

Key Provisions of the STOP Act – Strengthen Opioid Misuse Prevention Act

Reps. Murphy, Davis, Horn and Malone / Sens. Davis, McInnis and Rabon

Smarter Prescribing

- ✓ **Reduce doctor shopping and improve care with required check of state prescription database.** Before prescribing opioids, a doctor, dentist, or other prescriber must check the Controlled Substance Reporting System (CSRS) to learn of a patient's other prescriptions. This check is allowed but not required for cancer treatment, palliative care, hospice care, drugs administered in a health care or residential facility, or prescriptions for 5 or fewer days (or 7 or fewer days after surgery) (§12).
- ✓ **Reduce unused, misused, and diverted pills with 5-day limit on initial prescriptions for acute pain.** A prescriber may not prescribe more than a 5-day supply of an opioid (or a 7-day supply after surgery) when first treating a patient for acute pain. This requirement does not apply to cancer care, palliative care, hospice care, or medication-assisted treatment for substance use disorders (§6).
- ✓ **Reduce fraud through e-prescribing.** A prescriber must electronically prescribe opioids to reduce fraud stemming from stolen prescription pads or forged prescriptions – except for opioids administered by the prescriber or drugs administered in a health care or residential facility (§6).
- ✓ **Reduce diversion of veterinary drugs.** Veterinarians who prescribe opioids must register and report to CSRS to enable detection of drug diversion by pet owners (§9, §10).
- ✓ **Tighter supervision.** Physician assistants and nurse practitioners must consult their supervising physicians the first time they prescribe opioids and every 90 days thereafter (§4, §5).
- ✓ **Stronger oversight.** The Department of Health & Human Services will audit doctor, dentist, and other prescriber use of CSRS and report violations to appropriate licensing boards (§12).

Smarter Dispensing

- ✓ **Universal registration and reporting.** All pharmacies dispensing controlled substances must register for and report to CSRS – consistent with the current practice of most pharmacies (§12).
- ✓ **Near-time reporting to detect and stop doctor-shopping.** Pharmacies dispensing controlled substances must report to CSRS within one business day of each transaction – down from the current requirement of 72 hours but consistent with the current practice of many pharmacies (§10).
- ✓ **Detect fraud, misuse and diversion.** Pharmacies must consult the CSRS before dispensing opioids when there is reason to suspect fraud, misuse or diversion and consult the prescriber when there is reason to believe the prescription is fraudulent or duplicative (§12).
- ✓ **Better data.** Pharmacies are required to remedy missing or incomplete data upon request (§10).

A Renewed Commitment to Treatment, Recovery and Saving Lives

- ✓ **Improve health and save money by investing in local treatment and recovery services.** Original version of the Act appropriated \$10 million for FY 2017-18 and \$10 million for FY 2018-19 for community-based treatment and recovery services for substance use disorders, including medication-assisted treatment. These appropriations are not included in the current version of the Act - which passed the House - but are expected to be included in the House and Senate budget bills.
- ✓ **Reverse overdoses and save lives.** The Act facilitates wider distribution of the overdose-reversal drug naloxone by clarifying that standing orders cover not only individuals at risk, family members, law enforcement, and local health departments but also community health groups (§2). In addition, the Act underscores that no state funds may be used to support needle exchange programs but does not preclude a local government from supporting such a program in its community (§8).