AMA
AMERICAN MEDICAL ASSOCIATION

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December 14, 2020

The Honorable Jodi Harpstead
Commissioner
Minnesota Department of Human Services
Attn: Opioid Prescribing Improvement Program
P.O. Box 64984
St. Paul, MN 55164-0984

Dear Commissioner Harpstead:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I am writing to provide comments on the Minnesota Opioid Prescribing Improvement Program (OPIP) Draft "Tapering Opioid Analgesic Therapy" document (the draft document. The AMA has made the protection of patients with pain a top concern, and the work of the AMA Opioid Task Force and the AMA Pain Care Task Force have emphasized the need for physicians to rely upon evidence-based care and compassion for patients with pain. At a time when there have been more than 500 state laws, policies, guidelines and other actions focused on restricting access to opioid analgesics, mandating use of prescription drug monitoring programs and mandating education, there have been only a few state efforts to help protect patients with pain.

Overall, the proposed draft document provides many areas where there is balanced information to appropriately guide physicians and protect patients who benefit from opioid therapy. We acknowledge that there are situations where tapering may be beneficial, and the guidance in the draft document will help in many respects. Still, it needs to be recognized that there also are several areas where there may be unintended consequences, increased stigma against patients with pain, and a message to physicians that patients who benefit from opioid therapy should be tapered.

To help ensure that these unintended messages are not sent, we urge that the draft document make clear that the state of Minnesota opposes nonconsensual tapers, and all decisions must be the result of shared decision-making, including that a patient's decision to not agree to a taper should not be pretext for discharging the patient. We further urge that the draft document clearly state that the patient can self-report problems with any taper and other issues without fear of judgment, and physicians and other health care professionals must be willing to halt or discontinue the taper depending on the patient's circumstances. Physicians in Minnesota already have reduced opioid prescribing by more than 45 percent since 2014—one of the highest reductions in the nation, so we urge the goal of the document to be improved pain control rather than simply reductions in opioid prescribing.

We have provided a select number of redline comments in the attached, and we offer the following for more broad consideration:

- The draft document appears to clearly favor tapering, and while there is some discussion of the need for individual patient determinations, sections such as the "red flags" may go too far in creating a judgmental and stigmatizing attitude toward patients with pain who benefit from opioid

therapy. We further recommend deleting the use of the term "red flags," as it is not a medical term and could give the wrong impression to physicians and patients that any one of the conditions implies that a patient's opioid therapy should be immediately discontinued. This could result in exacerbating a patient's pain at a time when greater care coordination and compassion may be the more appropriate course of action.

- The AMA urges that the need for individual patient determinations extends to all patients, including those with an opioid use disorder (OUD). While there clearly are additional precautions that must be taken for a patient with an OUD, including for pregnant and parenting women, we are concerned that the draft document sends the message that patients with an OUD do not necessarily deserve the same level of pain care as other patients. Increased care coordination should be the goal rather than care discontinuation.

- We also want to emphasize that being pregnant is absolutely not a "red flag" to limit pain control for women, and the determination of pain care options must remain with the woman's physician. The draft document may create undue fear for physicians and stigmatize pregnant and parenting women.

- While the draft document provides a very thorough discussion in support of non-opioid pain care options, this alone will not change health insurance company and pharmacy benefit management company policies that restrict access to non-opioid pain care options. Too many patients simply do not have access to affordable non-opioid pain care options; and even if the insurance or pharmacy benefit includes non-opioid options, they often are cost-prohibitive due to high cost-pays, challenges with accessing care because of child care or work commitments or other social determinants of health.

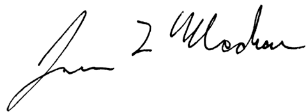
- We greatly appreciate and support the call for access to primary care physicians, mental health professionals, addiction medicine physicians, and a broad range of multidisciplinary pain care. This will require health insurers to increase access and policymakers to meaningfully enforce network adequacy requirements, which we fully support.

- Language such as, "*Situations when the patient is not currently a good candidate for a taper,*" should also include when a patient is stable and functional on a current dose of opioid therapy. Just because a patient is on a high dose of opioid analgesics does not automatically mean the patient's care should be altered.

- We are greatly concerned by the discussion on page 6 of the draft document regarding support for having patients experience and accept "4 weeks" of pain during a taper. While we recognize that there is a difference between pain control and the absence of pain, it raises significant ethical and medical concerns to essentially tell patients "no pain, no gain." This is another example of a general antipathy to opioid therapy that we believe runs throughout the draft document and is to the detriment of patients with pain.

We hope these comments and the attached editorial suggestions provide perspective on the national discussion and experiences of patients with pain and the physicians who care for them. The AMA would be pleased to further explain these comments or provide additional perspective. If you have any questions, please contact Daniel Blaney-Koen, JD, Senior Legislative Attorney, at daniel.blaney-koen@ama-assn.org.

Sincerely,



James L. Madara, MD

Attachment

cc: Minnesota Medical Association