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AJR-19 Opioid awareness and dependency prevention: patient-centered postsurgical care. (2017-2018)

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Assembly Joint Resolution No. 19

CHAPTER 208

Relative to opioid awareness and dependency prevention.

[Filed with Secretary of State September 25, 2017.]

LEGISLATIVE COUNSEL'S DIGEST

AJR 19, Arambula. Opioid awareness and dependency prevention: patient-centered postsurgical care.

This measure, the California Access to Patient-Centered Postsurgical Care Resolution, would urge the President of the United States and the Congress of the United States to move forward with legislation to establish multimodal therapy guidelines for managing postsurgical acute pain.

Fiscal Committee: no

WHEREAS, The National Academy of Medicine notes an increase in pain prevalence and assumes an increase in chronic pain, due in part to the risks associated with undermanaged acute postsurgical pain that may evolve into chronic pain; and

WHEREAS, Most chronic pain problems begin with an acute nociceptive pain episode. In these instances, pain is usually a symptomatic reflection of an underlying disorder or injury. Prompt, effective, and appropriate management is essential, however, when acute pain does not resolve, as it may be associated with a serious disease, condition, or injury that may evolve into chronic pain; and

WHEREAS, Current pharmaceutical-based treatments for pain commonly rely on two classes of drugs: opioids and nonsteroidal anti-inflammatory drugs. Both have side effects and risk of serious complications; and

WHEREAS, Opioid misuse is a national epidemic in the United States, according to the federal Centers for Disease Control and Prevention; and

WHEREAS, According to the Journal of Pain & Palliative Care Pharmacotherapy, 95 percent of postsurgical patients receive an opioid; and

WHEREAS, In April 2017, the Annals of Surgery journal noted that after common surgical procedures, a recent study found only 28.7 percent of the pills that were prescribed were taken; 90 percent of patients had received opioid pills with prescribed amounts up to 120 pills; in dental procedures, 54 percent of patients had leftover pills after surgical tooth extraction, and there were an estimated 100 million unused medications after those extractions, as stated by the Drug and Alcohol Dependence journal; and

WHEREAS, According to a Substance Abuse and Mental Health Services Administration survey, approximately 70 percent of people who misuse opioids report obtaining them from family, friends, or on the street, stressing the need to address unused opioids; and

WHEREAS, Multimodal pain control is the use of different medications that control pain at different receptor sites in the body, beginning with local anesthetics, and this strategy reserves the use of opioid medications for breakthrough pain; and

WHEREAS, The National Pain Strategy, released by the United States Department of Health and Human Services in 2016, made recommendations for improving overall pain care in the United States, including supporting the development of a system of patient-centered integrated pain management practices based on a biopsychosocial model of care that enables providers and patients to access the full spectrum of pain treatment options, such as comprehensive, multimodal pain management approaches; and

WHEREAS, The Joint Commission recommends an individualized, multimodal treatment plan should be used to manage pain and the best approach may be to start with a nonnarcotic; and

WHEREAS, The federal Centers for Disease Control and Prevention recommends that health care providers should only use opioids in carefully screened and monitored patients when nonopioid treatments are insufficient to manage pain; and

WHEREAS, The American Society of Anesthesiologists recommends a multimodal approach to pain management, often beginning with a local anesthetic where appropriate; and

WHEREAS, The National Pain Strategy envisions an environment where payment structures would encourage comprehensive, multimodal pain management care; and

WHEREAS, The National Academy of Medicine recommends that reimbursement policies be revised to foster coordinated and evidence-based pain care with optimal care of the patient as the focus; and

WHEREAS, The National Pain Strategy outlined steps to reduce barriers to pain care and improve the quality of pain care by increasing patient knowledge of treatment options and risks, and helping to develop a better informed health care workforce with regard to pain management, including risks of drug dependence and addiction; now, therefore, be it

Resolved by the Assembly and the Senate of the State of California, jointly, That the Legislature urges hospital-based pain management formularies to consider the inclusion of a range of nonopioid alternatives; and be it further

Resolved, That the Legislature urges the President of the United States and the Congress of the United States to move forward with legislation to establish multimodal therapy guidelines for managing postsurgical acute pain; and be it further

Resolved, That this measure shall be known as the California Access to Patient-Centered Postsurgical Care Resolution; and be it further

Resolved, That the Chief Clerk of the Assembly transmit copies of this resolution to the President and Vice President of the United States, to the Speaker of the House of Representatives, to the Minority Leader of the House of Representatives, to the Majority Leader of the Senate, to the Minority Leader of the Senate, and to each Senator and Representative from California in the Congress of the United States.