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January 28, 2013

RE: HB 53, "An Act establishing a consultation requirement with respect to the prescription of opiates under certain circumstances."

TO: Health and Social Services Committee Members

1. As the Medical Director of Interior AIDS Association's Project Special Delivery, the methadone treatment program for opiate addiction in Fairbanks, I want to commend Representative Keller for sponsoring this bill. HB 53 is a step in the right direction in addressing the rising epidemic of prescription pain killer addiction that is gripping our state and the nation. While I see recent major, positive changes in the Interior with regards to the provision of chronic pain management, there remains outliers fueling the supply of prescription opiates in our area. These pain killers invariably end up on the street.
2. HB 53 will help ensure patient safety with regards to high dose opiate pain killer use (ie, OxyContin, hydrocodone/Vicodin, Percocet, morphine, etc.) by requiring consultation with a specialist in pain management. These medications can be very dangerous and have many interactions with other medications, some deadly. (See the recent report on Toxicity and Hospitalization due to Opioid Pain Relievers - Alaska, 2001-2010)
3. However, I want to alert the Committee to two flaws in the bill as written:

- a. First, there is no exclusion in Section 1 (c) for opiate addiction treatment. There are two opiate addiction treatment clinics in Alaska - ours and Narcotic Drug Treatment Center in Anchorage. We use methadone, a synthetic opiate medication, for the treatment of opiate addiction. This is a long-standing, well-established, and standard treatment for opiate addiction. In this instance, methadone is not prescribed for pain. Consultation with a pain medicine specialist would not only be inappropriate, it would be a barrier to treatment. I do not imagine the intention of this bill was to limit the treatment of opiate addiction. Therefore, I recommend that HB 53 be amended in Section 1 (c) to include the following:

*"(8) the provision of medication-assisted treatment in a certified opiate addiction treatment program."*

- b. Second, the 120 milligram requirement seems problematic as not all opioid pain killers are equivalent with regards to potency at that level. For instance, fentanyl, a synthetic opioid, is dosed in *micograms*. Fentanyl is extremely potent and certainly a drug of abuse. There would never be an instance where fentanyl prescription would ever come close to the 120 mg requirement, and therefore, it would essentially be excluded from the rule.
4. Unfortunately, I am unavailable to testify at the hearing on January 31st. Please contact me directly for any questions or concerns. My cell number is 907-322-6856, and my email is [nfliss@mac.com](mailto:nfliss@mac.com). I would be very happy to talk with anyone about this bill and/or opiate addiction treatment.

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