

Congress of the United States
Washington, DC 20515

May 8, 2020

The Honorable Nancy Pelosi
Speaker of the House
U.S House of Representatives
Washington, D.C. 20515

The Honorable Kevin McCarthy
House Minority Leader
U.S. House of Representatives
Washington, D.C. 20515

Dear Speaker Pelosi and Minority Leader McCarthy,

Thank you for your leadership in addressing the public health emergency caused by COVID-19, and your recognition that our work to support Americans through this crisis is not yet over. As we prepare the next phase of our response to the pandemic, we must focus on mitigating the long-term impacts.

Before the first COVID-19 case in the United States, a different epidemic—the opioid crisis—was taking the lives of 130 Americans per day, and that crisis continues. Given that infection epidemics disproportionately affect socially marginalized persons with medical and psychiatric comorbid conditions—characteristics of those with opioid use disorder—we are gravely concerned that COVID-19 will increase already catastrophic opioid overdose rates. While our country has made progress battling the opioid epidemic, the COVID-19 crisis threatens to set back our efforts.

Dr. Nora Volkow, Director of the National Institute on Drug Abuse recently stated in *Annals of Internal Medicine*, “Persons who are isolated and stressed—as much of the population is during a pandemic—frequently turn to substances to alleviate their negative feelings. Those in recovery will face stresses and heightened urges to use substances and will be at greatly increased risk for relapse.”¹

Further, to help deal with the surge of patients suffering from COVID-19, the Centers for Medicare and Medicaid Services recommended that hospitals and providers delay non-essential surgeries until the current pandemic has subsided. As a result, millions of scheduled procedures were delayed. When the pandemic does subside, we expect to see patients and providers rush to reschedule – leading to a large amount of outpatient surgeries performed in a short amount of time, and a potential increase in opioid exposure.

With these factors in mind, we feel it is important to take proactive steps in future stimulus legislation to address the opioid crisis and ensure Americans are protected.

¹ Nora D. Volkow, MD, “Collision of the COVID-19 and Addiction Epidemics,” *Annals of Internal Medicine*,” American College of Physicians, 2 April 2020, <https://annals.org/aim/fullarticle/2764313/collision-covid-19-addiction-epidemics>.

We encourage the House of Representatives to take action on the bipartisan and bicameral legislation, H.R. 5172, the Non-Opioids Prevent Addiction In the Nation (NOPAIN) Act in the next COVID-19 package. This legislation is a simple fix that expands patient and provider access to, and utilization of, non-opioid approaches for acute pain. Inclusion of the NOPAIN Act is a constructive and important action to address barriers to alternative pain management choices in the operating room and postoperatively, thereby helping stem the opioid epidemic across our country by reducing the risk and incidence of opioid use disorder and staunching the flow of opioids into our communities.

We believe it is necessary for Congress to advance policies that remove disincentives for practitioners to provide patients with non-addictive treatments for perioperative pain while not restricting physician choice in the use of opioids when patients truly need them. We strongly urge the inclusion of the NOPAIN Act in must-pass COVID-19 legislation that Congress will soon consider and enact. Thank you for your leadership, and consideration of this request.

Sincerely,

Anthony Brindisi
Member of Congress

Brian Fitzpatrick
Member of Congress

Lucy McBath
Member of Congress

Darren Soto
Member of Congress

Max Rose
Member of Congress

Chris Pappas
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