



**American Hospital
Association®**

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January 13, 2016

Debra Houry, M.D., MPH
Director
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention
4770 Buford Highway, N.E.
Mailstop F-63
Atlanta, GA 30341

Re: CDC 2015 – 0112, Proposed Guideline for Opioid Prescribing for Chronic Pain

Dear Dr. Houry:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, and our 43,000 individual members, the American Hospital Association (AHA) appreciates the opportunity to comment on the Centers for Disease Control and Prevention's (CDC) draft guidance on Opioid Prescribing for Chronic Pain. We appreciate CDC's leadership on this critical public health issue and believe that a set of well-researched and comprehensively-reviewed prescribing guidelines will serve as an important resource for our members.

For many years, experts have sought to improve the treatment of chronic pain for individuals. Such pain is debilitating, causes or exacerbates other health issues in patients, and diminishes the quality of life for individuals. Fortunately, there are many strategies for helping patients manage both chronic and acute pain.

It is imperative that all clinicians who treat patients in pain are knowledgeable about the benefits and hazards of these various pain management strategies and use them wisely. In particular, opioids, which are among the most effective medications available to control pain, have substantial dangers associated with their use, including the potential for the patient or others who have access to the medications to become addicted. This danger cannot be ignored.

In the past few years, the nation has felt the tragic effect of the misuse of opioids, and the toll has been staggering. According to data from your agency, more than 250 million prescriptions for painkillers were written in 2012. Nearly two million individuals abused or were addicted to prescription painkillers in 2013, and nearly 44 people a day die of prescription painkiller overdose.



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Similarly, the under-treatment of pain can have devastating effects on individuals' health and quality of life. There is evidence that under-treatment of acute pain can lead to chronic pain. The under-treatment of pain, in general, can lead to deconditioning and weight gain or severe weight loss, problems with the endocrine and gastrointestinal systems, increased chance of malignancies, and a host of behavioral health problems, including depression, self-medication with alcohol or illegal substances, dementia and increased rates of suicide.

Precisely because the dangers of under-treating pain and of over-prescribing opioids are so great, hospitals and their medical staffs are eager to have scientifically sound guidance from a well-respected organization such as the CDC. You likely will receive comments from a large number of interested individuals in response to this draft set of guidance. **We urge you to finalize guidance as quickly as possible. As your data so clearly show, the dangers are substantial and the need for sound guidance to steer clinical activities is urgent.**

When your guidance is complete, we look forward to helping to disseminate the information and will work with you to ensure effective strategies are adopted across the nation's hospitals. The AHA has made it a priority to support our members in addressing opioid addiction in their communities. In 2016, we plan to share with members best practices for managing pain in the emergency department as well as elsewhere in the hospital, provide examples for community collaboration, and distribute additional educational tools and resources.

Thank you again for the opportunity to comment. We appreciate the opportunity to join with you to reduce opioid-related overdose, death and dependence. If you have any questions, please contact Nancy Foster, vice president, quality and patient safety policy, at nfoster@aha.org or Evelyn Knolle, senior associate director of policy, at eknolle@aha.org.

Sincerely,

/s/

Ashley Thompson
Senior Vice President
Public Policy Analysis and Development