

May 8, 2018

The Honorable Greg Walden
Chairman
Committee on Energy and Commerce
United States House of Representatives
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Frank Pallone
Ranking Member
Committee on Energy and Commerce
United States House of Representatives
2322A Rayburn House Office Building
Washington, DC 20515

Dear Chairman Walden and Ranking Member Pallone:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to share our views on many of the bills that the Committee will be taking up tomorrow and to commend you on the Committee's ongoing, bipartisan efforts to address the national epidemic of opioid misuse, overdose and death. There is much more that must be done to bring this epidemic under control, and we remain committed to working with this Committee and other policymakers in both bodies of Congress and the Administration to take the necessary steps to achieve that goal.

We are pleased to offer our support for many of these proposals, specifically:

- **H.R. 4275, Empowering Pharmacists in the Fight Against Opioid Abuse Act;**
- **H.R. 5041, Safe Disposal of Unused Medication Act;**
- **H.R. 5202, Ensuring Patient Access to Substance Use Disorder Treatments Act of 2018;**
- **H.R. 5483, Special Registration for Telemedicine Clarification Act of 2018;**
- **H.R. 449, Synthetic Drug Awareness Act of 2017;**
- **H.R. 4284, INFO Act of 2017;**
- **H.R. 5002, ACE Research Act;**
- **H.R. 5102, Substance Use Disorder Workforce Loan Repayment Act of 2018;**
- **H.R. 5176, Preventing Overdoses While in Emergency Rooms Act of 2018;**
- **H.R. 5197, Alternatives to Opioids (ALTO) in the Emergency Department Act;**
- **H.R. 5261, TEACH to Combat Addiction Act of 2018;**
- **H.R. 5272, Reinforcing Evidence-Based Standards Under Law in Treating Substance Abuse Act of 2018;**
- **H.R. 5327, Comprehensive Opioid Recovery Centers Act of 2018;**
- **H.R. 5353, Eliminating Opioid-Related Infectious Diseases Act of 2018;**
- **H.R. 5582, Abuse Deterrent Access Act of 2018;**

- **H.R. 5684, Protecting Seniors from Opioid Abuse Act; and**
- **H.R. 5687, Securing Opioids and Unused Narcotics with Deliberate Disposal and Packaging Act.**

We have previously expressed our support for several of these bills, including the “ACE Research Act” and the “Substance Use Disorder Workforce Loan Repayment Act,” and hope that the Committee will report all of them positively.

We also are pleased to **support H.R. 5603, the “Access to Telehealth Services for Opioid Use Disorders”** and recommend the Committee’s inclusion of clarifying language to avoid negatively impacting state licensure laws inadvertently.

We are also generally supportive of **H.R. 5685, the “Medicare Opioid Safety Education Act,”** although we urge the Committee to ensure the educational materials compiled by the Secretary of the U.S. Department of Health and Human Services regarding opioid use and pain management are balanced and grounded in the peer-reviewed medical literature.

The AMA supports efforts to educate beneficiaries about the use of opioid alternatives, including nonpharmacological and non-opioid medications and devices, such as is proposed in **H.R. 5686, the Medicare Clear Health Options in Care for Enrollees (CHOICE) Act.** We recommend, however, deleting the word “adverse” so that beneficiaries are provided with balanced information.

Though generally opposed to lock-in programs, the AMA has been pleased with the thoughtfulness with which the Centers for Medicare & Medicaid Services (CMS) has implemented the Medicare Part D Lock-In provisions of the Comprehensive Addiction and Recovery Act. That proposal, currently voluntary for plans, is scheduled to begin in 2019. Given the fact that there is no evidence that plans will not embrace the CMS effort, we do not understand the necessity of adopting **H.R. 5675** to make these requirements mandatory.

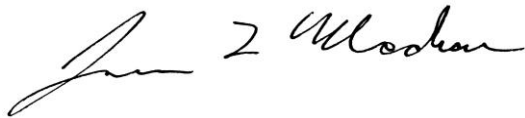
Unfortunately, we must also continue to **oppose H.R. 3528, the “Every Prescription Conveyed Securely Act,”** which would create a federal mandate for physicians to purchase technology to enable them to meet needlessly burdensome Drug Enforcement Administration (DEA) requirements for electronic prescribing. As we have previously commented to the Committee, physicians are eager to utilize electronic prescribing. Just this week, Surescripts reported that 77 percent of all prescriptions in 2017 were transmitted electronically, including 90 percent of prescriptions for non-controlled substances. The evidence is clear that physicians and other prescribers have embraced electronic prescribing. The rate for electronic prescribing of controlled substances (EPCS) however, is a relatively low 21 percent. A major contributing factor to this discrepancy is the burdensome regulatory requirements placed on prescribers for the purposes of EPCS. Rather than mandate that physicians purchase technology to meet needlessly complex federal regulatory requirements—an approach that was responsible for the

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Page 3

very high dissatisfaction with the Meaningful Use program—Congress should instead focus on encouraging DEA to update its out-of-date regulations and let the market provide solutions that meet prescriber demands, rather than the federal government's.

Thank you again for the Committee's work on these proposals and your continuing efforts to end the epidemic of opioid abuse. We look forward to continuing to work with the Committee on these and other matters.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim L Madara". The signature is written in a cursive, flowing style.

James L. Madara, MD