

Senator McCormack,

Thank you for inquiring about the opioid prescribing rules that went into effect last year. In general, I have not found that these new rules have limited my ability to manage postoperative pain for my patients. Prior to the new rules, many of my colleagues and I had discussions about ways to manage pain with less opioids and we instituted those modalities prior to when the rules went into effect. Since last July, I have not found that my patients have had undo/uncontrolled pain after surgery. I have renewed opioid prescriptions for 2-3 patients when needed.

While we have not instituted practice rules (based on the VT legislation) regarding opioid prescribing at the hospitals where I practice, we have had productive discussions and debates about how best to take care of our patients.

With regard to the VT rules, I will divide my thoughts into positive and negative buckets:

Positive:

1. The rules and guidelines provide information/education for patients regarding the risks/benefits of opioids
2. It allows surgeons to have something to refer back to in those situations where patients are clearly looking for more opioids than indicated
3. It has pushed surgeons to look at how we have managed postoperative pain identify better multimodality methods

Negative:

1. I do not think that the rules should be proscriptive regarding how many MMEs can be prescribed for the different types of surgeries. Patients vary with regard to their response to pain and pain levels vary depending on the type of surgery (even if it seems minor to the general public)
2. I do not believe that patients should have to sign a consent form prior to an opioid prescription for acute pain. I feel that there should be a discussion of how to manage pain and the risks of opioids. Making a patient sign a consent seems to make the patients afraid to take opioids, even if they need them.
3. I am not sure that it is necessary to prescribe Narcan for an acute opioid script if the patient is on a benzodiazepine. I have had to do this once or twice. The patients do not fill the prescription.
4. There is a lot of documentation for a short term medication

While I believe it is important to provide a good and understandable pain management plan for our postsurgical patients, which may include opioids, I do not feel that providers or patients should feel like they are criminals when it comes to opioids. Most of my patients are very aware of the opioid crisis and are not eager to take them unless they really need to.

My thought is that education and open discussion regarding how much opioid is needed to manage a patient's pain is the best way to avoid over prescribing/over consumption.

Respectfully,

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