Nearly all US states now set limits for opioid prescriptions
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By the end of 2019, 39 states had enacted limits restricting prescriptions for opioid analgesics, according to new data released today by the Center for Public Health Law Research at Temple University's Beasley School of Law, with the vast majority of those limits having been enacted since 2016.

The policy surveillance, released on the Center's Prescription Drug Abuse Policy System legal data site (PDAPS.org), captures the great variation in statutes and regulations setting limits on opioid analgesic prescriptions across all 50 states and the District of Columbia in effect between January 1, 2014, and December 31, 2019.

Opioid prescribing limits generally restrict the duration of opioid prescriptions. Some states additionally limit the daily dosage or total dosage allowed in opioid prescriptions. All are intended to mitigate the harm associated with prescription opioid use and misuse.

The data show that as of December 31, 2019:

- Only three states restrict all or most opioid analgesic prescriptions to a three-day supply or less; 33 states have at least one limit requiring an opioid prescription to be for 7 days or fewer.
- Most states have the same opioid analgesic prescription restrictions for both adults and minors, but in the seven states that regulate minors differently, the limits were more restrictive for minors.
- In 22 states, the limit includes an exception from the opioid analgesic prescribing limit based on the professional judgment of the practitioner.
- Three states restrict the quantity of opioids in each prescription. Maryland and Mississippi indicate that the amount of opioids prescribed should be no greater than what is needed; Rhode Island specifies the prescription may be up to 20 doses.
- Twenty-five states restrict all initial prescriptions for patients new to opioids and/or initial prescriptions for acute pain. Ten of those states do not define "initial" in their statute or regulation.

The project is part of an ongoing collaboration with Dr. Kao-Ping Chua, MD, Ph.D., Assistant Professor of Pediatrics at the University of Michigan Medical School and the Susan B. Meister Child Health Evaluation and Research Center.

"We hope this database will help researchers evaluate the intended and unintended consequences of opioid prescribing limits for patients. This research is crucial to determine whether limits should be extended more broadly or
whether other interventions are needed to prevent excessive opioid prescribing for acute pain," said Dr. Chua.

Dr. Chua's team plans to update the opioid prescribing limit database through the end of 2022. The database joins more than 25 datasets on PDAPS.org covering drug policy information in the United States.


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