

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 924  
(I-19)

Introduced by: Michigan

Subject: Update Scheduled Medication Classification

Referred to: Reference Committee K

Whereas, Many of the reforms adopted through legislation and the development of guidelines have complicated the prescribing of both opioids and non-opioid scheduled medications; and

Whereas, Substances are placed in their respective controlled substance schedules based on whether they have a currently accepted medical use in treatment in the United States, their relative abuse potential, and likelihood of causing dependence when abused; and

Whereas, Currently, the controlled substance schedules do not differentiate between opioid containing and non-opioid containing controlled substances; and

Whereas, There are options for differentiating opioids from non-opioids such as dividing each schedule into two classes (e.g., 3-O for opioids and 3-N for non-opioids); therefore be it

RESOLVED, That our American Medical Association amend current policy D-120.979, "DEA Regulations and the Ability of Physicians to Prescribe Controlled Medication Rationally, Safely, and Without Undue Threat of Prosecution," by addition as follows:

Our AMA supports ongoing constructive dialogue between the DEA and clinicians, including physicians, regarding: (1) a proper balance between the needs of patients for treatment and the needs of the government to provide oversight and regulation to minimize risks to public health and safety; and (2) potential changes to the controlled substances schedules to make it easier to differentiate opioid containing controlled substances from non-opioid controlled substances within each schedule. (Modify Current HOD Policy)

Fiscal Note: Minimal - less than \$1,000

Received: 10/03/19

## RELEVANT AMA POLICY

### **DEA Regulations and the Ability of Physicians to Prescribe Controlled Medication Rationally, Safely, and Without Undue Threat of Prosecution D-120.979**

Our AMA supports ongoing constructive dialogue between the DEA and clinicians, including physicians, regarding a proper balance between the needs of patients for treatment and the needs of the government to provide oversight and regulation to minimize risks to public health and safety.

Citation: (Res. 836, I-04; Appended: Sub. Res. 502, A-05; Modified: CSAPH Rep. 1, A-15)

### **Promoting Pain Relief and Preventing Abuse of Controlled Substances D-120.971**

Our AMA will:

- (1) urge the Drug Enforcement Administration (DEA) to publicly restate their commitment to balance in promoting pain relief and preventing abuse of pain medications;
- (2) support an ongoing constructive dialogue among the DEA and physician groups to assist in establishing a clinical practice environment that is conducive to pain management and the relief of suffering, while minimizing risks to public health and safety from drug abuse or diversion;
- (3) strongly urge that the DEA's upcoming recitation of the pertinent legal principles relating to the dispensing of controlled substances for the treatment of pain maintain a patient-centered focus, including reaffirmation of its previous interpretation of law to permit practitioners to issue a series of prescriptions marked "do not fill" until a later date; and
- (4) strongly urge that the DEA should promulgate, in consultation with relevant medical specialty societies and patient advocacy groups, a rational and realistic set of FAQs to assist in providing education to health care practitioners and law enforcement and regulatory personnel about appropriate pain management, and measures to be taken to minimize drug abuse and diversion.

Citation: BOT Rep. 3, A-06; Reaffirmation A-13; Reaffirmed: BOT Rep. 19, A-16; Reaffirmation: A-19;

### **Curtailing Prescription Drug Abuse While Preserving Therapeutic Use - Recommendations for Drug Control Policy H-95.979**

Our AMA (1) opposes expansion of multiple-copy prescription programs to additional states or classes of drugs because of their documented ineffectiveness in reducing prescription drug abuse, and their adverse effect on the availability of prescription medications for therapeutic use; (2) supports continued efforts to address the problems of prescription drug diversion and abuse through physician education, research activities, and efforts to assist state medical societies in developing proactive programs; and (3) encourages further research into development of reliable outcome indicators for assessing the effectiveness of measures proposed to reduce prescription drug abuse.

Citation: (BOT Rep. PP, A-89; Reaffirmed: Sunset Report, A-00; Reaffirmed: CSAPH Rep. 1, A-10; Reaffirmation A-15)