



JAMES L. MADARA, MD
EXECUTIVE VICE PRESIDENT, CEO

ama-assn.org
t (312) 464-5000

February 20, 2017

Melinda Campopiano, MD
Chief Medical Officer
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services
Administration
5600 Fishers Lane, 13E49
Rockville, MD 20852

**Re: Protecting Our Infants Act Report to Congress; Request for Information;
Docket ID SAMHSA-2016-0004**

Dear Dr. Campopiano:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to thank the Substance Abuse and Mental Health Services Administration (SAMHSA) for the opportunity to comment on Part 4 of its report to Congress under the Protecting Our Infants Act, titled “Strategy to Protect Our Infants.” The AMA strongly agrees with the strategy outlined in the report. We especially appreciate the strategy’s conclusion that prejudice is the greatest barrier to the adoption of effective, evidence-based interventions. Prejudices against pregnant women and mothers with substance use disorders are pervasive. No discussion of a plan to provide appropriate treatment to pregnant women for addiction and pain would be complete without highlighting the extent to which stigma associated with substance use disorders contributes to the epidemic of opioid overdose deaths. Too often, pregnant women and mothers with substance use disorders cannot find a safe environment to seek treatment for pain and/or addiction, and in some cases their physicians and other health care providers harbor these prejudices.

The AMA agrees with SAMHSA’s strategy for prevention. The problem of stigma underscores the need for the educational component of the proposed prevention strategy. Not only is greater general awareness of the effectiveness of treatment for substance use disorders necessary, but education should also promote specific awareness of the opportunities for treatment to improve the lives of pregnant women, mothers, and children in families affected by these disorders. It is also important for education and awareness campaigns to focus on opportunities to treat pain, not just substance use disorders.

Moreover, it is important to address barriers to accessing appropriate pain treatment, including effective non-opioid and non-pharmacologic therapies. The same types of barriers, such as coverage limits and requirements for prior authorization, that prevent optimal access to addiction treatment, also limit access to alternative treatments for pain.

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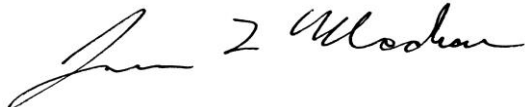
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The AMA supports the proposed strategy for treatment. The recommendation to study prenatal opioid treatment for pain and develop evidence-based, objective risk-benefit analysis for use in making pain management decisions would be helpful. We would also emphasize the need to include practicing physicians in the development of any pain management guidance aimed at pregnant women.

Finally, the AMA strongly supports the recommended strategy for services, and we are encouraged by the emphasis on services for families: the goal should be healthy families, including parents and infants. To that end, the AMA agrees with the American Society of Addiction Medicine that available data and any appropriate recommendations pertaining to the consequences of removing children from their parents due to prenatal substance exposure should be included in the report.

We look forward to working with SAMHSA to achieve successful adoption and implementation of this important strategy.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is written in a cursive style with a large initial "J" and a stylized "M".

James L. Madara, MD