Whereas, The opioid-overdose epidemic has had a devastating impact throughout the United States and currently claims about 115 lives per day (1); and

Whereas, The Centers for Disease Control and Prevention in August 2018 reported a record 72,000 overdose deaths in 2017 (2); and

Whereas, Medications for opioid use disorder can facilitate recovery and prevent deaths (3); and

Whereas, Great Britain, Canada and Australia have successfully made methadone available by prescription, enhancing access to this valuable therapy (1); and

Whereas, Limited experience in the United States over a 10-year period has demonstrated the success of such a primary care approach for treatment of opioid use disorder (1); and

Whereas, In 2001, there was a six-month randomized controlled trial that supported the success of such a primary care based approach (4, 5); and

Whereas, Enhancing the opportunity for primary care practices to prescribe methadone might increase the availability of such treatment in non-urban populations who lack access to methadone clinics; and

Whereas, AMA Policy H-95.957 supports further evaluation of “…properly trained practicing physicians as an extension of organized methadone maintenance programs in the management of those patients whose needs for allied services are minimal….”; therefore be it

RESOLVED, That our American Medical Association study the implications of removing those administrative and/or legal barriers that hamper the ability of primary care physician practices to dispense methadone, as part of medication assisted treatment (Directive to Take Action); and

be it further

RESOLVED, That our AMA study the implications of working with other Federation stakeholders to identify the appropriate educational tools that would support primary care practices in dispensing ongoing methadone for appropriate patients as part of medication-assisted treatment. (Directive to Take Action)

Fiscal Note: Modest - between $1,000 - $5,000.
Received: 10/31/18
References:

RELEVANT AMA POLICY

Methadone Maintenance in Private Practice H-95.957
Our AMA: (1) reaffirms its position that, "the use of properly trained practicing physicians as an extension of organized methadone maintenance programs in the management of those patients whose needs for allied services are minimal" (called "medical" maintenance) should be evaluated further; (2) supports the position that "medical" methadone maintenance may be an effective treatment for the subset of opioid dependent patients who have attained a degree of behavioral and social stability under standard treatment and thereby an effective measure in controlling the spread of infection with HIV and other blood-borne pathogens but further research is needed; (3) encourages additional research that includes consideration of the cost of "medical" methadone maintenance relative to the standard maintenance program (for example, the cost of additional office security and other requirements for the private office-based management of methadone patients) and relative to other methods to prevent the spread of blood-borne pathogens among intravenous drug users; (4) supports modification of federal and state laws and regulations to make newly approved anti-addiction medications available to those office-based physicians who are appropriately trained and qualified to treat opiate withdrawal and opiate dependence in accordance with documented clinical indications and consistent with sound medical practice guidelines and protocols; and (5) urges that guidelines and protocols for the use of newly approved anti-addiction medications be developed jointly by appropriate national medical specialty societies in association with relevant federal agencies and that continuing medical education courses on opiate addiction treatment be developed by these specialty societies to help designate those physicians who have the requisite training and qualifications to provide therapy within the broad context of comprehensive addiction treatment and management.