



AMERICAN OSTEOPATHIC ASSOCIATION
TREATING OUR FAMILY AND YOURS



February 15, 2017

The Honorable Amy Volk
Chairwoman
Maine State Joint Labor, Commerce, Research and Economic Development Committee
4 Elbridge Oliver Way
Scarborough, Maine 04074

Dear Chairwoman Volk:

The American Osteopathic Association (AOA) and the Maine Osteopathic Association (MOA) are writing to urge you to oppose LD 114. This bill increases the number of Suboxone prescribers in Maine. We appreciate the bill's goal of increasing access to medication assisted treatment (MAT) and increasing payment for MAT providers. We agree that more health care professionals should seek the additional training needed to obtain the Drug Enforcement Agency (DEA) waiver required to provide access to buprenorphine-based treatment for patients with substance use disorder. However, we have concerns about the particular approach outlined in this bill.

The AOA represents nearly 130,000 osteopathic physicians (DOs) and osteopathic medical students, promotes public health, encourages scientific research, serves as the primary certifying body for DOs and is the accrediting agency for osteopathic medical schools. More information on DOs/osteopathic medicine can be found at www.osteopathic.org. MOA is a professional medical organization that represents approximately 400 DOs and an additional 500 residents and students providing patient care in Maine.

Linking the ability to prescribe opioids to a mandate to prescribe buprenorphine reinforces the erroneous connection that "if you prescribe opioids and 'cause' addiction, you should be ready to treat it." The reality is that although around 30% of people who *have* an opioid use disorder were first exposed to opioids through a pain syndrome, a very small percentage go on to develop a substance use disorder (SUD). Contrary to public belief, there is no linear relationship between opioid prescribing and the creation of a SUD.

Further, this bill also presupposes that the skill set involved in doing orthopedic surgery or performing dental work is somehow transferrable to the skill set required to manage a SUD. A SUD is a complex problem and it would be the rare surgical office or anesthesiologist who is set up to do appropriate risk management and counseling for the treatment of addiction. This makes no more sense than it would to say that a psychiatrist who prescribes Suboxone should also be prepared to manage that patient's pain if she has a surgery.

Finally, the waiver process in place under the DEA is cumbersome and limits access to treatment for those with a SUD alone. Placing this additional requirement on opioid prescribers will limit access to appropriate care for patients with legitimate pain treatment needs.

We commend the goal of this bill, to increase the number of individuals able to provide much needed care to patients with substance abuse disorder. However, we cannot support this bill as it relies on connections that do

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not actually exist in medical practice. This proposal would also place an undue burden on physicians who prescribe opioids for acute pain, like surgical pain, who are not in a position to provide ongoing continuous care for patients with a SUD.

The AOA and MOA urge you to seek evidence-based approaches to combating opioid misuse, abuse and diversion. We also encourage you to protect timely access to treatment for patients with legitimate pain care needs by **opposing LD 114**. Should you or your staff have any questions, please contact Nick Schilligo, AOA's Associate Vice President for State Government Affairs, at nschilligo@osteopathic.org or (312) 202-8185.

Sincerely,



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President, AOA



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President, MOA

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