

**Statement**  
**For the Record**  
**of the**  
**American Medical Association**

**to the**  
**National Conference of Insurance Legislators Workers'**  
**Compensation Insurance and Health, LTC & Health Retirement**  
**Issues Committees**

**RE: Proposed Best Practices to Address Opioid**  
**Abuse, Misuse & Diversion**

**November 22, 2013**

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**Advocacy Resource Center**

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**RE: Proposed Best Practices to Address Opioid Abuse, Misuse & Diversion**

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The American Medical Association (AMA) appreciates the opportunity to provide our views on the National Conference of Insurance Legislators' Proposed Best Practices to Address Opioid Abuse, Misuse and Diversion (Proposed Best Practices). Overall, these Proposed Best Practices provide a comprehensive, nuanced discussion of the nation's pressing policy issues on how to combat prescription drug abuse, misuse, diversion, overdose and death. If adopted, the Proposed Best Practices will provide states with the type of comprehensive public health framework to better address this national, public health epidemic.

Physicians are on the frontlines of this epidemic and fully understand the human cost and the toll it can take on individuals, their families and the community. The AMA remains committed to collaborating with other stakeholders to implement effective solutions that reduce harm and promote effective treatment.

Physicians have an ethical obligation to treat pain and suffering, while employing a risk management strategy that minimizes drug diversion, substance misuse, overdose and death from controlled substances. Physicians confront numerous challenges in maintaining a balanced approach.

The AMA agrees that solving the prescription drug abuse and diversion epidemic requires a multipronged, coordinated strategy at state and federal levels. We support implementation of federal and state policies that efficiently address both the supply and demand side of this epidemic. Equally important, the AMA and our partners in the medical community have committed resources to educate physicians and promote awareness on strategies to assess patient for substance use disorders and reduce the harms from controlled substances, including overdose and death. With focused attention, a comprehensive approach is better positioned to minimize

substance abuse and diversion and avoid pushing those with opioid addiction to the use of illicit drugs, such as heroin.

The AMA agrees that prescription drug monitoring programs (PDMPs) can be an excellent resource, but widespread adoption (including mandates for use) must be tempered by the reality that most PDMPs remain under-utilized due to the lack of funding, the inability to provide real-time, actionable information, the lack of interstate interoperability and more. The AMA commends NCOIL for strongly encouraging state legislators to work with medical societies and the public health community on proposed legislation or policy. Working together, legislators and the medical and public health community can identify how to best implement a successful PDMP in their state to meet the needs of stakeholders.

The Proposed Best Practices also focus on the need for data to help identify treatment/prevention opportunities as well as legislative solutions that emphasize treatment and prevention. Too often, legislation that ultimately curbs the supply of opioids comes with unintended consequences, including limiting access to pain management resources or, for example, provoking an increase in heroin use. While the AMA appreciates and shares lawmakers' efforts to combat prescription drug abuse and diversion, without a corresponding emphasis on appropriate pain management and access to care, legislation that only addresses supply reduction will exacerbate problems experienced by patients currently receiving appropriate care for their pain, which may include the use of opioids. NCOIL's Proposed Best Practices strikes the right balance.

This "right balance," moreover, is evident in NCOIL's support for prescribing practices that are not only reinforced by evidence-based guidelines, but also recognize that "one-size does not fit all" when it comes to treating individual patients. NCOIL's recognition of this will help generate important discussions in the states – discussions that medical societies are ready and willing to have.

In addition to recognizing that treating pain is complex and treatment and prevention are extremely important, the AMA strongly agrees with NCOIL's call for increased public education; expanded take-back programs; legislation that supports naloxone availability; removal of barriers for buprenorphine and Suboxone use; and expanded use of drug courts. These policy considerations exemplify the type of comprehensive approach that is needed.

The AMA appreciates the opportunity to provide our views on NCOIL's Proposed Best Practices. We look forward to working with NCOIL and its members to ensure the proper balance is struck to reverse existing trends of prescription drug abuse, overdose and death while ensuring patients suffering from pain continue to have access to the treatment they deserve.

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