MEDICAL SOCIETY of the STATE OF NEW YORK

Morris Auster, Esq. Division of Governmental Affairs

Senior Vice President / MEMORANDUM IN OPPOSITION
Chief Legislative Counsel

ON ASSEMBLY HEALTH A.8256 (GOTTFRIED)
COMMITTEE AGENDA

IN SENATE HEALTH COMMITTEE S.5867-A (RIVERA)

AN ACT to amend the public health law, in relation to consideration and prescription of non-opioid treatment alternatives for treatment of neuromusculoskeletal conditions

This legislation would amend the public health law to require health practitioners before prescribing an opioid medication to consider, discuss with the patient and refer or prescribe alternative services such as chiropractic, massage therapy or behavioral therapy. While we appreciate the goal of this measure to prevent patients from becoming addicted to opioid medications through encouragement of alternative treatments, we are concerned that this legislation will create confusing requirements for prescribers that will simply deter more physicians from prescribing pain medications for those patients that truly need them. Therefore, the Medical Society of the State of New York is opposed to this measure.

It is important to note the enormous progress we have made in responding to our opioid abuse epidemic. Just released data from IQVIA shows that there has been a 37.5% decrease in opioid prescriptions in New York between 2013 and 2018. Certainly, that is the result of comprehensive efforts by many, including the physician community, to better ensure that prescribing of pain medications are appropriate to the patient's needs. Of course, continued efforts are needed, but the progress has been significant. Concurrently, the New York State Legislature has enacted numerous measures to more strongly regulate opioid prescribing, including 2012 legislation to require consultation with the I-STOP database prior to a controlled substance prescription; and 2016 legislation to require all DEA-registered prescribers to take Continuing Medical Education coursework on pain management and limiting initial acute pain medication prescriptions to seven days:

And just last year, the Legislature enacted a law requiring all prescriptions for treating patient chronic pain to be consistent with the CDC chronic pain guidelines. Importantly, these guidelines include a component that directs physicians and other prescribers to seek alternatives to prescribing opioids in consultation with their patients. These various requirements, including the requirement to prescribe consistent with the CDC guidelines, has had the unintended effect of causing many physicians to refrain from prescribing opioids because of a fear of prosecution by disciplinary bodies that they could be violating the law. Our concern is that this legislation could exacerbate this trend by creating the impression that the physician needs to comprehensively document why they may have chosen to prescribe an opioid medication instead referring a patient for each and every one of the enumerated "alternative services" listed under the bill. Moreover, we are concerned that the language of the bill could push prescribers to refer their patients to these services even if in their clinical judgment they believed that medications were the best route to responsibly address the patient's pain.

Given these concerns, the Medical Society of the State of New York opposes this measure.

Respectfully submitted,

MMA-oppose 6/12/19

MSSNY DIVISION OF GOVERNMENTAL AFFAIRS