CM Schade, MD, PhD

CM Schade, MD, PhD has 40 years of experience in the treatment of chronic pain. He is practicing Pain Medicine full time in Mesquite (the Dallas Metroplex), Texas. He is ABA Board Certified in Pain Management, a Fellow of Interventional Pain Practice and a Diplomate of the American Board of Anesthesiology, American Board of Pain Medicine, American Academy of Pain Management and American Board of Interventional Pain Physicians.

Dr. Schade has a PhD in Electrical Engineering and Computer Science from Stanford University and is a Registered Professional Engineer.
Colonel Schade also served 10 years with the US Air Force as a Flight Surgeon and served as the Air Force Surgeon General's Consultant in Chemical Warfare.
He is a pioneer in the field of spinal cord stimulation and has made multiple contributions that have advanced spinal cord stimulation and pain therapies and has gained national recognition for his work.

Dr. Schade is also a strong supporter of patient rights and is a Director Emeritus of the Texas Pain Society, Past-President of the Greater North Texas Pain Society, a Texas Medical Association Delegate and represents Pain Medicine on the Texas Medical Association's Interspecialty Society, is the Pain Medicine Delegate on the Medicare Carrier Advisory Committee and has served as president of the Texas Pain Society.

TEXAS LEGISLATIVE UPDATES
WHAT BULLETS DID WE DODGE
AND
TEXAS PAIN SOCIETY 2017 LEGISLATIVE AGENDA

CM SCHADE, MD, PHD,PE

TPS 10.30.2016

NO RELEVANT FINANCIAL DISCLOSURES

OVERVIEW

- TEXAS PAIN SOCIETY- **VOICE** OF PAIN MEDICINE
- TMA FIRST TUESDAYS

IF YOU AREN'T AT THE TABLE, THEN YOU ARE ON THE MENU

TPS – VOICE OF PAIN MEDICINE

- THANK YOU FOR YOUR MEMBERSHIP
- KRISTA CROCKETT- REGISTERED LOBBYIST; CONTINUES PROCESS
- REPRESENTATIVE ON THE TMA INTERSPECIALTY SOCIETY COMMITTEE
- CO-SPONSOR OF TMA RESOLUTIONS 103,105,301
- PARTICIPANT IN FIRST TUESDAYS

Controlled Substance Record Book

2nd Edition March 2014

Start Date

End Date

Texas Pain Society

MANDATORY USE OF PMP

- 16 STATES REQUIRE SOME TYPE OF MANDATORY USE OF PMP
- THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS RECOMMENDS THAT LICENSEES AND AGENCIES ESTABLISH STANDARDS AND PROCEDURES FOR THEIR LICENSEES REGARDING ACCESS TO AND USE OF PMP DATA.
- THE PRESCRIPTION DRUG MONITORING PROGRAM CENTER OF EXCELENCE AT BRANDEIS UNIVERSITY RECOMMENDS MANADATING UTILZATION OF PMP FOR PROVIDERS.
- MANY AGREE WITH THE POSITION OF THE NATIONAL CONFERENCE OF THE INSURANCE REGULATORS THAT RECENTLY PROPOSED, " BEST PRACTICES TO ADDRESS OPIOID ABUSE, MISUSE AND DIVERSION" THAT STATES BEFORE MANADATING USE OF A PMP MANY FACTORS SHOULD BE CONSIDERED.
- MANDATORY USE IS NOT HELPFUL
- 1. **NEW SYSTEM AT TEXAS STATE BOARD OF PHARMACY (TSBP) –GIVE IT A CHANCE TO WORK**
- **2. "PUSH" NOTIFICATIONS ARE A MUCH MORE EFFICIENT USE OF THE PMP RESOURCES**
- **3. CRIMINALS DONT FOLLOW THE RULES**

PRESCRIPTIVE IDENTITY THEFT

- PHARMACIES HAVE BEEN RECEIVING FRAUDULENT PRESCRIPTIONS WITH ACCURATE DEA AND DPS NUMBERS, BUT FALSE CLINIC NAME/LOCATION, OFFICE PHONE NUMBER AND FABRICATED SIGNATURES.
- UPON ENQUIRY BY THE PHARMACY ABOUT THIS FALSE INFORMATION, FABRICATED DOCUMENTS ARE SUBMITTED TO LEND AUTHENCITY TO THE FRAUDULENT PRESCRIPTION.

PRESCRIPTIVE IDENTITY THEFT

- **Inform the Texas Medical Board (TMB)**
- **Inform the Texas State Board of Pharmacy (TSBP) and Drug Enforcement Agency (DEA)**
- **Inform the county sheriff's office and city police department (narcotics division)**
- **Inform your risk management provider /Malpractice Co.**
- **Maintain records and document all steps taken**

NO MORE CSR

- THE CONTROLLED SUBSTANCE REGISTRATION LAW WAS SUNSETTED ON SEPT 1, 2016

- NO MORE DPS NUMBERS!!!

FDA DRUG SAFETY COMMUNICATION

FDA warns about serious risks and death when combining opioid pain or cough medicines with benzodiazepines; requires its strongest warning

08.31.2016

FDA COMMUNICATION

- **Health care professionals** should limit prescribing opioid pain medicines with benzodiazepines or other CNS depressants only to patients for whom alternative treatment options are inadequate. If these medicines are prescribed together, limit the dosages and duration of each drug to the minimum possible while achieving the desired clinical effect. Warn patients and caregivers about the risks of slowed or difficult breathing and/or sedation, and the associated signs and symptoms. Avoid prescribing prescription opioid cough medicines for patients taking benzodiazepines or other CNS depressants, including alcohol.

UNITED STATES SURGEON GENERAL
Vivek H. Murthy, M.D., M.B.A.

August 2016

Dear Colleague,

I am asking for your help to solve an urgent health crisis facing America: the opioid epidemic. Everywhere I travel, I see communities devastated by opioid overdoses. I meet families too ashamed to seek treatment for addiction. And I will never forget my own patient whose opioid use disorder began with a course of morphine after a routine procedure.

It is important to recognize that we arrived at this place on a path paved with good intentions. Nearly two decades ago, we were encouraged to be more aggressive about treating pain, often without enough training and support to do so safely. This coincided with heavy marketing of opioids to doctors. Many of us were even taught – incorrectly – that opioids are not addictive when prescribed for legitimate pain.

The results have been devastating. Since 1999, opioid overdose deaths have quadrupled and opioid prescriptions have increased markedly – almost enough for every adult in America to have a bottle of pills. Yet the amount of pain reported by Americans has not changed. Now, nearly two million people in America have a prescription opioid use disorder, contributing to increased heroin use and the spread of HIV and hepatitis C.

I know solving this problem will not be easy. We often struggle to balance reducing our patients' pain with increasing their risk of opioid addiction. But, as clinicians, we have the unique power to help end this epidemic. As cynical as times may seem, the public still looks to our profession for hope during difficult moments. This is one of those times.

That is why I am asking you to pledge your commitment to turn the tide on the opioid crisis. **Please take the pledge at www.TurnTheTideRx.org.** Together, we will build a national movement of clinicians to do three things:

First, we will educate ourselves to treat pain safely and effectively. A good place to start is the enclosed pocket card with the CDC Opioid Prescribing Guideline. Second, we will screen our patients for opioid use disorder and provide or connect them with evidence-based treatment. Third, we can shape how the rest of the country sees addiction by talking about and treating it as a chronic illness, not a moral failing.

Years from now, I want us to look back and know that, in the face of a crisis that threatened our nation, it was our profession that stepped up and led the way. I know we can succeed because health care is more than an occupation to us. It is a calling rooted in empathy, science, and service to humanity. These values unite us. They remain our greatest strength.

Thank you for your leadership.

Vivek Murthy

TURN THE TIDE

PRESCRIBING OPIOIDS FOR CHRONIC PAIN

ADAPTED FROM CDC GUIDELINE

Opioids can provide short-term benefits for moderate to severe pain. Scientific evidence is lacking for the benefits to treat chronic pain.

IN GENERAL, DO NOT PRESCRIBE OPIOIDS AS THE FIRST-LINE TREATMENT FOR CHRONIC PAIN (for adults 18+ with chronic pain > 3 months excluding active cancer, palliative, or end-of-life care).

BEFORE PRESCRIBING

1 ASSESS PAIN & FUNCTION

Use a validated pain scale. Example: PEG scale where the score = average 3 individual question scores (30% improvement from baseline is clinically meaningful).

Q1: What number from 0 – 10 best describes your PAIN in the past week? (0 = "no pain", 10 = "worst you can imagine")

Q2: What number from 0 – 10 describes how, during the past week, pain has interfered with your ENJOYMENT OF LIFE? (0 = "not at all", 10 = "complete interference")

Q3: What number from 0 – 10 describes how, during the past week, pain has interfered with your GENERAL ACTIVITY? (0 = "not at all", 10 = "complete interference")

2 CONSIDER IF NON-OPIOID THERAPIES ARE APPROPRIATE

Such as: NSAIDs, TCAs, SNRIs, anti-convulsants, exercise or physical therapy, cognitive behavioral therapy.

3 TALK TO PATIENTS ABOUT TREATMENT PLAN

- Set realistic goals for pain and function based on diagnosis.
- Discuss benefits, side effects, and risks (e.g., addiction, overdose).
- Set criteria for stopping or continuing opioid. Set criteria for regular progress assessment.
- Check patient understanding about treatment plan.

4 EVALUATE RISK OF HARM OR MISUSE. CHECK:

- Known risk factors: illegal drug use; prescription drug use for nonmedical reasons; history of substance use disorder or overdose; mental health conditions; sleep-disordered breathing.
- Prescription drug monitoring program data (if available) for opioids or benzodiazepines from other sources.
- Urine drug screen to confirm presence of prescribed substances and for undisclosed prescription drug or illicit substance use.
- Medication interactions. AVOID CONCURRENT OPIOID AND BENZODIAZEPINE USE WHENEVER POSSIBLE.

WHEN YOU PRESCRIBE

START LOW AND GO SLOW. IN GENERAL:

- Start with immediate-release (IR) opioids at the lowest dose for the shortest therapeutic duration. IR opioids are recommended over ER/LA products when starting opioids.
- Avoid ≥ 90 MME/day; consider specialist to support management of higher doses.
- If prescribing ≥ 50 MME/day, increase follow-up frequency; consider offering naloxone for overdose risk.
- For acute pain: prescribe < 3 day supply; more than 7 days will rarely be required.
- Counsel patients about safe storage and disposal of unused opioids.

See below for MME comparisons. For MME conversion factors and calculator, go to TurnTheTideRx.org/treatment.

50 MORPHINE MILLLIGRAM EQUIVALENTS (MME)/DAY:

- 50 mg of hydrocodone (10 tablets of hydrocodone/acetaminophen 5/300)
- 33 mg of oxycodone (~2 tablets of oxycodone sustained-release 15mg)

90 MORPHINE MILLLIGRAM EQUIVALENTS (MME)/DAY:

- 90 mg of hydrocodone (18 tablets of hydrocodone/acetaminophen 5/300)
- 60 mg of oxycodone (4 tablets of oxycodone sustained-release 15mg)

AFTER INITIATION OF OPIOID THERAPY

ASSESS, TAILOR & TAPER

- Reassess benefits/risks within 1-4 weeks after initial assessment.
- Assess pain and function and compare results to baseline. Schedule reassessment at regular intervals (≤ 3 months).
- Continue opioids only after confirming clinically meaningful improvements in pain and function without significant risks or harm.
- If over-sedation or overdose risk, then taper. Example taper plan: 10% decrease in original dose per week or month. Consider psychosocial support.
- Tailor taper rates individually to patients and monitor for withdrawal symptoms.

TREATING OVERDOSE & ADDICTION

- Screen for opioid use disorder (e.g., difficulty controlling use; see DSM-5 criteria). If yes, treat with medication-assisted treatment (MAT). MAT combines behavioral therapy with medications like methadone, buprenorphine, and naltrexone. Refer to findtreatment.samhsa.gov. Additional resources at TurnTheTideRx.org/treatment and www.hhs.gov/opioids.
- Learn about medication-assisted treatment (MAT) and apply to be a MAT provider at www.samhsa.gov/medication-assisted-treatment.
- Consider offering naloxone if high risk for overdose: history of overdose or substance use disorder, higher opioid dosage (≥ 50 MME/day), concurrent benzodiazepine use.

ADDITIONAL RESOURCES

CDC GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN:
www.cdc.gov/drugoverdose/prescribing/guideline.html

SAMHSA POCKET GUIDE FOR MEDICATION-ASSISTED TREATMENT (MAT):
store.samhsa.gov/MATguide

NIDAMED: www.drugabuse.gov/nidamed-medical-health-professionals

ENROLL IN MEDICARE: go.cms.gov/pecos
Most prescribers will be required to enroll or validly opt out of Medicare for their prescriptions for Medicare patients to be covered. Delay may prevent patient access to medications.

JOIN THE MOVEMENT

and commit to ending the opioid crisis at TurnTheTideRx.org.

TURN THE TIDE

The Office of the Surgeon General

CDC

OUR PLEDGE

AS HEALTH CARE PROFESSIONALS, WE BELIEVE WE HAVE THE UNIQUE POWER TO END THE OPIOID CRISIS. WE PLEDGE TO:

1. Educate ourselves to treat pain safely and effectively.
2. Screen our patients for opioid use disorder and provide or connect them with evidence-based treatment.
3. Talk about and treat addiction as a chronic illness, not a moral failing.

FIRST

LAST

Choose a Profession

PROFESSION

Choose a Specialty

SPECIALTY (optional)

ZIP CODE

EMAIL

By signing the pledge, you'll also be joining our contact list to stay connected as we #TurnTheTide.

count me in

New Law Expands Access to Naloxone

- Senate Bill 1462 by Sen Royce West (D-Dallas) supported by TPS & TMA during the legislative session, gives physicians authority to prescribe the life saving opioid antagonist Naloxone not only to patients but also to family members or friends of those who may be at risk of an overdose. The law, effective September 1, 2015 also allows a person or organization acting under a standing order to distribute an opioid antagonist and allows pharmacies to dispense the drug.

Fatal drug overdoses are a leading cause of unintentional death in Texas and the United States. The Centers for Disease Control and Prevention (CDC) has called prescription painkiller overdoses an epidemic.

The new law provides liability protection for prescribers who, acting in good faith with reasonable care, prescribe an opioid antagonist.

CDC has guidance on prescribing opioids for chronic pain. Visit Prescribe to Prevent to access guidance for clinicians, information on naloxone products, and links to training for consumers.

Action, Sept. 1, 2015

Texas Pain Society Recommends

Texas Pain Society urges early adoption by middle and high schools, colleges and universities across Texas and the USA first-response naloxone to save lives from accidental opioid overdose. By making this intervention available and accessible, and by providing simple training on its use, untold numbers of young lives can be saved just as widely available automated defibrillators save victims of sudden cardiac arrest.

Texas Pain Society led efforts in the 2015 Texas Legislature that resulted in a law making Naloxone available to first-responders and laypeople in Texas, and now TPS strongly supports the initiative of the Clinton Foundation to make this life saving tool readily available.

First-response Naloxone can save a life even before the first-responders arrive!

Texas Pain Society is a professional organization of over 350 pain physicians and other professionals in Texas dedicated to representing the interests of the public, physicians, and others involved in the appropriate care of patients who suffer from pain, with a vision to improve the quality of life of those people.
www.texaspain.org

CLINTON HEALTH MATTERS INITIATIVE

How we are reducing the prevalence of preventable disease in the United States

CLINTONFOUNDATION.ORG/HEALTHMATTERS

The Clinton Health Matters Initiative (CHMI) works to improve the health and wellbeing of people across the U.S.
by activating individuals, communities, and organizations to make meaningful contributions to the health of others.
By implementing evidence-based systems, environmental, and investment strategies, CHMI aims to reduce the
prevalence of preventable diseases, close health inequity and disparity gaps, and ultimately reduce health care costs
associated with preventable diseases, thus improving the quality of life for people across the U.S.

Our prescription drug misuse and abuse program seeks to cut prescription drug abuse deaths in half – saving approximately 10,000 lives – through strategic partnerships that raise consumer and public awareness, advance business practice change, and mobilize communities.

January 25, 2016

ADAPT PHARMA TO OFFER ALL U.S. HIGH SCHOOLS A FREE NARCAN NASAL SPRAY AND FUND SCHOOL-BASED OPIOID OVERDOSE EDUCATION

Dublin, Ireland – **January 25, 2016 – Adapt Pharma, Limited** ("**Adapt Pharma**") today announced two national programs at the Clinton Health Matters Initiative Activation Summit to assist in efforts to address the growing risk of opioid overdose among American high-school students. First, Adapt Pharma will offer a free carton of NARCAN® (naloxone hydrochloride) Nasal Spray to all high schools in the United States through the state departments of education. This program will collaborate with the **Clinton Health Matters Initiative**, an initiative of the Clinton Foundation, as part of its work to scale naloxone access efforts nationally.

http://prescribetoprevent.org/prescribers/palliative/

PRIMARY, CHRONIC PAIN AND PALLIATIVE CARE SETTINGS

Medical providers may have the opportunity to maximize patient quality of life by providing prescription opioids, yet those same medicines have contributed to the fact that drug overdose has overtaken motor vehicle crashes to be the #1 cause of injury death in the United States. Providers can consider taking the stance of "risky medicines", instead of "risky patients" and engage in proactive dialogue with patients to minimize poisoning, over sedation, and overdose risk with patients who need opioid medications to improve function. Discussing an emergency overdose/poisoning/oversedation plan and naloxone prescribing is an essential component of that dialogue. We provide some sample documents that may facilitate the process. Those desiring in-depth technical assistance can contact us for rates and availability at PrescribeToPrevent@gmail.com.

OVERDOSE RISK AND PATIENT HISTORY

- Review medications
- Take a substance use history
- Check the prescription monitoring program
- Take an overdose history – *Ask your patient whether they have:*
  - Overdosed or had a bad reaction to taking opioid medications?
  - Witnessed an overdose?
  - Received training to prevent, recognize, or respond to an overdose or medication-related oversedation?

PRESCRIBING VARIOUS NALOXONE PRODUCTS

Prescription & dispensing instructions for injectable naloxone with tear-off patient instructions

Prescription & dispensing instructions for nasal naloxone with tear-off patient instructions

Naloxone for Overdose Prevention

patient name

date of birth

patient address

patient city, state, ZIP code

Rx

prescriber name

prescriber address

prescriber city, state, ZIP code

prescriber phone number

Naloxone HCl 0.4 mg/mL (Narcan)
1 x 10 mL as one fliptop vial (NDC 0409-1219-01) OR
2 x 1mL single dose vials (NDC 0409-1215-01)

Refills: _____

Intramuscular (IM) syringe, 23 G, 3cc, 1 inch

Qty: _____ Refills: _____

Sig: For suspected opioid overdose,
inject 1mL IM in shoulder or thigh.
Repeat after 3 minutes if no or minimal response.

prescriber signature

date

Detach for patient

Are they breathing?

Signs of an overdose:

- Slow or shallow breathing
- Gasping for air when sleeping or weird snoring
- Pale or bluish skin
- Slow heartbeat, low blood pressure
- Won't wake up or respond (rub knuckles on sternum)

Call 911 for help

All you have to say:
"Someone is unresponsive and not breathing."
Give clear address and location.

Airway

Make sure nothing is inside the person's mouth.

Rescue breathing

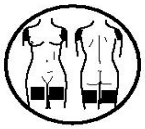
Oxygen saves lives. Breathe for them.
One hand on chin, tilt head back, pinch nose closed.
Make a seal over mouth & breathe in
1 breath every 5 seconds
Chest should rise, not stomach

Evaluate

Are they any better? Can you get naloxone
and prepare it quickly enough that they won't
go for too long without your breathing assistance?

Prepare naloxone

- Remove cap from naloxone and uncover needle
- Insert needle through rubber plug, with bottle upside down
- Pull back on plunger and take up 1 cc into the syringe
- Don't worry about air bubbles (they aren't dangerous in muscle injections)



Muscular injection

inject 1cc of naloxone into a big muscle (shoulder or thigh)

Evaluate + support

- Continue rescue breathing
- Give another shot of naloxone in 3 minutes if no or minimal breathing or responsiveness
- Naloxone wears off in 30-90 minutes
- Comfort them; withdrawal can be unpleasant
- Get them medical care and help them not use more opiate right away
- Encourage survivors to seek treatment if they feel they have a problem

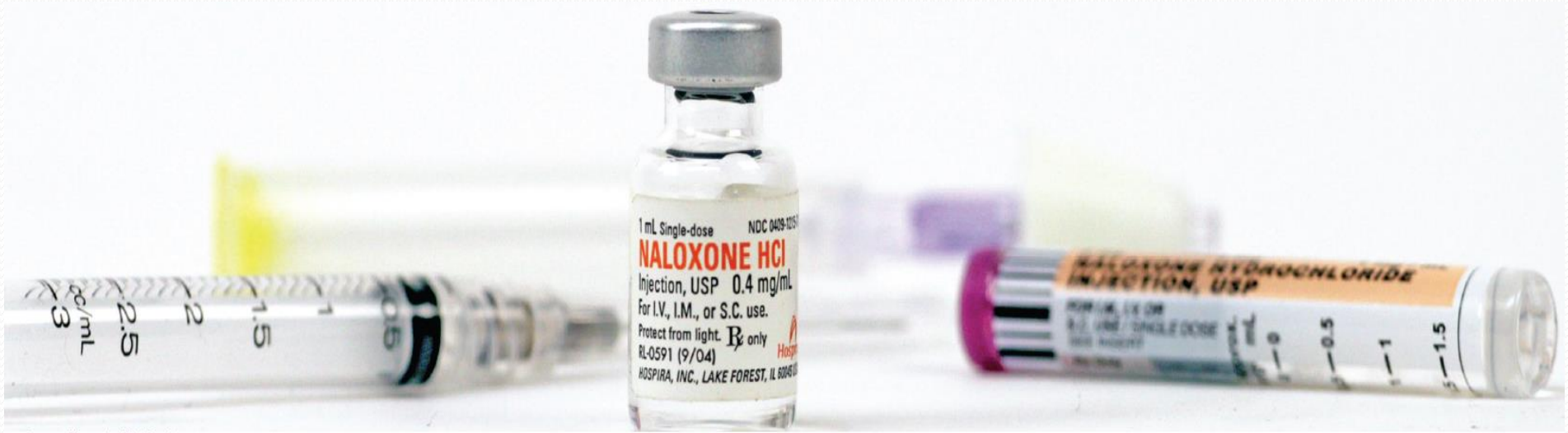
How to Avoid Overdose

- Only take medicine prescribed to you
- Don't take more than instructed
- Call a doctor if your pain gets worse
- Never mix pain meds with alcohol
- Avoid sleeping pills when taking pain meds
- Dispose of unused medications
- Store your medicine in a secure place
- Learn how to use naloxone
- Teach your family + friends how to respond to an overdose

For More Info
PrescribeToPrevent.com

Poison Center
1-800-222-1222
(free & anonymous)

v01.2012.1



http://prescribetoprevent.org/prescribers/palliative/

Naloxone for Overdose Prevention

patient name

date of birth

patient address

patient city, state, ZIP code

Rx

prescriber name

prescriber address

prescriber city, state, ZIP code

prescriber phone number

Naloxone HCl 1 mg/mL
2 x 2 mL as pre-filleld Luer-Lock needless syringe
(NDC 76329-3369-1)

Refills: _____

2 x Intranasal Mucosal Atomizing Device (MAD 300)

Refills: _____

For suspected opioid overdose, spray 1mL in each nostril. Repeat after 3 minutes if no or minimal response.

Pharmacist: Call 1-800-788-7999 to order MAD 300.

prescriber signature

date

Detach for patient

How to Avoid Overdose

- Only take medicine prescribed to you
- Don't take more than instructed
- Call a doctor if your pain gets worse
- Never mix pain meds with alcohol
- Avoid sleeping pills when taking pain meds
- Dispose of unused medications
- Store your medicine in a secure place
- Learn how to use naloxone
- Teach your family + friends how to respond to an overdose

Are they breathing? → Call 911 for help

Signs of an overdose:

- Slow or shallow breathing
- Gasping for air when sleeping or weird snoring
- Pale or bluish skin
- Slow heartbeat, low blood pressure
- Won't wake up or respond (rub knuckles on sternum)

All you have to say:
"Someone is unresponsive and not breathing."
Give clear address and location.

Airway → Rescue breathing

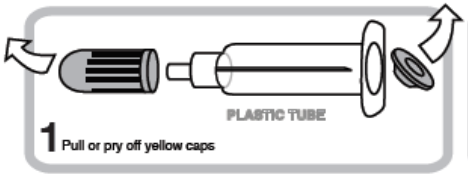
Make sure nothing is inside the person's mouth.

Oxygen saves lives. Breathe for them.
One hand on chin, tilt head back, pinch nose closed.
Make a seal over mouth & breathe in
1 breath every 5 seconds
Chest should rise, not stomach

Prepare Naloxone

Are they any better? Can you get naloxone and prepare it quickly enough that they won't go for too long without your breathing assistance?

PrescribeToPrevent.org



Source: HarmReduction.org

Evaluate + support

- Continue rescue breathing
- Give another 2 sprays of naloxone in 3 minutes if no or minimal breathing or responsiveness
- Naloxone wears off in 30-90 minutes
- Comfort them; withdrawal can be unpleasant
- Get them medical care and help them not use more opiate right away
- Encourage survivors to seek treatment if they feel they have a problem

POISON Help 1-800-222-1222 AAPCC

v02.12.11

FDA Approves Nasal Spray Version Of Opioid Overdose Antidote.

The AP (11/19, Perrone) reports that the Food and Drug Administration on Wednesday a reformulated, nasal spray version of Narcan (naloxone), the medicine that reverses heroin and opioid pain medication overdoses. The medication "should help first responders, police and others deliver the antidote in emergency situations." Adapt Pharma will price the medication at $37.50 per dose for all governments and public organizations, with CEO Seamus Mulligan saying, "We want to have broad access across the US."

ADAPT PHARMA OFFERING FREE OVERDOSE REVERSAL KITS TO U.S. HIGH SCHOOLS

EVZIO™
(naloxone HCl injection)
0.4 mg auto-injector

Writing a Prescription

Name John Doe
Address _____ Date July 1, 2014

Rx

EVZIO 0.4 mg
#1 two pack
PRN for opioid overdose

Refills: 1 (2) 3 ☒ No substitution
MD _____
Signature _____

INDICATION

EVZIO is an opioid antagonist indicated for the emergency treatment of known or suspected opioid overdose, as manifested by respiratory and/or central nervous system depression. EVZIO is intended for immediate administration as emergency therapy in settings where opioids may be present. EVZIO is not a substitute for emergency medical care.

IMPORTANT SAFETY INFORMATION

EVZIO is contraindicated in patients known to be hypersensitive to naloxone hydrochloride or to any of the ingredients in EVZIO.

Please see additional Important Safety Information on reverse and enclosed full Prescribing Information.


TRAINER
FOR Evzio
CONTAINS NO ACTIVE DRUG OR NEEDLE
60842-030-02
PULL
DEVICE UP
FROM THIS CASE
TRAINER
FOR Evzio
CONTAINS NO ACTIVE DRUG OR NEEDLE
Instructions for use found inside on device
Includes Voice Instructions from a Speaker
FRONT

TPS 2017 LEGISLATIVE INITIATIVES

- TMA Resolution 103:
- Interventional Pain is the Practice of Medicine

- **RESOLVED**- That the Texas Medical Association support passage of legislation making it unlawful to practice interventional pain management using fluoroscopy in this state unless such person has been duly licensed under the provisions of the Texas Medical Board

TPS 2017 LEGISLATIVE INITIATIVES

- TMA resolution 105:
- Sunsetting Official Prescription Form

- **RESOLVED**- That the Texas Medical Association work with the Texas Legislature to Sunset the Official Prescription Form tracking laws

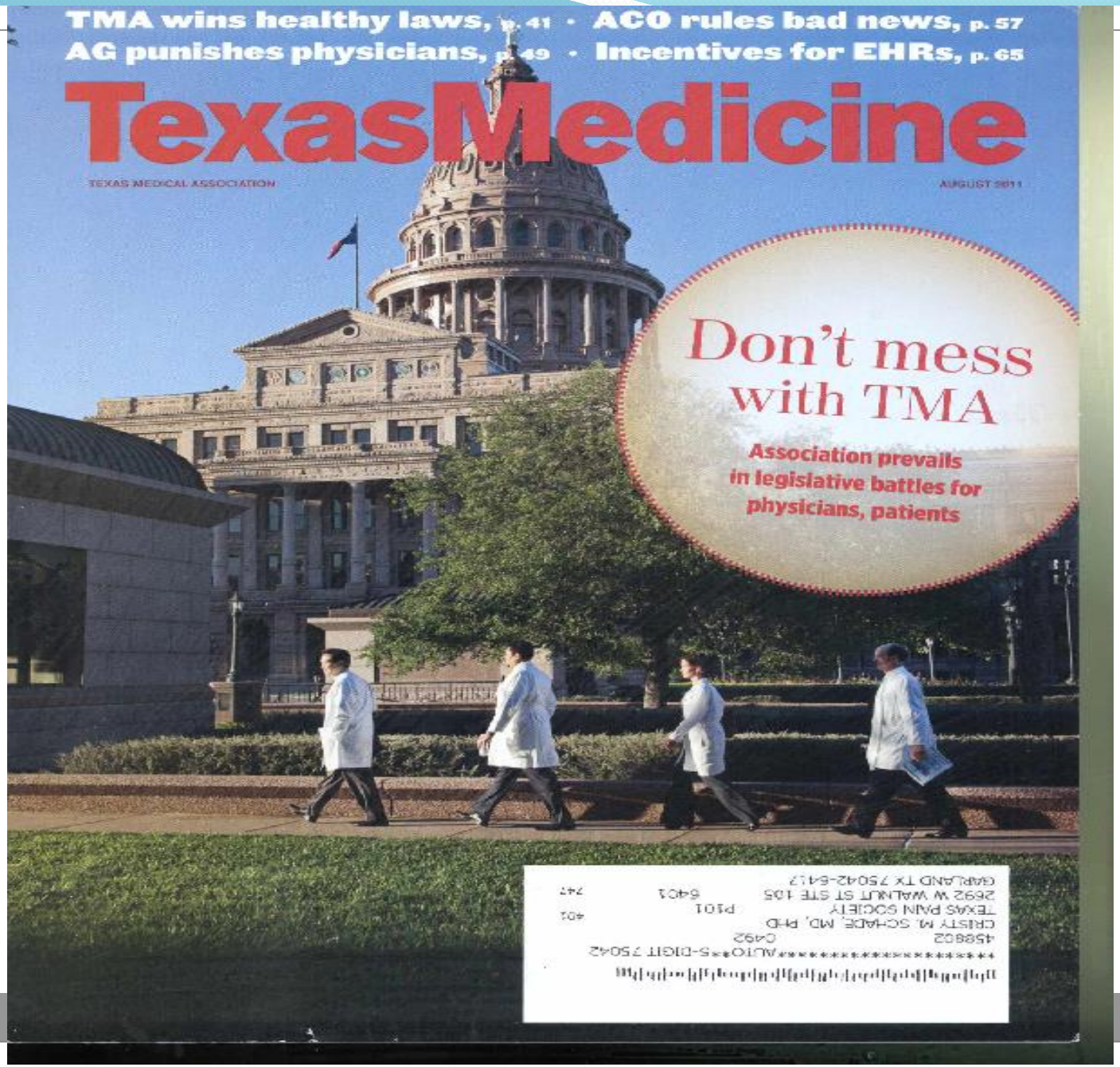
TPS 2017 LEGISLATIVE INITIATIVES

- TMA Resolution 301:
- Improvements for tracking the wholesale drug distribution of controlled substances (CS)

- Resolved, that the Texas Medical Association work with the Texas legislature to require wholesale drug distributors to report their CS delivery (ARCOS) data directly to the Texas State Board of Pharmacy (TSBP)

FIRST TUESDAYS AT THE CAPITAL RETURNS "White Coat Invasion"

- The 2017 session of the Texas Legislature will be challenging for medicine:
- Mandatory use of the PMP.
- Advance practice nurses and other non-physician practitioners will battle to practice medicine without a license. EXPANSION OF SCOPE
- FTC Anticompetitive Ruling/ Civilian control of TMB
- The trial lawyers, as always, will push to erode our 2003 liability reforms.


TMA wins healthy laws, p. 41 · ACO rules bad news, p. 57
AG punishes physicians, p. 49 · Incentives for EHRs, p. 65
TexasMedicine
TEXAS MEDICAL ASSOCIATION
AUGUST 2011
Don't mess with TMA
Association prevails in legislative battles for physicians, patients

FIRST TUESDAYS AT THE CAPITAL RETURNS "White Coat Invasion"

Mark your calendar for the 2017 First Tuesdays at the Capitol:

- Feb. 7
- March 7
- April 4
- May 2

SUMMARY

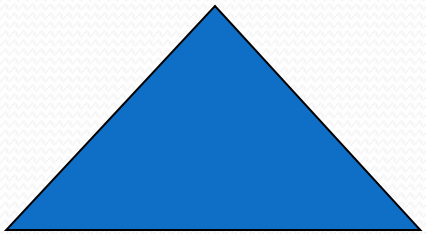
- Patients are dying, physicians are going to prison, if we do not change the culture and standards of care surrounding controlled substance prescribing habits, state and federal laws will do it

- Change the way you think and prescribe when using controlled substances (New CDC, FDA, & SURGEON GENERAL rules/guidelines)

- **DOCUMENT, DOCUMENT, DOCUMENT!!!!!!**

ACESS TO CARE

PREVENTING DIVERSION



CONCLUSION

- TEXAS PAIN SOCIETY- **VOICE** OF PAIN MEDICINE
- TMA FIRST TUESDAYS