



House of Representatives
Study Committee on Alternatives to Opioids for Pain
Management

Final Report

Chairman Katie Dempsey
Representative, 13th District

The Honorable Michelle Au
Representative, 50th District

Mr. Jeff Breedlove
Georgia Council on Recovery

The Honorable Sharon Cooper
Representative, 45th District

Mr. Adam Kaye
Citizen Member

The Honorable Lynn Hefner
Representative, 130th District

Dr. Armin Oskouei
Independent Physician

The Honorable Lee Hawkins
Representative, 27th District

Mr. Michael Persley
Chief, Albany Police Department

The Honorable Mark Newton
Representative, 127th District

Mr. Jesse Weathington
Georgia Association of Health Plans

The Honorable Butch Parrish
Representative, 158th District

Taylor Peyton
Opioid Abatement Liaison

Dr. Alan Wang
CEO, Salude

2024

Prepared by the House Budget & Research Office

Introduction

The House Study Committee on Alternatives to Opioids for Pain Management was created by House Resolution 1360 during the 2024 Legislative Session of the Georgia General Assembly. HR 1360 acknowledges opioids for their effective use as pain relievers, but also for their highly addictive properties. The National Center for Health Statistics at the Centers for Disease Control and Prevention (CDC) reports 75 percent of the more than 106,000 lives lost from drug-involved overdoses involved opioids in 2021. The Department of Public Health reports 71 percent of the 2,390 drug overdose deaths in Georgia were attributed to opioids in 2021. HR 1360 emphasizes that all 50 states have opioid prescribing guidelines, but only 16 have statutory requirements that mandate the consideration of nonopioid alternatives by the prescriber.

HR 1360 provides for the membership of the committee, consisting of seven members of the House of Representatives, five non-legislative members, and two agency representatives. The speaker appointed the following members: Representative Katie Dempsey, Chair; Representative Michelle Au; Representative Sharon Cooper; Representative Lynn Heffner; Representative Lee Hawkins; Representative Mark Newton; Representative Butch Parrish; Jeff Breedlove; Adam Kaye; Dr. Armin Oskouei; Michael Persley; Jesse Weathington; Taylor Peyton; and Dr. Alan Wang.

The study committee held four public meetings during 2024, occurring on August 27th at the State Capitol, September 12th in Macon, December 11th at the State Capitol, and December 12th at the State Capitol. During the first three meetings, the committee heard testimony from multiple organizations, agencies, and providers involved in the prescriptions and usages of both opioids and non-opioids, as listed below. During the fourth meeting, the committee discussed potential committee recommendations. This report provides an overview of the issues discussed by the individuals listed below by meeting.

Tuesday, August 27, 2024 – Coverdell Legislative Office Building (Atlanta, GA)

Chris Fox – *Voices for Non-Opioid Choices*

Dr. Chris Rustin – *Georgia Department of Public Health*

Kaleb McMichen, Melissa Malcom, Taylor Peyton – *Georgia Department of Behavioral Health and Developmental Disabilities*

Public Comment:

Aubrey Villines, *Association of Chiropractors*

Thursday, September 12, 2024 – Mercer University (Macon, GA)

Dr. Jean Sumner, Dr. Allen Tindol, Carter Holder – *Mercer School of Medicine*

Dr. Kathryn Cheek – *Medical Association of Georgia*

Maria Thacker – *Georgia BIO*

Dr. Bob Lane – *Georgia Society of Anesthesiologists*

Wednesday, December 11, 2024 – Coverdell Legislative Office Building (Atlanta, GA)

Chris Fox – *Voices for Non-Opioid Choices*

Dr. Cliff Willimon – *Children’s Orthopedics and Sports Medicine*
Janelle Adams and Dr. Mike Pruett – *Georgia Dental Association*
Dr. Shelley Street Callender – *American Academy of Pediatrics*
Dr. Neeru Jayanthi – *Emory Sports Medicine Center*
Dr. Marc Ellis and Dr. Winston Carhee – *Association of Chiropractors*
Cindy Steinberg – *US Pain Foundation*
Dr. Turkesia Robertson-Jones – *Caresource*
Cammie Wolf Rice – *Christopher Wolf Crusade*

Thursday, December 12, 2024 – Coverdell Legislative Office Building (Atlanta, GA)

Committee discussion only

Background

Long-term opioid therapy has known risks, including opioid use disorder (OUD) and overdose, particularly at high doses. Despite an increasing awareness of the potential risks, nearly 10 million Americans misused prescription opioids during the past year.¹ The rise in opioid overdose deaths has seen three distinct waves since approximately 1999. Wave 1 saw the rise in prescription opioid overdose deaths; Wave 2, beginning in about 2010, saw the rise in heroin overdose deaths; and Wave 3 saw the rise in synthetic opioid overdose deaths beginning around 2013.² Currently, the opioid epidemic affects approximately two million Americans, and approximately 300,000 adolescents are nonmedical users of narcotics. The number of opioids prescribed in one year could medicate every American around the clock for three weeks. 1,302 Georgians experienced an opioid-related death in 2021.

According to the 2019 National Survey on Drug Use and Health, published in 2020, 1.6 million people misused pain relievers for the first time in 1995, which was the year OxyContin was FDA approved. The labeling read “iatrogenic addiction is very rare”. In 1996, the American Pain Society introduced pain as the 5th vital sign, and the Joint Commission introduced it as the standard to improve care for patients with pain in 2001. There was an all-expense paid marketing campaign to over 5,000 physicians, and Purdue Pharma paid \$40 million in sales bonuses that year. In that same time period, opioid prescriptions saw a 58 percent increase in retail pharmacy dispensing. From 2004 to 2011, there was a shift away from pain being the 5th vital sign to understanding that both pharmacologic and non-pharmacologic strategies have a role in how pain is managed for each individual patient.³

¹ Substance Abuse and Mental Health Services Administration, 2021.

<https://www.samhsa.gov/data/sites/default/files/reports/rpt39443/2021NSDUHNNR122322/2021NSDUHNNR122322.htm#appb>

² CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, DCD; 2024. <https://wonder.cdc.gov/>.

³ Dr. Willimon, presentation December 2024

Committee Findings

As the state licenses physicians, there is an emphasis on ensuring continuing education is innovative and appropriate. The Georgia Composite Medical Board ruled that every physician must complete three or more hours of Category 1 CME of opioid prescribing continuing medical education (CME) in order to renew their medical license. This course is designed to specifically address controlled substance prescribing practices, including instruction on controlled substance prescribing guidelines, recognizing signs of the abuse or misuse of controlled substances, and controlled substance prescribing for chronic pain management.

Health plans are aware of both the human and economic cost of the opioid epidemic in the United States. In an effort to improve care and outcomes, carriers have been implementing solutions to ensure patients receive treatments that are appropriate, safe, and effective. Health insurance carriers currently offer a wide range of pharmacological and non-pharmacological alternatives to opioids for the management of acute, post-operative, and chronic pain.

While the decision to prescribe an opioid narcotic always lies with the attending physician, insurance carriers deploy utilization management tools like prior authorization, step-therapy, and quantity limitations to help ensure patients are not receiving dangerous dosages or quantities of opioids that can lead to opioid use disorder, drug diversion for illegal purposes, or consumption by others within a patient household.

The Georgia Association of Health Plan members reported that the following list of common non-opioid pharmacologic agents are covered under national formularies with no utilization management edits (“preferred” or “Tier 1”). This information is consistent with the presentation by Dr. Turkesia Robertson-Jones of Caresource to this committee on December 11th, 2024.

- **Non-opioid pain options**

- Anticonvulsants - gabapentin or pregabalin, Lyrica, valproic acid
- Antidepressants - Certain types of antidepressants can be used for chronic pain, such as amitriptyline and duloxetine
- NSAIDs – oral, topical, ibuprofen, acetaminophen, naproxen
- Skeletal Muscle Relaxants
- Topical Analgesics - creams, gels, and patches that can be applied to the skin over a painful area.
- Corticosteroids

Additionally, according to the Georgia Association of Health Plans, most carriers cover non-pharmacological therapies for pain management. These could include physical therapy, occupational therapy, cryotherapy, nerve blocks, and medical devices. When evaluating coverage options, the carriers pay close attention to the medical evidence surrounding each type of therapy.

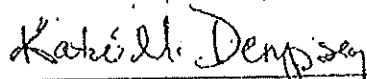
Committee Recommendations

Upon review of the information presented, the House Study Committee on Alternatives to Opioids for Pain Management recommends the following:


1. Partner with the Technical College System of Georgia on creating a system-wide curriculum for Life Care Specialists with the goal to have these specialists embedded in every hospital in Georgia.
2. Hold a Pain Awareness event at the State Capitol to engage lawmakers about the prevalence of pain and the importance of access and choice for each individual patient.
3. Promote opioid disposal programs at the local level and incentivize disposal of opioids with funding from the Opioid Settlement.
4. Encourage both Medicaid and the commercial market to include coverage for coordinated pain treatments, allowing for integrated and multimodal care based on the specific needs of the patient.
5. Develop, establish, and promote enhanced prescriber and patient education around pain modalities available for prescription and coverage.

Mr. Speaker, these are the findings and recommendations of the Study Committee on Alternatives to Opioids for Pain Management.

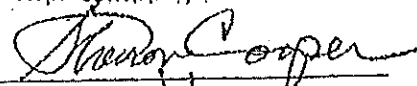
Respectfully Submitted,




The Honorable Katie Dempsey,
Representative, 13th District,
Chairman



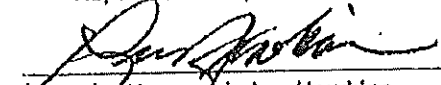
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Representative, 50th District



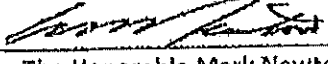
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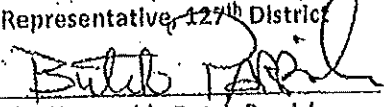
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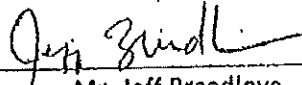
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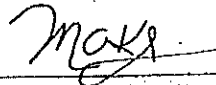
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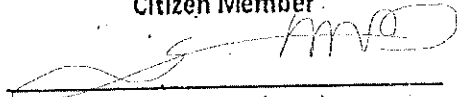
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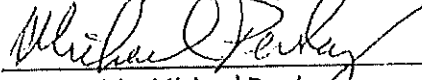
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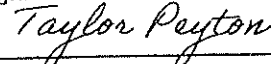
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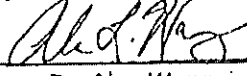
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