



JAMES L. MADARA, MD
EXECUTIVE VICE PRESIDENT, CEO

ama-assn.org
t (312) 464-5000

February 3, 2020

Thomas Farley, MD, MPH
Health Commissioner
Department of Public Health
City of Philadelphia
1101 Market Street
Philadelphia, PA 19107

Dear Dr. Farley:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I am writing to inquire further about news reports suggesting that the City of Philadelphia will soon investigate and potentially prosecute physicians based on data pulled from the state prescription drug monitoring program and/or data supplied by local pharmacies directly to Philadelphia health officials. We have several concerns that we hope can lead to discussions with you and your team to better understand the nuances of the plans. We are anxious to work with the physician community to assuage potential concerns that news stories tend to generate and therefore, appreciate your attention.

Specifically, we are concerned that, despite the decrease in opioid prescribing in Philadelphia and across the nation, efforts focused on further restrictions of opioid therapy for acute and chronic pain are increasingly causing physicians to discontinue all opioid prescribing out of fear of prosecution. In turn, patients continue to find themselves in situations where they are forced to find a new physician, thereby increasing the prescribing rates of those physicians willing to treat patients with complex chronic pain conditions. And some patients cannot even find a physician willing to treat complex cases, leaving the patient to become despondent, and in some cases, commit suicide. The AMA has received hundreds of emails and letters from patients in these situations.

We recognize that we do not know the specific details surrounding the plans or protocols being developed by your department. Based on the data from Philadelphia (<https://public.tableau.com/profile/pdph#!/>), however, it appears that you are confronting many of the same challenging issues facing the rest of the nation. That is, overdose is mainly caused by illicit fentanyl and fentanyl analogs, treatment for opioid use disorder is increasing, naloxone access has prevented thousands of deaths, and there is much more work for all of us to do to end the drug overdose and death epidemic facing our cities and states.

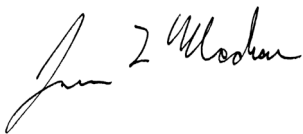
Thomas Farley, MD, MPH
February 3, 2020
Page 2

One of the omissions in your data, similar to omissions across the nation, is the work being done to increase access to non-opioid pain care alternatives. We remain greatly concerned that all of the efforts focused on opioid analgesic restriction have not included concomitant efforts by policymakers or payers to increase access to non-opioid forms of pain care, both pharmacologic and non-pharmacologic. The AMA feels strongly that if all we do is limit access to legitimate forms of pain care without increasing access to others, the result will be to increase patient suffering.

We would like to talk further about the specifics of your intended policies so that we might better understand them. In turn, we would welcome the opportunity to share with you our concerns in more detail. We appreciate that we do not have firsthand experience of the work being done in Philadelphia, but we also have seen efforts across the rest of the nation and hope to bring that national perspective to help inform the work being done in your city.

If a discussion or meeting is of interest, 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, flowing style.

James L. Madara, MD

cc: Pennsylvania Medical Society
Philadelphia County Medical Society