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Physician Leadership to End the Opioid Epidemic

Despite actions taken in many states to help end the opioid epidemic, opioid-related overdoses and deaths continue to devastate families across our nation with many southeastern states among the most impacted. At this point, we're all familiar with the sobering statistics. The U.S. Centers for Disease Control and Prevention estimate that more than 130 people die each day from a drug-related overdose; more than 700,000 people died between 1999 and 2017.

In 2014, the AMA convened more than 25 national, state, specialty and other health care associations and formed the Opioid Task Force to recommend steps our profession could take to end the epidemic. Since that time, opioid prescriptions have dropped by one-third nationally, naloxone prescriptions have grown from 136,000 in 2016 to nearly 600,000 last year, state-based prescription drug monitoring programs were used more than 460 million times in 2018, and physicians continue to increase their education and training to treat those with a substance use disorder and/or chronic pain.

And while new data from the CDC suggest that there may be a decrease in prescription opioid-related mortality, deaths due to illicitly manufactured fentanyl continue to increase at a staggering rate, deaths due to heroin remain at historic highs, and deaths due to cocaine and methamphetamine are increasing rapidly. As leaders in the profession and members of organized medicine, we must continue to lead the effort to increase access to evidence-based medical care – including calling on payers and policymakers to remove barriers to that care.

Here in the Southeast, physicians are joining their colleagues nationwide in expanding their knowledge of multimodal pain treatment, increasing their use of prescription drug monitoring programs, and combating the misconception of opioid use disorder as a character flaw or personal choice. We know otherwise. We know that addiction is a chronic disease that alters brain chemistry.

These broad trends emphasize the need for increased access to medication-assisted treatment (MAT) resources. Health insurers need to eliminate prior authorization requirements and other barriers to MAT that can delay or deny care for FDA-approved medications, while enhancing access to comprehensive, multidisciplinary treatments for pain – including non-opioid alternatives.

Last fall, the AMA strongly supported a landmark agreement in Pennsylvania between the governor and the Commonwealth's seven largest health plans to remove prior authorization requirements for MAT to treat an opioid use disorder. Since then, AMA advocacy with state and specialty societies has helped enact new laws and policies in more than 15 states, including Arkansas, Delaware, Louisiana, New Jersey, North Carolina and Virginia, to name a few. Maryland was the first state in the nation to

remove prior authorization for MAT, and every state in the Southeast has been a strong supporter of increasing access to naloxone to reverse an opioid-related overdose.

The AMA Opioid Task Force released new recommendations in 2019. These include calling on policymakers to eliminate other common barriers to treatment, including administrative burdens for comprehensive, multimodal, multidisciplinary pain care and rehabilitation programs, supporting assessment, referral and treatment for co-occurring mental health disorders, and enforcing state and federal laws that require insurance parity for mental health and substance use disorders.

The new recommendations also support maternal and child health by increasing access to evidence-based treatment, preserving families, and ensuring policies are nonpunitive, as well as highlighting civil and criminal justice reforms to help ensure access to meaningful care.

A more detailed analysis of these recommendations and of the work of the AMA Opioid Task Force can be found at **[End-Opioid-Epidemic.org](https://www.endopioidepidemic.org)**.

There are many reasons to be encouraged by the progress physicians are making on the opioid epidemic, but we must continue to work strategically and collaboratively at all levels to end the epidemic.

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