

ALASKA STATE LEGISLATURE



REPRESENTATIVE LES GARA

SPONSOR STATEMENT

CSSSHB 268(HSS)

Patient Advisory on Potential Addiction from Prescription Opioid Drug Use

House Bill 268 seeks to help address the opioid addiction crisis in Alaska, by making sure patients are advised of the potential addictive dangers of these prescription drugs. Opioid drugs include oxycodone, hydrocodone, and other pain reducing drugs. In many cases these drugs are needed to address acute physical pain, but the facts show that these drugs can also have powerful addictive effects. Furthermore, studies show many heroin users started as opioid drug users. The relatively low cost of heroin as a substitute drug can lead to the transition by many Americans and Alaskans to heroin. Obviously, this can occur when a medical provider will no longer provide additional prescription medication. A small but troubling percentage of people who become addicted to opioid drugs later become heroin addicts.

These addictions can destroy families, destroy a person's ability to hold employment, and destroy lives. Addiction treatment is costly for consumers, who pay indirect insurance costs, as well as for the state, which often covers and pays for addiction treatment. In the worst case, overdose deaths also result from opioid use. According to the Department of Health and Social Services, 14,000 Americans died from opioid use in 2014 and 91 Americans die every day. Alaska's per capita death rate is twice the national average. According to the Department, between 2009-2015, 774 Alaskans died from opioid overdose.

This bill recognizes a reality. Since 1999, the number of opioid prescriptions have tripled. More Americans and Alaskans have been prescribed these often useful, but potentially dangerous drugs. House Bill 268 is a patient information bill. It requires prescribers to let patients know about the potentially addictive qualities of these drugs when they are prescribed, and that they can potentially

lead to opioid abuse and addiction. Providers must also mention reasonable alternatives to opioid medication therapy, if available. Patients can then use this knowledge to help themselves and their family members guard against overuse and abuse when prescribed these medications.

To keep the requirements flexible, and as non-burdensome as feasible, while still protecting patients, medical providers who prescribe these drugs will be required to provide this information to their patients in their “own words”.

The bill also requires the Department of Health and Social Services to prepare a very short handout that provides information about the potential addictive and health risks of opioids. To increase the chances that this information will be presented in a form that is useful, it is required to be concise, and may include graphics. The handout is important because it recognizes that the patient-provider discussion may not be long and detailed, and a patient may not remember what is told to them by a medical provider in this regard. It also serves to reinforce the information.

This bill does not create opportunities for new civil lawsuits against providers, thus protecting the patient-provider relationship. Instead of imposing civil liability, and raising the specter of lawsuits, the enforcement mechanism in the bill allows the providers’ Board to consider sanctions for “habitual” violations of this statute that occur without “good cause”.

Exceptions to the legislation’s requirements, borrowed from a similar statute passed in New Jersey, include medical services where opioids may be necessary such as for opioid addiction treatment and hospice care.

Please feel free to contact our office with any questions.

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