American Society of Anesthesiologists®

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June 20, 2018

The Honorable Joe Barton
Vice Chairman, Energy and Commerce Committee
2107 Rayburn House Office Building
Washington, DC 20515

The Honorable Mark Meadows
1024 Longworth HOB
Washington, DC 20515

The Honorable Ann McLane Kuster
137 Cannon House Office Building
Washington, DC 20515

**RE: Support for Barton, Meadows, Kuster, Amendment #16**

Dear Vice Chairman Barton, Congressman Meadows and Congresswoman Kuster:

**On behalf of the American Society of Anesthesiologists (ASA)® and our 52,000 members, we are writing to express our support for the Barton, Meadows, Kuster, Amendment #16, a bipartisan amendment submitted to the House Committee on Rules for H.R. 6, the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act.**

**Amendment #16 Consistent with Current ASA – AAOS Initiative**

ASA commends you for the amendment which supports the development of evidenced-based opioid prescribing for acute pain. The amendment directs the "Commissioner of Food and Drugs to develop high-quality, evidence-based opioid analgesic prescribing guidelines for the indication-specific treatment of acute pain. In developing such guidelines, it would require the Commissioner of Food and Drugs to gather input through a public workshop and comment period, and to provide a report to Congress on how such guidelines will be used to protect the public health."

The Society is pleased this amendment to H.R. 6 would build upon the work our members are already undertaking to develop recommendations around prescribing for acute pain following surgery. ASA has already begun work on a joint initiative with the American Academy of Orthopedic Surgeons (AAOS). We are working to develop a physician-led consensus document, with a clinical focus, that addresses when opioids are necessary for acute pain and the appropriate amount (a range) for different types of surgical procedures. The organizations are focusing on minor, intermediate and major procedures in the initial phases of the effort and will likely expand to other procedures in future phases. ASA and AAOS will also obtain additional stakeholder input and agreement around the recommendations. We welcome the opportunity to work with the FDA on this initiative.

**Appropriate Approach to Prescribing Limits**

ASA supports safe and appropriate opioid prescribing and policies intended to reduce unnecessary opioid use following surgery, including practices that implement opioid-sparing techniques during surgery and utilization of post-operative alternatives to opioids. The amendment to H.R. 6 is a welcomed approach to some of the proposals in Congress to limit opioid prescriptions. Physician anesthesiologists address the unique clinical needs of their patients, managing acute pain before, during and after surgery, as well as those patients suffering from chronic pain. Although physician anesthesiologists are proponents of multimodal analgesia, which enable patients to undergo procedures with fewer opioids and less reliance on opioids after surgery— it is inevitable that opioids remain critical for patients following invasive or complicated surgeries or procedures. Artificial prescribing limits will impact these patients negatively. There is no rigid, one-size-fits all opioid limit that can apply to every individual patient's diagnoses and circumstance.

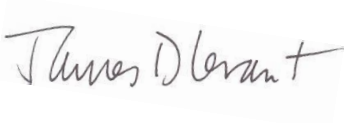
Proper prescribing and dispensing are critical to successfully reducing opioid misuse and abuse. ASA is supportive of the Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain, meant for primary care physicians, not perioperative physicians or to be applied to surgical patients. The Society also understands there is evidence that some patients are still being prescribed opioids, when a non-opioid pain treatment would be more appropriate. ASA strongly believes that perioperative physicians should have flexibility in their practices to prescribe outside of the CDC recommendations when appropriate. The Society is pleased the amendment would advance efforts in the acute pain space that the CDC Guideline does not, and specifically address prescribing guidelines for the indication-specific treatment of acute pain. ASA is supportive of tools or initiatives that serve as a resource for prescribers. However, any initiative that limits prescribing must include explicit language allowing exceptions, so physicians may deviate from those limits if it is in the patient's best interest and the physician documents the rationale.

**Physician Anesthesiologists and Multimodal and Regional Approaches**

As experts in acute pain management, physician anesthesiologists are uniquely positioned to play a key role in addressing the opioid crisis. As some people can experience problems with acute pain following surgery, physician anesthesiologists are already working to address perioperative pain by implementing practices that rely less on opioids and instead employ multimodal and regional anesthetic approaches. In turn, less patients go home with opioids and fewer individuals are exposed to prescriptions in the home, so there is less opportunity for misuse and abuse. Pain medicine specialists also address chronic pain with non-pharmacological methods, including interventional pain therapies.

Thank you for your leadership in addressing the opioid epidemic in communities across the nation. We appreciate the opportunity to express our support. Please do not hesitate to contact Manuel Bonilla, M.S., ASA's Chief Advocacy and Practice Officer (m.bonilla@asahq.org ) or Ashley Walton, J.D., ASA's Pain Medicine and Federal Affairs Manager a.walton@asahq.org) or by telephone at (202) 289-2222 if we can be of further assistance.

Sincerely,



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President
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