Pennsylvania Association for the Treatment of Opioid Dependence



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REVIEW COMMISSION

Mr. Gerald S. Smith Board Counsel P.O. Box 2649 Harrisburg, PA 17105-2649

Dear Mr. Smith:

I'm writing to make comment on the State Board of Medicine's proposed amendments to 49 PA Code, Chapters 16 and 18 pertaining to Physician's Assistants (PA). Firstly, we certainly agree with most of the proposed changes and with the perception that the rules very much need to be liberalized.

The primary problem to which I would draw your attention is in regard to Section 18.158 in connection with prescription of controlled substances. We have the general comment that communities across the Commonwealth are already awash with misused prescribed methadone, oxycodone, and other scheduled, opiate medications. These drugs are commonly obtained by drug dealers' posing as chronic pain suffers and the drugs are then sold on the street. Providing for PA's to prescribe schedule II controlled substances, even with the conditions and restrictions imposed by the proposed regulations, is a major mistake.

In particular, our Association is concerned about the language regarding prescription of methadone, a schedule II narcotic used primarily for either treating pain or for treating opiate (especially heroin) addiction. The regulation appears to allow any PA to prescribe methadone for 72 hours on his/her own judgment and for longer periods under defined circumstances. This would be a dangerous practice given that many persons seeking methadone prescriptions are addicted to heroin and the methadone can have synergistic effects with commonly abused benzodiazapines and with alcohol. This can result in death. The typical PA is not in a position to

assess whether the patient before them constitutes such a risk. Also, nowhere in the proposed regulation does it note that certain schedule II drugs (specifically, methadone) may not lawfully be prescribed for treatment of drug addiction outside of a state-licensed narcotic treatment program. The regulation is uniquely positioned to provide that important matter of information and, by adding a few more words to the document where it deals with prescribing schedule II substances, it is possible to avoid having PA's unintentionally violate other state and federal regulations. As now written, persons could even interpret that this new regulation voids other state regulations that prohibit such prescribing.

Thank you for the opportunity to comment on these proposed regulations. Sincerely,

Glen Cooper, President