



April 1, 2019

U.S. Department of Health and Human Services
Office of the Assistant Secretary for Health
200 Independence Avenue SW
Room 736E
Washington, DC 20201

Submitted Electronically

RE: Docket No. HHS-OS-2018-0027; Request for Public Comments on the Pain Management Best Practices Inter-Agency Task Force Draft Report on Pain Management Best Practices: Updates, Gaps, Inconsistencies, and Recommendations

The American Academy of PAs (AAPA), on behalf of the more than 131,000 PAs (physician assistants) throughout the United States, appreciates the opportunity to provide comments to the Department of Health and Human Services (HHS) regarding best practices in pain management in the context of the current epidemic of opioid abuse and addiction, and potential steps that HHS might consider in moving forward.

As HHS is aware, the abuse, diversion, morbidity, and mortality associated with the opioid epidemic are devastating families and communities across our nation. According to the Centers for Disease Control and Prevention (CDC), the most recent data estimates that on average 192 Americans die every day from a drug overdose. While the overall number of prescription opioid overdoses in America has stabilized recently, it now appears poorly designed policies restricting patients access to opioid medications have led to dangerous, unintended consequences - it has become cheaper and easier for many individuals who are dependent on opioids to turn to heroin, fentanyl, or other illicit substances to achieve similar effects.

AAPA supports initiatives to prevent opioid addiction before it occurs through the use of safe prescribing practices, careful patient monitoring, and thorough screening for potential abuse. AAPA also believes the current epidemic will not improve without enlisting the help of additional providers to treat those who are already addicted. Therefore, AAPA supports initiatives to strengthen provider training in the areas of pain management, safe prescribing practices, and treatment of patients who are already struggling with addiction.

Background on PA Education and Practice

PAs are one of three types of health care professionals, including physicians and nurse practitioners, who are recognized by the Medicare program to provide primary medical care in the United States.

PAs practice and prescribe medication in all 50 states, the District of Columbia, and all U.S. territories. They manage the full scope of patient care, often handling patients with multiple comorbidities. In their normal course of work, PAs conduct physical exams, order and interpret tests, diagnose and treat illnesses, assist in surgery, and counsel on preventative health care. The rigorous education and clinical training of PAs enables them to be fully qualified and equipped to manage the treatment of patients with acute and chronic pain, in addition to opioid addiction.

PAs currently have the authority to prescribe up to Schedule III controlled substances needed by their patients in 49 states and D.C.; 46 states and D.C. authorize PAs to prescribe Schedule II medications. In some states, PAs have been authorized to prescribe controlled medications for more than 30 years. Once granted, no state has ever rescinded PA authority to prescribe controlled medications. There has been no record of increased liability or malpractice claims due to PA prescribing of scheduled drugs, and professional liability insurers have not increased premiums when PAs have been granted authority to prescribe controlled medications.

Education for Prescribers – Section 3.2.3

AAPA agrees with the report’s conclusion that currently “there are gaps in pain management understanding and education throughout the medical school curriculum, graduate medical education, residency training, and all levels of other health care providers’ training and education.”

AAPA recommends encouraging all providers who commonly prescribe opioids to obtain continuing medical education (CME) designed to prevent and treat prescription drug abuse among patients being treated for pain.

As such, AAPA has been proactive in ensuring PAs have access to CME and other coursework related to safely prescribing opioid medications, as well as the screening, prevention, and management of prescription drug misuse, and supports initiatives that will provide access to more education opportunities to providers in these areas. This educational content is easily available and offered to PAs online through <https://cme.aapa.org/opioidrems.aspx>.

While AAPA is supportive of efforts to provide more comprehensive opioid education to providers, AAPA does not believe creating federal requirements for additional prescriber education, or setting a mandatory CME threshold, will necessarily lead to better health care outcomes in the fight against the opioid epidemic, and might in fact create unnecessary barriers to care for patients in need of treatment.

Workforce – Section 3.3.3

AAPA agrees that currently “there is a lack of multidisciplinary physicians and other health care providers who specialize in pain.” Furthermore, AAPA supports the draft report’s recommendation to “expand the availability of nonphysician specialists” for the pain management workforce.

The nation is currently facing a provider shortage, and pain management as a specialty is not immune from this looming crisis. The capacity to provide proper treatment for pain is not meeting the current demand for services. PAs are part of the solution to this problem, and any initiatives to address workforce issues and the opioid crisis are more likely to succeed if the considerable abilities of PAs are fully utilized.

Approximately 30,000 PAs practice in the primary care space, where they commonly work with patients who may require treatment for acute or chronic pain. Another 45,000 PAs practicing in surgical specialties and emergency medicine may prescribe opioids to their patients for pain control. These PAs are on the “front lines” of helping patients manage pain and addressing the opioid epidemic for patients in hospitals, private

practices, community health centers, rural health clinics, non-federally qualified public or community health clinics, prisons, behavioral health care facilities, and free clinics.

PAs in the United States have upwards of 400 million patient encounters annually, providing vital access to cost-effective, high quality care. The epidemic's devastation will not improve if all qualified health care providers are not fully utilized to ensure treatment is made available to all those suffering from addiction and putting them on the path to recovery.

As HHS moves forward with initiatives to address the provider shortage, AAPA asks that PAs be included in any workforce proposals.

Review of the CDC Guideline – Section 4

Although AAPA supports utilization of many of the best practices in prescribing opioids that are contained in the *2016 CDC Guideline for Prescribing Opioids for Chronic Pain*, we have long had concerns with several aspects of the Guideline. We are pleased this taskforce reviewed the Guideline and recognizes some of our concerns along with the harm that can result from the inappropriate, mandatory application of the general guideline.

AAPA is pleased the draft report recognizes “there is wide variation in factors that affect the optimal dose of opioids.” Every patient is unique, and decisions regarding therapeutic options and management for pain should be made using best practices and evidence-based guidelines on a case-by-case basis by health care providers.

Also, we appreciate the task force's acknowledgment that the CDC Guideline is not intended to serve as model legislation and that the task force recognizes the shortcomings of broad misapplication of the CDC Guideline. According to the National Conference of State Legislatures, as of October 2018, 33 states have “enacted legislation with some type of limit, guidance or requirement related to opioid prescribing.”¹ AAPA is concerned about the unintended consequences of placing arbitrary limits on the duration of initial opioid pain medication prescriptions. While set limits of three, five or seven days for initial opioid pain medication prescriptions may be suitable for some patients, in other instances such limits may be inappropriately restrictive.

AAPA also agrees that the Guideline should not apply to every patient in every circumstance. Health care providers should be able to use their experience and training and knowledge of the patient and their condition to prescribe the appropriate medication and treatment plan.

AAPA acknowledges the abuse, diversion, morbidity and mortality associated with the misuse of prescription drugs, particularly opioids, are devastating families and communities across our nation, and PAs are committed to doing our part to combat the opioid epidemic. AAPA is also concerned that many Americans suffer chronic pain, for which access to opioids and hydrocodone products are necessary to safely and effectively manage their pain.

¹ <http://www.ncsl.org/research/health/prescribing-policies-states-confront-opioid-overdose-epidemic.aspx>

It is important to remember that the majority of patients who use prescribed opioid medications to treat acute or chronic pain do so without incident, though far too many unfortunately become dependent on them over time. AAPA believes a balance must be maintained between fighting opioid abuse and ensuring patients who need opioids for pain management are able to access them.

AAPA appreciates the work that HHS has done in assembling this draft report and reviewing the impact of the Guideline, however more work is necessary to monitor and mitigate the impact of the misapplication of the Guideline.

Conclusion

Regarding any other initiatives that HHS may consider in the future to combat the opioid epidemic, AAPA supports working with all relevant health care provider groups in order to ensure all actions undertaken are supported by evidence-based science and are consistent with the best medical practices.

The opioid crisis is a serious health epidemic affecting families and communities across America. PAs stand ready to work as partners with other health care professionals, Congress, states, community leaders, law enforcement, and our patients to address the many challenges and complexities arising from this crisis and the efforts to fight it.

AAPA very much appreciates the work Secretary Azar and HHS are doing to combat the opioid epidemic in our nation, and we look forward to working with HHS and all relevant actors to treat this issue. Please do not hesitate to contact Tate Heuer, AAPA Vice President, Federal Advocacy, at 571-319-4338 or theuer@aapa.org, with any questions.

Sincerely,

A handwritten signature in black ink, reading "Jonathan E. Sobel". The signature is fluid and cursive, with the first name being the most prominent.

Jonathan E. Sobel, DMSc, MBA, PA-C, DFAAPA, FAPACVS
President and Chair of the Board