Dear Representative,

We commend you for your leadership on the John S. McCain Opioid Addiction Prevention Act (S. 724 / H.R. 1614) and urge your colleagues in Congress to support this important legislation. Opioid abuse continues to plague families and communities throughout the United States, where over 46 people die each day from overdoses involving prescription opioids. Prescription opioids continue to account for more than 35% of all opioid overdose deaths. ²

Since long-term opioid use often begins with treatment of acute pain, the Centers for Disease Control and Prevention (CDC) recommends limiting the duration of exposure to help mitigate the risk of patients becoming addicted to opioids that all too often leads to overdose and death.³ CDC prescribing guidelines advise that while "[t]hree days or less [supply] will often be sufficient; more than seven days will rarely be needed."

The 7-day supply limit for initial opioid prescriptions issued for acute pain established under this legislation sets reasonable limits on first-time opioid prescriptions that are informed by the CDC's prescribing guidelines and additional emerging research,⁴ and serve to reduce the likelihood of misuse, abuse, and diversion that is associated with a longer duration of use. For those rare circumstances for acute pain where the CDC guidelines acknowledge that more than seven days of opioids may be needed, the bill does not prevent prescribers from reevaluating the patient's situation, and issuing an additional prescription.

A new online report published by Journal of the American Medical Association found that the average day supply per opioid prescription has increased in recent years, from 13 to 18 days per prescription between 2006 and 2017.⁵ For patients receiving a first-time opioid prescription, each additional week of opioid treatment is associated with a 20% increased risk for opioid misuse and refills further increase the total risk by 44%. ⁶ Considering this trend and the risk of early

¹ Scholl L, Seth P, Kariisa M, Wilson N, Baldwin G. Drug and Opioid-Involved Overdose Deaths – United States, 2013-2017. Morb Mortal Wkly Rep. ePub: 21 December 2018.

² Ibid.

³ Centers for Disease Control and Prevention; CDC Guideline for Prescribing Opioids for Chronic Pain'; CDC.gov; https://www.cdc.gov/drugoverdose/prescribing/guideline.html

⁴ See for example, https://www.mdedge.com/ccjm/article/178186/pain/how-acute-pain-leads-chronicopioiduse/page/0/1; and Postsurgical prescriptions for opioid naive patients and association with overdose and misuse: retrospective cohort study. Available at https://www.bmj.com/content/360/bmj.j5790; and https://www.jpain.org/article/S1526-5900(17)30157-8/fulltext.

⁵ Lyna Z. Schieber, MD, et. al.; "Trends and Patterns of Geographic Variation in Opioid Prescribing Practices by State." JAMA Network Open. 2019;2(3):e190665.

⁶ Brat GA, Agniel D, Bearn A, et al. (2018). Postsurgical prescriptions for opioid naïve patients and association with overdose and misuse: retrospective cohort study. BMJ, 360: j5790. doi: https://doi.org/10.1136/bmj.j5790.

exposure to higher amounts of opioids, it is imperative that lawmakers adopt policies to promote careful prescribing practices for prescription opioids.

Patients with non-acute pain who require prescription opioids – those with chronic pain or pain associated with cancer care, hospice or other end-of-life care, or palliative (disease-related) care – have continued need for these medications. Critically, this bill takes great care to ensure that patients with these medical conditions who receive opioid prescriptions are <u>not</u> subjected to the 7-day supply limits on initial opioid prescriptions. Under the bill, these patients will have continued access to prescription opioids in quantities that their prescriber deems appropriate to manage their pain. Similarly, this bill also does not limit or impact access to prescription medications containing an opioid that are used for the treatment of addiction.

So far, over 30 states have adopted laws or other policies limiting the maximum day supply that can be authorized on an initial opioid prescription for acute pain, with various exceptions for different categories of pain. To promote consistent patient care and implementation nationwide, we urge Congress to enact this important legislation that will reduce the oversupply of prescription opioids that is contributing to the ongoing opioid abuse crisis.

Sincerely,

Ainsworth Institute of Pain Management Albertsons Companies Alaska Pharmacists Association Alliance of Community Health Plans American Society of Addiction Medicine American Society for Health-System Pharmacists America's Health Insurance Plans Association for Behavioral Healthcare Association for Accessible Medicines Better Medicare Alliance Big Cities Health Coalition Blue Cross Blue Shield Association The Center on Addiction Community Behavioral Health Association of Maryland Connecticut Community Nonprofit Alliance CVS Health Florida's One Behavioral Health Association Food Marketing Institute Health Mart H-E-B Hy-Vee

Illinois Association for Behavioral Health

Massachusetts Pharmacists Association

Minnesota Pharmacists Association

Missouri Pharmacy Association

National Association of Chain Drug Stores

National Council for Behavioral Health

New Jersey Association of Mental Health and Addiction Agencies

New Jersey Psychiatric Rehabilitation Association

New York Association of Psychiatric Rehabilitation Services

The Ohio Council of Behavioral Health & Family Services Providers

Oklahoma Pharmacists Association

Oregon Council for Behavioral Health

Overdose Lifeline, Inc.

Pennsylvania Pharmacists Association

Prime Therapeutics

Rite Aid

Shatterproof

South Carolina Department of Alcohol and Other Drug Abuse Services

Tennessee Association of Alcohol, Drug & other Addiction Services

Treatment Communities of America

Walmart

Walgreens

Washington State Association of Alcoholism & Addiction Programs