AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 212
(A-22)

Introduced by: Michigan

Subject: Medication for Opioid Use Disorder in Physician Health Programs

Referred to: Reference Committee B

Whereas, Physician Health Programs (PHPs) are designed to allow physicians with potentially impairing conditions who either come forward or are referred to be given the opportunity for evaluation, rehabilitation, treatment, and monitoring without disciplinary action in an anonymous, confidential, and respectful manner; and

Whereas, The PHP model is intended to ensure participants receive effective clinical care for mental, physical, and substance abuse disorders and access to a variety of clinical interventions and support; and

Whereas, Currently, physicians referred to PHPs who are diagnosed with opioid use disorder (OUD) involving monitoring or sanctions may be subjected to punitive action by their respective licensing boards; and

Whereas, The stigma associated with illness and impairment, particularly impairment resulting from mental illness, including substance use disorders, can be a powerful obstacle to seeking treatment, especially in the medical community where the presence of this stigma has been described in the literature; and

Whereas, The US Food and Drug Administration recommends approved medications for the treatment of opioid use disorder (MOUD) including methadone, buprenorphine, and naltrexone be available to all patients; and

Whereas, MOUD has been proven to help maintain recovery and prevent death in patients with opioid use disorder (OUD); and

Whereas, It is reported that patients who use MOUD remain in therapy longer than those who do not, and are less likely to use illicit opioids; and

Whereas, A 2019 report from the National Academies of Sciences, Engineering, and Medicine stated that “there is no scientific evidence that justifies withholding medications from OUD patients in any setting” and that such practices amount to “denying appropriate medical treatment,” and that such practices amount to “denying appropriate medical treatment”; and

Whereas, Clinicians should consider a patient’s preferences, past treatment history, current state of illness, and treatment setting when deciding between the use of methadone, buprenorphine, and naltrexone; and

Whereas, Additional considerations apply to health professionals who are actively engaged in, or planning to return to, safety sensitive work; and

Whereas, Treatment programs offering the best possible outcomes are critical to ensuring a pathway to recovery and continuation of clinical practice in a safe and ethical manner with patient protection at the forefront; and

Whereas, The American Society of Addiction Medicine's *Public Policy Statement on Physicians and other Healthcare Professionals with Addiction* includes the recommendation that "Healthcare professionals should be offered the full range of evidence-based treatments, including medication for addiction, in whatever setting they receive treatment. Regulatory agencies (including state licensing boards), professional liability insurers, and credentialing bodies should not discriminate against the type of treatment an individual receives based on unjustified assumptions that certain treatments cause impairment;" therefore be it

RESOLVED, That our American Medical Association reaffirm policy H-95.913, "Discrimination Against Physicians in Treatment with Medication for Opioid Use Disorders" (Reaffirm HOD Policy); and be it further

RESOLVED, That our AMA modify policy D-405.990, "Educating Physicians About Physician Health Programs and Advocating for Standards," by addition to read as follows:

Our AMA will:
(1) work closely with the Federation of State Physician Health Programs (FSPHP) to educate our members as to the availability and services of state physician health programs to continue to create opportunities to help ensure physicians and medical students are fully knowledgeable about the purpose of physician health programs and the relationship that exists between the physician health program and the licensing authority in their state or territory;
(2) continue to collaborate with relevant organizations on activities that address physician health and wellness;
(3) in conjunction with the FSPHP, develop <u>model</u> state <u>legislation and/or</u> legislative guidelines addressing the design and implementation of physician health programs <u>including, but not limited to, the allowance for safe-haven or non-reporting of physicians to a licensing board, and/or acceptance of Physician Health Program compliance as an alternative to disciplinary action when public safety is not at risk, and especially for any physicians who voluntarily self-report their physical, mental, and substance use disorders and engage with a Physician Health Program and who successfully complete the terms of participation</u>;
(4) work with FSPHP to develop messaging for all Federation members to consider regarding elimination of stigmatization of mental illness and illness in general in physicians and physicians in training;
(5) continue to work with and support FSPHP efforts already underway to design and implement the physician health program review process, Performance Enhancement and Effectiveness Review (PEER™), to improve accountability, consistency and excellence among its state member PHPs. The AMA will partner with the FSPHP to help advocate for additional national sponsors for this project; and
(6) continue to work with the FSPHP and other appropriate stakeholders on issues of affordability, cost effectiveness, and diversity of treatment options. (Modify Current HOD Policy)

Fiscal Note: Not yet determined

Received: 04/08/22

RELEVANT AMA POLICY

Disorders (MOUD) H-95.913
1. Our AMA affirms: (a) that no physician or medical student should be presumed to be impaired by substance or illness solely because they are diagnosed with a substance use disorder; and (b) that no physician or medical student should be presumed impaired because they and their treating physician have chosen medication for opioid use disorder (MOUD) to address the substance use disorder, including but not limited to methadone and buprenorphine.
2. Our AMA strongly encourages the leadership of physician health and wellness programs, state medical boards, hospital and health system credentialing bodies, and employers to help end stigma and discrimination against physicians and medical students with substance use disorders and allow and encourage the usage of medication for opioid use disorder (MOUD), including but not limited to methadone or buprenorphine, when clinically appropriate and as determined by the physician or medical student (as patient) and their treating physician, without penalty (such as restriction of privileges, licensure, ability to prescribe medications or other treatments, or other limits on their ability to practice medicine), solely because the physician's or medical student's treatment plan includes MOUD.
3. Our AMA will survey physician health programs and state medical boards and report back about the prevalence of MOUD among physicians under monitoring for OUD, types of MAT utilized, and practice limitations or other punitive measures, if any, imposed solely on the basis of medication choice.
Citation: Res. 001, A-21

Educating Physicians About Physician Health Programs and Advocating for Standards D-405.990
Our AMA will:
(1) work closely with the Federation of State Physician Health Programs (FSPHP) to educate our members as to the availability and services of state physician health programs to continue to create opportunities to help ensure physicians and medical students are fully knowledgeable about the purpose of physician health programs and the relationship that exists between the physician health program and the licensing authority in their state or territory;
(2) continue to collaborate with relevant organizations on activities that address physician health and wellness;
(3) in conjunction with the FSPHP, develop state legislative guidelines addressing the design and implementation of physician health programs;
(4) work with FSPHP to develop messaging for all Federation members to consider regarding elimination of stigmatization of mental illness and illness in general in physicians and physicians in training;
(5) continue to work with and support FSPHP efforts already underway to design and implement the physician health program review process, Performance Enhancement and Effectiveness Review (PEER™), to improve accountability, consistency and excellence among its state member PHPs. The AMA will partner with the FSPHP to help advocate for additional national sponsors for this project; and
(6) continue to work with the FSPHP and other appropriate stakeholders on issues of affordability, cost effectiveness, and diversity of treatment options.
Citation: Res. 402, A-09; Modified: CSAPH Rep. 2, A-11; Reaffirmed in lieu of Res. 412, A-12; Appended: BOT action in response to referred for decision Res. 403, A-12; Reaffirmed: BOT Rep. 15, A-19; Modified: Res. 321, A-19

Physician Impairment H-95.955
(1) The AMA defines physician impairment as any physical, mental or behavioral disorder that interferes with ability to engage safely in professional activities and will address all such conditions in its Physician Health Program.
(2) The AMA encourages state medical society-sponsored physician health and assistance programs to take appropriate steps to address the entire range of illnesses with the potential to cause impairment that affect physicians, to develop case finding mechanisms for all types of physician impairments, and to collect data on the prevalence of conditions affecting physician health.
(3) The AMA encourages additional research in the area of physician illness with the potential to cause impairment, particularly in the type and impact of external factors adversely affecting physicians, including workplace stress, litigation issues, and restructuring of the health care delivery systems.
Citation: CSA Rep. 1, A-95; Reaffirmed: BOT Rep. 17, I-99; Reaffirmed: CSAPH Rep. 1, A-09; Reaffirmed: BOT Rep. 15, A-19; Modified: CSAPH Rep. 01, A-19

Support the Elimination of Barriers to Medication-Assisted Treatment for Substance Use Disorder D-95.968
1. Our AMA will: (a) advocate for legislation that eliminates barriers to, increases funding for, and requires access to all appropriate FDA-approved medications or therapies used by licensed drug treatment clinics or facilities; and (b) develop a public awareness campaign to increase awareness that medical treatment of substance use disorder with medication-assisted treatment is a first-line treatment for this chronic medical disease.
2. Our AMA supports further research into how primary care practices can implement medication-assisted treatment (MAT) into their practices and disseminate such research in coordination with primary care specialties.
3. The AMA Opioid Task Force will increase its evidence-based educational resources focused on methadone maintenance therapy (MMT) and publicize those resources to the Federation.
Citation: Res. 222, A-18; Appended: BOT Rep. 02, I-19