



AMERICAN ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

October 10, 2012

Leslie Kux
Assistant Commissioner for Policy
Division of Dockets Management (HFA-305)
Food and Drug Administration
5630 Fishers Lane, Rm. 1061
Rockville, MD 20852
Submitted by email: DSaRM@fda.hhs.gov

Re: Drug Safety and Risk Management Advisory Committee; Notice of Meeting

Dear Ms. Kux:

On behalf of the American Academy of Family Physicians (AAFP), which represents more than 105,900 family physicians and medical students nationwide, I write in response to the [notice of meeting](#) for the FDA's Drug Safety and Risk Management Advisory Committee. Enclosed is a copy of our recent position paper ["Pain Management and Opioid Abuse: A Public Health Concern"](#) which outlines our recommendations concerning the use of opioid analgesics for pain control.

One of the key missions of the AAFP is to protect the health of the public. We recognize the need to improve pain management care and eradicate opioid abuse. The AAFP is committed to work on opioid risk evaluation and mitigation strategies and continuing medical education (CME) development. We appreciate the need for evidence-based physician education to ensure the safest and most effective use of long-acting and extended-release opioids. The AAFP, working with the Association of Departments of Family Medicine, the Association of Family Medicine Residency Directors and the Society of Teachers of Family Medicine, has developed recommended curriculum guidelines for teaching residents how to care for patients with chronic pain.

In addition, the AAFP supports the development of prescription drug monitoring programs with physician input as well as the interstate exchange of registry information under the National All Schedules Prescription Electronic Reporting (NASPER) Act of 2005. The AAFP sees programs that provide funding to all states to monitor "real-time" opioid prescribing and make this information available across state lines as an important tool to address the public health problem of prescription drug abuse.

A major concern of the AAFP regarding this important matter is that access to appropriate pain management care could be compromised by unnecessary legislation and regulatory burden and lead to an access issue for our patients. Evidence for this concern is revealed in a study, published in the 2011 March/April issue of the *Journal of Opioid Management*, which found that 13.4 percent

President Glen Stream, MD Spokane, WA	President-elect Jeffrey J. Cain, MD Denver, CO	Board Chair Roland A. Goertz, MD Waco, TX	Directors Reid Blackwelder, MD, Kingsport, TN Conrad L. Flick, MD, Raleigh, NC Laura Knobel, MD, Walpole, MA Barbara Doty, MD, Wasilla, AK Richard Madden, Jr., MD, Belen, NM Robert Wergin, MD, Milford, NE	Julie K. Wood, MD, Lee's Summit, MO Wanda D. Filer, MD, York, PA Daniel R. Spogen, MD, Reno, NV Robyn Liu, MD, (New Physician Member), Portland, OR Brent Smith, MD, (Resident Member), Brandon, MS Jessica Johnson (Student Member), Newington, CT
Speaker John S. Meigs, Jr., MD Brent, AL	Vice Speaker Javette C. Orgain, MD Chicago, IL	Executive Vice President Douglas E. Henley, MD Leawood, KS		

www.aafp.org

Leslie Kux
October 10, 2012
Page 2 of 2

of physicians surveyed would no longer prescribe an opioid if they were required to obtain additional training and ongoing CME. As advocates for our patients with chronic pain, we recognize the need to provide for patient access to optimal pain management and oppose legislation or executive action that would create barriers when there is a legitimate need for pain relief. Specifically, we oppose mandatory CME for primary care physicians as a condition for prescribing specific drugs, such as opioids. This policy is based upon the knowledge that family physicians receive appropriate education and training in pain management and the proper use and prescribing of opioids during residency training and as part of their required continuing professional development throughout their practice careers. The AAFP does not believe that requiring additional physician education will reduce drug diversion.

We appreciate the opportunity to provide you with a copy of our recent position and make ourselves available for any questions you might have or clarifications you might need. Please contact Robert Bennett, Federal Regulatory Manager, at 202-232-9033 or rbennett@aafp.org.

Sincerely,



Roland A. Goertz, MD, MBA, FAAFP
Board Chair

Enclosure