

## SUPPORT OPIOID CRISIS SOLUTIONS

### RECOMMENDATION

The American Academy of Family Physicians (AAFP) recommends that Congress build on the *Comprehensive Addiction and Recovery Act* of 2016 (CARA, [PL 114-198](#)) by advancing the following initiatives:

- Increase substance use treatment access throughout the health care system;
- Expand chronic pain research through the *ACE Research Act* ([HR 5002/S. 2406](#)); and
- Improve health care coordination through the *CONNECTIONS Act* ([HR 5812](#)).

### Background

According to U.S. Department of Health and Human Services (HHS) 2016 [data](#), 11.6 million individuals misused prescription pain medications and 42,249 people died from opioid overdoses (116 people/day) in 2016. The economic cost of the opioids epidemic was estimated at \$504 billion that year. According to the National Institutes of Drug Abuse (NIDA) [analyses](#), 92 million individuals were prescribed opioids in 2015 and fewer than 13% abused them. According to a 2015 *Annals of Internal Medicine* [report](#), economic disadvantage and behavioral health problems are associated with opioid misuse.

A *New England Journal of Medicine* [report](#) indicates that 30% of Americans experience either acute or chronic pain and 40% of older adults experience pain. The AAFP understands that the nation's opioids crisis intersects with a range of health issues that family physicians encounter in the practices: pain management, health care access, substance abuse treatment, and socio-economics. The AAFP is committed to providing resources for family physicians and to advocate for policies promoting prevention, research, health care coordination, and treatment access. The AAFP is a member of the AMA Task Force to Reduce Opioid Abuse, which brings together physician organizations to identify best practices to combat opioid abuse. In addition, AAFP members reported completing more than 157,218 continuing medical education credits on this topic in 2017.

The AAFP's position paper, [Opioid Prescribing and Opioid Misuse: A Public Health Crisis](#), prioritizes support to expand research into the management of chronic pain, as well as methods to better identify and manage opioid misuse. The AAFP also believes studies and best practices should consider the needs of vulnerable populations who are at higher risk for undertreatment of pain and/or for opioid misuse.

### Expand Chronic Pain Research with the ACE Research Act (HR 5002/HR 2406)

The National Institutes of Health (NIH) currently supports ongoing opioids research, but needs additional authority to expand its portfolio. The *Advancing Cutting-Edge (ACE) Research Act*, if enacted, will authorize the NIH to prioritize innovative research and study new non-addictive pain medications. The *ACE Research Act*, sponsored by Reps. Debbie Dingell (D-MI) and Fred Upton (R-MI) and Sens. Lamar Alexander and Patty Murray (D-WA), was approved in the House Energy and Commerce Committee on May 9. The Senate companion bill was approved by the Senate Health, Education, Labor, and Pensions Committee on April 24 as part of the *Opioid Crisis Response Act of 2018*.

## **Improve Health Care Coordination with the CONNECTIONS Act (HR 5812)**

State Prescription Drug Monitoring Programs (PDMPs) collect, monitor, and analyze electronically transmitted prescribing and dispensing data submitted by pharmacies and dispensing practitioners. Ideally, real-time PDMP data is used to support efforts in abuse prevention, education, enforcement, and research. The AAFP's policy recommends state and national partners work to improve the functionality, utility, and interoperability of PDMPs, and develop best practices for their use and implementation.

A 2014 Health Affairs report [indicated](#) that only 53% of doctors reported using a prescription drug monitoring program and found difficulties accessing data. Inconsistent state standards also pose a challenge for PDMP interoperability. States have varying laws regulating various aspects of their PDMPs. Different substances are monitored by different PDMPs, some states only monitor [Schedules](#) II-IV and others monitor Schedule II-V. Additionally some states require data on certain non-controlled or non-scheduled substances such as products containing acetaminophen.

In response to concerns about the administrative burden PDMPs create, 43 Governors signed a [Compact to Fight Opioid Addiction](#) which included a commitment to integrate PDMPs into electronic health records. These efforts are consistent with the Centers for Disease Control and Prevention's (CDC) [recommendations](#). The CDC has provided analysis regarding priority reforms for usability, best practices, including the integration of PDMPs into electronic health record systems, permitting prescriber and dispenser delegates, and streamlining the PDMP registration process. Nevertheless, the CDC needs legal authority to provide more direct assistance.

The AAFP urges Congress to approve the *Creating Opportunities that Necessitate New and Enhanced Connections that Improve Opioid Navigating Strategies (CONNECTIONS) Act (HR 5812)*, a bill authored by Reps. Morgan Griffith (R-VA) and Frank Pallone (D-NJ). It would authorize the CDC to provide technical assistance to improve state-based systems, data collection, and interoperability.

*For more information, contact the American Academy of Family Physicians' Office of Government Relations at 202-232-9033.*