April 1, 2019

Alicia Richmond Scott
Designated Federal Officer
Pain Management Best Practices Inter-Agency Task Force
U.S. Department of Health and Human Services
Office of the Assistant Secretary for Health
200 Independence Avenue, SW, Room 736E
Washington, DC 20201

Re: HHS-OS-2018-0027: Request for Public Comments on the Pain Management Best Practices Inter-Agency Task Force Draft Report on Pain Management Best Practices: Updates, Gaps, Inconsistencies, and Recommendations

Dear Ms. Scott:

Thank you for the opportunity to provide insights on the Pain Management Best Practices Inter-Agency Task Force's draft report released on December 28th, 2018. The undersigned organizations applaud the Task Force for work done to date as well as for recommendations that we believe will meaningfully address the opioid epidemic in the United States by increasing patient access to non-opioid therapies.

The draft report acknowledges that "standards recommending the improvement of pain scores, and greater use of opioids… resulted in a liberalization of opioid prescribing." In this sense, the default option for treating pain in the United States is by prescribing opioids.

Many patients receive their first exposure to opioids to help manage postsurgical pain;[i] nearly 9 in 10 surgical patients in the United States receive a prescription for opioids. Many of these patients receive over 100 prescription opioids following a routine surgical procedure[ii] and 3 million patients a year are still persistent opioid users three to six months following their surgery.[iii]

To combat this challenge, the draft report identifies many recommendations that are important to helping patients manage their pain, including those that promote patient choice in pain management, patient access to a wide-array of non-opioid therapies, and individualized pain management plans. We support the draft report's recommendations to increase patient access to non-opioid approaches to pain management (as seen in recommendations 1a, 1b, and 1c in section 2.1.1, recommendations 2a and 2e in section 2.2, recommendation 1c in section 2.5.1, and recommendation 1c under section 3.3.3), which have been demonstrated to reduce overall opioid consumption[iv], improve health outcomes[v],[vi],[vii] , and provide overall health system savings[viii],[ix].

Patients need choices in how they choose to manage their pain. Promoting patient access to care means ensuring patients can choose from the wide array of available effective, medically-

relevant, non-opioid approaches to pain management delivered by a broad array of pain management specialists – including nonphysician specialists, such as advance practice registered nurses, nurses, physical therapists, chiropractors, behavioral health experts, and others. Specifically, we are concerned that the draft recommendations regarding credentialing and education may have the unintended consequence of excluding providers such as Certified Registered Nurse Anesthetists (CRNAs) among others, which may limit the ability of these individuals to provide critical pain management services. Such limitations ultimately impact patients the most, as they limit access to non-opioid options offered by these practitioners.

Accordingly, we support the draft report's recommendations to eliminate some of the hurdles that exist in promoting patient access to a comprehensive set of pain management options, including by promoting increased patient and physician education, promoting the development of individualized pain plans, and facilitating access to treatment regimens via improved reimbursement.

We applaud the work done by the Task Force to date and stand ready to work with the Task Force in finalizing and implementing these recommendations. Thank you for the opportunity to share these thoughts.

Sincerely,
Voices for Non-Opioid Choices
American Alliance of Orthopaedic Executives
American Association of Nurse Anesthetists
American Nurses Association
Center on Addiction
Community Anti-Drug Coalitions of America (CADCA)
Healthcare Leadership Council
National Hispanic Medical Association
National Transitions of Care Coalition
RetireSafe
Students for Opioid Solutions
The Society for Opioid-Free Anesthesia
Will Bright Foundation

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[i] Brummett C, Waljee J. Goesling J, et al. New Persistent Opioid Use After Minor and Major Surgical Procedures in US Adults. JAMA Surg. 2017;152(6):e170504. Doi:10.1001/jamasurg.2017.0504

[ii] Choices Matter: Exposing a Silent Gateway to Persistent Opioid Use. October 2018; Available at: https://www.planagainstpain.com/wp-content/uploads/2018/10/ChoicesMatter_Report_2018.pdf

[iii] Ibid.

[iv] Emerson et al. Comparison of Local Infiltration Analgesia to Bupivacaine Wound Infiltration as a Part of a Multimodal Pain Program in Total Hip Replacement. Journal of Surgical Orthopaedic Advances. Vol 24 No 4. Winter 2015.

[v] Beck DE, Margolin DA, Babin SF, Russo CT. Benefits of a Multimodal Regimen for Postsurgical Pain Management in Colorectal Surgery. Ochsner J. 2015;15(4):408-12.

[vi] Afonso A, Oskar S, Tan KS, Disa JJ, Mehrara BJ, Ceyhan J, et al. Is Enhanced Recovery the New Standard of Care in Microsurgical Breast Reconstruction? Plast Reconstr Surg. 2017.

[vii] Halaszynski T. Influences of the Aging Process on Acute Perioperative Pain Management in Elderly and Cognitively Impaired Patients. The Ochsner Journal 2013. Vol. 13 228-247.

[viii] Asche CV, Ren J, Kim M, Gordon K, McWhirter M, Kirkness CS, et al. Local infiltration for postsurgical analgesia following total hip arthroplasty: a comparison of liposomal bupivacaine to traditional bupivacaine. *Curr Med Res Opin.* 2017;33(7):1283-90.

[ix] Wang MY, Chang HK, Grossman J. Reduced Acute Care Costs with the ERAS Minimally Invasive Transforaminal Lumber Interbody Fusion Compared With Conventional Minimally Invasive Transforaminal Lumber Interbody Fusion. *Neurosurgery*. 2017.