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April 8, 2022

VIA ELECTRONIC SUBMISSION

Director Debra Houry, MD, MPH
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention
4770 Buford Highway NE, Mailstop S106-9
Atlanta, Georgia 30341
Attn: Docket. No. CDC-2022-0024

Dear Director Houry:

On behalf of the American College of Osteopathic Family Physicians (ACOFP), we appreciate the opportunity to comment on the Centers for Disease Control and Prevent (CDC) Proposed 2022 CDC Clinical Practice Guideline for Prescribing Opioids ("clinical practice guideline").

ACOFP is the professional organization representing more than 18,000 practicing osteopathic family physicians, residents and students throughout the United States who are deeply committed to advancing our nation's healthcare system by improving healthcare delivery and outcomes and by ensuring that patients have access to high-quality care. ACOFP is committed to taking steps to combat the opioid crisis without impeding access to opioids for legitimate indications and patients.

In general, we feel the clinical practice guideline would help improve care delivery and expand access to care. However, we request that the CDC consider our comments on recommendations six and 11 to better support family physician practices.

Our full comments are detailed on the following page. Thank you for the opportunity to share our feedback with you. Should you need any additional information or if you have any questions, please feel free to contact ACOFP at advocacy@acofp.org or (847) 952-5100.

Sincerely,

Bruce R. Williams, DO, FACOFP
ACOFP President

ACOFP believes strongly in taking steps to help combat the opioid crisis. As the United States continues to confront this issue, attention has been focused on prescribing and dispensing these drugs. Despite the risk for abuse, opioids play a legitimate role for many patients with chronic pain. Federal efforts to combat the abuse of opioids should not pose a barrier to access for those who truly need these drugs to treat chronic pain. Failing to do so will result in a crisis of untreated chronic pain. Primary care physicians are on the frontlines of the opioid epidemic and have been instrumental in treating patients with substance use disorders (SUDs) and opioid use disorders (OUDs).

ACOFP appreciates the CDC's efforts to support clinicians—especially primary care physicians—who provide pain care, as well as patients living with pain. We support most of the CDC's 12 recommendations for primary care clinicians; however, we suggest the CDC consider our comments on recommendations six and 11 to provide more opportunities for care and accurately represent patient risk.

Recommendation 6: When opioids are needed for acute pain, clinicians should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids (recommendation category: A, evidence type: 4).

We support this recommendation; however, we recommend that the CDC include additional language that makes clear that the quantity of opioids needed to address a patient's acute pain is ultimately determined by the treating physician or physician-led team based on their relationships with patients. Currently, the CDC's guideline is being applied rigidly by other stakeholders, such as pharmacies and insurers, in a broad manner that supersedes a physician's judgment. For example, pharmacies will often limit the quantity of opioids dispensed regardless of the patient's expected duration of severe pain.

While we agree with quantity limits placed on initial prescriptions of opioids as many states require, we oppose these across-the-board limits imposed by third parties for subsequent prescriptions. They essentially are using the guidelines to substitute a physician's judgment while they have limited or no knowledge of the patient's medical condition. We therefore recommend that the CDC add the following sentence at the end of the recommendation: "The quantity of opioids needed to address a patient's acute pain is ultimately determined by the treating physician or physician-led team based on their relationships with patients." ACOFP believes that including this language will strengthen the guidance and ensure patients have individualized access to care to meet their unique needs.

Recommendation 11: Clinicians should use extreme caution when prescribing opioid medication and benzodiazepines concurrently and consider whether benefits outweigh risks of concurrent prescribing of opioid and other central nervous system depressants (recommendation category: B, evidence type: 3).

The CDC developed the clinical practice guidelines using the grading of recommendation assessment, development and evaluation framework. The CDC notes that four factors are considered when determining the recommendation category: the quality of evidence, the balance between desirable and undesirable effects, values and preferences, and the allocation of resources.

According to the CDC, recommendations are more likely to be category A when the quality of the evidence is higher, there is a greater balance of desirable relative to undesirable effects, resources and costs are lower, and recommendations are less sensitive to variations in values and preferences. In general, category A recommendations apply to all individuals in the group addressed in the recommendation and provide a course of action that can be followed in most circumstances. According to the CDC, category B recommendations specify that the recommendation may not apply to all individuals in the group addressed in the recommendation; as a result, different choices will be appropriate for different patients, and decisions should be individualized based on each patient's circumstances. For category B recommendations, clinicians must help patients come to a decision consistent with the patient's values and preferences, as well as specific clinical situations.

Prescribing benzodiazepines and opioids concurrently raises the risk for all patients. For this reason, we suggest the recommendation be classified as category A, rather than category B.