



The Impact of the Florida Law HB21 on Opioid Prescribing Patterns After Outpatient Hand Surgery

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OBJECTIVES

- Our study’s purpose is to to evaluate the effects of Florida law HB21 on opioid prescribing patterns by a single orthopaedic surgeon after outpatient hand and upper extremity surgery.

BACKGROUND

- United States comprises about 5% of the world’s population, yet accounts for close to 80% of all opioids consumed.
- The United States opioid epidemic is largely fueled by over-prescription.
- Orthopedic surgeons accounted for the third highest opioid prescription rate, per prescriber, in the United States.
- Florida implemented House Bill 21 on July 1, 2018 to limit opioid prescriptions:
 - Limiting the supply of Schedule II opioids to three days for acute pain prescriptions
 - Ability to extend to a seven-day supply if an exception is documented

MATERIALS AND METHODS

- Retrospective Chart Review
- Single surgeon, single institution
- 438 patients included
 - X# before HB21 implementation
 - X# after HB21 implementation
- Compared number of pills and morphine milligram equivalents (MMEs) prescribed pre and post-law

RESULTS

- The number of postoperative pills prescribed significantly decreased after the implementation of HB21, however, the number of MMEs prescribed per patient was not significantly different after the implementation of the law

Prescription	Pre Law (Mean ± SD)	Post Law (Mean ± SD)	P value
Average opioid pill count per prescription	25.11 (±10.41)	21.70 (±7.56)	<0.001
Average MMEs per patient	167.8 (±90.91)	153.6 (±87.66)	<0.206

CONCLUSIONS

While Florida law HB21 may have resulted in fewer pills prescribed per patient, it did not significantly affect the MMEs prescribed, suggesting that legislation may not change prescriber behavior or patient demand regarding postoperative opioid prescriptions after outpatient hand and upper extremity surgery.

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