AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

October 19, 2017

The Honorable Chris Christie, Chair
President's Commission on Combatting
Drug Addiction and the Opioid Crisis
Washington, DC 20500

Richard Baum, Acting Director
Office of National Drug Control Policy
The White House
Washington, DC 20500

commission@ondcp.eop.gov

Dear Governor Christie and Acting Director Baum:

On behalf of the American Academy of Family Physicians (AAFP), which represents 129,000 family physicians and medical students across the country, I write to provide you with our comments as you prepare the report of the Commission on Combatting Drug Addiction and the Opioid Crisis and the 2018 National Drug Control Strategy plan.

Despite advances in evidence and understanding of its pathophysiology, chronic pain continues to burden patients in a medical system that is not designed to care for them effectively. Opioids have been used in the treatment of pain for centuries, despite limited evidence and knowledge about their long-term benefits, but there is a growing body of evidence regarding their risks. As a result of limited science, external pressures, physician behavior, and pharmacologic development, we have seen the dramatic consequences of opioid overprescribing, misuse, diversion, and dependence.

The AAFP commends the Administration's effort to promote policies that will prevent the misuse of prescription opioids. Family physicians recognize that the increase in nonmedical use of these drugs has created a grievous public health crisis, and the AAFP is actively working to address the intertwined challenges of chronic pain management and opioid misuse. We support increased access to treatment for substance use disorder and concur with the Commission's draft recommendation to rapidly increase treatment capacity and eliminate barriers to treatment resulting from the Institutes for Mental Diseases (IMD) exclusion within the Medicaid program.

Family physicians find themselves at the crux of the issue, balancing care for patients with chronic pain and the challenges of managing the appropriate use of opioids, while always mindful of their misuse and abuse. Family physicians are the most visited specialty—especially in underserved areas. Family physicians conduct approximately one in five of all office visits in the United States. This represents more than 192 million visits annually. In the face of opioid misuse, family physicians have a unique opportunity to be part of the solution. Both pain management and dependence therapy require patient-centered, compassionate care as the foundation of treatment. These are attributes that family physicians readily bring to their relationships with patients.

AAFP strives to protect the health of the public, and we are deeply aware of the critical and devastating problem of prescription drug abuse. At the same time, we need to address the ongoing public health requirement to provide adequate pain management. While our currently fragmented health care system is not well-prepared to address these interrelated issues, the

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specialty of family medicine is suited for this task. The AAFP is actively engaged in the national discussion on pain management and opioid misuse. Committed to ensuring that our specialty remains part of the solution to these public health crises, the AAFP challenges itself and its members at the physician, practice, community, education, and advocacy levels to address the needs of a population struggling with chronic pain and/or opioid dependence.

Family physicians are committed to fine-tuning their ability to prescribe opioids appropriately and effectively. AAFP members reported completing well more than 141,000 continuing medical education (CME) credits on this topic in 2016. The AAFP continues to believe educating physicians is an important tool, but to be impactful, the education must be evidence-based and designed to address needs and gaps of the learners. “One size fits all” education is not optimal. Requiring all physicians or “prescribers” in this case to complete the same education, regardless of whether a relevant performance gap in this area exists, would be a disservice to that physician and their patients since it will result in unnecessary time spent away from patient care. Mandated CME also impacts a family physician’s ability to complete the most relevant education focused on specific needs and gaps.

Expanded access to Medication Assisted Treatment (MAT) has long been an AAFP priority. In 2013, the AAFP wrote to the Drug Enforcement Administration (DEA) to call for amending the cap in primary care on the treatment of addiction care with buprenorphine hydrochloride and naloxone hydrochloride to raise the limit to 200 patients from the cap of 100 patients. We saw the 100-patient limit as an impediment to expanding opioid addiction treatment and appreciate that the Commission’s draft recommendations include a federal incentive to enhance access to MAT.

Another draft recommendation calls for model legislation to allow naloxone dispensing via standing orders. The AAFP also supports expanded access to naloxone and appropriate Good Samaritan protections for the prescribers and lay rescuers who deploy this life-saving drug.

The AAFP supports the Commission’s recommendation for funding and technical support for effective state prescription drug monitoring programs (PDMPs) that facilitate the interstate exchange of information as called for under the *National All Schedules Prescription Electronic Reporting Act*. We urge physicians to use their 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 PDMPs effective for the sake of the public health. The AAFP and our 55 chapters will continue working to bring localized and state specific education to our members and their care teams.

In April of 2016, the AAFP wrote to the Substance Abuse and Mental Health Services Administration (SAMHSA) to support the proposed rule to update the “Confidentiality of Alcohol and Drug Abuse Patient Records” regulation. The AAFP policy on patient/physician confidentiality recognizes that a confidential relationship between physician and patient is essential for the free flow of information necessary for sound medical care. Only in a setting of trust can a patient share the private feelings and personal history that enable the physician to comprehend fully, to diagnose logically, and to treat properly. We believe that patient confidentiality must be protected though we recognize that data sharing between treating physicians, though difficult with current health record technology, is essential. Any disclosure of medical record information should be limited to information necessary to accomplish the purpose for which disclosure is made. Physicians should be particularly careful to release only necessary and pertinent information.

Since 1998, the AAFP has supported parity of health insurance coverage for patients, regardless of medical or mental health diagnosis. Health care plans should cover mental health care under the same terms and conditions as that provided for other medical care.

Late in 2016, the AAFP updated the "Chronic Pain Management and Opioid Misuse: A Public Health Concern" position paper on our website to better equip members to combat the opioid abuse crisis while continuing to treat chronic pain. It may provide further useful information on AAFP policy. Additionally, that webpage directs members to the AAFP's new opioid and pain management toolkit. AAFP encourages practices to use the toolkit to evaluate current policies regarding pain management and opioid prescribing.

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,

John Meigs, Jr., MD, FAAFP
Board Chair

cc: Governor Charlie Baker
Governor Roy Cooper
Congressman Patrick J. Kennedy
Professor Bertha Madras, PhD
Florida Attorney General Pam Bondi