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March 15, 2016

The Honorable Lamar Alexander
Chair
Senate Committee on Health, Education,
Labor and Pensions
428 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Patty Murray
Ranking Member
Senate Committee on Health, Education,
Labor and Pensions
835 Hart Senate Office Building
Washington, DC 20510

Dear Chairman Alexander and Senator Murray:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to commend the Committee for taking action to provide critical support for efforts to address the national epidemic of opioid misuse, abuse, addiction, overdose and death. The legislation you are considering today is consistent with the ongoing efforts of the medical profession to fight this public health crisis and will provide critical support and tools for those efforts, especially support for prescription drug monitoring programs, increasing access to proven treatments, and saving lives by increasing the availability of naloxone.

In 2014, the AMA established the Task Force to Reduce Opioid Abuse. More than 25 state and national medical specialty associations were invited to participate in the effort to reduce the nation's burden from the inappropriate prescribing of opioids and the growing crisis of overdose and death. Each member of the task force recognized that to truly reverse this public health epidemic, physicians must develop and implement specific recommendations designed to have a measureable impact on ensuring effective pain management practices and the evidence-based prescribing of opioids, promoting appropriate referrals and access to care for patients with substance use disorders, and taking necessary steps to reduce opioid-related harm. Several of the consensus recommendations of the task force are addressed by legislation before the Committee.

The AMA strongly encourages physicians and other prescribers to register for and use prescription drug monitoring programs (PDMPs). These programs can serve as a critical clinical tool in the fight against prescription drug misuse. **For that reason, we are pleased to support the “National All Schedules Prescription Electronic Reporting Reauthorization Act (NASPER)” (S. 480).** The reauthorization of NASPER and full appropriations are necessary to ensure that physicians across the country have patient-specific information through PDMPs at the point of care and to promote further implementation of best practices and information sharing between states. Access to a robust PDMP that is integrated into the physician workflow allows prescribers to:

- Access a patient's prescription history for opioids and other controlled substances quickly during the patient encounter;
- Determine immediately whether patients have received opioids and other controlled substances from other providers and dispensers, both in and out of state;
- Evaluate and manage patients with persistent pain more effectively;
- Create alerts when a patient reaches certain thresholds for prescriptions, dosage or quantity;
- Identify the need to counsel and refer the patient for additional treatment for persistent pain or a substance use disorder;
- Be prompted when co-prescribing naloxone may be clinically indicated; and
- Identify other prescribers to help coordinate care and follow-up activities.

Each of these functions supports the provision of high quality care and informs physician and patient decision making about appropriate treatments.

The AMA also strongly supports increased access to and coverage for treatment for opioid use disorder and physician office-based treatment of such disorders. The Drug Addiction Treatment Act of 2000 provided for an office-based option for opioid treatment that uses buprenorphine, a drug that can help facilitate recovery from opioid addiction. However, limits remain on the number of patients a physician may treat using this drug. There is broad consensus in the medical community that buprenorphine is a successful tool to help fight addiction. Lifting the cap would allow physicians to treat more patients with this highly effective drug, and would provide an incentive for more physicians to get the required training to offer this service in their practices. **We support the “Recovery Enhancement for Addiction Recovery Act” (S. 1455), which would make major strides in expanding treatment capacity, and encourage its adoption by the Committee.**

The AMA strongly supports the national trend of efforts to increase access to naloxone, which is a safe and effective FDA-approved medication that reverses prescription opioid and heroin overdoses and helps save lives. Naloxone has no psychoactive effects and does not present any potential for abuse. AMA advocacy has supported state laws that put naloxone into the hands of appropriately trained first responders, as well as friends and family members who may be in a position to help save lives. The AMA encourages physicians to co-prescribe naloxone to their patients at risk who are taking opioid analgesics. **The “Co-Prescribing Saves Lives Act of 2016” furthers these efforts by providing information on naloxone co-prescribing to prescribers in federal facilities, and we are pleased to support this legislation as well.**

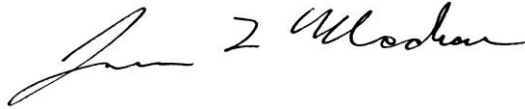
Finally, the AMA also supports the proposed **“Plan of Safe Care Improvement Act”** to ensure that infants affected by substance use disorders, withdrawal symptoms, or Fetal Alcohol Syndrome receive optimal care.

Thank you for your ongoing efforts to address the national epidemic of opioid misuse, abuse, addiction, overdose and death. No single factor led to the crisis we face today and no single solution will bring it under control. However, through the ongoing commitment of physicians, families, local, state and

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national policymakers, and others, we can begin to address the roots of the problem and make a real difference in the lives of those suffering from substance abuse disorders.

Sincerely,

A handwritten signature in cursive script, appearing to read "James L. Madara". The signature is written in black ink and is positioned above the printed name.

James L. Madara, MD