

I read in the newspaper that the new law (AB 474) is on “hold”. Is that true, and if so, when will AB 474 become effective and enforceable?

AB 474 is not on hold. It became effective on January 1, 2018.

Does AB 474 require a practitioner to examine a patient every 30 days in order to continue treating an on-going pain condition with a schedule II - V controlled substance?

No, AB 474 does not require a practitioner to see the patient every 30 days as a condition to prescribing schedule II - V controlled substances for the treatment of on-going pain.

Does AB 474 limit the prescriptions a practitioner writes for schedule II - V controlled substances for pain to increments of a 30-day supply at a time?

No. There is nothing in AB 474 that limits all prescription for a schedule II, III or IV controlled substance to a 30-day supply.

Does AB 474 eliminate the ability of a practitioner to write “Do not fill until (date)” or “Do not Dispense until (date)” prescriptions (which allow schedule II prescriptions to be filled at or after a future date).

No, AB 474 did not take away the ability to write schedule II-controlled substance prescriptions that are fillable at or after a future date. See NAC 453.450(4). Practitioners may still write prescriptions that state “Do not fill until (date)” or “Do not dispense until (date)”. The future date for such prescriptions cannot be more than 3 months after the date the practitioner wrote the prescription, and no combination of such prescriptions may exceed a 90-day supply of medication.

Does AB 474, Section 52 require a practitioner who is treating a patient for pain using a schedule II - V controlled substance to stop treatment using that controlled substance after one year?

No. AB 474 does not limit the use of schedule II - V controlled substances for the treatment of pain to a duration of one year. Section 52 says that during any rolling 365-day period a practitioner should not prescribe a greater quantity of a schedule II - V controlled substance than the patient needs for treatment if the patient follows the prescriber’s instructions.

Does AB 474, Section 60 prohibit a practitioner from writing a prescription for a schedule II - V controlled substance for pain if the patient received the same medication previously from another practitioner?

AB 474, Section 60 is intended to prevent “drug seeking” or “doctor shopping” behaviors, where a patient attempts to induce two or more practitioners to unknowingly write duplicate or overlapping prescriptions for the same controlled substance to treat the same diagnosis (*i.e.*, obtain 2 or more prescriptions for oxycodone from two or more practitioners all for “back pain” or “tooth pain” during overlapping time periods). Section 60 does not prevent a practitioner

(*i.e.*, a pain management specialist) from accepting a patient from another practitioner (*i.e.*, general practice practitioner or practice partner) and continuing the patient's course of treatment for a diagnosed condition. Section 60 also does not prohibit a practitioner from increasing a patient's medication if appropriate, or replacing lost, stolen or damaged medication if the practitioner determines it is in the patient's best interest to do so.