

Governor Christie Announces Focus on Opioid Addiction For His Final Year in Office: On January 10, 2017, New Jersey Governor Chris Christie delivered his final State of the State address. The focus of his speech was devoted entirely to New Jersey's ongoing epidemic of opioid addiction and his proposed solutions, which he has vowed to use his best efforts to implement during his final year in office. However, one of the cornerstones of his proposal, limiting physicians to prescribing a five-day, rather than a thirty-day, supply of opioids at one time has met with resistance from the medical community. Governor Christie claimed that statistics show four out of five people who become addicted to heroin do so after becoming addicted to prescription opioids, and turn to heroin when they can no longer obtain prescription medication. He has directed New Jersey's Attorney General to enact emergency regulations to limit opioid prescriptions by licensed professionals, and also invited the Attorney General to step up investigation of licensees who allegedly overprescribe opioids. Of course, physicians who practice in New Jersey, particularly those who specialize in pain management, know that the State has been cracking down on the prescription of CDS for the past several years. Further, restricting opioid prescriptions to a five-day supply is simply not feasible in each and every case. For example, it might be difficult, or impossible, for a surgeon who prescribes opioids for a patient's post-operative pain to even see the patient within five days of the performance of a procedure. This proposal has also been criticized as interfering with the physician/patient relationship. Mishael Azam, the Chief Operating Officer and Senior Manager of the Medical Society of New Jersey ("MSNJ") issued a statement which states, in part, as follows:

Statutory medication limits decrease the quality of care and life for pain patients. The Medical Society of New Jersey opposes such intrusions into the practice of medicine, especially if they do not take into account individual patient circumstances, like medication tolerance or access to insurance, transportation or alternative treatments. . . . This [proposal] is especially cruel given that over 70 percent of abuse comes from diversion, not from patient misuse. Education on safe storage and disposal will address abuse much more efficiently than pill limits. While working to stop abuse, we must remain mindful of the legitimate uses of medication and ensure practitioners are empowered to meet their patient's health care needs.

It remains to be seen whether this limitation will be enacted, and if so, whether it will survive a challenge in the courts

Showdown between Ryan and Trump over Medicare and Entitlements Looming: House Speaker Paul Ryan and President-Elect Donald Trump appear to be at an impasse concerning Medicare and other entitlement programs. Speaker Ryan seeks a major overhaul of Medicare and entitlements, a plan President-Elect Trump once called "political suicide." Ryan is calling for Medicare to become a voucher program and seeks to reform other entitlement programs as part of the GOP's efforts at achieving tax reform under next year's 2018 budget plan that would balance the budget in 10 years. Republicans maintain that the cause of the nearly \$20 trillion debt is the mandatory spending programs, not the annual discretionary spending Congress directly controls. Therefore, Ryan and GOP members argue that without addressing Medicare spending and entitlements, there is no way to balance the budget. Trump, however, assured voters during the presidential campaign that he had no interest in entitlement reform. Trump's incoming Chief of Staff, Reince Priebus, reiterated this position earlier this month when he stated that the incoming Commander-in-Chief does not want to "meddle" with entitlement reforms. Congress passed a fiscal 2017 budget last week that did not balance, but most GOP members went along with the proposed legislation because it set in motion the party's plans to repeal Obamacare. Many GOP members noted, however, that future budgets will not pass so easily if there are not provisions in place to ensure a balanced budget, which certainly suggests Medicare and entitlements will be in play.

FDA Bans Powdered Gloves: The US Food and Drug Administration ("FDA") last month issued a Final Rule that bans powdered medical gloves beginning January 19, 2017. The FDA proposed the ban earlier this year, citing mounting evidence that such gloves posed serious risks to patients, including airway and wound inflammation, post-surgical adhesions and allergic reactions. This Final Rule is only the second time that the FDA has banned a medical device since banning prosthetic hair fibers in 1983. In April, the FDA proposed banning a third type of device, electrical stimulation devices when used to treat self-injurious or aggressive behavior, though a final ban is still pending. Jeffrey Shuren, director of the Center for Devices and Radiological Health, said that "this ban is about protecting patients and health care professionals from a danger they might not even be aware of." Specifically, the FDA's ban applies to the sale, distribution and manufacturing of all powdered surgeons' gloves, powdered patient examination gloves and absorbable powder used to lubricate surgeons' gloves, though the ban will not apply to powdered radiographic protection gloves. Additionally, the ban will not apply to powder used during the manufacturing process for non-powdered gloves, so long as only trace amounts (no more than 2 mg of powder per glove) make it into the finished product. To facilitate the ban, the FDA says it is also amending the classification regulations for medical gloves in order to distinguish between powdered and non-powdered gloves, as the current classifications do not differentiate between the two.

For more information on the above items, contact Kern Augustine, P.C. at 1-800-445-0954 or via email at info@DrLaw.com.



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