

Changing Prescriber Practice Patterns through Legislation

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Go Sox in 2017

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- Some history . . .
 - In 2014, Vermont Gov. Peter Shumlin devoted his entire State of the State address to Vermont's **“full blown heroin crisis.”**
 - In 2014, the Vermont Legislature mandated that the Commissioner of Labor adopt rules “consistent with the best practices governing the prescription of opioids, including patient screening, drug screening **and claim adjudication** for patients prescribed opioids for chronic pain.”

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- What happened next . . .
 - Working in conjunction with its Unified Pain Management Advisory System Advisory Council, in 2015 the Vermont Department of Health promulgated its **Rule Governing the Prescribing of Opioids for Chronic Pain**.
 - Essentially a “best practices” rule, establishing prescriber guidelines for documented screening, evaluation and risk assessment, suggesting triggers for pain management specialist referral and/or consultation, and requiring regular treatment plan review and reevaluation.

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- What we did . . .
 - In November 2016 VDOL promulgated rule amendments to address w/c claim denials or discontinuances arising from allegedly improper prescribing practices.
 - The rule requires a medical provider who prescribes opioid medications to an injured worker for chronic pain resulting from a compensable work-related injury to **“comply in all respects”** with the Health Department’s “best practices” rule.
 - If “credible evidence” establishes that the prescriber has failed to do so, a **“rebuttable presumption”** arises that the medications, as prescribed, do not constitute reasonable medical treatment, which may provide grounds for the insurance carrier to deny or discontinue payment.

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- What we did (continued) . . .
 - **Burden of proof then shifts to injured worker** (and prescribing physician) to show that the treatment is reasonable notwithstanding the failure to comply with “best practices.”
 - Effective date of any denial or discontinuance must comport with a **safe taper plan**, as established by credible medical evidence.
 - VDOL anticipates that it will enforce strict compliance with the “best practices” rule, but also that it will encourage insurance carriers to view **alternative treatments** (for example, acupuncture, massage and other relaxation approaches) more liberally.

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- What's happened since . . .
 - VDOH has now promulgated a new **Rule Governing the Prescribing of Opioids for Pain**, which will become effective July 1, 2017.
 - The new rule incorporates the chronic pain rule as is, but **adds stringent practice parameters for prescribing opiates for acute pain** (pain lasting for less than 90 days):
 - Requires prescriber to conduct in-person discussion of risks, provide written patient education sheet and obtain signed informed consent.
 - **Establishes first-prescription dosage and pill count limits** based on severity of pain and presenting injury/condition. Separate guidelines for children under age 18.

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- What does the future hold . . .

