



P.O. Box 15473 ❖ Lenexa, Kansas 66285-5473 ❖ 913/895-4606 ❖ ASPMN@goAMP.com

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VIA ELECTRONIC SUBMISSION

RE: CDC Draft Opioid Prescribing Guidelines

The American Society for Pain Management Nursing® (ASPMN®) is an organization of nurses specializing in pain management representing care across the nation by registered nurses and Advanced Practice Nurses throughout the lifespan and throughout the continuum of care. We listened and watched the Opioid Prescribing Guidelines Public webinar on Wednesday, September 16, and submitted some comments at that time. We respectfully submit the following additional comments.

- The CDC should review and consider the draft National Pain Strategy when making any determinations about opioid prescribing guidelines.

A core piece of the 2011 IOM Report on “Relieving Pain in America” recommended that the Secretary of the Department of Health and Human Services should develop a comprehensive, population health-level strategy for pain prevention, treatment, management, education, reimbursement, and research that includes specific goals, actions, time frames, and resources. Subsequently, The Interagency Pain Research Coordinating Committee (IPRCC) was charged by the Office of the Assistant Secretary for Health, Department of Health and Human Services to do that very thing. The draft National Pain Strategy was released earlier this year. The document includes objectives and plans related to key areas of pain management including prevention and care.

- We are concerned that the CDC draft guidelines appear inconsistent with established best practices, and may reduce access to the medications patients rely on.

The CDC [slides](#) presented on Wednesday failed to disclose the names, and affiliations, of the individuals who participated in the construction of these guidelines. The CDC has traditionally not involved itself in developing and disseminating medication prescribing guidelines, and these recommendations do not appear to be consistent with current

established guides for managing chronic pain with opioids. The process and participant questions are essential to understand the conclusions that have been drawn to develop these guidelines.

The guidelines seem to address how to limit or avoid opioids, which does not address the problem of addiction and misuse and abuse. The federal government and others have invested heavily in safe medication use communication campaigns and other programs to reduce opioid addiction and associated unintended deaths, and although the call for a “balanced policy approach” is often mentioned, there has been virtually no investment made in educating people about preventing chronic pain, chronic pain as a disease, or the value of a comprehensive approach to chronic pain. A better understanding of how to effectively treat chronic pain should be an essential component to any treatment prescribing guideline.

The unmet challenge in chronic pain management with opioid treatment is to identify the conditions for which, and patients for whom, opioid use is most appropriate; the regimens that are optimal; the alternatives for those who are unlikely to benefit from opioids; and the best approach to ensuring that every patient’s individual needs are met by a patient-centered health care system. We need CDC to provide some context around the incidence and prevalence of undertreated pain and the related adverse consequences of undertreated chronic pain on all body systems, rather than restricting one treatment based on perceived, not quantified, harms to legitimate patients.