Facing epidemic, Baker seeks to limit opioid prescriptions



PAT GREENHOUSE/GLOBE STAFF

Governor Charlie Baker.

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Governor Charlie Baker, facing a deadly scourge of prescription drug and heroin abuse, proposed Thursday to place new limits on how many opioid painkillers doctors and dentists can prescribe to a patient. Looking to help stanch addiction where it often begins, the wide-ranging bill would limit practitioners to prescribing no more than a 72-hour supply of opioids to patients the first time they prescribe an opioid to them, with exceptions only for certain limited emergencies.

At a State House news conference, Baker said he has heard far too many stories in recent years of people who come from a doctor's office, a dental visit, or the hospital with 30 or 60 or 80 tablets of an opioid drug, when a handful would do. "This has got to stop," he said.

Administration officials said they did not know of any other state that has enacted a similar measure.

Legislative leaders reacted positively to the proposal, but the Baker plan immediately drew concern from the medical community in Massachusetts, underscoring the tension between the government's latest effort to stem the epidemic and doctors' belief that they know their patients' needs best.

"It doesn't necessarily allow for the clinical judgment of physicians — to adjust their prescriptions for different patients with different situations," said Dr. Dennis Dimitri, president of the Massachusetts Medical Society, which represents more than 25,000 physicians and medical students.

Dr. David P. Lustbader, an oral and maxillofacial surgeon who is vice president of the Massachusetts Dental Society, said the effort is a simplistic approach to a complex problem.

"For me to tell a patient, 'I'm sorry, you can only have 72 hours of pain medication,' it's not fair and it's not realistic," he said. "You're having attorneys trying to fix health care, and you're throwing the baby out with the bathwater."

The powerful American Medical Association also expressed worry. The group's chairwoman-elect, Dr. Patrice A. Harris, said in a statement the AMA shares local doctors' "concerns over sections of the bill, including universal mandates that may be well-intentioned, but may have unintentional consequences to the patient-physician relationship."

But Dr. Sarah Wakeman, a Massachusetts General Hospital physician who served on Baker's <u>Opioid Working Group</u>, which delivered a lengthy set of recommendations in June that helped form the basis of the bill, described a rationale for the prescribing limit push. She said drug addiction is a disease and, as in dealing with other diseases, prevention works.

"We prevent diabetes by limiting exposure to foods and beverages. We prevent lung cancer by limiting exposure to tobacco smoke," she said at the news conference. So the proposed opioid prescription limit "will help to minimize excessive exposure to opioids."

Baker, a former health insurance company executive, explained he has lots of friends and colleagues in the health care world. "I am astonished," the Republican governor said, "by the casual nature and the casual attitude that I find when I talk to them about these medications and these issues. And that has got to change. Period."

The governor's legislation would also strengthen a prescription monitoring program, requiring every practitioner to check a database before writing an opioid prescription; increase education about the drugs for athletic coaches, parents, and physicians; and give hospitals new power to force treatment on substance abusers who pose a danger to themselves or others.

Early reviews of the bill from several powerful figures in the state were positive. Senate President Stanley C. Rosenberg and House Speaker Robert A. DeLeo, both Democrats, released warm statements about the legislation.

And in a clear nod to the bipartisan effort to tackle the crisis, Steven A. Tolman — the president of the Massachusetts AFL-CIO, a former Democratic state senator, and a sometimes Baker antagonist — stood directly to Baker's right during the news conference. In remarks, Tolman, a longtime advocate on issues of substance abuse, underscored his support for the governor's effort to address the scourge.

In another boost for the bill, Lora M. Pellegrini, president and chief executive of the Massachusetts Association of Health Plans, which represents 17 health insurers in the state, praised Baker for leading on the issue of opioid addiction.

Pellegrini said the data show a lot of heroin users start with opioid prescription drugs, and the prescription-limiting effort might help reduce the amount of those drugs on the street.

The governor also proposed ending the practice of sending women struggling with addiction — who are found by a court to pose an immediate risk of harm to themselves or others — to a Framingham prison when treatment beds are full.

Jessie Rossman, a staff lawyer with the American Civil Liberties Union of Massachusetts, which has brought a lawsuit on behalf of women civilly committed to the prison, said she is reviewing the legislation and hopes any bill that becomes law will actually accomplish the goal of ending the practice.

She also said the ACLU is carefully reviewing Baker's push to give hospitals new power to force treatment on substance abusers who pose a danger to themselves or others for up to 72 hours — and offered a note of concern about any effort that can deprive people of their liberties.

Baker's proposal mirrors existing law that permits a 72-hour period of involuntary treatment when a physician determines a person suffers from mental illness and poses a serious risk of harm.

Massachusetts has suffered from a grim rise in unintentional opioid overdose deaths. The state Department of Public Health said this year that an estimated 1,256 Massachusetts residents died from opioid overdoses in 2014, a sharp increase from 2013 and 2012.

The Senate has already passed its own bill this fall, focused on steering people away from addiction through education and prevention. Baker's bill, along with efforts by the House, may be melded into a single legislative package in the months ahead.

The governor has made a wide-ranging state government response to the crisis a centerpiece of his agenda. Aides said he is deeply committed to getting a comprehensive bill to address opioid abuse into law and is willing to use his political capital to get it done.

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