

MEDICAL SOCIETY
of the
STATE OF NEW YORK

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Division of Governmental Affairs
MEMORANDUM IN OPPOSITION

On Assembly Health Committee Agenda A. 10099 (O'Donnell)

In Senate Health Committee S. 7801 (Amedore)

AN ACT to amend the public health law, in relation to requiring the commissioner of health to develop guidelines for the prescribing of opioid antagonists

This measure would authorize the New York State Commissioner of Health to develop guidelines to require that every time an opioid prescription is provided to a patient that co-prescribing on an opioid antagonist is required. The Medical Society of the State of New York is opposed to this measure.

The measure specifically directs the Commissioner of Health to adopt guidelines for the prescribing of opioid antagonists that would apply to all physicians and other licensed health care providers who are authorized to prescribe a controlled substance. The proposed guidelines would require prescribing an opioid antagonist (naloxone) to someone to whom an opioid medication is also prescribed. Additionally, the bill would also require that physicians and other health care providers identify patients at risk of an opioid-related drug overdose and prescribing an opioid antagonist to that person or to a person in a position to administer the opioid antagonist to the patient.

Since 2012, the New York State Legislature has taken significant steps to reduce the prescribing of opioids. The requirement to check the Prescription Monitoring Program (PMP) has resulted in a 20.3% reduction (IQVIA Data) in opioid prescribing since 2013. Additionally, there were over 21 million checks by prescribers on the PMP. The advent of e-prescribing of all prescriptions, including controlled substances, has also helped to prevent to reduce diversion of opioids. MSSNY has also been supportive of changes to allow greater access to naloxone. This includes allowing standing orders to community organizations and pharmacies to distribute Narcan without a prescription; the Good Samaritan protections and the creation of the N-Cap program.

The adoption of the Centers for Disease Control "Guideline for Prescribing Opioids for Chronic Pain" became effective in 2017 and is intended to improve communication between providers and patients about the benefits and risks of opioid therapy for chronic pain. The recommendations exists as a guidance for physicians and other prescribers and is based on the concept that the physician uses the best clinical judgment for each individual patient. The guide discusses that assessing risk and addressing harms related to opioid use part of the management plan for the patient. Where necessary, the recommendation is to "offer or arrange" evidence-based treatment -- usually medication-assisted treatment with buprenorphine or methadone in combination with behavioral therapies. Nowhere in the guidance is it suggested that Naloxone be co-prescribed each and every time an opioid prescription is written.

The Medical Society is a member of the AMA's Opioid Task Force. The task force encourages physician to consider co-prescribing naloxone when it is clinically appropriate to do so. This is a decision between the patient and the physician.

New York State has enacted a non-patient specific script which allows for ease to do this. The Medical Society of the State believes that this measure will create greater stigma toward patients with pain. Perhaps more importantly, this measure takes away a physician clinical judgement by requiring that he/she must co-prescribe an opioid antagonist. It is possible that patients, who are in pain, will go without necessary pain medication. Patients in pain and patients with a substance use disorder need comprehensive treatment, not judgment from their physician or the state of New York.

The Medical Society of the State of New York is committed to ensuring that all physicians have the necessary education and training to ensure effective, evidence-based treatment for patients with pain and substance use disorders. In 2017, the largest decrease in opioid prescription in 25 years, reflect the fact the physician and other prescribers have become judicious when prescribing. The Medical Society recognizes that decreasing the prescribing rate of opioids will not end of the epidemic. However, what is need are well-designed initiatives that bring together public and private insurers, policymakers, physicians and other prescribers and communities with the share goal to improve access and coverage to comprehensive pain management and treatment for substance use disorders.

Measures such as this bill will only put the physicians and other prescribers in the untenable position of not being able to treat the patient in the most effective manner. The Medical Society of the State of New York opposes this measure and urges its defeat.

Respectfully submitted,

Division of Governmental Affairs

PFC/oppose
6/4/18