

## Emergency Medicine Opioid Principles

The U.S. is facing a prescription opioid abuse and heroin use epidemic. Emergency physicians see first-hand the toll these drugs take on individuals, families and communities. To help solve this problem, emergency physicians rarely prescribe extended release opioids or prescriptions for more than several days. Furthermore, ACEP has been educating its members on safe prescribing guidelines for years and these efforts have shown great success. According to a 2015 American Journal of Preventive Medicine (AJPM) study, the largest percentage drop in opioid-prescribing rates between 2007 and 2012 occurred in emergency medicine (-8.9%).

ACEP urges lawmakers to consider the following principles when developing pain management policies:

### Prescribing:

- ACEP supports evidence-based, coordinated pain treatment **guidelines** that promote adequate pain control, health care access and flexibility for physician clinical judgement. Medical specialty societies should be the primary sponsors of these guidelines. ACEP has been actively engaged in developing pain treatment guidelines with the AMA, CDC, FDA, ONDCP and others and creating additional federal work groups or task forces to develop such guidelines would be duplicative. Safe harbor protections should exist for prescribers who follow pain treatment guidelines.
- ACEP supports effective, interoperable and voluntary state **prescription drug monitoring programs** (PDMPs) that push prescription data to emergency department providers, rather than requiring them to separately sign into and pull the data from the PDMP. Reauthorize the National All Schedules Prescription Electronic Reporting (NASPER) Act.
- ACEP supports state and local emergency department efforts to develop **innovative programs** to decrease opioid prescribing and use, including initiatives such as the state Emergency Department Information Exchange (EDIE) in Washington, Oregon and California, as well as efforts in New Jersey to use alternative, non-opioid pain management protocols supplemented with patient support networks. Alternatives to opioid pain management must be easily accessible to patients, including adequate coverage by insurance companies.
- ACEP supports physician prescribing of **naloxone** to at-risk patients (per SAMHSA recommendations), naloxone availability for first responders, and education of overdose recognition and safe naloxone administration by non-medical providers. This should be paired with legislation that would make health care providers and lay users of naloxone immune from liability for failure or misuse of bystander naloxone.
- ACEP supports physician **co-prescribing** of naloxone in conjunction with an opioid prescription for patients at an elevated risk for an intentional or unintentional drug overdose.
- ACEP opposes non-evidence-based public or private **limits** on prescribing opiates or mandatory opioid-related **CME**.

### Safety:

- ACEP supports entitlement pharmacy/physician **lock-in** programs that account for emergency medical care when a beneficiary is away from their home providers.
- ACEP supports increased availability and use of prescription **recovery sites**/programs.
- ACEP supports expanding manufacturing of opioids with **abuse-deterrent** properties.
- ACEP supports **partial filling** of a Schedule II prescription at the request of the practitioner who wrote the prescription for the patient.

### Treatment:

- ACEP supports increasing the caps for **medication assisted treatment** by providers who are appropriately trained to dispense narcotics for maintenance/detoxification.
- ACEP supports enhancing **NIH research** on the understanding of pain and the development of new therapies.
- ACEP supports expanded use of **drug/treatment courts** that balance supervision, support and encouragement as an alternative to the criminal incarceration.
- ACEP supports modifying **patient satisfaction surveys** (HCAHPS/EDPEC) to remove the subjective pain questions and develop more objective measures for identification and treatment of pain.