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November 8, 2017

The Honorable Toni Preckwinkle  
Office of the President  
County Board President  
118 North Clark, Room 537  
Chicago, IL 60602

Dear President Preckwinkle:

On behalf of the American Medical Association (AMA) and our physician and student members, thank you for your letter of October 27, 2017. The AMA and our Opioid Task Force are working to end the nation's opioid epidemic using all available means to urge physician action and leadership. This includes using state prescription drug monitoring programs, enhancing physician education—beginning in medical school and continuing throughout their professional career- and co-prescribing naloxone to patients at risk of overdose.

It also means ensuring that physicians avoid initiating opioids for new patients with non-cancer pain unless the expected benefits are anticipated to outweigh the risks. Non-pharmacologic therapy and non-opioid pharmacologic therapy are preferred, and we want to improve access to the full spectrum of multidisciplinary pain treatment options instead of relying solely on medication. This is one area where your help in working with the County's employers and payers would be welcome as there often are significant barriers for patients to access affordable or available non-opioid, multidisciplinary care.

The AMA also has made national calls to action urging physicians to limit the amount of opioids prescribed for post-operative care and acutely-injured patients. Physicians should prescribe the lowest effective dose for the shortest possible duration for pain severe enough to require opioids, being careful not to prescribe merely for the possible convenience of prescriber or patient. Physician professional judgment and discretion are important in this determination. In other words, we agree with Centers for Disease Control and Prevention (CDC) on nearly all aspects of its guidelines.

We should point out, however, that limiting opioid analgesics for acute pain to a specific, limited number of days may be appropriate in some situations, such as for minor surgeries. But it may not be appropriate for other situations requiring more intensive surgery. Even CDC recognizes that its guidelines are a recommendation and not a one-size-fits-all solution for medical care.

We also recognize that many states have taken steps to codify hard prescribing thresholds in law. The AMA is carefully monitoring the data associated with new state laws and other policies limiting acute opioid prescriptions to seven days. Our initial analysis has found that this restriction has not led to a reduction in opioid-related mortality or improved patient outcomes. We would be happy to further discuss our findings with you.

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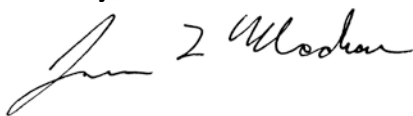
The data also show that physician actions have made progress in using Prescription Drug Monitoring Programs (PDMP) and in reducing opioid prescriptions. Illinois—which has one of the lowest per-capita opioid prescribing rates in the nation—saw a 12.9 percent decrease in opioid prescriptions from 2012 to 2016. And Illinois physicians increased use of the PDMP from 1.9 million queries in 2014 to 2.7 million in 2016. What the data do not show, however, is that this increased PDMP use or prescribing reductions have led to improved pain treatment or increased access to treatment for substance use disorders. And as you recognize, the mortality rates due to heroin and illicit fentanyl use continue to rise.

The epidemic that is hitting the County is occurring everywhere in the nation and largely those deaths are increasingly due to heroin and illicit fentanyl. Therefore, while physicians must continue to make judicious prescribing decisions, use the PDMP and take other tangible actions, there are four key areas where we welcome your help:

- First, help us work with payers and employers to ensure that patients with pain have access to the full spectrum of multidisciplinary pain treatment options. This includes working with payers and employers to remove barriers that impede access to such care.
- Second, help us break down barriers to treatment for those with a substance use disorder, including calling on all payers to remove prior authorization for medication assisted treatment.
- Third, join us in breaking down the stigma felt by patients with pain and by physicians who treat patients with pain. Even as we all work to reduce excess opioids available for misuse or diversion, we need to ensure that patients with pain do not lose access for their legitimate pain needs.
- Finally, we need the County officials to help advocate for resources at the state and federal levels to expand treatment capacity and coverage of treatment.

Thank you again for writing. We, too, will do everything in our power to end this epidemic, and we welcome your partnership. As the next step, I encourage you to contact Daniel Blaney-Koen, Senior Legislative Attorney, at [daniel.blaney-koen@ama-assn.org](mailto:daniel.blaney-koen@ama-assn.org) or (312) 464-4954.

Sincerely,



James L. Madara, MD

cc: Chicago Medical Society  
Illinois State Medical Society  
Patrice A. Harris, MD, MA  
William E. Kobler, MD