

April 12, 2018

The Honorable Julie Rosen
Minnesota Senate
95 University Avenue W.
Minnesota Senate Bldg., Room 3235
St. Paul, MN 55155

Dear Senator Rosen:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I am writing to provide data and context for the discussions in Minnesota to end the opioid epidemic. First, however, let me commend you for your leadership in leading discussions surrounding the Opioid Stewardship Bill, including how to ensure that patients with legitimate pain needs do not lose access to care. The AMA is glad to work with states to address the opioid epidemic through multifaceted solutions.

New data show—in Minnesota and across the nation—that prescriptions for opioid analgesics have decreased significantly. From 2013-2017, there was a 22.2 percent national decrease; in Minnesota, increased judiciousness by physicians and other prescribers led to a 28.1 percent decrease, according to health information company IQVIA (formerly IMS Health). While this shows the culture of prescribers is changing, we are still seeing an increase in opioid-related overdose deaths.

For our part, the AMA has for years strongly urged physicians to avoid initiating opioids for new patients with chronic non-cancer pain unless the expected benefits are anticipated to outweigh the risks. Non-pharmacologic therapy and non-opioid pharmacologic therapy are preferred. We encourage 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 is important in this determination.

The AMA is also very supportive of tools such as prescription drug monitoring programs (PDMP) that assist prescribers in reviewing a patient's prescription history for controlled substances. We are thankful to your commitment to find funding to make the PDMP a more useful tool by embedding access to PDMP data into a prescriber's electronic medical record. We would caution you to delay mandating the use of the PDMP as long as accessing this tool remains a challenge because of technical problems, workflow challenges with EMRs and other issues.

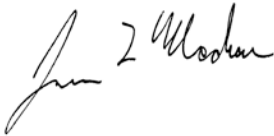
As we all work at reducing the amount of unused and unwanted opioid analgesics in the supply chain, we must ensure that patients have access to pain relief. We support increased access to non-opioid forms of pain care, but in many cases, health insurance companies have priced those alternatives out of patients' reach, or limit access to a small number of yearly visits. As a result, while physicians are reducing the number of opioid analgesics prescribed, it is not clear that patients are obtaining alternative forms of relief.

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Moving forward, we recognize that policymakers in Minnesota and across the country are working to have a measurable effect on opioid-related overdose and death. Minnesota, like nearly every other state, is seeing staggering increases in death related to heroin and illicit fentanyl. There is a glaring need in our nation to increase access to high-quality, evidence-based treatment for substance use disorders—and also to protect patients with pain. Restricting access to one form of pain relief without increasing access to other forms of care will only serve to increase patient suffering. That is an end result no one wants, but already is occurring across the country.

The AMA stands ready to work with you and the Minnesota Medical Association to support practical solutions to enhance care for our patients. If you have any questions, please contact Daniel Blaney-Koen, JD, Senior Legislative Attorney, AMA Advocacy Resource Center at daniel.blaney-koen@ama-assn.org or (312) 464-4954.

Sincerely,

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

James L. Madara, MD

cc: Minnesota Medical Association