

Senators target physicians, drug manufacturers in opioid bill

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A bipartisan group of senators on Tuesday introduced legislation that would waive limits on physicians treating addiction patients and place restrictions on how long a provider could initially prescribe opioids to

patients.

The [bill](#), known as CARA 2.0, would address the [opioid epidemic](#) from several angles, including both [health care providers](#) and drugmakers. It aims to build on earlier opioid legislation, which cleared in 2016 as part of a broader health care measure that included mental health changes and aimed to spur new medical treatments.

The measure comes as Republicans in Congress and the White House are focusing this week on a push toward tackling the crisis.

The bill is sponsored by Sens. Rob Portman, R-Ohio; Sheldon Whitehouse, D-R.I.; Shelley Moore Capito, R-W.Va.; Amy Klobuchar, D-Minn.; Dan Sullivan, R-Alaska; Maggie Hassan, D-N.H.; Bill Cassidy, R-La.; and Maria Cantwell, D-Wash.

The measure would impose a three-day limit on initial opioid prescriptions for acute pain, in line with what the Centers for Disease Control and Prevention recommended. There would be exceptions for chronic pain or pain for other ongoing illnesses. The bill would allow states to waive the number of patients that a physician can treat with buprenorphine, a drug to treat addiction to narcotics, since physicians are currently capped at 100 patients.

The bill would require physicians and pharmacists to utilize state prescription drug monitoring programs when they provide or dispense opioids. It would increase the civil and criminal penalties for drugmakers that fail to report suspicious orders for opioids or who don't keep effective controls against opioids being diverted.

It would clarify current law to allow physician assistants and nurse practitioners to prescribe buprenorphine under the guidance of a physician.

The measure would authorize spending of \$1 billion, including \$300 million to make naloxone available to first responders and provide training on administering the drug, which can reverse the effects of an overdose; \$300 million for evidence-based medication-assisted treatment; and \$200 million for a national infrastructure to help individuals move from treatment to long-term recovery.

It would also authorize \$100 million for treatment for pregnant and postpartum women as well as \$60 million for states to develop plans to help babies who are born addicted to opioids.

The budget deal reached earlier this month provided \$6 billion over two years to combat the opioid epidemic.

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