

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Chairperson Carlos Mayans at 1:30 p.m. on February 16, 1995 in Room 423-S of the State Capitol.

All members were present except: Representative Nancy Kirk - excused  
Representative Greta Goodwin - excused

Committee staff present: Norman Furse, Register of Deeds  
Emalene Correll, Legislative Research Department  
Bill Wolff, Legislative Research Department  
Lois Hedrick, Committee Secretary

Conferees appearing before the committee:  
Tom Hitchcock, Executive Secretary, Kansas State Board of Pharmacy  
Dr. Robert M. Wood, Oral Surgeon, Topeka  
Chip Wheelen, Director of Public Affairs, Kansas Medical Society  
Harold Riehm, Executive Director, Kansas Association of Osteopathic Medicine

Others attending: See Guest List, Attachment 1.

Chairperson Mayans opened the meeting to hearing of **HB 2434**.

**HB 2434 - Controlled substances act substances scheduling**

Tom Hitchcock, Executive Secretary, Kansas State Board of Pharmacy, presented testimony in support of the bill which was introduced at the request of the Pharmacy Board. The bill would amend two different controlled substances statutes by (1) rescheduling combinations of hydrocodone from Schedule II to Schedule III so they are under greater control but not prohibit their prescription; (2) adding two brand name drugs (Soma and Stadol) to Schedule IV of the controlled substance act; and (3) to add Butorphanol to the list (see Attachment 2).

Chairperson Mayans stated it was his hope the Board has been open with the committee concerning the bill and its testimony. The hearing was then opened to the opponents of the bill.

Dr. Robert M. Wood, Dental Surgeon, Topeka, presented testimony in opposition to **HB 2434**, describing his use of hydrocodone products for patients and, particularly, his opposition to the additional procedures necessary (if the drugs are rescheduled) for a patient who may need a second written prescription and is some distance away from him (see Attachment 3).

Chip Wheelen, Director of Public Affairs, Kansas Medical Society, expressed the Society's concerns with the bill; that it would impede the ability of physicians to provide responsive care to patient. He pointed out a technical problem that it is inconsistent with the schedule adopted by the U.S. Drug Enforcement Administration which, if the bill is passed, would result in unintended violations of state law by pharmacists and physicians (see Attachment 4).

Harold Riehm, Executive Director, Kansas Association of Osteopathic Medicine, testified the bill unnecessarily will constrict the prescribing of the drugs being rescheduled by the bill and that would dramatically interfere with patient convenience and possibly higher costs (see Attachment 5).

The hearing was opened to questions on the bill. Emalene Correll asked Mr. Hitchcock if the changes in the schedule of drugs would impact on wholesalers, as well as the healthcare practitioners. He answered it would impact all from inception to the disposal point.

Representative Freeborn asked if prescriptions for Schedule II drugs can be facsimiled? Mr. Hitchcock answered a regulation published in *The Kansas Register* which becomes effective on March 20, 1995, will allow that on Schedule II prescriptions. There has been a federal regulation in effect for six months. So far,

CONTINUATION PAGE

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, Room 423-S State Capitol, at 1:30 p.m. on February 16, 1995

Kansas has not held a hearing on proposed rules and regulations for the change.

Representative Henry asked if the Pharmacy Board took a vote to introduce this bill or did it canvass its members by telephone or newsletter before taking action? Mr. Hitchcock replied no vote or survey was taken.

Chairperson Mayans noted that Mr. Hitchcock's testimony was about abusiveness; while the committee members are talking about usefulness. Where is the abuse? Mr. Hitchcock indicated the abuse is growing statewide with Stadol and Soma.

The hearing on **HB 2434** was closed.

Representative Morrison presented the Subcommittee Report on **HB 2164** (practice of optometry, lease provisions permitted), and reported it is the subcommittee's recommendation that **HB 2164** be not passed and that an interim study be requested on the corporate practices in medicine and healthcare (see Attachment 6). Chairperson Mayans moved that the Subcommittee Report on **HB 2164** be accepted. Representative Morrison seconded the motion. On voice vote, the report was accepted.

The committee then considered action on **HB 2194** (advanced registered nurse practitioners authorized to prescribe drugs). Representative Hutchins moved that the committee report **HB 2194** be not passed. Representative Geringer seconded the motion. On voice vote, the motion was passed.

Representative Freeborn indicated she would like to further study the ARNP issue. Chairperson Mayans indicated this could be one of the issues we will want to address by an interim study. Many are concerned about accessibility of healthcare, and legislators need to be cognizant of the issues involved in changing the authority of any of the various practitioners.

The committee then considered taking action of **HB 2153** (prohibiting smoking in public places and public meetings). On motion of Representative Merritt, seconded by Representative Haley, the committee voted that **HB 2153** be not passed.

The meeting was adjourned at 2:27 p.m.

The next meeting is scheduled for February 20, 1995.

HOUSE COMMITTEE ON HEALTH AND HUMAN  
SERVICES COMMITTEE  
GUEST LIST  
FEBRUARY 16, 1995

| NAME               | REPRESENTING                  |
|--------------------|-------------------------------|
| Tom Hitchcock      | Bd. of Pharmacy               |
| Jay Ferguson       | KCA                           |
| Brook Smoot        | <del>Forest</del> Labs        |
| Carl Schmitthauer  | Kansas Dental Assn.           |
| Don Roper          | N.E.K. Rural Health           |
| PHILIP KNELEY      | PATRICK J. HURLEY & CO        |
| Robert Wood        | Kansas Dental Assn.           |
| Tim Wood           | Forest Laboratories           |
| ED Polich          | Whitby Pharmaceuticals        |
| GARY Rebbis        | Ks Optometric Assn            |
| Sharon Beard       | KADN                          |
| Pat Johnson        | Board of Nursing              |
| Antel Anderson     | ESU Student nurse             |
| Shudy US           | ESU Student                   |
| Janette Pucci      | Board of Nursing              |
| Connie Rundle      | Cancer Pain Initiative        |
| Sue Janda          | Kansas Cancer Pain Initiative |
| SDittmann Randolph | KDOC                          |
| Larry Kruse        | G/Geo Inc                     |

HOUSE COMMITTEE ON HEALTH AND HUMAN  
SERVICES COMMITTEE  
GUEST LIST  
FEBRUARY 16, 1995

| NAME          | REPRESENTING                                           |
|---------------|--------------------------------------------------------|
| Toni Bruno    | Allent Assoc.                                          |
| Rebecca Fin   | KPhA                                                   |
| John Federico | Pete Mcbill + Assoc                                    |
| Terri Roberts | KSNA                                                   |
| Andra Miller  | Emporia state university<br>Newman Division of Nursing |
| Emily Parker  | " " "                                                  |
| JIMMY SHAWKIN | K METAL SOCIETY                                        |
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# *Kansas State Board of Pharmacy*

LONDON STATE OFFICE BUILDING  
900 JACKSON AVENUE, ROOM 513  
TOPEKA, KANSAS 66612-1231  
PHONE (913) 296-4056  
FAX (913) 296-8420

STATE OF KANSAS



BILL GRAVES  
GOVERNOR

TOM C. HITCHCOCK  
EXECUTIVE SECRETARY/DIRECTOR

DANA W. KILLINGER  
BOARD ATTORNEY

**HOUSE BILL 2434**  
**COMMITTEE ON HEALTH AND HUMAN SERVICES**  
**THURSDAY, FEBRUARY 16, 1995**

Mr. Chairman, members of the committee, my name is Tom Hitchcock and I serve as the executive secretary to the Board of Pharmacy. This bill was introduced at the request of the Board of Pharmacy and I appear on behalf of that Board in support of HB 2434.

This bill contains three changes in two different Controlled Substances statutes. The first change is found on page 2, lines 19 through 26. This change would strike the exempt combinations of hydrocodone that currently allows them to be in schedule III. Therefore, combination hydrocodone medications would be rescheduled from C-III to C-II which will cause them to be under greater control in Kansas, but certainly would not prohibit the prescribing of such drugs. In fact, those that would state that changing hydrocodone to C-II will cause an undue expense or inconvenience for patients is just not correct. Physicians will continue to be able to write prescriptions for the hydrocodone combinations and in a case which the physician deems to be an emergency, they may telephone to the pharmacy a prescription containing up to 72 hours dosing of the C-II medication. The purpose of this requested rescheduling is best described within the attached letter of support from Dr. Eric Voth marked exhibit #1.

The second and third changes are found on page 5, lines 41 and 42 which would add the two drugs Carisoprodol (brand name Soma) and Butorphanol tartrate (brand name Stadol) within schedule IV of the Kansas Controlled Substances Act. Neither of these drugs are currently scheduled in Kansas or by the federal Drug Enforcement Administration (DEA). Such scheduling would alert the prescribing community of the abusive use of both drugs by either alleged or real patients. I have been told that historically a physician thinks any drug

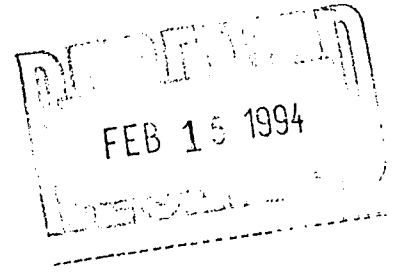
that is not scheduled can not or will not be abused. Again, this is just not correct. You will find in the attached exhibit #2 a statement by DEA that is underlined, which describes how and why Carisoprodol is misused and abused by people who desire to abuse the drug.

Finally the nonscheduled Butorphanol was also thought not to be a drug that would be misused or abused. This has proven to be incorrect as explained in the physician letter, exhibit #3, which urges the assistance from the legislature to alert the health care professionals by including this drug in the Kansas Controlled Substances Act. Exhibit #4 displays further evidence that a single patient in 6 months legally obtained 45 prescriptions for Butorphanol from 7 different pharmacies so this patient might abuse the drug. Thus the rationale to place the above in a more restrictive status to protect the health and welfare of citizens in Kansas.

The Board of Pharmacy respectfully requests the favorable passage out of committee of House Bill 2434. Thank you.

# COTTON-O'NEIL CLINIC, P.A.

Exhibit #1



February 11, 1994

Mr. Tom Hitchcock  
Kansas State Board of Pharmacy  
900 Jackson  
Landon State Office Building, Room 513  
Topeka, Kansas 66612

Dear Mr. Hitchcock:

As we spoke on the phone, I would be supportive of moving all hydrocodone containing products, including hydrocodone-containing cough syrup to Schedule II. While this will not seriously reduce the availability to patients, it will perhaps help physicians understand the seriousness and addictive potential of these drugs. I find hydrocodone and the related oral narcotics to be widely abused by chemical dependency patients.

In summary, I support the move to reschedule hydrocodone containing substances to Schedule II.

Sincerely,

Eric A. Voth, M.D., FACP  
Medical Director  
Chemical Dependency Treatment Services  
St. Francis Hospital, Topeka

EAV/sc

**INTERNAL MEDICINE**

- Robert H. O'Neil, M.D., F.A.C.P.
- Robert T. Cotton, M.D., F.A.C.P.  
(Director Emeritus)
- Kent E. Palmberg, M.D.
- Edward R. Wood, M.D.
- Robert W. Holmes, M.D.
- W. Kiernan O'Callaghan, M.D.
- Eric A. Voth, M.D., F.A.C.P.
- Stanley D. Hornbaker, M.D.
- Henry E. Spangler, M.D.
- Kevin R. Sundbye, M.D.
- Scott M. Teeter, M.D.
- Bradley W. Marples, M.D.
- Aileen C. McCarthy, M.D.
- Jeffrey P. Rhoads, M.D.
- Jeffrey K. Conrow, M.D.
- Stacy S. Weeks, M.D.
- John D. Rockefeller, M.D.
- Michael R. Cox, M.D.

**INTERNAL MEDICINE/PEDIATRICS**

- Kent D. Haverkamp, M.D.

**FAMILY PRACTICE — TOPEKA**

- Robert E. Jacoby, II, M.D., F.A.A.F.P.
- W. Laurence Coker, M.D.
- Stephen Saylor, M.D.
- Michael D. Atwood, M.D., F.A.A.F.P.
- Michael Murphy, M.D.
- George W. Wright, M.D., F.A.A.F.P.

**FAMILY PRACTICE — CARBONDALE**

- Gerald W. Marcell, M.D., F.A.A.F.P.

**FAMILY PRACTICE — ROSSVILLE**

- M. Myron Leinwetter, D.O.

**HEMATOLOGY AND**

**MEDICAL ONCOLOGY**

- Maurice R. Cashman, Jr., M.D.
- Howard N. Ward, M.D., F.A.C.P.
- Stanley J. Vogel, M.D.
- David E. Einspahr, M.D.

**MEDICAL ONCOLOGY**

- Jean E. Liesmann, M.D.
- Edwin L. Petrik, M.D.

**GASTROENTEROLOGY**

- Robert W. Braun, M.D.
- Robert L. Ricci, M.D.
- Curtis A. Baum, M.D.

**RHEUMATOLOGY**

- J. Douglas Gardner, M.D.

**CARDIOVASCULAR MEDICINE**

- Robert E. Roeder, M.D., F.A.C.C.
- Patrick G. Sheehy, M.D., F.A.C.C.
- Jeffery L. Curtis, M.D., F.A.C.C., F.A.C.P.
- David R. Flatt, M.D., F.A.C.C.

**NEPHROLOGY**

- Robert D. Porter, M.D., F.A.C.P.
- Dennis C. Artzer, M.D.
- Lisa G. Kolb, M.D.

**PULMONARY MEDICINE**

- Robert N. Hill, M.D., F.A.C.P., F.C.C.P.
- Ted W. Daughety, M.D., F.C.C.P.
- Michael E. Burnett, D.O.

**ENDOCRINOLOGY**

- Richard S. Fairchild, M.D.
- Steven C. Watkins, M.D.
- Alan G. Wynne, M.D.

**INFECTIOUS DISEASE**

- Clifton C. Jones, M.D.

**DERMATOLOGY**

- Michael D. Giessel, M.D.
- Timothy T. Sawyer, M.D.

**ALLERGY**

- Allen F. Kossoy, D.O., F.A.C.A.I.

**OCCUPATIONAL MEDICINE**

- Dick A. Geis, M.D.
- Doug D. Frye, M.D.

**NEUROLOGY**

- Joseph M. Stein, M.D.
- Philip E. Mills, Jr., M.D.
- Jonson Huang, M.D.
- Wade B. Welch, M.D.

**ADMINISTRATOR**

- Debra L. Yocum, C.P.A.

Robert T. Cotton Bldg.  
□ 901 SW Garfield Ave.  
Topeka, KS 66606-1695  
(913) 354-9591

Robert H. O'Neil Bldg.  
□ 823 SW Mulvane St.  
Topeka, KS 66606-1679  
(913) 354-9591

Midwest Occupational  
Health Services  
□ 1130 N. Kansas Ave.  
Topeka, KS 66608-1256  
(913) 354-8637

Osage County Clinic  
□ 211 Main Street  
Carbondale, KS 66414-9635  
(913) 836-7111

Rossville Clinic  
□ 423 Main  
Rossville, KS 66533-9637  
(913) 584-6705

# Exhibit #2

## *Diversion and Abuse of Controlled Substance Prescription Drugs*

The following information provides some background on current trends observed by federal and state drug enforcement personnel in the United States. Much of this information has been substantiated by DEA, state, and local investigations.

Dilaudid<sup>®</sup> (hydromorphone) continues to be a drug of choice, with street prices ranging from \$25 to \$80 per dosage unit. Oxycodone products (e.g. Percodan<sup>®</sup>, Percocet<sup>®</sup>) are also seen in illicit traffic. The benzodiazepines most often diverted in the United States include alprazolam (Xanax<sup>®</sup>), diazepam (Valium<sup>®</sup>), and clonazepam (Klonopin<sup>®</sup>). They are reportedly abused alone and in combination with cocaine, "crack" cocaine, codeine combination products, and methadone.

Hydrocodone, a semi-synthetic narcotic listed in Schedule II when used alone and in Schedule III for hydrocodone combination products, is reported as being one of the more popular (and in some areas, the most popular) drugs of abuse. Abused either by itself or in combination with other drugs, hydrocodone is marketed in the United States as the narcotic analgesic found in such products as Anexsia<sup>®</sup>, Lortab<sup>®</sup>, Lorcet<sup>®</sup>, and Vicodin<sup>®</sup>, and as the cough suppressant in Hycodan<sup>®</sup> and Tussionex<sup>®</sup>.

Some of the drugs that are reported to be abused in combination with hydrocodone include alprazolam; the non-controlled muscle relaxant, carisoprodol (Soma<sup>®</sup>); and with phentermine in a practice called "speedballing."

Schedule III products containing combinations of codeine and either aspirin or acetaminophen are frequently abused in combination with benzodiazepines and with carisoprodol. Until glutethimide was moved from Schedule III to Schedule II in March of 1991, the combination of glutethimide and codeine-containing products, known as "sets" or "fours and dors," was a significant problem in the Northeast region of the country and in Southern California. Now, codeine combination products are being abused most frequently with benzodiazepines and with carisoprodol. In one area, meprobamate is also reportedly being abused in combination with codeine-containing products.

Other Schedule III-IV drugs that DEA recognizes as being abused include:

- anabolic steroids - all are Schedule III;
- pentazocine (e.g. Talwin<sup>®</sup>, Talacen<sup>®</sup>) - a Schedule IV analgesic used alone and in combination with pyribenzamine;
- phendimetrazine (e.g. Bontril<sup>®</sup>, Plegine<sup>®</sup>); and
- propoxyphene napsylate (e.g. Darvocet-N-100<sup>®</sup>).

The diversion and abuse of carisoprodol mentioned earlier is becoming increasingly widespread in several parts of the United States. It is used by drug abusers to enhance the effects of hydrocodone products and with codeine combination products and alcohol.

(Source: U.S. Drug Enforcement Administration)



WELLS-WEHNER CLINIC  
221 WEST 8TH STREET  
P. O. BOX 643  
WINFIELD, KANSAS 67156

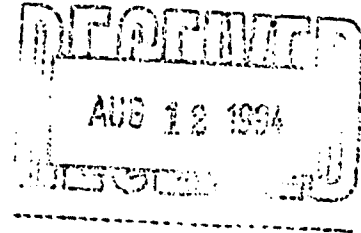
Exhibit #3

Bruce W. Wells, M.D.  
(316) 221-3350

Treasure A. Wehner, D.O.  
(316) 221-3350

August 10 , 1994

Mr. Tom Hitchcock  
Executive Secretary  
Kansas Board of Pharmacy  
Landon State Office Building - Room 513  
900 Jackson Street  
Topeka, Kansas 66612



Dear Mr. Hitchcock,

As we discussed Monday, 8/8/94, I am quite concerned that the opiate agonist-antagonist, Stadol, has significant abuse potential.

My recent experience with [REDACTED] should make clear why I am concerned. She came to my office on 06/06/94 as a new patient, recently moved to [REDACTED], needing a refill for Stadol Nasal Spray, ostensibly prescribed by a [REDACTED] neurologist for migraine headaches. After checking Stadol's non-scheduled status I gave her a non-refillable prescription for one spray bottle.

On 07/19/94, [REDACTED] called for a Stadol NS refill, which I gave. She asked for a written prescription as she was going to get in at [REDACTED] Pharmacy in [REDACTED]. On 07/26/94 she called with a request for a new prescription because she gave the prescription to her husband to fill, but they had separated and he never filled it. I refused this request.

On 08/03/94 a local pharmacist called my office. He had just discovered [REDACTED] was getting Stadol NS from several different doctors and pharmacies, having obtained at least nine bottles in one week.

Mr. Hitchcock, I cannot understand why Stadol, if it is an abusable drug, should be so avidly sought. I am appalled to find any narcotic sold as a non scheduled drug. I urge your board to do everything possible to persuade the Kansas legislature to make Stadol controlled substance with all due haste.

If I can be of any further help please let me know.

Sincerely,

Bruce W. Wells, M.D.

BWW/mev

From Pharmacy X

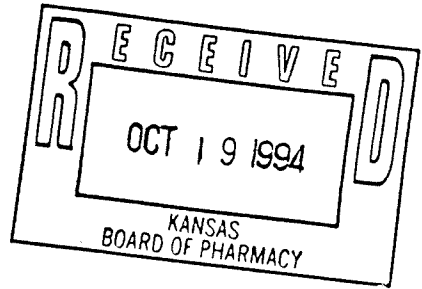
Exhibit 4

To: Tom Hitchcock  
Kansas State Board of Pharmacy

Please be advised I have a patient who is excessively using Stadol NS.

Listed below are pharmacies and dates of sale I have been able to locate. Pharmacies are coded for privacy.

| Pharmacy 1 | Pharmacy 2 | Pharmacy 3 | Pharmacy 4 |
|------------|------------|------------|------------|
| 4-15-94    | 7-10-94    | 6-21-94    | 5-26-94    |
| 4-20-94    | 7-13-94    | 7-12-94    | 6-11-94    |
| 4-23-94    | 7-20-94    | 8-02-94    | 6-18-94    |
| 4-28-94    | 7-23-94    | 8-09-94    | 6-25-94    |
| 5-05-94    | 7-30-94    | 8-16-94    | 7-09-94    |
| 6-02-94    | 8-06-94    | 8-23-94    |            |
| 6-09-94    | 8-12-94    | 9-20-94    |            |
| 6-16-94    | 8-19-94    | 10-11-94   |            |
| 6-23-94    | 8-23-94    |            |            |
| 6-30-94    | 8-28-94    |            |            |
| 7-07-94    |            |            |            |
| 7-14-94    |            |            |            |
| 7-18-94    |            |            |            |
| 7-21-94    |            |            |            |
| 7-28-94    |            |            |            |
| 8-04-94    |            |            |            |



|            |            |            |
|------------|------------|------------|
| 16         |            |            |
| Pharmacy 5 | Pharmacy 6 | Pharmacy 7 |
| 08-26-94   | 08-04-94   | 06-25-94   |
| 10-01-94   | 08-08-94   |            |
| 10-07-94   |            |            |
| 3          | 2          | 1          |

In 6 months - 45 total



Statement by Robert M. Wood, D.D.S.  
H.B. 2434  
February 16, 1995

Mr. Chairman and members of the Committee, my name is Robert Wood. I am an oral and maxillofacial surgeon here in Topeka. I am also the Chairman of the Kansas Dental Association's Legislative Council. I appreciate having the opportunity to talk with you today about dentistry's concerns about the schedule changes contained in H.B. 2434.

I prescribe hydrocodone products for my patients. It is an excellent pain control medication with considerably fewer side effects than other pain medications that are available. It comes in varying strengths so that I can prescribe the dosage that I feel is appropriate for the particular patient and situation.

I do not see any more abuse potential with these medications than I do with other controlled substances. In fact, the prescription drug abusers are still really most interested in schedule II drugs like demerol and percodan.

As much as anything, this issue is really a question of access to appropriate pain control for patients. In my own practice here in Topeka, I see many patients from outlying communities.

As an example, if a patient of mine from Seneca, Kansas, has major surgery here in Topeka on Thursday, that patient may need an additional prescription for Lortab on Saturday. I can currently phone a prescription to the patient's pharmacy in Seneca.

Under the terms of this bill, the patient would require a second written prescription. The patient from Seneca would have to drive to Topeka for the written prescription. That is a tremendous and unnecessary inconvenience.

The problem of patient access to appropriate pain medication will be even more difficult in more rural areas of this state.

As a dentist and a surgeon, I believe it is important for my patients to have good pain management that is convenient with minimal side effects. The dentists of Kansas share that view.

Again, I appreciate the opportunity to be with you today.

5200 Huntoon  
Topeka, Kansas 66604  
913-272-7360

HOUSE H&HS COMMITTEE  
2 - 16 - 1995  
Attachment 3



## KANSAS MEDICAL SOCIETY

623 SW 10th Ave. • Topeka, Kansas 66612 • (913) 235-2383  
WATS 800-332-0156 FAX 913-235-5114

February 16, 1995

To: House Health and Human Services Committee  
From: C. L. Wheelen, KMS Director of Public Affairs *Clw*  
Subject: House Bill 2434; Dihydrocodeinone Compounds

Thank you for the opportunity to express concerns about HB2434. We must oppose this bill because it would impede the ability of physicians to provide responsive care to patients who are suffering pain.

By deleting reference to dihydrocodeinone compounds (diluted forms of hydrocodone) from K.S.A. 65-4109, the remaining reference to hydrocodone would be in K.S.A. 65-4107 which lists those substances that are considered schedule II narcotics. This means that the prescription for a diluted form of hydrocodone would have to be a signed, original. This prevents the physician from telephoning the prescription in to a pharmacy when a patient calls after office hours. It would also prohibit a physician assistant or advanced registered nurse practitioner from transmitting a prescription order on behalf of the responsible physician.

A typical dihydrocodeinone compound is diluted with an over the counter analgesic such as acetaminophen at a ratio of one milligram of hydrocodone per 100 milligrams of the ordinary analgesic. These medications may be prescribed for pain associated with conditions such as kidney stones, broken bones, severe bruises from an accident, or recovery from a surgical procedure. These compounds can also be used for temporary relief of pain until such time that the patient can come to the physician's office or meet the physician at a hospital emergency room. Then, based on reevaluation of the patient's condition, the physician may decide to prescribe a schedule II pain killer. Another form of diluted hydrocodone is found in cough syrups which are sometimes prescribed for patients who cannot tolerate codeine.

Aside from concerns about the ability to respond to patient needs, there is a technical problem with HB2434; it is inconsistent with the schedules adopted by the U.S. Drug Enforcement Administration and consequently, all the literature on controlled substances. This bill, if enacted, would create a unique and confusing distinction between federal and state drug control efforts. It would surely result in unintended violations of state law by pharmacists as well as physicians because all the scientific literature identifies dihydrocodeinone compounds as C-III (controlled substance under schedule III).

Thank you for taking our concerns into account. We respectfully request that you report HB2434 unfavorably.

HOUSE H&HS COMMITTEE

2 -16 - 1995

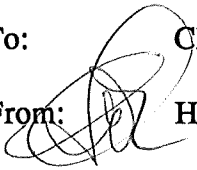
Attachment 4

# Kansas Association of Osteopathic Medicine

Harold E. Riehm, Executive Director

1260 S.W. Topeka Blvd.  
Topeka, Kansas 66612  
(913) 234-5563  
(913) 234-5564 Fax

February 16, 1995

To: Chairman Mayans and Members, House Committee on Health and Human Resources  
From:  Harold E. Riehm, Executive Director, KAOM  
Subject: Testimony on H.B. 2434

Thank you for this opportunity to express our views on H.B. 2434. We appear today in opposition to this Bill.

Abuses in the handling of a drug, no matter what its classification, is a serious matter. KAOM is continuously working with member physicians to address how to prevent such abuse, and the seriousness of the matter.

However, efforts to reduce such abuse, however legitimate the reasons, must always be balanced against other matters that accrue to such efforts. In this case, we think the loss of convenience to the physician prescribing the drug AND MOST IMPORTANT TO THE PATIENT FOR WHOM THE DRUG IS BEING PRESCRIBED, overrides benefits from attempting to curtail abuse.

The primary concern of physicians is that, under the change of Schedules called for in this bill, some commonly prescribed drugs in the hydrocodone class could not be prescribed via telephone call from the physician to the pharmacist. Instead, a patient would have to visit the physician for personal transmission of the written prescription.

There are instances in which such telephone transmission is preferred by both the physician and patient. Physicians are always aware of who has made the request and unless there is a firm knowledge of the requesting patient, and the conditions presented, such prescription calls are not made.

The other example is the use of phone prescriptions for these drugs during times the physician is not in the office, and may be inclined to issue such a prescription call from his or her home or out-of-office location. Short of such access, a patient needing attention to a matter, may have to visit an emergency room, with resulting higher cost to the health care system.

We think problems of abuse, if they are indeed well documented as to their specific extent in Kansas, in this case are insufficient reason to support changes that would so dramatically interfere with patient convenience and possible higher costs.

I will be pleased to respond to questions you may have.

HOUSE H&HS COMMITTEE  
2-16-1995  
Attachment 5

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STATE OF KANSAS



TOPEKA

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EDUCATION  
Vice-Chairman of  
HEALTH & HUMAN SERVICES  
Vice-Chairman of  
JOINT COMMITTEE ON COMPUTERS  
& TELECOMMUNICATIONS

February 15, 1995

TO: HOUSE HEALTH & HUMAN SERVICES COMMITTEE

FROM: SUB-COMMITTEE ON HOUSE BILL 2164

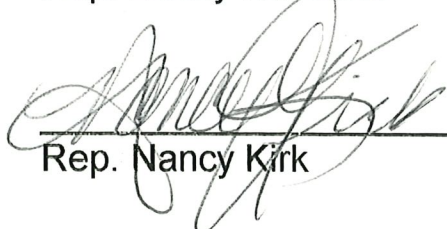
RE: UPDATE ON HOUSE BILL 2164

The Sub-Committee on House Bill 2164 met on February 13, 1995 and briefly on February 15, 1995 upon adjournment of the House. The Sub-Committee has agreed to study and address some aspects of House Bill 2164 in the future. We believe that the bill in its current form should not be passed and that the subject is more complex than initially presented. We are in agreement to recommend an interim study on the corporate practice of medicine/health care which would allow for an in-depth study of this issue in the health care delivery system.

Respectfully submitted,

  
Rep. Jim Morrison, Chair

  
Rep. Becky Hutchins

  
Rep. Nancy Kirk

HOUSE H&HS COMMITTEE  
2 - 16 - 1995  
Attachment 6