NORTH CAROLINA ACADEMY OF FAMILY PHYSICIANS

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March 9, 2018

The Honorable Charlton L. Allen
Chairman, NC Industrial Commission
1240 Mail Service Center
Raleigh, NC 27699-1240

RE: Proposed Opioid Rules 04 NCAC 10M.0201-.0203 and .0400

Dear Chairman Allen:

On behalf of the NC Academy of Family Physicians and our 4,000 members across the state, we appreciate the opportunity to comment on the Industrial Commission's Proposed Opioid Rules. We applaud your efforts to put additional safeguards in place to protect injured works from opioid addition. We were encouraged by the bi-partisan support around the STOP Act enacted by the legislature last year. In general, we support the direction of this Commission's Proposed Rules with some small exceptions that we will outline below. Our organization remains committed to educating our members about the dangers of opioids while maintaining the ability to provide opioids for appropriate clinical use. In fact, we have had continuing medical education sessions on this issue at our Annual Meeting for at least the last five years.

First and foremost, we believe that the requirement to review the state's Controlled Substances Reporting System should coincide with implementation of the same requirement as written in the STOP Act. In addition, we believe these rules should remain consistent with the STOP Act on how often the CSRS should be checked. We will outline these and other minor concerns based on the specific proposed rules below:

04 NCAC 10M.0201 - First Prescription of Medication for Pain in an Acute Phase

- While it is very rare for benzodiazepines to be used for pain or as muscle relaxers with opioids, there may be a rare occasion when this is warranted. As a result, under section (h) we would suggest adding language that would state "unless necessitated by extraordinary clinical circumstances and those circumstances are appropriately documented."
- We also believe this same language should be added to section (i). Again, while it is rare to prescribe a carisoprodol and a targeted controlled substance at the same time, it may be warranted under extraordinary clinical circumstances.

04 NCAC 10M.020 – Prescription of Medication for Pain in an Acute Phase Following the First Prescription

- For the fore-mentioend reasons, we would suggest that the same language be added to section (h) and section (i): "unless necessitated by extraordinary clinical circumstances and those circumstances are appropriately documented."

Of NCAC 10M. .0203- Prescription of Medication for Pain in A Chronic Phase

- Once again on section (h), we would suggest adding the language "unless necessitated by extraordinary clinical circumstances and those circumstances are appropriately documented."
- In section (k), we would suggest changing the language to remain consistent with the STOP Act, which requires checking the CSRS on the first prescription and quarterly thereafter, as long as the individual remains on the opioid.
- Section (m) only allows a presumptive urine drug screen a maximum of four times per year without prior authorization. We believe that if the prescribing physician believes there should be more frequent urine drug screening, then that should be allowed if appropriately documented, without the prior authorization requirement.

Finally, we are somewhat concerned about the quantity of documentation required throughout these proposed rules and how the Industrial Commission would assess such documentation. We would encourage you to leave such assessment to the discretion of the NC Medical Board, since they are already charged with assessing the clinical competence and decision making, including appropriate documentation of clinical decisions, of all physicians in the state. In addition, we would encourage you to minimize any requirements around non-pharmaceutical treatment of pain, since we hope to minimize opioid use (04 NCAC 10M .0401 – Non-Pharmacological Treatment for Pain). Finally, we would encourage you to reduce any requirements around the provision of opioid antagonists (04 NCAC 10M .0301 – Co-Prescription of Opioid Antagonists).

In closing, let me reiterate our support of the general direction of these rules. We appreciate the opportunity to provide feedback. Please feel free to contact the Academy if you have any questions or would like to discuss our concerns in person.

With best regards,

Tamieka M.L. Howell, MD, President, NC Academy of Family Physicians

cc: Gregory K. Griggs, MPA, CAE, NCAFP Executive Vice President & CEO