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Title: Availability and Use of Low Starting Opioid Doses  
Introduced by: Larry Junck, MD, for the Washtenaw County Delegation  
Original Author: Larry Junck, MD  
Referred to: Reference Committee E  
House Action: **APPROVED AS AMENDED**

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Whereas, our country faces a crisis of opioid dependency, causing 48,000 deaths annually with the number rising year-to-year, also contributing to disability, other health problems, and social breakdown, and

Whereas, most opioid dependency begins with medically prescribed opioid treatment, with two-six percent of single opioid prescriptions leading to opioid dependency (per Center for Disease Control), and

Whereas, most initial opioid prescriptions are for hydrocodone 5 mg or oxycodone 5 mg, usually in combination with acetaminophen, and

Whereas, 5 mg hydrocodone and 5 mg oxycodone are fairly strong medications, causing side effects in many, and these are sufficient doses to reinforce abuse in many, and

Whereas, products consisting of hydrocodone 2.5 mg or oxycodone 2.5 mg in combination with acetaminophen are produced by multiple vendors, but not carried in many pharmacies and, where available, are often sold at substantially higher out-of-pocket price than products with hydrocodone 5 mg or oxycodone 5 mg; therefore be it

RESOLVED: That MSMS educate physicians about the option of using a starting dose of hydrocodone 2.5 mg or oxycodone 2.5 mg with acetaminophen for many of their patients who need an initial prescription for an oral narcotic; and be it further

RESOLVED: That MSMS communicate with Michigan Pharmacist Association recommending the stocking of hydrocodone 2.5 mg or oxycodone 2.5 mg with acetaminophen in statewide pharmacies; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask the AMA to educate physicians nationwide about the option of using a starting dose of hydrocodone 2.5 mg or oxycodone 2.5 mg with acetaminophen for many of their patients who need an initial prescription for an oral narcotic and communicate with American Pharmacist Association about the stocking of hydrocodone 2.5 mg or oxycodone 2.5 mg with acetaminophen in statewide pharmacies.

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WAYS AND MEANS COMMITTEE FISCAL NOTE: \$5,00 or more as this resolution requires MSMS to engage physician and pharmacist outreach and education.

## **Relevant MSMS Policy:**

### Address Acute and Chronic Pain

MSMS supports multidisciplinary/multimodality physician-led care, insurance coverage for non-pharmacologic approaches to addressing pain, and evidence-based methods for addressing acute and chronic pain. (Res48-17)

### Evidence-Based Pain Management

MSMS supports the development of evidence-based clinical practice guidelines on the management and treatment of pain and supports policies that promote and do not impede their adoption. (Res 91-17)

## **Relevant AMA Policy:**

### Promotion of Better Pain Care D-160.981

1. Our AMA: (a) will express its strong commitment to better access and delivery of quality pain care through the promotion of enhanced research, education and clinical practice in the field of pain medicine; and (b) encourages relevant specialties to collaborate in studying the following: (i) the scope of practice and body of knowledge encompassed by the field of pain medicine; (ii) the adequacy of undergraduate, graduate and post graduate education in the principles and practice of the field of pain medicine, considering the current and anticipated medical need for the delivery of quality pain care; (iii) appropriate training and credentialing criteria for this multidisciplinary field of medical practice; and (iv) convening a meeting of interested parties to review all pertinent matters scientific and socioeconomic.
2. Our AMA encourages relevant stakeholders to research the overall effects of opioid production cuts.
3. Our AMA strongly urges the US Drug Enforcement Administration to base any future reductions in aggregate production quotas for opioids on actual data from multiple sources, including prescribing data, and to proactively monitor opioid quotas and supply to prevent any shortages that might develop and to take immediate action to correct any shortages.
4. Our AMA encourages the US Drug Enforcement Administration to be more transparent when developing medication production guidelines.
5. Our AMA and the physician community reaffirm their commitment to delivering compassionate and ethical pain management, promoting safe opioid prescribing, reducing opioid-related harm and the diversion of controlled substances, improving access to treatment for substance use disorders, and fostering a public health based-approach to addressing opioid-related morbidity and mortality.

### A More Uniform Approach to Assessing and Treating Patients for Controlled Substances for Pain Relief D-120.947

1. Our AMA will consult with relevant Federation partners and consider developing by consensus a set of best practices to help inform the appropriate clinical use of opioid analgesics, including risk assessment and monitoring for substance use disorders, in the management of persistent pain.
2. Our AMA will urge the Centers for Disease Control and Prevention to take the lead in promoting a standard approach to documenting and assessing unintentional poisonings and deaths involving prescription opioids, including obtaining more complete information on other contributing factors in such individuals, in order to develop the most appropriate solutions to prevent these incidents.
3. Our AMA will work diligently with the Centers for Disease Control and Prevention and other regulatory agencies to provide increased leeway in the interpretation of the new guidelines for appropriate prescription of opioid medications in long-term care facilities and in the care of patients with cancer and cancer-related pain, in much the same way as is being done for hospice and palliative care.

### Pain Management D-120.976

Our AMA will: (1) support more effective promotion and dissemination of educational materials for physicians on prescribing for pain management; (2) take a leadership role in resolving conflicting state and federal agencies' expectations in regard to physician responsibility in pain management; (3) coordinate its initiatives with those state medical associations and national medical specialty societies that already have already established pain management guidelines; and (4) disseminate Council on Science and Public Health Report 5 (A-06), "Neuropathic Pain," to physicians, patients, payers, legislators, and regulators to increase their understanding of issues surrounding the diagnosis and management of maldynia (neuropathic pain); and (5) disseminate Council on Science and Public Health Report 5 (A-10), "Maldynia: Pathophysiology and Nonpharmacologic Approaches," to physicians, patients, payers, legislators, and regulators to increase their understanding of issues surrounding the diagnosis and management of maldynia (neuropathic pain).

Promoting Pain Relief and Preventing Abuse of Controlled Substances D-120.971

Our AMA will:

- (1) urge the Drug Enforcement Administration (DEA) to publicly restate their commitment to balance in promoting pain relief and preventing abuse of pain medications;
- (2) support an ongoing constructive dialogue among the DEA and physician groups to assist in establishing a clinical practice environment that is conducive to pain management and the relief of suffering, while minimizing risks to public health and safety from drug abuse or diversion;
- (3) strongly urge that the DEA's upcoming recitation of the pertinent legal principles relating to the dispensing of controlled substances for the treatment of pain maintain a patient-centered focus, including reaffirmation of its previous interpretation of law to permit practitioners to issue a series of prescriptions marked "do not fill" until a later date; and
- (4) strongly urge that the DEA should promulgate, in consultation with relevant medical specialty societies and patient advocacy groups, a rational and realistic set of FAQs to assist in providing education to health care practitioners and law enforcement and regulatory personnel about appropriate pain management, and measures to be taken to minimize drug abuse and diversion.