

Steven Sepe

From: Rob Horowitz <rhowitz99@yahoo.com>
Sent: Thursday, April 10, 2025 2:29 PM
To: House Health and Human Services Committee
Cc: Rep. Donovan, Susan R; Rob preventopioidabuse.org; Rep. Dawson, Matthew S.; Stacy Custer; Rep. Shekarchi, K Joseph; BagnallDegos Andrea (RIDOH)
Subject: Testimony Opposing H5615; A Giant Step Backward in the Battle to Curb the Opioid Epidemic

I'm Rob Horowitz. This written testimony is on behalf of two organizations upon which I consult: Prevent Opioid Abuse (POA) and Council to Prevent Opioid Dependence (CTPOD). Prevent Opioid Abuse is a national organization working to educate patients and parents about the risks of opioid-based painkillers. The organization was very involved in the adoption of important prevention laws in RI that H5615 would undermine. Council to Prevent Opioid Dependence is a Rhode Island based non-profit that works to educate Rhode Islanders on the risks of opioid painkillers as well as the availability of effective non-opioid pain treatment. Both organizations are mainly funded by people who have lost loved ones to opioid overdoses.

Taken together, the Rhode Island laws and regulations that require a conversation between a prescriber and patient before an opioid pain killer is prescribed on 1st and 3rd prescription, as well as the laws that put pill limits in place on initial prescriptions have worked to drive down the number of opioid-pain killer prescriptions written in the state and had a limiting impact on cases of opioid use disorder and resulting overdoses. Research shows that it takes as little as 5 days for some patients to become dependent on opioids. Additionally, quantities of opioid-painkillers left in medicine chests are often diverted for recreational use by adolescents.

While the progress we've made is real, we still have a long way to go. In 2023, there were still nearly 400,000 opioid pain killer prescriptions written in RI and more than 37,000 of those were new initiates who were exposed to opioids for the first time, according to data from the RI Prescription Monitoring Program (PMP).

There is no restriction today in Rhode Island on a doctor prescribing an opioid painkiller. The medical practitioner just needs to warn patients about the risks of addiction on first and third prescription and adhere to the pill limits. Chronic pain patients can still get access to opioids, if their doctor thinks that is the right course of treatment for them.

At a time when a mounting series of pain studies including by Stanford and Rutgers conclude that for most acute pain non-opioid pain treatment is as effective as opioids and of course does not start people down the path to dependence and addiction, Rhode Island should not take a giant step backwards. That is what H5615 represents.

I know that this testimony is coming in after the committee recommended the bill for passage and I apologize for not submitting this testimony in a more timely manner. I respectfully submit that the Committee reconsider and alert the leadership that at this time it does not want to move forward with a floor vote.

Although I don't think legislation is required to solve the problem that some chronic pain patients want to address, I would be pleased to provide any back up information and work with the committee to produce a more tailored version if that is the direction the committee wants to head.

Please don't hesitate to contact me at 401-829-8595 if you have any questions or need additional information.