

McDowell, Robert

From: Granowsky, Richard T.
Sent: Tuesday, March 13, 2018 10:22 AM
To: Bourdon, Kendall
Subject: [External] Comment on proposed rules addressing the opioid epidemic in workers' compensation cases

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Dear Ms. Bourdon:

I have been reaching out to medical providers in the state who treat workers' compensation patients seeking feedback regarding the proposed rules for the use of opioids in WC cases. The comments below were received from an orthopedic surgeon who foresees potential adverse consequences for WC patients:

There are 3 basic problems with the proposed new rules:

1. These rules, based solely upon the patient's form of payment, require that the W/C patient be treated differently from all other patient's in one's practice. From a provider's perspective, "Worker's Compensation" is just another form of payment. It is confusing, discriminatory, and potentially dangerous to have differing sets of rules for treating patients based singularly upon the patient's source of payment.
2. The concept of a "day's supply" for narcotic pain medicine is nonsense. Pain medication is not like medications for high blood pressure. Narcotic needs and responsiveness varies greatly from person to person and from day to day, making it impossible to determine how to write the initial prescription at the time of injury evaluation or surgery.
 - a. Placing limits on prescription supply to "five days" will likely drive providers to write for the maximum daily dose in order to ensure the patient has sufficient pain medication on-hand, but provide verbal instructions to try to cut back in order to make the supply last longer. Since most prescribers must convey these types of prescriptions in written format (rather than by fax or e-scribing), providing a re-fill after only 5 days is logistically challenging. Many will only provide a written refill in the context of another billable office visit, driving up the numbers of visits and the overall cost of care.
3. The proposed rules place onerous requirements on providers beyond 35 days of treatment. These requirements ONLY would apply to one's worker's compensation patients. There are many times that it is clinically appropriate to prescribe narcotic pain medications for many acute musculoskeletal injuries and operations, yet under these proposed rules, beyond 35 days it will require the provider to administer a urine drug screen and opioid risk assessment—both of which are onerous and not required for any patients with any other forms of payment. It is my opinion that when faced with this requirement, many providers will simply stop prescribing any more narcotic pain medications in this setting, perhaps under-treating this population of patients.

My recommendation:

Just stick with the provisions of the STOP Act. It is new, not yet fully implemented, more restrictive than ever before, and would apply to all patients the same, regardless of method of payment.

Please enter these considerations into the public comment on the proposed rules.

Best regards.

Richard

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