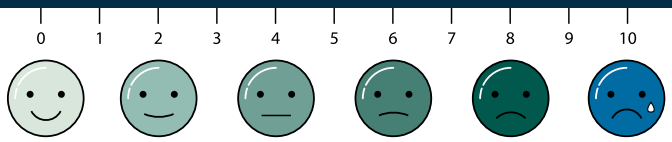
SB23-144 PRESCRIPTION DRUGS FOR CHRONIC PAIN
FACT SHEET



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 manner[1] 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.