

# epiConnections

A BIMONTHLY NEWSLETTER OF THE COMMUNICABLE DISEASE AND EMERGENCY MANAGEMENT DIVISION OF BOULDER COUNTY PUBLIC HEALTH

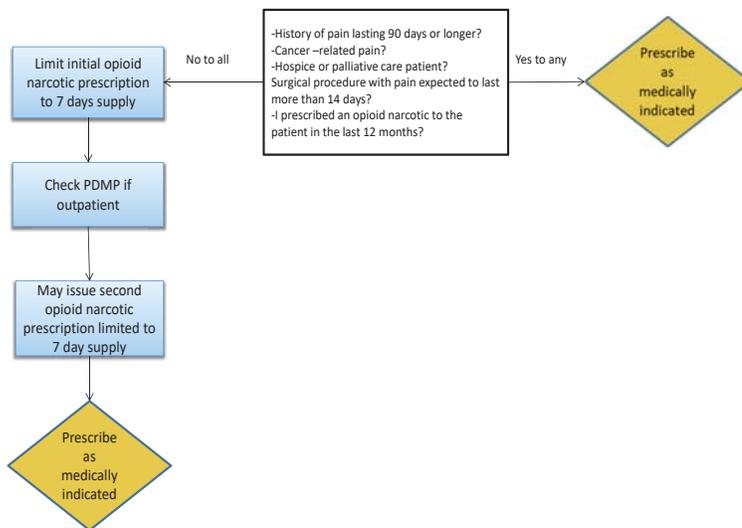
## New Bill Limits Initial Opioid Prescription to 7 Days and Requires Checking Database

On May 21, 2018, Colorado joined many other states by passing Senate Bill 18-022 to address opioid prescribing. The bill requires prescribers (e.g. physicians, physician assistants, advanced practice nurses with prescribing authority, podiatrists, optometrists, dentists, and veterinarians) to limit the initial prescription of an opioid to no more than a seven-day supply. For outpatient care, after prescribing the first opioid prescription, the prescriber is required to check the Prescription Drug Monitoring Program (PDMP) database before prescribing a refill or additional opioids. The prescriber may exercise discretion to prescribe the second additional seven-day opioid supply.

The law does not apply to patients who:

- Have a history of chronic pain that, in the judgment of the physician, will likely last more than 90 days.
- Have cancer-related pain.
- Receive hospice or palliative care.
- Have undergone a surgical procedure with pain expected to last more than 14 days due to the nature of the procedure.
- Received an opioid narcotic prescription from the same prescribing physician within the past 12 months.

### Colorado Medical Society Opioid Prescribing Determination Flowchart



### Additional Guidelines to Note

**PDMP:** A PDMP check is not required for hospital inpatients, inpatients of skilled nursing facilities, those in correctional facilities, or during a natural disaster. The PDMP check requirement is considered fulfilled if an attempt is made and the database is inaccessible due to technical problems.

*New Bill Limits Initial Opioid , continued on page 2*

## Expanded Reporting of Carbapenem-Resistant Enterobacteriaceae (CRE) in Colorado

Carbapenem-resistant Enterobacteriaceae (CRE), gram-negative bacteria that are resistant to the carbapenem class of antibiotics, have become increasingly common in the United States. The recent increase in CRE in the United States appears to have been driven in large part by the spread of carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-CRE), a subset of all CRE. CP-CRE are epidemiologically important because they cause infections that are associated with high mortality rates, they spread rapidly in health care settings, and because treatment options are limited.

Surveillance for CP-CRE has historically focused on organisms most associated with clinical infections, such as *Klebsiella* spp., *Enterobacter* spp., and *Escherichia coli*. However, a recent *Morbidity and Mortality Weekly Report (MMWR)* states that less common Enterobacteriaceae genera appear to be a small but potentially important subset of CP-CRE and that better surveillance and testing is needed to estimate the true proportion of CP-CRE from the less common genera.

In response, beginning July 15, 2018, the Colorado Department of Public Health and Environment (CDPHE) will expand reporting of CRE to also include *Citrobacter* species, *Serratia* species, *Raoutella* species, *Providencia* species, *Proteus* species, *Morganella* species, and carbapenemase-producing Enterobacteria of any genus and species. Guidance on new testing requirements, carbapenemase resistance profiles for each species, and isolate/clinical material submission to the CDPHE laboratory will be available soon.

Submitted by Kaylan Stinson, Regional Epidemiologist  
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References: *Morbidity and Mortality Weekly Report*, Notes from the Field: Carbapenemase-Producing Carbapenem-Resistant Enterobacteriaceae from Less Common Enterobacteriaceae Genera-United States, 2014-2017, June 15, 2018, Vol. 67, No. 23.



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Communicable Disease Control Program  
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*New Bill Limits Initial Opioid, continued from page 1*

**Exceptions:** The prescribing physician has the discretion to determine if the patient falls into an exception category based on their medical judgement and the patient’s history.

**Other Prescribers in the Practice:** If another provider in the practice has prescribed an opioid within the last 12 months, the prescriber still must limit the first 2 opioid prescriptions.

Additional guidance for prescribing practices, including dosing, tapering, converting, and discontinuing, is available at [OpioidAdvisoryGroup.org](http://OpioidAdvisoryGroup.org).

### Other Recommendations for Opioid Prescribing

In addition to reducing prescriptions, the following actions can help reduce opioid misuse and prevent accidental overdose:

- Develop tapering schedules when discontinuing opioid prescriptions completely for high-risk individuals.
- Refer to medication-assisted treatment, including methadone, buprenorphine, and naltrexone, for individuals with an opioid use disorder.
- Check the PDMP database for each opioid prescription
- Avoid concurrent opioid and benzodiazepine prescribing.
- Consider non-opioid alternatives for pain treatment.
- Consider prescribing naloxone to anyone with a long-term opioid prescription.
- Get involved in local efforts.

### Local Partners Leading Community Response

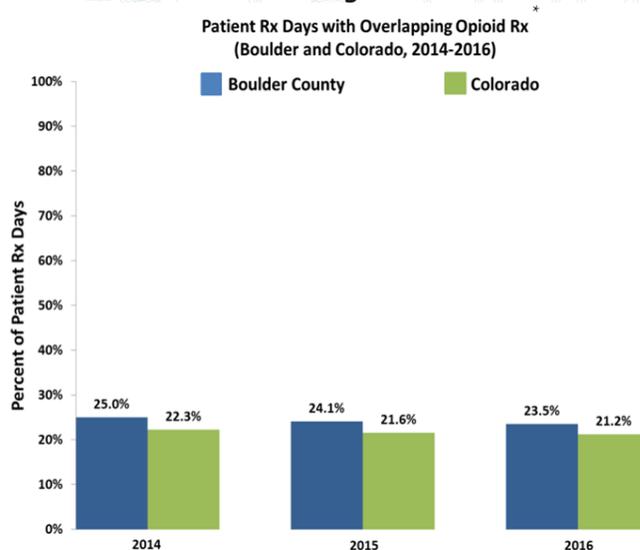
The Boulder County Opioid Advisory Group is a group of individuals, organizations, and community members dedicated to preventing and responding to the opioid issue in Boulder County. Group members represent a broad range of sectors, including prevention and non-profit, government, treatment and recovery, law enforcement and criminal justice, clinical and pharmacy, and community organizations.

The group is continuing to identify strategies that will strengthen systems and policies to prevent and respond to the opioid issue and welcomes anyone to attend and contribute to implementing strategies. We are specifically seeking participation from medical providers to inform current opioid policy, guidelines, and response to ensure best practices for patients and providers.

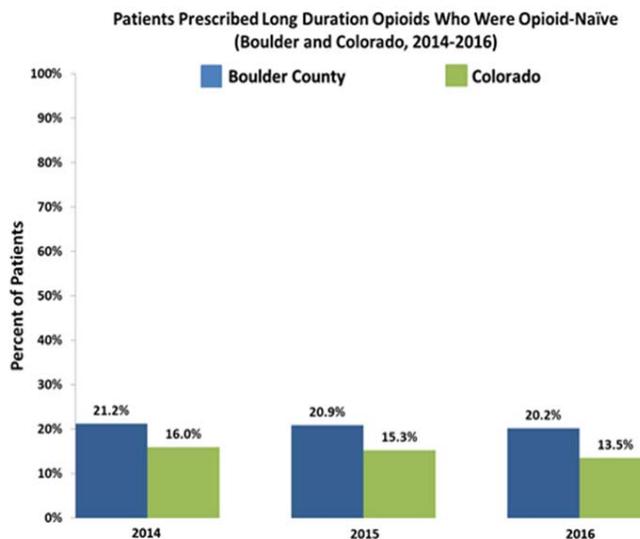
Data from 2014-2016 suggests that prescribing practices are improving in Boulder County and Colorado. However, in 2016, a higher proportion of Boulder County residents were prescribed long-duration opioids that were opioid-naïve, compared to statewide prescriptions. In addition, approximately one in ten individuals in Boulder County with an opioid prescription also had an overlapping benzodiazepine prescription, placing them at increased risk for overdose.

For more information, or to learn how to get involved, visit [OpioidAdvisoryGroup.org](http://OpioidAdvisoryGroup.org) or contact Jamie Feld at 303.413.7530 or [jfeld@bouldercounty.org](mailto:jfeld@bouldercounty.org).

### Boulder County and Colorado High-Risk Opioid Prescribing Practices



\* This indicator measures the duration of overlapping prescriptions of benzodiazepines and opioids.



Submitted by Jamie Feld, Epidemiologist, [jfeld@bouldercounty.org](mailto:jfeld@bouldercounty.org)

Source: Health Information Designs (HID), LLC. Colorado Prescription Monitoring Program. <http://www.hidesigns.com/copdmpo>. Accessed May 19, 2018.

### How Can You Help in an Emergency?

When disaster strikes do you know what role your practice could play? Continuing to provide adequate and appropriate medical care requires the participation of everyone. Our community relies on you – step up by joining the [Boulder County Medical Reserve Corps](http://BoulderCountyMedicalReserveCorps.org) as an individual or the health care coalition as a representative of your practice or facility. Learn more at [BoulderCounty.org/safety/emergency-management-program/](http://BoulderCounty.org/safety/emergency-management-program/) and [colorado.gov/pacific/cdphe/health-care-coalitions](http://colorado.gov/pacific/cdphe/health-care-coalitions).