Evaluation of the Final Report of the President's Commission on Combating Drug Addiction and the Opioid Crisis

Prepared by ACP's Division of Governmental Affairs and Public Policy
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Commission Report Recommendation	ACP Policy Statement
5. The Commission recommends the Administration fund and collaborate with private sector and non-profit partners to design and implement a wide-reaching, national multi-platform media campaign addressing the hazards of substance use, the danger of opioids, and stigma. A similar mass media/educational campaign was launched during the AIDs public health crisis.	

7. The Commission recommends that HHS coordinate the development of a national curriculum and standard of care for opioid prescribers. An updated set of guidelines for prescription pain medications should be established by an expert committee composed of various specialty practices to supplement the CDC guideline that are specifically targeted to primary care physicians.	ACP supported the CDC Guideline for the Use of Opioids forq288.29 74.424 256.99 631.15 reW*nBT/F3 1

8. The Commission recommends that federal agencies work to collect participation data. Data on prescribing patterns should be matched with participation in continuing medical education data to determine program effectiveness and such analytics shared with clinicians and stakeholders such as state licensing boards.	ACP Comments: This is a recommendation for federal direction of educational outcomes assessments. Because both prescribing patterns and CME are tracked, there is no current barrier to performing this assessment. That said, if the government chooses to perform this research, we suggest that the analyses must be performed with appropriate study design, directed by or partnered with educational outcomes research scientists.
9. The Commission recommends that the Administration develop a model training program to be disseminated to all levels of medical education (including all prescribers) on screening for substance use and mental health status to identify at risk patients.	Training in screening and treatment of substance use disorders should be embedded in the continuum of medical education. Continuing medical education providers should offer courses to train physicians in addiction medicine, medication-assisted therapy, evidence-based prescribing, and identification and treatment of substance use disorders. Additional comments: Educationally, it would be inappropriate to use a single model training program for all levels of medical education and all prescribers. What is needed is a complete curricular plan that addresses training needs across the learning spectrum. This curricular plan must be profession-driven and evidence based. A federally developed model is unlikely to meet the training needs of all providers. What is instead needed is federal support for professionally developed and targeted curricula.
10. The Commission recommends the Administration work with Congress to amend the Controlled Substances Act to allow the DEA to require that all prescribers desiring to	‡ of positive incentives to encourage physicians to complete educational requirements, such as a waiver of the $550 Drug Enforcement Agency (DEA) registration

be relicensed to prescribe opioids show participation in an approved continuing medical education program on opioid prescribing. 11. The Commission recommends that HHS, DOJ/DEA, ONDCP, and pharmacy associations train pharmacists on best practices to evaluate legitimacy of opioid prescriptions, and not penalize pharmacists for denying inappropriate prescriptions.	fee, for completion of voluntary course(s) to increase the number of physicians who obtain adequate training on pain management and (Joint letter to FDA Commissioner Hamburg LINK) Physicians are obligated by the standards of medical ethics and professionalism to practice evidence-based, conscientious pain management that prevents illness, reduces patient risk, and promotes health. ACP strongly believes that physicians must become familiar with, and follow as appropriate, clinical guidelines related to pain management and controlled substances, such as prescription opioids, as well as nonopioid pharmacologics and nonpharmacologic interventions. (1) **Training in the treatment of substance use disorders should be embedded throughout the continuum of medical education.** Training in screening and treatment of substance use disorders should be embedded in the continuum of medical education. Continuing medical education providers should offer courses to train physicians in addiction medicine, medication-assisted therapy, evidence-based prescribing, and identification and treatment of substance use disorders. (1)
PDMP Enhancements 12. The Commission recommends the Administration's support of the Prescription Drug Monitoring (PDMP) Act to mandate states that receive grant funds to comply with PDMP requirements, including data sharing. This Act directs DOJ to fund the establishment and maintenance of a data-sharing hub. 13. The Commission recommends federal agencies mandate PDMP checks, and consider amending requirements under the Emergency	e. ACP reiterates its support for the establishment of a national PDMP. Until such a program is implemented, ACP endorses efforts to standardize state PDMPs through the federal National All Schedules Prescription Electronic Reporting program. ACP strongly urges prescribers and dispensers to check PDMPs in their own and neighboring states (as permitted) before writing and filling prescriptions for medications containing controlled substances. All PDMPs should maintain strong protections to ensure confidentiality and privacy. Efforts should be

Medical Treatment and Labor Act (EMTALA), which requires hospitals to screen and stabilize patients in an emergency department, regardless of insurance status or ability to pay. 14. The Commission recommends that PDMP data integration with electronic health records, overdose episodes, and SUD-related decision support tools for providers is necessary to increase effectiveness.	made to facilitate the use of PDMPs, such as by linking information with electronic medical records and permitting other members of the health care team to consult PDMPs. (1)
15. The Commission recommends ONDCP and DEA increase electronic prescribing to prevent diversion and forgery. The DEA should revise regulations regarding electronic prescribing for controlled substances.	The ACP recommends the passage of legislation by all 50 states permitting the electronic prescription of all scheduled controlled substances (3) ACP supports an amendment to the Controlled Substance Act to permit electronic transmission of prescriptions of controlled substances using appropriate and reasonable security standards and audit capabilities; and will encourage the Centers of Medicare/Medicaid Services (CMS) and the Drug Enforcement Agency (DEA) to work together to modify the regulation. If this is not feasible, legislation should be passed to allow for a statutory change in the law. (4)
16. The Commission recommends that the Federal Government work with states to remove legal barriers and ensure PDMPs incorporate available overdose/naloxone deployment data, including the Department of u) \ u - U Technician (EMT) overdose database. It is necessary to have overdose data/naloxone deployment data in the PDMP to allow users of the PDMP to assist patients.	e. ACP reiterates its support for the establishment of a national PDMP. Until such a program is implemented, ACP endorses efforts to standardize state PDMPs through the federal National All Schedules Prescription Electronic Reporting program. ACP strongly urges prescribers and dispensers to check PDMPs in their own and neighboring states (as permitted) before writing and filling prescriptions for medications containing controlled substances. All PDMPs should maintain strong protections to ensure confidentiality and privacy. Efforts should be made to facilitate the use of PDMPs, such as by linking information with electronic medical records and permitting other members of the health care team to consult PDMPs. (1)
17. The Commission recommends community-based stakeholders utilize Take Back Day to inform the public about drug screening and	ACP supports a comprehensive national policy

treatment services. The Commission encourages more hospitals/clinics and retail pharmacies to become year-round authorized collectors and explore the use of drug deactivation bags.	enforcement elements. (3)
The Commission recommends that CMS remove pain survey questions entirely on patient satisfaction surveys, so that providers are never incentivized for offering opioids to raise their survey score. ONDCP and HHS should establish a policy to prevent hospital administrators from using patient ratings from CMS surveys improperly.	u # the pain management dimension from the calculation of the Patient- and Caregiver-Centered Experience of Care/Care Coordination domain in the HCAHPS Survey score. (ACP OPPS Hospital Proposed Rule comments LINK)
The Commission recommends CMS review and modify rate-setting policies that discourage the use of non-opioid treatments for pain, such as certain bundled payments that make alternative treatment options cost prohibitive for hospitals and doctors, particularly those options for treating immediate post-surgical pain.	ACP recommends that "physicians must become familiar with, and follow as appropriate, clinical guidelines related to pain management and controlled substances, such as prescription opioids, as well as nonpharmacologic pharmacologics and nonpharmacologic interventions." (1)

U.S. Preventive Services Task Force (USPSTF)
on provider recommendations.

and disclose their compliance strategies for nonquantitative treatment limitations (NQTL) parity. NQTLs include stringent prior authorization and medical necessity requirements. HHS, in consultation with DOL and Treasury, should review clinical guidelines and standards to support NQTL parity requirements. Private sector insurers, including employers, should review rate-setting strategies and revise rates when necessary to increase their network of addiction treatment professionals.	which includes medical services, mental health services, educational services, HIV/AIDS services, legal services, family services, and vocational services, should also be extended to those in need. (1) The ACP recommends that federal and state governments, insurance regulators, payers, and other stakeholders address behavioral health insurance coverage gaps that are barriers to integrated care. This includes strengthening and enforcing relevant nondiscrimination laws. (2)
37. The Commission recommends the National Institute on Corrections (NIC), the Bureau of Justice Assistance (BJA), the Substance Abuse and Mental Health Services Administration (SAMHSA), and other national, state, local, and tribal stakeholders use medication-assisted treatment (MAT) with pre-trial detainees and continuing treatment upon release.	ACP supports the implementation of treatment-focused programs as an alternative to incarceration or other criminal penalties for persons with substance use disorders found guilty of the sale or possession of illicit substances. Treatment of substance use disorders should be made available in a timely manner, including for those in the criminal justice system, as an alternative to incarceration and

such as methadone, buprenorphine, or

	management strategies. (ACP Resolution) Substance use disorders are treatable chronic medical conditions that should be addressed through expansion of evidence-based public and individual health initiatives to prevent, treat, and promote recovery. ACP supports appropriate and effective efforts to reduce all substance use, including educational, prevention, diagnostic, and treatment efforts. In addition, ACP supports medical research on substance use disorders, including causes and treatment. ACP emphasizes the importance of addressing the stigma surrounding substance use disorders among the health care community and the general public. (1)

Key to ACP Policy Sources:

(1) Health and Public Policy to Facilitate Effective Prevention and Treatment of Substance Use Disorders Involving Illicit and Prescription Drugs: An American College of Physicians Position Paper
http://annals.org/aim/fullarticle/2613555/health-public-policy-facilitate-effective-prevention-treatment-substance-use-disorders

(2) The Integration of Care for Mental Health, Substance Abuse, and Other Behavioral Health Conditions into Primary Care: Executive Summary of an American College of Physicians Position Paper
http://annals.org/aim/fullarticle/2362310/integration-care-mental-health-