

April 23, 2018

Robin Richman, MD
Chair
Reference Committee B
Federation of State Medical Boards
1300 Connecticut Avenue NW, Suite 500
Washington, DC 20036

Dear Dr. Richman:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I would like to provide comments regarding the resolution introduced by the State Medical Board of Ohio titled, “Acute Opioid Prescribing Workgroup and Guidelines.” First, the AMA supports the establishment of a workgroup to be established by the Federation of State Medical Boards (FSMB) to undertake a comprehensive review of state, federal and other policies that have had a direct effect on physicians and patients. Moreover, the AMA would be pleased to play a role in the discussions of the workgroup as we have done for FSMB efforts concerning chronic pain in the past.

With respect to the first resolve:

Resolved, that the Federation of State Medical Boards (FSMB) perform a comprehensive review of acute opioid prescribing patterns, practices, federal laws and guidance (including Centers for Disease Control and Prevention guidelines), and state rules and laws across the United States;

The AMA would further encourage the FSMB to expand the types of policies it researches and analyzes to include policies by health insurance companies, other payers, pharmacies and pharmacy benefit management companies (PBMs). This diverse set of stakeholders have each implemented their own policies regarding opioid analgesics, but it is not clear whether any of these policies have been reviewed by state medical boards or other authorities in a transparent manner.

With respect to the second resolve:

Resolved, that the FSMB perform a comprehensive review of data related to patient outcomes, comparing states with and without limitations on opioid prescribing for acute conditions;

The AMA believes that a review of patient outcomes with respect to all state policies—including those by statute, regulation, health insurance company, payers, pharmacies, and PBMs—is essential to determining whether those policies are:

- Improving patients’ pain outcomes regarding function and quality of life;
- Increasing access to multidisciplinary, comprehensive pain care, including non-opioid pain care; and
- Reducing opioid-related harms, including overdose, death, emergency department admissions and other measures.

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From the AMA's analysis of the approximately 20 states with restrictions on opioid analgesic prescriptions for acute pain, there does not appear to be any correlation between the restrictions and opioid-related mortality. Moreover, we note that from 2016-2017, every state in the nation saw a decrease in opioid prescriptions dispensed—an 8.9 decrease nationally, according to health information company IQVIA. Furthermore, there was a 22.2 percent decrease in opioid prescriptions dispensed from 2013-2017, a time period where there were continued increases in prescription opioid-related mortality and staggering increases in death due to heroin and illicit fentanyl. We further note that the decrease in opioid prescribing began prior to the time when nearly all of the new restrictions were enacted and/or implemented. We are not aware of any data, however, that suggest an increase in care, function or quality for patients with pain.

Simultaneously, while opioid prescribing continues to decrease, the epidemic appears to now be largely driven by illicit drugs. It is not clear whether the restrictive policies are playing a role in this or not. Having FSMB's expertise in this area to help identify how policies can help patients rather than simply restrict access to one form of pain care will be very important to help end this epidemic.

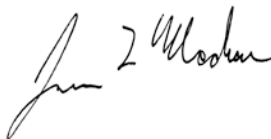
Finally, with respect to the third resolve:

Resolved, that the FSMB establish a workgroup tasked to formulate acute opioid prescribing guidelines and best practices, and to present these guidelines and best practices to the House of Delegates at the FSMB annual meeting in 2019.

As noted above, the AMA would be pleased to work with the FSMB and take part in the workgroup. We caution, however, about having the goal of formulating new guidelines or best practices when data are currently lacking about the plethora of guidelines, recommendations, statutes, policies and regulations enacted and implemented in the past few years. Depending on the analysis of the first two resolves, the FSMB may determine that a recommendation to re-evaluate current policies is in order rather than adding more guidelines to the mix.

Thank you for your consideration of this information. If this resolution is adopted, and the FSMB would like to discuss AMA participation, please contact Daniel Blaney-Koen, JD, Senior Legislative Attorney, Advocacy Resource Center, at daniel.blaney-koen@ama-assn.org or (312) 464-4954.

Sincerely,



James L. Madara, MD