The American Society for Pain Management Nursing
Comments submitted to the Federal Register 2023

The American Society for Pain Management Nursing (ASPMN) would like to submit the following comments to Docket No. DEA–1051A in reference to the proposed reduction in quota limits for schedule II opioid medications by the Drug Enforcement Agency (DEA). The mission of ASPMN is to advance optimal evidence-based nursing care for persons experiencing pain through education, standards, advocacy and research. We, therefore, submit these comments on behalf of our members who work tirelessly to manage pain both safely and effectively.

We acknowledge that the primary task of the DEA is to ensure both public access to and safety of medications approved by the DEA—a goal we in ASPMN also support. However, although multiple public, professional and industry policies and practices restricting prescription opioid use have been well-intended to reduce the risk of diversion, abuse and overdose, there is little evidence that this approach has been effective. This is illustrated in the fact that prescription opioid use has been drastically reduced in recent years, but overdose rates have not declined as expected— and chronic pain patients who use prescribed opioids appropriately have inadvertently been harmed in many circumstances.

Therefore, the concerns of the ASPMN membership regarding the Schedule I and II medication quota reductions, including opioids, are as follows:

1. Quota limitations of approved prescription opioids can cause unnecessary or worsen existing medication shortages, resulting in difficulty for both healthcare providers and patients in either searching for pharmacies that have the prescribed medication or in changing prescribed therapy.
2. Quota limitations can affect the management and recovery of patients with pain requiring acute hospitalization and can delay hospital discharge and raise acute healthcare costs.
3. When medication therapies must be changed due to quota limitations, this increases the burden of time and resources spent by private individuals with pain and by healthcare providers in navigating medical insurers’ formularies of covered products and determining which pharmacies can procure the prescribed medication.
4. The reduced production quotas may result in geographical disparities in the availability of affected medications.
5. Medication restrictions/shortages may further increase an existing reticence on the part of many healthcare providers to prescribe opioids even when indicated and beneficial.
6. Production quotas have already been markedly decreased over the last 10 years and further decreases are mismatched with current U.S. demographics and healthcare needs. Specifically, production quotas decreased 63% for oxycodone and 69% for hydrocodone.
since 2013, while the U.S. population has increased from 281 million in 2000 to 331 million today with a rise in the numbers of less healthy and older Americans which will increase healthcare needs, including pain management for trauma, surgery, malignant and other non-malignant causes.

7. Prescribed medication shortages may actually increase the risk of patients seeking relief from unprescribed substances, borrowed medications from friends/family, increased alcohol or other substance use.

8. Production quotas and the resulting potential medication shortages, ultimately interfere with the therapeutic relationship between provider and patient by undermining the providers best judgement and recommendations for optimal care.

As real world examples, some of our members are reporting essentially being forced to prescribe higher potency pain medications due to shortage of lower potency pain medications.

Thank you for your consideration of these concerns,

Sincerely,

The ASPMN Executive Committee

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