

AMERICAN ASSOCIATION OF
NEUROLOGICAL SURGEONS

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April 18, 2017

The Honorable Kirsten Gillibrand
United States Senate
Washington, DC 20510

The Honorable John McCain
United States Senate
Washington, DC 20510

SUBJECT: Opioid Addiction Prevention Act

Dear Senators Gillibrand and McCain,

On behalf of the American Association of Neurological Surgeons (AANS) and Congress of Neurological Surgeons (CNS), representing more than 4,000 practicing neurosurgeons in United States, we applaud the bipartisan efforts of the U.S. Senate to address our country's opioid crisis and appreciate the ability to be involved in this process. As neurosurgeons, we support legislation that reduces the risk of opioid abuse. Limiting the availability of excess opioid medication in the postoperative period is one potential way to accomplish this, and we generally concur with this approach.

There are, however, some postoperative scenarios, common in the practice of neurosurgery, where a 7-day limit would be burdensome for patients. For example, complex spinal surgery typically necessitates that patients appropriately utilize opioid medication to manage their postoperative pain for 2-3 weeks (or even longer) after the surgery. Another example is polytrauma patients suffering from several concurrent major injuries (e.g., multiple spine and limb fractures, head injury, etc.). These operations are often performed by subspecialists in tertiary care medical centers that are located far from the patient's residences. In this situation, the patient would be forced to commute a long distance, merely to get a prescription refill; thus subjecting these patients to an undue burden that likely would lead to under-treatment of their pain, and expose them to unnecessary postoperative complications and poor outcomes.

Rather than try to delineate in legislation every possible scenario that could occur, perhaps you would consider adding language to the bill that allows for exceptions in appropriate medical situations, such as has been described above. The language could limit routine postoperative opioid use to seven days, except for complex surgical cases that would be expected to require significantly longer opioid management in the course of routine clinical practice. Addressing this issue accordingly will help ensure that patients in these specific clinical contexts can continue to receive optimal postoperative care, while all patients can still benefit from the protections that this legislation offers.

Additional options that you may wish to consider (which would help manage the opioid epidemic, without having the burden placed solely on physicians and potentially restrict our ability to adequately treat patients) include:

- Changes to pharmacy policies to allow patients to fill a portion of their opioid prescriptions rather than being required to fill the entire script. This would enable prescribers to write a prescription for a sufficient amount of pain medication, but would still potentially limit the number of excess/unused opioids pills in each household.

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- Encouraging prescribers to give patients a multi-modal pain management treatment regimen, which includes non-narcotic medications — being mindful that there are still scenarios, as mentioned above, in which a longer duration of opioids is nonetheless indicated to ensure better recovery and outcomes for our patients.
- Encouraging prescribers to give patients educational materials and/or a referral to an addiction specialist (if available)¹ or an addition prescription of naloxone with each opioid prescription that is written, as this is an underutilized, highly valuable resource.

As you know, the opioid epidemic is complex and a multi-faceted approach is necessary to solve this problem. Rather than implicating physicians as the primary problem and limiting treatments for patients who need such interventions, we hope to work together to find solutions that will appropriately address this complex issue.

Thank you for considering our suggestions. If you have any questions or need additional information, please do not hesitate to contact us. In the meantime, we look forward to working with you on this and other important health policy issues.

Sincerely,



Frederick A. Boop, MD, President
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¹ It should be noted, however, that many states do not have enough resources and specialists available to treat all the patients requesting help with opioid addictions; thus requiring patients to seek treatment in other states. Furthermore, insurance coverage for these resources is frequently limited and must also be addressed.