies limiting controlled substances for pain to try to reduce overdose deaths has created another crisis:

Coloradans living with chronic pain are unable to access the treatment they and their doctors feel they need, resulting in increased disability, decreased function, suicides, and an increase in overdoses as pain patients try to treat their own pain.[4][7][8]

Tapering a patient down or off opioid medication can actually *increase* their risk of overdose and suicide.[6][10]

CDC Data suggest that illicit fentanyl and other illegally obtained controlled substances, tainted substances, or the use of multiple substances in combination drive overdose deaths.[9][5]

This Bill:

- Protects access to healthcare by prohibiting a healthcare provider or health system from refusing to treat a patient solely because of the patient's use of prescribed opioids or opioids at a particular dose.
- Clarifies that a prescribing healthcare provider treating a patient for chronic pain is not subject to disciplinary action solely for prescribing a controlled substance at a dose above a set or predetermined dose threshold.
- Prohibits a healthcare provider from forcing a patient to taper their medication below the dose they need, solely because of predetermined dose threshold recommendations, not for independent, clinical reasons.
- Improves access to controlled substances for patients with genuine medical need, including those in palliative, hospice, or end-of-life care. Policies around controlled substances for pain have left many patients struggling to access pain control and medications.[11]
- Respects that treatment decisions should be individualized and made between the doctor and the patient. Ensures that clinical discretion will take precedence over one-size-fits-all policies.
- Helps protect Coloradans who need opioids for chronic pain management by improving access to care.

This Bill Will NOT:

- **Force doctors to prescribe opiates, other controlled substances, or any other treatments.**
- **Prevent people who are illegally diverting medications from being prosecuted.**
- **Prohibit providers from referring patients who generally require care outside of their area of expertise.**

[1] (Gavin, Michigan Medicine 2021)
[2] (Lagisetty, JAMA Netw Open 2019)
[3] (Quest Diagnostics survey, 2019)
[4] (Lagisetty, PAIN 2021)
[5] (Bitting, MMWR Morb Mortal Wkly Rep 2022)
[6] (Magnan, JAMA Netw Open 2023)
[7] (Larochelle, JAMA Netw Open 2022)
[8] (Glanz, JAMA Netw Open 2019)
[9] (Fentanyl Facts, 2022)
[10] (Neprash, J Gen Intern Med 2021)
[11] (Brown, J of Pain and Symptom Manage 2020)

Key Terms:

Tolerance	A condition that occurs when the body gets used to a medicine so that either more medicine or a different medicine may be needed.
Dependence	Physical adaptation to a medication so that the sudden absence of the agent causes withdrawal symptoms. Many medications other than controlled substances can cause dependence.
Addiction	A chronic, relapsing condition of compulsive drug use despite adverse consequences.
"MME"	Morphine Milligram Equivalent Dose - Used to convert the dose of an opiate to the equivalent dose of morphine in mg. Usually referred to as a daily total, IE 90 MME/day.

COLORADO CENTER for AGING

NPAC
NATIONAL PAIN ADVOCACY CENTER

CPWD

MENTAL HEALTH COLORADO

CCCDC
COLORADO CROSS-DISABILITY COALITION

CHRONIC CARE COLLABORATIVE
ADVOCATING FOR COLORADANS WITH CHRONIC CONDITIONS AND THEIR CAREGIVERS

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