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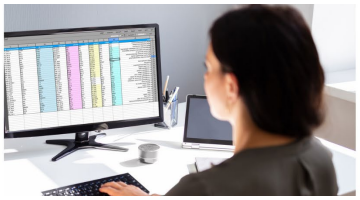


HARM REDUCTION LEGAL PROJECT

50-State Survey

Laws Limiting the Prescribing or Dispensing of Opioids

Drug overdose is a nationwide epidemic. Opioids, both prescription painkillers such as Oxycontin and non-prescribed drugs such as heroin and fentanyl, are responsible for most of these deaths – nearly 47,000 in 2018 alone.[1] Provisional data show that overdose-related deaths have accelerated since then, with more deaths recorded in the twelve-month period ending May 2020 than in any other twelve-month period on record.[2] While the majority of opioid-related deaths are now caused primarily by illicit opioids such as heroin and illegally manufactured fentanyl, the number and rate of deaths related to prescribed opioids remains high.[3]

While the federal government has the exclusive authority to determine whether a medication will require a prescription and whether a prescription medication is designated a federally controlled substance, states have great autonomy in the regulation of medical practice within their states.[4] States have used that authority to enact a number of laws designed to reduce potentially inappropriate prescribing and dispensing of opioids.

One way states have attempted to regulate the use of opioid medications is by passing statutes or enacting regulations (collectively referred to in this document as ”laws”) that impose enforceable limitations on the ability of medical professionals to prescribe or dispense those medications for pain treatment. The number of states with such laws has expanded rapidly, from ten in 2016 to 39 by the end of 2019.[5] The provisions of these laws vary between states and within states over time. At the end of 2019 the most common duration limit was 7 days, with a range of 3 to 31. Fourteen states imposed limits on the dosage of opioids that can be prescribed, ranging from 30 morphine milligram equivalents (MME) to a 120 MME daily maximum.

This document displays the characteristics of these laws as of December 31, 2019. The columns first provide information on when the state first enacted a law that restricted the prescribing or dispensing of opioids for pain, and when that law was last modified. The remaining columns provide information on the duration or amount limit on opioids prescribed for pain, which categories of substances are covered, whether the law only applies to the initial prescription, and whether there is a different restriction or requirement for minors. Finally, the Table displays whether the law contains exceptions for professional judgment, cancer treatment, surgical pain, palliative care, or other reasons. Extensive additional information is provided in the footnotes. The table also provides information on how these laws have changed over time. Previous versions of the law are detailed in gray-shaded rows; brown-shaded cells indicate what aspect of the law changed in the newest iteration.

The wide variety in these laws between states and within states over time is notable. Research is needed to determine whether these laws are effective in improving prescribing practices and reducing opioid-related harm, and what impact these variations may have. It is also unknown whether limitations on the prescription of opioids for pain may have unintended negative consequences, such as increasing harm related to heroin and other non-prescription opioids, as has been found with some prescription drug monitoring program (PDMP) laws.[6] Research is also needed to determine whether these laws contribute to the burden of untreated or inadequately treated pain.

State legal restrictions on the prescribing or dispensing of opioids for pain treatment[7]

State	Citation	Date first effective[8]	Date last effective[9]	Duration limit	Amount limit	Substances covered[10]	Initial Rx only	Different req's for Minors	Professional judgment exception	Cancer treatment exception	Surgical pain exception[11]	Palliative care exception	Other exception
AL	N/A	-	-	-	-	-	-	-	-	-	-		-
AK	Alaska Stat. § 08.64.363	July 26, 2017	-	7-day supply (4 days for optometrists)[12]	-	Opioid	Yes[13]	Yes[14]	Yes[15]	Yes[16]	No	Yes[17]	Yes[18]
AZ	Ariz. Rev. Stat. §§ 32-3248, 3248.01	August 3, 2018[19]	-	5-day supply[20]	90 MME per day[21]	Schedule II opioid[22]	Yes[23]	No	Yes[24]	Yes[25]	Yes[26]	Yes[27]	Yes[28]
AZ		April 26, 2018	August 2, 2018	5-day supply	90 MME per day	Schedule II opioid	Yes	No	Yes	Yes	No	Yes	Yes
AR	Ark. Code R. 060.00.1-2[29]	August 15, 2018	-	7-day supply (acute pain only)[30]	All pain: "lowest effective dosage"; Chronic pain: 50 MME per day[31]	Opioids[32]	Yes (acute pain only)[33]	No	Yes[34]	Yes[35]	No	Yes[36]	Yes[37]
CA	N/A	-	-	-	-	-	-	-	-	-	-	-	-
CO	Colo. Rev. Stat. § 12-30-109[38]	May 21, 2018[39]	-[40]	7-day supply[41]	-	Opioid[42]	No[43]	No	Yes[44]	Yes[45]	Yes[46]	Yes[47]	Yes[48]
CT	Conn. Gen. Stat. § 20-14o	July 1, 2017[49]	-	7-day supply[50]	-	Opioid Drug[51]	Yes[52]	Yes[53]	Yes[54]	Yes[55]	No	Yes[56]	No
CT		July 1, 2016	June 30, 2017	7-day supply	-	Opioid Drug	Yes	Yes[57]	Yes	Yes	No	Yes	No
DC	N/A	-	-	-	-	-	-	-	-	-	-	-	-

State	Citation	Date first effective[8]	Date last effective[9]	Duration limit	Amount limit	Substances covered[10]	Initial Rx only	Different req's for Minors	Professional judgment exception	Cancer treatment exception	Surgical pain exception[11]	Palliative care exception	Other exception
DE	24 Del. Admin Code § 9.0	April 1, 2017[58]	-	7-day supply[59]	-	Opioid Analgesic[60]	Yes[61]	Yes[62]	Yes[63]	Yes[64]	No	Yes[65]	Yes[66]
DE		April 11, 2014[67]	March 31, 2017	Greater of 31 day supply or 100 dosage units	Greater of 31 day supply or 100 dosage units	Schedules II and III	No	No	No	No	No	No	No
FL	Fla. Stat. § 456.44	July 1, 2018	-[68]	3-day supply[69]	-	Schedule II opioids[70]	No	No	Yes[71]	Yes[72]	No	Yes[73]	Yes[74]
GA	N/A	-	-	-	-	-		-	-	-	-	-	-
HI	Haw. Rev. Stat. § 329-38(b)	July 5, 2019[75]	-	7-day supply	-	Concurrent opioid + benzodiazepine[76]	Yes[77]	No	No	Yes[78]	Yes[79]	Yes[80]	Yes[81]
HI		July 1, 2017[82]	July 4, 2019	7-day supply[83]	-	Concurrent opioid + benzodiazepine	Yes	No	No	Yes	Yes	Yes	No
	Haw. Rev. Stat. § 329-38(a)(2)	July 1, 2016	-[84]	30-day supply[85]	-	Schedule II narcotic controlled substance[86]	No	No	No	No	No	No	Yes[87]
IA	N/A	-	-	-	-	-		-	-	-	-	-	-
ID	N/A	-	-	-	-	-		-	-	-	-	-	-
IL	720 Ill. Comp. Stat. 570/312(a)	January 1, 2012	-[88]	30-day supply[89]	-	Schedule II controlled substance[90]	No	No	No	No	No	No	No

State	Citation	Date first effective[8]	Date last effective[9]	Duration limit	Amount limit	Substances covered[10]	Initial Rx only	Different req's for Minors	Professional judgment exception	Cancer treatment exception	Surgical pain exception[11]	Palliative care exception	Other exception
IN	Ind. Code § 25-1-9.7-2	July 1, 2017	-[91]	7-day supply[92]	-	Opioid[93]	Yes[94]	Yes[95]	Yes[96]	Yes[97]	No	Yes[98]	Yes[99]
KS	N/A	-	-	-	-	-	-	-	-	-	-	-	-
KY	Ky. Rev. Stat. Ann. § 218A.205(3)(b)	June 27, 2019[100]	-	3-day supply[101]	-	Schedule II controlled substance[102]	No	No	Yes[103]	Yes[104]	Yes[105]	Yes[106]	Yes[107]
KY		June 29, 2017[108]	June 26, 2019	3-day supply	-	Schedule II controlled substance	No	No	Yes	Yes	Yes	No	Yes
LA	La. Stat. Ann. § 40:978(G)	August 1, 2017	-[109]	7-day supply[110]	-	Opioid	Yes[111]	Yes[112]	Yes[113]	Yes[114]	No	Yes[115]	No
MA	Mass. Ann. Laws ch. 94C, § 19D	March 14, 2016	-	7-day supply[116]	-	Opiate[117]	Yes[118]	Yes[119]	Yes[120]	Yes[121]	No	Yes[122]	No
MD	Md. Code, Health Occ. § 1-223	May 25, 2017	-[123]	"no greater than needed"[124]	"Lowest effective dose of an opioid"[125]	Opioid[126]	No	No[127]	No	Yes[128]	No	Yes[129]	Yes[130]
ME	Maine Stat. tit. 32 § 3300-F	July 1, 2017[131]	-	7-day supply (acute); 30-day supply (chronic)[132]	100 MME per day[133]	Opioid medication	No	No	No	Yes[134]	Yes	Yes[135]	Yes[136]
ME		June 16, 2017[137]	June 30, 2017	7-day supply	300 MME per day	Opioid medication	No	No	No	Yes	Yes[138]	Yes	Yes

State	Citation	Date first effective[8]	Date last effective[9]	Duration limit	Amount limit	Substances covered[10]	Initial Rx only	Different req's for Minors	Professional judgment exception	Cancer treatment exception	Surgical pain exception[11]	Palliative care exception	Other exception
ME		January 1, 2017[139]	June 15, 2017	7-day supply[140]	300 MME per day	Opioid medication	No	No	No	Yes	No	Yes	Yes
MI	Mich. Comp. Laws § 333.7333 b	July 1, 2018[141]	-	7-day supply[142]	-	Opioid	No	Yes[143]	No	No	No	No	No
MN	Minn. Stat. § 152.11 Subd. 4(a)	July 1, 2019[144]	-	7-day supply	-	Opiate or narcotic pain relievers, schedules II-IV[145]	No	Yes[146]	Yes[147]	Yes[148]	No[149]	Yes[150]	Yes[151]
MN	Minn. Stat. § 152.11 Subd. 4(b)	July 1, 2017[152]	-	4 days (dental/ refractive surgery) [153]	-	Opiate or narcotic pain relievers, schedules II-IV	No	No	Yes[154]	Yes[155]	No	Yes[156]	Yes[157]
MO	Mo. Rev. Stat. 195.080(2)	August 28, 2019[158]	-	7-day supply	-	Opioid controlled substance	Yes[159]	No	Yes[160]	Yes[161]	No	Yes[162]	Yes[163]
MO		August 28, 2018	August 27, 2019	7-day supply	-	Opioid controlled substance	Yes	No	Yes[164]	Yes	No	Yes	Yes[165]
MO		October 10, 2012	-[166]	30-day supply	-	Schedule II Controlled Substances	No	No	Yes	No	No	No	Yes[167]
MO		October 7, 2010	October 9, 2012	30-day supply	-	Schedule II Controlled Substances	No	No	Yes	No	No	No	Yes[168]

State	Citation	Date first effective[8]	Date last effective[9]	Duration limit	Amount limit	Substances covered[10]	Initial Rx only	Different req's for Minors	Professional judgment exception	Cancer treatment exception	Surgical pain exception[11]	Palliative care exception	Other exception
MO		September 23, 1997[169]	October 6, 2010[170]	30-day supply	-	Schedule II Controlled Substances	No	No	Yes[171]	No	No	No	No
MO		Pre-1989[172]	September 22, 1997	30-day supply[173]	-	Schedule II Controlled Substances	No	No	Yes[174]	No	No	No	No
MS	Miss. Code R. § 30-17-2640:1.7	October 28, 2018	-	10-day supply[175]	"lowest effective dose"[176]	Opioids	No	No	Yes[177]	No	No[178]	No	No
MT	Mont. Code Ann. 37-2-108[179]	October 1, 2019	--	7-day supply[180]	-	Opioid	Yes[181]	No	No	Yes[182]	No	Yes[183]	No
NC	N.C. Gen. Stat. § 90-106(a3)	January 1, 2018	-[184]	5-day supply[185]	-	Targeted Controlled Substance[186]	Yes[187]	No	No	Yes[188]	Yes[189]	Yes[190]	Yes[191]
ND	N/A	-	-	-	-	-	-	-	-	-	-	-	-
NE	Neb. Rev. Stat. § 38-1,145[192]	July 19, 2018	-[193]	7-days (minors only)[194]	-	Opiates[195]	No	No[196]	Yes[197]	Yes[198]	No	Yes[199]	No
NH	N.H. Code Admin. R. Med. 502	January 1, 2017[200]	-	"limited duration"; 7-day supply (ED, urgent care, walk-in clinic)[201]	"Lowest effective dose"[202]	Opioids	No	No	Yes[203]	Yes[204]	No	No	Yes[205]
NJ	N.J. Rev. Stat. § 24:21-15.2	May 16, 2017	-[206]	5-day supply[207]	"Lowest effective dose"[208]	Opioid Drug[209]	Yes[210]	No	No	Yes[211]	No	Yes[212]	Yes[213]

State	Citation	Date first effective[8]	Date last effective[9]	Duration limit	Amount limit	Substances covered[10]	Initial Rx only	Different req's for Minors	Professional judgment exception	Cancer treatment exception	Surgical pain exception[11]	Palliative care exception	Other exception
NM	N/A	-	-	-	-	-	-	-	-	-	-	-	-
NV	Nev. Rev. Stat. 639.2391 et seq.	June 3, 2019[214]	-	14-day supply	90 MME per day	Controlled substance Schedule II-IV (day limit); Opioid (MME limit)	Yes[215]	No	Yes[216]	Yes[217]	No	Yes[218]	Yes[219]
NV		January 1, 2018[220]	June 2, 2019	14-day supply	90 MME per day	Controlled Substance Schedule II-IV (day limit); Opioid (MME limit)	Yes	No	No	No	No	No	No
NY	N.Y. Pub. Health L. § 3331(5)(b)	July 22, 2016	-[221]	7-day supply[222]	-	Schedule II–IV opioid[223]	Yes[224]	No	No[225]	Yes[226]	No	Yes[227]	Yes[228]
OH	Ohio Admin. Code 4731-11-13	August 31, 2017	-	7-day supply[229]	30 MME/day (acute); 120 MME/day (other)[230]	Opioid analgesics[231]	Yes[232]	Yes[233]	Yes[234]	Yes[235]	Yes[236]	Yes[237]	Yes[238]
OK	Okla. Stat. tit. 63, § 2-309I	May 21, 2019[239]	-[240]	7-day supply[241]	"Lowest effective dose of an immediate-release drug"[242]	Opioid drug	Yes[243]	Yes[244]	No	Yes[245]	Yes[246]	Yes[247]	Yes[248]

State	Citation	Date first effective[8]	Date last effective[9]	Duration limit	Amount limit	Substances covered[10]	Initial Rx only	Different req's for Minors	Professional judgment exception	Cancer treatment exception	Surgical pain exception[11]	Palliative care exception	Other exception
OK		November 1, 2018	May 20, 2019	7-day supply	"Lowest effective dose of an immediate-release drug"	Opioid drug	Yes	Yes	No	Yes	No	Yes	Yes
OR	N/A	-	-	-	-	-	-	-	-	-	-	-	-
PA	35 Pa. Cons. Stat. § 52A03	February 4, 2017	-	7-day supply (minors only)[249]	-	Controlled substance containing an opioid[250]	No	No[251]	Yes[252]	Yes[253]	No	Yes[254]	No
PA	35 Pa. Cons. Stat. § 873.3	January 3, 2017	-	7-day supply (adult ED, urgent care, and hospital)[255]	-	Opioid drug product[256]	No	Yes[257]	Yes[258]	Yes[259]	No	Yes[260]	No
RI	216 R.I. Code R. 20-20-4.4	July 2, 2018[261]	-	20 doses[262]	30 MME per day[263]	Opioids	Yes[264]	Yes[265]	No	Yes[266]	No	Yes[267]	Yes[268]
RI		March 22, 2017[269]	July 1, 2018	20 doses	30 MME per day	Opioids	Yes	No	No	Yes	No	Yes	Yes
SC	S.C. Code Ann. § 44-53-363	November 17, 2018[270]	-	-	-	Opioid[271]	Yes[272]	Yes[273]	Yes[274]	Yes[275]	Yes[276]	Yes[277]	Yes[278]
SC	S.C. Code Ann. § 44-53-360(j)	May 15, 2018[279]	-	7-day supply[280]	-	Opioid	Yes[281]	No	No	Yes[282]	Yes[283]	Yes[284]	Yes[285]

State	Citation	Date first effective[8]	Date last effective[9]	Duration limit	Amount limit	Substances covered[10]	Initial Rx only	Different req's for Minors	Professional judgment exception	Cancer treatment exception	Surgical pain exception[11]	Palliative care exception	Other exception
SC	S.C. Code Ann. § 44-53-360(e)	June 13, 2007[286]	--	31-day supply	-	Controlled substances in Schedule II	No	No	No	No	No	No	No
SD	N/A	-	-	-	-	-	-	-	-	-	-	-	-
TN	Tenn. Code Ann. § 63-1-164[287]	April 9, 2019	-	3-30 day supply[288]	180-1200 MME dose[289]	Opioids	No	No	Yes[290]	Yes[291]	No	Yes[292]	Yes[293]
TN		July 1, 2018	April 8, 2019	3-30 day supply[294]	180-1200 MME dose[295]	Opioids	No	No	Yes	Yes	No	No	Yes
TN	Tenn. Code Ann. § 53-11-308(e)	October 1, 2013[296]	-	30 day supply	-	Opioids and Benzodiazepines	No	No	No	No	No	No	No
TX	Tex. Health & Safety Code Ann. § 481.07636	September 1, 2019	-	10 day supply[297]	-	Opioids	No	No	No	Yes[298]	No	Yes[299]	Yes[300]
UT	Utah Code § 58-37-6(7)(f)[301]	May 9, 2017	-	7-day supply[302]	-	Schedule II & III opiates[303]	No	Yes	No	No	Yes[304]	No	Yes[305]
UT		May 5, 1997	-	"one month"[306]	-	Schedule II Controlled Substance	No	Yes[307]	No	No	No	No	No
UT		Pre-1991	May 4, 1997	"one month"[308]	-	Schedule II Controlled Substance	No	No	No	No	No	No	No

State	Citation	Date first effective[8]	Date last effective[9]	Duration limit	Amount limit	Substances covered[10]	Initial Rx only	Different req's for Minors	Professional judgment exception	Cancer treatment exception	Surgical pain exception[11]	Palliative care exception	Other exception
VA	18 Va. Admin. Code § 85-21-40	March 15, 2017[309]	-[310]	7-day supply[311]	-[312]	Controlled substance containing an opioid	No[313]	No	Yes[314]	Yes[315]	Yes[316]	Yes[317]	Yes[318]
VT	12-5 Vt. Code R. § 53:2.0-5.0	July 1, 2017	-[319]	Varies by pain level[320]	Varies by pain level[321]	Opioids[322]	Yes[323]	Yes[324]	Yes[325]	Yes[326]	Yes[327]	No	Yes[328]
WA	Wash. Admin. Code 246-919-885[329]	January 1, 2019[330]	-	7-day supply (acute); 14 days (other)[331]	-	Opioids[332]	No	No[333]	Yes[334]	Yes[335]	No[336]	Yes[337]	Yes[338]
WI	N/A	-	-	-	-	-	-	-	-	-	-	-	-
WV	W. Va. Code § 16-54-4	June 7, 2018	-[339]	3days,[340] 4 days,[341] 7 days,[342] 30 days[343]	Lowest effective dose[344]	Schedule II opioid drug[345]	Yes[346]	Yes[347]	No	Yes[348]	Yes[349]	Yes[350]	Yes[351]
WY	Wyo. Stat. Ann. § 35-7-1030	July 1, 2019	-	7-day supply[352]	-	Opioid	Yes[353]	No	No	Yes[354]	No	Yes[355]	Yes[356]
Total	39	-	-	39	14	-	22	16	24	35	13	33	30

SUPPORTERS

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This document was developed by Corey Davis, JD, MSPH (cdavis@networkforphl.org), and Amy Judd Lieberman, JD (alieberman@networkforphl.org). The Network for Public Health Law provides information and technical assistance on issues related to public health. The legal information and assistance provided in this document does not constitute legal advice or legal representation. For legal advice, please consult specific legal counsel.

This document has been updated with data through December 31, 2019.

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[1] Nana Wilson et al., *Drug and Opioid-Involved Overdose Deaths - United States, 2017-2018*, 69 MORB. MORTAL WK'LY REP. 11, 290-297, (2020).
[2] Press Release, Centers for Disease Control and Prevention, Overdose Deaths Accelerating During COVID-19 (December 17, 2020), https://www.cdc.gov/media/releases/2020/p1218-overdose-deaths-covid-19.html.
[3] Wilson N, Kariisa M, Seth P, Smith Ht, Davis NL. Drug and Opioid-Involved Overdose Deaths - United States, 2017-2018. MMWR Morb Mortal Wkly Rep. 2020;69(11):290-7; Seth P, Rudd RA, Noonan RK, Haegerich TM. Quantifying the Epidemic of Prescription Opioid Overdose Deaths. Am J Public Health. 2018;108(4):500-2.
[4] Davis CS, Carr D. The Law and Policy of Opioids for Pain Management, Addiction Treatment, and Overdose Reversal. Indiana Health Law Review. 2017;14(1).
[5] Davis CS, Lieberman AJ. Laws limiting prescribing and dispensing of opioids in the United States, 1989-2019. *Addiction.* 2020.
[6] Martins SS, Ponicki W, Smith N, et al. Prescription drug monitoring programs operational characteristics and fatal heroin poisoning. *Int J Drug Policy.* 2019;74:174-180; Kim B. Must-access prescription drug monitoring programs and the opioid overdose epidemic: The unintended consequences. *J Health Econ.* 2021;75:102408.
[7] All information in this table is updated through December 31, 2019. This table displays statutes and regulations (referred to as "laws") that limit the prescription or dispensing of opioids for pain only. Restrictions on prescriptions for drugs other than opioids and restrictions that explicitly do not apply to pain or that impose limits of 31 days or more are not captured. Laws regulating only the provision of opioids by veterinarians, emergency prescriptions (including oral prescriptions), emergency refills, prescriber dispensing, expired prescriptions, opioids that are ordered or administered in an inpatient setting and preparations including small amounts of opium that pharmacists are authorized to dispense without a prescription are also excluded. Limitations on insurance coverage and guidelines that do not have the force of law are not included, although researchers should note that in 2019 CMS issued a Final Call Letter under which all Part D sponsors are expected to "implement a hard safety edit to limit initial opioid prescription fills for the treatment of acute pain to no more than a 7 days supply." Centers for Medicare and Medicaid Services, Announcement of calendar year (CY) 2019 Medicare Advantage capitation rates and Medicare Advantage and Part D payment policies and final call letter (April 2, 2018), https://www.cms.gov/Medicare/HealthPlans/MedicareAdvtgSpecRateStats/Downloads/Announcement2019.pdf. Unless otherwise noted (such as with Nebraska and Pennsylvania), the cells are responsive to prescriptions for adults; differences in requirements for minors are noted under the "Additional requirements for minors" column.
[8] This column captures the date the relevant law became effective unless the text of the law specifies a different effective date for the relevant provisions.
[9] This column captures the last date on which all of the provisions in this row were as described in the row. It may not necessarily reflect the last date the law was modified for some other purpose.
[10] Descriptive language of the substance(s) covered comes directly from the statute or regulation. Where the language is defined, that definition is given in a footnote.
[11] This column is labeled "Yes" if the otherwise applicable limit does not apply to post-surgical pain or the limits are different for surgical pain. Footnotes provide specifics on whether the limit does not apply at all or is modified in some way.
[12] If the prescription is for an adult, the initial prescription may not exceed a seven (7) day supply for outpatient use. *See* Alaska Stat. § 08.64.363(a)(1). *But see* Alaska Stat. § 08.72.276(a)(1) (providing that optometrist providers "may not issue" an initial prescription for an opioid "that exceeds a four-day supply to an adult patient for outpatient use").
[13] Alaska Stat. § 08.64.363(a)(1). However, the restriction applies to all opioid prescriptions (and not just initial prescriptions) issued to a minor. *See* Alaska Stat. § 08.64.363(a)(2); Alaska Stat. § 08.72.276(a)(2).
[14] "A licensee may not issue… (2) a prescription for an opioid that exceeds a seven-day supply to a minor; at the time a licensee writes a prescription for an opioid for a minor, the licensee shall discuss with the parent or guardian of the minor why the prescription is necessary and the risks associated with opioid use." Alaska Stat. § 08.64.363(a). "A licensee may not issue… (2) a prescription for an opioid that exceeds a four-day supply to a minor; upon issuance of a prescription for an opioid to a minor, the licensee shall discuss with the parent or guardian of the minor why the prescription is necessary and the risks associated with opioid use." Alaska Stat. § 08.72.276(a)(2). This restriction applies to all prescriptions to minors, while the restriction for adults only applies to initial prescriptions.

[15] "A licensee may issue a prescription for an opioid that exceeds a seven-day supply to an adult or minor patient if, in the professional judgment of the licensee, more than a seven-day supply of an opioid is necessary for the patient's acute medical condition, chronic pain management, pain associated with cancer, or pain experienced while the patient is in palliative care. The licensee shall document in the patient's medical record the condition triggering the prescription of an opioid in a quantity that exceeds a seven-day supply and indicate that a nonopioid alternative was not appropriate to address the medical condition." Alaska Stat. § 08.64.363(b)(1).
[16] Alaska Stat. § 08.64.363(b)(1).
[17] "Notwithstanding (a) of this section, a licensee may issue a prescription for an opioid that exceeds a seven-day supply to an adult or minor patient if, in the professional judgment of the licensee, more than a seven-day supply of an opioid is necessary for (1) the patient's acute medical condition, chronic pain management, pain associated with cancer, or pain experienced while the patient is in palliative care. The licensee shall document in the patient's medical record the condition triggering the prescription of an opioid in a quantity that exceeds a seven-day supply and indicate that a nonopioid alternative was not appropriate to address the medical condition". Alaska Stat. § 08.64.363(b)(1).
[18] "Notwithstanding (a) of this section, a licensee may issue a prescription for an opioid that exceeds a seven-day supply to an adult or minor patient if, in the professional medical judgment of the licensee, more than a seven-day supply of an opioid is necessary for… (2) a patient who is unable to access a practitioner within the time necessary for a refill of the seven-day supply because of a logistical or travel barrier; the licensee may write a prescription for an opioid for the quantity needed to treat the patient for the time that the patient is unable to access a practitioner; the licensee shall document in the patient's medical record the reason for the prescription of an opioid in a quantity that exceeds a seven-day supply and indicate that a nonopioid alternative was not appropriate to address the medical condition…" Alaska Stat. § 08.64.363(b)(2).
[19] Several changes were made effective August 3, 2018. First, Ariz. Rev. Stat. § 32-3248.01 was modified to apply to new prescription orders "to be filled or dispensed for a patient outside of a health care institution…" An exception for prescriptions "following a surgical procedure… that is limited to not more than a fourteen-day supply" was added as well. The section governing the actions that must be taken prior to exceeding a 90 MME dose were changed to permit calling an opioid assistance and referral call service designated by the department of health services as well as a board-certified pain physician. Finally, section E was modified to make a prescription greater than 90 MME presumptively valid when presented to a dispenser and to note that a pharmacist is not required to verify with the prescriber whether the prescription order "complies with this section." In addition, Ariz. Rev. Stat. § 32-3248 was modified to note that "An initial prescription for a schedule II controlled substance that is an opioid that is written for more than a five-day supply is deemed to meet the requirements of an exemption under this section when the initial prescription is presented to the dispenser. A pharmacist is not required to verify with the prescriber whether the initial prescription complies with this section."
[20] "A health professional who is authorized under this title to prescribe controlled substances shall limit the initial prescription for a patient for a schedule II controlled substance that is an opioid to not more than a five-day supply, except that an initial prescription for a schedule II controlled substance that is an opioid following a surgical procedure is limited to not more than a fourteen-day supply." Ariz. Rev. Stat. § 32-3248 A.
[21] Ariz. Rev. Stat. § 32-3248.01.
[22] "A schedule II controlled substance that is an opioid." Ariz. Rev. Stat. § 32-3248 A. While the statute does not specify, presumably the reference is to opioids that are in Schedule II under state law per Ariz. Rev. Stat. Ann. § 36-2513.
[23] "For the purposes of this section, "initial prescription" means a prescription for a schedule II controlled substance that is an opioid that has not covered any portion of the past sixty days before the date the pharmacy dispenses the current prescription as evidenced by the controlled substances prescription monitoring program's central database tracking system." Ariz. Rev. Stat. § 32-3248 E.
[24] "If a health professional believes that a patient requires more than ninety morphine milligram equivalents per day and the patient is not exempt from the limit pursuant to subsection B of this section, the health professional shall first consult with a physician who is licensed pursuant to chapter 13 or 17 of this title and who is board-certified in pain, or an opioid assistance and referral call service, if available, that is designated by the department of health services. The consultation may be done by telephone or through telemedicine. If the opioid call service agrees with the higher dose, the health professional may issue a prescription for more than ninety morphine milligram equivalents per day. If the consulting physician agrees with the higher dose, the health professional may issue a prescription for more than ninety morphine milligram equivalents per day. If the consulting physician is not available to consult within forty-eight hours after the request, the health professional may prescribe the amount that the health professional believes the patient requires and subsequently have the consultation. If the health professional is a physician who is licensed pursuant to chapter 13 or 17 of this title and is board-certified in pain, the health professional may issue a prescription for more than ninety morphine milligram equivalents per day without a consultation under this subsection." Ariz. Rev. Stat. § 32-3248.01 C. No such exception applies to the day limit in Ariz. Rev. Stat. § 32-3248.
[25] Ariz. Rev. Stat. § 32-3248 B. 1 (day limit does not apply); Ariz. Rev. Stat. § 32-3248.01 B(4) (dosage limit does not apply to a patient who has "an active oncology diagnosis").
[26] Ariz. Rev. Stat. § 32-3248.01(B)(3) (dosage limit does not apply); Ariz. Rev. Stat. § 32-3248 A (prescriptions issued following a surgical procedure are limited to "not more than a fourteen-day supply").
[27] Ariz. Rev. Stat. § 32-3248 B. 5 (day limit does not apply); Ariz. Rev. Stat. § 32-3248.01(4)(e) (dosage limit does not apply).
[28] There are many exceptions including traumatic injury, end of life care, skilled nursing care, and burns. *See* Ariz. Rev. Stat. § 32-3248 B.; *see also* Ariz. Rev. Stat. § 32-3248.01 B. 4.
[29] Arkansas handles opioid prescription length and dosage regulations slightly different than other states. The Arkansas State Medical Board has promulgated practice regulations which offer guidance for the prescription of opioids for chronic and acute pain and specify that deviation from that guidance "shall" constitute medical malpractice. *See generally* Ark. Code R. § 060.00.1-2 (now located at Ark. Code R. § 007.33.24-2).
[30] "For treatment of acute pain, "excessive" is further defined as an initial prescription written for more than seven (7) days, without detailed, documented medical justification in the medical record. If the patient requires further prescriptions, they must be evaluated in regular increments with documented medical justification for continued treatment in medical record." Ark. Code R. § 060.00.1-2 4.B (now located at Ark. Code R. § 007.33.24-2 4.B).
[31] "When opioids are started, clinicians should prescribe the lowest effective dosage. Clinicians should use caution when prescribing opioids at any dosage, should carefully reassess evidence of individual benefits and risks when considering increasing dosage to > 50 morphine milligram

equivalents (MME)/day, and should avoid increasing dosage to > 90 MME/day or carefully justify a decision to tritrate (sic) dosage to > 90 MME/day." Ark. Code R. § 060.00.1-2 4.C (now located at Ark. Code R. § 007.33.24-2 4.C). *See also* Ark. Code R. § 060.00.1-2 4.A (now located at Ark. Code R. § 007.33.24-2 4.A: "Chronic Pain: If there is documented medical justification, "excessive" is defined, pursuant to the Centers for Disease Control (CDC) guideline for prescribing opioids for chronic pain, as prescribing opioids at a level that exceeds ≥50 Morphine Milligram Equivalents (MME)per day. . .")

[32] Ark. Code R. § 060.00.1-2.4 (now located at Ark. Code R. § 007.33.24-2).

[33] "For treatment of acute pain, "excessive" is further defined as an initial prescription written for more than seven (7) days, without detailed, documented medical justification in the medical record. If the patient requires further prescriptions, they must be evaluated in regular increments with documented medical justification for continued treatment in medical record." Ark. Code R. § 060.00.1-2 4.B (now located at Ark. Code R. § 007.33.24-2 4.B).

[34] For both chronic pain and acute pain, prescriber may exceed limits if they document justification in the medical record. *See generally* Ark. Code R. § 060.00.1-2 (now located at Ark. Code R. § 007.33.24-2).

[35] "The definition of "excessive" as contained in this Regulation shall not apply to prescriptions written for a patient in hospice care, in active cancer treatment, palliative care, end-of-life care, nursing home, assisted living or a patient while in an inpatient setting or in an emergency situation." Ark. Code R. § 060.00.1-2.4.A.h (now located at Ark. Code R. § 007.33.24-2).

[36] Ark. Code R. § 060.00.1-2.4.A.h (now located at Ark. Code R. § 007.33.24-2).

[37] Other exceptions include hospice care, assisted living care, inpatient or emergency situations. *See* Ark. Code R. § 060.00.1-2.4.A.h (now located at Ark. Code R. § 007.33.24-2).

[38] This section is repealed effective September 1, 2021. Colo. Rev. Stat. § 12-30-109(5).

[39] Previously located at Colo. Rev. Stat. § 12-36-117.6. *See* 2018 Colo. Legis. Serv. Ch. 221 (S.B. 18-022).

[40] Effective October 1, 2019, this section was relocated and amended by Laws 2019, Ch. 136, § 1; however, the amendments do not affect information collected on this chart. The description of the prescribers affected by this limitation changed from "physician or physician assistant" to "opioid prescriber."

[41] An opioid prescriber shall not prescribe more than a seven-day supply of an opioid to a patient who has not had an opioid prescription in the last twelve months by that opioid prescriber, and may exercise discretion to include a second fill for a seven-day supply. Colo. Rev. Stat. § 12-30-109 (1)(a). "Opioid prescriber" includes dentists, physicians, physician assistants, advanced practice nurses with prescriptive authority, optometrists, podiatrists, and veterinarians. Colo. Rev. Stat. § 12-30-109 (4).

[42] Colo. Rev. Stat. § 12-30-109(1)(a).

[43] While the law limits opioid prescriptions to seven days for patients who have not had an opioid prescription in the last twelve months from the same prescriber, it does not limit prescriptions from a different prescriber. *See* Colo. Rev. Stat. § 12-30-109 (1)(a).

[44]"The limits on initial prescribing do not apply if, in the judgment of the opioid prescriber, the patient: "(I) Has chronic pain that typically lasts longer than ninety days or past the time of normal healing, as determined by the opioid prescriber, or following transfer of care from another opioid prescriber who practices the same profession and who prescribed an opioid to the patient (II) Has been diagnosed with cancer and is experiencing cancer-related pain; (III) Is experiencing post-surgical pain that, because of the nature of the procedure, is expected to last more than fourteen days; or (IV) Is undergoing palliative care or hospice care focused on providing the patient with relief from symptoms, pain, and stress resulting from a serious illness in order to improve quality of life; except that this subsection (1)(a)(IV) applies only if the opioid prescriber is a physician, a physician assistant, or an advanced practice nurse." Colo. Rev. Stat. § 12-30-109(1)(a).

[45] Colo. Rev. Stat. § 12-30-109(1)(a).

[46] If expected to last more than 14 days. Colo. Rev. Stat. § 12-30-109(1)(a)(III).

[47] This exception applies only if the opioid prescriber is a physician, a physician assistant, or an advanced practice nurse. Colo. Rev. Stat. § 12-30-109(1)(a)(IV).

[48] Hospice care, Colo. Rev. Stat. § 12-30-109(1)(a)(IV), chronic pain that typically lasts longer than 90 days or past the time of normal healing, as determined by the opioid prescriber, or following transfer of care from another opioid prescriber who practices the same profession and who prescribed an opioid to the patient. Colo. Rev. Stat. § 12-30-109(1)(a)(I).

[49] The prescribing limit for minors was decreased to a 5 day supply from a 7 day supply effective July 1, 2017. *See* 2017 P.A. 17-3 § 5.

[50] "When issuing a prescription for an opioid drug to an adult patient for the first time for outpatient use, a prescribing practitioner who is authorized to prescribe an opioid drug shall not issue a prescription for more than a seven-day supply of such drug, as recommended in the National Centers for Disease Control and Prevention's Guideline for Prescribing Opioids for Chronic Pain." Conn. Gen. Stat. § 20-14o(b).

[51] "'Opioid drug' has the same meaning as provided in 42 CFR 8.2, as amended from time to time." Conn. Gen. Stat. § 20-14o(a)(1). Opioid drug means any drug having an addiction-forming or addiction-sustaining liability similar to morphine or being capable of conversion into a drug having such addiction-forming or addiction-sustaining liability. 42 C.F.R. § 8.2.

[52] "When issuing a prescription for an opioid drug to an adult patient for the first time for outpatient use." Conn. Gen. Stat. Ann. § 20-14o(b). However, requirement applies to all prescriptions for an opioid drug to a minor. Conn. Gen. Stat § 20-14o(c).

[53] "A prescribing practitioner shall not issue a prescription for an opioid drug to a minor for more than a five-day supply of such drug." Conn. Gen. Stat § 20-14o(c). Additionally, they "shall discuss with the patient the risks associated with the use of such opioid drug, including, but not limited to, the risks of addiction and overdose associated with opioid drugs and the dangers of taking opioid drugs with alcohol, benzodiazepines and other central nervous system depressants, and the reasons the prescription is necessary, and, if applicable, with the custodial parent, guardian or other person having legal custody of the minor if such parent, guardian or other person is present at the time of issuance of the prescription." Conn. Gen. Stat § 20-14o(f).

[54] "If in the professional medical judgement of a prescribing practitioner, more than a seven-day supply of an opioid drug is required to treat an adult patient's acute medical condition, or more than a five-day supply of an opioid drug is required to treat a minor patient's acute medical condition, as determined by the prescribing practitioner, or is necessary for the treatment of chronic pain, pain associated with a cancer diagnosis or for palliative care, then the prescribing practitioner may issue a prescription for the quantity needed to treat the acute medical condition, chronic pain, pain associated with a cancer diagnosis or pain experienced while the patient is in palliative care. The condition triggering the prescription of an opioid drug for more than a seven-day supply for an adult patient or more than a five-day supply for a minor patient shall be documented in the patient's medical record and the practitioner shall indicate that an alternative to the opioid drug was not

appropriate to address the medical condition." Conn. Gen. Stat. § 20-14o(d).
[55] Conn. Gen. Stat. § 20-14o(d).
[56] Conn. Gen. Stat. § 20-14o(d). "Palliative care" is defined as "specialized medical care to improve the quality of life of patients and their families facing the problems associated with a life-threatening illness". Conn. Gen. Stat. § 20-14o(a)(7).
[57] "A prescribing practitioner shall not issue a prescription for an opioid drug to a minor for more than a seven-day supply of such drug" at any time. Conn. Gen. Stat. § 20-14o.
[58] Regulations governing prescribing, including those listed here, were effective April 1, 2017.
[59] "When issuing a prescription for an opioid analgesic to an adult patient for outpatient use for the first time, for an Acute Pain Episode, a practitioner may not issue a prescription for more than a seven-day supply." 24 Del. Admin. Code § 9.5.1.
[60] " "Opioid Analgesic" means a drug that is used to alleviate moderate to severe pain that is either an opiate (derived from the opium poppy) or opiate-like (synthetic drugs). Examples include: morphine, codeine, fentanyl, meperidine, and methadone. For purposes of this regulation, it does not include, unless specifically designated as controlled under 16 Del. Admin. Code § 4711, the dextrorotatory isomer of 3-methoxy-n-methylmorphinan and its salts (dextromethorphan). It does include its racemic and levorotatory forms." 24 Del. Admin. Code § 9.3.7.
[61] "When issuing a prescription for an opioid analgesic to an adult patient for outpatient use for the first time, for an Acute Pain Episode, a practitioner may not issue a prescription for more than a seven-day supply." 24 Del. Admin. Code § 9.5.1. However, opioid analgesic prescriptions for minors may not be issued for more than seven days "at any time." 24 Del. Admin. Code § 9.5.2.
[62] "A practitioner may not issue a prescription for an opioid analgesic to a minor for more than a seven-day supply at any time and shall discuss with the parent or guardian of the minor the risks associated with opioid use and the reasons why the prescription is necessary." 24 Del. Admin. Code § 9.5.2.
[63] "If in the professional medical judgment of a practitioner, more than a 7-day supply of an opiate is required to treat the adult or minor patient's acute medical condition, then the practitioner may issue a prescription for the quantity needed to treat such acute medical condition. The condition triggering the prescription of an opiate for more than a seven-day supply shall be documented in the patient's medical record, the practitioner shall query the PMP to obtain a prescription history, and the practitioner shall indicate that a non-opiate alternative was not appropriate to address the medical condition." 24 Del. Admin. Code § 9.5.3.
[64] Practitioners treating the following patients are exempted from the requirements of this Regulation: hospice care patients; active cancer treatment patients; patients experiencing cancer-related pain; terminally ill/palliative care patients; and hospital patients, during the hospital stay, including any prescription issued at the time of discharge, so long as that discharge prescription is for a quantity of a 7-day supply or less. 24 Del. Admin. Code § 9.8.
[65] 24 Del. Admin. Code § 9.8.4.
[66] Hospice care, inpatient settings. *See* 24 Del. Admin. Code § 9.8.1, 9.8.5.
[67] Effective April 11, 2014, prescriptions for "controlled substances in Schedules II and III" could be dispensed "up to 100 dosage units or a 31 day supply whatever is the greater." 24 Del. Admin. Code § 4.7.1 (17 Del. Reg. 992).
[68] On July 1, 2019, requirements were added regarding advising patients on nonopioid alternatives. Fla. Stat. § 456.44(7).
[69] "For the treatment of acute pain, a prescription for an opioid drug listed as a Schedule II controlled substance in s. 893.03 or 21 U.S.C. s. 812 may not exceed a 3-day supply, except that up to a 7-day supply may be prescribed if: 1. The prescriber, in his or her professional judgment, believes that more than a 3-day supply of such an opioid is medically necessary to treat the patient's pain as an acute medical condition; 2. The prescriber indicates "ACUTE PAIN EXCEPTION" on the prescription; and 3. The prescriber adequately documents in the patient's medical records the acute medical condition and lack of alternative treatment options that justify deviation from the 3-day supply limit established in this subsection." Fla. Stat. § 456.44 (5)(a).
[70] "An opioid drug listed as a Schedule II controlled substance in § 893.03 or 21 U.S.C § 812." Fla. Stat. § 456.44 (5)(a).
[71] A prescription may be issued for up to seven days. *See* Fla. Stat. § 456.44 (5)(a) ("1.The prescriber, in his or her professional judgment, believes that more than a 3-day supply of such an opioid is medically necessary to treat the patient's pain as an acute medical condition; 2. The prescriber indicates "ACUTE PAIN EXCEPTION" on the prescription; and 3. The prescriber adequately documents in the patient's medical records the acute medical condition and lack of alternative treatment options that justify deviation from the 3-day supply limit established in this subsection").
[72] Cancer is explicitly excluded from the definition of acute pain. *See* Fla. Stat. § 456.44 (1)(a)(1).
[73] Fla. Stat. § 456.44 (1)(a)(3).
[74] A traumatic injury with an Injury Severity Score of 9 or greater, Fla. Stat. Ann. § 456.44(a)(4); A terminal condition, Fla. Stat. § 456.44(a)(2).
[75] Effective July 5, 2019, this limitation contains an exception for qualified patients who have been determined by an attending provider and consulting provider to be suffering from a terminal disease, and who have voluntarily expressed the adult's wish to die, pursuant to Haw. Rev. Stat. § 327L. Haw. Rev. Stat. § 329-38(c).
[76] While the statute does not specify, presumably the reference is to drugs listed in Schedule II under Haw. Rev. Stat. § 329-16. "Narcotic" is defined generally as any opioid- or coca- related substance. Haw. Rev. Stat. § 329-1. The limitation on a seven day supply of opioids and benzodiazepines applies to all opioids, regardless of their schedule. Haw. Rev. Stat. § 329-38(c).
[77] Initial concurrent prescriptions for opioids and benzodiazepines may not be for longer than seven consecutive days unless certain specific conditions are met. Haw. Rev. Stat. § 329-38(c).
[78] No exception for the limit on opioids alone. However, initial concurrent prescriptions for opioids and benzodiazepines may exceed the otherwise applicable limit of seven days if it "is determined to be medically necessary for the treatment of: (1) Pain experienced while the patient is in post-operative care; (2) Chronic pain and pain management; (3) Substance abuse or opioid or opiate dependence; (4) Cancer; (5) Pain experienced while the patient is in palliative care; or (6) Pain experienced while the patient is in hospice care; provided that if a prescribing practitioner issues a concurrent prescription for more than a seven-day supply of an opioid and benzodiazepine, the practitioner shall document in the patient's medical record the condition for which the practitioner issued the prescription and that an alternative to the opioid and benzodiazepine was not appropriate treatment for the condition." Haw. Rev. Stat. § 329-38(c).
[79] Haw. Rev. Stat. § 329-38(c).
[80] Haw. Rev. Stat. § 329-38(c).
[81] Effective July 5, 2019, this limitation contains an exception for qualified patients who have been determined by an attending provider and

consulting provider to be suffering from a terminal disease, and who have voluntarily expressed the adult's wish to die, pursuant to Haw. Rev. Stat. § 327L. Haw. Rev. Stat. § 329-38(c).

[82] Effective July 1, 2017, concurrent initial prescriptions for opioids and benzodiazepines are limited to a 7-day supply. *See* Haw. Rev. Stat. § 329-38(c).

[83] Effective July 1, 2017, concurrent initial prescriptions for opioids and benzodiazepines are limited to a 7-day supply. This limitation has exceptions for: surgical pain, chronic pain, SUD treatment, cancer, palliative care, and hospice care. Haw. Rev. Stat. § 329-38(c).

[84] While an additional restriction regarding opioids co-prescribed with benzodiazepines has been added, this provision remains in effect.

[85] "No schedule II narcotic controlled substance may be prescribed or dispensed for more than a thirty-day supply, except where such substances come in a single unit dose package that exceeds the thirty-day limit or where a terminally ill patient is certified by a physician to exceed the thirty-day limit." Haw. Rev. Stat. § 329-38(2).

[86] While the statute does not specify, presumably the reference is to drugs listed in Schedule II under Haw. Rev. Stat. § 329-16. "Narcotic" is defined generally as any opioid- or coca- related substance. Haw. Rev. Stat. § 329-1.

[87] Exceptions if the substance prescribed comes in a single unit dose package that exceeds the 30-day limit or if a terminally ill patient is certified to exceed the 30-day limit. Haw. Rev. Stat. § 329-38(2).

[88] Effective September 9, 2015: "Notwithstanding any other provision of this Act to the contrary, emergency medical services personnel may administer Schedule II, III, IV, or V controlled substances to a person in the scope of their employment without a written, electronic, or oral prescription of a prescriber." 720 Ill. Comp. Stat. § 570/312(l).

[89] Physicians may issue up to three prescriptions for 30-day supplies, up to a 90-day supply. The prescriber must document in the medical record the medical necessity for the amount and duration of the additional prescriptions, among other requirements. 720 Ill. Comp. Stat. § 570/312(a-5).

[90] While the statute does not specify, it is likely that this language refers to substances in Schedule II per state law and listed in 720 Ill. Comp. Stat. § 570/206.

[91] Amendments effective July 1, 2019 added a limitation on prescriptions by veterinarians to the statute. *See* 2019 Ind. Legis. Serv. P.L. 12-2019 (H.E.A. 1295).

[92] "If the prescription is for an adult who is being prescribed an opioid for the first time by the prescriber, the initial prescription may not exceed a seven (7) day supply." Ind. Code § 25-1-9.7-2(a)(1) (2017).

[93] Ind. Code § 25-1-9.7-2(a).

[94] "If the prescription is for an adult who is being prescribed an opioid for the first time by the prescriber, the initial prescription may not exceed a seven (7) day supply." Ind. Code § 25-1-9.7-2(a)(1). However, "If the prescription is for a child who is less than eighteen (18) years of age, the prescription may not exceed a seven (7) day supply." Ind. Code § 25-1-9.7-2(a)(2).

[95] "If the prescription is for a child who is less than eighteen (18) years of age, the prescription may not exceed a seven (7) day supply" (whereas the 7 day limit for adults applies only to those "being prescribed an opioid the first time by the prescriber"). Ind. Code § 25-1-9.7-2(a)(2).

[96] The limitations do not apply where, in the professional judgment of a prescriber, a patient requires more than the seven day limit. Ind. Code § 25-1-9.7-2(b)(2). "If the prescriber (1) determines that a drug other than an opioid is not appropriate; and (2) uses a [palliative care or professional judgment exception] and issues a prescription for a patient that exceeds the limitations, the prescriber shall document in the patient's medical record the indication that a drug other than an opiate was not appropriate and that the patient is receiving palliative care or that the prescriber is using the prescriber's professional judgment for the exemption." Ind. Code § 25-1-9.7-2 (c).

[97] "The limitations set forth in subsection (a) do not apply under any of the following circumstances: the prescriber is issuing the prescription for the treatment or provision of any of the following: (A) Cancer. (B) Palliative care. (C) Medication-assisted treatment for a substance use disorder. (D) A condition that is adopted by rule by the medical licensing board to be necessary to be exempted from subsection (a)." Ind. Code. § 25-1-9.7-2(b)(1).

[98] Ind. Code. § 25-1-9.7-2(b)(1)(B).

[99] "A condition that is adopted by rule by the medical licensing board under Ind. Code § 25-22.5-13-8 to be necessary to be exempted." Ind. Code § 25-1-9.7-2(b)(1)(D).

[100] Statute was amended June 27, 2019 to add patients receiving care from a certified community-based palliative care program to the list of exceptions. 2019 Kentucky Laws Ch. 84 (SB 65).

[101] "In accord with the CDC Guideline for Prescribing Opioids for Chronic Pain published in 2016, a prohibition of a practitioner issuing a prescription for a Schedule II controlled substance for more than a three (3) day supply of a Schedule II controlled substance if the prescription is intended to treat pain as an acute medical condition..." Ky. Rev. Stat. Ann. § 218A.205(3)(b).

[102] While the statute does not specify, presumably the reference is to substances that meet the criteria to be listed in Schedule II under Ky. Rev. Stat. Ann. § 218A.060.

[103] "The practitioner in his or her professional judgment, believes that more than a three (3) day supply of a Schedule II controlled substance is medically necessary to treat the patient's pain as an acute medical condition and the practitioner adequately documents the acute medical condition and lack of alternative treatment options which justifies deviation from the three (3) day supply limit established in this subsection in the patient's medical records." Ky. Rev. Stat. Ann. § 218A.205(3)(b)(1).

[104] There is an exception if the prescription for a Schedule II controlled substance is prescribed to treat pain associated with a valid cancer diagnosis. Ky. Rev. Stat. Ann. § 218A.205(3)(b)(3).

[105] "The prescription for a Schedule II controlled substance is prescribed to treat pain following a major surgery or the treatment of significant trauma, as defined by the state licensing board in consultation with the Kentucky Office of Drug Control Policy". Ky. Rev. Stat. Ann. § 218A.205(3)(b)(6)

[106] "The prescription for a Schedule II controlled substance is prescribed to treat pain while the patient is receiving hospice or end-of-life treatment or is receiving care from a certified community based palliative care program." Ky. Rev. Stat. Ann. § 218A.205(3)(b)(4).

[107] For hospice or end-of-life treatment. Ky. Rev. Stat. Ann. § 218A.205(3)(b)(4). 201 Ky Admin. Regs. 9:260(3) contains further exceptions.

[108] The restrictions noted here were all effective June 29, 2017. 201 Ky Admin. Regs. 9:260 contains additional restrictions. Not captured here is a previously enacted statute that required state licensing boards to limit, by regulation, the dispensing (not prescribing) of any Schedule II

controlled substance or a Schedule III substance containing hydrocodone by a "practitioner" to a 48-hour supply on or before September 1, 2012. *See* 2012 Kentucky Laws 1st Ex. Sess. Ch. 1 (HB 1)(b). The relevant regulation for physicians was created at 201 Ky Admin. Regs. 9:220 and effective March 4, 2013: "Physicians shall not dispense more than a 48 hour supply of any Schedule II controlled substance or Schedule III controlled substance containing hydrocodone unless the dispensing is done as part of a narcotic treatment program licensed by the Cabinet for Health and Family Services ("Cabinet"). This restriction must not be avoided by dispensing such medications to a patient on consecutive or multiple occasions." *See also* Kentucky Medical Association, *Summary of Controlled Substance Regulations* (2013), *available at* https://kyma.org/shared/content/uploads/2016/12/KMA_KBML-ControlledSubstancesRegSummary.pdf. "Practitioner" is defined as "a physician, dentist, podiatrist, veterinarian, scientific investigator, optometrist…advanced practice registered nurse… or other person licensed, registered, or otherwise permitted by state or federal law to acquire, distribute, dispense, conduct research with respect to, or to administer a controlled substance in the course of professional practice or research in this state." Ky. Rev. Stat. Ann. § 218A.010(40). That definition would appear to include pharmacists, but no regulation regarding pharmacy practice was promulgated.

[109] Effective June 20, 2019, prescribers must indicate on the prescription that more than a seven-day supply is necessary if they exceed the limit. 2019 La. Sess. Law Serv. Act 426 (H.B. 284).

[110] "…when issuing a first-time opioid prescription for outpatient use to an adult patient with an acute condition, a medical practitioner shall not issue a prescription for more than a seven-day supply." La. Stat. Ann. § 40:978(G)(1)(a).

[111] "…when issuing a first-time opioid prescription for outpatient use to an adult patient with an acute condition…" La. Stat. Ann. § 40:978(G)(1)(a). However, "…a medical practitioner shall not issue a prescription for an opioid to a minor for more than a seven-day supply at any time…" La. Stat. Ann. § 40:978(G)(1)(b).

[112] "…a medical practitioner shall not issue a prescription for an opioid to a minor for more than a seven-day supply at any time and shall discuss with a parent, tutor, or guardian of the minor the risks associated with opioid use and the reasons why the prescription is necessary." La. Stat. Ann. § 40:978(G)(1)(b).

[113] "If, in the professional medical judgment of a medical practitioner, more than a seven-day supply of an opioid is required to treat the adult or minor patient's acute medical condition or is necessary for the treatment of chronic pain management, pain associated with a cancer diagnosis, or for palliative care, the practitioner may issue a prescription for the quantity needed to treat the patient's acute medical condition or pain. The condition triggering the prescription of an opioid for more than a seven-day supply shall be documented in the patient's medical record and the practitioner shall indicate that a nonopioid alternative was not appropriate to address the medical condition. The medical practitioner shall indicate on the prescription that more than a seven-day supply of the opioid is medically necessary." La. Stat. Ann. § 40:978(G)(2).

[114] La. Stat. Ann. § 40:978(G)(2)

[115] La. Stat. Ann. § 40:978(G)(2)

[116] "When issuing a prescription for an opioid to an adult patient for outpatient use for the first time, a practitioner shall not issue a prescription for more than a 7-day supply." Mass. Gen. Laws ch. 94C, § 19D(a).

[117] "Opiate" means any substance having an addiction-forming or addiction-sustaining liability similar to morphine or being capable of conversion into a drug having addiction-forming or addiction-sustaining liability. It does not include, unless specifically designated as controlled under section two, the dextrorotatory isomer of 3-methoxy-n-methyl-morphinan and its salts, dextromethorphan. It does include its racemic and levorotatory forms. Mass. Gen. Laws ch. 94C, § 1.

[118] "When issuing a prescription for an opiate to an adult patient for outpatient use for the first time…" Mass. Gen. Laws ch. 94C, § 19D(a).

[119] "A practitioner shall not issue an opiate prescription to a minor for more than a 7-day supply at any time and shall discuss with the parent or guardian of the minor the risks associated with opiate use and the reasons why the prescription is necessary." Mass. Gen. Laws ch. 94C, § 19D(a).

[120] "…if, in the practitioner's professional medical judgment, more than a 7-day supply of an opiate is necessary to treat the adult or minor patient's acute medical condition or is necessary for the treatment of chronic pain management, pain associated with a cancer diagnosis or for palliative care, then the practitioner may issue a prescription for the quantity needed to treat such acute medical condition, chronic pain, pain associated with a cancer diagnosis or pain experienced while the patient is in palliative care. The condition triggering the prescription of an opiate for more than a 7-day supply shall be documented in the patient's medical record and the practitioner shall indicate that a non-opiate alternative was not appropriate to address the medical condition." Mass. Gen. Laws ch. 94C, § 19D(b).

[121] Mass. Gen. Laws ch. 94C, § 19D(b).

[122] Mass. Gen. Laws ch. 94C, § 19D(b).

[123] Effective October 1, 2018, the prescriber is also required to advise the patient of the risks and benefits of the opioid or opioid/benzodiazepine combination. Md. Code, Health Occ. § 1-223(d).

[124] "On treatment for pain, a health care provider, based on the clinical judgment of the health care provider, shall prescribe the lowest effective dose of an opioid and a quantity that is no greater than the quantity needed for the expected duration of pain severe enough to require an opioid that is a controlled substance unless the opioid is prescribed to treat: (i) a substance-related disorder; (ii) pain associated with a cancer diagnosis; (iii) pain experienced while the patient is receiving end-of-life, hospice, or palliative care services; or (iv) chronic pain." Md. Code, Health Occ. § 1-223(b).

[125] "On treatment for pain, a health care provider, based on the clinical judgment of the health care provider, shall prescribe the lowest effective dose of an opioid and a quantity that is no greater than the quantity needed for the expected duration of pain severe enough to require an opioid that is a controlled substance unless the opioid is prescribed to treat: (i) a substance-related disorder; (ii) pain associated with a cancer diagnosis; (iii) pain experienced while the patient is receiving end-of-life, hospice, or palliative care services; or (iv) chronic pain." Md. Code, Health Occ. § 1-223(b).

[126] Specifically, an opioid that is a "controlled dangerous substance," which is defined as a drug or substance listed in Schedule I through Schedule V or substances related to those drugs or substances. Md. Code, Crim. § 5-101(g)(1).

[127] While there is no specific restriction for minors, the law requires that "[t]he dosage, quantity, and duration of an opioid prescribed under subsection (b) of this section shall be based on an evidence-based clinical guideline for prescribing controlled dangerous substances that is appropriate for: (1) The health care service delivery setting for the patient; (2) The type of health care services required by the patient; and (3) The age and health status of the patient." Md. Code, Health Occ. § 1-223(c).

[128] "On treatment for pain, a health care provider, based on the clinical judgment of the health care provider, shall prescribe the lowest effective

dose of an opioid and a quantity that is no greater than the quantity needed for the expected duration of pain severe enough to require an opioid that is a controlled substance unless the opioid is prescribed to treat: (i) a substance-related disorder; (ii) pain associated with a cancer diagnosis; (iii) pain experienced while the patient is receiving end-of-life, hospice, or palliative care services; or (iv) chronic pain. Md. Code, Health Occ. § 1-223(b).

[129] Md. Code, Health Occ. § 1-223(b).

[130] End-of-life or hospice services. Md. Code, Health Occ. § 1-223(b).

[131] Until July 1, 2017, the patient was permitted to be prescribed a total of 300 MME/day, although each prescription was limited to 100 MME/day. Me. Stat. tit. 32 § 3300-F(1)(B). Beginning July 1, 2017, the limit is 100 MME/day total.

[132] Specifically, "within a 7-day period, more than a 7-day supply of an opioid medication to a patient under treatment for acute pain" and "within a 30-day period, more than a 30-day supply of an opioid medication to a patient under treatment for chronic pain." Me. Stat. tit. 32, §§ 3300-F(1) (C)-(D).

[133] Until July 1, 2017, the patient was permitted to be prescribed a total of 300 MME/day, although each prescription was limited to 100 MME/day. Me. Stat. tit. 32 § 3300-F(1)(B).

[134] "An individual licensed under this chapter whose scope of practice includes prescribing opioid medication is exempt from the limits on opioid medication prescribing established in subsection 1 only when prescribing opioid medication to a patient for: (1) pain associated with active and aftercare cancer treatment; (2) palliative care in conjunction with a serious illness; (3) end-of-life and hospice care; (4) medication-assisted treatment for substance use disorder; or (5) other circumstances determined in rule by the Department of Health and Human Services." Me. Stat. tit. 32 § 3300-F(2)(A).

[135] "'Palliative care' means patient-centered and family-focused medical care that optimizes quality of life by anticipating, preventing and treating suffering caused by a medical illness or a physical injury or condition that substantially affects a patient's quality of life, including, but not limited to, addressing physical, emotional, social and spiritual needs; facilitating patient autonomy and choice of care; providing access to information; discussing the patient's goals for treatment and treatment options, including, when appropriate, hospice care; and managing pain and symptoms comprehensively. Palliative care does not always include a requirement for hospice care or attention to spiritual needs." Me. Stat. tit. 22, § 1726.

[136] "An individual licensed under this chapter whose scope of practice includes prescribing opioid medication is exempt from the limits on opioid medication prescribing established in … **(5)** Other circumstances determined in rule by the Department of Health and Human Services pursuant to Title 22, section 7254, subsection 2…." Me. Stat. tit. 32, § 3300-F(2)(A).

[137] As of June 16, 2017, the restrictions do not apply "in connection with a surgical procedure." Me. Stat. tit. 32 § 3300-F(2)(B). Additionally, an exemption was added whereby up to 14 days may be prescribed where the product is labeled by the FDA to be dispensed only in a stock bottle that exceeds a 7 day supply.

[138] As of June 16, 2017, the restrictions do not apply "in connection with a surgical procedure." Me. Stat. tit. 32 § 3300-F(2)(B).

[139] The relevant law became effective on July 29, 2016. However, it was effectively stayed until January 1, 2017, "or on the effective date of the rules establishing exceptions to prescriber limits. whichever is later." The same statute requires rules to be adopted "no later than January 1, 2017." 22 Me. Stat. § 7254.

[140] Specifically, "within a 7-day period, more than a 7-day supply of an opioid medication to a patient under treatment for acute pain."

[141] The law itself has an effective date of March 27, 2018, but the text specifies that the restrictions go into effect "Beginning July 1, 2018." Mich. Comp. Laws § 333.7333b. A separate law, effective June 1, 2018, requires that the provider provide information to the patient regarding the danger of opioid addiction, how to properly dispose of controlled substances, and related topics. Mich. Comp. Laws § 333.7303c. The provider is also required to obtain the signature of the patient or patient's representative on a "start talking consent form" and to keep that form in the patient's medical record. The requirements do not apply to prescriptions for inpatient use. *Id*.

[142] "Beginning July 1, 2018, if a prescriber is treating a patient for acute pain, the prescriber shall not prescribe the patient more than a 7-day supply of an opioid within a 7-day period." Mich. Comp. Laws § 333.7333b(1).

[143] Effective June 1, 2018, prescribers are required to engage in certain activities "before issuing for a minor the first prescription in a single course of treatment for a controlled substance containing an opioid." Mich. Comp. Laws § 333.7303b. These include discussing with the minor and the minor's parents the risks of addiction and overdose. The provider is also required to obtain the signature of the minor's parent, guardian, or other person authorized to consent to their medical treatment, on a "start talking consent form" and to enter that form into the medical record. If the signer is not the minor's parent or guardian, no more than 72 hours may be prescribed. Exceptions apply, including "(a) If the minor's treatment is associated with or incident to a medical emergency. (b) If the minor's treatment is associated with or incident to a surgery, regardless of whether the surgery is performed on an inpatient or outpatient basis. (c) If, in the prescriber's professional judgment, fulfilling the requirements of subsection (1) would be detrimental to the minor's health or safety. (d) If the minor's treatment is rendered in a hospice as that term is defined in section 20106 or an oncology department of a hospital that is licensed under article 17.1 (e) If the prescriber is issuing the prescription for the minor at the time of discharge from a facility described in subdivision (d). (f) If the consent of the minor's parent or guardian is not legally required for the minor to obtain treatment." Mich. Comp. Laws § 333.7303b(2)(a).

[144] Prior to July 1, 2019, the limitations only applied to acute dental and ophthalmic pain and provided for a 4-day supply limit. The seven day limit applies to all prescriptions issued for acute pain, which is defined as "pain resulting from disease, accidental or intentional trauma, surgery, or another cause, that the practitioner reasonably expects to last only a short period of time. Acute pain does not include chronic pain or pain being treated as part of cancer care, palliative care, or hospice or other end-of-life care." Minn. Stat. § 152.11, Subd**.** 4.(c). Additionally, a 5 day limit for minors was added as of July 1, 2019.

[145] Reference is to state Schedules.

[146] **"**When used for the treatment of acute pain, prescriptions for opiates or narcotic pain relievers listed in Schedules II through IV in section 152.02 shall not exceed a seven-day supply for an adult and shall not exceed a five-day supply for a minor under 18 years of age." Minn. Stat. § 152.11, Subd**.** 4.

[147] "Notwithstanding paragraph (a) or (b), if, in the professional clinical judgment of a practitioner, more than the limit specified in paragraph (a) or (b) is required to treat a patient's acute pain, the practitioner may issue a prescription for the quantity needed to treat the patient's acute pain." Minn. Stat. § 152.11 Subd. 4(d).

[148] "For the purposes of this subdivision, 'acute pain' means pain resulting from disease, accidental or intentional trauma, surgery, or another

cause, that the practitioner reasonably expects to last only a short period of time. Acute pain does not include chronic pain or pain being treated as part of cancer care, palliative care, or hospice or other end-of-life care." Minn. Stat. § 152.11 Subd. 4.(c).

[149] "Surgery" is included in the definition of "acute pain" to which the restrictions apply. Minn. Stat. § 152.11 Subd. 4.(c).

[150] Because palliative care does not fall under the definition of acute pain, the restrictions do not apply to it. *See* Minn. Stat. § 152.11 Subd. 4.(c).

[151] Hospice or other end-of-life care. *See* Minn. Stat. § 152.11 Subd. 4.(c).

[152] This law remains in effect, together with the general seven day limit.

[153] When "used for the treatment of acute dental pain, including acute pain associated with wisdom teeth extraction surgery or acute pain associated with refractive surgery, prescriptions for opiate or narcotic pain relievers…shall not exceed a four-day supply." Minn. Stat. § 152.11, Subd**.** 4(b).

[154] "Notwithstanding paragraph (a), if in the professional clinical judgment of a practitioner more than a four-day supply of a prescription listed in Schedules II through IV of section 152.02 is required to treat a patient's acute pain, the practitioner may issue a prescription for the quantity needed to treat such acute pain." Minn. Stat. § 152.11 Subd. 4.(c).

[155] "For the purposes of this subdivision, "acute pain" means pain resulting from disease, accidental or intentional trauma, surgery, or another cause, that the practitioner reasonably expects to last only a short period of time. Acute pain does not include chronic pain or pain being treated as part of cancer care, palliative care, or hospice or other end-of-life care." Minn. Stat. § 152.11 Subd. 4.(b).

[156] Minn. Stat. § 152.11 Subd. 4.(b).

[157] Hospice or other end-of-life care Minn. Stat. § 152.11 Subd. 4.(b).

[158] Sickle cell disease was added to the list of exemptions, effective August 28, 2019. *See* L.2019, S.B. No. 514, § A.

[159] "…a practitioner, other than a veterinarian, shall not issue an initial prescription for more than a seven-day supply of any opioid controlled substance upon the initial consultation and treatment of a patient for acute pain." Mo. Rev. Stat. 195.080(2).

[160] **"**If, in the professional medical judgment of the practitioner, more than a seven-day supply is required to treat the patient's acute pain, the practitioner may issue a prescription for the quantity needed to treat the patient; provided, that the practitioner shall document in the patient's medical record the condition triggering the necessity for more than a seven-day supply and that a nonopioid alternative was not appropriate to address the patient's condition." Mo. Rev. Stat. § 195.080(2).

[161] "The provisions of this subsection shall not apply to prescriptions for opioid controlled substances for a patient who is currently undergoing treatment for cancer or sickle cell disease, is receiving hospice care from a hospice certified under chapter 197 or palliative care, is a resident of a long-term care facility licensed under chapter 198, or is receiving treatment for substance abuse or opioid dependence." Mo. Rev. Stat. 195.080(2).

[162] Mo. Rev. Stat. 195.080(2).

[163] Treatment of sickle cell disease, hospice care, or for residents of a long-term care facility. Mo. Rev. Stat. 195.080(2).

[164] "If, in the professional medical judgment of the practitioner, more than a seven-day supply is required to treat the patient's acute pain, the practitioner may issue a prescription for the quantity needed to treat the patient; provided, that the practitioner shall document in the patient's medical record the condition triggering the necessity for more than a seven-day supply and that a nonopioid alternative was not appropriate to address the patient's condition." Mo. Rev. Stat. § 195.080(2). This caveat was added in addition to the already existing professional judgment exception allowing prescribers to extend a prescription up to three months.

[165] Treatment in hospice care, or for residents of a long-term care facility. Mo. Rev. Stat. 195.080(2).

[166] The thirty-day restriction on Schedule II controlled substances has not been repealed. Mo. Rev. Stat. 195.080(4).

[167] "The supply limitations provided in this subsection shall not apply if the prescription is dispensed directly to a member of the United States armed forces serving outside the United States," or if "[t]he prescription is issued by a practitioner located in another state according to and in compliance with the applicable laws of that state and the United States and dispensed to a patient located in another state." Mo. Rev. Stat. § 195.080. 2.(1-2).

[168] "The supply limitations provided in this subsection shall not apply if the prescription is dispensed directly to a member of the United States armed forces serving outside the United States." Mo. Rev. Stat. § 195.080.2.(2)

[169] The amount of time for which a prescription may be issued "if the physician describes on the prescription form the medical reason for requiring the larger supply" was reduced from six months to three months. *See* L.1997, H.B. No. 635, § A.

[170] Changes to the statute were made that did not affect the categories in this chart on June 29, 2005 that allowed the physician to increase prescription up to three months by either prescription form or via telephone, fax, or electronic communication to the pharmacy.

[171] Up to three months, "if the physician describes on the prescription form the medical reason for requiring the larger supply." Mo. Rev. Stat. § 195.080(2).

[172] Prior to August 28, 2018, Missouri restricted the supply of Schedule II controlled substances to 30 days. This restriction appears to have been part of Missouri law since prior to 1989. According to the CDC, the law became effective in 1987. *See* CENTER FOR DISEASE CONTROL AND PREVENTION, PRESCRIPTION DRUG TIME AND DOSAGE LIMIT LAWS (March 5, 2015), https://www.cdc.gov/phlp/docs/menu_prescriptionlimits.pdf.

[173] "The quantity of Schedule II controlled substances prescribed or dispensed at any one time shall be limited to a thirty-day supply. The quantity of Schedule III, IV or V controlled substances prescribed or dispensed at any one time shall be limited to a ninety-day supply and shall be prescribed and dispensed in compliance with the general provisions of sections 195.005 to 195.425. The supply limitations provided in this subsection may be increased up to six months if the physician describes on the prescription form the medical reason for requiring the larger supply." Mo. Rev. Stat. § 195.080.2.

[174] Up to six months, "if the physician describes on the prescription form the medical reason for requiring the larger supply." Mo. Rev. Stat. § 195.080(2).

[175] "Licensees are discouraged from prescribing or dispensing more than a three (3) day supply of opioids for acute non-cancer/non-terminal pain and must not provide greater than a ten (10) day supply for acute non-cancer/non-terminal pain." Miss. Code R. § 30-17-2640:1.7 H.

[176] "When opioids are prescribed for acute pain, the licensee must prescribe the lowest effective dose of immediate release opioids, as the use of long acting opioids for acute non-cancer/non-terminal pain is prohibited." Miss. Code R. § 30-17-2640:1.7 H. "When initiating opioid therapy for chronic pain, the licensee must… prescribe the lowest effective dosage." Miss. Code Miss. R. § 30-17-2640:1.7 G.

[177] "Additional ten (10) day supplies, with one (1) refill, may be issued if deemed medically necessary and only if supported by additional clinical

evaluation." Miss. Code R. § 30-17-2640:1.7 H.
[178] "'Acute Pain' is the normal, predicted physiological response to an adverse chemical, thermal, or mechanical stimulus and is associated with surgery, trauma and acute illness." Miss. Code R. § 30-17-2640:1.7 A(3).
[179] Section terminates June 30, 2025. *See* Laws 2019, ch. 89, § 8.
[180] "Except as provided in subsection (2), when a medical practitioner or a naturopathic physician prescribes an opioid to an opioid-naive patient on an outpatient basis, the prescription may not be for more than a 7-day supply." Mont. Code Ann. § 37-2-108(1).
[181] "'Opioid-naive patient' means a patient who has not been prescribed a drug containing an opioid in the 90 days prior to the acute event or surgery for which an opioid is prescribed." Mont. Code Ann. § 37-2-101(10).
[182] "The restriction imposed under subsection (1) does not apply if: (a) in the professional medical judgment of the medical practitioner or naturopathic physician, a prescription for more than a 7-day supply is necessary to treat chronic pain, pain associated with cancer, or pain experienced while the patient is in palliative care; or (b) the opioid being prescribed is designed for the treatment of opioid abuse or dependence, including but not limited to opioid agonists and opioid antagonists." Mont. Code Ann. § 37-2-108(2).
[183] Mont. Code Ann. § 37-2-108(2).
[184] Effective June 25, 2018, acute pain does not include "pain being treated as part of cancer care, hospice care, or palliative care provided by a person licensed to practice veterinary medicine pursuant to Article 11 of Chapter 90 of the General Statutes." Effective January 1, 2020, practitioners must provide as a first line of treatment any of the following alternatives to targeted controlled substances: acupuncture, chiropractic care, massage therapy, occupational therapy, osteopathic manipulative treatment, physical therapy, and must whenever possible "administer nonpharmacological modalities or medications that are less addictive alternatives to targeted controlled substances." 2019 North Carolina Senate Bill No. 544.
[185] "A practitioner may not prescribe more than a five-day supply of any targeted controlled substance upon the initial consultation and treatment of a patient for acute pain, unless the prescription is for post-operative acute pain relief for use immediately following a surgical procedure." N.C. Gen. Stat. §90-106(a3).
[186] "Targeted controlled substance" means any controlled substance included in G.S. 90-90(1) or (2) or G.S. 90-91(d). N.C. Gen. Stat. Ann. § 90-87. The substances listed include opioids, cocaine, and their derivatives.
[187] "A practitioner may not prescribe more than a five-day supply of any targeted controlled substance upon the initial consultation and treatment of a patient for acute pain…" N.C. Gen. Stat. § 90-106(a3).
[188] "Acute pain.--Pain, whether resulting from disease, accident, intentional trauma, or other cause, that the practitioner reasonably expects to last for three months or less. The term does not include chronic pain or pain being treated as part of cancer care, hospice care, palliative care, or medication-assisted treatment for substance use disorder. The term does not include pain being treated as part of cancer care, hospice care, or palliative care provided by a person licensed to practice veterinary medicine pursuant to Article 11 of Chapter 90 of the General Statutes." N.C. Gen. Stat. § 90-106(a4).
[189] For post-operative pain, prescriptions are limited to a 7-day supply. N.C. Gen. Stat. § 90-106(a3).
[190] "Acute pain.--Pain, whether resulting from disease, accident, intentional trauma, or other cause, that the practitioner reasonably expects to last for three months or less. The term does not include chronic pain or pain being treated as part of cancer care, hospice care, palliative care, or medication-assisted treatment for substance use disorder. The term does not include pain being treated as part of cancer care, hospice care, or palliative care provided by a person licensed to practice veterinary medicine pursuant to Article 11 of Chapter 90 of the General Statutes." N.C. Gen. Stat. § 90-106(a4).
[191] Prescriptions administered in a hospital, nursing home, hospice, or residential care facility, emergency facility, veterinary or animal hospital. N.C. Gen. Stat. § 90-106(a3).
[192] Section terminates by its own terms Jan. 1, 2029. Neb. Rev. Stat. § 38-1,145.
[193] Per Laws 2019, LB 556, § 3, this section was relocated to the current citation, effective September 1, 2019. Prior citation was Neb. Rev. Stat. § 28-474.
[194] "A practitioner who is prescribing an opiate as defined in section 28-401 for a patient younger than eighteen years of age for outpatient use for an acute condition shall not prescribe more than a seven-day supply…" Neb. Rev. Stat. § 38-1,145(3).
[195] "A practitioner who is prescribing an opiate as defined in section 28-401 for a patient younger than eighteen years of age for outpatient use for an acute condition shall not prescribe more than a seven-day supply…" except as otherwise provided in subsection. Neb. Rev. Stat. § 38-1,145.
[196] Note that all limitations apply only to minors.
[197] "If, in the professional medical judgment of the practitioner, more than a seven-day supply of an opiate is required to treat such patient's medical condition or is necessary for the treatment of pain associated with a cancer diagnosis or for palliative care, the practitioner may issue a prescription for the quantity needed to treat such patient's medical condition or pain." Neb. Rev. Stat. § 38-1,145 (3).
[198] Neb. Rev. Stat. § 38-1,145 (3).
[199] "If, in the professional medical judgment of the practitioner, more than a seven-day supply of an opiate is required to treat such patient's medical condition or is necessary for the treatment of pain associated with a cancer diagnosis or for palliative care, the practitioner may issue a prescription for the quantity needed to treat such patient's medical condition or pain." Neb. Rev. Stat. § 38-1,145 (3).
[200] Rulemaking was required by N.H. Rev. Stat. Ann. § 318-B:41, which required relevant boards to "submit to the joint legislative committee on administrative rules final proposed rules for prescribing schedule II, III, and IV opioids, for the management or treatment of pain" by September 1, 2016. Rules listed here govern physicians and physician assistants.
[201] "If opioids are indicated and clinically appropriate for prescription for acute pain, prescribing licensees shall … (b) consider the patient's risk for opioid misuse, abuse, or diversion and prescribe for the lowest effective dose for a limited duration." N.H. Code Admin. R. Med. 502.04. "If opioids are indicated and prescribed for chronic pain, prescribing licensees shall: … (d) Prescribe for the lowest effective dose for a limited duration." N.H. Code Admin. R. Med. 502.05. "In an emergency department, urgent care setting, or walk-in clinic: not prescribe more than the minimum amount of opioids medically necessary to treat the patient's medical condition. In most cases, an opioid prescription of 3 or fewer days is sufficient, but a licensee shall not prescribe for more than 7 days; and if prescribing an opioid for acute pain that exceeds a board-approved limit, document the medical condition and appropriate clinical rationale in the patient's medical record." N.H. Code Admin. R. Med. 502.04(i).

[202] N.H. Code Admin. R. Med. 502.04(i).
[203] Regulation both says that "a licensee shall not prescribe for more than 7 days" but that if "prescribing an opioid for acute pain that exceeds a board-approved limit, document the medical condition and appropriate clinical rationale in the patient's medical record." N.H. Code Admin. R. Med. 502.04(i).
[204] "This part shall apply to the prescribing of opioids for the management or treatment of non-cancer and non-terminal pain, and shall not apply to the supervised administration of opioids in a health care setting." N.H. Code Admin. R. Med. 502.01.
[205] "This part shall apply to the prescribing of opioids for the management or treatment of non-cancer and non-terminal pain, and shall not apply to the supervised administration of opioids in a health care setting." N.H. Code Admin. R. Med. 502.01.
[206] Revisions were made to the relevant statute to modify provisions related to chronic pain that did not impact the data collected on this table (effective Jan. 16, 2018). *See* 2017 NJ Sess. Law Serv. Ch. 341 (SENATE 3604).
[207] "A practitioner shall not issue an initial prescription for an opioid drug . . . in a quantity exceeding a five-day supply for treatment of acute pain. Any prescription drug for acute pain pursuant to this subsection shall be for the lowest effective dose of immediate-release opioid drug." N.J. Rev. Stat. § 24:21-15.2(a).
[208] N.J. Rev. Stat. § 24:21-15.2(a).
[209] An "opioid drug" which is a "prescription drug," defined as "a drug which, under federal law, is required to be labeled prior to being delivered to the pharmacist, with either of the following statements: "Rx Only" or "Caution: Federal law restricts this drug to use by, or on the order of, a licensed veterinarian" or is required by any applicable federal or state law, rule or regulation to be dispensed pursuant to a prescription drug order or is restricted to use by a practitioner only." N.J. Rev. Stat. § 24:21-15.2(a); N.J. Stat. Ann. § 45:14-41.
[210] "A practitioner shall not issue an initial prescription for an opioid drug in a quantity exceeding a five-day supply for treatment of acute pain". N.J. Rev. Stat. § 24:21-15.2(a).
[211] The limitation shall not apply to a prescription for a patient who is "currently in active treatment for cancer, receiving hospice care from a licensed hospice or palliative care, or is a resident of a long-term care facility, or to any medications that are being prescribed for use in the treatment of substance abuse or opioid dependence." N.J. Rev. Stat. § 24:21-15.2(h).
[212] N.J. Rev. Stat. § 24:21-15.2(h).
[213] N.J. Rev. Stat. § 24:21-15.2(h).
[214] 2019 Nevada Laws Ch. 346 (A.B. 239) added the following exceptions: "As used in this section, "acute pain" means pain that has an abrupt onset and is caused by injury or another cause that is not ongoing. The term does not include chronic pain or pain that is being treated as part of care for cancer, palliative care, hospice care or other end-of-life care." It also added a provider judgment exception ("Unless the practitioner determines that the prescription is medically necessary.") Nev. Rev. Stat. § 639.2391, effective June 3, 2019.
[215] "If the controlled substance is an opioid and a prescription for an opioid has never been issued to the patient or the most recent prescription issued to the patient for an opioid was issued more than 19 days before the date of the initial prescription for the treatment of acute pain…" Nev. Rev. Stat. § 639.2391(2)(b).
[216] "Unless the practitioner determines that the prescription is medically necessary..." Nev. Rev. Stat. § 639.2391(2).
[217] "As used in this section, "acute pain" means pain that has an abrupt onset and is caused by injury or another cause that is not ongoing. The term does not include chronic pain or pain that is being treated as part of care for cancer, palliative care, hospice care or other end-of-life care." Nev. Rev. Stat. § 639.2391(4).
[218] Nev. Rev. Stat. § 639.2391(4).
[219] Sickle Cell Disease treatment. Nev. Rev. Stat. § 639.239145. Hospice care and end of life care. Nev. Rev. Stat. Ann. § 639.2391(4).
[220] Per the statutory text, "This act becomes effective upon passage and approval for the purpose of adopting regulations and performing any other administrative tasks that are necessary to carry out the provisions of this act and on January 1, 2018, for all other purposes." The act was approved June 16, 2017. However, we use the January 1, 2018 date in this chart because that is the date the restrictions went into effect. *See* 2017 Nevada Laws Ch. 605 (A.B. 474).
[221] The law was modified effective April 1, 2018 to prohibit "the prescribing of any opioids to "a patient initiating or being maintained on opioid treatment for pain which has lasted more than three months or past the time of normal tissue healing, unless the medical record contains a written treatment plan that follows generally accepted national professional or governmental guidelines." N.Y. Pub. Health L. § 3331(b)(8).
[222] "…a practitioner, within the scope of his or her professional opinion or discretion, may not prescribe more than a seven-day supply of any schedule II, III, or IV opioid to an ultimate user upon the initial consultation or treatment of such user for acute pain. Upon any subsequent consultations for the same pain, the practitioner may issue, any appropriate renewal, refill, or prescription for the opioid or any other drug." N.Y. Pub. Health L. § 3331(5)(b).
[223] While the statute does not specify, presumably this refers to substances in Schedules II-IV under N.Y. Pub. Health L. § 3306.
[224] N.Y. Pub. Health L. § 3331(5)(b).
[225] N.Y. Pub. Health L. § 3331(5)(b). It is unclear what "within the scope of his or her professional opinion or discretion" modifies in the statute but it does not appear to permit the prescriber to exceed the seven-day limit.
[226] "For the purposes of this subdivision, "acute pain" shall mean pain, whether resulting from disease, accidental or intentional trauma, or other cause, that the practitioner reasonably expects to last only a short period of time. Such term shall not include chronic pain, pain being treated as part of cancer care, hospice or other end-of-life care, or pain being treated as part of palliative care practices." N.Y. Pub. Health L. § 3331(5)(c).
[227] "For the purposes of this subdivision, "acute pain" shall mean pain, whether resulting from disease, accidental or intentional trauma, or other cause, that the practitioner reasonably expects to last only a short period of time. Such term shall not include chronic pain, pain being treated as part of cancer care, hospice or other end-of-life care, or pain being treated as part of palliative care practices." N.Y. Pub. Health L. § 3331(5)(c).
[228] Hospice or end-of-life care. N.Y. Pub. Health L. § 3331(5)(c).
[229] "Extended-release or long-acting opioid analgesics shall not be prescribed for treatment of acute pain." Ohio Admin. Code 4731-11-13(A)(1). "[T]he duration of the first opioid analgesic prescription for the treatment of an episode of acute pain shall be: for adults, no more than a seven-day supply with no refills; for minors, not more than a five-day supply with no refills." Ohio Admin. Code 4731-11-13(A)(3)(a).

[230] "Total morphine equivalent dose (MED) of a prescription for opioid analgesics for treatment of acute pain shall not exceed an average of thirty MED per day, except when all of the following apply: (i) the patient suffers from medical conditions, surgical outcomes or injuries of such severity that pain cannot be managed within the thirty MED average limit as determined by the treating physician based upon prevailing standards of medical care; (ii) the physician determines that exceeding the thirty MED average limit is necessary based on the physician's clinical judgment and the patient's needs; (iii) The physician shall document in the patient's medical record the reason for exceeding the thirty MED average and the reason it is the lowest dose consistent with the patient's medical condition; (iv) Only the prescribing physician for the condition may exceed the thirty MED average. The prescribing physician shall be held singularly accountable for prescriptions that exceed the thirty MED average; (v) in circumstances when the thirty MED average is exceeded, the dose shall not exceed the dose required to treat the severity of the pain." Ohio Admin. Code 4731-11-13(A)(3)(c). "The physician shall not prescribe a dosage that exceeds an average of one hundred twenty MED per day. This prohibition shall not apply in the following circumstances: (1) The physician holds board certification in pain medicine or board certification in hospice and palliative care;(2) The physician has received a written recommendation for a dosage exceeding an average of one hundred twenty MED per day from a board certified pain medicine physician or board certified hospice and palliative care physician who based the recommendation on a face-to-face visit and examination of the patient. The prescribing physician shall maintain the written recommendation in the patient's record; or (3) The patient was receiving an average daily dose of one hundred twenty MED or more prior to the effective date of this rule. The physician shall follow the steps in paragraph (E)(2) of this rule prior to escalating the patient's dose." Ohio Admin. Code 4731-11-14(E).

[231] "[A] controlled substance that has analgesic pharmacologic activity at the opioid receptors of the central nervous system, including but not limited to the following drugs and their varying salt forms or chemical congeners: buprenorphine, butorphanol, codeine (including acetaminophen and other combination products), dihydrocodeine, fentanyl, hydrocodone (including acetaminophen combination products), hydromorphone, meperidine, methadone, morphine sulfate, oxycodone (including acetaminophen, aspirin, and other combination products), oxymorphone, tapentadol, and tramadol." Ohio Admin. Code 4731-11-01.

[232] "Except as provided in paragraph (B) of this rule, the duration of the first opioid analgesic prescription for the treatment of an episode of acute pain." Ohio Admin. Code 4731-11-13(A)(3)(a).

[233] "For minors, not more than a five-day supply with no refills. A physician shall comply with section 3719.061 of the Revised Code, including but not limited to obtaining from the parent, guardian, or another adult who is authorized to consent to the minor's medical treatment written consent prior to prescribing an opioid analgesic to a minor…" Ohio Admin. Code 4731-11-13(A)(3)(a).

[234] "The seven-day limit for adults and five-day limit for minors may be exceeded for pain that is expected to persist for longer than seven days based on the pathology causing the pain. In this circumstance, the reason that the limits are being exceeded and the reason that a non-opioid medication was not appropriate to treat the patient's conditions shall be documented in the patient's medical record." Ohio Admin. Code 4731-11-13(A)(3)(a)(iii). The physician may exceed the 30 MED average limit if based on the physician's clinical judgment and the patient's needs. Ohio Admin. Code 4731-11-13(A)(3)(c).

[235] "The requirements of this rule apply to treatment of acute pain and do not apply when an opioid analgesic is prescribed: (1) to an individual who is a hospice patient or in a hospice care program; (2) To an individual receiving palliative care; (3) to an individual who has been diagnosed with a terminal condition; or (4) to an individual who has cancer or another condition associated with the individual's cancer or history of cancer." Ohio Admin. Code 4731-11-13(B).

[236] Ohio Admin. Code 4731-11-13(A)(3)(c)(i).

[237] Ohio Admin. Code 4731-11-13(B)(2). "'Palliative care' means specialized care for a patient of any age who has been diagnosed with a serious or life-threatening illness that is provided at any stage of the illness by an interdisciplinary team working in consultation with other health care professionals, including those who may be seeking to cure the illness, and that aims to do all of the following: (1) Relieve the symptoms, stress, and suffering resulting from the illness; (2) Improve the quality of life of the patient and the patient's family; (3) Address the patient's physical, emotional, social, and spiritual needs; (4) Facilitate patient autonomy, access to information, and medical decision making." Ohio Rev. Code Ann. § 3712.01(E).

[238] The requirements do not apply to "an individual who is a hospice patient or in a hospice care program" or "an individual who has been diagnosed with a terminal condition". Ohio Admin. Code 4731-11-13(B). *See also* Ohio Admin. Code 4731-11-13(D) (does not apply to inpatient prescriptions).

[239] Effective May 21, 2019, this law was amended to include the allowance of an additional, subsequent seven-day prescription in the following instances: "a. the subsequent prescription is due to a major surgical procedure or "confined to home" status as defined in 42 U.S.C., Section 1395n(a), b. the practitioner provides the subsequent prescription on the same day as the initial prescription, c. the practitioner provides written instructions on the subsequent prescription indicating the earliest date on which the prescription may be filled, otherwise known as a "do not fill until" date, and d. the subsequent prescription is dispensed no more than five (5) days after the "do not fill until" date indicated on the prescription."

[240] Superficial changes were made to the regulation on Nov. 1, 2019, that did not affect the categories in this chart.

[241] A "practitioner shall not issue an initial prescription for an opioid drug in a quantity exceeding a seven-day supply for treatment of acute pain.". Okla. Stat. tit. 63, § 2-309I A.

[242] "Any opioid prescription for acute pain shall be for the lowest effective dose of an immediate-release drug." Okla. Stat. tit. 63, § 2-309I(A).

[243] Statute applies to initial prescriptions, but also provides that "No less than seven (7) days after issuing the initial prescription pursuant to subsection A of this section, the practitioner, after consultation with the patient, may issue a subsequent prescription for the drug to the patient in a quantity not to exceed seven (7) days, provided that: 1. The subsequent prescription would not be deemed an initial prescription under this section; 2. The practitioner determines the prescription is necessary and appropriate to the treatment needs of the patient and documents the rationale for the issuance of the subsequent prescription; and 3. The practitioner determines that issuance of the subsequent prescription does not present an undue risk of abuse, addiction or diversion and documents that determination." Okla. Stat. tit. 63, § 2-309I (C).

[244] In the case of a patient under the age of eighteen (18) years old, the provider is required to enter into a patient-provider agreement with a parent or guardian of the patient.
Okla. Stat. tit. 63, § 2-309I(B)(6).

[245] "This section shall not apply to a prescription for a patient who is currently in active treatment for cancer, receiving hospice care from a licensed hospice or palliative care, or is a resident of a long-term care facility, or to any medications that are being prescribed for use in the

treatment of substance abuse or opioid dependence." Okla. Stat. tit. 63, § 2-309I(H).
[246] A provider may issue a subsequent seven-day prescription in the following instances: "a. the subsequent prescription is due to a major surgical procedure or "confined to home" status as defined in 42 U.S.C., Section 1395n(a), b. the practitioner provides the subsequent prescription on the same day as the initial prescription, c. the practitioner provides written instructions on the subsequent prescription indicating the earliest date on which the prescription may be filled, otherwise known as a "do not fill until" date, and d. the subsequent prescription is dispensed no more than five (5) days after the "do not fill until" date indicated on the prescription." Okla. Stat. tit. 63, § 2-309I(B)(5).
[247] Okla. Stat. tit. 63, § 2-309I(H).
[248] "This section shall not apply to a prescription for a patient who is receiving hospice care from a licensed hospice or palliative care, or is a resident of a long-term care facility, or to any medications that are being prescribed for use in the treatment of substance abuse or opioid dependence." Okla. Stat. tit. 63, § 2-309I(H).
[249] "A prescriber may not do any of the following:(1) Prescribe to a minor a controlled substance containing an opioid unless the prescriber complies with section 52A04 (relating to procedure). (2) Except as set forth in subsection (b) and subject to section 52A04(c)(1), prescribe to a minor more than a seven-day supply of a controlled substance containing an opioid." 35 Pa. Cons. Stat. § 52A03.
[250] "Opioid drug product" is defined as any of the following: 1) A preparation or derivative of opium; 2) A synthetic narcotic that has opiate-like effects, but is not derived from opium; 3) A group of naturally occurring peptides that bind at or otherwise influence opiate receptors, including an opioid agonist. 35 Pa. Cons. Stat. § 873.2.
[251] 35 Pa. Cons. Stat. § 52A03 is specifically for minors, limiting prescriptions to 7 days in all cases except the noted exceptions. Other laws limit prescriptions to adults in certain situations.
[252] "A prescriber may prescribe more than a seven-day supply of a controlled substance containing an opioid to a minor if any of the following apply: (1) in the professional medical judgment of the prescriber more than a seven-day supply is required to stabilize the minor's acute medical condition. In order for this paragraph to apply, the prescriber must: (i) document the acute medical condition in the minor's medical record with the prescriber, and (ii) indicate the reason why a nonopioid alternative is not appropriate to address the acute medical condition. (2) The prescription is for: (i) the management of pain associated with cancer; (ii) use in palliative care or hospice care; or (iii) management of chronic pain not associated with cancer." 35 Pa. Cons. Stat. § 52A03.
[253] 35 Pa. Cons. Stat. § 52A03.
[254] 35 Pa. Cons. Stat. § 52A03.
[255] "A health care practitioner may not prescribe an opioid drug product to an individual seeking treatment in an emergency department or urgent care center, or who is in observation status in a hospital, in a quantity sufficient to treat that individual for more than seven days." 35 Pa. Cons. Stat. § 873.3(a)(2). *See also* 35 Pa. Cons. Stat. § 52A03 ("A prescriber may not do any of the following:(1) Prescribe to a minor a controlled substance containing an opioid unless the prescriber complies with section 52A04 (relating to procedure). (2) Except as set forth in subsection (b) and subject to section 52A04(c)(1), prescribe to a minor more than a seven-day supply of a controlled substance containing an opioid.").
[256] "Opioid drug product" is defined as any of the following: 1) A preparation or derivative of opium; 2) A synthetic narcotic that has opiate-like effects, but is not derived from opium; 3) A group of naturally occurring peptides that bind at or otherwise influence opiate receptors, including an opioid agonist. 35 Pa. Cons. Stat. § 873.2.
[257] 35 Pa. Cons. Stat. § 52A03.
[258] "Notwithstanding paragraph (1), if, in the professional medical judgment of a health care practitioner, more than a seven-day supply of an opioid drug product is required to treat a patient's acute medical condition or is necessary for the treatment of pain associated with a cancer diagnosis or for palliative care, then the health care practitioner may issue a prescription for the quantity needed to treat such acute medical condition or pain associated with a cancer diagnosis or for palliative care. The condition triggering prescription of the opioid drug product under this paragraph shall be documented in the patient's medical record, and the health care practitioner must indicate that a non-opioid drug product alternative was not appropriate to treat the medical condition." 35 Pa. Cons. Stat. § 873.3(1)(2).
[259] 35 Pa. Cons. Stat. § 873.3(1)(2).
[260] 35 Pa. Cons. Stat. § 873.3(1)(2).
[261] On July 2, 2018, Rhode Island added requirements for the conversation that a prescriber must have with a patient or minor patient's parent at (D)(3).
[262] "If a patient is given opioids in an inpatient setting and then discharged from an inpatient setting, and prescribed an opioid on discharge, this is considered an initial prescription if they have not otherwise used opioids in the past thirty (30) days. The initial prescription for an opioid for acute pain for an individual who has not received opioids in the last 30 days shall not exceed thirty (30) morphine milligram equivalents (MMEs) total daily dose per day for a maximum of twenty (20) doses. Long-acting and extended release opioids, including methadone, may not be prescribed for acute pain." 216 R.I. Code R. 20-20-4.4(C).
[263] 216 R.I. Code R. 20-20-4.4(C).
[264] Initial prescription is a "prescription for an opioid for acute pain for an individual who has not received opioids in the last 30 days," excluding prescriptions given on discharge from an inpatient setting in which opioids were given. 216 R.I. Code R. 20-20-4.4(C).
[265] Beginning July 2, 2018, "Prior to initiating a prescription for an opioid drug and, upon the second refill and/or upon the third prescription…" providers are required to " specifically discuss with the patient who is eighteen (18) years of age or older, or the patient's parent or guardian if the patient is under eighteen (18) years of age" information including the risks of developing dependence or addiction, adverse risks of concurrent use of alcohol or other psychoactive medications, as well as other related topics. 16 R.I. Code R. 20-20-4.4(D)(3).
[266] "For the purpose of this Part, acute pain shall not include chronic pain management, any chronic illness with recurrent acute pain that is a known expression of the chronic disease, pain associated with sickle cell disease, pain associated with a current cancer diagnosis, palliative care or nursing home care." 216 R.I. Code R. 20-20-4.4(C).
[267] 216 R.I. Code R. 20-20-4.4(C).
[268] 216 R.I. Code R. 20-20-4.4(C).
[269] Regulations were required to be issued pursuant to R.I. Gen. Laws § 21-28-3.20, effective June 28, 2016. They did not become effective, however, until March 22, 2017.

[270] This law requires the prescriber to do certain things before initially prescribing an opioid to a minor in most cases, including assessing whether the minor has ever suffered from or is currently suffering from a mental health or substance abuse disorder and whether the minor has taken or is currently taking prescription drugs for treatment of a mental health or substance abuse disorder, discussing the treatment with the minor and their parent, guardian, or other adult, and obtaining written consent. S.C. Code Ann. § 44-53-363. In addition to the listed exceptions, the requirement does not apply to prescriptions for Schedule II opioids issued for five days or fewer or where the opioid "is ordered by a practitioner prescribing a Schedule II controlled substance for a patient with whom the practitioner has an established relationship for the treatment of a chronic condition." S.C. Code Ann. § 44-53-363(C)(1).
[271] S.C. Code Ann. § 44-53-363(C)(1).
[272] "…before issuing, for a minor, the first prescription in a single course of treatment for an opioid analgesic, regardless of whether the dosage is modified during that course of treatment, a prescriber shall…" S.C. Code Ann. § 44-53-363(A).
[273] S.C. Code Ann. § 44-53-363 requires written consent recorded on a "Start Talking!" consent form from parents before issuing an opioid prescription to minors, among other requirements.
[274] "The requirements set forth in subsection (A) do not apply if the minor's treatment with an opioid analgesic: (a) is associated with or incident to a medical emergency; (b) is associated with or incident to surgery, regardless of whether the surgery is performed on an inpatient or outpatient basis; (c) is associated with pain management treatment for palliative care, cancer care, or hematological disorders including, but not limited to, sickle cell disease; (d) is associated with the treatment of neonatal abstinence syndrome; (e) in the prescriber's professional judgment, fulfilling the requirements of subsection (A) would be a detriment to the minor's health or safety; (f) except as provided in subsection (D), the treatment is rendered in a hospital, emergency facility, ambulatory surgical facility, nursing home, pediatric respite care program, residential care facility, freestanding rehabilitation facility, or similar institutional facility; (g) is ordered by a practitioner issuing a prescription for a Schedule II controlled substance to treat a hospice-certified patient; (h) is ordered by a practitioner issuing a prescription for a Schedule II controlled substance that does not exceed a five-day supply for a patient; or (i) is ordered by a practitioner prescribing a Schedule II controlled substance for a patient with whom the practitioner has an established relationship for the treatment of a chronic condition; however, the practitioner must review the patient's controlled substance history maintained in the prescription drug monitoring program at least every three months." S.C. Code Ann. § 44-53-363(C)(1).
[275] S.C. Code Ann. § 44-53-363(C)(1)(c).
[276] S.C. Code Ann. § 44-53-363(C)(1)(b).
[277] S.C. Code Ann. § 44-53-363(C)(1)(c).
[278] "Pain associated with a medical emergency, hematological disorders, neonatal abstinence syndrome, treatment in a medical facility, or chronic pain treatment by a doctor with an established relationship to the patient." S.C. Code Ann. § 44-53-363(C)(1)(a); (d-i). In addition to the listed exceptions, the requirement does not apply to prescriptions for Schedule II opioids issued for five days or fewer or where the opioid "is ordered by a practitioner prescribing a Schedule II controlled substance for a patient with whom the practitioner has an established relationship for the treatment of a chronic condition." S.C. Code Ann. § 44-53-363(C)(1).
[279] All of the provisions in this row were added effective May 15, 2018. The restriction governing prescriptions for controlled substances in Schedule II, which applies to all prescriptions, was not repealed and remains in effect.
[280] "Initial opioid prescriptions for acute pain management or postoperative pain management must not exceed a seven-day supply…" S.C. Code Ann. § 44-53-360(j)(1).
[281] S.C. Code Ann. § 44-53-360(j)(1).
[282] "…except when clinically indicated for cancer pain, chronic pain, hospice care, palliative care, major trauma, major surgery, treatment of sickle cell disease, treatment of neonatal abstinence syndrome, or medication-assisted treatment for substance use disorder." S.C. Code Ann. § 44-53-360(j)(1).
[283] The limits do not apply to "major surgery." S.C. Code Ann. § 44-53-360(j)(1).
[284] "…except when clinically indicated for cancer pain, chronic pain, hospice care, palliative care, major trauma, major surgery, treatment of sickle cell disease, treatment of neonatal abstinence syndrome, or medication-assisted treatment for substance use disorder." S.C. Code Ann. § 44-53-360(j)(1).
[285] S.C. Code Ann. § 44-53-360(j)(1).
[286] "Prescriptions for controlled substances in Schedule II with the exception of transdermal patches, must not exceed a thirty-one day supply." S.C. Code Ann. § 44-53-360(e). This law has not been repealed.
[287] Section is repealed on July 1, 2023. Tenn. Code Ann. § 63-1-164. Note that none of the restrictions in this law apply to prescriptions issued by healthcare practitioners who are pain management specialists as defined in state law or who are collaborating with a pain management specialist in accordance with state law, where the patient receiving the prescription is personally assessed by the pain management specialist, or by the advanced practice registered nurse or physician assistant collaborating with the pain management specialist or who is treating patients in an outpatient setting of a hospital that holds itself out to the public as a pain management clinic. Tenn. Code Ann. § 63-1-164(e)(4). "Pain management specialist" and "Pain management clinic" are defined in Tenn. Code Ann. § 63-1-301.
[288] Unlike in most states, this is not a strict limit but rather a limit under which prescribers are exempt from taking actions that are required before prescribing opioids for longer durations and higher amounts. Specifically, "a healthcare practitioner may treat a patient with more than a three-day supply of an opioid if they issue no more than one prescription for an opioid per encounter and: (i) Personally conduct a thorough evaluation of the patient; (ii) Document consideration of non-opioid and non-pharmacologic pain management strategies and why the strategies failed or were not attempted; (iii) Include the ICD-10 code for the primary disease in the patient's chart, and on the prescription when a prescription is issued; and (iv) Obtain informed consent and documents the reason for treating with an opioid in the chart." Tenn. Code Ann. § 63-1-164(d)(1)(A). "If a healthcare practitioner treats a patient with more than a three-day supply of an opioid, the healthcare practitioner may generally treat the patient with no more than a ten-day supply and with a dosage that does not exceed a total of a five hundred (500) morphine milligram equivalent dose." Tenn. Code Ann. § 63-1-164(d)(2). Additional exceptions permit prescribing of a 30-day supply with a 1,200 MME dose in specific cases. Tenn. Code Ann. § 63-1-164(d)(3), (4). Additionally, subject to several limitations, a patient "shall not be treated with an opioid more frequently than every ten (10) days." Tenn. Code Ann. § 63-1-164(c)(1). Finally, these restrictions do not apply to opioids approved by the food and drug administration to treat upper respiratory symptoms or cough. However, a healthcare practitioner shall not treat a patient with more than a fourteen-day supply of such an opioid. Tenn. Code Ann. § 63-1-164(h).

[289] "Except as provided in this section, a healthcare practitioner shall not treat a patient with more than a three-day supply of an opioid and shall not treat a patient with an opioid dosage that exceeds a total of a one hundred eighty (180) morphine milligram equivalent dose. Tenn. Code Ann. § 63-1-164(b). "If a healthcare practitioner treats a patient with more than a three-day supply of an opioid, the healthcare practitioner may treat the patient with no more than a ten-day supply and with a dosage that does not exceed a total of a five hundred (500) morphine milligram equivalent dose." Tenn. Code Ann. § 63-1-164(D)(2). "Notwithstanding subdivision (d)(2), in rare cases where the patient has a condition that will be treated by a procedure that is more than minimally invasive and sound medical judgment would determine the risk of adverse effects from the pain exceeds the risk of the development of a substance use disorder or overdose event, a healthcare practitioner may treat a patient with up to a thirty-day supply of an opioid and with a dosage that does not exceed a total of a twelve hundred (1200) morphine milligram equivalent dose." Tenn. Code Ann. § 63-1-164(D)(3). "Notwithstanding subdivision (d)(2), in rare cases after trial and failure of reasonable, appropriate, and available non-opioid treatments for the pain condition or documenting the contraindication, inefficacy, or intolerance of non-opioid treatments, where medical necessity and sound medical judgment would determine the risk of adverse effects from the pain exceeds the risk of the development of a substance use disorder or overdose event, a healthcare practitioner may treat a patient with up to a thirty-day supply of an opioid and with a dosage that does not exceed a total of a one thousand two hundred (1,200) morphine milligram equivalent dose. The healthcare practitioner must include the phrase "medical necessity" on the prescription for any prescription issued pursuant to this subdivision (d)(4)." Tenn. Code Ann. § 63-1-164(D)(4). Unlike the MME limit in most states, which provide a total or average daily MME limit, Tennessee's limit applies to "the morphine milligram equivalent calculation for the amount of a prescribed opioid, multiplied by the days of treatment." Tenn. Code Ann. § 63-1-164(a)(6).

[290] As noted above, providers may exceed the limits noted in numerous circumstances.

[291] Tenn. Code Ann. § 63-1-164(e)(1).

[292] Tenn. Code Ann. § 63-1-164(e)(1).

[293] Hospice care, sickle cell disease, inpatient care settings, pain management providers, severe burns or major physical trauma. *See generally* Tenn. Code Ann. § 63-1-164(e). Additionally, "This section does not apply to opioids approved by the food and drug administration to treat upper respiratory symptoms or cough. However, a healthcare practitioner shall not treat a patient with more than a fourteen-day supply of such an opioid." Tenn. Code Ann. § 63-1-164(h).

[294] "Except as provided in this section, a healthcare practitioner shall not treat a patient with more than a three-day supply of an opioid and shall not treat a patient with an opioid dosage that exceeds a total of a one hundred eighty (180) morphine milligram equivalent dose. Tenn. Code Ann. § 63-1-164(b). "If a healthcare practitioner treats a patient with more than a three-day supply of an opioid, the healthcare practitioner may treat the patient with no more than a ten-day supply and with a dosage that does not exceed a total of a five hundred (500) morphine milligram equivalent dose." Tenn. Code Ann. § 63-1-164(D)(2). "Notwithstanding subdivision (d)(2), in rare cases where the patient has a condition that will be treated by a procedure that is more than minimally invasive and sound medical judgment would determine the risk of adverse effects from the pain exceeds the risk of the development of a substance use disorder or overdose event, a healthcare practitioner may treat a patient with up to a twenty-day supply of an opioid and with a dosage that does not exceed a total of an eight hundred fifty (850) morphine milligram equivalent dose." Tenn. Code Ann. § 63-1-164(D)(3). "Notwithstanding subdivision (d)(2), in rare cases after trial and failure of reasonable, appropriate, and available non-opioid treatments for the pain condition or documenting the contraindication, inefficacy, or intolerance of non-opioid treatments, where medical necessity and sound medical judgment would determine the risk of adverse effects from the pain exceeds the risk of the development of a substance use disorder or overdose event, a healthcare practitioner may treat a patient with up to a thirty-day supply of an opioid and with a dosage that does not exceed a total of a one thousand two hundred (1,200) morphine milligram equivalent dose. The healthcare practitioner must include the phrase "medical necessity" on the prescription for any prescription issued pursuant to this subdivision (d)(4)." Tenn. Code Ann. § 63-1-164(D)(4).

[295] Id.

[296] Per Tenn. Code Ann. § 53-11-308(e), "No prescription for any opioids or benzodiazepines may be dispensed in quantities greater than a thirty-day supply." This law is still in effect, although it is superseded to the extent that other laws provide more stringent limits.

[297] "For the treatment of acute pain, a practitioner may not: (1) issue a prescription for an opioid in an amount that exceeds a 10-day supply; or (2) provide for a refill of an opioid." Tex. Health & Safety Code Ann. § 481.07636(b).

[298] "In this section, "acute pain" means the normal, predicted, physiological response to a stimulus such as trauma, disease, and operative procedures. Acute pain is time limited. The term does not include:(1) chronic pain; (2) pain being treated as part of cancer care; (3) pain being treated as part of hospice or other end-of-life care; or (4) pain being treated as part of palliative care. Tex. Health & Safety Code § 481.07636(a).

[299] Tex. Health & Safety Code Ann. § 481.07636(c).

[300] "Hospice or other end-of-life care." Tex. Health & Safety Code § 481.07636(a)(3).

[301] Unlike most states, Utah law limits the amount of opioids that can be dispensed, and is silent on the amount that can be prescribed. Further, Subsection 58-37-6(7)(f)(iii) is repealed July 1, 2022. Utah Code § 63I-1-258.

[302] "A prescription for a Schedule II or Schedule III controlled substance that is an opiate and that is issued for an acute condition shall be completely or partially filled in a quantity not to exceed a seven-day supply as directed on the daily dosage rate of the prescription." Utah Code § 58-37-6(7)(f)(iii)(A).

[303] "…a prescription for a Schedule II or Schedule III controlled substance that is an opiate and that is issued for an acute condition shall be completely or partially filled in a quantity not to exceed a seven-day supply as directed on the daily dosage rate of the prescription." Utah Code § 58-37-6(7)(f)(iii)(A). While the text does not specify, presumably this refers to opioids listed in Schedules II and III per Utah Code § 58-37-4.

[304] "Subsection (7)(f)(iii)(A) does not apply to a prescription issued for a surgery when the practitioner determined that a quantity exceeding seven days is needed, in which case the practitioner may prescribe up to a 30-day supply, with a partial fill at the discretion of the practitioner." Utah Code § 58-37-6(7)(f)(iii)(B).

[305] Restrictions do not apply to "prescriptions issued for complex or chronic conditions which are documented as being complex or chronic in the medical record." Utah Code § 58-37-6(7)(f)(iii)(C).

[306] "[A] prescription for a Schedule II controlled substance may not be filled in a quantity to exceed a one-month's supply, as directed on the daily dosage rate of the prescriptions." Utah Code Ann. § 58-37-6(7)(f)(i). Moved to Utah Code § 58-37-6(7)(f)(ii) Eff. May 9, 2017.

[307] "A practitioner licensed under this chapter may not prescribe, administer, or dispense a controlled substance to a child, without first obtaining

the consent required in Section 78B-3-406 of a parent, guardian, or person standing in loco parentis of the child except in cases of an emergency." Utah Code § 58-37-6(7)(h).
[308] "[N]o prescription for a Schedule II controlled substance may be filled in a quantity to exceed a one-month's supply." Utah Code § 58-37-6(7)(f)(i).
[309] Issued as emergency regulations, to be replaced by permanent regulations after the effective date; *see* VIRGINIA BOARD OF MEDICINE, ANNOUNCEMENTS, http://leg1.state.va.us/cgi-bin/legp504.exe?171+ful+HB2167ER (October 11, 2017).
[310] Permanent regulations became effective August 8, 2018.
[311] "A prescriber providing treatment for acute pain shall not prescribe a controlled substance containing an opioid in a quantity that exceeds a seven-day supply as determined by the manufacturer's directions for use, unless extenuating circumstances are clearly documented in the medical record. This shall also apply to prescriptions of a controlled substance containing an opioid upon discharge from an emergency department." 18 Va. Admin. Code § 85-21-40(A)(1).
[312] While the regulation does not contain an MME exclusion, it does require that the prescriber "carefully consider and document in the medical record the reasons to exceed 50 MME/day" and "document in the medical record the reasonable justification for such doses or refer to or consult with a pain management specialist" for levels exceeding 120 MME/day. Naloxone is also required to be co-prescribed above 120 MME. 18 Va. Admin. Code § 85-21-40(B).
[313] "Initiation of opioid treatment for patients with acute pain shall be with short-acting opioids." 18 Va. Admin. Code § 85-21-40(A).
[314] The limit may be exceeded if extenuating circumstances warrant and are documented in the record. *See* 18 Va. Admin. Code § 85-21-40(A)(1).
[315] "This chapter shall not apply to the treatment of acute or chronic pain related to (i) cancer, (ii) a patient in hospice care, or (iii) a patient in palliative care." 18 Va. Admin. Code § 85-21-10(B)(1).
[316] "An opioid prescribed as part of treatment for a surgical procedure shall be for no more than 14 consecutive days in accordance with manufacturer's direction and within the immediate perioperative period, unless extenuating circumstances are clearly documented in the medical record." 18 Va. Admin. Code § 85-21-40(A)(2).
[317] 18 Va. Admin. Code § 85-21-10(B)(1).
[318] "This chapter does not apply to the treatment of acute or chronic pain during an inpatient hospital admission or in a nursing home or an assisted living facility that uses a sole source pharmacy or a patient enrolled in a clinical trial." 18 Va. Admin. Code § 85-21-10(B)(2), (3).
[319] Emergency regulations were made permanent March 1, 2019.
[320] No opioids are permitted for minor pain, including but not limited to "molar removal, sprains, non-specific low back pain, headaches, fibromyalgia, un-diagnosed dental pain." The prescription limitation for moderate pain is 5 days with an average dose of 24 MMEs per day, with a total maximum of 120 MME. The limitation for severe pain is 5 days, with an average dose of 32 MME per day, with a total maximum of 160 MME. The limitation for extreme pain is 7 days, with an average dose of 50 MMEs per day, with a total maximum of 350 MME. *See* Figures 1.0 and 2.0, Vt. Code R. 12-5-53:5.0. For adults ages 18 years old and older, should a provider prescribe an average daily dose over 32 morphine milligram equivalents, the reason must be justified in the medical record. 12-5 Vt. Code R. § 53:5.4.1.
[321] Vt. Code R. 12-5-53:5.0.
[322] Restrictions are provided for hydrocodone, oxycodone, and hydromorphone. 12-5 Vt. Code R. § 53:5.0, Figures 1.0 and 2.0.
[323] "The following limits apply to patients who are opioid naïve and are receiving their first prescriptions not administered in a healthcare setting." 12-5 Vt. Code R. § 53:5.2; "These limits do not prohibit a provider from writing a second prescription (or renewal/refill prescription) for the patient should that be necessary." 12-5 Vt. Code R. § 53:5.3.
[324] The limitation for minors is 3 days for extreme pain, with an average dose of 24 MME per day, with a total maximum of 72 MME. *See* Figure 2.0, Vt. Code R. 12-5-53:5.0 .
[325] The following conditions, and those similar to them in the medical judgment of the healthcare provider, are exempt from the limits found in this section: patients in skilled and intermediate care nursing facilities; pain associated with significant or severe trauma; pain associated with complex surgical interventions, such as spinal surgery, pain associated with prolonged inpatient care due to post-operative complications; medication-assisted treatment for substance use disorders; patients who are not opioid naïve; and other circumstances as determined by the Commissioner of Health. 12-5 Vt. Code R. § 53:5.7.
[326] While not mentioned in the guidelines for acute pain, chronic pain associated with cancer or cancer treatment is exempted from opioid prescribing guidelines for chronic pain. 12-5 Vt. Code R. § 53:6.0.
[327] 12-5 Vt. Code R. § 53:5.7.
[328] 12-5 Vt. Code R. § 53:5.7.
[329] 2017 WA H.B. 1427 provided for rules to be issued by the various Boards and Commissions overseeing the healing professions. Cited here is the regulation for physicians: "If the physician prescribes opioids for effective pain control, such prescription must not be in a greater quantity than needed for the expected duration of pain severe enough to require opioids. A three-day supply or less will often be sufficient. The physician shall not prescribe beyond a seven-day supply without clinical documentation in the patient record to justify the need for such a quantity." Wash. Admin. Code 246-919-835(3). Other professions whose Boards have promulgated rules are dentists, osteopaths, osteopathic physician assistants, physician assistants, advanced registered nurse practitioners, and podiatrists. ("The dentist shall not prescribe beyond a seven-day supply without clinical documentation in the patient record to justify the need for such a quantity." Wash. Admin. Code 246-817-913; "The osteopathic physician shall not prescribe beyond a seven-day supply without clinical documentation in the patient record to justify the need for such a quantity." Wash. Admin. Code 246-853-695; "The osteopathic physician assistant shall not prescribe beyond a seven-day supply without clinical documentation in the patient record to justify the need for such a quantity." Wash. Admin. Code 246-854-275; "The physician assistant shall not prescribe beyond a seven-day supply without clinical documentation in the patient record to justify the need for such a quantity." Wash. Admin. Code 246-918-835; "The advanced registered nurse practitioner shall not prescribe beyond a seven-day supply without clinical documentation in the patient record to justify the need for such a quantity." Wash. Admin. Code 246-840-4661; "The podiatric physician shall not prescribe beyond a seven-day supply without clinical documentation in the patient record to justify the need for such a quantity." Wash. Admin. Code 246-922-695.)
[330] Enabling legislation, 2017 WA H.B. 1427, effective July 23, 2017, required all professions to adopt rules by January 1, 2019. The actual effective dates for the various professions are as follows: Dentists, January 26, 2019; nurses, osteopaths, osteopathic physician assistants,

and podiatrists, November 1, 2018; Physicians and physician assistants, January 1, 2019.

[331] "The physician shall not prescribe beyond a seven-day supply without clinical documentation in the patient record to justify the need for such a quantity." Wash. Admin. Code 246-919-835(3); "The dentist shall not prescribe beyond a seven-day supply without clinical documentation in the patient record to justify the need for such a quantity." Wash. Admin. Code 246-817-913; "The osteopathic physician shall not prescribe beyond a seven-day supply without clinical documentation in the patient record to justify the need for such a quantity." Wash. Admin. Code 246-853-695; "The osteopathic physician assistant shall not prescribe beyond a seven-day supply without clinical documentation in the patient record to justify the need for such a quantity." Wash. Admin. Code 246-854-275; "The physician assistant shall not prescribe beyond a seven-day supply without clinical documentation in the patient record to justify the need for such a quantity." Wash. Admin. Code 246-918-835; "The advanced registered nurse practitioner shall not prescribe beyond a seven-day supply without clinical documentation in the patient record to justify the need for such a quantity." Wash. Admin. Code 246-840-4661; "The podiatric physician shall not prescribe beyond a seven day supply without clinical documentation in the patient record to justify the need for such a quantity." Wash. Admin. Code 246-922-695. "During the subacute phase the physician shall not prescribe beyond a fourteen-day supply of opioids without clinical documentation to justify the need for such a quantity." Wash. Admin. Code 246-919-900(2).

[332] "The physician shall comply with the requirements in this section when prescribing opioids for acute nonoperative pain." Wash. Admin. Code 246-919-885.

[333] All categories indicate that certain younger populations shall be treated "in a manner equal to that of an adult" but the prescriber "must account for the weight of the patient and adjust the dosage prescribed accordingly." Dentists define this population as 24 and under, Physicians and physician assistants refer to "Children or adolescent patients;" all others define the population as 25 years and younger. *See* Wash. Admin. Code 246-919-960, 246–922–765, 246-918-910, 246–854–345, 246–853–765, 246–840–4950, 246–817–970.

[334] "The dentist shall not prescribe beyond a seven-day supply without clinical documentation in the patient record to justify the need for such a quantity." Wash. Admin. Code 246-817-913; "The osteopathic physician shall not prescribe beyond a seven-day supply without clinical documentation in the patient record to justify the need for such a quantity." Wash. Admin. Code 246-853-695; "The osteopathic physician assistant shall not prescribe beyond a seven-day supply without clinical documentation in the patient record to justify the need for such a quantity." Wash. Admin. Code 246-854-275; "The physician assistant shall not prescribe beyond a seven-day supply without clinical documentation in the patient record to justify the need for such a quantity." Wash. Admin. Code 246-918-835; "The advanced registered nurse practitioner shall not prescribe beyond a seven-day supply without clinical documentation in the patient record to justify the need for such a quantity." Wash. Admin. Code 246-840-4661; "The podiatric physician shall not prescribe beyond a seven-day supply without clinical documentation in the patient record to justify the need for such a quantity." Wash. Admin. Code 246-922-695.

[335] **Dentists**: "WAC 246-817-901 through 246-817-980 do not apply to: (1) The treatment of patients with cancer-related pain. Cancer-related pain means pain that is unpleasant, persistent, subjective sensory and emotional experience associated with actual or potential tissue injury or damage or described in such terms and is related to cancer or cancer treatment that interferes with usual functioning; (2) The provision of palliative, hospice, or other end-of-life care; (3) The treatment of inpatient hospital patients. Inpatient means a person who has been admitted to the hospital for more than twenty-four hours; or (4) The provision of procedural medications." Wash. Admin. Code 246-817-905; **Osteopaths**: "WAC 246-853-660 through 246-853-790 do not apply to: (1) The treatment of patients with cancer-related pain; (2) The provision of palliative, hospice, or other end-of-life care; (3) The treatment of inpatient hospital patients. As used in this section, "inpatient" means a person who has been admitted to a hospital for more than twenty-four hours; or (4) The provision of procedural premedications." Wash. Admin. Code 246-853-661; **Osteopathic Physician assistants**: "WAC 246-854-240 through 246-854-370 do not apply to: (1) The treatment of patients with cancer-related pain; (2) The provision of palliative, hospice, or other end-of-life care; (3) The treatment of inpatient hospital patients. As used in this section, "inpatient" means a person who has been admitted to a hospital for more than twenty-four hours; or (4) The provision of procedural premedications." Wash. Admin. Code 246-854-241; **Physicians**: "WAC 246-919-850 through 246-919-985 do not apply to: (1) The treatment of patients with cancer-related pain; (2) The provision of palliative, hospice, or other end-of-life care; (3) The treatment of inpatient hospital patients who are patients who have been admitted to a hospital for more than twenty-four hours; or (4) The provision of procedural medications." Wash. Admin. Code 246-919-851; **Physician Assistants**: "WAC 246-918-800 through 246-918-935 do not apply to: (1) The treatment of patients with cancer-related pain; (2) The provision of palliative, hospice, or other end-of-life care; (3) The treatment of inpatient hospital patients who are patients who have been admitted to a hospital for more than twenty-four hours; or (4) The provision of procedural medications." Wash. Admin. Code 246-918-801. **Advanced registered nurse practitioners**: "WAC 246-840-460 through 246-840-4990 do not apply to: (1) The treatment of patients with cancer-related pain; (2) The provision of palliative, hospice, or other end-of-life care; (3) The treatment of inpatient hospital patients; or (4) Procedural premedications." Wash. Admin. Code 246-840-463; **Podiatrists**: "WAC 246-922-660 through 246-922-790 do not apply to: (1) The treatment of patients with cancer-related pain; (2) The provision of palliative, hospice, or other end-of-life care; (3) The provision of procedural premedications; or (4) The treatment of admitted inpatient and observation hospital patients." Wash. Admin. Code 246-922-661.

[336] Rather than an exception, there is a separate regulation of perioperative pain for certain professions: "The physician shall not prescribe beyond a fourteen-day supply from the time of discharge without clinical documentation in the patient record to justify the need for such a quantity." Wash. Admin. Code 246-919-890; "The physician assistant shall not prescribe beyond a fourteen-day supply from the time of discharge without clinical documentation in the patient record to justify the need for such a quantity." Wash. Admin. Code 246-918-840; "The advanced registered nurse practitioner shall not prescribe beyond a fourteen-day supply from the time of discharge without clinical documentation in the patient record to justify the need for such a quantity." Wash. Admin. Code 246-840-4663; "The osteopathic physician shall not prescribe beyond a fourteen-day supply from the time of discharge without clinical documentation in the patient record to justify the need for such a quantity." Wash. Admin. Code 246-853-700; "The osteopathic physician assistant shall not prescribe beyond a fourteen-day supply from the time of discharge without clinical documentation in the patient record to justify the need for such a quantity." Wash. Admin. Code 246-854-280; "The podiatric physician shall not prescribe beyond a fourteen-day supply from the time of discharge without clinical documentation in the patient record to justify the need for such a quantity." Wash. Admin. Code 246-922-700. Dentists do not differentiate between acute nonoperative pain and acute perioperative pain: "The dentist shall not prescribe beyond a seven-day supply without clinical documentation in the patient record to justify the need for such a quantity." Wash. Admin. Code 246-817-913.

[337] **Dentists**: "WAC 246-817-901 through 246-817-980 do not apply to: (1) The treatment of patients with cancer-related pain. Cancer-related pain means pain that is unpleasant, persistent, subjective sensory and emotional experience associated with actual or potential tissue injury or

damage or described in such terms and is related to cancer or cancer treatment that interferes with usual functioning; (2) The provision of palliative, hospice, or other end-of-life care; (3) The treatment of inpatient hospital patients. Inpatient means a person who has been admitted to the hospital for more than twenty-four hours; or (4) The provision of procedural medications. "Wash. Admin. Code 246-817-905; **Osteopaths**: "WAC 246-853-660 through 246-853-790 do not apply to: (1) The treatment of patients with cancer-related pain; (2) The provision of palliative, hospice, or other end-of-life care; (3) The treatment of inpatient hospital patients. As used in this section, "inpatient" means a person who has been admitted to a hospital for more than twenty-four hours; or (4) The provision of procedural premedications." Wash. Admin. Code 246-853-661; **Osteopathic Physician assistants**: "WAC 246-854-240 through 246-854-370 do not apply to: (1) The treatment of patients with cancer-related pain; (2) The provision of palliative, hospice, or other end-of-life care; (3) The treatment of inpatient hospital patients. As used in this section, "inpatient" means a person who has been admitted to a hospital for more then twenty-four hours; or (4) The provision of procedural premedications." Wash. Admin. Code 246-854-241; **Physicians**: "WAC 246-919-850 through 246-919-985 do not apply to: (1) The treatment of patients with cancer-related pain; (2) The provision of palliative, hospice, or other end-of-life care; (3) The treatment of inpatient hospital patients who are patients who have been admitted to a hospital for more than twenty-four hours; or (4) The provision of procedural medications." Wash. Admin. Code 246-919-851; **Physician Assistants**: "WAC 246-918-800 through 246-918-935 do not apply to: (1) The treatment of patients with cancer-related pain; (2) The provision of palliative, hospice, or other end-of-life care; (3) The treatment of inpatient hospital patients who are patients who have been admitted to a hospital for more than twenty-four hours; or (4) The provision of procedural medications." Wash. Admin. Code 246-918-801. **Advanced registered nurse practitioners**: "WAC 246-840-460 through 246-840-4990 do not apply to: (1) The treatment of patients with cancer-related pain; (2) The provision of palliative, hospice, or other end-of-life care; (3) The treatment of inpatient hospital patients; or (4) Procedural premedications." Wash. Admin. Code 246-840-463; **Podiatrists**: "WAC 246-922-660 through 246-922-790 do not apply to: (1) The treatment of patients with cancer-related pain; (2) The provision of palliative, hospice, or other end-of-life care; (3) The provision of procedural premedications; or (4) The treatment of admitted inpatient and observation hospital patients." Wash. Admin. Code 246-922-661.

[338] Hospice or other end-of-life care; treatment of inpatient hospital patients who are patients who have been admitted to a hospital for more than twenty-four hours; or provision of procedural medications. *See* various regulations discussed above.

[339] 2019 West Virginia Laws H.B. 2768, effective June 7, 2019, modified § 16-54-4(a), adding the following language to the statute: "*Provided*, That a prescription for a Schedule II opioid drug issued to an adult patient in an emergency room for outpatient use is not considered to be an initial Schedule II opioid prescription." (emphasis in original).

[340] "A dentist or an optometrist may not issue a Schedule II opioid drug prescription for more than a three-day supply." W. Va. Code § 16-54-4(d).

[341] "When issuing a prescription for a Schedule II opioid drug to an adult patient seeking treatment in an emergency room for outpatient use, a health care practitioner may not issue a prescription for more than a four-day supply: *Provided,* That a prescription for a Schedule II opioid drug issued to an adult patient in an emergency room for outpatient use is not considered to be an initial Schedule II opioid prescription. (b) When issuing a prescription for a Schedule II opioid drug to an adult patient seeking treatment in an urgent care facility setting for outpatient use, a health care practitioner may not issue a prescription for more than a four-day supply: *Provided*, That an additional dosing for up to no more than a seven-day supply may be permitted, but only if the medical rationale for more than a four-day supply is documented in the medical record." W. Va. Code § 16-54-4 (a), (b).

[342] "A practitioner, other than a dentist or an optometrist, may not issue an initial Schedule II opioid drug prescription for more than a seven-day supply. The prescription shall be for the lowest effective dose which in the medical judgement of the practitioner would be the best course of treatment for this patient and his or her condition." W. Va. Code § 16-54-4(e).

[343] "Notwithstanding any provision of this code or legislative rule to the contrary, no medication listed as a Schedule II opioid drug as set forth in § 60A-2-206 of this code, may be prescribed by a practitioner for greater than a 30-day supply…." W. Va. Code § 16-54-4(g).

[344] This restriction applies only where a practitioner, other than a dentist or an optometrist, issues an initial Schedule II opioid drug prescription for more than a seven-day supply. W. Va. Code § 16-54-4(e).

[345] While the statute does not specify, we assume that this refers to substances that meet the criteria in W. Va. Code § 60A-2-206.

[346] One requirement, that a "practitioner, other than a dentist or an optometrist, may not issue an initial Schedule II opioid drug prescription for more than a seven-day supply" and that the "prescription shall be for the lowest effective dose which in the medical judgement of the practitioner would be the best course of treatment for this patient and his or her condition" applies only to initial prescriptions. W. Va. Code § 16-54-4(e). The other listed limits apply to all prescriptions. Additionally, West Virginia requires practitioners to follow certain procedures prior to initial prescriptions. W. Va. Code § 16-54-4(f).

[347] "A health care practitioner may not issue an opioid prescription to a minor for more than a three-day supply and shall discuss with the parent or guardian of the minor the risks associated with opioid use and the reasons why the prescription is necessary." W. Va. Code § 16-54-4(c).

[348] "This article does not apply to a patient who is currently in active treatment for cancer, receiving hospice care from a licensed hospice provider or palliative care provider, or is a resident of a long-term care facility." W. Va. Code § 16-54-7(a).

[349] "Notwithstanding the limitations on the prescribing of a Schedule II opioid drug contained in § 16-54-4 of this code, a practitioner may prescribe an initial seven-day supply of a Schedule II opioid drug to a post-surgery patient immediately following a surgical procedure. Based upon the medical judgment of the practitioner, a subsequent prescription may be prescribed by the practitioner pursuant to the provisions of this code. Nothing in this section authorizes a practitioner to prescribe any medication which he or she is not permitted to prescribe pursuant to their practice act." W. Va. Code § 16-54-7(c).

[350] "This article does not apply to a patient who is currently in active treatment for cancer, receiving hospice care from a licensed hospice provider or palliative care provider, or is a resident of a long-term care facility." W. Va. Code § 16-54-7(a).

[351] Hospice care, long term care facilities, inpatient settings, "an existing practitioner-patient relationship established before January 1, 2018, where there is an established and current opioid treatment plan which is reflected in the patient's medical records." W. Va. Code § 16-54-7.

[352] "No practitioner shall prescribe nor shall any person dispense any opioid or combination of opioids for acute pain to an opioid naive patient for more than a seven (7) day supply in a seven (7) day period." Wyo. Stat. Ann. § 35-7-1030(e).

[353] "Opioid naive patient" means a patient who has not had an active opioid prescription in the preceding forty-five (45) day period. Wyo. Stat. Ann. § 35-7-1030 (e)(ii)

[354] The statute provides "The board shall by rule establish reasonable exceptions to this section, in consultation with other professional licensing

boards that license practitioners, including exceptions for chronic pain, cancer treatment, palliative care and other clinically appropriate exceptions." As of December 2019, no regulations had yet been promulgated. Wyo. Stat. Ann. § 35-7-1030 (e).

[355] Wyo. Stat. Ann. § 35-7-1030(e).

[356] Wyo. Stat. Ann. § 35-7-1030(e).