

State laws linked to very small changes in opioid prescribing

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State laws are associated with small and non-statistically significant

changes in opioid prescribing or nonopioid pain treatment, according to a study published online March 15 in the *Annals of Internal Medicine*.

Emma E. McGinty, Ph.D., from the Johns Hopkins Bloomberg School of Public Health in Baltimore, and colleagues examined the association between state [opioid prescribing](#) cap laws, pill mill laws, and mandatory prescription drug monitoring program query or enrollment laws and trends in opioid and nonopioid pain treatment. Data were included for 7,694,514 commercially insured adults aged 18 years or older from 13 treatment states.

The researchers found small-in-magnitude and non-statistically significant changes in outcomes in association with the laws, although the [confidence intervals](#) around some estimates were wide. The 13 state laws were each associated with a change of less than 1 percent in the proportion of patients receiving any [opioid prescription](#) and a change of less than 2 percent in the proportion receiving any guideline-concordant nonopioid treatment per month among adults overall and for those with chronic noncancer pain. A change of less than one in days' supply of opioid prescriptions and a change of less than 4 in average morphine milligram equivalents per day per patient prescribed opioids were seen in association with the laws.

"Declining trends in opioid prescribing may be driven more by changing clinical guidelines, professional norms, or other factors than by the direct effects of [state laws](#)," the authors write.

More information: Emma E. McGinty et al, Effects of State Opioid Prescribing Laws on Use of Opioid and Other Pain Treatments Among Commercially Insured U.S. Adults, *Annals of Internal Medicine* (2022). [DOI: 10.7326/M21-4363](https://doi.org/10.7326/M21-4363)

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