

Practice of Medicine Should be Left to Doctors - SB 370

By Bill Hobby

Should the cops practice medicine? Should the legislature pass laws that make you hurt?

Senate Bill 370 does both of those things. It has worthy goals--saving money and minimizing fraud. But it would also make a lot of people suffer a lot of pain.

The bill says that if the doctor prescribes Valium for you, the doctor has to tell the cops. Do you think that is a good idea?

The bill adds some medicines--benzodiazepines--to the Schedule II list of controlled substances. It would require doctors who prescribe these drugs for their patients to make three copies of the prescriptions--one for their records, one for the patient and one for the Department of Public Safety.

If a doctor has to tell the cops when he or she prescribes a medicine, the doctor won't prescribe it very often. The doctor rightfully fears that the loss of the license to practice medicine if the doctor prescribes the drug.

The drugs now on Schedules I and II of the controlled substance list are those with considerable potential for harm--heroin, morphine and pure codeine, among others. The benzodiazepines are a milder category which includes Valium, Halcion, Serax, Xanax and other medications used to treat anxiety, insomnia and muscle spasms.

"These are medications the people really depend on for survival," said Jackie Shannon, executive director of the Texas Alliance for the Mentally Ill. "It's going to make people who need these prescriptions feel like criminals...It's just another way to stigmatize mental illness."

Senate Bill 370 has already passed the Senate because it will supposedly save the state \$5.1 million over the next two years. It is one of more than 100 cost-saving measures proposed by Comptroller John Sharp in the Texas Performance Review.

That report claims that the Medicaid Vendor Drug program is a "major source" of drugs illegally diverted for sale or personal use. Those who qualify for Medicaid--the poorest of our citizens--are entitled to three prescriptions per month paid for by the program, which is 64 percent federally funded and 36 percent state funded.

In 1989, New York added benzodiazepines to its triplicate prescription list, arguing that widespread abuse of these drugs had become a serious public health hazard and a costly abuse of the Medicaid system. The result, according to Sharp's report "Against the Grain," was a \$27 million savings over two years. Prescriptions for the medications decreased by 55 percent during that time.

In a time when money is short and the needs are great, any cost-cutting idea is welcome. The problem with this one is that no one considered the many Texans with a legitimate need for these medications.

"I think it's inappropriate to get at those few who abuse by lumping everyone together," Ms. Shannon said.

Dr. C. Stratton Hill Jr., who has dedicated most of his life to the relief of pain, predicts that the result of Senate Bill 370 will be more suicides, longer hospitalization and the use of primitive medications with severe side effects.

When the number of prescriptions drops rapidly, it doesn't necessary mean the drug was over-prescribed, he said. It just means patients aren't getting the medication.

Triplicate prescriptions are onerous, and they subject doctors to the threat of criminal prosecution or loss of license.

"There are abusers and there are bad practices, but don't try to do police work by restricting access to legitimate, effective drugs," Hill said. He is director of the Office of Pain and Symptom Management at the University of Texas M.D. Anderson Cancer Center in Houston.

A number of studies dispute the value of New York's crackdown on Valium.

The Department of Health claims remarkable success in reducing abuse of that class of drugs, and a particularly large reduction in prescriptions from "Medicaid mills"--pharmacies suspected of diverting medication to illicit use.

But an April 1992, article in "Hospital and Community Psychiatry" suggests that less safe and effective drugs were substituted for the benzodiazepines--making it unlikely that doctors were over-prescribing or that patients were siphoning off prescriptions for illegal profit.

"While New York State's triplicate prescription program for benzodiazepines may have succeeded in targeting illicit diversion of drugs from Medicaid mills, the program's most dramatic consequence has been its profoundly negative impact on the legitimate practice of the medicine and the suffering caused patients as a result," the article concluded.

A more recent article in the Journal of the American Medical Association said: "National surveys have consistently yielded the same conclusion: most prescribed use of sedative-hypnotic drugs is conservative, therapeutically appropriate and limited to short periods--three months."

Fortunately, the popularity of Senate Bill 370 has waned somewhat since it left the Senate. It is stalled in the House Committee on Public Health with an impressive list of opponents that includes the Texas Medical Association, the Texas Alliance for the Mentally Ill, psychiatrists, osteopaths, pharmaceutical companies, family physicians and community health clinics.

One of the arguments that they make is that Senate Bill 370 could cost as much as it saves.

The Department of Public Safety once estimated that each triplicate prescription costs the state 99 cents to store and process. With about 4.8 million prescriptions for benzodiazepines per year in Texas, the cost could be \$4.8 million, the net saving \$300,000. It's not worth it.

Originally published Apr. 14, 1993, in the Austin American-Statesman.