



January 29, 2014

Christopher Flanders, DO
Executive Director
Hawaii Medical Association
1360 South Beretania Street, Suite 200
Honolulu, HI 96814

Re: American Medical Association support for a comprehensive, public health focus to help curb prescription drug abuse, diversion, overdose and death; opposition to H.B. 2144

Dear Dr. Flanders:

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 Hawaii's prescription drug abuse and diversion crisis. The bills currently under review in the Hawaii Legislature demonstrate an intense desire to curb prescription drug abuse, diversion, overdose and death. Similarly, the AMA has been engaged with federal and state elected officials and agencies, as well as other stakeholders, to identify and expedite implementation of policies and practices that bring an end to this public health crisis while ensuring patients with legitimate medical need of pain treatment do not face insurmountable barriers to appropriate medical care.

There are a number of state-based solutions that we strongly urge action on, including federal and state funding of state prescription drug monitoring programs (PDMPs). It is our opinion that funding state PDMPs is critical in order to modernize and facilitate integration into physician workflow which will support clinical decision-making at the point of care and, equally important, assist pharmacists. The AMA supports positive incentives to accelerate prescriber education tailored to physician training, practice and patient population served. We also urge swift action at all levels to expand access to treatment and recovery programs for addiction – thereby preventing a shift in this epidemic from prescription drugs to illicit drugs such as heroin.

We are deeply concerned, however, that some of the legislation under review by the Hawaii Legislature – 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. In our opinion, House Bill (H.B.) 2144 is an unfortunate example of legislation that contains provisions that would likely have severe, unintended consequences for patients and physicians.

Specifically, we are concerned by the “one-size-fits-all” approach to determining which patients should be given a drug screening test as part of long-term opioid therapy. This may be entirely appropriate for some patients but will not be necessary for all patients. This is a clinical determination and depends on

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the level of risk inferred from the patient's specific medical history and co-morbidities, as well as the patient's potential for abuse and diversion.

A balanced view in the development of policies, laws and regulations should extend to the clinical setting. Opioids and other controlled drugs are essential medications and have many legitimate medical uses. Prescription drug abuse, addiction, diversion and unintentional overdose are serious risks that must be considered whenever these drugs are potentially appropriate. An overt focus only on the abuse potential of a drug, however, may lead to legislatively changing practice patterns without the benefit of medical practice and science. That is, a "one-size-fits-all" approach to clinical guidance is insufficient and will not promote a balanced approach to addressing this problem.

In addition, we are concerned by the provision in H.B. 2144 that would enable pharmacists to directly bill patients for a consultation that may not be covered by the patient's insurance. This would effectively increase the cost of the patient's treatment and may discourage some patients from continuing treatment.

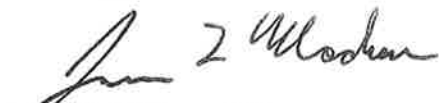
The combined effects of these provisions in H.B. 2144 could reduce patients' ability to have their pain treated promptly or in some cases treated at all – especially if the new requirements discourage some physicians from seeing patients with chronic pain. In turn, patients would likely suffer increased, unnecessary pain or turn to other, illicit and dangerous forms of pain relief.

This is why we recommend that – rather than the state legislature attempt to mandate new standards of care for treating patients with chronic pain – this discussion be broadened to include all stakeholders. There have been several state medical associations that have used this approach to broaden and deepen relationships with other health care associations, pharmacy groups, third-party payers and elected officials.

The AMA also has been in discussions with our national physician, pharmacy, industry and law enforcement counterparts to open lines of communication and discuss the need for comprehensive, public health focused solutions that ensure patients in pain receive the appropriate care and treatment they need. To the extent that this letter can assist in your state legislative efforts, including in working to amend or defeat H.B. 2144, please do not hesitate to share this letter with legislators and others.

Thank you for this opportunity to assist the Hawaii Medical Association, its physician members and the patients they serve. For more information about the AMA's work on the issues raised in this letter, please visit www.ama-assn.org/go/stopdrugabuse. If you have any questions, please contact Daniel Blaney-Koen, JD, Senior Legislative Attorney at daniel.blaney-koen@ama-assn.org or (312) 464-4954.

Sincerely,



James L. Madara, MD