

ASSEMBLY RESOLUTION No. 25

STATE OF NEW JERSEY 218th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2018 SESSION

Sponsored by:

Assemblyman JOHN DIMAIO

District 23 (Hunterdon, Somerset and Warren)

SYNOPSIS

Urges relevant State licensing boards to implement continuing education requirements on topics related to opioid pain medication.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



AR25 DIMAIO

- 1 **AN ASSEMBLY RESOLUTION** urging the State Boards of Medical
2 Examiners, Dentistry, Nursing, and Pharmacy to implement
3 continuing education requirements on topics related to opioid
4 pain medication.
5
- 6 **WHEREAS**, Opioids are commonly prescribed for pain, and an
7 estimated 20 percent of patients presenting to physician offices with
8 non-cancer pain symptoms, pain-related diagnoses, or acute and
9 chronic pain receive an opioid prescription; and
- 10 **WHEREAS**, In 2012, health care providers wrote 259 million
11 prescriptions for opioid pain medication, enough for every adult in
12 the United States to have a bottle of pain medication pills; and
- 13 **WHEREAS**, Rates of opioid prescribing vary greatly across states in
14 ways that cannot be explained by the underlying health status of the
15 country, highlighting the lack of consensus among clinicians on
16 how to use opioid pain medication; and
- 17 **WHEREAS**, Evidence supports the short-term efficacy of opioids for
18 reducing pain. However, few studies have been conducted to assess
19 the long-term benefits of opioids for chronic pain; and
- 20 **WHEREAS**, In spite of this lack of research, it is estimated that between
21 nine and 11 million adults, or approximately three to four percent of
22 the adult population in the United States, have been prescribed
23 long-term opioid therapy; and
- 24 **WHEREAS**, Despite the benefits, opioid pain medication use presents
25 serious risks, including overdose and misuse and abuse of opioid
26 pain medication; and
- 27 **WHEREAS**, The most recent Trust for America's Health report ranks
28 New Jersey as having the 11th lowest drug overdose death rate in
29 the United States, and initiatives to address the misuse and abuse of
30 opioid pain medication have had a great deal of support in both
31 New Jersey's public and private sectors; and
- 32 **WHEREAS**, New Jersey's approach to address the misuse and abuse of
33 opioid pain medication includes public awareness campaigns, the
34 adoption of medical regulations intended to improve
35 communication between health care providers and their patients,
36 increasing the availability of substance abuse treatment services,
37 and the implementation of the New Jersey Prescription Monitoring
38 Program; and
- 39 **WHEREAS**, The New Jersey Prescription Monitoring Program is a
40 Statewide database for monitoring controlled dangerous substances
41 that are dispensed in or into New Jersey by pharmacists in
42 outpatient settings; and
- 43 **WHEREAS**, The purpose of the program is to help prevent and detect
44 the diversion and abuse of pharmaceutical controlled substances by
45 enhancing the ability of health care professionals and regulatory
46 and law enforcement agencies in New Jersey to collect and analyze
47 controlled substance prescription data; and

1 **WHEREAS**, New Jersey’s response to the misuse and abuse of opioid
2 pain medication is also comprised of the implementation of medical
3 education initiatives that include prescriber education and online
4 interactive educational modules related to the proper use of opioid
5 pain medication; and

6 **WHEREAS**, Although health care professionals in the State are required
7 to complete continuing professional education credits in addiction
8 prevention and management of controlled substances, they are not
9 required to meet continuing education requirements on topics
10 related to opioid pain medication; now, therefore,

11
12 **BE IT RESOLVED** by the *General Assembly of the State of New*
13 *Jersey*:

14
15 1. This House respectfully urges the State Boards of Medical
16 Examiners, Dentistry, Nursing, and Pharmacy to implement
17 continuing education requirements for health care professionals on
18 topics related to opioid pain medication, including responsible
19 prescribing practices, alternatives to opioid medication for
20 managing and treating pain, and the risks and signs of opioid
21 misuse, abuse, and addiction; and also urges these boards to ensure
22 that the continuing education requirements remain in effect for the
23 next two biennial periods for the renewal of professional licenses,
24 registrations, or certifications, unless the time period is extended by
25 the boards, and apply to physicians, physician assistants, advance
26 practice nurses, dentists, pharmacists, professional nurses, practical
27 nurses, and other health care professionals with the authority to
28 prescribe opioid pain medication and those who do not have
29 prescribing authority but frequently interact with patients who may
30 be prescribed opioids.

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32 2. Copies of this resolution, as filed with the Secretary of
33 State, shall be transmitted by the Clerk of the General Assembly to
34 the State Boards of Medical Examiners, Dentistry, Nursing, and
35 Pharmacy.
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38 **STATEMENT**
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40 This resolution urges the State Boards of Medical Examiners,
41 Dentistry, Nursing, and Pharmacy to implement continuing
42 education requirements on topics related to opioid pain medication,
43 including responsible prescribing practices, alternatives to opioid
44 medication for managing and treating pain, and the risks and signs
45 of opioid misuse, abuse, and addiction.

46 The boards are also urged to ensure that the continuing education
47 requirements would remain in effect for the next biennial period for
48 the renewal of professional licenses, registrations, or certifications,

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1 unless the time period is extended by the boards, and apply to
2 physicians, physician assistants, advance practice nurses, dentists,
3 pharmacists, professional nurses, practical nurses, and other health
4 care professionals with the authority to prescribe opioid pain
5 medication and those who do not have prescribing authority but
6 frequently interact with patients who may be prescribed opioids.