

FROM THE DESK OF

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**ANNE ZINK**

February 21, 2018

To the Honorable Representatives through the chair,

I appreciate your time and considering this testimony for HB 268, Opioid Prescription Writing on behalf of Alaska ACEP (American College of Emergency Physicians) a local group representing more than 80% of the emergency medicine physicians in Alaska.

I am a full time practicing Emergency Physicians at Mat-Su Regional Hospital in Palmer Alaska and have spoken before on the need to better address the opioid epidemic facing our great state.

In the Emergency Department we see both the best and worst of opioids. When a tragic accident leaves a patient mutilated and in agony, or an elder suffering from the intense pain of metastatic cancer and its resultant fractures, opioids play a critical role. Opioids ability to provide relief from pain and suffering remain important. We also see the destruction that opioids wreak on patients lives, the overdoses, and the violent threats for opioids if they are not delivered on demand. We see a generation that expects (and demands) a pain free life. As physicians, we have been inappropriately incentivized to both make our patients "satisfied" and "do everything possible to alleviate pain". The combination of these factors, along with aggressive marketing by the pharmaceutical industry, have contributed to the nightmare of the opioid epidemic we see today.

As Emergency Physicians, we recognize the critical role that physicians and the broader medical system play in both addressing the opioid epidemic that exists today, as well as preventing Alaskans from becoming embroiled in the opioid epidemic in the future. We have worked with DHSS to create guidelines for how opioids should be prescribed in the Emergency Department. We are implementing IT fixes across the state so we can more easily identify patients at risk for opioid addiction and overdose sooner. In conjunction with DHSS, we are finalizing an opioid education handout that discusses many of the aspects of pain and opioid use and abuse called for in HB 268. Statewide, we now have a CME requirement related to opioids. Our state chapter of ACEP, National ACEP, and the broader house of medicine have all recognized the tragedy of medical opioid use and the link to opioid addiction.

In general, as physicians, we are concerned when legislation inserts itself into the conversations and relationships we have with our patients. We are concerned by moves in other states where key issues regarding health of patients were legislatively prohibited from being discussed. We see the patient / physician relationship as a special and very personal space that we fight hard to protect.

HB 268 appears to be legislating something that we believe physicians should be doing for their patients. As emergency physicians we fully embrace the importance of the risk-benefit- alternative discussion between provider and patient any time a potentially hazardous test or treatment is being considered. The decision to use opioids or not certainly falls into this category. Our hope is that with all the attention being paid to opioids by both the house of medicine and society in general, these conversations are already happening.

We all play a role in creating a happy and healthy society. We need our medical system to be better stewards of the opioids they prescribe and administer, we need physicians to not be graded on "ending pain", we need better patient education about the risk and alternatives for these medication, we need better information systems that let providers know what treatment a patient has received else where, and we need treatment options available for patients seeking recovery. HB 268 may help encourage a conversation we believe in and is in line with many other steps this body and others have taken end this epidemic. If this bill does pass, we would suggest the addition of a sunset clause to ensure limited health care resources are being devoted to the most appropriate location.

Thank you for your time and consideration and accepting this written testimony.  
Please feel free to reach out with any questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to be 'Anne Zink', with a stylized, flowing script.

Anne Zink, MD, FACEP

[annezink@gmail.com](mailto:annezink@gmail.com)

907-315-5991