



AMERICAN ACADEMY OF  
ORTHOPAEDIC SURGEONS

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April 24, 2018

Hon. Lamar Alexander  
Chairman  
Committee on Health, Education, Labor and  
Pensions  
United States Senate  
Washington, DC 20510

Hon. Patty Murray  
Ranking Member  
Committee on Health, Education, Labor and  
Pensions  
United State Senate  
Washington, DC 20510

Dear Chairman Alexander and Ranking Member Murray,

On behalf of more than 34,000 orthopaedic surgeons and residents, the American Association of Orthopaedic Surgeons (AAOS) commends the Senate Health, Education, Labor and Pensions Committee for taking up the Opioid Crisis Response Act of 2018. We believe provisions included in the bill address critical issues in stemming the national opioid epidemic.

To be successful, the various Federal agencies and other stakeholders need to work together to ensure all patients have access to the whole gamut of options that prevent and treat addiction. The AAOS supports research into innovative treatments, increased access to evidence-based treatment, including mental health and substance abuse treatment, the appropriate means of disposing unused medications, better prescription monitoring, and effective education for physicians and patients. To these ends, the AAOS is working on several initiatives – from public service announcements to a pain relief toolkit – to encourage our members to practice safe and effective pain management and treatment.

Here we provide our comments on the Opioid Crisis Response Act of 2018.

### **Storage and Disposal**

The AAOS believes better means of disposing unused opioid analgesics is a critical way to reduce opioid diversion, misuse, and abuse. National Drug-Take Back Events have worked in disposing countless unused medications and several pharmacy chains now offer ways to render medications inert. Certain companies, not involved in pharmaceutical manufacturing, now include a free packet with an FDA-safe chemical blend that, when mixed with a medication, lets patients safely dispose of unused medications in the trash. Requiring manufacturers to include such disposal means is a welcome addition. The AAOS, as part of its Pain Relief Toolkit, includes information for patients on how to properly use, store, and dispose of unused medications.

A significant step in reducing the number of unused opioids was new regulations enacted in September 2014 implementing the Secure and Responsible Drug Disposal Act (Disposal Act) of 2010, which allowed industry registrants to voluntarily become collectors (manufacturers, distributors, reverse distributors, and retail pharmacies). But, because it is voluntary to become a collector, the AAOS believes incentives

to maximize the number of entities that are willing to become collectors would go a long way in reducing the number of unused medications in circulation.

AAOS strongly supports a combination of patient education, chemical means to inactivate medications, and incentivizing drug take-back locations to significantly reduce the chances of opioid diversion and addiction.

### **Novel Pain Management Therapy Research**

Non-narcotic therapies and/or non-pharmaceutical therapies should be considered as first-line treatment options or in combination with judicious opioid use. We support additional research and increased funding for other non-narcotic and/or non-pharmaceutical, including nutritional, alternatives for pain management. In certain instances, these alternatives may be the most clinically appropriate and cost-effective treatment options.

### **Mental Health and Substance Abuse Treatment**

The AAOS commends the committee for including provisions that would help ensure availability of state and federal funding to expand access to chronic opioid use disorder (OUD) treatment following medication-assisted treatment (MAT) clinical guidelines. Surgical patients using opioids preoperatively have higher complications rates, require more narcotics postoperatively, and have lower satisfaction rates with poorer outcomes following surgery, suggesting the potential benefit of psychological and opioid screening with a multidisciplinary approach that includes weaning of opioid use in the preoperative period and close opioid monitoring postoperatively.

Physicians and care providers need to identify patients at greater risk for opioid misuse and abuse (e.g., using the opioid risk tool <http://www.mdcalc.com/opioid-risk-tool-ort-fornarcoticabuse/>), along with patients with symptomatic depression and ineffective coping strategies, prior to elective surgery. Physicians, the public, and policymakers should value interventions to lessen stress, improve coping strategies, and enhance support for patients recovering from injury or surgery.

AAOS supports improving patient access to MAT, including the Food and Drug Administration approved naloxone. According to the World Health Organization (WHO), opioid agonist medication-assisted treatment (OA-MAT) with methadone or buprenorphine is the most effective treatment for OUD. Recent literature analyzing the National Survey on Drug Use and Health (NSDUH) data found OA-MAT capacity has increased in the United States, however, a significant gap between treatment need and capacity remains especially in states with the greatest need for such treatment. The Opioid Crisis Response Act of 2018 fills a critical need.

### **Opioid Packaging, Protocols, and Prescription Limits**

The AAOS commends the committee on including a provision that requires the Secretary of Health and Human Services to study the impacts of the disparate federal and state laws regulating opioid prescription length, quantity, and dosage. Populations vary geographically, and, currently, the literature supports few generalizable pain management protocols for specific procedures and conditions. The AAOS supports standardized protocols, established at the practice level, with the guiding principle that providers prescribe the lowest effective dosage for the shortest duration. As researchers and medical professional organizations determine which pain management methods are most appropriate and effective, variation in prescribing habits will decrease. Meanwhile, these practice-level protocols would set ranges for acceptable dosages and durations for various surgical and non-surgical conditions. Unfortunately, there have been several instances where guidelines or recommendations have been misinterpreted, resulting in situations where patients have faced periods of inadequate pain management.

#### **Prescription Drug Monitoring Programs (PDMPs) and Data Collection**

AAOS supports legislation that would establish minimum standards for all PDMPs, including a uniform electronic format for reporting, increased information sharing and disclosure, minimum standards for interoperability, and making information available to physicians on a timely basis. By ensuring prescription information relating to opioids and other controlled substances is available in an easy-to-read system, interoperable across state lines, and available in a timely manner, prescribers will be able to access the most accurate and up-to-date information to help them make the best clinical decisions for their patients. The AAOS strongly believes that electronic prescribing of medications promotes patient safety. E-prescriptions for all opioids would help not only appropriate use and patient convenience, they would also provide data in a format that could provide better surveillance of excessive, inappropriate, and non-therapeutic prescribing.

#### **Provider and Patient Education**

AAOS believes that medical professional organizations are best situated to provide relevant and meaningful education to its members and patients. Recognizing the urgency of this public health problem and the important roles that physicians have in controlling appropriate use of opioid medications, the AAOS believes that Continuing Medical Education (CME) on opioid safety and optimal pain management strategies will help physicians reduce inappropriate opioid use and misuse, while still providing high quality musculoskeletal care. It is important to recognize that different medical specialties require education tailored to meet the needs of their respective patients and a one-size-fits-all approach poses its own significant challenges. The AAOS is prepared to work with stakeholders to ensure orthopaedic surgeons and patients are equipped with the most up-to-date information and resources.

Again, the AAOS commends the committee for taking critical steps to address the opioid epidemic. Please feel free to contact Catherine Hayes, AAOS Senior Manager of Government Relations (hayes@aaos.org), if you have any questions or if the AAOS can serve as a resource to you.

Sincerely,

A handwritten signature in black ink that reads "David Halsey MD". The signature is written in a cursive, slightly slanted style.

David A. Halsey, MD

President, American Association of Orthopaedic Surgeons

cc: Kristy L. Weber, MD, AAOS First Vice-President  
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