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February 19, 2021

Physicians for Responsible Opioid Prescribing (PROP)
2233 University Ave. W, Suite 325
St. Paul, MN 55114

Dear PROP:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I am writing in response to your letter of February 16, 2021, concerning the misapplication of the U.S. Centers for Disease Control and Prevention Guideline for Prescribing Opioids for Chronic Pain (2016 CDC Guideline). There are several mischaracterizations of the AMA's efforts to end the nation's drug overdose epidemic, which have always focused on a multipronged approach to help patients with pain, patients with a substance use disorder, and harm reduction efforts to help save lives from overdose and mitigate other harms. One of the central guiding points for the AMA and the nation's medical societies has been an unwavering focus on policies and practices that support individual clinical decision-making and respect for patient autonomy. That focus will continue to guide the AMA.

With respect to the issue you raise in your letter, it might be helpful to point out that the CDC authors of the 2016 CDC Guideline themselves have recognized it has been [misapplied](#). In 2019, the CDC said:

Unfortunately, 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. The panel also noted the potential for misapplication of the recommendations to populations outside the scope of the guideline. Such misapplication has been reported for patients with pain associated with cancer, surgical procedures, or acute sickle cell crises. There have also been reports of misapplication of the guideline's dosage thresholds to opioid agonists for treatment of opioid use disorder. Such actions are likely to result in harm to patients.

At the specific recommendation of the Board of Scientific Counselors to the CDC Injury Prevention and Control Center, the CDC requested comments on its 2016 CDC Guideline so that it could update them. With respect to subsequent calls by the CDC for comments, recommendations from the AMA to the CDC were made to address the unintended consequences of the 2016 CDC Guideline, including the imposition of arbitrary, hard thresholds for prescription opioids that the CDC itself says have harmed patients. The AMA's suggestions, moreover, provided constructive suggestions on how to revise and update the 2016 CDC Guideline to help it more effectively address the intersection of pain management, prescription opioid use, and opioid diversions, misuse, and unintentional overdose. The AMA's recommendations highlighted that the nation now faced a drug overdose epidemic fueled by multiple substances, often

combined, adulterated, and resulting in a staggering increase in death from illicitly manufactured fentanyl, fentanyl analogs, methamphetamine, cocaine, and heroin.

While slowly decreasing, death from causes related to overdose involving prescription opioids remains too high, which is why the AMA recommended to the CDC in the first recommendation as follows:

Non-pharmacologic therapy and non-opioid pharmacologic therapy are preferred for patients with pain. Providers should consider using opioid therapy only if expected benefits for both pain and function are anticipated to outweigh risks to the patient. If opioids are used, they should be combined with nonpharmacologic therapy, as appropriate. In order to achieve this goal, public and private payer policies must be fundamentally altered and aligned to support payment for nonpharmacologic treatments and multimodal, multidisciplinary pain care. In addition, more evidence must be developed to inform clinical decision-making on the use of nonpharmacologic approaches, and more clinicians need to be trained in their effective use.

When policies or organizations focus only on the restriction of a legitimate pharmacologic option to help patients with pain, they miss the chance to address the complexity of policies needed to truly help patients with pain. That misguided focus also has led to harmful stigmatization and other stressors. That is why the AMA provided comprehensive recommendations on the 2016 CDC Guideline and why we continue to advocate for policies that support comprehensive, multidisciplinary, multimodal pain care, including opioid therapy when appropriate. If you choose to cite the AMA's policies in the future, we encourage you to cite them in their entirety to ensure accurate context. The AMA letter can be found here: <https://searchlf.ama-assn.org/undefined/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2F2020-6-16-Letter-to-Dowell-re-Opioid-Rx-Guideline.pdf>.

The importance of individualized patient care decisions also is essential given the [historic undertreatment of pain](#) to marginalized and minoritized communities. The AMA was pleased that the CDC recognized that for some health care providers, “[p]ain might go unrecognized, and patients, particularly members of racial and ethnic minority groups, women, the elderly, persons with cognitive impairment, and those with cancer and at the end of life, can be at risk for inadequate pain treatment.” This is why the AMA strongly encouraged the CDC to include in its updated recommendations the following recommendation for physicians and other health care professionals:

to have open and honest discussions with their patients so as to avoid stigmatizing the decision to start, continue, or discontinue opioids or non-opioid therapy. This discussion also must account for the treatment options accessible to the patient based on their health condition, social determinants of health (e.g., transportation, employment, childcare responsibilities, race, gender, age) and insurance coverage.

We still do not know the full extent to which the 2016 CDC Guideline and misapplication of those guidelines may have adversely affected women, Black, Latinx, and other historically undertreated populations, but we do not want to see the perpetuation of arbitrary, one-size-fits-all guidelines and stigmatizing policies that falsely assume access to equitable pain care exists for all patients when patient experience tells us the opposite.

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Finally, the principles outlined in the AMA letter to the CDC and reflected in our broad advocacy efforts also are reflected throughout the work of the AMA Opioid Task Force and AMA Pain Care Task Force—comprised of physician and medical society leaders from several dozen leading state and specialty societies. The AMA has greatly benefited from and we are grateful for the clinical insight and expertise from physicians across the nation to ensure a balanced, patient-focused approach to policy recommendations to help end the nation's drug overdose epidemic.

Sincerely,

A handwritten signature in black ink, appearing to read "Susan R. Bailey, MD". The signature is fluid and cursive, with a large, stylized initial "S" and "B".

Susan R. Bailey, MD

cc: James L. Madara, MD