



August 23, 2018

The Honorable Mitch McConnell  
Majority Leader  
U.S. Senate  
Washington, DC 20510

The Honorable Charles Schumer  
Minority Leader  
U.S. Senate  
Washington, DC 20510

Dear Majority Leader McConnell and Minority Leader Schumer:

On behalf of the 131,400 members of the American Academy of Family Physicians (AAFP), I am writing to comment on the *Opioid Crisis Response Act* (HR 6). We recognize the important work Congress has undertaken to address the opioid epidemic, but there is a need to do more. The AAFP is committed to supporting proposals that improve the prevention of substance misuse, as well as best practices in pain management, treatment access, and data collection. We appreciate your bipartisan efforts and urge your consideration of the following priorities and areas of concern.

Family physicians view the state-run prescription drug monitoring program (PDMP) as an important tool to help identify patients who may be overusing prescription opioids. PDMPs help inform family physician clinical decisions but PDMPs can be improved. AAFP supports efforts to strengthen the CDC's work to help advance best practices for state-based prescription drug monitoring programs and strengthen federal support to improve interoperability and usability (Section 1503). The AAFP opposes PDMP usage mandates but supports a secure, interoperable national database to bolster effective state prescription drug monitoring programs to facilitate the interstate exchange of registry information as called for under the *National All Schedules Prescription Electronic Reporting Act*. The AAFP also supports Jessie's Law (Section 1508), which will help insure patients' medical records include important opioid addiction status information. We are pleased HR 6 will also provide authority to study the potential impact of prescribing limits (Section 1501), including its effect on pain management.

The AAFP also supports efforts to improve data collection and public health outcomes, including the provision in HR 6 to improve surveillance and education on infectious disease-associated injection drug usage (Section 1512). According to the U.S. Department of Health and Human Services (HHS), communities hardest hit by the opioid epidemic have seen surges in rates of infectious disease such as hepatitis C. Identifying and preventing the spread of infectious disease should be a high priority in any final opioid epidemic package.

We also support language in HR 6 that will improve the health of newborns, mothers and children. The rise in untreated opioid use disorders (OUD) has led to a troubling increase in newborns experiencing neonatal abstinence syndrome (NAS). AAFP commends language in HR 6 that would help address their needs including provisions to improve safe plans of care for infants that are born with neo-natal abstinence syndrome (Section 1415). AAFP also supports a provision directly addressing the needs of pregnant women (Section 1419) impacted by the epidemic. In addition, the AAFP is pleased to support language allowing the U.S. Centers for

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Disease Control and Prevention (CDC) to improve data collection on adverse childhood experiences (Section 1506).

Mental and behavioral health are essential for both opioid misuse prevention as well as for substance use disorder treatment and recovery. The mental health parity investigations provision (Section 1420) is an important proposal to address current access barriers. These, and other proposals, are consistent with the set of joint principles the AAFP supports, along and several medical specialties representing over 560,000 physicians.

The AAFP supports language in HR 6 to improve telehealth usage by allowing HHS to waive current Medicare Part B restrictions (originating site requirement and geographic limitations) to allow physicians to be paid for treatment of opioid-use disorder in Medicare beneficiaries (Section 2102). AAFP policy supports “telemedicine as an appropriate and efficient means of improving health, when conducted within the context of appropriate standards of care.” The bill’s proposal to standardize electronic prior authorizations for Medicare Part D prescriptions (Section 2105) is also important as it may help reduce the overwhelming administrative burdens faced by practicing family physicians.

Medicaid is an important program that provides access to mental health care and substance abuse treatment for low-income individuals. AAFP supports language in HR 6 to empower the Medicaid and CHIP Payment and Access Commission to study and report on medication-assisted treatment (MAT) within state Medicaid utilization programs (Section 2208). Any effort to address barriers to care has the potential to provide important tools for improving health outcomes and saving lives.

The AAFP commends the provision in HR 6 associated with the Comprehensive Screenings for Seniors Act (Section 2103). The language adds a substance use disorder screening requirement to the Medicare annual wellness visit (AWV) and the initial preventive physical examination (IPPE) by requiring an assessment of current opioid prescriptions. Family physicians are often wary of unfunded mandates, but due to the depth of the crisis, the AAFP recognizes the need for including this new screen in the AWV. We urge caution in implementing section 2103 as the AWV and IPPE already require physicians to determine a patient’s history of illicit drug use as part of a review of the patient’s medical and social history.

Even with the positive steps noted in the sections above it is important to note that the bill’s e-prescribing mandate (Section 2104) would require all family physicians to submit all Medicare Part D prescriptions by electronic means with only a one-year exemption. We believe that this new unfunded mandate may lack the flexibility that many rural physician practices and communities need. Additionally, the scope of drugs to which the mandate applies is too broad and should only include schedule I, II, and III prescriptions.

We appreciate the opportunity to comment on this important effort and look forward to working with you as the legislation nears passage. For more information, please contact Sonya Clay, Government Relations Representative, at 202-232-9033 or [sclay@aafp.org](mailto:sclay@aafp.org).

Sincerely,

A handwritten signature in black ink, appearing to read 'John Meigs, Jr.', with a stylized flourish at the end.

John Meigs, Jr., MD, FAAFP  
Board Chair