

May 3, 2024: State Advocacy Update



FSMB adopts updated pain-related strategies focused on individualized care

The Federation of State Medical Boards (FSMB) recently adopted revisions (PDF) to its recommendations relating to opioids and pain care at its April 2024 Annual Meeting. The AMA was part of the FSMB Workgroup on Opioid and Addiction Treatment that helped update the proposed “Strategies for Prescribing Opioids for the Management of Pain” (Strategies) over the course of a two-year period.

In a letter (PDF) to the FSMB, AMA Executive Vice President and CEO James L. Madara, MD, explained that the AMA supports the updates and urged the FSMB to adopt the strategies because they:

- Provide clear guidance to boards and physicians about the need for individualized patient care decisions when evaluating, treating and managing care for patients with pain.
- Highlight the importance of patient-physician shared decision-making when considering whether to initiate opioid therapy, taper therapy or take measures to discontinue therapy.
- Emphasize that evaluating the “success” of a treatment plan is multifaceted and could range from functional improvement to improvement in quality of life, as well as reductions in a patient’s decline.
- Recognize that opioid therapy is only one possible facet of comprehensive pain management, but one that can play an important role in care.

“These updated guidelines reflect the vital role of an individualized, patient-centered approach to the treatment of pain,” said Humayun J. Chaudhry, DO, MACP, president and CEO of FSMB. “We are thankful to the AMA for their input in helping the Workgroup develop recommendations that aim to mitigate the risks associated with opioid therapy while ensuring effective pain management.”

According to the FSMB, “The policy will replace the FSMB’s 2017 policy, Guidelines for the Chronic Use of Opioid Analgesics, and is intended to provide state medical boards with an updated resource when evaluating a clinician’s management of pain, to determine whether opioids are used in a manner that is both medically appropriate and in compliance with applicable state and federal laws and regulations.”



The AMA strongly supports medical boards using the 2024 Strategies to replace policies or guidelines based on the FSMB's 2017 policy.

Colorado legislation increases student access to harm reduction measures

With strong support from the Colorado Medical Society and the AMA, Colorado HB 24-1003 (PDF) was signed into law to increase access to opioid-overdose reversal medications and availability of harm reduction supplies in school-based settings.

Key provisions of the bill include:

- Students are allowed to possess and administer opiate antagonists (e.g., naloxone) on school grounds, school buses and school-sponsored events, as well as possess non-laboratory synthetic opiate detection tests (e.g., fentanyl test strips).
- School districts are encouraged to expand upon current policy enabling schools to maintain a supply of and distribute opiate antagonists and adopt policy to maintain a supply of opiate antagonists on school buses.
- Existing civil and criminal immunity is extended to school bus operators who administer an opiate antagonist in good faith.

"The Colorado Medical Society prioritizes child safety. Supporting legislation to distribute opiate antagonists on school buses and to students who receive training reinforces our commitment to protecting every member of our community. Now, with the proper training and legal protections in place, we stand ready to act decisively in opioid emergencies, ensuring the wellbeing of all Coloradans," said Omar Mubarak, MD, MBA, president of the Colorado Medical Society.

Read the AMA support letter (PDF).

DC revises dosing restriction for buprenorphine

After several years of advocacy from addiction medicine physicians and the Medical Society of the District of Columbia (MSDC), the D.C. Department of Health Care Finance (DHCF) recently issued a bulletin removing prior authorization of buprenorphine-containing products (PDF) for doses up to 32mg. The prior dose limit subject to prior authorization was 24mg, and DHCF finally agreed with physicians in D.C. that removing the prior authorization limit was needed given the medical necessity of buprenorphine to treat fentanyl—and that the prior authorizations were overwhelmingly approved anyway.



“As an addiction medicine physician who cares for hundreds of patients in the District of Columbia, I can tell you without hesitation that prior authorization and dosage limits on buprenorphine lead only to delays in care and increased risk of overdose and death,” said Edwin Chapman, MD, who has practiced medicine in the District for 50 years and addiction medicine for half that time. “I am very thankful to DHCF for this decision. It will help save lives.”

“MSDC thanks DHCF for this needed change as an important step to help address a public health crisis,” said MSDC President Ashesh Patel, MD.

In 2023, the American Society of Addiction Medicine published its “Clinical Considerations: Buprenorphine Treatment of Opioid Use Disorder for Individuals Using High-potency Synthetic Opioids” (PDF), which discusses use of buprenorphine doses greater than 24mg.

The AMA strongly supports the DHCF action and patients’ ability to receive buprenorphine doses that exceed dosage limits listed in FDA-approved labeling when recommended by their physician for the treatment of opioid use disorder.

AMA opposes the use of non-FDA approved psychedelics

AMA policy advocates against the use of any psychedelics or entactogenic compound (such as psilocybin or MDMA) to treat any psychiatric disorder except those which have received U.S. Food and Drug Administration (FDA) approval or those prescribed in the context of approved investigational studies. The AMA also continues to urge research and therapeutic discovery into psychedelic and entactogenic agents with the same scientific integrity and regulatory standards applied to other promising therapies in medicine. In addition, the AMA has significant concerns about legislative efforts that circumvent the role of the FDA to ensure the safety of medication options. While research is investigating the use of psychedelic and entactogenic agents for psychiatric and other medical indications, the safety and efficacy of these agents have not yet been fully reviewed by the FDA nor approved for any clinical indication.

State policy efforts have included legalization, decriminalization, and creation of research studies or working groups. Read more.

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