

April 6, 2022

The Honorable Gregory D. Clausen
Minnesota State Senate
Minnesota State Legislature
95 University Avenue W.
Minnesota Senate Bldg., Room 2233
St. Paul, MN 55155

Re: American Medical Association support for Minnesota H.F. 3786 and S.F. 3566

Dear Senator Clausen:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I write in strong support of House File (H.F.) 3786 and Senate File (S.F.) 3566—legislation that will help improve the patient-physician relationship and care for patients with pain. These companion bills make clear that patients who require palliative care or who have intractable pain can receive the individualized care recommended by their physicians. For too many years, patients with pain have suffered because of inflexible, numeric thresholds on opioid therapy—thresholds that have unintentionally delayed or denied care for patients in hospice, with palliative care needs, with chronic, and other types of pain. These bills help restore the balance between a patient and his or her physician, and the AMA joins the Minnesota Medical Association to urge a “Yes” vote.

In 2016, the AMA highlighted concerns about numeric prescribing thresholds in the U.S. Centers for Disease Control and Prevention (CDC) recommendations entitled, “2016 Guideline for Prescribing Opioids for Chronic Pain.”¹ The AMA said that the CDC’s recommendation to avoid any opioid dose greater than 50 morphine milligram equivalents (MME) would be, “that most insurers and other payers will use this recommendation to deny or impose new hurdles to coverage of any dose that exceeds the threshold.” We also were deeply concerned that the imposition of a specific MME threshold would result in patients facing “additional prejudice and stigma” if they required opioid therapy. Since 2016, both unintentional consequences have come true, and patients have suffered as a result.

It has further become clear that health insurance companies, pharmacy chains, and others have applied the CDC’s strict thresholds against patients with cancer, in hospice, people who require palliative care, and others. The AMA strongly supports, therefore, the provisions in these companion bills that remove any liability for physicians and other health care professionals who, in good faith, prescribe opioid therapy that exceed the CDC 2016 or other policy thresholds. Many states have enacted laws codifying those inflexible numeric thresholds. H.F. 3786 and S.F. 3566 recognize these harms, wisely reverse course, and set Minnesota on a course to help patients who benefit from opioid therapy.

¹ AMA letter to CDC Director Thomas Frieden, MD, MPH. January 12, 2016. Available at <https://searchlf.ama-assn.org/undefined/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2Fcdc-opioid-guidelines-12jan2016.pdf>

H.F. 3786 and S.F. 3566 also are in alignment with the current CDC emphasis on individualized patient care decisions for patients with pain. CDC has recognized that its inflexible numeric thresholds have caused harm to patients with pain. In a 2019 article in *The New England Journal of Medicine*, the authors of the 2016 CDC recommendations said:

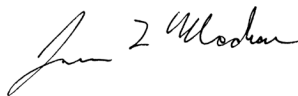
Unfortunately, some policies and practices purportedly derived from the guideline have in fact been inconsistent with, and often go beyond, its recommendations. A consensus panel has highlighted these inconsistencies, which include inflexible application of recommended dosage and duration thresholds 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.²

Like H.F. 3786 and S.F. 3566, CDC also is proposing to help patients with pain.³ The CDC is specifically recommending removing the numeric thresholds because they have harmed so many and prevented the type of individualized patient care decisions recommended by physicians and other health care professionals treating patients with pain. By enacting these companion bills, the Minnesota Legislature will help patients with pain continue treatment without the current fear of denied prescriptions or nonconsensual tapering of opioid therapy. This legislation, if enacted, will help physicians who treat these vulnerable patients practice without fear of an investigation, disenrollment, or termination for simply providing care required by their patients. Simply put, these bills will improve patients' quality of life.

For the above reasons, the AMA urges a "Yes" vote on H.F. 3786 and S.F. 3566.

If you have any questions, 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: Minnesota Medical Association

² Dowell, Debbie, et al. "No Shortcuts to Safer Opioid Prescribing." *New England Journal of Medicine*. June 13, 2019. Available at <https://www.nejm.org/doi/full/10.1056/NEJMp1904190>

³ Proposed 2022 CDC Clinical Practice Guideline for Prescribing Opioids. Federal Register. Available at <https://www.federalregister.gov/documents/2022/02/10/2022-02802/proposed-2022-cdc-clinical-practice-guideline-for-prescribing-opioids>