



Recent selected quotes from AMA letters to Congress, the Administration, interviews, letters-to-the-editor and op-eds related to the nation's opioid epidemic

For more information about the AMA Opioid Task Force and for links to the quotes below, visit www.end-opioid-epidemic.org.

“The AMA Opioid Task Force has encouraged physicians to co-prescribe naloxone for all patients at risk of overdose. Patients, family members, and friends should not hesitate to ask their physicians to prescribe naloxone so they can save their own or their loved one's lives. Many states have made naloxone available without a prescription. All forms of naloxone should be readily available and covered by insurance plans with minimal or no cost sharing.”

- Patrice A. Harris, MD, MA, Chair, AMA Opioid Task Force, April 5, 2018, [Medscape](#)

“Only about 20 percent of doctors currently use e-prescription for controlled substances,’ AMA CEO James Madara said in a letter to the Drug Enforcement Administration released today. Madara urged DEA to reconsider its stringent requirements for the devices physicians use to authenticate themselves into electronic prescribing systems, which currently preclude commercial devices such as iPhones that already have fingerprint scanners. ‘DEA's regulations have not kept up with technology and the much needed revisions would reduce regulatory burden,’ Madara writes.”

- James L. Madara, AMA Executive Vice President and CEO, [Politico](#), April 4, 2018

“The doctor who heads up the American Medical Association’s opioid task force said addressing the crisis will require more physicians to become certified in medication-assisted, substance-use treatment and more insurance companies to reduce barriers to access. “There’s still a huge stigma that patients who have substance-abuse disorder have to overcome to even seek treatment and, unfortunately, once they seek treatment it’s not available,” Harris said.

- Dr. Harris, March 29, 2018, [Columbus Dispatch](#)

“DEA regulations are a major reason for the low rate of adoption of [electronic prescribing of controlled substances] EPCS compared to other e-prescribing. In fact, adoption of e-prescribing is one of the few examples of technological changes promoted for physician practices that works well and is seamlessly integrated into medical practice workflows. Most physicians want to adopt EPCS and they are frustrated that they can e-prescribe other drugs.”

- Dr. Madara [letter to the DEA](#), March 28, 2018

“Physicians today are providing the leadership to help end the nation’s opioid-related overdose and death epidemic. As medical professionals, we go where the evidence leads us.”

- Dr. Harris, March 19, 2018, [USA Today](#)

“The data show that Missouri’s opioid epidemic is fueled by heroin and illicit fentanyl, while deaths due to prescription opioids are declining. We need an approach that recognizes how this epidemic is changing and how best to treat our patients. The AMA is ready to work with all stakeholders to implement promising strategies and remove barriers to care so we can reverse this epidemic.”

- David O. Barbe, MD, AMA President, letter to the [Kansas City Star](#), March 14, 2018

“The bottom line is ‘we need to destigmatize drug addiction so we can treat it like any other disease, and we need to put some resources into the treatment of addiction,’ as well as recognize that not every patient can be made 100 percent pain free, McAneny said. ‘We do not have enough physicians trained in that (addiction) specialty and need alternative ways of relieving pain other than opioids. That needs to be the focus going forward.’

- Barbara McAneny, MD, AMA President-elect, March 3, 2018, [Albuquerque Journal](#)

“A.B. 2384 will remove barriers to care for patients with an opioid use disorder. Consider that 90 percent of Californians needing access to treatment for a substance use disorder did not receive it in 2016. While the reasons for this are complex, the AMA strongly believes that the provisions in A.B. 2348 will have a direct effect in removing barriers to accessing high-quality, evidence-based care. This includes removing administrative barriers—such as prior authorization and step therapy—for medication-assisted treatment (MAT) as well as ensuring that formularies used by health insurance companies and public payers include all forms of MAT.”

- Dr. Madara to the [California Assembly](#), Feb. 28, 2018

“The AMA strongly supports Vermont S.B. 166 ...because it will help identify those with an opioid use disorder, including whether the person currently is receiving treatment. Continuity of care is paramount to maintaining long-term recovery for opioid use disorder, and this bill helps ensure that a person currently receiving medication assisted treatment (MAT) remains on MAT; or that a person who has an opioid use disorder can begin treatment with MAT.”

- Dr. Madara to [Vermont Senate](#), Feb. 21, 2018

“Ending this epidemic requires leadership and commitment from all health care stakeholders, policymakers, law enforcement, the justice system, and local communities. It also requires strong, dedicated physician leadership and commitment by all physicians to reduce prescription opioid-related mortality and increase access to treatment for opioid use disorder (OUD), while, at the same time, ensuring that patients with pain receive appropriate treatment.”

- Dr. Madara to U.S. [Senate Finance Committee](#), Feb. 16, 2018

“In the AMA’s state and national advocacy, we urge policymakers to focus on legislative interventions that will lead to two primary outcomes regarding the nation’s opioid overdose and death epidemic: (1) reducing opioid-related harms—particularly overdose and death; and (2) improving access to treatment.”

- Dr. Madara to the [Iowa Medical Society](#), Feb. 15, 2018

“The AMA does not agree with the fundamental premise of this measure that daily dose and duration of therapy involving prescription opioid analgesics can serve on its own as a measure of quality patient care. Instead, quality measurement needs to focus on how well patients’ pain is controlled, whether functional improvement goals are met, and what therapies are being used to manage pain. If pain can be well-controlled and function improved without the need of high doses of opioids over a long period of time, that is an indication of good patient care; but a reduction in opioid dose alone is not an appropriate goal.”

- Dr. Madara to the [Centers for Medicare & Medicaid Services](#), Feb. 9, 2018

“We [are] particularly impressed by the comprehensive nature of efforts [of Virginia’s Medicaid 1115 waiver] to increase the number of physicians treating patients with substance use disorders; incentives to support the increase in treatment; and changes to treatment for pain that emphasize multidisciplinary pain care. Notably, the AMA shares the Commonwealth’s goals of removing prior authorization hurdles for medication assisted treatment (MAT) for substance use disorders as well as prior authorization for certain non-opioid pain care. We strongly urge that this combination of statewide support for increasing access to care combined with the removal of administrative barriers be carried over to legislative and other policy discussions in Virginia.”

- Dr. Madara to the [Virginia Department of Health Professions](#), Jan. 25, 2018

“The [President’s opioid] commission’s final report outlines several important ways to prevent future deaths and help those in need today — ranging from ensuring medication-assisted treatment (MAT) throughout the criminal justice system to expanding treatment for patients on Medicaid to removing barriers to MAT and non-opioid pain care for all those with health insurance. Those are but a few of the forward-thinking recommendations the AMA supports.”

- Dr. Harris op-ed. November 10, 2017, [The Hill](#)
- (Note: AMA Sept. 19, 2017 [letter to the President](#))