



June 12, 2020

Robert R. Redfield, MD
Director
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30329

RE: Docket No. CDC-2020-0029: Request for Comment: Management of Acute and Chronic Pain

Dear Director Redfield:

Voices for Non-Opioid Choices (“Voices”) appreciates the opportunity to provide the below response to your agency’s request for comments on the “Management of Acute and Chronic Pain” as posted in the Federal Register on April 17th, 2020. Voices appreciates the timeliness of the request and urges the Centers for Disease Control and Prevention (CDC) to improve acute pain care in this country by fully incentivizing and making available the wide array of safe and effective non-opioid pain management approaches.

In October 2017, President Trump declared the opioid epidemic a public health emergency in the United States.¹ Unlike other public health emergencies, one of the core contributors to this challenge is a legal medication widely distributed across the health care system. The CDC estimates that there were nearly 170 million opioid prescriptions dispensed in the United States in 2018.² As a result, there are billions of opioid pills prescribed every year in the United States.

Unfortunately, the current COVID-19 pandemic threatens to exacerbate this public health emergency. Opioid-related overdoses are, for the first time in three years, on the rise in communities across the country. Now, as states begin to allow elective procedures to be rescheduled, we fear that a sudden influx in surgery-related opioid prescribing could further threaten to derail progress made to date. This makes the CDC’s inquiry on the topic incredibly timely.

Acute pain patients – those afflicted by a short-term pain incident such as an accident, trauma, sports injury, or surgery – are often prescribed over 80 pills to manage their pain, which is significantly more than necessary to manage and control their pain symptoms.³ This results in millions of these patients

¹ Presidential Memorandum for the Heads of Executive Departments and Agencies. Issued on October 26, 2017. <https://www.whitehouse.gov/presidential-actions/presidential-memorandum-heads-executive-departments-agencies/>.

² Centers for Disease Control and Prevention. U.S. Opioid Prescribing Rate Maps. Table 1. Available at: <https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html>.

³ Bicket M, et al. Prescription opioid oversupply following surgery. Journal of American Pain Society 2017.

becoming newly persistent opioid users every year.⁴ Some of these patients will go on to develop opioid use disorder and potentially never recover. This progression is a significant contributing factor to the current U.S. opioid epidemic, and undoubtedly contributes to the 130 Americans who die every day from an opioid-related overdose.⁵

Voices is a nonpartisan coalition dedicated to ensuring patient and provider access to needed, safe, and effective non-opioid pain management therapies through targeted federal policy changes. *Voices* – and our partners – believe that increased patient and provider access to non-opioid approaches will serve several important goals, including:

- Improving care for surgical patients in the United States by allowing them to recover function more quickly and leave the hospital more quickly;
- Reducing overall opioid consumption in the United States and the subsequent risk for persistent use, dependence and addiction;
- Reducing rates of opioid-related adverse events; and subsequently
- Reducing overall U.S. healthcare resource utilization for these patients.

Voices does not advocate for any policy change that would limit access to medically necessary, prescribed opioid pills. Rather, *Voices* believes that we can more effectively and responsibly manage patients' pain by increasing patient and provider choice in pain management decisions and making ***all available, safe, and effective*** pain management approaches available to patients and health care providers.

There is ample research documenting the effectiveness and benefits of utilizing non-opioid pain management approaches for acute pain patients. In fact, studies show that utilizing multimodal pain management protocols, which prioritize the utilization of non-opioid approaches, offer significant improvements to traditional approaches, including:

- Patients reporting lower overall pain scores;⁶
- Patients recovering more quickly after a surgical procedures and spending nearly three fewer days in the hospital after a surgery;⁷
- Reducing overall health system costs for each patient treated using a multimodal protocol;⁸ and

⁴ Brummett CM, Waljee JF, Goesling J, et al. New Persistent Opioid Use after Minor and Major Surgical Procedures in US Adults. *JAMA Surg*. Published online June 1, 2017; 152(6):3170504. doi:10.1001/jamasurg.2017.0504.

⁵ Centers for Disease Control and Prevention. America's Drug Overdose Epidemic – Data to Action. <https://www.cdc.gov/injury/features/prescription-drug-overdose/index.html>.

⁶ 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.

⁷ Wang MY, Chang HK, Grossman J. Reduced Acute Care Costs With the ERAS® Minimally Invasive Transforaminal Lumbar Interbody Fusion Compared With Conventional Minimally Invasive Transforaminal Lumbar Interbody Fusion. *Neurosurgery*. 2017. [epub ahead of print]

⁸ 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.

- Decreasing postsurgical opioid consumption by as much as 78 percent as compared to the traditional approach, with 10 percent of these patients requiring no opioids within 72 hours of their surgery.⁹

In May 2019, the Department of Health and Human Services-led Pain Management Best Practices Interagency Task Force issued a final report detailing recommendations for managing acute and chronic pain. This report included a litany of policy recommendations designed to improve care for acute pain patients, including by making clear the urgent need to increase the availability of non-opioid pain management approaches. In fact, the report went so far as to recommend utilizing such approaches, where appropriate, as a first line therapy for acute patients. To do so, the report recommends:

- Improving reimbursement for non-opioid approaches to acute pain management;
- Facilitating preoperative consultation between patients and providers to develop individualized pain plans; and
- Increasing patient access to the array of highly trained, specialized health professionals in helping patients manage their postsurgical pain.

These recommendations were applauded by *Voices* and many others in the community, including leaders in public health advocacy, patient and provider groups, and representatives of families who have lost loved ones to the opioid epidemic. More information on the support for these recommendations is available [here](#), [here](#), and [here](#).

To date, many of these recommendations have failed to be implemented by HHS and put into practice. **Voices urges CDC to work in partnership with HHS to implement these important recommendations** which will, we believe, improve pain care, significantly decrease the number of pills available in communities for diversion, and reduce unnecessary exposure and potential addiction to prescription opioid pills.

We look forward to working with you and your team on these important issues. Thank you for your consideration of these comments. If you have any questions or want any additional information, please do not hesitate to contact Chris Fox at (202) 466-5524 or chris@nonopioidchoices.org or visit our website at www.nonopioidchoices.org.

Sincerely,
/s/

Chris Fox
Executive Director

⁹ Mont MA, Beaver WB, Dysart SH, Barrington JW, Del Gaizo DJ. Local infiltration analgesia with liposomal bupivacaine improves pain scores and reduces opioid use after total knee arthroplasty: results of a randomized controlled trial. *J Arthroplasty*. 2018;33(1):90-96.