Statement of the

American College of Surgeons

To the Subcommittee on Oversight and Investigations

Committee on Energy and Commerce

United States House of Representatives

RE: Combating the Opioid Crisis: Battles in the States

July 13, 2017

On behalf of the more than 80,000 members of the American College of Surgeons (ACS), we would like to thank you for your leadership in addressing the opioid epidemic. The use and abuse of both prescription and illicit drugs has increased dramatically in recent years and has become a major public health concern. The ACS is committed to working with Congress to address this problem.

Surgeons have a responsibility to minimize their patients' post-operative pain while addressing the societal imperative to avoid overprescribing. There has been wide variation in the limits and restrictions placed on prescribers by payors and state legislatures and we are concerned arbitrary limits could hinder patient care. Overall, we believe that blanket prescribing limits could have a significant impact on patient safety and lead to unnecessary suffering.

Recently, the Food and Drug Administration (FDA) announced plans to require that opioid manufactures provide training to prescribers regarding the impacts of opioids. The ACS strongly feels that any opioid related training or Continuing Medical Education (CME) should come directly from medical specialty societies. This will ensure that all providers have access to the most specialty-specific information regarding opioid prescribing.

The American College of Surgeons is committed to help prevent opioid abuse and addiction in surgical patients. Our guiding principles are outlined below:

- **Promote the use of prescription drug monitoring programs (PDMPs) by requiring the following:**
    - Ensure PDMPs are fully functional and interoperable with electronic health records (EHRs).
    - Establish state/federal grant programs to enhance PDMPs.
    - Reduce barriers to PDMP access by non-physician licensed independent practitioners (LIPs) and physicians' designated agents.

- **Support research and training, developed in collaboration with specialists in pain management, for safe prescribing practices of opioids and non-opioid analgesics by**:
    - Identifying patients at high-risk for opioid addiction, substance use disorder, or an opioid-related adverse drug event.
    - Establishing guidelines for acute pain management of the opioid-addicted patient.
    - Setting expectations and educating patients and caregivers prior to surgery, during discharge, and throughout follow-up.
    - Providing evidence based education and evaluation training programs on opioid and non-opioid alternatives for pain management for the entire surgical team: surgeons, residents and other health professionals.
    - Strengthening post-surgical surveillance by both patients and providers to expand the evidence on use, response to alternative medications, as well as potential issues with long term use of opioids for acute surgical and palliative care patients.

- **Recognize and address issues specific to military veterans by establishing the following:**
    - Fully functional opioid tracking system for patients within the Department of Veterans Affairs (VA).
    - Prescriptions issued at all federal facilities, including the VA, should be trackable to outside treating providers and pharmacists.
    - Expansion of the VA Opioid Safety Initiative.

- **Change the direct relationship between provider reimbursement and patient pain control by:**
    - Detaching questions regarding pain management on patient satisfaction surveys from physician reimbursement.
    - Examining the impact of insurer and state-based government regulations on prescribing practices and patient experience.

- **Support patient safety legislation that includes the following:**
    - Exemptions for the postoperative and/or injured surgical patient who are expected to require opioid analgesics for more than 7 days.
    - Exceptions from prescriber mandates for patients undergoing cancer treatment, cancer rehabilitation, or palliative care.
    - E-prescribing of controlled substances to improve tracking, reduce opportunities for fraud, and limit episodes where patients in pain are without relief.
    - Partial filling of opioid prescriptions.
    - Disposal programs to prevent misuse or diversion of an unfinished prescription.

We look forward to working with you to end the opioid crisis and ensure that all patients receive the most appropriate and highest quality care. If ACS can be helpful or if you have any questions, please contact Justin Rosen in the ACS Division of Advocacy and Health Policy at 202-672-1528 or jrosen@facs.org.