

September 24, 2013

Humayun J. Chaudhry, DO, MS, MACP, FACOI
President/CEO
Federation of State Medical Boards
400 Fuller Wisser Road, Suite 300
Euleless, TX 76039

Dear Dr. Chaudhry:

On behalf of the physician and medical student members of the American Medical Association (AMA), I want to thank you for your leadership and efforts by the Federation of State Medical Boards (FSMB) to provide updated policy intended to help reduce our nation's prescription drug abuse and diversion epidemic. We agreed with your decision to defer completion of FSMB Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain Model Policy to provide for additional input and deliberation.

However, after reviewing the final version, we are disappointed that the AMA's comments are not reflected in the final Model Policy. Our intent was to provide areas where we believed the Model Policy could be clarified, could take into account the complicated nature of treating pain and could provide for a more robust discussion of the benefits and challenges facing prescription drug monitoring programs (PDMPs). I have provided a few, select examples below, and also would welcome a more comprehensive discussion of these and the other issues raised in our June 7 letter.

In the AMA's June 7 recommendations, we encouraged the FSMB to include public health agencies, state medical societies and other public health experts, in addition to state attorneys general, "to evaluate the state's policies, regulations and laws" as part of the effort to ensure appropriate access to care while preventing diversion. The AMA strongly believes that while law enforcement plays an important role, this epidemic demands a public health focus to ensure that its complicated, interrelated components are fully explained to ensure comprehensive solutions. Encouraging state medical boards only to engage with state attorneys general sends the wrong message to policymakers about solutions for this complicated public health issue.

A second area of concern is the final Model Policy's emphasis on what physicians "should" do. In the draft policy, the AMA identified more than 40 uses of "should" and what the Board "expects." In the Model Policy version, there are more than 60. The AMA is concerned that multiplicity of these new standards of care may have the unintended effect of creating so many requirements that prompt, effective care is impeded. For example, although the final Model Policy provides some latitude for physicians to determine the appropriate frequency of drug tests, it does not reflect the fact that all of the recommended requirements for risk screening are not entirely appropriate for all patients.

The new requirements also do not take into account that some states, for example, lack effective “take back” or safe disposal programs, yet the FSMB mandates that physicians provide guidance to patients on take back and disposal efforts. We, therefore, continue to question whether the FSMB intends for state medical boards to actively provide education and resources for physicians to understand the intent and practical nature of these new standards of care.

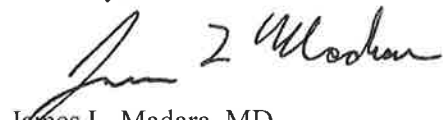
Finally, we are pleased that the final Model Policy’s recommendations concerning PDMPs, largely recognizes that PDMPs may not be available in all states. Yet, this is another area where the FSMB missed an opportunity to explain that while PDMPs have great potential to be an effective clinical tool, PDMPs most often are not real-time or integrated into a physician’s practice, and may not contain reliable, up-to-date data. We continue to urge the FSMB to work with the AMA to advocate for modernizing PDMPs throughout the United States.

The AMA has worked with federal and state policymakers to address this growing public health crisis for many years. We remain committed to continuing our collaboration with the FSMB and other stakeholders to implement effective solutions to effectively reverse the trends and successfully treat substance use disorders, including addiction and reduce overdoses and deaths.

Physicians work hard to balance their ethical obligation to treat patients with legitimate pain management needs against the need to identify drug seekers and prevent abuse, overdose and death from prescription drugs. Physicians must confront numerous challenges in their efforts to maintain that balance. Therefore, the AMA encourages the FSMB to consider further amending its Model Policy to ensure that physicians have the optimal tools to guide them in addressing this national, public health crisis.

If you have any questions regarding the recommendations and comments in this letter, please 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

cc: David O. Barbe, MD
Steven J. Stack, MD