

One Important Piece of the Addiction Prevention Puzzle
Rep. Cynthia Browning

Along with Rep. Sullivan of Dorset and Rep. Morrissey of Bennington, I am sponsoring H.174. This legislation seeks to curb the over-prescription of opioid medications in Vermont by stimulating industry-wide self-regulation by physicians, hospitals, and pharmaceutical manufacturers.

This bill would put into law the current Department of Health guidelines for prescribing opioids. The bill would provide for a private right of action should the failure of a medical provider to follow these best practices lead to opioid addiction in one of their patients. In other words, an addicted patient could then sue for damages. This will ensure that doctors do their best to attend to both their patients' immediate needs for pain relief and to their long term need to be free of dependence on addictive substances. Any doctor who follows the guidelines will not have any liability even if a patient becomes addicted.

I believe that this bill would be useful because many opioid addictions begin with legally prescribed medications. Then when an addiction develops through use of those legal medications and people are unable to obtain more legally, they turn to illegal substances like heroin or fentanyl, which can be so deadly. If we can reduce the number of people becoming addicted through prescriptions, we will reduce the number of Vermonters newly suffering from opiate addiction.

I therefore see this bill as one part of the constellation of policy actions that Vermont has put in place to support community health and safety. We have made progress in ensuring that all Vermonters struggling to recover from their addictions receive timely treatment. With this bill we can more effectively prevent new addictions arising from inappropriate prescription practices. There is no intent to second guess the decisions of our doctors on patient care, the bill merely asks them to abide by the existing best prescription practices of their profession, and thus to do everything they can to avoid creating opioid addictions through their care. As long as they do so there is no liability even if patient addiction develops.

An added incentive for following the prescription guidelines is that not only can individual providers be held accountable if they fail to follow the guidelines, so can their employers and so can the pharmaceutical companies. Such extended liability will encourage industry wide self-policing. And we could finally have a way to hold the drug companies financially responsible for instances of careless or excessive prescription of their addictive products.

While this proposal may be opposed by some healthcare providers, we're suffering an industry-created crisis that requires an industry-wide fix. We must have some level of accountability not only for individual physicians but for the healthcare industry as a whole. Even as we hold individual patients responsible for working to recover from their addictions,

we need to require the health care industry to take more responsibility for preventing new addictions.

Such addiction prevention is surely an effective way to ensure the health and safety of our communities. This bill could be one part of the multi-dimensional policy portfolio that we bring to bear on the opioid problem.