



## **Oppose HB 2638 Efforts by Drug Companies to Legislate the Practice of Medicine**

ISMS respectfully requests your no vote on a bill that would mandate prescriber to offer a prescription for naloxone and as well as mandate that physician have specific conversations with not only patient but one or more individuals designated by the patients.

### **ISMS Opposes this legislation for the following reasons:**

- Physicians are well trained to identify patients who need a co-prescription for naloxone, and currently do this for high risk patients. Some instances require the physician to not prescribe an opioid at all. Physicians, depending on their specialty, follow the hundreds of guidelines relating opioids that are currently prescribed to them.
- HB 2638 falsely assumes every patient has the same medical conditions and the same risky behavior. Every patient is different and every patient requires different courses of treatment. Physicians know how to treat their patient as an individual. This bill robs them of that.
- This bill is redundant to current law that allows pharmacists, under a standing order, to offer naloxone to any patient being dispensed an opioid;
- Prescribers are required to complete three hours of CME specific to safe opioid prescribing, including awareness of co-prescribing opioids and benzodiazepines and co-prescribing opioids and naloxone, which will improve their ability to educate their patients about the dangers of opioids and related issues;
- In 2018, the IDFPR established opioid prescribing guidelines, incorporating by reference in the Medical Practice Act opioid prescribing guidelines of the Federation of State Medical Boards. These guidelines explicitly address the consideration of co-prescribing naloxone with opioids, as well as the increased risk of co-prescribing opioids and benzodiazepines. Physicians are already professionally responsible for being aware of the risks surrounding opioid prescribing, and for prescribing consistent with the FSMB Guidelines.
- This bill requires prescribers to educate individuals designated by the patient, which creates a nearly impossible mandate to meet. The prescriber will then be sanctioned for situations well beyond his/her control.

- The advocate behind this bill is a drug company who manufactures a naloxone product. It is dangerous precedent to allow drug companies to pass laws that mandate how physicians treat their patients.

Specifically, HB 2638 does the following.

1. Mandates that prescribers offer patients a prescription for naloxone if:
  - A patient is also receiving a daily opioid dosage of 90 MME or more;
  - An opioid prescription is concurrent with a prescription for a benzodiazepine; or,
  - The patient is at an increased risk for overdose (based on past history of overdose or history of SUD).
2. Mandates that a prescriber provide education to patients receiving a naloxone prescription as mandated on overdose prevention and the use of naloxone (or other opioid antagonist).
3. Mandates that a prescriber provide education on overdose prevention to one or more persons designated by the patient.