



April 22, 2016

The Honorable Fred Upton
Chairman
House Energy and Commerce Committee
Washington, DC 20515

The Honorable Frank Pallone, Jr.
Ranking Member
House Energy and Commerce Committee
Washington, DC 20510

Dear Chairman Upton and Ranking Member Pallone:

On behalf of the American Academy of Family Physicians (AAFP), representing 120,900 family physicians and medical students nationwide, I write to express our appreciation for the efforts of the Energy and Commerce Committee to move legislation to help address the opioid and drug abuse crisis facing our nation. 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. As you prepare for the full Committee consideration of several bills aimed at preventing prescription opioid misuse and treating addiction, we wanted to comment on the pending legislation.

We support the *Opioid Use Disorder Treatment Expansion and Modernization Act* drafted by Reps. Larry Bucshon, MD (R-IN) and Paul Tonko (D-NY), to expand access to medication-assisted treatment (MAT). The AAFP has long supported increasing the cap on the number of patients an individual physician can treat for opioid addiction with MAT. The AAFP opposes this current MAT limit and recognizes that there are too few physicians to provide this treatment in spite of the serious problem of opioid addiction. Qualified, willing physicians should be allowed to treat as many as 250 patients as called for in the unnumbered draft legislation.

The *Reducing Unused Medications Act* (HR 4599) introduced by Reps. Katherine Clark (D-MA) and Steve Stivers (R-OH) to clarify when a prescription for a drug listed on Schedule II of the *Controlled Substances Act* (CSA) may be partially filled could contribute to a significant reduction in unused pills in medicine cabinets available for misuse and diversion. According to the Substance Abuse and Mental Health Services Administration, 50.5 percent of people who misused prescription painkillers got them from a friend or relative for free. We agree that partial fill legislation is a wise public policy intervention that would allow the patient to elect to receive a portion of a prescription, and return for either a portion of, or the remainder of the prescription, if the pain persists.

The AAFP also supports the implementation of programs to promote greater access to naloxone. We encourage the implementation of policies which allow licensed physicians to prescribe naloxone to patients using opioids or other individuals in close contact with those patients when clinically appropriate, and as part of the AMA Task Force to Reduce Opioid Abuse, we have produced information for physicians about [naloxone](#). We appreciate that the *Co-Prescribing to Reduce Overdoses Act* (HR 3680) sponsored Rep. John Sarbanes (D-MD)

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would create a grant program for co-prescribing opioid reversal drugs for patients who are at a high risk of overdose. In addition, we support *Lali's Law* (HR 4586) authored by Reps. Bob Dold (R-IL) and Katherine Clark (D-MA), to authorize grants to states for developing standing orders for naloxone prescriptions and educating health care professionals regarding the dispensing of opioid overdose reversal medication without person-specific prescriptions.

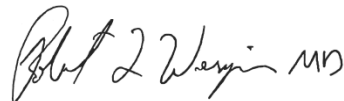
The *John Thomas Decker Act* (HR 4969) jointly sponsored by Reps. Pat Meehan (R-PA), Ron Kind (D-WI), and Marc Veasey (D-TX), would direct the Centers for Disease Control and Prevention to study what information and resources are available to youth athletes and their families regarding the dangers of opioid use and abuse, non-opioid treatment options, and how to seek addiction treatment. We welcome evidence-based information on effective interventions to prevent opioid misuse and addiction in young athletes.

One measure, HR 4641 which seeks to establish an inter-agency task force to review, modify, and update best practices for pain management and prescribing pain medication to impose so-called "best practices" on receiving and renewing registrations for prescribing medications regulated under the CSA, raises very serious concerns for us. The AAFP [opposes](#) 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.

In closing, we would express our support for the authorization of new and sufficient funding to support national efforts aimed at addressing this epidemic. While we agree that policy changes, such as those being developed by the Committee, are needed, we are concerned that the resources available are insufficient to have a meaningful impact on a national scale.

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](#) at 202-232-9033.

Sincerely,



Robert Wergin, MD, FAAFP
Board Chair

cc: Members of the House Energy and Commerce Committee