

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 229  
(A-19)

Introduced by: American Society of Clinical Oncology  
Subject: Clarification of CDC Opioid Prescribing Guidelines  
Referred to: Reference Committee B  
(Charles Rothberg, MD, Chair)

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1 Whereas, The Centers for Disease Control and Prevention (CDC) published their *Guideline for*  
2 *Prescribing Opioids for Chronic Pain* in 2016 to provide recommendations for the prescribing of  
3 opioid pain medication for patients 18 and older in primary care settings; and  
4  
5 Whereas, The CDC explicitly stated in this guideline that it was developed for primary care  
6 clinicians who prescribe opioids for chronic pain outside of active cancer treatment, palliative  
7 care, and end-of-life care; and  
8  
9 Whereas, By February of 2019, over half of all states had enacted laws in response to these  
10 guidelines that restrict the prescribing or dispensing of opioids for acute pain, codifying 7-day  
11 prescription fill limits into statute<sup>1</sup>; and  
12  
13 Whereas, New Hampshire, Ohio, Oregon, Rhode Island, Utah, Vermont, Virginia, Washington  
14 and Wisconsin have all passed legislation authorizing state regulatory entities to set their own  
15 enforceable opioid prescribing limits or guidelines<sup>2</sup>; and  
16  
17 Whereas, A 2018 study performed by the American Cancer Society Cancer Action Network  
18 (ACS CAN) together with the Patient Quality of Life Coalition (PQLC) showed that nearly half of  
19 cancer patients (48 percent) and more than half of those with other serious illnesses (56  
20 percent) surveyed said their doctor indicated treatment options for their pain were limited by  
21 laws, guidelines or insurance coverage;<sup>3</sup> and  
22  
23 Whereas, The CDC issued a letter to the National Comprehensive Cancer Network (NCCN), the  
24 American Society of Clinical Oncology (ASCO), and the American Society of Hematology (ASH)  
25 on February 28, 2019 clarifying that clinical practice guidelines specific to cancer treatment,  
26 palliative care, and end of life care should be used to guide treatment and reimbursement  
27 decisions regarding the use of opioids as part of pain control in these circumstances<sup>4</sup>; and

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<sup>1</sup> National Conference of State Legislators. Prescribing Policies: States Confront Opioid Overdose Epidemic. NCSL website. <http://www.ncsl.org/research/health/prescribing-policies-states-confront-opioid-overdose-epidemic.aspx> . Published October 31, 2018. Accessed April 19, 2019.

<sup>2</sup> Ibid.

<sup>3</sup> American Cancer Society Cancer Action Network. New Data: Some Measures Meant to Address Opioid Abuse Are Having Adverse Impact on Access to Legitimate Pain Care For Patients. ACS CAN Press Release. <https://www.fightcancer.org/releases/new-data-some-measures-meant-address-opioid-abuse-are-having-adverse-impact-access>. Published July 14, 2018. Accessed April 22, 2018.

<sup>4</sup> U.S. Department of Health and Human Services. CDC Opioid Guideline Clarification Letter. <https://www.asco.org/sites/new-www.asco.org/files/content-files/advocacy-and-policy/documents/2019-CDC-Opioid-Guideline-Clarification-Letter-to-ASCO-ASH-NCCN.pdf>. Published February 28, 2019.

1 Whereas, ASCO and NCCN have each published clinical practice guidelines addressing pain  
2 control for cancer survivors subsequent to the release of the CDC's Guideline for Prescribing  
3 Opioids for Chronic Pain; therefore be it  
4

5 RESOLVED, That our American Medical Association reaffirm Policy D-120.932, "Inappropriate  
6 Use of Centers for Disease Control and Prevention Guidelines for Prescribing Opioids";  
7 (Reaffirm HOD Policy) and be it further  
8

9 RESOLVED, That our AMA incorporate into their advocacy that clinical practice guidelines  
10 specific to cancer treatment, palliative care, and end of life be utilized in lieu of the CDC's  
11 Guideline for Prescribing Opioids for Chronic Pain as per the CDC's clarifying recommendation.  
12 (Directive to Take Action)

Fiscal Note: Not yet determined

Received: 05/01/19

### RELEVANT AMA POLICY

#### **Inappropriate Use of CDC Guidelines for Prescribing Opioids D-120.932**

1. Our AMA applauds the Centers for Disease Control and Prevention (CDC) for its efforts to prevent the incidence of new cases of opioid misuse, addiction, and overdose deaths.
2. Our AMA will actively continue to communicate and engage with the nation's largest pharmacy chains, pharmacy benefit managers, National Association of Insurance Commissioners, Federation of State Medical Boards, and National Association of Boards of Pharmacy in opposition to communications being sent to physicians that include a blanket proscription against filling prescriptions for opioids that exceed numerical thresholds without taking into account the diagnosis and previous response to treatment for a patient and any clinical nuances that would support such prescribing as falling within standards of good quality patient care. A report is due back to the House of Delegates at the 2019 Annual Meeting.
3. Our AMA affirms that some patients with acute or chronic pain can benefit from taking opioid pain medications at doses greater than generally recommended in the CDC Guideline for Prescribing Opioids for Chronic Pain and that such care may be medically necessary and appropriate.
4. Our AMA will advocate against misapplication of the CDC Guideline for Prescribing Opioids by pharmacists, health insurers, pharmacy benefit managers, legislatures, and governmental and private regulatory bodies in ways that prevent or limit patients' medical access to opioid analgesia.
5. Our AMA will advocate that no entity should use MME (morphine milligram equivalents) thresholds as anything more than guidance, and physicians should not be subject to professional discipline, loss of board certification, loss of clinical privileges, criminal prosecution, civil liability, or other penalties or practice limitations solely for prescribing opioids at a quantitative level above the MME thresholds found in the CDC Guideline for Prescribing Opioids.

Citation: Res. 235, I-18