AMA
AMERICAN MEDICAL ASSOCIATION

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March 22, 2021

The Honorable Russell Fry
South Carolina House of Representatives
522D Blatt Bldg.
Columbia, SC 29201

Dear Representative Fry:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I am writing in opposition to House Bill (H.B.) 3366. While the AMA shares the goal of the legislation to help save lives from overdose, we cannot support H.B. 3366 because it is not based in medical evidence and erodes clinical decision-making.

The AMA has proudly supported efforts in South Carolina and nationwide to encourage physicians to prescribe naloxone to patients at risk of overdose. We also have joined with the South Carolina Medical Association and key stakeholders across the nation in support of standing orders that allow for any patient at any pharmacy to obtain naloxone without a prescription.

Contrary to the many excellent efforts South Carolina has taken, however, H.B. 3366—based on our national perspective—could have unintended consequences that would impede South Carolina's efforts to end its drug overdose epidemic. Furthermore, we are not aware of any evidence that similar state mandates have resulted in reduced opioid-related mortality or increased access to evidence-based care for a substance use disorder. Additional concerns for H.B. 3366 are explained below.

First, as a technical matter, we are not sure what is meant by "opioid depression." Rather, we surmise that the intent of the bill is to help reverse "respiratory and/or central nervous system depression," which is the language used on labeling indications for naloxone from the U.S. Food and Drug Administration. We urge this important revision to ensure the correct medical terminology.

In addition to the importance of ensuring accurate medical terminology, we oppose arbitrary standards for what constitutes risk. As proposed, H.B. 3366 would create a standard that implies there is risk for overdose if a prescription for an opioid analgesic is over 50 morphine milligram equivalents (MME), but there is no risk for a prescription under 50 MME. That is not how medicine or clinical decision-making works. Clinical discretion is essential to ensure optimal care. Under H.B. 3366, for example, South Carolina physicians would be required to prescribe naloxone to likely thousands of patients with cancer, patients stable and functional on opioid therapy, and patients in hospice or receiving palliative care.

While naloxone might be indicated for some, including those with a prescription under or over 50 MME, mandating a naloxone prescription for everyone over 50 MME would cause unnecessary prescription costs for a medication they may never need or use. If used unintentionally or inappropriately by a patient with cancer, receiving palliative care or in hospice, for example, it also would likely immediately interfere with the patient's pain control, causing intense suffering. The AMA cannot support a mandate that has the potential for harm and increased costs by not allowing for clinical discretion and individualized patient care.

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At a minimum, we urge amendments to provide for exceptions to the mandate for patients who have cancer, are receiving palliative care or, who are in hospice. In each of these clinical situations, there may be situations where it is common for a patient to receive a medication dose greater than 50 MME, but for whom the potential administration of naloxone would directly interfere with the patient's pain control needs. In addition, there may be other clinical indications for patients with pain for whom the treating physician determines a naloxone prescription is not clinically indicated. As a result, we urge that language be added to H.B. 3366 that allows for exceptions based on the physician's medical judgment.

The AMA also opposes the creation of a "standard of care" that is not based on medical evidence or clinical practice. Overdose and the risks for overdose are incredibly complex. Unlike H.B. 3366, the AMA Opioid Task Force based its recommendations for naloxone on the clinical input of more than 25 national and state medical societies, federal health agencies, and harm reduction experts to identify many of the factors that may be helpful in determining whether to prescribe naloxone to a patient, or to a family member, or close friend of the patient. We also strongly support increased access to naloxone via harm reduction organizations for people who use drugs and via pharmacies for those who prefer to access naloxone with a standing order. H.B. 3366 does not address or improve access via those essential ways.

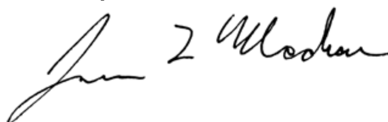
South Carolina has taken important steps to support harm reduction efforts through statewide education, partnerships with the medical community, and broad stakeholder support. However, H.B. 3366 would not further the positive work done in South Carolina. It does nothing to further support harm reduction organizations to increase access to naloxone, and it does not build on South Carolina's Good Samaritan policies to encourage bystanders to call for help during an overdose event. Rather, it presents an inappropriately narrow consideration of risk, and falsely imposes a "standard of care" that would actually reduce the real-life complexity that goes into understanding the factors concerning accidental overdose.

Instead of focusing so narrowly, the AMA urges the South Carolina legislature to consider policies to broaden access to naloxone through over-the-counter access, formulary reform to reduce costs, increased appropriations for harm reduction organizations to purchase and distribute naloxone, and other measures that would ensure this life-saving medication truly goes to those who need it most.

The AMA is committed to working with leaders in South Carolina to end the state's drug overdose epidemic. Unfortunately, H.B. 3366 would take the state in the wrong direction. For all of the reasons above, as the bill currently is proposed, we urge a "no" vote on H.B. 3366.

If you have any questions, please contact Daniel Blaney-Koen, JD, Senior Legislative Attorney, AMA Advocacy Resource Center at daniel.blaney-koen@ama-assn.org.

Sincerely,



James L. Madara, MD

cc: Gerald E. Harmon, MD
Harris Pastides, PhD, MPH
South Carolina Medical Association