Alabama’s Drug Abuse Crisis: Protecting Patients and Policing Prescribers

A Perspective from the ALBME

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www.albme.org
The Alabama Board of Medical Examiners and the Medical Licensure Commission of Alabama are charged with protecting the health and safety of the citizens of the state of Alabama.
Defining the problem
## Defining the Problem

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ALBME Initiatives

- Alabama Pain Management Act (2013)
- Risk and Abuse Mitigation Strategies for Prescribing Physicians (2017)
- Enforcement
Alabama Pain Management Act

- Ala. Code § 34-24-600, et seq.,
- Provisions:
  - Pain management providers must register with the Board
  - Limits ownership and operation
  - Requires oversight by a medical director
  - Authorizes Board to conduct investigations and inspections
  - All ACSC and PM holders must register with the PDMP
Alabama Pain Management Act

- Current number of registrations in Alabama:
  - 600 clinics, 477 active registrations

- Who has to register:
  - Anyone who intends to run a “pain clinic”
  - Anyone who dispenses opioids
  - A practice where any physician is ranked in the top three percent of controlled substance prescribers in the state
Alabama Pain Management Act

- **Enforcement tools:**
  - The Board can initiate investigations
  - The Board can inspect a pain management clinic at any time (Rule 540-X-19-.06)
  - Practicing pain management without a registration can be punished with a $10,000 fine (per violation) and/or with revocation of the ACSC (Rule 540-X-19-.08(3)(a))
  - Medical Director can be held accountable (540-X-19-.08(3)(b))
Alabama Pain Management Act

- **Successes:**
  - Identification of pain management providers
  - Enhanced enforcement tools
  - Medical director requirement prevents underqualified physicians from setting up a pain clinic

- **Weaknesses:**
  - Non-physician ownership of facilities
  - No one to report to/No one to shut down repeat, non-physician offenders
Risk and Abuse Mitigation Rule

- Board rule made effective March 9, 2017
- Requires:
  - Use of CDC-based Morphine Milligram Equivalency ("MME") standard to measure opioid dosing
  - Use of risk and abuse mitigation strategies when prescribing opioids and other controlled substances
  - Use of PDMP when prescribing certain amounts of opioids
  - Continuing medical education in controlled substances prescribing every two years
Risk and Abuse Mitigation Rule

- Emulation of this rule is recommended to all health care licensing boards that regulate controlled substances per the Alabama Opioid Overdose and Addiction Council’s 2018 Annual Report

- Successes:
  - Heightened awareness of opioid overprescribing problem
  - Required PDMP use
  - Education of prescribers

- Weakness: only applies to prescribers
Enforcement

- Formation of Controlled Substances Task Force
  - Formed in February 2018
  - Two investigators assigned full time to CS-related investigations
  - 2016: 19 Prescribing cases investigated
  - 2017: 42 Prescribing cases investigated
  - 2018: 61 Prescribing cases investigated
Enforcement
Enforcement
Enforcement
Enforcement
Enforcement

- Sources of information
  - Complaints from other physicians
  - Complaints from pharmacists
  - Patient complaints
  - Other state and federal agencies
  - Board-initiated investigations
  - PDMP
Enforcement

- Tools for disciplining and educating licensees:
  - Voluntary Agreements
  - Board-ordered Continuing Medical Education
    - Up to 50 hours per year
    - Ala. Code § 34-24-61
  - Restriction, Suspension, or Revocation of ACSC
    - Ala. Code § 20-2-54
  - Restriction, Suspension, or Revocation of medical license
    - Ala. Code §§ 34-24-360 and -361
Enforcement

- A physician who loses his ACSC or medical license is, in most cases, going to lose it for a minimum of two years because both the Board and MLC can summarily deny petitions for reinstatement for up to 24 months before they are required to either grant the petition or set a hearing at which the reinstatement petition will be contested
  - Ala. Code § 34-24-61(b) (Authority for Board to deny ACSC reinstatement petitions)
  - Ala. Code § 34-24-361(h)(9) (Authority for MLC to deny license reinstatement petition)
- After five years, a revoked or surrendered license is gone forever (Ala. Code § 34-24-361(h)(9))
All controlled substances have a risk of use, misuse, and diversion.

- Today, we are focused on opioids. Historically, widespread opioid misuse has been followed by widespread amphetamine misuse.
- Education needed to help prescribers understand that all controlled substances carry some risk.
- The Board is considering how to recalibrate the Risk and Abuse Mitigation rule to make it generally applicable to all controlled substances.
Areas of misuse, abuse, and diversion identified by the ALBME:

- The deadly combination of benzodiazepines and opioids
  - Studies of the opioid crisis are showing that a significant number of overdoses are occurring when benzodiazepines and opioids are used in conjunction
  - Alprazolam is a major culprit, but the combination of opioids and any other central nervous system depressing substance creates an even greater risk of overdose and death than opioids alone

- Buprenorphine
  - Treating an addict is not easy; buprenorphine is frequently abused, misused, and diverted
  - A buprenorphine “pill mill” is not any better than an opioid pill mill
Looking ahead

- Legislation needed to close repeat pill mill offenders enforcement gap
- Enforcement efforts by ALBME:
  - Increase support for CS Task Force
  - Increase data analysis capabilities
  - Increase health care fraud capabilities
  - Continue developing relationships with law enforcement partners, community and government stakeholders
Looking Ahead

- **Rule changes**
  - Amendment to Board Rule 540-X-19-.03
    - Added grounds for denial of a pain management registration
    - Can deny registration at locations with multiple offenders
  - Amendment to Board Rule 540-X-19-.05
    - Closing enforcement gaps by tightening requirements for a physician to serve as medical director at a pain clinic

- **Enforcement of existing Board rules on office-based opioid addiction treatment**
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