



January 28, 2014

Tim Maglione, Esq.  
Senior Director of Government Relations  
Ohio State Medical Association  
3401 Mill Run Drive  
Hilliard, OH 43026

Re: Ohio House Bill 332 does a disservice to patients and physicians

Dear Tim:

On behalf of the physician and student members of the American Medical Association (AMA), thank you for your continued efforts in support of comprehensive, public health focused solutions to combat Ohio's prescription drug abuse and diversion crisis. The numerous bills currently under review in the Ohio Legislature demonstrate an intense desire to curb prescription drug abuse, diversion, overdose and death.

We are deeply concerned, however, that several pieces of legislation – no matter how well-intentioned – would have severe, unintended consequences for physicians who treat patients with pain, as well as the patients who suffer from pain. House Bill 332 (H.B. 332) is a prime example of a piece of legislation whose onerous provisions may be potentially destructive to the patient-physician relationship. It is essential that legislators understand the consequences that H.B. 332 would have on patients' ability to access and receive treatment. To assist your efforts in that regard, the AMA would be pleased to work with its partners in the states, including patient advocacy groups, and encourage them to contact their Ohio colleagues and partners to provide the much-needed patient perspective on this deeply-flawed bill.

For example, several of the provisions that highlight the AMA's concerns include:

- Sec. 3719.62(A). While the AMA appreciates the attempt to carve out an exception in the bill for patients with cancer, the AMA is concerned that patients who are in remission from cancer – but who still suffer pain as a result of treatment – would be targeted. In addition, there is no exception for hospice or palliative care patients.
- Sec. 3719(A)(1) and (A)(5). The AMA strongly opposes the provisions that require a referral “prior to considering any prescription of opioids for chronic, intractable pain”; and “[a]ny patient request for higher opioid dosing shall be considered a reason for reevaluating the patient and making another referral to a pain medicine specialist, a referral to an addiction or substance abuse specialist, or referrals to both.”

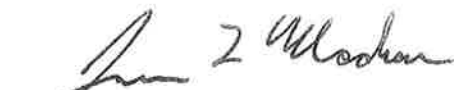
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Taken together, these provisions would have the likely effect of forcing many patients with pain to suffer needlessly while searching for a “pain medicine specialist,” which is not a common specialty in Ohio or elsewhere in the United States. In addition, if a patient is prescribed a low, initial dose as part of a risk evaluation and management strategy, but that low dose is not sufficient, would that trigger another referral? In effect, the provision would likely make the patient – who is being honest with the physician – feel like a drug user and then be forced to suffer in pain as he or she seeks the additional state-mandated referral.

These are only two of the AMA’s main areas of concern and why the AMA strongly opposes H.B. 332. These provisions, however, are indicative of an effort that the AMA is seeing nationwide to substitute a legislature’s judgment for that of a physician. There is much that our elected officials can do to help support effective policies and solutions to curb the nation’s prescription drug abuse and diversion epidemic, but one-size-fits-all blunt legislative mandates will only serve to hamper effective pain management and unfortunately have the potential to drive patients to other, more deadly drugs such as heroin. This is why we believe that it is critical that legislators hear from patients directly.

Thank you for this opportunity to assist the Ohio State Medical Association, its physician members and the patients they serve. If you have any questions, please contact Daniel Blaney-Koen, JD, Senior Legislative Attorney at [daniel.blaney-koen@ama-assn.org](mailto:daniel.blaney-koen@ama-assn.org) or (312) 464-4954.

Sincerely,



James L. Madara, MD

cc: Brent Mulgrew, JD