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October 16, 2017

Mississippi State Board of Medical Licensure
1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216

Via email c/o Rhonda Freeman, Rhonda@MSBML.ms.gov

To: Members of the State Board of Medical Licensure

From: Mississippi State Medical Association Board of Trustees; Clay Hays, MD; Chair

The MSMA Board of Trustees has reviewed and discussed the new prescribing regulations proposed by the Mississippi State Board of Medical Licensure (MSBML) and filed with the Secretary of State on September 22, 2017. We appreciate the tremendous effort put into development of these proposals and applaud your diligence attacking the opioid epidemic in a meaningful way. Further, MSMA supports the adoption of measurable and enforceable regulations that are directly related to the Governor's Opioid and Heroin Task Force recommendations.

The MSMA Board of Trustees recommends that the MSBML swiftly adopt the following three limited provisions that would have a significant impact on the prescribing habits of licensees to curb the number of opioids prescribed.

1. **Every licensee must review a PMP report at each patient encounter in which a Schedule II medication is prescribed for acute pain or chronic non-cancer pain.**
 - a. Any PMP report required to be consulted may be run by the licensee or the licensee's designee.
2. **Every licensee must review a PMP report before prescribing a benzodiazepine for a chronic medical condition or a chronic psychiatric condition. Prescriptions for a benzodiazepine are limited to a 90-day supply and the licensee must review a new PMP report each time a new benzodiazepine prescription is issued.**
 - a. Any PMP report required to be consulted may be run by the licensee or the licensee's designee.
3. **When issuing a prescription for a Schedule II opioid for outpatient use, a licensee shall limit the prescription to a 7-day supply.**
 - a. Prescriptions for a greater than 7-day supply of a Schedule II opioid may be written to treat the patient's acute medical condition when needed in the professional medical judgment of the licensee and the following conditions are met:
 - i. the duration of pain is expected to exceed 7 days; and
 - ii. the condition is documented in the patient's medical record; and
 - iii. the licensee documents that no alternative to a Schedule II opioid was appropriate or sufficient to abate the acute pain associated with that medical condition.

- b. This section shall not apply to Schedule II medications prescribed for
 - i. the treatment of chronic pain;
 - ii. pain associated with a cancer diagnosis;
 - iii. pain experienced while the patient is receiving palliative care; or
 - iv. medications designed for the treatment of substance abuse or opioid dependence.

To clarify, the MSMA Board of Trustees respectfully urges the Board to delay adoption of all other proposed changes until an Advisory Committee of licensees can be appointed to evaluate specific regulatory proposals that address the concepts introduced in the Governor's Opioid and Heroin Task Force report and discuss whether proposed regulations will actually mitigate overdose deaths.

Next, the MSMA Board of Trustees earnestly requests that the MSBML appoint a standing Committee on Prescribing to 1.) regularly review prescribing issues, regulations and guidelines and to 2.) review PMP statistics to identify top prescribers and issue guidance to those whose prescribing habits fall outside the parameters of accepted medical practice.

Finally, the MSMA Board insists that any regulation adopted by the MSBML be likewise adopted by other licensing agencies so that all licensees with prescriptive authority will be subject to the same restrictions. **We ask that you join the MSMA Board to jointly encourage the licensing boards of all other prescribers to swiftly adopt similar requirements.**

Sincerely,



William M. Grantham, MD
President



Clay Hays, Jr., MD
Chair of the Board of Trustees