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October 18, 2017

The Honorable Orrin Hatch United States Senate Washington, DC

Dear Senator Hatch:

I am writing on behalf of the Academy of Integrative Pain Management (AIPM; formerly the American Academy of Pain Management) to thank you for your remarks on the Senate floor, in the wake of the recent reporting from *60 Minutes* and *The Washington Post*, regarding the Ensuring Patient Access and Effective Drug Enforcement Act. As you know, the American Academy of Pain Management signed on to a letter supporting passage of this legislation in 2015. We remain in support of the provisions of this legislation.

Our concern in 2015 was that the US Drug Enforcement Administration (DEA) was making use of its power to impose immediate suspension orders on drug distributors in such a way that access to necessary medications was threatened for many people with legitimate prescriptions for documented chronic pain. In attempt to stem the flow of opioid medications that were being misused and abused primarily by people who did not have a legitimate medical need for them, DEA chose to adopt the most adversarial position possible, issuing immediate suspension orders that summarily closed medication distribution warehouses. While this action might have cut off access for people who abused the medications, unfortunately, it also cut off access for people using the medications appropriately in ways that improved their quality of life. In short, DEA's actions could have affected a person with Stage IV cancer to the same extent as they could have affected someone intent on crushing and injecting medications with the intent of "getting high". We felt that some balance in enforcement actions needed to be struck, and that the Ensuring Patient Access and Effective Drug Enforcement Act did just that.

Since the passage of this act, we have been heartened by the increased level of cooperation between DEA and the companies it regulates. Working together with manufacturers and distributors in a less adversarial manner, DEA has played a role in eliminating the vast majority of "pill mill" activity supported by distribution of suspicious opioid orders. This also has resulted in ensuring access to vital medications for those people with pain who need them. This improved balance in enforcement activity is, we believe, appropriate and necessary.

We oppose efforts to repeal the provisions of this act in response to news reports that rely largely on the opinions of disaffected former DEA staff, without attempting to present the views of other former

DEA staff who wrote the very language at question in this legislation. Achieving balance should be the goal in many aspects of our nation's current opioid overdose epidemic: balance in the ways we treat pain so as to reduce unnecessary opioid exposures, balance in efforts to address both the supply of abused drugs and the demand for them, and balance in law enforcement efforts so that the needs of people with pain are protected while access is denied for those without a legitimate medical need. The Ensuring Patient Access and Effective Drug Enforcement Act provides this last type of balance, and it should not be repealed.

We encourage Congress to take a more reasonable, measured, and balanced approach to the issue of this act's impact on the ability of DEA to effectively enforce the Controlled Substances Act. We encourage the relevant committees of jurisdiction in the House and the Senate to hold hearings at which current DEA staff are asked about the extent to which this law hampers their ability to act in cases of extreme and imminent danger to American citizens. We hope that these hearings would also enable the committees to hear from drug manufacturers, distributors, prescribers, dispensers, and patients, all of whom can explain the impact of DEA practices before and after passage of this act. If these hearings reveal a real pattern of ineffective enforcement due to the provisions of this law, then the committees can act in a measured and balanced manner to remedy the problems without completely invalidating the law.

Again, thank you for standing up for the needs of people with pain and the clinicians who care for them. We stand ready to help in not only this regard, but also with opportunities to improve the care of people with pain by expanding access to non-pharmacological treatments for pain, including integrative and complementary medicine treatments.

Sincerely yours,

Robert Jullin, PhD

Robert Twillman, Ph.D., FAPM Executive Director