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Dear Congressmen,

We commend you for your leadership on the *John S. McCain Opioid Addiction Prevention Act* (S. 724 / H.R. 1617) and urge your colleagues in Congress to support this important legislation. Opioid abuse continues to plague families and communities throughout the United States, where over 46 people die each day from overdoses involving prescription opioids.<sup>1</sup> Prescription opioids continue to account for more than 35% of all opioid overdose deaths.<sup>2</sup>

Since long-term opioid use often begins with treatment of acute pain, the Centers for Disease Control and Prevention (CDC) recommends limiting the duration of exposure to help mitigate the risk of patients becoming addicted to opioids that all too often leads to overdose and death.<sup>3</sup> CDC prescribing guidelines advise that while “[t]hree days or less [supply] will often be sufficient; more than seven days will rarely be needed.” The 7-day supply limit for initial opioid prescriptions issued for acute pain established under this legislation sets reasonable limits on first-time opioid prescriptions that are consistent with these CDC’s prescribing guidelines and serve to reduce the likelihood of misuse, abuse, and diversion that is associated with a longer duration of use.

A new online report published by Journal of the American Medical Association found that the average day supply per opioid prescription has increased in recent years, from 13 to 18 days per prescription between 2006 and 2017.<sup>4</sup> For patients receiving a first-time opioid prescription, each additional week of opioid treatment is associated with a 20% increased risk for opioid misuse and refills further increase the total risk by 44%.<sup>5</sup> Considering this trend and the risk of early exposure to higher amounts of opioids, it is imperative that lawmakers adopt policies to promote careful prescribing practices for prescription opioids.

Patients with non-acute pain who require prescription opioids – those with chronic pain or pain associated with cancer care, hospice or other end-of-life care, or palliative (disease-related) care – have continued need for these medications. Critically, this bill takes great care to ensure that patients with these medical conditions who receive opioid prescriptions are *not* subjected to the 7-day supply limits on initial opioid prescriptions. Under the bill, these patients will have continued access to prescription opioids in quantities that their prescriber deems appropriate to manage their pain. Similarly, this bill also does not limit or impact access to prescription medications containing an opioid that are used for the treatment of addiction.

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<sup>1</sup> Scholl L, Seth P, Kariisa M, Wilson N, Baldwin G. Drug and Opioid-Involved Overdose Deaths – United States, 2013-2017. *Morb Mortal Wkly Rep*. ePub: 21 December 2018.

<sup>2</sup> *Ibid*.

<sup>3</sup> Centers for Disease Control and Prevention; CDC Guideline for Prescribing Opioids for Chronic Pain; CDC.gov; <https://www.cdc.gov/drugoverdose/prescribing/guideline.html>

<sup>4</sup> Lyna Z. Schieber, MD, et. al.; “Trends and Patterns of Geographic Variation in Opioid Prescribing Practices by State.” *JAMA Network Open*. 2019;2(3):e190665.

<sup>5</sup> Brat GA, Agniel D, Bearn A, et al. (2018). Postsurgical prescriptions for opioid naïve patients and association with overdose and misuse: retrospective cohort study. *BMJ*, 360: j5790. doi: <https://doi.org/10.1136/bmj.j5790>.

So far, over 30 states have adopted laws or other policies limiting the maximum day supply that can be authorized on an initial opioid prescription for acute pain, with various exceptions for different categories of pain. To promote consistent patient care and implementation nationwide, we urge Congress to enact this important legislation that will reduce the oversupply of prescription opioids that is contributing to the ongoing opioid abuse crisis.

Sincerely,

DRAFT