



November 21, 2022

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable Kevin McCarthy
Republican Leader
U.S. House of Representatives
Washington, DC 20515

Dear Speaker Pelosi and Leader McCarthy:

The undersigned patient safety, medical and healthcare professionals and organizations urge you to swiftly bring H.R. 5932, the Inpatient Opioid Safety Act, to the floor for a vote before the end of the 117th Congress. This bipartisan legislation would improve patient safety and reduce thousands of preventable injuries and deaths from opioid-induced respiratory depression. It will save lives.

The Centers of Medicare and Medicaid Services (CMS) has long recognized the fatal consequences of opioid-induced respiratory depression and has concluded that “Most opioid-related adverse events are preventable,”¹ and that the sedating effects of opioids make it difficult at times to properly assess the patient’s level of sedation. It can be incorrectly assumed that patients are asleep when they are actually exhibiting progressive symptoms of respiratory compromise: somnolence, decreased respiratory rate, and decrease in oxygen levels. These symptoms, if unrecognized, can progress to respiratory depression and even death.²

The recently released CDC Clinical Practice Guideline for Prescribing Opioids for Pain³ amplify the dangers of opioid-induced respiratory depression and state that advising patients about the serious adverse effects of opioids, including potentially fatal respiratory depression, is essential for communication and discussion with patients before starting opioid therapy.⁴

On August 10, 2022, in the Fiscal Year 2023 Medicare Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes Final Rule CMS concluded the following:

The most serious opioid-related adverse events include those involving respiratory depression, which

¹ Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2023 Rates. Department of Health and Human Services, Centers for Medicare & Medicaid Services; CMS-1771-F; RIN 0938-AU84. 48780 Federal Register; Vol. 87, No. 153; August 10, 2022. Pg. 49234. <https://www.govinfo.gov/content/pkg/FR-2022-08-10/pdf/2022-16472.pdf>.

² Examples: “CMS recognizes that opioids have a sedating effect and that patients can become overly sedated and suffer respiratory depression or arrest, which can be fatal; ...opioid-induced respiratory compromise has resulted in inpatient deaths that might have been prevented with appropriate assessment and vigilant monitoring of respiration and sedation levels; Factors that place patients receiving opioids at higher risk for over sedation and respiratory depression: Snoring or history of sleep apnea, No recent opioid use or first-time use of IV opioids, Increased opioid dose requirement or opioid habituation, Longer length of time receiving general anesthesia during surgery; Adverse patient reactions, such as anaphylaxis or opioid-induced respiratory depression, require timely and appropriate intervention, per established hospital protocols, and must also be reported immediately to the practitioner responsible for the care of the patient; CMS acknowledges the dangers of adverse drug reactions in stating that hospitals are encouraged to educate the patient and his/her representative and/or family members about notifying nursing staff promptly when there is difficulty breathing or other changes that might be a reaction to medication.”

³ Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. MMWR Recomm Rep 2022;71(No. RR-3):1–95. DOI: <http://dx.doi.org/10.15585/mmwr.r7103a1>.

⁴ Dowell, at pg. 27.

can lead to brain damage and death.⁵ Opioid related adverse events have both a negative impact on patients and financial implications.

[I]n a review of cases from a malpractice claims database in which there was opioid-induced respiratory depression among post-operative surgical patients, 97 percent of these adverse events were judged preventable with better monitoring and response.⁶

The Joint Commission has issued Sentinel Event Alerts stating that, “. . . opioid analgesics may be associated with adverse effects, the most serious effect being respiratory depression . . .”⁷

Though continuous patient monitoring has been widely adopted for other conditions and shown to be effective in decreasing adverse outcomes, there is broad variation in its adoption for individuals receiving opioids in the inpatient setting. By modernizing patient care through more widespread use of continuous monitoring for individuals receiving opioids, clinicians can better detect adverse events and save lives.

Researchers at Dartmouth-Hitchcock Medical Center, over a ten-year period, found improved outcomes following installation of continuous postoperative monitoring in a post-orthopedic unit. Specifically, researchers were able to eliminate preventable deaths and brain damage due to opioid overdose in post-surgical units, as well as reduce: rapid rescue events by 60%, ICU transfers by 50%, and cost by an estimated \$1.48 million per year in a post-op 36-bed unit.⁸

We greatly appreciate your consideration of this request and look forward to working with you to help keep individuals taking opioids safe and continue to reduce opioid overdoses. If you have any questions or would like to engage further, please contact Michael Ramsay, M.D. FRCA, Chief Executive Officer of the Patient Safety Movement Foundation at 214.616.2000 or michael.ramsay@psmf.org.

Sincerely,

American Association for Respiratory Care
American Association of Nurse Anesthesiology
American Society of Anesthesiologists
Anesthesia Patient Safety Foundation
Louise H. Batz Patient Safety Foundation
Patient Safety Movement Foundation
Physician-Patient Alliance for Health & Safety
Society for Technology in Anesthesia

⁵ Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2023 Rates. Department of Health and Human Services, Centers for Medicare & Medicaid Services; CMS-1771-F; RIN 0938-AU84. 48780 Federal Register; Vol. 87, No. 153; August 10, 2022. Pgs. 49233-49234. <https://www.govinfo.gov/content/pkg/FR-2022-08-10/pdf/2022-16472.pdf>; See also: Jungquist CR, Quinlan-Colwell A, Vallerand A, et al. (2020). American Society for Pain Management Nursing Guidelines on Monitoring for Opioid-Induced Advancing Sedation and Respiratory Depression: Revisions. Pain Manag Nurs.21(1):7-25. Epub 2019 Jul 31; Ramachandran SK, Haider N, Saran KA, et al. (2011). Life-threatening critical respiratory events: a retrospective study of postoperative patients found unresponsive during analgesic therapy. Journal of Clinical Anesthesia. 23(3):207-213; Dahan A, Aarts L, Smith TW. (2010). Incidence, Reversal, and Prevention of Opioid-induced Respiratory Depression. Anesthesiology. 112(1):226-238.

⁶ Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2023 Rates. Department of Health and Human Services, Centers for Medicare & Medicaid Services; CMS-1771-F; RIN 0938-AU84. 48780 Federal Register; Vol. 87, No. 153; August 10, 2022. Pgs. 49233-49234. <https://www.govinfo.gov/content/pkg/FR-2022-08-10/pdf/2022-16472.pdf>; Lee, L.A., Caplan, R.A., Stephens, L.S., et al. (2015). Postoperative opioid-induced respiratory depression: a closed claims analysis. Anesthesiology, 122(3): 659-65.

⁷ Examples: “The hospital monitors the use of opioids to determine if they are being used safely (for example, the tracking of adverse events such as respiratory depression; When opioids are administered, the potential for opioid-induced respiratory depression should always be considered because: The risk may be greater with higher opioid doses, The occurrence may actually be higher than reported, There is a higher incidence observed in clinical trials, Various patients are at higher risk, including patients with sleep apnea, patients who are morbidly obese, who are very young, who are elderly, who are very ill, and who concurrently receive other drugs that are central nervous system and respiratory depressants (e.g., anxiolytics, sedatives); providers should Educate and assess the understanding of staff that care for patients receiving opioids about the potential effect of opioid therapy on sedation and respiratory depression.”

⁸ McGrath S et al. J Patient Saf. 2020 14 Mar. 2 McGrath S et al. The Joint Commission Journal on Quality and Patient Safety. 2016 Jul;42(7):293-302; Taenzer A et al. Anesthesia Patient Safety Foundation Newsletter. Spring-Summer 2012.

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