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The Honorable Terri Sewell
United States House of Representatives
2201 Rayburn House Office Building
Washington, DC 20515

The Honorable Annie Kuster
United States House of Representatives
320 Cannon House Office Building
Washington, DC 20515

The Honorable David McKinley
United States House of Representatives
2239 Rayburn House Office Building
Washington, DC 20515

The Honorable Brian Fitzpatrick
United States House of Representatives
271 Cannon House Office Building
Washington, DC 20515

Dear Representatives Sewell, McKinley, Kuster and Fitzpatrick:

On behalf of our physician and medical student members, the American Medical Association (AMA) is writing to express our support for H.R. 3259, the “Non-Opioids Prevent Addiction in the Nation Act,” also known as the “NO PAIN Act.” As our country continues to battle the opioid epidemic, which has been declared a public health emergency since 2017, millions are still struggling with substance use disorder (SUD), drug overdose, and death. The impact of the drug overdose epidemic is staggering—the costs attributed to health care, lost productivity, SUD treatment, and criminal justice system interactions surpass \$78 billion annually. Most of all, the human toll of this epidemic on individuals, families, and communities continues to be devastating.

The NO PAIN Act seeks to counter these alarming statistics by directing the Centers for Medicare & Medicaid Services to provide separate payment for non-opioid treatments used to manage pain in both the hospital outpatient department and ambulatory surgery center settings for five years. These alternatives to opioids must also demonstrate the ability to replace, reduce or avoid opioid consumption either in a clinical trial or published evidence in a peer-reviewed medical journal. With your leadership, we are now one step closer to addressing a key aspect of the opioid epidemic.

Currently, there is a financial disincentive for physicians to utilize non-opioid alternatives following surgery because the bundling of these treatments prevents payments from adequately covering their costs. The AMA supports the NO PAIN Act because it removes the financial incentive to prescribe opioids by raising the payment for non-opioid pain treatments. Removing this barrier to providing alternatives to opioids for managing postoperative pain would positively impact patient safety, patient quality, and the drug overdose epidemic.

The NO PAIN Act would help incentivize the adoption of more diverse options for managing postoperative pain, such as reducing reliance on opioid analgesics, by creating a more effective payment system for alternative pain care options. The enhanced payment options will improve care for patients with pain and aid in the fight against the epidemic of drug overdose and death. In addition, we applaud this bipartisan legislation for avoiding any policies that interfere with physician prescribing of medically necessary opioids to patients. For these reasons, the AMA expresses our thanks to you for the leadership you have demonstrated in introducing this important legislation and urges Congress to pass the NO PAIN Act.

Thank you for your attention to this important matter.

Sincerely,

James L. Madara, MD