



September 2, 2016

Kathryn E. Martin, Acting Assistant Secretary for Planning and Evaluation
U.S. Department of Health and Human Services
Office for Civil Rights
Attention: 1557 RFI (RIN 0945– AA02)
Hubert H. Humphrey Building, Room 509F
200 Independence Avenue SW
Washington, DC 20201

Dear Acting Assistant Secretary Martin:

On behalf of the American Academy of Family Physicians (AAFP), which represents 124,900 family physicians and medical students across the country, I am responding to the [request for information](#) on opioid analgesic prescriber education and training opportunities to prevent opioid overdose and opioid use disorder as published in the July 8, 2016 *Federal Register*.

A key mission of the AAFP is to protect the health of the public, and we are deeply aware of the critical and devastating problem of prescription drug abuse and the resulting deaths. Opioid abuse is destroying the fabric of the lives of too many of our patients, their families and their communities. At the same time, we must provide patients with adequate pain management. Chronic pain is a serious health issue with tremendous economic, social and medical costs.

The AAFP supports effective state prescription drug monitoring programs that facilitate the interstate exchange of registry information as called for under the *National All Schedules Prescription Electronic Reporting Act*. We agree that physicians should always use their state PDMP before prescribing any potentially abused pharmaceutical product. However, the success of such efforts depends on state reporting systems that are accessible, timely and interoperable. We must work together to make these systems effective for the sake of the public health.

The FDA has tasked stakeholders with developing a Risk Evaluation and Mitigation Strategy (REMS) to focus on the problem of misuse of long-acting and extended-release opioids. The FDA has proposed that this process include Continuing Medical Education (CME) for prescribers of these drugs. The AAFP supports programs to provide funding to all states to monitor “real-time” opioid prescribing and make this information available across state lines as one way to address prescription drug abuse. Mandatory CME alone is not the solution to

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this public health crisis. Solutions require expertise from multiple stakeholders including the medical, educational, public health, judicial, pharmacy and public sectors in our communities.

The AAFP opposes limiting patients' access to physician-prescribed pharmaceuticals unnecessarily and opposes any actions which may have the effect of limiting by specialty the use of any pharmaceutical product. Physicians certainly need more tools to treat opioid abuse and addiction. Family physicians advocated for expanding medication-assisted treatment with buprenorphine hydrochloride to increase access to opioid addiction treatment. We are pleased that the highest available patient limit for qualified practitioners was increased to 275 by the Substance Abuse and Mental Health Services Administration.

Insurance policies also could help to prevent the diversion of pain medication. Too often, patients get more opioid pills than they need and then sell or share their unused opioids with family or friends. The AAFP has urged policymakers to end the requirement that patients pay the same out-of-pocket copayments and coinsurance for a three-day prescription as they pay for a 30-day prescription. Instituting partial prescriptions would significantly reduce the potential for left-over pills ending up in the hands of abusers or on the streets.

The AAFP recognizes the need for evidence-based physician education to ensure the safest and most effective use of long-acting and extended-release opioids. The AAFP is part of the solution to this scourge and is taking actions to develop solutions for its members, including development of evidence-based CME and provision of helpful resources. The AAFP will continue to offer CME topics on pain management, REMS and opioid abuse.

In 2014, AAFP members took a minimum of 133,885 hours of continuing medical education about the use and prescribing of opioid medications. We are working to increase that number by providing additional pain management and opioid abuse educational opportunities to our members and others. Our 54 constituent chapters also provide CME on prescribing opioids and managing pain. Last fall, the AAFP joined more than 40 health professions groups in a pledge to combat opioid addiction. In addition, the AAFP has worked closely with other federal and organizational programs focused on the reduction of opioid abuse, including the White House, HHS, the CDC and the AMA Task Force to Reduce Opioid Abuse. We will continue to work with those agencies to develop policies that prevent opioid abuse and addiction while protecting access to legitimate pain medicine prescriptions for life-limiting pain.

Physicians have already increased the hours of CME they are devoting to this important topic to improve patient care; therefore, the AAFP opposes any federal mandate requiring such education. It simply is not necessary and takes time away from physicians' ability to address their individual patient and practice needs. And consideration of such a mandate as a requirement for participation in Medicare is totally unnecessary and unwarranted. In fact, we are very concerned that any such requirement would have a negative impact on physician participation in Medicare and would therefore limit access of Medicare beneficiaries to their personal physician.

The scourge of opioid abuse and addiction must end. It will require an all-hands-on-deck effort by the entire health care community as well as national and state policy makers. Family physicians are committed to resolving this epidemic both as front-line physicians and as staunch advocates for our patients.

We appreciate the opportunity to provide these comments and make ourselves available for any questions you might have. Please contact Teresa Baker, Senior Government Relations Representative, at 202-232-9033 or tbaker@aafp.org.

Sincerely,

A handwritten signature in black ink that reads "Robert L. Wergin MD". The signature is written in a cursive style with a large initial "R" and "W".

Robert L. Wergin, MD, FAAFP
Board Chair