

April 26, 2021

Members of the Illinois General Assembly
State of Illinois
705 Stratton Building
Springfield, IL 62706

Re: AMA Opposes Illinois Senate Bill 2535-Arbitrary Naloxone Mandate

Dear Members of the Illinois General Assembly:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I am writing in opposition to Senate Bill (S.B.) 2535. While the AMA shares the goal of the legislation to help save lives from overdose, we cannot support S.B. 2535 because it is not based in medical evidence, would expose patients to unnecessary costs, and inappropriately erodes clinical decision-making.

The AMA has proudly supported efforts in Illinois and nationwide to encourage physicians to prescribe naloxone to patients at risk of overdose. We have joined with the Illinois State Medical Society (ISMS) 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. We have joined with the ISMS to support Good Samaritan laws to encourage the distribution and possession of naloxone by lay persons and law enforcement to save lives from overdose. If these laws are not working to increase access to naloxone, we believe the appropriate step is to identify why not and take steps to remedy those problems.

Illinois—like nearly all other states—is facing increased overdose and death due to illicit fentanyl, fentanyl analogs, methamphetamine, cocaine, and heroin. This bill would not help any of those individuals. There are at least 10 other states with similar state naloxone prescribing mandates. Unfortunately, there is no evidence we are aware of suggesting—let alone proving—that these mandates have resulted in reduced opioid-related mortality or increased access to evidence-based care for a substance use disorder.

S.B. 2535 also fails as a matter of medical accuracy. 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.

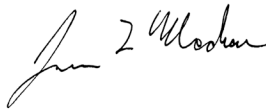
There also is a lack of medical understanding of what constitutes risk. As proposed, S.B. 2535 would create a standard that implies there is risk for overdose if a prescription for an opioid analgesic is over 50 morphine milligram equivalents (MME), but there is no risk for a prescription under 50 MME. That is not how medicine or clinical decision-making works, and clinical accuracy is essential to ensure optimal care.

Mandating a naloxone prescription for everyone receiving an opioid prescription over 50 MME would cause unnecessary prescription costs for a medication that a patient may never need or use. While appropriate in some situations, it would cause immediate harm and suffering if used unintentionally or inappropriately by a patient recovering from complex surgery, burn and trauma victims, patients with cancer or sickle cell. Risk is based on many factors, and we believe the physician and the patient's care team is the appropriate place to determine risk.

In sum, Illinois has taken important steps to support harm reduction efforts through statewide education, partnerships with the medical community, and broad stakeholder support. Unlike S.B. 2535, there are many ways to improve harm reduction efforts in Illinois. These include 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 based on comprehensive assessment and medical need. At the height of a drug overdose epidemic, the AMA urges proven solutions rather than inappropriate, non-evidence-based mandates.

For the above reasons, the AMA urges you to vote "no" on S.B. 2535. 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,

A handwritten signature in black ink, appearing to read "Jim L Madara".

James L. Madara, MD

cc: Blake Elizabeth Murphy
Illinois State Medical Society