Rep. Sewell's 'NOPAIN' Bill Is Really 'NO-BRAIN'

By Josh Bloom — December 9, 2019

Representatives Terri Sewell (AL) and David McKinley (WV) are trying to push through a new law, one that would ensure that Medicare patients have equal access to "non-opioid" therapies after surgery. If they succeed, then Medicare recipients will have earned the right to suffer along with the rest of us. Brilliant.

Despite a decade of indisputable evidence that we are not having an "opioid crisis." but rather a "heroin/fentanyl crisis" you might think that people might start to figure this out and act accordingly.

No such luck. Legislators, policymakers, and other assorted ignorant and/or self-serving busybodies continue to play darts in a dark room with an Ikea bag over their heads. They cannot or will not see what is right in front of their collective faces – that 1) legitimate medical use of analgesics only rarely leads to addiction, and 2) more restrictions placed prescription analgesics has only resulted in more overdose deaths as well as ghoulish suffering of people in pain who need medications that they can no longer get. Yes, it is that obvious, but the false narrative that overprescription of painkilling drugs is responsible for today's overdose deaths is like the Energizer Bunny – it just won't quit.
No, I don't have any idea why the Andrews Sisters are in there. They never sang the stupid song.  
*Photo: The Growler [1]*

And the nonsense keeps coming, thanks to a mindless and misguided legislative effort that is making its way through the House of Representatives.

On the surface, a seriously awful bill that is being put forward by Rep. Terri Sewell (1), a four-term congresswoman in Alabama, would seem to be just more of the same – demonization of opioid analgesics to accomplish... whatever... and the usual blather about American deaths and addiction. But this one's a bit different because of unintended irony.


> Specifically, the bill would address **payment disincentives for practitioners to prescribe non-opioid treatment alternatives in surgical settings** by requiring CMS to place non-opioid treatments on par with other separately paid drugs and devices in Medicare Part B.

Rep. Sewell's bill is an attempt to "level the playing field" by ensuring that Medicare patients will have "access to non-opioid treatments for pain." In other words, *Medicare patients will now have the same "right" to suffer as those who have private insurance* by being forced to try the same unproven and ineffective "treatments". Perhaps they can, as former Attorney General and permanent ignoramus Jeff Sessions said in 2018, *"just take some aspirin sometimes and tough it out a little."* (See 'Let Them Eat Aspirin' - Jeff Sessions' Painfully Ignorant Remarks [3])

And why? For a **really** stupid reason:
“Non-opioid treatments and therapies can be successful in replacing, delaying or reducing the use of opioids to treat post-surgical pain, and reduce the risk of opioid addiction.”

No, that's just plain wrong. Let's hear from some people who actually know what they're talking about. Like ACSH advisor Dr. Dan Laird:

“Though we want to minimize opioid use when we can, the risk of opioid misuse, abuse, and addiction is low in post surgical patients. Unnecessary hysteria and anti-opioid zealotry harm patients; all medications have dangerous side effects but the overall benefit of opioids for post-surgical pain far outweighs the risk.”

Danial Laird, MD, JD 12/7/19

or ACSH advisor Dr. Jeff Singer:

“The likelihood of addiction, defined as compulsive use despite negative consequences, developing after taking just a few days worth of prescription opioids after leaving the hospital, is close to zero--as also the case with regard to physical dependence."

Dr. Jeff Singer, 12/9/19

Or Dr. Thomas Kline, a specialist in geriatric medicine and long-time defender of pain patient rights:

“If the patient has had opiates before, the chance of addiction after surgery is zero. If not, that chance becomes 4 in 1,000 after age 12 and 2 in 1,000 after age 20, largely due to genetic factors that control opioid addiction. In a recent study of 1,000 people given opioids following urological surgery two people became "street addicted."

If Rep. Sewell really thinks that funding CMS to pay for non-opioid post-op treatments for the purpose of preventing addiction she is deluding herself.

Let's take a look at some more of the bill (emphasis mine).

Congress finds the following:

(1) The United States is undergoing an epidemic of addiction and deaths caused by prescription drug overdoses. According to the [CDC], opioids are the main driver of drug overdose deaths accounting for 47,600 overdose deaths in 2017. Every day, over 130 people die in the United States from opioid overdoses.
I can't believe that after all these years of refuting this crap I have to keep doing it. Yes, opioids are the main driver of overdose deaths, but not the legal prescriptions that Rep. Sewell is trying to restrict:

Let's look at those 47,600 deaths (below). If you didn't know any better this proposed legislation would lead you to believe that Vicodin is wiping out hoards of Americans. This is false. As I (and others) have written many times, the real killer is illicit fentanyl and its analogs (this is confusingly referred to as "synthetic opioids other than methadone" in Table 1 below). The fentanyls (illicit fentanyl and analogs) were involved in 28,466 deaths (60% of the total) in 2017 followed by heroin 15,482 (32%) of the overdose deaths. "Natural and semisynthetic opioids," a confusing and ambiguous term for prescription analgesics were involved in 15,482 deaths (30%) (1,2).

Now let's restate that portion of the bill so that it is factually correct: "Illegal opioids, mainly fentanyl and its analogs, and heroin are the main drivers of drug overdose deaths accounting for a huge majority of the 47,600 overdose deaths in 2017.

Data table for Figure 4. Age-adjusted drug overdose death rates, by opioid category: United States, 1999–2017

<table>
<thead>
<tr>
<th>Year</th>
<th>Any opioid</th>
<th>Heroin</th>
<th>Natural and semisynthetic opioids</th>
<th>Methadone</th>
<th>Synthetic opioids other than methadone</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Deaths per 100,000</td>
<td>Number</td>
<td>Deaths per 100,000</td>
<td>Number</td>
</tr>
<tr>
<td>2014</td>
<td>28,647</td>
<td>9.0</td>
<td>10,574</td>
<td>3.4</td>
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</tr>
<tr>
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<td>15,469</td>
<td>4.9</td>
<td>14,495</td>
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<tr>
<td>2017</td>
<td>47,600</td>
<td>14.9</td>
<td>15,402</td>
<td>4.9</td>
<td>14,495</td>
</tr>
</tbody>
</table>


If that's not bad enough...

Research shows that patients receiving an opioid prescription after short-stay surgeries have a 44% increased risk of opioid use.

Please! Stop! This is making my hair hurt. People who get opioids after surgery are more likely to use them than people who don't get opioids after surgery??? Seriously? Tell me that this isn't conceptually identical to...

"People who lose their legs in auto accidents are less likely to subsequently develop athlete's foot than those who do not."

Rep. Sewell did not come up with this masterpiece on her own. She had help from Rep. David McKinley (West Virginia). Together they introduced the Non-Opioids Prevent Addiction in the Nation (NOPAIN) Act (H.R. 5172). McKinley's incisive knowledge of medicine must certainly come
from his former career... as an engineer [5]:

“Our bill would ensure that CMS does not disincentivize the use of innovative non-opioid drugs and devices to treat and manage pain. While pain management for all patients should be handled individually, opioids should not be the first or only option given.”

Rep. David McKinley, B.S. Civil Engineering, 11/19/19

Sorry, Rep. McKinley. Whether opioids should or should not be given to post-surgical patients is something you know nothing about and is none of your business. Would you want Dr. Oz to redesign Hoover Dam?