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ONE HUNDRED FOURTEENTH CONGRESS

Congress of the United States

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January 21, 2016

Dr. Thomas R. Frieden
Director
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30329-4027

Dear Dr. Frieden:

We would like to thank the Centers for Disease Control and Prevention (CDC) for your continued leadership in combating our nation's opioid epidemic. We are encouraged by the agency's recent work in the development of prescribing guidelines for the use of opioids in treating chronic non-cancer pain. We believe your efforts represent an important step towards protecting the health of our nation from the unfolding opioid crisis, which now affects millions of Americans.

As you are well aware, our nation is in the midst of an opioid abuse and overdose crisis. In a study released earlier this month in the CDC's own publication, the Morbidity and Mortality Weekly Report, researchers reported that, "more persons died from drug overdoses in the United States in 2014 than during any previous year on record."[1] The sharpest increases were seen in overdose deaths involving opioids commonly prescribed by our nation's healthcare providers. More specifically, the Schedule II prescription drugs such as morphine, oxycodone, and hydrocodone were cited as key drivers fueling the increase.[2]

A key factor impeding our efforts to address this crisis is the sheer volume of opioids that circulate in our communities every day. We cannot deny the reality that overprescribing has played a central role in fueling this epidemic. Between 2000 and 2010, there was a fourfold increase in prescribed opioids for the treatment of pain.[3] In 2012, 259 million prescriptions for

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[1] Centers for Disease Control and Prevention, *Increases in Drug and Opioid Overdose Deaths—United States, 2000-2014*, Morbidity and Mortality Weekly (Jan. 1, 2016).

[2] *Id.*

[3] Substance Abuse and Mental Health Services Administration, *SAMHSA Opioid Overdose Prevention Toolkit* (2014).

opioids were written, enough for every adult in America to have a bottle of pills. This increase in opioid prescriptions has been mirrored by a fourfold increase in opioid-related overdose deaths: between 1999 and 2013, the death rate from prescription opioids more than quadrupled.[4] In 2013, approximately 46 Americans died of opioid overdoses each day.

In order to be effective, efforts to address national opioid overprescribing must address a broad swath of prescribers, including primary care physicians. Although it may be easy to blame "pill-mills" for the crisis, high volume prescribers are not alone responsible for the high national volume of opioid prescriptions.[5] A recent study of Medicare Part D prescribing patterns found that although there is variation between specialties, twenty-five specialties contributed to approximately 1.2 billion Schedule II opioid claims in 2013.[6] Additionally, although opioid prescriptions are concentrated in specialty services such as pain, anesthesia, and physical medicine, by sheer volume, total prescriptions are dominated by primary care practitioners.[7]

Additionally, opioid prescribing patterns vary tremendously not only between different communities, but also within local groups of healthcare providers.[8] According to the CDC, regional differences in prescribing patterns cannot be explained by differences in population status or the prevalence of the conditions these drugs are used to treat.[9] This highlights what appears to be a lack of consensus among providers on how to prescribe opioid pain medications.

In addition to the significant risk of overdose, opioids present serious risks of abuse and addiction. According to the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Drug Use and Health Survey, nearly two million people abused or were dependent on prescription opioid medications in 2014.[10] Sadly, even when abuse occurs,

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[4] Nora D. Volkow et al., *Medication-Assisted Therapies – Tackling the Opioid Overdose Epidemic,* New England Journal of Medicine (May 29, 2014).

[5] Centers for Disease Control and Prevention, *Vital Signs: Opioid Painkiller Prescribing* (July 2014).

[6] Jonathan H. Chen et. al., *Distribution of Opioids by Different Types of Medicare Prescribers,* JAMA Internal Medicine (Dec. 14, 2015).

[7] *Id.*

[8] Centers for Disease Control and Prevention, *Opioid Painkiller Prescribing Varies Widely Among States* (July 1, 2014) (online at www.cdc.gov/media/releases/2014/p0701-opioid-painkiller.html); Allison Lange et. al., *Variability in Opioid Prescription Monitoring and Evidence of Aberrant Medication Taking Behaviors in Urban Safety-Net Clinics*, Pain (Feb. 2015).

[9] Centers for Disease Control and Prevention, *Clues to Opioid Abuse From State Prescription Drug Monitoring Programs* (Oct. 15, 2015) (online at www.cdc.gov/media/releases/2015/p1015-opioid-abuse.html).

[10] Substance Abuse and Mental Health Services Agency, *Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health* (Sept. 2015).

research shows that the condition often goes unrecognized. A recent study found that, amongst patients that experience nonfatal overdoses, 91 percent continued to receive opioid prescriptions.[11] Of these survivors, 71 percent continued to receive narcotic prescriptions from the same provider who treated them before the overdose.[12] It is clear that practitioners would benefit from guidance to assist in the identification of opioid misuse and abuse disorders, as well as safe prescribing for patients experiencing pain.

Given these realities, we applaud CDC's efforts to develop clinical guidance for practitioners dispensing opioids in their treatment of chronic non-cancer pain. While these guidelines will not be mandatory or binding, we believe they can provide useful guidance to primary care practitioners to help ensure patients have access to safer, more effective chronic pain treatment while reducing the number of people who misuse, abuse, or fall victim to fatal overdoses from opioids.

Additionally, we are pleased to see that the guidelines have been opened for public comment. The interaction between individual physician practice, patient perception, and public health is incredibly complex and the input of both medical experts and the general public is not just warranted, but necessary. Nevertheless, because of the continued urgency of this unfolding crisis, we would stress that there is need to get guidance based on the best available science to prescribers in a timely manner.

We would like to thank the CDC for their efforts on this difficult undertaking and for recognizing the unfolding opioid epidemic as an urgent public health threat. Because every passing day comes with potentially avoidable overdoses across the country, we urge CDC to make issuing final guidelines a top priority. Now that the public comment period is complete, we also urge the CDC to review stakeholder feedback promptly and work expeditiously to incorporate, as appropriate, those views and finalize the guidelines.

Again, we thank you for your leadership on this critical challenge. As our nation continues to confront the opioid epidemic, we ask that you carefully consider our request as you move forward.

Sincerely,

Frank Pallone, Jr.

Frank Pallone, Jr.,
Ranking Member

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[11] Marc R. Larochelle et al., *Opioid Prescribing After Nonfatal Overdose and Association With Repeated Overdose: A Cohort Study*, Annals of Internal Medicine (Jan. 5, 2016).

[12] *Id.*