AMERICAN PSYCHIATRIC ASSOCIATION

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March 29, 2019

Alicia Richmond Scott
Designated Federal Officer
Pain Management Best Practices Inter-Agency Task Force
U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 736E
Washington, DC 20201

RE: Docket Number: HHS-OS-2018-0027 – Comments in Response to the Draft Report on Pain Management Best Practices: Updates, Gaps, Inconsistencies, and Recommendations

Dear Ms. Scott,

On behalf of the American Psychiatric Association (APA), the medical specialty society representing over over 38,500 physicians who specialize in the treatment of mental illnesses, including substance use disorders, thank you for the opportunity to provide comments for consideration by the Pain Management Best Practices Inter-Agency Task Force. We appreciate the Task Force's urgency in responding to this national public health crisis and developing the Draft Report on Pain Management Best Practices: Updates, Gaps, Inconsistencies, and Recommendations. We are pleased to submit the following feedback in response to the Task Force's drafted report.

The APA is committed to working with the Administration and the states to help provide education, training, and support to address the crisis. Currently, we are an active partner in the Substance Abuse and Mental Health Services Administration's (SAMHSA) Providers' Clinical Support System and the State Targeted Response Technical Assistance Consortium. Through both of these programs, we have trained thousands of psychiatrists and other physicians at the local level to provide evidence-based practices in prevention, treatment, and recovery of opioid use disorder.

Pain Management and Prescriber Requirements

We are encouraged to see the draft report includes a focus on research to better assess pain in patients and interventions to reduce the misuse of opioids. As we address this crisis, we recognize that a balance must be struck in assessing the risks of opioids, while also maintaining access for patients with acute or terminal pain benefit from these drugs. Our concern is always patient safety, but we want to ensure that interventions do not interfere with the physician-patient relationship and a doctor's ability to help manage his or her patients' needs. **Any proposed interventions to reduce opioid misuse should not impose burdensome requirements on prescribers, such as prior authorizations and additional paperwork, which typically lead to less time with patients. Additionally, we encourage the Task Force**

to study pharmacy-based interventions, as any proposed intervention should not enable pharmacies to dictate how providers prescribe treatment, nor keep patients from getting their prescriptions filled.[1]

We support the Task Force's recommendation to identify strategies to improve the interoperability of Prescription Drug Monitoring Programs (PDMP) across state lines, but want to underscore that any effort should build upon the existing state-built PDMPs. Forty-nine states and the District of Columbia currently operate PDMPs[2] tailored to their specific state needs, and we encourage collaboration with state leaders to leverage the local infrastructure for better communications across state lines. One concern we have about the current reporting standards in PDMPs is that not all dispensed medications, such as methadone, have to be reported. If a provider does not realize that such information is not included, and the provider does not obtain a full history from the patient, the provider may inadvertently prescribe medication that could interact with the medication not reported in the PDMP and harm the patient. **We recommend that all PDMPs include a notice to providers that clearly states the drugs excluded from the program so providers can better understand the limitations of the reported information.**

Safe Disposal

We support the Task Force's recommentaiton to increase public awareness of poison center services as a resource and to increase opportunities for safe drug disposal. The latest National Survey on Drug Use and Health reported that among people aged 12 or older in 2017 who misused prescription pain relievers in the past year, the most common source for the last pain reliever that was misused was from a friend or relative.[3] **The APA encourages the federal government to continue to engage the public on safe disposal education, such as the Drug Enforcement Agency's Take Back Days, where people can turn in unused or expired prescription medications for safe disposals.** Given the growing participation from year to year, we know that these designated days serve as a reminder to people about the importance of proper disposal and provides communities across the country an opportunity to prevent addiction and overdose deaths. In communities where local health departments partner with law enforcement, these designated days also present an opportunity to engage individuals about substance use disorder treatment.

Overdose Prevention and Nalaxone

The APA supports the report's focus on expanding access to naloxone, given the mounting evidence that it can save lives and it is a critical public health tool that should be widely available to communities around the country. **To better coordinate its distribution and effectiveness to save lives, we encourage the Task Force to recommend further study of the general public's understanding of the medication and the impact of standing pharmacy orders, which would allow all individuals to obtain this medication without a prescription.** Additionally, it is critical to identify trends in fatal and non-fatal overdoses, and

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[1] "Position Statement on Legislative Attempts Permitting Pharmacists to Alter Prescriptions." American Psychiatric Association. 2017.

[2] Vestal, Christine. "In Opioid Epidemic, States Intensify Prescription Drug Monitoring." December 2017.

[3] Rebecca Ahrnbrak et al., "Key Substance Use and Mental Health Indicators in the United States: Results from the 2016 National Survey on Drug Use and Health." September 2017.

we urge you to consider that patients are particularly vulnerable following an overdose and transitioning from care, for example, from the emergency room, jail,[4] or rehabilitation[5]. We recommend the research include a focus on best practices for warm handoffs to connect patients with a heightened risk of overdose to the community resources they need.

The APA stands at the ready to join the Task Force in its efforts to combat this public health crisis and we thank you for your ongoing efforts. If you have questions, or if we can be of further assistance, please contact Kathy Orellana, Associate Director of Practice Management and Delivery Systems Policy, at korellana@psych.org or 202-559-3911.

Sincerely,

Saul Levin, MD, MPA, FRCP-E
CEO and Medical Director

[4] Sarah E. Wakeman BA, Sarah E. Bowman BA, Michelle McKenzie MPH, Alexandra Jeronimo BA & Josiah D. Rich MD, MPH(2009). "Preventing Death Among the Recently Incarcerated: An Argument for Naloxone Prescription Before Release." *Journal of Addictive Diseases*, 28:2, 124-129.

[5] Wines JD, Saitz R, Horton NJ, Lloyd-Travaglini C, Samet JH. "Overdose after detoxification: a prospective study." *Drug Alcohol Depend*. 2007; 89:161–9.