

ONE HUNDRED FIFTEENTH CONGRESS  
**Congress of the United States**  
**House of Representatives**

COMMITTEE ON ENERGY AND COMMERCE

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April 5, 2018

Dr. Andrew Kolodny  
Co-Director, Opioid Policy Research Collaborative  
The Heller School for Policy and Management  
Brandeis University  
415 South Street  
Waltham, MA 02453

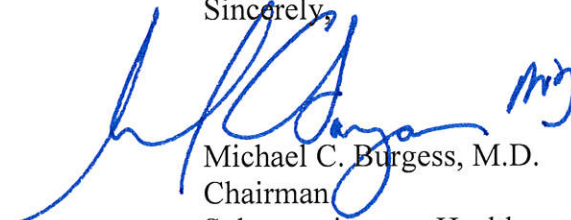
Dear Dr. Kolodny:

Thank you for appearing before the Subcommittee on Health on February 28, 2018, to testify at the hearing entitled "Combatting the Opioid Crisis: Helping Communities Balance Enforcement and Patient Safety."

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. To facilitate the printing of the hearing record, please respond to these questions with a transmittal letter by the close of business on April 19, 2018. Your responses should be mailed to Zack Dareshori, Legislative Clerk, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, DC 20515 and e-mailed in Word format to [zack.dareshori@mail.house.gov](mailto:zack.dareshori@mail.house.gov).

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

Sincerely,



Michael C. Burgess, M.D.  
Chairman  
Subcommittee on Health

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

Attachment

## **Attachment — Additional Questions for the Record**

### **The Honorable Michael C. Burgess, M.D.**

Dr. Kolodny, in your testimony, you state your strong support for mandatory education for DEA registrants who intend to prescribe more than a 3-day supply of opioids. You also attribute the opioid epidemic on the rise of opioid prescriptions, meaning the prescriber of these drugs. As I stated in my opening statement, as a physician, I'm bothered when I hear the fault for the opioid being placed on doctors because I believe doctors are our allies, not our adversaries, in this battle against the opioid epidemic. I have also spoken to other physicians and the role of mandatory continuing medical education (CME) specifically on opioid management, and as you may know, some states do have required CME as part of their state board certification. However, it is their opinion that mandatory CME will do little to stem this epidemic and would actually create a barrier for doctors who want to treat their patients with legitimate chronic pain. In these cases, an opioid may be their only option for the doctor and the patient.

1. Could you discuss your insight on how you arrived at your conclusion that requiring physicians additional CME on opioids would contribute to resolving the public health crisis before us today?
2. Do you think there would be a better way to address your concerns regarding the overprescribing of opioids other than potentially burdening well-intentioned doctors further?

### **The Honorable Susan W. Brooks**

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