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ONE HUNDRED FOURTEENTH CONGRESS
Congress of the United States
House of Representatives

COMMITTEE ON ENERGY AND COMMERCE

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May 14, 2015

Dr. Patrice Harris
American Medical Association
25 Massachusetts Avenue, N.W.
Washington, D.C. 20001

Dear Dr. Harris:

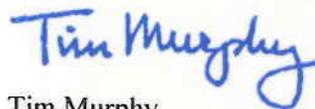
Thank you for appearing before the Subcommittee on Oversight and Investigations on Thursday, April 23, 2015, to testify at the hearing entitled "Combating the Opioid Abuse Epidemic: Professional and Academic Perspectives."

Pursuant to the Rules of the Committee on Energy and Commerce, the hearing record remains open for ten business days to permit Members to submit additional questions for the record, which are attached. The format of your responses to these questions should be as follows: (1) the name of the Member whose question you are addressing, (2) the complete text of the question you are addressing in bold, and (3) your answer to that question in plain text.

To facilitate the printing of the hearing record, please respond to these questions with a transmittal letter by the close of business on Thursday, May 28, 2015. Your responses should be mailed to Brittany Havens, Legislative Clerk, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, D.C. 20515 and e-mailed in Word format to brittany.havens@mail.house.gov.

Thank you again for your time and effort preparing and delivering testimony before the Subcommittee.

Sincerely,



Tim Murphy
Chairman
Subcommittee on Oversight and Investigations

cc: The Honorable Diana DeGette, Ranking Member, Subcommittee on Oversight and Investigations

Attachment

Attachment—Additional Questions for the Record

The Honorable Michael C. Burgess

1. The current standard of care for treating pregnant women with opioid dependence, according to the American College of Obstetricians and Gynecologists, is medication assisted therapy, such as buprenorphine or methadone. Medically supervised tapered doses of opioids or abrupt discontinuation are contrary to the current standard of care and are only appropriate in a highly controlled research setting. Dr. Harris, can you tell us more about the standard of care for treating these patients?
2. In your testimony, you write that the “American Medical Association (AMA) strongly opposes stigmatizing patients who require opioid therapy.” How does this stigma manifest itself and what can be done about it?
3. In your testimony, you discuss the need for physicians to balance their ethical obligation to treat legitimate patient pain management needs with a responsibility to spot potential misuse or abuse of prescription drugs. I am also a big believer that we MUST not be over reactionary and deny patient’s relief from sometimes unimaginable pain – going backwards and not alleviating human suffering is the last thing we should do.

I believe we need to give doctors the tools they need to stop addiction before it starts. E&C has led this charge and have passed bills that have become law to secure the supply chain and crackdown on rogue Internet pharmacies.

Many times I have spoken about the common sense items Congress could do right now:

- Help support State PDMPs – fund NASPER and make these systems more interactive, timely, physician friendly, interoperable and real time
- Focus law enforcement efforts not on doctors who specialize in treating pain or treating painful conditions but on the obvious pill mills
- Further crackdown down on rogue distributors and Internet pharmacies
- Allow coverage of drug monitoring tools to ensure patients are taking their medications (and are processing those medications) as intended.

Can you share AMA’s position on these potential solutions?