AMA
AMERICAN MEDICAL ASSOCIATION

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May 18, 2017

The Honorable Chris Christie
Chair
President's Commission on Combating Drug Addiction and the Opioid Crisis
Office of National Drug Control Policy
750 17th Street, NW
Washington, DC 20006

Dear Governor Christie:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to provide the AMA's recommendations to the newly formed President's Commission on Combating Drug Addiction and the Opioid Crisis. The AMA is pleased that President Trump has appointed people who are taking a public health approach to reverse the growing epidemic of opioid overdose deaths. The AMA has long advocated for such an approach, and we stand ready to provide guidance to the new commission as it begins to craft its recommendations to improve the effectiveness of the federal response to drug addiction and the opioid crisis.

The AMA – in concert with our own efforts to reverse this epidemic and the position statements of the AMA Opioid Task Force[1] – presents eight recommendations for the commission's consideration:

1. **Remove barriers to evidence-based care for opioid use disorders.** Considerable evidence exists to support the use of medication assisted treatment (MAT) for the treatment of opioid use disorder. Accessing MAT often is problematic, however, due to payer barriers, as well as an insufficient number of physicians who are able to provide MAT and needed support services in community-based medical practices. The AMA urges the commission to recommend policy changes intended to remove these barriers and increase access to care. Given that more than 11,000 physicians have become certified in the past year to provide office-based treatment with buprenorphine for opioid use disorder, the AMA wants to help ensure that patients have full access to this increased treatment capacity. While the 21st Century CURES/Omnibus spending bill increased funding for treatment, more resources are needed and accordingly, we urge the commission to consider recommending additional funding in the President's 2018 budget.

[1] The AMA Opioid Task Force was formed in 2014 to help coordinate efforts within organized medicine to end the opioid epidemic. The Task Force, which is comprised of more than 25 national, state and specialty societies, has issued six recommendations, urging physicians to: 1) register for and use their state PDMP; 2) enhance their education; 3) enhance access to treatment for and remove the stigma of having a substance use disorder; 4) promote comprehensive treatment for and remove the stigma of pain; 5) increase access to Naloxone and promote Good Samaritan overdose protection laws; and 6) promote safe storage and disposal of unused and unwanted opioid prescriptions. Learn more at www.ama-assn.org/go/endopioidabuse.

2. **Support implementation of the National Pain Strategy (NPS).** The NPS was published in 2016 but little progress has been made on implementing its core elements to improve the state of pain care in the nation. The AMA believes that – along with comprehensive treatment of opioid use disorder – the capability to deliver multidisciplinary treatment of pain is also necessary to reverse the nation's opioid overdose and death epidemic. The NPS calls for developing a system of patient-centered integrated pain management practices based on a biopsychosocial model of care that enables health professionals and patients to access the full spectrum of pain treatment options, and it also calls for taking steps to reduce barriers to and improve the quality of pain care for vulnerable, stigmatized and underserved populations. NPS implementation will change the paradigm for treating pain and ensure that physicians can recommend all pain management modalities to patients and know that insurance plans will cover those treatments. When payers use high deductibles, yearly limits on treatments such as physical therapy, and prior authorization to delay or deny care, patients often are left with few non-opioid pain treatments. In addition, employers need to recognize that patients may require time away from work to participate in therapeutic modalities so that opioid analgesics are not the only affordable option.

3. **Encourage electronic prescribing of controlled substances (EPCS).** Drug Enforcement Administration requirements for biometric devices limit user-friendly consumer electronics already found in physicians' offices, such as fingerprint readers on laptop computers and mobile phones, from being utilized for two-factor authentication in EPCS. This and other rules contribute to cumbersome workflows and applications that do not take physician needs into account, which are an impediment to physician EPCS uptake. Encouraging EPCS uptake and interoperability of prescription drug monitoring program (PDMP) databases and electronic health records would improve the integration of controlled substance use data into practice workflows and clinical decision-making.

4. **Improve access to Naloxone.** If it were not for expanded use of naloxone, there would likely be tens of thousands more deaths from opioid-related overdoses. State policies have helped spur widespread access, but the AMA remains concerned that some patients may not be able to access this life-saving opioid antidote medication due to its high cost. The AMA urges the Commission to recommend that manufacturers and health insurers act responsibly in helping to ensure that first responders, community-based organizations, family members and patients can readily access and administer naloxone.

5. **Strengthen state-based PDMPs**. Physicians' consultation of these databases has increased from 61 million queries in 2014 to more than 136 million in 2016. PDMPs are now functional in almost every state, and most state PDMPs can share data. To expand the use of these clinical support tools, the AMA urges increased research and funding to help integrate PDMPs into electronic health records and physician workflow in a meaningful, user-friendly manner. In addition, the AMA urges the Commission to identify best practices in PDMP use and implementation for others to learn from and potentially emulate.

6. **Integrate opioid epidemic solutions into federal payment programs.** Federal payment and delivery system reforms provide opportunities to better support and incentivize clinicians who enhance their education on pain management and safe prescribing, become certified to prescribe buprenorphine, co-prescribe naloxone, utilize PDMP data in clinical practice, and coordinate treatment and support services for patients experiencing pain and/or addiction. The AMA

recommends that, as they design new payment models, health programs such as Medicare and Medicaid prioritize innovative approaches to preventing and treating pain and addiction.

7. **Support state-based innovations.** In the past 2-3 years, several hundred new policies have been enacted at the state and local levels to address the opioid epidemic. The AMA strongly urges that efforts be undertaken to fully evaluate how these new laws and policies affect access to treatment for opioid use disorder, impact pain care, or might be associated with unintended consequences. As the nation's opioid epidemic is increasingly fueled by heroin and fentanyl and other illicit, synthetic derivatives, the AMA urges the Commission to take a hard look at how public policies focusing on opioid supply need to be balanced by policies that offer a measure of hope to those individuals and families already affected by this epidemic.

8. **Support continued Medicaid coverage for treatment of opioid use disorders and pain management.** The Medicaid expansion under the Affordable Care Act has been a path to treatment for hundreds of thousands of individuals with opioid use disorders. Such treatment must be sustained in any future health system reform legislation or regulation. In addition, Medicaid also provides insurance coverage that is critical to treatment of acute pain so that it does not become chronic pain, as well as treatment of mental health issues that people with opioid use disorders often have.

Thank you for your consideration of these recommendations. If you have any questions regarding this letter or would like any additional information, please do not hesitate to contact Margaret Garikes, Vice President of Federal Affairs, at margaret.garikes@ama-assn.org or 202-789-7409.

Sincerely,

James L. Madara, MD

cc: Patrice A. Harris, MD, MA