New York State Senate
Joint Senate Task Force on Opioids
Addiction & Overdose Prevention
August 9, 2019
St. Barnabas Hospital
Bronx, New York

Testimony presented by:

Russell Kamer, MD
MSSNY Committee on Addiction and Psychiatric Medicine
Presented on behalf of MSSNY and the Bronx County Medical Society

Good morning. My name is Russell Kamer, and I am a primary care internist in practice for 33 years and I reside in Westchester County. I am also a member of the Medical Society of the State of New York's Committee on Addiction and Psychiatric Medicine. I am here representing MSSNY, and the Bronx and Westchester County Medical Societies.

The Medical Society of the State of New and its respective county medical societies, including the Bronx and Westchester County Medical Societies, agree with the need for aggressive action to reverse the opioid abuse epidemic in New York and across the country. While we believe we have made great progress, certainly more can be done. In 2012, the New York State Legislature passed the most sweeping legislation creating the I-STOP system. This legislation has, by far, changed physicians' behavior and prescribing practices in New York State. According to IQVIA, a Danbury, CT a leading global provider of information, innovative technology solutions and contract research services focused on data and science, since 2013, the prescribing of opioids is down nationally 32.9%. In New York State, IQVIA reports a reduction of 37.5% since 2013, and the change from 2017-2018 is down by 11.2% in just one year. The CDC has also reported that the nationwide opioid prescribing rate in 2017 fell to the lowest in has been in 10 years. Data from the NYS Department of Health shows that opioid prescriptions declined by nearly 35 percent on Long Island between 2011 and 2017. And opioid prescriptions to New Yorkers aged 25-34 dropped by nearly 50% and from ages 35-44 dropped nearly 30%. This reflects the fact that physicians and other health care professionals are increasingly judicious when prescribing opioids.

It must be noted that these substantial decreases in opioid prescribing are 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; 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, 2018 legislation requiring all prescriptions for chronic pain to be consistent with the CDC chronic pain guidelines. Proposed legislation to require physicians to follow mandated "scripts" prior to prescribing opioids to patients has consistently been rejected due to concerns that they could create strong disincentives for physicians to prescribe pain medications, even for those patients truly in need of such medications. It is noted that under the ISTOP provisions, New York State pharmacists are required to provide patient information with their prescription and to provide counseling.

The implementation of the CDC's *Guideline for Prescribing Opioids for Chronic Pain* in 2016 also encourages physicians and other health care providers to seek alternatives to opioids in consultation with their patients. However, the CDC recently expressed concerns about misapplication of the guideline that can risk patient health and safety as many providers were eliminating or reducing opioid pain medication. The AMA also released a statement regarding this which said, "The CDC's clarification underscores that patients with acute or chronic pain

can benefit from taking prescription opioid analgesics at doses that may be greater than the guidelines or thresholds put forward by federal agencies, state governments, health insurance companies, pharmacy chains, pharmacy benefit managers and other advisory or regulatory bodies."

The Medical Society agrees that more needs to be done to address this problem, and that is why MSSNY supported efforts in Albany and Washington to increase insurance coverage to address addiction, as well as supporting legislation before Congress to address gaps in federal law that prohibit physicians from writing prescriptions that enable a "partial fill" of a Schedule II opioid medication to reduce the risk associated with unused medications remaining in medicine cabinets. We congratulate the NYS Legislature for passing the "partial fill" provisions sponsored by Senator Rivera and Assemblyman McDonald (S.1813/A.3918) as it will go a long way in helping physicians and their patients to effectively manage pain and at the same time, keep unused opioids out of the home.

While opioid prescriptions are decreasing in New York State and nationally, additional legislative measures to mandate extensive warnings prior to prescribing_would only add to physician and other healthcare providers' well documented fears of prescribing opioids as many are concerned about possible prosecution. Furthermore, some have advocated furthering limiting an initial supply of opioid. However, this will only lead to further stigma and more importantly, limit access to opioids for patients who are benefiting or may potentially benefit from them. These proposals could ultimately lead healthcare practitioners to refuse to prescribe opioids even when they're indicated, seeing it as too risky or too much work. They also create a climate of mistrust between patients and physicians.

The Medical Society believes that New York State is working hard to implement a multi-pronged approach to addressing the opioid epidemic, and has begun to create a continuum of addiction care with full prevention, treatment, and recovery services. More needs to be done to expand access to traditional services, including crisis services, inpatient, outpatient, and residential treatment programs, as well as medication assisted treatment. Under Medicaid Managed Care and fee for service Medicaid, prior authorizations are not required for injectable naltrexone or for the preferred preparation of buprenorphine. New York State, hopefully, will become the fifth state to removing prior authorization for MAT. More importantly, the legislation that has passed in the NYS Legislature would ensure that patients have equal and fair treatment via MAT. Further highlighting the importance of this legislation is the fact that patients often change insurance plans. This would ensure continuity of care in these instances because the possibility of a patient being shifted to a plan without (or with lesser) MAT coverage would no longer exist.

Medical evidence shows that MAT promotes recovery from opioid use disorders, saves the health care system money, and most importantly, saves lives. Prior authorization requirements for MAT delay access to evidence-based care. Removing these barriers will get more people the treatment that they need.

Medicated-Assisted Treatment (MAT) is the use of FDA- approved medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders. There are three medications commonly used to treat opioid addiction: Methadone, a clinic-based opioid agonist that does not block other narcotics while preventing withdrawal while taking it; Naltrexone, an office-based non-addictive opioid antagonist that blocks the effects of other narcotic; and buprenorphine, also an office-based opioid agonist/ antagonist that blocks other narcotics while reducing withdrawal risk. MAT for opioid addiction is subject to federal legislation, regulations, and guidelines, including requiring physicians and other prescribers to obtain additional training in the use and administration of MAT. The American Medical Association's (AMA) Task Force on Opioids, of which MSSNY is a member, has called for support of MAT as a proven medical model in the midst of an epidemic and is calling upon on all payers—commercial insurers, self-insured plans, Medicare, Medicaid—as well as PBMs to end prior authorization and other unnecessary utilization management protocols for the treatment of opioid use. MSSNY supported efforts this year by the NY Legislature to make MAT more widely available to patients.

MSSNY is also supportive of making MAT available to prisons and jails across the state. The Department of Correction and Community Supervisions (DOCCS) does not generally provide SUD treatment, nor do county jails. Incarcerated individuals who are opioid depended are forced to withdraw from opioids and are only offered limited treatment or recovery services. These same individuals, upon release from prison, are more likely to die of a fatal overdose. MSSNY supports offering all three forms of the FDA Approved MAT, including buprenorphine and methadone. We are also supportive of a continuity of plan treatment when a prison is released to ensure that the individual does not relapse.

In the fall of 2016, Bassett Healthcare Network, in collaboration with DSRIP's Leatherstocking Healthcare Partners Collaborative, launched an innovative program aimed at making evidence-based addiction treatment more readily accessible to people living in rural central New York by offering medication-assisted treatment (MAT) in the primary care setting. The program is now being held up as a model for other health systems around the state and has earned Bassett the Healthcare Association of New York State's 2018 Pinnacle Award for Quality and Patient Safety. Currently, Bassett's opioid addiction program is helping more than 200 patients from around central New York address their addiction through a combination of MAT, counseling and comprehensive primary care to address other health issues. The patient, many who access the system through the emergency department, is provided with his/her first dose of MAT within the emergency department, and connected with a primary care physicians who is versed in MAT treatment. The primary care physicians' office connects with the patient the next day and sets up a series of appointments.

Since 2006, MSSNY has supported laws that allow non-medical persons to administer naloxone to another individual to prevent an opioid/heroin overdose from becoming fatal. Pharmacies have also been authorized to use a non-patient specific script for naloxone. Most importantly, physicians and other prescribers can already provide patients with either a non-patient specific script or a patient specific script for naloxone. Both a non-patient specific or patient specific

script is intended for family members—and it is important to note that a family member or friend must be with the patient in the event of an overdose in order for the Naloxone to be administered and to be effective. MSSNY is willing to explore ways to make this life-saving drug more available to the public and looks forward to discussing this with the task force members.

Prevention is critical step to curbing the opioid and drug epidemic in New York State and across the nation. A financial investment in an advertisement campaign, similar to the magnitude of what New York State has dedicated towards the anti-tobacco campaign, is needed. As the New York State Legislature begin to prepare for the 2020-21 state budget, it is imperative that it consider a comprehensive educational campaign and programs for school age children encouraging freedom from chemical dependency in general.

Thank you for your time; I am happy to answer any questions you may have.