american academy of pain management

Our Vision: No Life Limited by Pain

January 26, 2016

Senate Committee on Health and Welfare
Claire Ayer, Chair
Vermont Senate
Montpelier, Vermont

RE: S 201

Dear Senator Ayer and Members of the Committee:

I am writing on behalf of the American Academy of Pain Management to oppose S 201, a bill relating to limitations on prescriptions for opioid analgesic medications. The Academy recognizes the challenges involved in addressing two major public health crises, namely, inadequate treatment for pain, and prescription drug abuse, and to that end, has been heavily involved in both national and state-level efforts to address both health concerns. We thank you for addressing these issues, and we sincerely believe that this bill was introduced with the best of intentions. That said, however well-intentioned S 201 may be, passage of this bill as introduced would have significant negative consequences for both patients and health care providers in Vermont. **In order to best serve the citizens of Vermont, we respectfully request that you oppose passage of this bill. Alternatively, we offer amendments which, if adopted, would result in our support of the bill.**

As introduced, S 201 would issue a mandate in regard to patients experiencing acute pain, disallowing more than a 72 hour supply of an opioid to be prescribed to these patients the first time the practitioner prescribes an opioid to that patient. While we understand the desire to reduce excess prescribing, we urge you to use caution in adopting this provision. Provisions such as this are relatively new, and states that are considering adoption of like provisions have not agreed on an appropriate time-frame for acute prescriptions of opioid analgesic medications, as there are many factors related to what an appropriate time-frame would be for each particular patient. Massachusetts, which has recently considered a similar 3-day limit, has lengthened its limit to 7 days after much deliberation. Even the CDC, in its proposed *Guideline for Prescribing Opioids for Chronic Pain*, suggests a limit of 3 days only in cases of non-traumatic, non-post-surgical acute pain. We oppose the passage of this mandate, as we believe that these arbitrary limits have the potential to harm patient care, forcing ill and/or injured patients into attending second appointments while they are still recovering and potentially exposing them to double co-pays for both practitioner visits and prescription drugs. However, if you will not delete this provision in its entirety, we request that you change the limit to 7 days in order to better protect patient care and to be consistent with Massachusetts.

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As introduced, S 243 would require health care providers to query the prescription monitoring program (PMP) each time the provider issues a new or renewal prescription for an opioid Schedule II, III, or IV controlled substance to a patient or when starting a patient on a Schedule II, III, or IV non-opioid controlled substance for nonpalliative long-term pain therapy of 90 days or more. The current law requires a PMP check for the initial prescription and at least annually thereafter for patients who are receiving ongoing treatment. Further, the bill would require the prescriber to screen the patient for signs of a substance use disorder prior to each new prescription.

While we agree that requiring PMP "at least annually" may be too infrequent, we would caution you against mandating PMP checks as frequently as the bill would currently require. In general, we believe it is a good thing for prescribers to check the PMP; however, experience with PMPs indicates that obtaining and reading a report on a patient, even with the most efficient systems, takes 3-5 minutes. Given the number of prescriptions issued for controlled substances (opioids, but also benzodiazepines like Xanax, Valium, Klonopin, and Ativan, and stimulants used to treat ADHD), this would create unworkable backlogs in physician offices, and would very likely overwhelm the capacity of the prescription monitoring program to provide the millions of reports that would be required. In regard to screening for substance use disorder, it is, again, the frequency which we oppose. Screening a patient for substance use disorder every 30 days means that even the most stable, low-risk patient will need an office visit each month. This would potentially mean a large increase in cost for patients, insurers, and the State, and it would overburden already scarce appointment slots at doctors' offices. **For these reasons, we oppose the bill as it is currently written. We would be amenable to supporting an amendment to indicate that the PMP should be checked when the initial prescription for a controlled substance is issued, and periodically thereafter, no less frequently than every 6 months. We would also be amenable to supporting an amendment to indicate that screening for a substance use disorder should be required every three or six months.**

In addition, while requiring that prescribers check the PMP is paramount, we encourage you to consider adding a requirement that pharmacists check the PMP with the same frequency as required for prescribers. Pharmacists may be privy to information that prescribers are not (including prescriptions that accidentally may have been mis-reported or unreported to the PMP), and may view the available information differently because of their personal knowledge of the patient. Adding required queries by pharmacists provides an additional safeguard that should help ensure that controlled substance prescriptions are used appropriately.

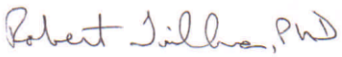
Finally, we note the bill's exception for patients receiving palliative care, and we respectfully ask that this provision be stricken. Palliative care is a rapidly evolving specialty, and while its initial stages of development typically saw care provided only for patients near the end of life, recently its reach has expanded to include any patient diagnosed with a potentially life-limiting illness. Patients now may receive palliative care for a number of years, and may be just as prone to developing untoward consequences of opioid therapy, including substance use disorder and overdose. Those patients should be provided the same protections as patients receiving opioid therapy for non-terminal illnesses.

Due to the significant problems that currently exist in S 201, we respectfully urge the Committee to oppose the bill. However, if the Committee opts to amend the bill as outlined in this letter, we will happily offer our support and encourage the bill's passage. I am happy to discuss this issue with you if

necessary. Please feel free to contact me by email at btwillman@aapainmanage.org, or by telephone at 209-533-9750, ext. 110.

About the Academy: The American Academy of Pain Management is the premier organization for all clinicians who care for people with pain. It is the largest pain management organization in the nation and the only one that embraces, as part of its mission statement, an integrative model of care, which: is patient-centered; considers the whole person; encourages healthful lifestyle changes as part of the first line of treatment to restore wellness; is evidence-based; brings together all appropriate therapeutic approaches to reduce pain and achieve optimal health and healing; and, encourages a team approach.

Sincerely yours,



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Cc: Senator Alice W. Nitka