

SENATE RESOLUTION No. 60

STATE OF NEW JERSEY

217th LEGISLATURE

INTRODUCED JUNE 27, 2016

Sponsored by:

Senator ROBERT M. GORDON

District 38 (Bergen and Passaic)

Senator SHIRLEY K. TURNER

District 15 (Hunterdon and Mercer)

SYNOPSIS

Urges State Board of Medical Examiners to adopt CDC guideline for prescribing opioids for chronic pain.

CURRENT VERSION OF TEXT

As introduced.

A SENATE RESOLUTION urging the State Board of Medical Examiners to adopt the Centers for Disease Control and Prevention guideline for prescribing opioids for chronic pain.

WHEREAS, Opioids are commonly prescribed for pain, and an estimated 20 percent of patients presenting to physician offices with non-cancer pain symptoms, pain-related diagnoses, or acute and chronic pain receive an opioid prescription; and

WHEREAS, In 2012, health care providers wrote 259 million prescriptions for opioid pain medication, enough for every adult in the United States to have a bottle of pain medication pills; and

WHEREAS, Rates of opioid prescribing vary greatly across states in ways that cannot be explained by the underlying health status of the country, highlighting the lack of consensus among clinicians on how to use opioid pain medication; and

WHEREAS, Chronic pain is defined as any pain lasting more than three months or lasting longer than the time of normal tissue healing, and can also be the result of an underlying medical disease or condition, injury, medical treatment, inflammation, or an unknown cause; and

WHEREAS, Estimates of the prevalence of chronic pain vary but it is clear that the number of persons experiencing chronic pain in the United States is substantial; and

WHEREAS, The assessment, treatment, and prevention of chronic pain are challenges for health care providers because pain sometimes goes unrecognized, and patients, particularly members of racial and ethnic groups,

women, the elderly, persons with cognitive impairment, and those with cancer and at the end of life, can be at risk for inadequate pain management treatment; and

WHEREAS, There are clinical, psychological, and social consequences associated with chronic pain which include lost work productivity, reduced quality of life, and stigma; and

WHEREAS, As a result, patients suffering from chronic pain should receive appropriate and compassionate pain treatment based on a careful consideration of the benefits and risks of the treatment options; and

WHEREAS, Evidence supports short-term efficacy of opioids for reducing pain and improving function in non-cancer patients, and patients receiving opioid therapy for chronic pain report some pain relief; and

WHEREAS, However, few studies have been conducted to assess the long-term benefits of opioids for chronic pain. In spite of this lack of research, it is estimated that between nine and 11 million adults, or approximately three to four percent of the adult population in the United States, have been prescribed long-term opioid therapy; and

WHEREAS, Despite the benefits, opioid pain medication use presents serious risks, including overdose and opioid use disorder; and

WHEREAS, From 1999 to 2014, more than 165,000 persons died from overdose related opioid pain medication in the United States; and

WHEREAS, In the past decade while the death rate associated for heart disease and cancer have decreased substantially, the death rate associated with opioid pain medication has increased significantly; and

WHEREAS, Opioid use disorder is a pattern of opioid use which leads to clinically significant impairment or distress. Opioid use disorder is characterized by a person's unsuccessful efforts to cut down or control the use of opioids and failure to fulfill major obligations at home, school, or work because of continued use; and

WHEREAS, Opioid use disorder has also been referred to as "abuse," "dependence," and "addiction," and is different from tolerance (diminished response to a drug with repeated use) or physical dependence (adaptation to a drug that produces symptoms of withdrawal when the drug is stopped), both which can exist without a diagnosed disorder; and

WHEREAS, In 2013, on the basis of DSM-IV diagnosis criteria, an estimated two million persons abused or were dependent on prescription opioid pain medication; and

WHEREAS, Having a history of a prescription for an opioid pain medication increases the risk for overdose and opioid use disorder, underscoring the need for guidance on safer prescribing practices for health care providers; and

WHEREAS, In response to concerns about opioid pain medication misuse and the belief of health care providers that opioid pain medication can be effective in controlling pain, the Centers for Disease Control and Prevention (CDC) published a guideline for health care providers who prescribe opioids for chronic pain in outpatient settings outside of active cancer treatment, palliative care, and end of life care; and

WHEREAS, The CDC Guideline for Prescribing Opioids for Chronic Pain, United States 2016, published in March of 2016, addresses: when to initiate or continue opioids for chronic pain; opioid selection, dosage, duration, follow-up, and discontinuation; and assessing risk and addressing harms of opioid use; and

WHEREAS, The guideline is intended to improve communication between health care providers and patients about the risks and benefits of opioid therapy for chronic pain, improve the safety and effectiveness of pain

treatment, and reduce the risks associated with long-term opioid therapy, including opioid use disorder, overdose, and death; and

WHEREAS, The State Board of Medical Examiners is urged to adopt the CDC guideline in order to improve patient safety, educate patients about the risks and benefits of opioid use as a pain management treatment, and reverse the cycle of opioid pain medication misuse in the State of New Jersey; now, therefore;

BE IT RESOLVED *by the Senate of the State of New Jersey:*

1. This House respectfully urges the State Board of Medical Examiners to adopt the CDC Guideline for Prescribing Opioids for Chronic Pain, United States 2016 in order to improve patient safety, educate patients on the risks and benefits of opioid use as a pain management treatment, and reverse the cycle of opioid pain medication misuse that is contributing to the opioid overdose epidemic in New Jersey.

2. Copies of this resolution, as filed with the Secretary of State, shall be transmitted by the Secretary to the Senate to the State Board of Medical Examiners.

STATEMENT

This resolution respectfully urges the State Board of Medical Examiners to adopt the CDC Guideline for Prescribing Opioids for Chronic Pain, United States 2016 in order to improve patient safety, educate patients about the risks and benefits of opioid use as a pain management treatment, and reverse the cycle of opioid pain medication misuse that is contributing to the opioid overdose epidemic in New Jersey.