



MEMORANDUM

MEDICAL SOCIETY OF THE STATE OF NEW YORK

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May 20, 2016

To: MSSNY COUNCIL

FROM: FRANK DOWLING, MD
PAT CLANCY, VP, PUBLIC HEALTH AND EDUCATION
MSSNY COMMITTEE ON ADDICTION AND PSYCHIATRIC MEDICINE COMMITTEE

SUBJECT; SUPPORT OF PARTIAL FILL AND MAT CONCEPTS

Dr. Frank Dowling and Pat Clancy attended the AMA's Task Force on Opioid Abuse on April 26, 2016 and provided a report to MSSNY's Committee on Addiction and Psychiatric Medicine Committee on May 20, 2016.

Partial Fill of Controlled Substance II

Part of the discussion at the AMA's Task Force on Opioid Abuse was the possible passage of the Schedule II partial fill legislation on the federal level. Members of the AMA's task force agreed that this proposal is much more acceptable to medicine. There is little clinical evidence that shows that arbitrary limitations on pain medication are effective for acute pain.

Partial fill of Controlled Substance II is currently prohibited under the Drug Enforcement Agency's (DEA) regulation. This bill, part of the Congressional opioid discussion, would allow physicians/prescribers, in consultation with their patient, to prescribe up to a 30 day supply of Controlled Schedule II with a notation to the pharmacist that he/she should only dispense the agreed to amount. Each partial filling would be dispensed and recorded in the same manner as a refilling (i.e., date refilled, amount dispensed, initials of dispensing pharmacist, etc.), the total quantity dispensed in all partial fillings does not exceed the total quantity prescribed, and no dispensing occurs after six months past the date of issue. The DEA allows partial fills for Controlled III and IV.

Discussion at the committee meeting included the federal legislation and the bill pending before the New York State Legislature to impose a five day limit of Schedule II and III. The limitation bill has passed the New York State Senate and is currently in the Assembly Codes Committee. Committee members agreed to support the concept of partial fills for Controlled Substance II and recommends that the MSSNY Council takes action on the following:

RESOLVED, that the Medical Society of the State of New York support legislation/regulations allowing partial fill of Schedule II Controlled Substance medications similar to partial prescription fills permitted under regulations for Schedule III and IV medications.

(FOR MSSNY COUNCIL ACTION)

Medication Assisted Therapy

The AMA task force has recommended that medical organizations and state medical society introduced into their respective legislatures the concept of Access to Medication Assisted Therapy (MAT). The AMA has provided each of its members with model legislation. Medication Assisted Treatment is the use of medications, commonly in combination with counseling and behavioral therapies, to provide a comprehensive approach to the treatment of substance use disorders. FDA-approved medications used to treat opioid use disorders include methadone, buprenorphine (alone or in combination with naloxone), oral naltrexone and extended-release injectable naltrexone. In addition, there are FDA-approved medications and a growing evidence base of additional medications that may be used to treat other substance use disorders. Types of behavioral therapies include individual therapy, group counseling, family behavior therapy, motivational incentives and other modalities.

The MAT model legislation and concept was discussed by the Committee on Addiction and Psychiatric Medicine Committee and members strongly agreed with MSSNY supporting the MAT in an effort to combat the opioid/heroin crisis in New York State. The committee recommends adoption of the following:

RESOLVED, That the Medical Society of the State of New York support legislation/regulation to allow access to Medication Assisted Therapy and psychosocial strategies for substance use disorders and that insurance companies be required to provide coverage for these programs including in the primary care non-psychiatric non-addiction specialist setting.

(FOR MSSNY COUNCIL ACTION)