AMA
AMERICAN MEDICAL ASSOCIATION

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February 7, 2017

Jean Branscum
CEO
Montana Medical Association
2021 11th Avenue, Suite 1
Helena, MT 59601

Dear Ms. Branscum:

On behalf of the American Medical Association (AMA) and its physician and student members, I am writing to clarify the experience of state legislative action with respect to prescribing limits and reversing the nation's opioid epidemic. The AMA has worked with dozens of states and national stakeholders such as the National Governors Association and National Association of Attorneys General to better understand the relationship between legislative and other efforts to restrict the prescribing of opioid analgesics and reducing opioid-related harms, including overdose and death. The AMA's analysis, and state experience, shows that measures designed to reduce opioid supply have one clear effect: that is, they reduce opioid supply. The data currently do not show that these measures have a positive effect on reducing opioid-related mortality; increasing treatment to non-opioid and non-pharmacological pain care; or increasing access to comprehensive treatment for substance use disorders.

Specifically, if you review the attached data from QuintilesIMS (formerly IMS Health), you will see two clear trends across nearly every state in the nation. First, from 2013 to 2015, there has been a significant decrease in prescriptions of opioid analgesics. From 2014 to 2015, every state in the nation saw a decrease – even in states like Montana, which has a low per capita prescribing rate and still saw a nearly 11 percent decrease in opioid prescribing from 2013-2015. In other words, Montana's physicians – just like physicians throughout the nation – have positively responded to calls from the Montana Medical Association, the AMA and national medical specialty societies to be more judicious in their prescribing of opioids – without legislative declarations or mandates to do so. This has been the case in all of the Northeastern states that have recently enacted restrictive prescribing measures (e.g. MA, ME, NH, NY, RI, and VT).

A second clear trend has been the increasing proportion of heroin-related mortality compared to death related to opioid analgesics. This is the trend, as well, in the Northeastern states—cited above—calling for the need for increased emphasis on overdose prevention and treatment. In reviewing data from the Centers for Disease Control and Prevention (CDC), Montana—thankfully—has low number of opioid-related deaths, and in fact, is one of a very few states in the nation to see a decrease in mortality. After an increase from 51 deaths in 2012 to 67 deaths in 2013, according to the CDC, there were 53 deaths in 2014 and 48 in 2015. Montana's physicians and public health community deserve a measure of credit for this positive trend. The AMA strongly recommends that the reasons for the decrease be carefully studied so that the positive trend can be better understood and sustained.

Without question, a next important step to continue to save lives is to more aggressively focus on comprehensive treatment efforts for Montana's citizens. While the CDC data does not show heroin-related mortality for Montana, the AMA is deeply concerned by national trends showing a significant national increase. Between 2014 and 2015, the number of deaths related to heroin increased from 10,574 to 12,957. This staggering figure demands greater emphasis and resources on treating patients with substance use disorders with medication assisted treatment and concomitant mental health and behavioral and cognitive therapies. These proven methods are evidence-based therapies to reverse the opioid epidemic.

The AMA is deeply concerned that the legislative focus on limiting access to opioid analgesics will push some patients to find other forms of pain relief for two reasons. First, the AMA has heard of increasing reports of physicians no longer treating chronic—or acute—pain with opioid analgesics due to increased state, federal and private payer barriers to providing appropriate pain care. And second, as a result, patients often have nowhere to turn for pain relief except diverted drugs, heroin, or illicit fentanyl. Even with exemptions on new restrictions to prescribing opioids for cancer-related pain and pain relief for hospice and palliative care, the AMA is deeply concerned about the unintended consequences of policies to universally restrict opioid analgesics—particularly when the data show that physicians already have taken measures to reduce opioid prescribing.

If we can be of further assistance, please do not hesitate to contact Daniel Blaney-Koen, JD, Senior Legislative Attorney, Advocacy Resource Center, at daniel.blaney-koen@ama-assn.org or (312) 464-4954.

Sincerely,

James L. Madara, MD

Attachments