

Newsletter #4 – Colorado Pain Society

8.27.2023

Welcome to the 4th edition of the Colorado Pain Society Newsletter. There are three key messages:

1. **CPS testifies before the Interim Committee Opioid and Other Substance Use Disorders Study Committee to advocate for better reimbursement for behavioral healthcare.**
2. **Discussion of Colorado SB 23-144, “Concerning prescription drugs for the treatment of chronic pain”, which has been signed into law, and the implications for our practices.**
3. **The CPS Annual Meeting in Vail, October 13-15, 2023, satisfies the DEA opioid use CME requirement, offers PCP one-day (Saturday) virtual or live attendance at no cost, and offers 16 CME credits (including psychology, nursing, physician assistant credits) to full course registrants.**

Colorado Pain Society’s Advocacy of Increased Reimbursement for Behavioral Healthcare

CPS has been working with the Colorado Psychiatry Society and the Colorado Psychological Association to build collaborative relationships with one primary mutual goal being that of improving access to BH for our chronic pain patients. As part of this effort, CPS was able to introduce this goal to the [Interim Committee: Opioid and Other Substance Use Study Committee](#) through written (Dr. Bainbridge on June 29th) and live (Dr. Clapp and Dr. Van Dorsten on July 19th) testimony. The Committee will continue to hold formal Committee, as well as sub-committee, meetings on this and related topics and we will keep you informed of any developments, or CPS “calls to advocacy”, that may arise over the coming months or during the next legislative session.

CO Senate Bill 23 – 144; Concerning Prescription Drugs for the Treatment of Chronic Pain

The signing of Colorado SB 23-144, “Concerning prescription drugs for the treatment of chronic pain” (<https://leg.colorado.gov/bills/sb23-144>) was a win for chronic pain patients who are prescribed opioids and the medical providers who care for them. Although there is clear intent to protect patients from lacking access to care or having their opioid doses reduced simply because of their MME dosage, there is also the allowance for prescribers to use their clinical judgement when considering cessation or reduction in dosage. The law will require widespread awareness, and DORA’s enforcement, of the law pertaining to the limitation of payers, governmental agencies, pharmacies, and pharmacy benefits managers’ ability to withhold prescriptions based on opioid MME dosage alone.

One key purpose of the law is to remove the risk of disciplinary action, by regulators, towards a provider who prescribes a controlled substance if they justify and document the legitimate

purpose of the prescription and it is in accordance with the usual course of professional practice. Furthermore, no disciplinary action may be based solely on the MME dosage recommendations or from thresholds from state or federal opioid prescribing guidelines or policies.

Chronic pain patients are protected from pharmacies, carriers, or pharmacy benefit managers refusing to fill an opioid prescription solely because of the MME dosage. There have been recent instances where this has occurred, and we need to be aware of our role as educators and advocates on behalf of our patients as we cite the law to help them gain access to our prescribed medications.

Health-care practices or clinics are also prevented from having policies in place that require the providers to refuse to prescribe solely based on a predetermined opioid MME threshold and practitioners cannot force a taper of opioid dosage simply based on an MME dosage. The law does clearly allow providers, however, to practice pain medicine with an eye towards patient safety, the effectiveness of the treatment, and any opioid use aberrancies that may arise, allowing for tapering or cessation of opioids when appropriate. As all parties become more familiar with and adherent to the law, we should see the benefit of this balanced protection of patients and providers.

For more details, link to the [CMS NPAC SB 144 Fact Sheet Flyer](#) or see below.

CPS Annual Chronic Pain Conference in Vail, at The Hythe, October 13-15, 2023.

This is a great opportunity to ask your primary care or psychology colleagues to join us at The Hythe in Vail, October 13-15, 2023, for the 3-day, 16 CME track for specialists and psychologists or recommend the **free (7 CME) PCP track on Saturday** (with optional virtual attendance). The conference agenda is attached.

14 hours (6 on Saturday) of this course will help satisfy the required 8 hours of The Drug Enforcement Administration (DEA) CME requirements for the MATE Act.
See conference agenda, below.

You can register for the Conference on our website at:

Primary Care Providers – one-day free conference:
<https://coloradopainsociety.org/annual-meeting-2023-2/>

Three-day conference attendees (specialists, psychologists, 3-day PCP attendees):
<https://coloradopainsociety.org/annual-meeting-2023/>

Please consider joining the Colorado Pain Society.
You can register for Membership on our website at:

<https://coloradopainsociety.org/membership/>

Hope to see you in October. Reach out to CPS with any questions, comments, or concerns at copainsociety@gmail.com.

Thank you for your interest and support of the Colorado Pain Society and our mission.

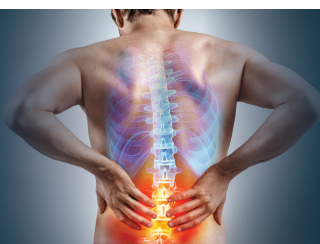
Sincerely,

J. Scott Bainbridge, MD
President, Colorado Pain Society

See below for the CMS NPAC SB 144 Fact Sheet Flyer and the CPS 6th AM Chronic Pain Conference Agenda.



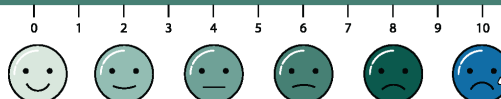
COLORADO
MEDICAL SOCIETY



NPAC
NATIONAL PAIN ADVOCACY CENTER

SB23-144 PRESCRIPTION DRUGS FOR CHRONIC PAIN FACT SHEET

WHAT THE BILL DOES:



SB144 makes Colorado one of the first states legally to reverse the harms resulting from previous, well-intentioned policies aimed at mitigating the risks of addiction or overdose. These policies were often implemented rigidly in a one-size-fits-all manner¹ and for years Colorado Medical Society and patients have advocated for changes. SB144 works to restore individualized care and provider discretion in treating patients with chronic pain. The bill:

✔ **Defines chronic pain** and explicitly notes that the cause of that pain must not interfere with medically necessary treatment, including prescribing or administering schedule II, III, IV or V controlled drugs.

✔ **Removes threat of discipline:** Physicians and other prescribing providers **cannot** be subject to regulatory discipline for appropriately prescribing, dispensing or administering these drugs so long as records regarding the purpose, use, prescription and disposal of controlled substances are accurate, and the prescriptions align with legitimate medical purposes within usual course of practice.

✔ **Promotes clinical discretion and individualized care decisions:** Health care providers **cannot** be disciplined solely for prescribing opioids for patients with chronic pain at a dosage that exceeds a preset morphine milligram equivalent (MME).

✔ **Removes interference in medical decision making:** Health care providers **cannot** be forced to taper patients solely to meet a predetermined MME level if the patient is stable and compliant with the treatment plan and not experiencing serious harm from the level of current or previously prescribed medication. Tapering decisions are left to patients and their physicians, including an individualized assessment of the current condition and plan, and a discussion about the risks and benefits of maintaining vs. tapering.

✔ **Eliminates barriers to care:** Pharmacy, carrier, or pharmacy benefit manager policies that require pharmacists to refuse to fill a prescription solely because that prescription is for an opioid or exceeds a specific MME threshold are **prohibited**. Similarly, policies by health care practices, clinics or systems that require physicians or other prescribing providers to refuse to prescribe an opioid solely because of the MME threshold are **prohibited**.

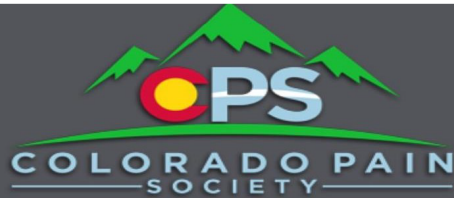
The bill does not apply to:

- Medication for Opioid Use Disorder (MOUD or MAT);
- Known cases of diversion or misuse;
- Medications for assisted suicide; and
- Any drug not regulated by FDA.

INTENDED OUTCOMES:

- Individualized care and provider discretion are restored in pain management.
- Physicians are willing to prescribe opioids where necessary and appropriate.
- People with chronic pain are not denied treatment or care.
- People with chronic pain are not refused fills for opioid prescriptions at the pharmacy.
- People with chronic pain who are being treated with opioids and are stable are not forcibly subjected to tapering practices that risk their health and lives.

¹ Opioid dosage guidance in the 2016 CDC Guidelines for Prescribing Opioids for Chronic Pain was widely misapplied in ways that risked patient harm, as the agency has acknowledged. In 2022, the CDC updated its guidelines and removed arbitrary dose thresholds from its topline recommendations.



2023 6th ANNUAL CHRONIC PAIN CONFERENCE AGENDA
Includes CPS/Consortium Combined Pain/PCP Saturday Program
The Hythe, Colorado Ballroom, October 13-15, 2023

Friday, October 13, 2023

12:15 – 12:30 PM *Welcome and Opening Remarks - Scott Bainbridge, MD, President*

12:30 - 1:30 PM CME Session 1
Ajay Vellore, MD - Neuroplasticity

1:30 – 2:30 PM CME Session 2
Keynote Speaker Yoni Ashar, PhD - Pain Reprocessing Therapy

2:30 – 3:30 PM *Refreshment Break with Exhibitors*

3:30 – 4:30 PM CME Session 3
Rachael Rzasa-Lynn, MD – Cannabinoids as Medicine, Part 1

4:30 - 5:30 PM CME Session 4
Ken Finn, MD - Cannabinoids as Medicine, Part 2

5:30 - 6:00 PM CME Session 5
Q&A / Discussion

6:30 - 9:30 PM *Non-CME Dinner Presentation*

Saturday, October 14, 2023

6:30 – 7:30 AM *Breakfast - Mountain View Room*

7:30 – 8:00 AM *Colorado Pain Society Annual Business Meeting*

8:00 - 9:00 AM CME Session 6
David Wong, MD - Where is Spine Healthcare Going?

9:00 – 10:00 AM *Morning Refreshment Break with Exhibitors*

10:00 - 11:00 AM CME Session 7
Keynote Speaker Larry Driver, MD – Cancer Pain Management

11:00 AM - 12:00 PM CME Session 8
Ajay Vellore, MD – Treatment of Neuropathic Pain

12:00 – 3:00 PM – *Break for Lunch and Outdoor Activities*

3:00 - 4:00 PM CME Session 9
Joshua Blum, MD - Opioid Guideline Update with Added Legislative / Methadone Prescribing Updates

4:00 – 5:00 PM *Afternoon Cocktail Reception with Exhibitors*

5:00 - 6:00 PM CME Session 10
Jonathan Clapp, MD – Non-Opioid Pain Management

6:00 - 7:00 PM CME Session 11
Brent Van Dorsten, PhD – Pain Psychology

7:00 – 7:30 PM CME Session 12
Q&A / Discussion

Sunday, October 15, 2023

7:00 - 8:00 AM *Breakfast - Mountain View Room*

8:00 - 9:00 AM CME Session 13
Robert Valuck, PhD, RPh - Current State of the Crisis

9:00 – 10:00 AM CME Session 14
Eric Shoemaker, DO - Sacroiliac Joint Pain is Not the Diagnosis - WHY Does Their SIJ Hurt?

10:00 - 11:00 AM *Morning Refreshment Break with Exhibitors*

11:00 AM – 12:00 PM CME Session 15
Brent Van Dorsten, PhD – Cognitive Behavioral Therapy for OUD/SUD

12:00 - 12:30 PM CME Session 16
Q&A / Discussion

12:30 – 12:45 PM *Giveaway Drawings & Closing Remarks - Scott Bainbridge, MD, President*

**16 hours total CME; 7 CME for Saturday's Consortium* sponsored PCP program
*Colorado Consortium for Prescription Drug Abuse Prevention**

14 hours (6 on Saturday) of this course will help satisfy the required 8 hours of The Drug Enforcement Administration (DEA) CME requirements for the MATE Act.

**Jointly Sponsored by
Medical Education Resources CME
Colorado Consortium for Prescription Drug Abuse Prevention
Colorado Pain Society**

This activity has been designed to meet the educational needs of pain management specialists, family practice physicians with a clinical interest in pain management, anesthesiologists, orthopedics, physiatrists, neurologists, surgeons, physician assistants, nurse practitioners, nurses, therapists and healthcare professionals involved in the care of patients with acute and chronic pain.

