



PRISON LAW OFFICE

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LEGAL MAIL - CONFIDENTIAL

UPDATED JANUARY 26, 2018

Dear Sir or Madam:

We write in response to your recent letter regarding treatment for pain. We are so sorry to hear that your pain medication was changed or discontinued or that you are experiencing unmanaged pain. We have recently received numerous reports about pain medication changes in ADC prisons, and we are very concerned about the situation.

Throughout 2017, our office tracked all pain medication complaints we received to see if we could advocate about the widespread problem in *Parsons v. Ryan*. As you may know, *Parsons* is the class action lawsuit brought by our office, the ACLU, and other lawyers against ADC about problems with ADC's health care system and conditions in SMUs. "Class action" means it covers all prisoners in the ten ADC prisons.

Under the settlement, there is ongoing monitoring by our lawyers to make sure ADC complies with the agreed-upon changes. We tour prisons, review documents including prisoners' health care files, and interview class members. We also have monthly status hearings with the federal judge who oversees the case. On December 18, 2017, prior to the monthly status hearing, we filed the enclosed declaration detailing the number of reports our office received in 2017 regarding pain management. At that hearing judge ordered ADC to provide us additional information regarding pain medication, including the current Corizon formulary and the statistics on prescription of certain medication. We were provided this information in a declaration dated January 17, 2018, that states that the change in the Corizon formulary was a result of a 2016 executive order by Governor Ducey that limits the use of opioid pain medications for persons whose medical care is paid for by the state. A copy of that court filing is enclosed. Finally, on January 25, 2018, Governor Ducey signed into law a measure that further limits the ability of doctors to prescribe pain medications. A copy of a news article about this change is enclosed.

We likely cannot advocate for individuals unless your pain medication was discontinued without a face-to-face evaluation, in which case we may be able to ask for an in-person evaluation but would be unable to advocate for a specific medication or treatment plan. We also may be able to advocate for you if your medication was discontinued abruptly without proper tapering. Because we are not doctors, we can only ask that you be seen by a provider but cannot challenge medical opinions.

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We have enclosed a pre-paid postage envelope if you want to write back. Our office also has a free handout about the ADC grievance system, which we can send you upon request. Thank you for writing to us. Take care.

Sincerely,

Prison Law Office

Enclosure: Doc. 2497 (Lynch Dec); Doc. 25391 (Moyers Dec.), 1/25/18 AZ Republic; SASE

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UNITED STATES DISTRICT COURT

DISTRICT OF ARIZONA

Victor Parsons; Shawn Jensen; Stephen Swartz;
Dustin Brislan; Sonia Rodriguez; Christina
Verduzco; Jackie Thomas; Jeremy Smith; Robert
Gamez; Maryanne Chisholm; Desiree Licci; Joseph
Hefner; Joshua Polson; and Charlotte Wells, on
behalf of themselves and all others similarly
situated; and Arizona Center for Disability Law,

Plaintiffs,

v.

Charles Ryan, Director, Arizona Department of
Corrections; and Richard Pratt, Division Director,
Division of Health Services, Arizona Department of
Corrections, in their official capacities,

Defendants.

No. CV 12-00601-PHX-DKD

**DECLARATION OF
MEGAN LYNCH**

1 I, Megan Lynch, hereby declare:

2 1. I have been employed at the Prison Law Office since May 2013. Since that
3 date, I was the supervising litigation assistant in my office and was the primary litigation
4 assistant/paralegal assigned to work on *Parsons v. Ryan*. In July 2016, I was promoted to
5 an Investigator/Monitor position where I monitor prison and jail system's compliance
6 with our office's case settlements and I work on special projects to analyze systemic
7 problems that arise in our cases for further investigation and advocacy. As part of my
8 monitoring duties, I continue to work on *Parsons*, in both monitoring and paralegal
9 capacities. If called as a witness, I could and would testify competently to the facts stated
10 herein, all of which are within my personal knowledge.

11 2. I am very familiar with the operations of the Prison Law Office, including
12 the management of all correspondence the office receives from class members in our
13 various cases, their loved ones, and other third parties. I oversaw all aspects of the
14 creation and implementation of a Salesforce database that went live in May 2017 that the
15 Prison Law Office uses to track all correspondence regarding class members received and
16 sent under our cases. The database also tracks non-case related self-help correspondence
17 with incarcerated people from across California and the nation who write us seeking
18 assistance and information.

19 3. Prior to the implementation of the Salesforce database, I used and oversaw
20 the training of all staff members on the use of a Microsoft Access database our office used
21 to manage and track correspondence regarding class members up until May 2017. All
22 information contained in the older Access database was imported and fully integrated into
23 the new Salesforce database.

24 4. I am knowledgeable and have been trained in the use of Salesforce, Access,
25 and Excel programs to track and analyze data within our operational procedures, and to
26 run reports summarizing the data contained in these various database sources.

27 5. We refer to the process used by me and the other litigation assistants and
28 monitors in reviewing correspondence as "triaging" the mail. In triaging, after sorting

1 physical letters and reviewing the substance to determine if a letter is case related, a copy
2 of all case related letters is electronically scanned to the database. Next, the staff persons
3 triaging the letter read it, and assign the letter to a class member in our system or create a
4 new contact if this is our first time communicating with the class member, and assign the
5 letter to the respective lawsuit, i.e., *Parsons*. Then we enter data from the letter into the
6 database, including summarizing the letter's content and coding the letter. We next
7 forward the database entry to the attorneys to review and we draft responses to the class
8 member that are also reviewed by the attorneys. This is a uniform practice that we use for
9 every case-related letter our office receives, not just *Parsons*. "Code" refers to the fact
10 that our database is set up to have issue code lists relevant to each case. These are pick
11 lists in our database permitting selection of one or more topics or issues raised by class
12 members in a particular case.

13 6. In my role in the *Parsons* case, I am responsible, among other tasks, for
14 triaging mail from several Arizona prisons. Throughout 2017, I primarily triaged letters
15 from class members at the Tucson prison, and from multiple yards at the Lewis and
16 Eyman prisons. When litigation assistants and investigators assigned to triage mail from
17 other Arizona prisons are out of the office, I often will triage mail from their assigned
18 prisons, and vice versa when I am out of the office. Therefore, we have a uniform office
19 approach to triaging and managing correspondence. Additionally, the ACLU National
20 Prison Project (ACLU-NPP), the ACLU of Arizona, and the Arizona Center for Disability
21 Law forward to the Prison Law Office all correspondence that they receive in *Parsons* that
22 implicates medical or dental care. (We reciprocally forward all mail or intake the Prison
23 Law Office receives regarding mental health care and conditions in isolation units to the
24 ACLU-NPP.)

25 7. It has been my observation in reading *Parsons* correspondence that many
26 letters we received from class members, family members, third parties, or forwarded by
27 co-counsel were about pain management, including the discontinuation of pain
28 medication, or the administration of medications inadequate to address class members'

1 chronic pain. In fact, the number of letters that we received about the topic was so
2 noticeable that at my suggestion, our office created a form letter in March 2017 to send
3 class members who wrote us about the issue, and I created an issue code in the Salesforce
4 database about pain medication so we could more easily track the letters.

5 8. After the November 21, 2017 telephonic hearing where the issue of
6 Plaintiffs' request for documents regarding the discontinuation of pain medications was
7 discussed, I was asked to run reports in the Salesforce database to quantify and analyze
8 the mail our office has received in *Parsons* since January 1, 2017 about pain management.

9 9. On December 6, 2017, I ran two reports in our Salesforce database to gather
10 this information. First, I ran a report searching the database for all letters received in
11 *Parsons* that had the words "pain med" in the Letter Summary field (the database field in
12 which the litigation assistant or investigator summarizes the content of the letter), or that
13 in response our office sent the form letter on pain medications. I then exported the report
14 into Excel. Second, I ran a report searching the database for all letters received since
15 January 1, 2017 in *Parsons* to get a baseline number.

16 10. There was a total of 1,975 letters logged under *Parsons* between January 1
17 and the morning of December 6, 2017. Of these letters, 253 (or 13% of all mail received
18 in *Parsons* in that time frame) referenced pain management concerns. Of those 253
19 letters, 165 (or 65% of the pain medication letters, or 8% of all mail received in *Parsons*)
20 mention pain medication discontinuation, including replacement of medications or failure
21 to renew medications. Of the 165 letters, 27 of them make reference to a blanket
22 discontinuation policy announced by ADC and/or Corizon.

23 11. I also analyzed the letters by prison. The 253 letters our office received
24 regarding pain management issues came from eight of the 10 Arizona State Prison
25 Complexes ("ASPC"), as follows:

- 26 a. ASPC-Eyman: 54 letters
- 27 b. ASPC-Florence: 85 letters
- 28 c. ASPC-Lewis: 79 letters

- d. ASPC-Perryville: 5 letters
- e. ASPC-Phoenix: 4 letters
- f. ASPC-Safford: 4 letters
- g. ASPC-Tucson: 17 letters
- h. ASPC-Yuma: 5 letters

12. I reviewed the Letter Summary field of the 253 letters. A brief sample of the information our office received regarding a possible system-wide or institution-wide pain medication discontinuation policy is generally described below (I did not include names or identifying details because in some cases we do not have explicit authorization to do so).

- a. One person reported that a Nurse Practitioner showed him a mass email that said that all prisoners were to be taken off Gabapentin and Tramadol.
- b. One class member sent in a grievance response regarding the abrupt discontinuation of pain medication that stated, “[t]he medication you are requesting is no longer being ordered complex wide.”
- c. Another grievance response we received from a different class member said that “[t]he medica[tion] you are requesting is no longer being prescribed for long term pain management.”
- d. A different class member reported on an informal grievance that his pain medications were discontinued and replaced with ineffective medications. The response to his informal grievance states that the medications he requests are no longer offered.

13. In my spreadsheet, I also de-duplicated any multiple entries from the same person so I could get a count of the number of people about whom we were contacted regarding pain management. I found 152 separate individuals who reported that they had problems related to pain management. I reviewed the Letter Summary field from the database to compile the following list of allegations that they reported to us. Again, they are not named, as in many cases as they did not authorize us to share their names or other identifying details.

- a. A class member who testified on July 14, 2017 regarding the provision of health care and the removal of HNR boxes, has a history of back injuries and had an untreated hernia. He wrote us in a letter dated August 7, 2017

1 that his Tramadol had been cut in half without explanation. He filed a HNR
2 regarding this abrupt change of his medication, and the Plan of Action in the
3 HNR that was signed by a nurse states that "a mistake was made / scheduled
4 with provider ASAP!" He subsequently contacted our office to report that
5 he was offered Cymbalta instead to treat his chronic pain, a psychotropic
6 medication that was not effective.

- 7
- 8 b. A class member who has Parkinson's disease reported his Gabapentin was
9 abruptly discontinued without tapering. When this happened, all of his
10 medications, including those for the management of his Parkinson's related
11 tremors, were discontinued for eight days. He alleged that since his pain
12 medications were discontinued, he had been restricted to a wheelchair.
- 13 c. A class member who has Multiple Sclerosis (MS) reported his Gabapentin
14 was discontinued with no replacement. Corizon also reportedly reduced his
15 prescription for the muscle relaxant Baclofen for back spasms from three
16 times per day to once a day.
- 17 d. Another class member with MS reports he tried many medications to help
18 manage chronic pain caused by the disease, and that none worked except for
19 Gabapentin. However, his prescription was discontinued, and he has been
20 in severe debilitating pain ever since then.
- 21 e. A man who suffers chronic neuropathy pain as a result of HIV wrote to
22 report his prescriptions for Gabapentin and Tramadol were discontinued.
23 He was prescribed an alternate medication; however, he reports that the
24 medication does not adequately manage his nerve pain, and it causes his
25 skin to feel like it is burning and itching such that he scratches himself in his
26 sleep until he bleeds or wakes up.
- 27 f. A class member who received Gabapentin upon the recommendation of a
28 vascular surgeon, due to the chronic pain he suffers after having veins
stripped from his left leg due to blood clots, reported that his pain
medication was cut off. In addition, he suffers chronic pain as a result of
being stabbed 14 times.
- g. A man who had been hit by a car that resulted in a coma state for six days,
multiple broken bones, a fractured larynx, and other very serious injuries
reported that Corizon's pain management plan consisted of ibuprofen.
- h. Another man said he suffered a facial injury which resulted in what he
believed was an orbital fracture, drainage, and loss of his senses of taste and
smell. He described feeling air come through his eye socket when he
drinks. Three weeks after his injury, he reported to us that he had only been
seen by nurses and despite severe pain, had not received any pain
medications.
- i. A class member reported he underwent a complicated surgery that resulted
in a bone graft. Despite the invasive nature of the surgery, he reported that
Corizon denied any post-operative pain medications.
- j. A relatively young man in ADC custody reported that he had metastatic
cancer after numerous delays in diagnosis and treatment for testicular
cancer. He said that after surgery to remove his cancerous testicle, he was
not provided effective pain medications during the recovery from his

surgery, and that he was even denied access to ice. Unfortunately his testicular cancer had spread to his lungs, kidneys, and lymph nodes and by the time he wrote us, he reported that he needed immediate cancer treatment, and he still was not prescribed adequate pain medications.

- k. A class member reported the discontinuation of his Gabapentin that he took to manage severe pain up and down his leg. Without the Gabapentin, he reported difficulty sleeping due to the pain (“I can’t sleep until exhaustion sets in”), and stated that he wraps a shoelace around his leg to cut off circulation until his leg goes numb so he cannot feel the pain.
- l. Another man wrote and reported he has had seven lower back operations, metal brackets placed in his spine, osteoarthritis with tremors, fibromyalgia, and rheumatoid nodules in his hips, knees, and feet. As a result, he reports he is in constant pain; however, his pain medications were discontinued without replacement therapies.
- m. We were notified by a third party of a class member who reportedly experiences pain that originates in his neck and back and radiates down his arms. The third party told us that the man’s pain had become so great, particularly in his right arm, that he had lost grip strength and could not perform basic activities of daily living, such as gripping a spoon to eat, without intense pain. As a result of his inability to properly feed himself due to weakness and pain, he allegedly had lost approximately 20 pounds.
- n. A class member with arthritis, degenerative disc disease, and shrinkage between his vertebrae, reports that he was given only ibuprofen to manage his pain.
- o. We were contacted by a class member this summer who fractured his ankle and had two spiral fractures of his fibula. Throughout this time, he reports that he was not provided prescription pain medications.
- p. One class member reported pain so severe that “I want them to give me a writ of execution, instead of living like this.”

14. I also was asked to review the court docket in Parsons, to review filings or letters sent to the Court by plaintiff class members in 2017. I identified 35 public filings with the Court by class members (through December 6, 2017), and 27 of them related to the provision of health care in Arizona state prisons. Of the 27 health care-related entries from class members on the 2017 docket, thirteen (13, or 48% of all of the health care related docket entries) raise problems with pain management.¹ Some of the concerns regarding pain management that class members directly reported to the Court included:

¹ [See Docs. 2054, 2056, 2059, 2110, 2113, 2169, 2216, 2231, 2261, 2262, 2320, 2391, 2449]

- 1 a. On May 8, 2017, Doc. 2054, Julie Pavlich notified the Court that on
2 March 19, 2017 she reported to the morning pill call line and discovered that
3 she was not issued Tramadol. When she questioned the missing medication,
4 she was told she had to wait for the order to be refilled by a provider. She
5 indicates that she was not provided the medication for five days during
6 which time she experienced withdrawal symptoms.²
- 7 b. On June 13, 2017, Doc. 2110, Michael Mendoza notified the Court that he
8 was issued psychotropic medications to manage his chronic pain associated
9 with degenerative disc disease and nerve damage. He states that the mental
10 health medications were not effective at managing his pain and caused
11 severe side effects. He stated "I personally started having mental psychotic
12 and emotional thoughts. We are all in solitary confinement and
13 administering us psychiatry medication for pain management only
14 compounds our mental state and our emotional life here in solitary
15 confinement." He reports that as of the date of his filing, he also had been
16 without any pain medication for approximately 35 days. He explains "my
17 issue [] went from bad to extreme, now I'm having numbing sensations on
18 my toes on both feet . . . and both of my legs are now full of red blood
19 spots."
- 20 c. On June 19, 2017, Doc. 2113, David Klein notified the Court that he has a
21 history of back surgery for which was not receiving timely follow-up care.
22 He reports that he is in "continuous, immeasurable pain and now is barely
23 physically mobile due to defendants ignored care."
- 24 d. On July 11, 2017, Doc. 2169, Larry Prince notified the Court that he tried
25 numerous pain management medications before he was prescribed
26 Gabapentin and Tramadol in 2015. He reported that the treatment plan
27 consisting of Gabapentin and Tramadol greatly improved his quality of life
28 (he was able to ambulate and complete activities of daily living) and that
other chronic health conditions also improved when his chronic pain was
managed effectively. However, he reports that his treatment plan was
discontinued in May 2017, without a taper and that he was later told by a
provider that "we no longer have reviews for non-formulary medication." A
provider also reportedly stated that a "Ducey order takes your meds." Mr.
Prince "suffers in daily identified real pain with blinding headaches,
stabbing and burning sensations in his upper spine and neck. The pain burns
down into Plaintiff's arms and hands and eventually causes Plaintiff to
simply lay on his bunk until he can gather his energy again." He also
reports that some of his other chronic conditions, such as high blood
pressure, have deteriorated since his pain management plan changed.
- e. On July 27, 2017, Doc. 2216, Richard Richards notified the Court that he
had untreated cancer. He also reports that he was recommended for a hip
replacement and is in severe pain, that he is unable to sit, lie down, walk, or
sleep without severe pain.
- f. On August 7, 2017, Doc. 2231, Mr. Prince updated the Court with
additional information including that after his first filing with the Court, he
was seen by medical staff who restarted his gabapentin prescription;

² The class members' names are included, as they all filed these documents publicly using their names.

1 however the prescription lasted for only a few weeks before it was once
2 again discontinued without taper. He was told it was discontinued because
3 he needs surgery. He questions the validity of discontinuation pain
 medication when his condition is severe enough to require surgical
 intervention.

4 g. On August 29, 2017, Doc. 2262, Walter Jordan notified the Court of his
5 impending death and said that he was terminally ill as a result of delayed
6 cancer treatment. He reported that he was in severe pain from the cancer,
 and gave the names of additional people at Florence-East who are “denied
 treatment by Corizon . . . and all falling, yelling, screaming of pain.”

7 h. On September 21, 2017, Doc. 2320, Julie Pavlich updated the Court that her
8 Gabapentin prescription was discontinued without taper. She also reports
9 that in six of the first seven months of 2017 she suffered lapses of up to 10
 days in distribution of her medications because of delayed orders to refill the
 medications.

10 i. On October 19, 2017, Doc. 2391, Clayton Gatlin notified the Court that he
11 has been made to try six different and ineffective pain management
12 medications to treat his chronic pain. He reports that he was prescribed
 different medications that were effective and discontinued when Corizon
 took over the health care contract.

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I declare under penalty of perjury that the foregoing is true and correct.

Executed December 15, 2017, in Berkeley, California.


Megan Lynch

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**UNITED STATES DISTRICT COURT
DISTRICT OF ARIZONA**

Victor Parsons, *et al.*, on behalf of themselves
and all others similarly situated; and Arizona
Center for Disability Law,

Plaintiffs,

v.

Charles Ryan, Director, Arizona Department
of Corrections; and Richard Pratt, Interim
Division Director, Division of Health Services,
Arizona Department of Corrections, in their
official capacities,

Defendants.

NO. 2:12-cv-00601-DKD

**DECLARATION OF MARK
MOYERS, R. Ph., CCHP**

1 I, **MARK MOYERS**, make the following Declaration:

2 1. I am over the age of 18 years, have personal knowledge of, and am competent
3 to testify to the matters set forth in this Declaration.

4 2. I am currently the Director of Clinical Pharmacy Services for Corizon Health
5 and have held this position since April 2015. Prior to April 2015, I worked as the Regional
6 Pharmacist Manager for Corizon's contract with the Missouri Department of Corrections.
7 In my current role, I am responsible for directing clinical pharmacy services for Corizon
8 Health and supervise the regional pharmacists in various Corizon contracts, including the
9 contract with the Arizona Department of Corrections ("ADC").

10 3. On October 24, 2016, Governor Ducey signed an Executive Order limiting
11 the fill of addictive prescription opioids to seven days in cases where the State is the payer.
12 See Attachment 1 (Executive Order 2016-06).

13 4. Gabapentin, although not an opioid, is a pain medication used to treat epilepsy
14 and neuropathy. Because it acts as a sedative, it is highly abused in correctional settings
15 and the community. In March 2017, the State of Kentucky found its abuse potential to be
16 so great that it designated it a controlled substance.

17 5. Tramadol is an opioid pain medication used to treat moderate to severe pain.
18 As with Gabapentin, it too is highly abused in correctional settings and in the community.

19 6. As a result of the Governor's October 24, 2016 Executive Order, Corizon
20 undertook a review of narcotic prescriptions in ADC, and revised its practice for prescribing
21 and renewing these medications. For instance, new patients were limited to a seven-day
22 supply for Tramadol. After the initial prescription was completed, they were eligible for a
23 30-day supply.

24 7. Corizon found that some providers prescribed Gabapentin in cases where the
25 inmate's condition did not justify the medication. For example, while Gabapentin is
26 generally prescribed for certain types of neuropathy and seizures, Corizon found providers
27 were prescribing it to treat other types of pain. In cases where these prescriptions were not
28 warranted, alternative (and often more effective) medications were prescribed. Further,

1 Corizon found some providers prescribed Gabapentin upon request from an inmate without
2 proper medical justification.

3 8. Corizon does not have a policy that prohibits prescriptions for Gabapentin or
4 other narcotics. Corizon has worked with its providers to ensure that these medications are
5 appropriately prescribed.

6 9. In 2017, the Corizon Arizona clinical team, along with its Pharmacorr
7 partners, reviewed the utilization of opiates, including Tramadol and Gabapentin. This
8 review included a comparison of the number of prescriptions for Gabapentin and Tramadol
9 over a 24-month period (January 2016 through December 2017). Details of this comparison
10 are attached as Attachment 2.

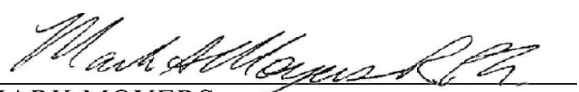
11 10. Their review revealed that, as a result of the Governor's Executive Order, and
12 the new practices described above, decreases in opioid utilization began in the fourth quarter
13 2016.

14 11. Pain medications in general, however, increased from 2016 to 2017. *See*
15 Attachment 3 (Graph evidencing a 1% increase in the number of pain medications
16 prescribed from 2016 – 2017). Increases in other medication classes indicate that inmates
17 removed from opioid medications were prescribed non-opioid alternatives, such as
18 Cymbalta, Effexor, Elavil, Pamelor, and NSAIDs. Details regarding the number and type
19 of pain medications prescribed in 2016 and 2017 are attached as Attachment 4. A chart of
20 pain medications by class is attached as Attachment 5.

21 12. Importantly, Gabapentin and Tramadol are still available if other therapies are
22 not successful.

23 I declare under penalty of perjury that the foregoing is true and correct.

24 Executed this 16th day of January, 2018.

25
26 
27 MARK MOYERS
28

ATTACHMENT 1

ATTACHMENT 1

STATE OF ARIZONA



EXECUTIVE ORDER

Executive Order 2016-06 Prescription Opioid; Initial Fill Limitation

WHEREAS, an estimated two million people in the United States have a prescription opioid use disorder; and

WHEREAS, more than 14,000 people died from prescription opioid overdoses in 2014; and

WHEREAS, there has been a 300% increase in opioid prescription sales in the United States in the last fifteen years; and

WHEREAS, Arizona has the ninth highest rate of opioid deaths in the nation; and

WHEREAS, 401 people in Arizona died of prescription opioid overdoses in 2015; and

WHEREAS, in 2013 there were enough prescription pain medications dispensed to medicate every adult in Arizona around the clock for two weeks; and

WHEREAS, the majority of heroin users began by using prescription opioids; and

WHEREAS, addiction can affect people across all sections of society; and

WHEREAS, we must do all we can to not only treat those currently suffering from addiction, but to prevent future addictions; and

WHEREAS, the State of Arizona provides health insurance to hundreds of thousands of people through the State Medicaid and employee health plans.

NOW, THEREFORE, I, Douglas A. Ducey, by virtue of the authority vested in me by the Constitution and Laws of the State of Arizona hereby declare the following:

1. The Directors of the Arizona Health Care Cost Containment System (AHCCCS) and the Arizona Department of Administration (ADOA) shall adopt any necessary policies and rules to limit the initial fill of any prescription opioid to no more than seven days.

Executive Order 2016-06

Page Two

2. The Directors of AHCCCS and ADOA shall adopt any necessary policies and rules to limit all initial and subsequent opioid prescriptions for minors to no more than seven days, except in the case of cancer, other chronic disease, or traumatic injury.



IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Arizona

Jeffery R. Leininger
GOVERNOR

DONE at the Capitol in Phoenix on this Twenty-fourth day of October in the Year Two Thousand Sixteen and of the independence of the United States of America the Two Hundred and Forty-First.

ATTEST:

Michelle Reagan

Secretary of State

ATTACHMENT 2

ATTACHMENT 2

Gabapentin and Tramadol Orders 2016-2017

Drug	2016 (3rd Qtr)	2017 (3rd Qtr)
Gabapentin	3719	2160
Tramadol HCl	881	225

Drug Class	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Gabapentin	1003	1090	1222	1099	1213	1228	1202	1314	1203	1280	1206	1241	1190	1029	998	832	850	738	715	738	707	696	630	434
Tramadol HCl	227	248	275	283	284	274	263	307	311	317	300	337	334	247	188	124	93	92	72	75	78	86	108	96

ATTACHMENT 3

ATTACHMENT 3

Annual # of Orders for meds in Pain Med Classes



1% increase in number of orders from 2016 to 2017

ATTACHMENT 4

ATTACHMENT 4

Utilization by Class

Drug Class	2016	2017	Difference	% Change
Nonsteroidal Anti-inflammatory Agents (NSAIDs)	72,733	69,588	(3,145)	-4%
Salicylates	27,248	28,229	981	4%
Anticonvulsants - Misc.	15,530	11,232	(4,298)	-28%
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)	11,691	17,124	5,433	46%
APAP-ASA-CAFF	10,655	13,703	3,048	29%
Tricyclic Agents	6,320	8,028	1,708	27%
Opioid Agonists	5,357	3,067	(2,290)	-43%
Codeine Combinations	4,460	3,364	(1,096)	-25%
Analgesics Other	3,315	5,494	2,179	66%
Analgesic Combinations	2,453	858	(1,595)	-65%
Central Muscle Relaxants	2,056	2,536	480	23%
Gout Agents	1,620	1,615	(5)	0%
Selective Serotonin Agonists 5-HT(1)	1,309	1,531	222	17%
Hydrocodone Combinations	128	26	-102	-80%
Cyclooxygenase 2 (COX-2) Inhibitors	46	42	-4	-9%
Analgesics-Sedatives	38	38	0	0%
Uricosurics	18	16	-2	-11%
Opioid Combinations	7	5	-2	-29%
Salicylate Combinations	5	6	1	20%
Antihistamine-Analgesics	4	1	-3	-75%
Gout Agent Combinations	2	13	11	550%
Nonsteroidal Anti-inflammatory Agent Combinations	1	0	-1	-100%
Opioid Partial Agonists	0	7	7	
Opioid Antagonists	0	10	10	
Grand Total	164,996	166,533	1,537	1%

ATTACHMENT 5

ATTACHMENT 5

Pain Medications by Class

NARCOTIC	NSAID	APAP-COMBOS	DEPRESSION - 1ST GEN	MOOD STABILIZERS	SEIZURE - 2ND GEN	SSRI / SNRI	Opioid Agonists
DURAGESIC	ADVIL	EXCEDRIN MIGRAINE	ELAVIL	CARBATROL	LYRICA	CYMBALTA	ULTRAM (tramadol)
FIORICET/CODEINE	CELEBREX	FIORICET	NORPRAMIN	TEGRETOL	TRILEPTAL	EFFEXOR	
FIORINAL	CLINORIL	TYLENOL	PAMELOR	TEGRETOL XR	NEURONTIN (gabapentin)	EFFEXOR XR	
METHADONE	DISALCID	TYLENOL ES					
METHADONE HCL	INDOCIN						
MORPHINE SULFATE	MOBIC						
MORPHINE SULFATE INJ	MOTRIN						
MS CONTIN	NAPROSYN						
MSIR	TORADOL						
NORCO	TORADOL INJ						
OXYCODONE (IR)	VOLTAREN						
PERCOCET							
ROXANOL							
ROXICODONE							
SUBOXONE							
SUBOXONE SL FILM							
SUBUTEX							
TYLENOL W/COD #3							
TYLENOL W/COD #4							
TYLENOL/ COD							
TYLENOL/COD ELIX							

In rare bipartisan act, Arizona lawmakers confront opioid epidemic

Andrew Nicla and Dustin Gardiner, The Republic | azcentral.com

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opioids to emergency
fight
the
opioid
crisis



(Photo: Patrick Sison, AP)

In a rare moment of bipartisanship, the Arizona Legislature voted unanimously Thursday night to approve a [sweeping plan to combat the state's opioid epidemic](https://www.azcentral.com/story/news/politics/arizona/2018/01/19/arizona-opioid-painkiller-law-plan-calls-5-day-prescription-limit-10-million-treatment/1048714001/) that has claimed more than 800 lives since June.

Lawmakers approved the Arizona Opioid Epidemic Act, legislation that would limit initial pain-pill fills to five days for “opioid naive” patients, and impose a maximum dosage limit for many others seeking new prescriptions.

The outcome — the legislation passed 30-0 in the state Senate and 58-0 in the Arizona House of Representatives — was a major victory for Republican Gov. Doug Ducey.

Ducey spearheaded the proposal and called lawmakers into a special session this week, urging them to pass it quickly to halt overdose deaths. He was expected to sign the legislation Friday.

"This is a tremendous example of what we can achieve when we work together," he said in a statement Thursday night. "I look forward to signing it."

House Speaker J.D. Mesnard, R-Chandler, said although the bill isn't perfect, it will help save lives. [He said patients suffering from chronic-pain conditions will not be hassled \(/story/news/local/arizona-health/2018/01/25/arizona-limits-opioids-people-chronic-pain-worry-pain-medication-access/1060283001/\)](#) to get prescription refills, as some health-care professionals and critics of the bill fear.

"I'm not generally in favor of more regulation," Mesnard said before casting the final "aye" vote. "But when there's an epidemic, when people are dying, then we have to act."

In addition to capping initial prescription fills, the bill aims to provide more treatment. It includes, at the urging of Democrats, \$10 million to provide rehab for people who can't afford treatment because they don't have insurance coverage.

Ducey's plan largely builds off the Arizona Department of Health Services' opioid action plan unveiled last fall after the [governor declared a public-health emergency. \(/story/money/business/health/2017/06/05/arizona-declares-opioid-crisis-public-health-emergency/371208001/\)](#)

'Good Samaritan Law'

Pushing the bill through the Legislature in less than a week required a flurry of meetings and hearings. Some lawmakers said the rushed agenda may not have benefited the product. They raised concerns that dosage limits might infringe on the relationship between patients and doctors.

But after hours of intense debate Thursday, lawmakers eventually passed the bill with minor tweaks.



Rep. Rebecca Rios (Photo: Special for The Republic)

Democrats championed a portion of the bill dubbed the "Good Samaritan Law," which aims to encourage people to call 911 in case of an overdose. It states that a person who reports an overdose won't be prosecuted for a drug-related crime, though law enforcement could confiscate drugs and paraphernalia and charge the individual for non-drug-related crimes.

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House Minority Leader Rep. Rebecca Rios, D-Phoenix, called the negotiations a "true bipartisan effort." She said she's glad to see a handful of the proposals her party offered were accepted, including the \$10 million earmark for addiction treatment.

"This is how you get it done," Rios said. "This is a strong first step, but it is only a first step. We need to get back to work."

Much of the debate over the bill occurred in the Republican House and Senate caucus meetings, where a few members took issue with provision to mark opioid prescription bottles with red caps. They also questioned the Good Samaritan provision and potential impacts on patients with chronic pain.

Concerns about 'unintended consequences'

Two doctors groups, the Arizona Medical Association and the Arizona Osteopathic Medical Association, warned in a December letter to the Department of Health Services about the "unintended consequences" of broadly imposing a five-day limit on fills for new patients.

Sen. Kate Brophy McGee, R-Phoenix, was among those who said the bill could have unintended consequences. She raised concerns about dosage limits, saying a constituent of hers is prescribed more in order to treat chronic pain, so she worries some patients might not have access to the amount of medication they need.

Some medical professional also said they were concerned about limiting opioids to a maximum dosage of 90 morphine milligram equivalents per day for most patients. That's the daily equivalent of about 90 mg of Percoset, 60 mg of oxycodone or 20 mg of methadone, according to the Centers for Disease Control and Prevention.

In their December letter to ADHS, the two doctors groups said they "strongly oppose putting any kind of dose-strength limitation in state law."

Cancer, trauma, burn, hospice, end-of-life care and substance-abuse patients would not be subject to the dosage limits. Doctors also could extend existing prescriptions that exceed the limit.

Lawmakers amended the final bill to state that the 90 morphine milligram equivalents limit does not apply to a patient who is continuing a prior prescription issued within the previous 60 days.

The bill also calls for distributing the overdose-reversal drug naloxone, also known as Narcan, to county health officials and law-enforcement support staff to administer in the event of an overdose.



Narcan, used to reverse opioid overdoses, comes as an injection or an inhaler. (Photo: Jennifer Bowman/jbowman@citizen-times.com)

E-prescription system

Another concern in both chambers was the implementation of an e-prescription system in doctors offices across the state. Brophy McGee said she and many of her colleagues heard concerns from constituents on the issue and are asking for a delayed implementation or an exception in some cases if costs are too high.

Brophy McGee and other lawmakers worried that some offices in rural and urban areas may not be able to pay for or install software in time to be in compliance with the new requirement, saying that some still prefer written prescriptions.

In rural areas, one concern is that "technology and their practice management sophistication is varied," she said. "So, they would want to have additional time to implement certain parts of the statute, including e-prescribing."

Lawmakers amended the final bill to require the Board of Pharmacy to grant waivers to health-care providers who might struggle to comply with the e-prescription filing requirement due to a lack of broadband Internet access or other hardships.

Money for treatment

While the bill allocates \$10 million to provide treatment to those without insurance coverage, some lawmakers and health-care providers said they are certain more will be needed.

That \$10 million would be distributed through AHCCCS providers for the rest of the year once the bill passes, and once the fund runs out, the Governor's Office and lawmakers would decide if and how much additional funds were needed. AHCCCS, or Arizona Health Care Cost Containment System, is the state's Medicaid program.

Rios said \$10 million is a "good start" and enough to put a dent in the problem, but more funding will likely be needed. Once the funds run out and lawmakers see how long it took and what services were used more than others, she said, only then will they have an idea how much money is needed.

Some already see the demand for treatment in massive lines at rehab centers.

Lee Pioske, executive director of the Crossroads, a Valley rehab provider, said there is a line of people out the door every day. Many of them are young and covered under Medicaid, he said.



Lee Pioske (Photo: Courtesy of Lee Pioske)

Pioske said he applauds Ducey's efforts to restrict dosage levels and establish stricter refill amounts, but he said there are critical issues the bill does not address. He called the opioid epidemic the "worst health crisis this country has seen in our lifetime."

Some Democratic lawmakers were disappointed the bill didn't include a clean-needle exchange; such programs aim to reduce transmission of blood-borne viruses by discouraging addicts from sharing used syringes.

But the issue could still be revisited during lawmakers' regular session.

Rep. Tony Rivero, R-Peoria, has proposed House Bill 2389, which would allow counties, cities and private organizations to operate clean-needle programs without fear of prosecution.

Lawmakers and Ducey's top health-policy officials said the opioid epidemic differs from other illicit drug use because it largely started with years of bad prescribing of powerful and highly addictive pain medication, such as

OxyContin and Percoset.

"I think most people who get addicted didn't intend to get addicted," Mesnard said.

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