



June 21, 2016

The Honorable Charles Grassley
Chairman, Judiciary Committee
United States Senate
Washington, DC 20510

The Honorable Patrick Leahy
Ranking Member, Judiciary Committee
United States Senate
Washington, DC 20510

The Honorable Lamar Alexander
Chairman, HELP Committee
United States Senate
Washington, DC 20510

The Honorable Patty Murray
Ranking Member, HELP Committee
United States Senate
Washington, DC 20510

The Honorable Bob Goodlatte
Chairman, Judiciary Committee
United States House of Representatives
Washington, DC 20515

The Honorable John Conyers
Ranking Member, Judiciary Committee
United States House of Representatives
Washington, DC 20515

The Honorable Fred Upton
Chairman, Energy and Commerce Committee
United States House of Representatives
Washington, DC 20515

The Honorable Frank Pallone
Ranking Member, Energy and Commerce Committee
United States House of Representatives
Washington, DC 20515

Dear CARA Conference Committee Leaders:

On behalf of the American College of Physicians (ACP), I am writing to urge conferees to resolve their differences between the House and Senate versions of S. 524, the Comprehensive Addiction and Recovery Act (CARA), as well as express our priorities for the final version of this legislation. We urge conferees to complete their work on this important legislation by reaching an agreement on a final bill, that includes the recommendations listed in the letter below, and that can be passed by Congress and signed into law.

The ACP is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 143,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

We applaud the work of the House and Senate in passing their own versions of CARA legislation, consistent with our policies, to address the growing epidemic of opioid and substance use disorders in the United States but we are disappointed in the delay in the process for resolving the differences between these two bills. We urge conferees to work together in a bipartisan fashion and to reach an

agreement on a final CARA bill as soon as possible to help alleviate the suffering of the thousands of individuals who suffer from these addictions.

We ask conferees to include the following recommendations in the final conference agreement. These policies were included in either the House or Senate-passed CARA legislation earlier this year.

- **The development of a federal interagency task force to review, modify, and update, as appropriate, best practices for pain management and prescribing pain medication.** We support sections in the House and Senate CARA legislation that would establish this task force. This advisory body should include representatives from all relevant federal agencies, physicians who prescribe opioids to patients, experts in the field of pain and addiction research, the pain management professional organizations, the mental health treatment community, and pain advocacy groups. We believe that this task force will provide an opportunity for physicians, medical students, and residents to learn about the most appropriate use and dangers of prescription drugs and will provide our physicians with the most current evidence-based practices for treating patients with pain and addiction to opioids. We believe that the best practices developed by this legislation should serve as recommendations for physicians but should not be prescriptive in nature so that physicians may consider the circumstances and unique needs of their patients.
- **Grants to states to expand awareness and education of physicians, patients, health care providers regarding the risks associated with the misuse of opioids.** We support provisions in the House and Senate bills that provide these opportunities to increase public knowledge of the risks associated with opioid abuse. We support the implementation of an education and awareness campaign that shall include information on the dangers of opioid use, detection of early warning signs of addiction, and how to prevent opioid abuse through the safe disposal of prescription medication. ACP supports appropriate educational, prevention, and treatment efforts to reduce all substance abuse.
- **Establish a comprehensive Prescription Drug Monitoring Program (PDMP) to track the dispensing of controlled substances.** ACP supports the establishment of a national PDMP that would analyze and collect data related to the prescribing of controlled substances. Until such a program is implemented, ACP supports efforts to standardize state PDMPs through the federal National All Schedules Prescription Electronic Reporting (NASPER) program. Prescribers and dispensers should check PDMPs in their own and neighboring states (as permitted) prior to writing and filling prescriptions for medications containing controlled substances. All PDMPs should maintain strong protections to assure confidentiality and privacy.
- **Increase availability of opioid overdose reversal drugs.** We support sections in the House and Senate CARA bills that expand access of opioid overdose reversal drugs, such as naloxone, and increase education and training of prescribers who administer these drugs to patients at risk of overdose. We support the provisions in these bills that increase coordination between law enforcement officials and state substance abuse agencies to identify protocols and resources available to potential victims of opioid overdose.

- **Provide alternatives to incarceration to individuals who misuse opioid drugs and other substances to manage their pain.** We support establishing grants to states to develop or expand alternatives to incarceration (such as drug courts or mental health courts) to individuals who misuse opioids or other substances to manage their pain. ACP has advocated for a medical model, as opposed to the criminal justice approach focused on interdiction and incarceration, to address the problem of drug use. ACP believes that treatment and prevention are cost-effective ways to combat the drug abuse epidemic. Interdiction and incarceration are expensive and yield only minimal results. We recognize that drug addiction is a chronic condition that must be treated continuously throughout the life of the user. Aftercare and other support are crucial to keeping people off drugs. Adequate funding must be provided to ensure that treatment is available.
- **Expand the use of “partial fills” to allow patients to receive a portion of an opioid prescription and increase the availability of entities to dispose of unwanted medications.** We support these policies to reduce access to unwanted or unneeded prescriptions of opioid medications. A partial fill for a prescription of a controlled substance will allow patients to limit their use of opioids and reduce their risk of addiction. We recognize that unwanted medication may be easily accessible to individuals who use these drugs without a prescription and understand that these drugs are dangerous if not taken for their intended purpose resulting in serious unintended health consequences

ACP urges the conference committee to move forward with agreement on a final CARA bill that includes ACP’s recommendations to stem the tide of the rising opioid epidemic in this country. If you have any questions, please do not hesitate to contact Brian Buckley at 202-261-4543 or by email at bbuckley@acponline.org.

Sincerely,

Nitin S. Damle MD MS FACP

Nitin S. Damle, MD, MS, FACP
President

cc: Conference Committee Members