

FISCAL NOTE
Requested by Legislative Council
12/19/2014

Amendment to: SB 2060

- 1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2013-2015 Biennium		2015-2017 Biennium		2017-2019 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures						
Appropriations						

- 1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2013-2015 Biennium	2015-2017 Biennium	2017-2019 Biennium
Counties			
Cities			
School Districts			
Townships			

- 2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

see attachment

- B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

see attachment

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

- A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

- B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

- C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

Name: John Halvorson

Agency: WSI

Telephone: 328-6016

Date Prepared: 12/30/2014

WORKFORCE SAFETY & INSURANCE
2015 LEGISLATION
SUMMARY OF ACTUARIAL INFORMATION

BILL NO: SB 2060

BILL DESCRIPTION: Opioid Therapy

SUMMARY OF ACTUARIAL INFORMATION: Workforce Safety & Insurance, together with its actuarial firm, Bickerstaff, Whatley, Ryan & Burkhalter Consulting Actuaries, has reviewed the legislation proposed in this bill in conformance with Section 54-03-25 of the North Dakota Century Code.

The proposed legislation defines chronic opioid therapy; establishes qualifications for payment of chronic opioid therapy; provides procedures for prescribers of long-term opioid therapy; and at the organization's or prescriber's request, provides for random drug testing for the presence of prescribed and illicit substances for injured employees on chronic opioid therapy.

FISCAL IMPACT: Not quantifiable. To the extent there are improved return-to-work and medical outcomes resulting from the increased monitoring, there would be anticipated cost reductions which would be reflected in subsequent premium rate levels.

DATE: December 30, 2014

FISCAL NOTE
Requested by Legislative Council
12/19/2014

Bill/Resolution No.: SB 2060

- 1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2013-2015 Biennium		2015-2017 Biennium		2017-2019 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
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see attachment

- B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

see attachment

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- C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

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DATE: December 30, 2014

2015 SENATE INDUSTRY, BUSINESS AND LABOR

SB 2060

2015 SENATE STANDING COMMITTEE MINUTES

Industry, Business and Labor Committee
Roosevelt Park Room, State Capitol

SB 2060

1/7/2015

Job Number 21758/21740

Subcommittee

Conference Committee

Committee Clerk Signature

Explanation or reason for introduction of bill/resolution:

Relating to workers' compensation coverage of chronic opioid therapy

Minutes:

Attachments

Chairman Klein: Opened the meeting.

Jennifer Clark, North Dakota Legislative Council: Testimony is neutral. She said that there has been an ongoing discussion of narcotic utilization. The discussion is broader than Workforce Safety and Insurance, the private and public sectors are also looking at it. This bill focuses on WSI and what kind of protocol they are going to set in place for narcotic utilization. The consultant, Sedgwick, did an evaluation on several elements of the narcotic utilization. One of the recommendations was for WSI to put together some legislation. That is why the bill is being brought. She went over the bill and explained what it will do. They are looking at long term use and they define that. The bill talks about the outcome that needs to be reached if you are on chronic therapy. It talks about increased usage or pain control that needs to be accomplished through use of it. They talk about the treatment protocol and the information that the prescriber will need to provide WSI throughout the course of the treatment. The injured worker will have to submit to random drug testing and failure to comply will mean that the treatment will not be covered through WSI benefits. They also have an application clause that says regardless of your date of injury if you have that treatment taking place this will apply. (:13-2:58)

Chairman Klein: Asked for questions and they were none.

Tim Wahlin, Chief of Injury Services with Workforce Safety and Insurance: Written Testimony Attached (1). (3:33 - 8:40)

Chairman Klein: Asked if the language was adopted from any other state, if they were looking at a model and if this was what they did in 2011.

Tim Wahlin: The bill is similar to what was done in 2011. As the bill started in 2011 the bill changed significantly through the legislative process. This more resembles what ended that legislative process but was not passed. (9:08 - 9:38)

Senator Murphy: In regard to line 4 on page 2, does this allow the injured to choose their own doctor? (9:50-10:52)

Tim Wahlin: Yes that would be controlled in another set of the codes but it is a little bit more complex. North Dakota is considered a right to choose state for an employee to choose their medical provider initially entering a claim. If your employer has selected a medical provider you will have to opt out before your injury in order to have that free choice. Once you are in the system you have to explain to WSI why the change is taking place and we have to authorize that change of physician.(10:54-11:40)

Senator Murphy: What is the predilection to allow the injured worker to choose their own opioid doctor? (11:42-11:59)

Tim Wahlin: Once you file a claim and had medical treatment there will be restrictions on what it takes to authorize a change in the medical provider. (12:00-12:20)

Senator Murphy: Is there going to be true choice for an opioid doctor? (12:30-12:38)

Tim Wahlin: No, it is not going to be true open choice for an injured worker who happens to go that particular day. There has to be a medical reason why they end up in a particular area but generally we authorize those. (12:40-12:56)

Senator Murphy: Question on section 3 page 2. With the random drug testing, he states he is a little worried about the failure of the test or timely compliance with the request that may result in termination of chronic opioid therapy coverage. **(Start second recording; job number 21740 at 12:30)** He believes they should have a chance or two and not have it terminated after failure of the first drug test. (12:30-14:00)

Tim Wahlin: If you know you could fail one or two tests it would give the abuser even more chances to abuse. They are after preventing and not catching someone later. The human damage has already been done. (14:03-15:20)

Chairman Klein: Doesn't the word "may" give you some discretion? (15:22-15:30)

Tim Wahlin: It does.

Senator Sinner: What is an elicit substance defined as?

Tim Wahlin: Something non-prescribed. (15:47-15:55)

Senator Sinner: I am struggling with what physician's role is and if they are over prescribing opioid treatment? Is that why we have to have this documentation every ninety days because the physicians are not following up? (15:56-16:27)

Tim Wahlin: That is the intent, the intent is to make sure if we are using this dangerous therapy that we have the correct support and that it is documented and renewed so that it is closely followed. (16:40-16:59)

Senator Sinner: A lot of people really don't heal in ninety days. You have the option to send these injured workers to a different doctor for another look at this case. Is that an option? (17:00-17:19)

Tim Wahlin: We do legally have the ability to move your medical care but it is a cumbersome process that it is almost never used. They would have to find three physicians willing to take them and they have the right to choose from those three. This is North Dakota and there are only a handful of physicians that will be treating them. Practically it doesn't work. (17:20-17:51)

Chairman Klein: Asked Senator Sinner how the bill was crafted.

Senator Sinner: Said he didn't recall the discussion extensively on this bill. He would like to ask the physicians some questions. (18:00-18:40)

Chairman Klein: It is an issue that comes up at the National Conference of Insurance Legislators. They have been working on best practices because it is difficult to provide model legislation because everyone has different issues. (18:42-19:30)

Courtney Koebele, Executive Director of the North Dakota Medical Association: Against. Testimony Attached (#2). (19:46-25:26)

Chairman Klein: It isn't great to hear we are at the bottom in the states around us. In 2011 he was told they were going to get this done and felt it should have been worked out in the interim committee. (25:30-26:19)

Duane Houdek, Executive Secretary of the State Board of Medical Examiners: The Board is Neutral. Testimony Attached (3). (28:00-34:30)

Chairman Klein: Asked if Duane Houdek would be willing to work with Tim Wahlin and Courtney Koebele and see if they could come up with something they could agree with. He adjourned the hearing.

2015 SENATE STANDING COMMITTEE MINUTES

Industry, Business and Labor Committee Roosevelt Park Room, State Capitol

SB 2060
2/2/2015
Job Number 23004

- Subcommittee
 Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

Relating to workers' compensation coverage of chronic opioid therapy

Minutes:

No Attachments

Chairman Klein: Called the meeting to order and said visiting with the parties involved Tim Wahlin got together with Mr. Houdek, there were conversations back and forth and they crafted some amendments. The reason it took a little while was Mr. Houdek took it back to his board. We have before us the amendments for 2060. I will have Tim Wahlin come tomorrow and explain exactly what it does.

Senator Poolman: Asked about the ninety days.

Chairman Klein: Said they were okay with the ninety. He closed the meeting.

2015 SENATE STANDING COMMITTEE MINUTES

Industry, Business and Labor Committee
Roosevelt Park Room, State Capitol

SB 2060
2/3/2015
Job Number 23102

- Subcommittee
 Conference Committee

Committee Clerk Signature

Eva Lebelt

Explanation or reason for introduction of bill/resolution:

Relating to workers' compensation coverage of chronic opioid therapy

Minutes:

Attachment

Chairman Klein: Said that he asked Jodi Bjornson to come by to explain what the amendment would do. Amendment Attached (1).

Jodi Bjornson, Workforce Safety and Insurance: Said she was filling in for Tim Wahlin. She went over the amendments. She said it was her understanding that all three parties were in agreement with these amendments. (1:26-6:00)

Senator Miller: Moved to adopt the amendment.

Senator Burckhard: Seconded the motion.

Roll Call Vote: Yes-7 No-0 Absent-0

Senator Miller: Moved a do pass as amended.

Senator Burckhard: Seconded the motion.

Roll Call Vote: Yes-6 No-1 Absent-0

Senator Miller will carry the bill.

January 29, 2015

TJ
2/3/15

PROPOSED AMENDMENTS TO SENATE BILL NO. 2060

Page 1, line 17, remove "With an established diagnosis consistent with chronic pain:"

Page 1, line 18, remove "(2)"

Page 1, line 19, replace "(3)" with "(2)"

Page 1, line 20, replace "(4)" with "(3)"

Page 1, line 20, remove "a reliable injured employee who is known to the prescriber and is"

Page 1, line 21, remove "expected to be"

Page 2, line 5, replace "an" with "one"

Page 2, line 6, after the underscored period insert "This paragraph does not preclude temporary coverage within a single clinic by an identified prescriber when the prescriber of record is unavailable and does not preclude a referral to a pain specialist."

Renumber accordingly

**2015 SENATE STANDING COMMITTEE
 ROLL CALL VOTES
 BILL/RESOLUTION NO. SB 2060**

Senate Industry, Business and Labor Committee

Subcommittee

Amendment LC# or Description: 15.0317.01001

Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar

Other Actions: Reconsider _____

Motion Made By Senator Miller Seconded By Senator Burckhard

Senators	Yes	No	Senators	Yes	No
Chairman Klein	x		Senator Murphy	x	
Vice Chairman Campbell	x		Senator Sinner	x	
Senator Burckhard	x				
Senator Miller	x				
Senator Poolman	x				

Total (Yes) 7 No 0

Absent 0

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2060: Industry, Business and Labor Committee (Sen. Klein, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (6 YEAS, 1 NAYS, 0 ABSENT AND NOT VOTING). SB 2060 was placed on the Sixth order on the calendar.

Page 1, line 17, remove "With an established diagnosis consistent with chronic pain:"

Page 1, line 18, remove "(2)"

Page 1, line 19, replace "(3)" with "(2)"

Page 1, line 20, replace "(4)" with "(3)"

Page 1, line 20, remove "a reliable injured employee who is known to the prescriber and is"

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Renumber accordingly

2015 HOUSE INDUSTRY, BUSINESS AND LABOR

SB 2060

2015 HOUSE STANDING COMMITTEE MINUTES

Industry, Business and Labor Committee
Peace Garden Room, State Capitol

SB 2060
2/23/2015
24249

- Subcommittee
 Conference Committee

Ellen LeTang

Explanation or reason for introduction of bill/resolution:

Workers' compensation coverage of chronic opioid therapy & provide for application.

Minutes:

Attachment 1

Chairman Keiser: Opens the hearing on SB 2060.

Jennifer Clark~Legal Counsel for WSI: Introduces the bill. Every four years WSI goes through a performance evaluation. One of the recommendations was dealing with narcotics. This is a two section bill, there's a creation of new law and the last is application saying that this act applies to all claims regardless of injury.

Representative Laning: I assume that there is a high risk of addiction possibilities. How is that treated? Is it an acceptable risk factor?

Clark: That is one of the concerns we are addressing but I will let the professional answer that.

Representative M Nelson: On line 17 of the bill, who has been nonresponsive to non-opioid treatment, basically the bill presumes at 90 days that non-opioid treatment have already been used and already found non-functioning, is that correct?

Clark: That's my reading of the bill.

Representative M Nelson: The next line talks about abusing alcohol, how is that defined?

Clark: I guess is from the random drug testing.

Representative M Nelson: Non-malignant compensable condition, what happens in the case of an injured worker who also has a malignancy? How does that get split out?

Clark: We have to keep focused what is WSI, where is work related.

Representative M Nelson: Are we singling out where the pain comes from, is it from the work injury or malignancy?

Chairman Keiser: If it's uncertain, generally the benefit goes to the injured worker when possible.

Representative Ruby: Is there ever a malignant compensable condition?

Chairman Keiser: The answer is yes.

Representative Ruby: If it's a malignant compensable condition and it's terminal compensable condition, the employee is still eligible to receive the opioids, they don't need to go through the criteria?

Clark: Yes.

Representative Becker: Why was the chronic pain was deleted?

Clark: I can't answer that question.

Tim Wahlin~Chief of Injury Services with Workforce Safety & Insurance (WSI):
(Attachment 1)

15:15

Representative Becker: Will WSI providing the form for a treatment agreement?

Wahlin: It's already on the web site in the event the provider doesn't have their own.

Representative Becker: Why the diagnosis of chronic pain removed?

Wahlin: We there were a number of areas discussed by three groups on the Senate side in dispute. They were WSI, North Dakota Board of Medical Examiners and North Dakota Medical Association. After discussion, it meant that WSI needed to go back and reformulate, what are we looking for? We are looking for some increased information prior to those bad affects, and that's the 90 day period. So rather than confuse the bill, it was agreed by all there parties that we pull chronic pain diagnosis out completely. It refocuses on just the continuity of that opioid prescription.

Representative Amerman: If they have other therapy besides the opioid, you will still pay for everything else; you just wouldn't pay anymore for the drugs?

Wahlin: Yes.

Harvey Hanel~Medical and Pharmacy Director at WSI: Opioid therapy would be defined in a specific generic chronic identifier classification system that's used, so anything under GPI Class number 65.

Chairman Keiser: These opioids are the drugs that when you go to get them filled, you have to sign?

Harvey: That's correct.

Chairman Keiser: Anyone else here to testify in support of SB 2060, opposition neutral, closes the hearing, what are the wishes of the committee?

Representative Ruby: Moves for a Do Pass on SB 2060.

Vice Chairman Sukut: Second.

Roll call was taken on SB 2060 with 12 yes, 1 no, 2 absent and Representative Lefor is the carrier.

Date: Feb 23, 2015

Roll Call Vote: 1

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2060

House Industry, Business & Labor Committee

Subcommittee Conference Committee

Amendment LC# or Description: _____

Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations

Other Actions: Reconsider _____

Motion Made By Rep Ruby Seconded By Rep Sukut

Representatives	Yes	No	Representatives	Yes	No
Chairman Keiser	x		Representative Lefor	x	
Vice Chairman Sukut	x		Representative Louser	x	
Representative Beadle	x		Representative Ruby	x	
Representative Becker	x		Representative Amerman	x	
Representative Devlin	x		Representative Boschee	x	
Representative Frantsvog	Ab		Representative Hanson		x
Representative Kasper	x		Representative M Nelson	Ab	
Representative Laning	x				

Total (Yes) 12 No 1

Absent 2

Floor Assignment Rep Lefor

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2060, as engrossed: Industry, Business and Labor Committee (Rep. Keiser, Chairman) recommends DO PASS (12 YEAS, 1 NAYS, 2 ABSENT AND NOT VOTING). Engrossed SB 2060 was placed on the Fourteenth order on the calendar.

2015 TESTIMONY

SB 2060

2015 Senate Bill No. 2060
Testimony before the Senate Industry, Business, and Labor Committee
Presented by: Tim Wahlin
Workforce Safety & Insurance
January 7, 2015

Mr. Chairman, Members of the Committee:

My name is Tim Wahlin, Chief of Injury Services with Workforce Safety and Insurance (WSI), I am here to provide information on Senate Bill No. 2060. With me is Dr. Harvey Hanel, Director of WSI Medical and Pharmacy Services. Dr. Hanel is also our pharmacist. WSI supports this bill and we are here to provide the Committee information to assist in making its determination.

This bill originates from your interim Legislative Workers' Compensation Review Committee. The WSI Board unanimously supports this legislation.

For several years, WSI staff has been monitoring the prescriptive practices of providers regarding opioid treatment therapies for injured employees. This issue has gained national attention and the overprescribing and overuse of opioid medications and the subsequent increase in deaths due to this class of medications led to the Centers for Disease Control designating this problem as an epidemic.

These concerns were addressed in the 2010 Performance Evaluation completed by the independent firm, Sedgwick CMS. Numerous findings confirmed WSI's observations regarding the frequency and pervasiveness of opioid therapies within North Dakota. A follow-up review reported in the 2014 Performance Evaluation, which was also conducted by Sedgwick CMS, confirmed that this remains an issue for the agency.

This bill addresses an important finding of that evaluation, the continued use of opioid therapy for the treatment of chronic pain which, according to recent clinical trials, often

is unresponsive to opioid therapy. Additionally, these therapies needlessly put injured employees at risk of the life-threatening consequences associated with the high doses used to treat chronic, non-malignant pain.

This bill would require increased justification, including documentation of greater function and/or objective pain relief absent harmful or debilitating side effects, a diagnosis of chronic pain, and a treatment agreement with the prescriber in order for WSI to pay for the therapy. The patient is subject to random screens for the presence of the prescribed medication as well as the absence of unprescribed medications and ongoing review and documentation of the therapy's effectiveness.

In addition, the bill sets forth requirements for prescribers to continue opioid therapy for the treatment of chronic, non-malignant pain, and to provide on-going periodic documentation of the effectiveness, or lack of effectiveness of those therapies.

None of this is new to the prudent use of these types of medications and are included as best practices in treatment guidelines for chronic, non-malignant pain. This bill simply encourages providers to follow those best practices. Failure to do so prevents WSI from paying for the therapy. This bill would not prohibit conduct but rather set guidelines that must be met in order to guarantee payment.

This concludes my testimony. We would be happy to answer any questions at this time.



Industry Business and Labor Committee
SB 2060
January 7, 2015

Chairman Klein and Committee Members, I'm Courtney Koebele and I serve as Executive Director for the North Dakota Medical Association. The North Dakota Medical Association is the professional membership organization for North Dakota physicians, residents, and medical students.

The Association has concerns about SB 2060 for the following reasons:

1. Section 2(b)(4) is difficult to define and enforce. A patient may be referred to a pain specialist for the first time, and prescribing may take place at that visit. It is not appropriate to mandate that the physician determine that the patient is "reliable" and "known" to them personally. That section could be deleted and the intent of the bill maintained.
2. This bill interferes with the practice of medicine by dictating treatment regimes. All pain clinics follow most if not all of these same guidelines.
3. This bill may interfere with referral between pain specialists and primary care providers by requiring a sole prescriber.
4. Pain clinics operate with a number of different prescribers. Therefore, if the primary prescriber is unavailable, and another prescriber issues a prescription, it would not be permitted under this proposal. The language suggested by the Board of Medicine would be an appropriate amendment.
5. Because of the variance of when chronic pain therapy actual begins in relation to the injury, a period of 180 days would be a more appropriate amount of time for the definition of "chronic opioid therapy."

North Dakota's physicians recognize the vast and varied impacts of opioid abuse in all facets of society and understand patients in chronic pain are in high risk categories. Despite those major concerns, there are still patients who will suffer chronic pain and will not become abusers of opioids. As mentioned, most pain clinics follow strict regimes to ensure that is the case. The medical community looks forward to collaborating with other entities, such as WSI, to set up successful pathways for those in chronic pain.

Thank you for the opportunity to present the views of the North Dakota Medical Association.

SENATE INDUSTRY, BUSINESS AND LABOR COMMITTEE

January 7, 2015

SENATE BILL NO. 2060

Testimony of Duane Houdek, executive secretary

State Board of Medical Examiners

Chairman Klein and members of the committee, my name is Duane Houdek. I am appearing on behalf of the State Board of Medical Examiners.

The Board is neutral on Senate Bill No. 2060, and I offer two comments only to point out where the Board feels some clarification may be in order to ensure the bill operates as intended and is compatible with accepted medical practice.

First, in paragraph 2.c.(2), on page 2, the bill provides that a prescriber shall have a treatment agreement that "limits prescriptions to an identified single prescriber." The Board is concerned that, in what is an understandable effort to control prescribing of opioids by limiting the number of prescribers, the language may be seen to restrict the proper referral to a pain specialist by a primary care physician, and the referral back to primary care once an acceptable pain protocol is established.

The Board is also concerned that this language may be seen to not allow coverage to be provided by a colleague in the same clinic when a provider is away for a period of time. For example, on our board, we have a pain specialist for Sanford in Fargo who is also in the National Guard. If he were to be deployed for a period of time, this language would seem to preclude another physician in the Sanford pain clinic from covering his patients. Perhaps language that states "one identified prescriber at a time" might clarify that issue, or a specific statement that says "This does not preclude referrals to pain specialists or temporary coverage within a single clinic by an identified colleague when the prescriber is absent, provided only one identified physician is prescribing at any given time."

Second, the Board has some concern with a blanket definition of "chronic opioid therapy" as treatment extending beyond "ninety days from initiation", if it is measured from the first day pain medication is prescribed for an injury. For example, in cases of fractures requiring surgery, the time from injury to surgery to completion of the healing process may well extend beyond 90 days, all of which is considered acute care. Perhaps it could be clarified that the beginning point is not the injury, but any surgical intervention, or perhaps the time could be extended to 180 days, which would more likely cover such situations and still be within accepted definitions of chronic pain therapy.

Thank you for your consideration. I'd be glad to try to answer any questions you may have.

15.0317.01001
Title.

Prepared by the Legislative Council staff for
Senator Klein

January 29, 2015

PROPOSED AMENDMENTS TO SENATE BILL NO. 2060

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Presented by: Tim Wahlin
Workforce Safety & Insurance
February 23, 2015

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employees at risk of the life-threatening consequences associated with the high doses used to treat chronic, non-malignant pain.

This bill would require increased justification, including documentation of greater function and/or objective pain relief absent harmful or debilitating side effects and a treatment agreement with the prescriber in order for WSI to pay for the therapy. The patient is subject to random screens for the presence of the prescribed medication as well as the absence of unprescribed medications and ongoing review and documentation of the therapy's effectiveness.

In addition, the bill sets forth requirements for prescribers to continue opioid therapy for the treatment of chronic, non-malignant pain, and to provide on-going periodic documentation of the effectiveness, or lack of effectiveness of those therapies.

None of this is new to the prudent use of these types of medications and are included as best practices in treatment guidelines for chronic, non-malignant pain. This bill simply encourages providers to follow those best practices. Failure to do so prevents WSI from paying for the therapy. This bill would not prohibit conduct but rather set guidelines that must be met in order to guarantee payment.

This concludes my testimony. We would be happy to answer any questions at this time.