AMA
AMERICAN MEDICAL ASSOCIATION

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The Honorable Chris Kennedy
Colorado General Assembly
200 E Colfax
Room 307
Denver, CO 80203

Dear Representative Kennedy:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I am writing to provide comments on the Draft Colorado Interim Committee Bill, "Concerning the Prevention of Substance Use Disorders" (Draft Bill). The AMA supports your continued work to increase access to evidence-based care for patients in Colorado and notes that the Draft Bill is one of the first efforts from any state legislature to address the often-overlooked needs of patients with pain.

The AMA strongly supports the Draft Bill's support for increased access to non-opioid pain care

Regarding the Draft Bill's focus to improve access to non-opioid pain care, the AMA strongly supports these provisions. While Colorado's physicians have led the way in reducing the supply of opioid analgesics by more than 29 percent since 2013 (several years prior to the seven-day restriction), there has not been a complementary increase in access to non-opioid forms of pain control.

The AMA and many other health care and patient organizations have for years urged health insurance companies to increase access to non-opioid pain care options without imposing barriers such as excessive cost sharing, prior authorization or step therapy protocols. Health plans have fought bitterly to maintain the status quo, including keeping co-pays and deductibles for non-opioid pain care at unaffordable levels or on the highest cost-sharing tiers of a formulary.

Sections 1 and 3 in the proposed draft bill are commonsense provisions to increase access to non-opioid pain care options, and Colorado is one the first states in the nation willing to stand up so strongly for patients who need access to non-opioid pain care options.

The AMA strongly supports extending state funding for screening, brief intervention and referral to treatment

In a recent AMA-Manatt Health spotlight analysis of Colorado's efforts to reverse the state's opioid epidemic (https://www.end-opioid-epidemic.org/wp-content/uploads/2019/01/AMA-Paper-Spotlight-on-Colorado-January-2019_FOR-WEB.pdf), we highlighted many different areas of promising practices in the state. Among them were the state's current work—funded through federal grants—to increase access in primary care settings for screening, brief intervention and referral to treatment (SBIRT). We saw—as you clearly do—that primary care screening is an excellent way to help identify those who need treatment and get them to treatment. The draft bill builds on current programs and projects and if successful, will help establish systematic and statewide efforts to train and expand support for frontline providers of substance use disorder treatment efforts, including screening, treatment, and referral resources.

AMA urges evaluation of the seven-day opioid analgesic prescribing limit

Before continuing Colorado's seven-day opioid prescribing limit, the AMA urges the legislature to carefully consider whether its current seven-day opioid prescribing limitation has improved pain care or reduced opioid-related harm in Colorado. Many states have implemented such a limit based on 2016 guidelines from the U.S. Centers for Disease Control and Prevention (CDC), but the CDC recently advised that "some policies and practices purportedly derived from the guideline have in fact been inconsistent with, and often go beyond, its recommendations. A consensus panel has highlighted these inconsistencies, which include inflexible application of recommended dosage and duration thresholds and policies that encourage hard limits and abrupt tapering of drug dosages, resulting in sudden opioid discontinuation or dismissal of patients from a physician's practice." Colorado was right to put a time limit on the seven-day prescribing restriction, and we urge that evaluation of the restriction's effects on patients be done before continuing a restriction that has hurt patients.

When Colorado enacted its seven-day opioid prescribing regulation, it included multiple exceptions for patients with cancer, in hospice, and for other situations. Yet, the AMA and many others continue to hear from physicians and patients that pharmacy chains, pharmacy benefit management companies and health insurers sometimes deny a prescription that is beyond the seven-day limit but meets one of the statutory exceptions.

In addition to addressing the issues above, the AMA urges—if the legislature is to move forward with keeping the seven-day restriction—that you include provisions prohibiting health insurance companies, PBMs and pharmacy chains from instituting their own opioid prescribing restriction policy. While the AMA does not support the seven-day restriction, we also do not support payers, PBMs or corporate pharmacy chains implementing their own one-size-fits-all policy that operates outside any legislative or regulatory oversight.

New mandates for using a prescription drug monitoring program and continuing medical education

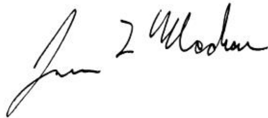
The AMA has been on record in questioning the utility of mandates to use a state PDMP or mandating content-specific CME. The data tell us that physicians and other health care professionals in Colorado have greatly increased use of the state PDMP—from 1.5 million queries in 2016 to 4.4 million queries in 2018. We have always contended that as the PDMP improves its ability to provide accurate, timely prescribing information, that physicians would increase use of the tool. This has been the case in every state that has invested in improving data quality, EHR integration and workflow processes. A new mandate may further increase use, but we urge the focus on improving the PDMP rather than the number of times or circumstances when it must be queried.

Similarly, in reviewing communications from the Colorado Medical Society and its numerous statewide partners, there is ample and well-attended education and training related to opioid prescribing, treatment for substance use disorders and related areas. Physicians in Colorado and across the country have stepped up to the challenge to enhance their education. A new mandate is not necessary. Rather, we urge the legislature to work with the health care community to encourage and promote education in schools of professional learning for health care professionals at all stages of their career. A one-time educational mandate will check a box, but it is not the type of foundational experience that will help a health care professional throughout his or her professional practice.

In the AMA's spotlight analysis of Colorado, it was clear that the Consortium's wide-ranging efforts already have the right people in place to provide recommendations. CME mandates have not yielded meaningful results in any state, which is why the AMA encourages a more focused approach developed by the health care professionals on the ground already doing the work.

In sum, the AMA commends you for this draft bill. We hope our comments provide the support to continue moving it forward and make improvements as described above. If you would like to discuss the specific provisions or AMA efforts nationally, 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,



James L. Madara, MD

cc: Colorado Medical Society