

# PAIN CARE COALITION

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*A National Coalition for Responsible Pain Care*

**American Academy of Pain Medicine • American Pain Society  
American Society of Anesthesiologists**

April 11, 2018

The Honorable Lamar Alexander, Chair  
And  
The Honorable Patty Murray, Ranking Member  
Committee on Health, Education, Labor and Pensions  
United States Senate  
Washington, DC 20510

Re: Committee "Discussion Draft" of OCRA 2018

Dear Senators Alexander and Murray:

The Pain Care Coalition applauds your bipartisan effort to advance legislation further addressing the nation's opioid-related problems, including specific provisions that address core issues for pain care practitioners, researchers and educators. The Coalition is pleased to offer these specific comments on several sections in the "discussion draft" released last week.

## **Section 201—Advancing Cutting Edge Research**

The Coalition has previously endorsed S. 2406, your Ace Research Act, and thus enthusiastically supports its inclusion in this legislation. Along with important recent funding increases for both pain and addiction research at NIH, the additional flexibility provided to the NIH Director can help speed research in the basic science of pain as well as drug development in the search for non-opioid and non-addictive pain medications.

## **Section 302—Clarifying FDA Packaging Authorities**

The Coalition does not share the enthusiasm of others for the potential of standard duration blister packs or similar packaging approaches for controlled substances, thus we encourage both the Committee and the FDA to proceed cautiously in this area. Unlike the packaging of antibiotics, where blister packs encourage the patient to use the full prescription, we favor approaches like "partial fill" prescriptions which encourage the patient, in many instances, to use less than the full prescription. While the Coalition shares the Committee's concern for the accumulation of unused medications in America's medicine

cabinets, we think a focus on safe disposal is more likely to achieve long term results.

### **Section 501—Study on Prescriber Limits**

The Coalition supports this provision and believes it appropriately designates DHHS as the lead agency to conduct the study. As is often the case, the states are serving as “laboratories of experimentation,” adopting a variety of approaches to limit the supply of opioids. We expect that some of these approaches will produce unintended consequences, and to the extent some may “overshoot the mark,” will limit clinical discretion in a manner that is adverse to quality patient care. The Coalition thinks those risks are particularly high in the case of state laws that impose “one size fits all” limits on initial prescriptions for acute pain in post-surgical settings. Thus, the Coalition strongly supports a thorough and unbiased review of these issues before they become even more wide-spread, and certainly before any serious consideration of establishing prescribing limitations at the federal level.

### **Section 502—Program for Education and Training in Pain Care**

The Coalition strongly supports the reauthorization of section 759 of the Public Health Service Act. The Coalition championed this modest training grant program when first proposed in the 109<sup>th</sup> Congress, and worked hard for its ultimate enactment in the 111<sup>th</sup>. Unfortunately, despite broad bi-partisan support for the original authorization, the program was never funded. We look forward to working with you to ensure that, once it is reauthorized, this important program is funded and fully implemented.

### **Section 503—Education and Awareness Campaigns**

This provision would revise a number of features of Section 102 of the 2016 CARA legislation. While the Coalition believes many of these revisions are beneficial, the Coalition recommends that Congress prioritize support for ongoing initiatives such as implementation of DHHS’ 2016 National Pain Strategy. The Coalition does not believe that the CDC is the appropriate agency to lead the design and implementation of either provider or public education campaigns. The Assistant Secretary for Health at DHHS, with considerable assistance from NIH, other HHS agencies, and private sector experts, has already developed appropriate parameters for both public and provider education in pain management, and we think that office should take the lead in implementing CARA section 102 in a manner that is consistent with the National Pain Strategy.

### **Section 505—Preventing Overdoses of Controlled Substances**

This provision would focus additional federal resources on the improvement of state Prescription Drug Monitoring Programs (“PDMPs”). We believe many of its specific provisions could prove beneficial. However, as with our concerns on Section 503, the Coalition does not support designation of the

CDC as the lead agency for federal PDMP-related efforts. The Coalition could instead support leaving responsibility with SAMHSA so as to be consistent with that agency's responsibility for the NASPER program, which remains the only federal PDMP effort with a clear Congressional authorization in statute, and one which has enjoyed strong bipartisan and bicameral support. An alternative worthy of the Committee's consideration would be to consolidate all PDMP efforts in the HHS Secretary's office so as to raise the visibility and priority of these efforts in the Department, ensure consistency with the National Pain Strategy, and take better advantage of the expertise resident in the Office of the National Coordinator for Health Information Technology ("ONC").

In the long run, the Coalition believes that PDMPs can achieve their full potential only if there is adequate and consistent federal funding through NASPER and greater national uniformity in program design and operation. The latter would be greatly enhanced by adoption of a national patient identifier and consistent data sets that would facilitate greater integration of prescribing data into the "real time" clinical electronic health record. Future improvements of this nature may also argue for considering a closer alignment of PDMP-related efforts with other health IT initiatives led by ONC.

The member societies of the Coalition represent tens of thousands of health care professionals dedicated to improving pain care, research and education. Its members appreciate the opportunity to express these views, and stand ready to work with you and your colleagues to advance our common objectives.

Respectfully submitted,



Robert E. Wailes MD  
Chair

CC: HELP Committee Members