Physicians’ progress toward ending the nation’s drug overdose and death epidemic

Opioid Task Force 2020 Progress Report

This is an executive summary of highlights from the "Opioid Task Force 2020 Progress Report." Download the full report to learn more about this year's recommendations and findings.

In 2014, the American Medical Association convened the AMA Opioid Task Force—more than 25 national, specialty and state medical associations committed to providing evidence-based recommendations and leadership to help end the opioid epidemic.

Progress of task force’s recommendations

These recommendations guide the nation’s medical societies and physicians’ efforts on a daily basis. Physicians have taken significant steps across the board on each of the recommendations.
Increase in drug overdoses is fueling a dangerous epidemic

There are hopeful signs that overdoses related to prescription opioids are decreasing slightly. However, the number of drug overdoses will continue to rise unless more is done to help the more than 2 million Americans with an untreated substance use disorder. Research shows that people who have had at least one overdose are more likely to have another. Removing the barriers for patients to receive evidence-based treatment is a critical first step to helping end the epidemic.

**37.1% decrease in opioid prescriptions**
from 244.5M in 2014 to 153.7M in 2019

**1M+ naloxone prescriptions in 2019**
up from 6,588 in 2015

**64.4% increase in the use of state prescription drug monitoring programs**
in the past year—to 739M queries in 2019

**Hundreds of thousands of physicians accessing continuing medical education and other courses on substance use disorders, treating and managing pain, and more**

**85,000+ physicians and health care professionals** certified to prescribe buprenorphine in-office—an increase of nearly 50,000 since 2017

---

Copyright 1995 - 2021 American Medical Association. All rights reserved.
Policymakers must take meaningful action

Health insurance companies continue to delay and deny access to non-opioid pain care and evidence-based treatment for opioid use disorder, while pharmacy chains, pharmacy benefit managers and state laws continue to inappropriately use arbitrary guidelines to restrict access to legitimate medication that some patients need to help manage their pain.

- 92% of pain medicine specialists said that they have been required to submit a prior authorization request for non-opioid pain care. Physicians and their staff spend hours per day on such requests.
- 72% of pain medicine specialists said that they—or their patients—have been required to reduce the quantity or dose of medication they have prescribed.

Proactive and coordinated approach needed

To date, efforts to combat the epidemic have largely fallen into a reactionary “crisis framework,” which has created too many one-size-fits-all strategies that are less than effective. Going forward, physicians, public health officials, policymakers and health insurance companies must work together to create an integrated, sustainable, predictable and resilient public health system.
Remove barriers and increase patients’ access to evidence-based care

1. Remove prior authorization, step therapy and other inappropriate administrative burdens or barriers that delay or deny care for FDA-approved medications used as part of medication-assisted treatment for opioid use disorder.
2. Support assessment, referral and treatment for co-occurring mental health disorders as well as enforce meaningful oversight and enforcement of state and federal mental health and substance use disorder parity laws, including requiring health insurance companies to demonstrate parity

Copyright 1995 - 2021 American Medical Association. All rights reserved.
compliance at the time of their rate and form filing.

3. Remove administrative and other barriers to comprehensive, multi-modal, multidisciplinary pain care and rehabilitation programs.

4. Support maternal and child health by increasing access to evidence-based treatment, preserving families and ensuring that policies are nonpunitive.

5. Support increased efforts to expand sterile needle and syringe services programs as well as reforms in the civil and criminal justice system that help ensure access to high quality, evidence-based care for opioid use disorder, including medication-assisted treatment.

6. Implement systems to accurately track overdose and mortality trends to provide equitable public health interventions that include comprehensive, disaggregated, racial and ethnic data collection related to testing, hospitalization and mortality associated with opioids and other substances.

Physicians’ progress alone will not end the epidemic. Policymakers, health insurance companies, pharmacy chains and others must move beyond words; they must take meaningful action to remove barriers to evidence-based care. We all need to work together, but the status quo is killing far too many of our loved ones and wreaking havoc in our communities.

—Patrice A. Harris, MD, MA Chair, AMA Opioid Task Force