



The American Orthopaedic Society for Sports Medicine

*A world leader in sports medicine education,
research, communication, and fellowship.*

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December 3, 2015

Honorable Joseph R. Pitts, Chairman
Energy & Commerce Subcommittee on Health
2125 Rayburn House Office Building
Washington, DC 20515-6115

Dear Chairman Pitts:

The American Orthopaedic Society for Sports Medicine (AOSSM) is pleased to submit its response for the record to the question posed by Honorable Representative Frank Pallone, Jr. Thank you for your continued interest in this important issue.

Sincerely,

Allen Anderson, MD
AOSSM President

CC: The Honorable Gene Green, Ranking Member, Subcommittee on Health

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Honorable Representative Frank Pallone, Jr.

The Controlled Substances Act currently prohibits the transportation of controlled substances outside of registered locations, making it illegal for physicians to transport controlled substances from one practice setting to another. At the hearing, you testified about the programs this creates for team physicians who need to transport controlled substances from one state to another for an athletic game or tournament. However, at the same time, we heard that the substance abuse epidemic this country is facing is fueled in part by diversion of prescribed opioid medicines.

1. Please discuss the anti-diversion safeguards in place in HR 3014 and why you believe they will be effective in preventing further diversion of controlled substances.

The changes proposed in HR 3014 *tighten* the regulation over disbursement of controlled substances and *would limit* the opportunity for further diversion. Following are several important features of the law that demonstrate why this would be the case:

- The bill *does not* bypass or limit the current record keeping requirements already in place for dispensing controlled substances;
- In addition, the bill would require the provider to notify the Attorney General of the following *in advance* and on *each occasion* in which controlled substances are transported:
 - The controlled substance(s) being transported
 - The practice setting from which controlled substances are transported
 - The practice setting to which the substances are transported
 - The dates of transport
 - The travel time expected during transport
 - The mode of transport
- Each episode of transport is time limited to 72 hours – 3 days.

These are reasonable requirements for clinicians who are legitimately dispensing controlled substances away from the “home” practice setting. At the same time, these requirements would dissuade individuals from diverting controlled substances for nefarious purposes because they are reporting to the Attorney General in advance each time they are transporting controlled substances. They are also reporting other critical details, including what substances are being transported, the source of those substances, the purpose for transport, the time of transport, and ultimately the recipient of any controlled substances. This information facilitates the auditing of records and monitoring of drug disbursement, as well as highlighting instances where there are deviations from normal clinical care. A person wanting to abuse the system would not want to provide this additional documentation to the Attorney General, especially when that documentation can readily be verified. It would compound their exposure rather than diminish it.