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United States Senate

COMMITTEE ON FINANCE
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February 4, 2016

The Honorable Thomas Frieden Director Centers for Disease Control and Prevention 1600 Clifton Road Atlanta, GA 30003

Dear Dr. Frieden:

As you are aware, there is a public health epidemic in the United States of prescription opioid abuse, misuse, overdose and death. In my home state of Oregon, we sadly rank fourth in the nation when it comes to nonmedical use of pain relievers. As the Centers for Disease Control and Prevention (CDC) documents so well, in 2014 alone, 61% of all overdose deaths were opioid-related, and over half of these were related to prescription opioids. Deaths from opioid overdose now exceed deaths from car accidents in adults age 25-64. CDC has been in the forefront of sounding the alarm about this public health crisis and has proposed new guidelines for opioid prescribers. I am writing to convey my strong support for your efforts.

Despite these frightening statistics, health care providers continue to write prescriptions for these medications at an alarming rate. In 2012, providers wrote 259 million opioid prescriptions, enough for a bottle of pills for every American adult. Moreover, prescription opioid sales are up 300% in the United States since 1999<sup>5</sup> despite not having a significant change in the amount of pain reported by American patients. 6

As Ranking Member of the Senate Finance Committee with jurisdiction over Medicare and Medicaid, I am greatly concerned about this multifaceted epidemic of opioids. One component I am particularly concerned about is provider prescribing in these programs. According to a recent article examining Medicare Part D prescribers, total opioid prescriptions are dominated by general practitioners in the primary care setting. While the study found that Medicare Part D opioid prescriptions tend to be concentrated in select specialty services such as pain, and

http://www.cdc.gov/media/releases/2011/p1101\_flu\_pain\_killer\_overdose.html.

SAMHSA, 2013-2014 National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia), http://www.samhsa.gov/data/sites/default/files/NSDUHsaePercents2014.pdf.

<sup>&</sup>lt;sup>2</sup> CDC, Increases in Drug and Opioid Overdoes Deaths - United States, 2000-2014,

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm64e1218a1.htm?s\_cid=mm64e1218a1\_w.

<sup>&</sup>lt;sup>3</sup> CDC, Prescription Drug Overdose Data: Deaths from Prescription Opioid Overdose, http://www.cdc.gov/drugoverdose/data/overdose.html.

<sup>&</sup>lt;sup>4</sup> CDC, Opioid Painkiller Prescribing, http://www.cdc.gov/vitalsigns/opioid-prescribing/.

<sup>&</sup>lt;sup>5</sup> CDC, Prescription painkiller overdoses at epidemic levels,

<sup>&</sup>lt;sup>6</sup> CDC, Injury Prevention & Control: Prescription Drug Overdose, http://www.cdc.gov/drugoverdose/.

<sup>&</sup>lt;sup>7</sup> Jonathan H. Chen, et al.., *Distribution of Opioids by Different Types of Medicare Providers*, JAMA Intern Med. 2016; 176(2):259-261, *available* at http://archinte.jamanetwork.com/article.aspx?articleid=2474400.

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anesthesia, total overall prescriptions were largely written by general practitioners such as family practice, internal medicine, nurse practitioners, and physician assistants. <sup>8</sup> Given such evidence, it's clear an important strategy to curbing prescription opioid dependence and abuse lies in primary care.

Primary care providers have indicated they don't receive enough training in how and when to prescribe opioids. There has been great variability in the guidelines and standards followed by clinicians when they try to fill the gaps in their training regarding appropriate opioid prescribing. This leaves providers unsure of how to act in the best interests of their patients. It is important that providers have consistent, evidence-based guidance in appropriate prescribing of these beneficial yet potentially dangerous medications.

It is for this reason that I would like to thank you for your work in this area, and offer my support for the CDC's draft Guidelines for Prescribing Opioids for Chronic Pain. Your efforts to help close the guidance gap in the opioid prescribing space will help move us closer to reversing the epidemic of prescription opioid misuse, abuse, overdose and death, while ensuring appropriate access to these medications in the proper clinical settings.

Thank you for your work on this critical issue. Together, we can make sure the American people get the safest and most informed care for their chronic pain, while protecting our communities against the public health threat posed by prescription opioid abuse, misuse, overdose and death.

Sincerely,

Ron Wyden

Ranking Member

U.S. Senate Committee on Finance

Ron Wyden

cc: The Honorable Sylvia Mathews Burwell, Secretary, U.S. Department of Health and Human Services

<sup>8</sup> *Id.* 

<sup>&</sup>lt;sup>9</sup> See, e.g., Robert N. Jamison, et al., Beliefs and attitudes about opioid prescribing and chronic pain management: survey of primary care providers, J Opioid Manag. 2014 Nov-Dec;10(6):375-82; see also Hilary D. Wilson, Clinicians' attitudes and beliefs about opioids survey (CAOS): instrument development and results of a national physician survey, J Pain. 2013 Jun;14(6):613-27.