AMERICAN ACADEMY OF FAMILY PHYSICIANS

STRONG MEDICINE FOR AMERICA

September 6, 2011

The Honorable John D. Rockefeller IV
531 Hart Senate Office Building
US Senate
Washington, DC 20510
VIA FAX

Dear Senator:

On behalf of the 100,300 members of the American Academy of Family Physicians (AAFP), thank you for allowing us to review the *Prescription Drug Abuse Prevention and Treatment Act of 2011 (*S 507). One of the key missions of the AAFP is to protect the health of the public and we are deeply aware of the serious problem of prescription drug abuse and the resulting deaths. The AAFP applauds you on your leadership and would like to work with you on this important public health problem.

In our review, we noted that S 507 includes the following elements:

- Mandatory provider education to receive a Drug Enforcement Administration (DEA) registration number;
- Consumer education about opioid use;
- Creation of the Controlled Substances Clinical Standards Commission to establish opioid guidelines;
- Authorization of $25 million for the National All Schedules Prescription Electronic Reporting (NASPER) Act to establish interoperable prescription drug monitoring programs in each state.

In the AAFP's discussions of your legislation, we focused primarily on our concern about mandatory provider education for DEA registration, as well as our support for funding for NASPER. Consequently, AAFP adopted the following policy:

> *The AAFP opposes legislation or executive action that would require mandatory education of family physicians as a condition for prescribing specific drugs, such as opioids. The AAFP supports programs that would provide funding to all states to monitor "real-time" opioid prescribing and also make this information available across state lines as one way to address the public health problem of prescription drug abuse.*

Let me provide some background on this new policy.

The AAFP has long held the position that "physicians have the right under their medical license to diagnose, prescribe for, and dispense pharmacologic agents or other therapeutic products whenever and wherever it is appropriate."

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Following medical school, family physicians complete a rigorous three-year residency program that includes training in all medical specialties and drug prescribing. In addition, to remain members of the AAFP, family physicians are required to complete 150 credits of continuing medical education every three years. In particular, the AAFP has offered nearly 90 CME activities related to pain since June 2009. Fifteen more activities are scheduled during the AAFP Scientific Assembly this September in Orlando, Florida. In addition, the AAFP has developed a monograph for opioids that is based on guidelines from the American Pain Society and the American Academy of Pain Medicine. The monograph is designed to help our members properly treat patients with chronic pain.

There are two main components to this public health crisis. First is the issue of drug diversion, which requires education of the public on prevention. The second is the misuse of pain medications, whether it be on the part of inappropriate prescribing by a physician, or misuse by the patient independent of whether or not it was appropriately prescribed. Clearly, significant voluntary educational opportunities regarding appropriate prescribing of pain medicines already exist. The AAFP does not believe that requiring additional education will solve the problem of drug diversion.

However, we believe that there are measures that could more effectively address opioid abuse. For example, only a small number of physicians are the "bad actors" in this situation. The AAFP believes licensing boards should deal with them appropriately. In addition, every state should have an effective tracking system capable of identifying its most significant abusers.

Second, we consistently have opposed requirements that would put an additional administrative burden on already overextended family physicians. Our particular concern is that some family physicians would not be able to take the time away from their practice for this extra training and thus would not be able to undergo the training and receive a DEA number. Thus, the unintended consequence could be a decline in access to these drugs for patients who need them. Clearly, this is not our goal, nor is that the goal of the legislation.

Finally, the AAFP also is concerned that the proposals ultimately could restrict opioid prescribing to those physicians specializing in pain management, which simply is not realistic. Right now, nearly one in four of all health care office visits are made to family physicians. That is 208 million visits each year – nearly 83 million more than are made to the next largest medical specialty. And, for patients over age 20, family physicians prescribe more opioids than does any other specialty. As a result, family physicians have a high stake in ensuring that we get the most effective drug treatment for our patients. This accounts for our strong commitment, noted above, to the effective education of our members.

The AAFP strongly supports the bill's provisions relating to the National All Schedules Prescription Electronic Reporting (NASPER) Act, which would increase NASPER's funding to assist states in the development of programs to monitor and share across borders information on opioid prescribing. 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.

To conclude, the AAFP will continue to work with you on this critical and complex public health issue. We, too, wish to see the end of deaths due to the abuse and misuse of prescription drugs – these are our patients and members of our communities.

Thank you again for the opportunity to review your legislation. We look forward to working with you on addressing the problem of prescription drug abuse.

Sincerely,

Roland Goertz, MD, FAAFP
President