

HB 93--Far Too Much of a Good (?) Thing

By Bill Treuhaft, M. D.

There have been many changes in the way we practice medicine during my 30+ years in Toledo. When I was a newby, managed care was something the avant garde medical communities on the West Coast had dreamt up; it arrived here several years after I did. Healthcare systems didn't exist then either; anachronistic as it seems now, hospitals were independent entities. There are many more examples amidst the "good old days" of medicine.

But yet another new development has come along which may make it that much harder for many of us to practice in Ohio: House Bill 93. This is the law recently passed that regulates prescribers of controlled substances (read: pain medicines). Apparently there have been large numbers of "pill mills", mostly in southern Ohio, which prescribe and dispense quantities of narcotic analgesics to just about anybody who comes through the door, if they have the right amount of cash. These drugs are then consumed recreationally, resulting in increased numbers of accidental overdoses and deaths, multiple car crashes and the like. Not a pretty picture, to be sure.

The State Legislature's response was HB 93, recently signed by Governor Kasich, which regulates such practices by requiring licensure of Pain Management Clinics, limiting amounts of pain medications one can dispense from a clinic or office, and requires prescribers to review OARRS, the Ohio Automated Rx Reporting System prior to prescribing controlled substances under certain conditions.

I have no argument with the idea of reining-in rogue prescribers like this. My problem is the all-encompassing nature of the bill's language. The bill was introduced in the legislature in February and passed in May--lightning speed for a new law. But like anything done in haste, it has some sizable flaws that must be addressed. For while it requires pain clinic registration, its definition of a pain clinic is quite broad. For instance, if one prescribes a narcotic analgesic to a patient for 12 weeks or more, it is required that one reviews the OARRS database online, looking for that patient's name as a potential abuser, and attest in writing in the chart that you've done so. There are many other circumstances that will trigger a mandatory OARRS database review, such as "requesting brand name over generic" drugs, sharing controlled meds with others (including spouses), frequent emergency department visits and so forth. So if one of my patients meets any of these and other criteria, I am required to take time from my day to review the OARRS database on him/her and attest to it and, I suspect eventually, report it.

Now, I think the intent of the law is admirable. Who can argue with trying to save lives, reduce drug abuse and so forth? But isn't this the kind of thing the DEA and state law enforcement agencies are already supposed to be doing? Since the OARRS database is already online, wouldn't it be a very simple matter to re-program it so that when such drugs are prescribed and dispensed, even legally, such a prescription would automatically trigger an OARRS search for excessive numbers of pills or multiple prescribers, etc.? Then the appropriate law enforcement agency could review the data and do a targeted investigation, saving all of us law abiding docs from yet another regulatory requirement.

Why does this matter to many more of us than only pain management specialists? Well, as a rheumatologist, although my primary focus is on diagnosing and treating rheumatic diseases, many of my patients have chronic pain as a symptom. So, I suspect, do the patients of neurologists, neurosurgeons, orthopedists, physiatrists and others. We'll all have to review the OARRS database regularly and document it in the chart. The task of monitoring all this is now effectively shifted from the designated regulators....to us! This added regulatory burden will likely cause some practitioners to quit prescribing such medications, thereby resulting in reduced access to appropriate care. You get the picture.

Several years ago, there was a big flurry of activity aimed at making sure physicians treated their pain patients adequately. Pain was to be the "fifth vital sign" and inadequate pain relief was unacceptable--tantamount to malpractice. Several months ago, propoxyphene in all forms was taken off the market after being available for around 50 years as an analgesic. It wasn't a great drug, by any means, but it worked very well for some folks. With its disappearance, the number of non-opioid oral analgesics shrank further and use of opioids increased. But now, if you treat too many pain patients for too long or with too much pain medicine, you must register and be licensed as a pain management clinic, routinely review the OARRS database and so forth. It appears that no exemptions were included in this law for those of us who are trying to practice high quality, legal medicine and control chronic pain. We've all been "tarred with the same brush" as the pill mills elsewhere in Ohio.

The OSMA has taken the position that the OARRS review and some other suggested mandates be, instead, non-mandatory practice guidelines. If you agree with this, let the OSMA and the State Medical Board know!

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