

March 1, 2016

The Honorable Mitch McConnell Majority Leader **United States Senate** Washington, DC 20510

The Honorable Harry Reid Minority Leader **United States Senate** Washington, DC 20510

Dear Senators McConnell and Reid:

On behalf of the American Academy of Family Physicians (AAFP), representing 120,900 family physicians and medical students nationwide, I write to express our support of the goals of the Comprehensive Addiction and Recovery Act of 2015 (\$ 524). The AAFP is deeply concerned that the abuse of heroin and prescription opioid painkillers is having a devastating effect on public health and safety in our communities. We commend the bipartisan sponsors of the bill, Senators Sheldon Whitehouse (D-RI) and Rob Portman (R-OH), for their efforts to improve state prescription drug monitoring programs; increase access to naloxone and expand prevention and treatment.

We support the public awareness campaign called for in the Comprehensive Addiction and Recovery Act (CARA). Family physicians recognize the value of increased public education about the risk of abuse of prescription opioid drugs if such products are not taken as prescribed. We welcome the Drug-Free media campaign to raise awareness about both the grave harm from prescription opioid abuse and heroin use and the dangerous effects of fentanyl when mixed with heroin or abused in a similar manner.

The AAFP has called on all states to implement prescription drug monitoring programs and the interstate exchange of registry information as called for under the National All Schedules Prescription Electronic Reporting (NASPER) Act in our pain management and opioid abuse position paper. The AAFP realizes that there are patients with inappropriate drug-seeking behavior. However, it is not always clear who these individuals are absent a database containing this information. Family physicians in states with prescription drug monitoring programs find such databases useful tools in treating patients and in preventing diversion. The AAFP believes increased funding for NASPER would help stem the growing problem of interstate diversion and misuse of narcotics by allowing family physicians to determine whether a patient has received prescriptions in other states. The AAFP supports the provision in CARA which would authorize grants to states to establish a comprehensive prescription drug monitoring program to track dispensing of schedule II, III, or IV controlled substances.

However, the CARA provision to require the Pain Management Best Practices Inter-Agency Task Force to impose so-called "best practices" on receiving and renewing registrations for

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prescribing medications regulated under the *Controlled Substances Act* raises very serious concerns. The AAFP <u>opposes</u> action that limits patients' access to pharmaceuticals prescribed by a physician using appropriate clinical training and knowledge. Family physicians and other primary care clinicians play a vital role in effective pain management, which could include the prescribing of opioid analgesics. The creation of additional prescribing barriers for primary care physicians would limit patient access when there is a legitimate need for pain relief.

The AAFP supports the implementation of programs which allow first responders and non-medical personnel to possess and administer naloxone in emergency situations. We appreciate that CARA authorizes the U.S. Attorney General to may make grants to eligible entities to allow appropriately trained first responders to administer opioid overdose-reversal drugs. The AAFP also supports the implementation of policies which allow licensed physicians and other clinicians to prescribe naloxone to patients using opioids or other individuals in close contact with those patients. In addition, the AAFP supports the implementation of legislation which protects any individuals who administer naloxone from prosecution for practicing medicine without a license.

Prescription drug take-back programs are an important component of preventing the diversion of opioids and other prescriptions drugs. We support the provision in CARA that calls on the Attorney General to work with the Administrator of the Drug Enforcement Administration, the Secretary of Health and Human Services, and the Director of the Office of National Drug Control Policy, to coordinate with covered entities in expanding or making available disposal sites for unwanted prescription medications.

We appreciate your continuing leadership in this important public health initiative and look forward to working with you on addressing the problem of prescription drug abuse. If you have any questions about this material or would like to discuss this issue further, please contact Teresa Baker, Senior Government Relations Representative, at 202-232-9033 or tbaker@aafp.org.

Sincerely,

Robert Wergin, MD, FAAFP

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Board Chair