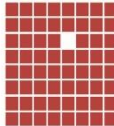
The Maryland State Medical Society
1211 Cathedral Street
Baltimore, MD 21201-5516
410.539.0872
Fax: 410.547.0915
1.800.492.1056
www.medchi.org

1211 Cathedral Street
Baltimore, MD 21201-5585
410-727-2237
e-mail: mdacep@aol.com
www.mdacep.org



**Maryland Chapter
AMERICAN COLLEGE OF
EMERGENCY PHYSICIANS**

MACHC
Mid-Atlantic Association of
Community Health Centers

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Maryland Chapter

TO: The Honorable Shane E. Pendergrass, Chair
Members, House Health and Government Operations Committee
The Honorable C. William Frick

FROM: Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman

DATE: March 7, 2017

RE: **OPPOSE UNLESS AMENDED**– House Bill 1211 – *Health Care Providers – Opioid Prescriptions – Limitations and Requirements*

The Maryland State Medical Society, the Maryland Chapter of the American College of Emergency Physicians, the Mid-Atlantic Association of Community Health Centers, and the Maryland Chapter of the American Academy of Pediatrics submit this letter of **opposition** for House Bill 1211 **unless amended**.

House Bill 1211 prohibits a provider from prescribing an opioid for more than 7-days if the patient is a minor or an adult who has previously not been prescribed an opioid for outpatient use. It also requires certain information be provided to a minor when opioids are prescribed. Clearly the sponsor of the bill intends to address the growing incidences of substance abuse, addiction, and overdose associated with opioids by addressing their prescribed use by minors and adults who have not previously been prescribed opioids. However, while well-intentioned, the effort to legislate clinical practice in statute will not result in the desired objectives and will create significant barriers to the ability of providers to appropriately address the health care needs of their patients.

Recently issued Centers for Disease Control and Prevention (CDC) guidelines for prescribing opioids for chronic pain provide recommendations for the prescribing of opioid pain medication by primary care clinicians for chronic pain in outpatient settings outside of active cancer treatment, palliative care, and end-of-life care. They offer ways providers can effectively communicate with patients, promote the safe use of opioids to manage pain, and reduce the risks of addiction and overdose as well as intervene if problems arise. However, a critical statement included in the guidelines states: *"Clinical decision making should be based on a relationship between the clinician and patient, and an understanding of the patient's clinical situation, functioning, and life context."*

While there are typical patients, common clinical scenarios, and best practices, codifying medical care in law as proposed by House Bill 1211 fails to recognize that the appropriate response to medical needs is never 100% consistent. Patients present with a host of different factors that alter their response to pain and different medications, influence their risks for misuse, addiction, and overdose, and impact their expectations of care. Clinical decision making needs to account for all of these and the limited "one size fits all" requirements of this legislation would prevent physicians and other health care providers from appropriately addressing the unique

needs of their patients.

The CDC guidelines themselves reinforce the need for flexibility in clinical decision-making. The guidelines state: *"The recommendations in the guideline are voluntary, rather than prescriptive standards. They are based on emerging evidence, including observational studies or randomized clinical trials with notable limitations. Clinicians should consider the circumstances and unique needs of each patient when providing care."*

Finally, even if one were to argue for the codification of certain elements of the CDC guidelines, upon which this bill appears to be based, the legislation does not reflect the exceptions and limitations of the guidelines that are clearly articulated. For example, the guidelines expressly exclude cancer treatment, palliative care, or end-of-life care. More importantly, they also clearly state that the guidelines were developed for individuals 18 years and older, not for minors. The guidelines state: "*The recommendations do not address the use of opioid pain medication in children or adolescents aged less than 18 years. The available evidence concerning the benefits and harms of long-term opioid therapy in children and adolescents is limited, and few opioid medications provide information on the label regarding safety and effectiveness in pediatric patients."*

The above-named organizations clearly recognize the notable intent of the sponsor to address the growing incidences of substance abuse, addiction, and overdose and to focus that effort on our youth to prevent addiction and overdose. However, codification of clinical practice will not achieve that objective and could alternatively result in poor health outcomes and ineffective management of medical care needs for the very individuals intended to be protected. Providers should practice in accordance with nationally recognized clinical guidelines. Guidelines are frameworks for care, not mandates for clinical practice, and recognize the importance of clinical flexibility, judgement and the need to be responsive to individual patient circumstances. The legislation should be amended to delete the specific clinical mandate and substitute language that recognizes practice in accordance with clinical guidelines, as well as noted exceptions, such as cancer, hospice, palliative care or other end-of-life services. Without such amendment, an unfavorable report is requested.

For more information call:
Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman
410-244-7000