



October 11, 2017

Charles D. Miles, M.D., President  
Mississippi State Board of Medical Licensure  
1867 Crane Ridge Drive, Suite 200B  
Jackson MS 39216

Dear Dr. Miles:

On behalf of the American Academy of Family Physicians (AAFP), which represents 129,000 family physicians and medical students across the country, I write in response to the [proposed new opioid prescribing rules from state board of medical licensure](#) as filed on September 22, 2017 with the Mississippi Secretary of State.

A key mission of the AAFP is to protect the health of the public, and we are deeply aware of the critical and devastating problem of prescription drug abuse and the resulting deaths. Opioid abuse is destroying the fabric of the lives of too many of our patients, their families and their communities. At the same time, we must provide patients with adequate pain management. Chronic pain is a serious health issue with tremendous economic, social and medical costs.

This proposed rule would require each licensee to:

- Run a Prescription Monitoring Program (PMP) report at each encounter when prescribing opioids for acute/chronic pain.
- Keep PMP reports in the patient's file and available for inspection.
- Conduct point-of-service drug testing each time a Schedule II prescription is written for treatment of chronic non-cancer pain and every 90 days for patients who are prescribed Benzodiazepines for chronic medical and/or psychiatric conditions.

Furthermore, this proposed rule would prohibit each licensee from:

- Prescribing more than a 7-day supply of opioids for acute pain.
- Prescribe Benzodiazepines and opioids concurrently, with limited exception for an acute injury, and for a maximum of 7 days.

Lastly, this proposed rule would require each licensee whose practices advertises themselves as treating chronic pain, and that issue controlled substances to 30% of patients, are now designated Pain Management Practices and meet a higher level of CME annually.

The AAFP is dedicated to preventing adverse drug events and we appreciate the opportunity to comment on your proposals. Upon review of the proposed rule and in consultation with the Mississippi Academy of Family Physicians, the AAFP has several concerns with these changes. Family physicians are already overlaid with regulations and these rules would take away even more

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time from our patients. These rules will disproportionately affect patients with legitimate chronic pain and there are few pain management specialists in rural areas. These changes could inadvertently cause opioid and Benzo withdrawal from patients who are appropriately taking medications if medications are abruptly stopped by their family physician.

This proposed rule would impose a requirement of 100 hours of interactive live CME on physicians that treat over 30% of their patients for pain management. This revision puts a considerable time and financial burden on family physicians with a full-time practice. The AAFP continues to believe educating physicians is an important tool, but to be impactful, the education must be evidence-based and designed to address needs and gaps of the learners. "One size fits all" education is not optimal. Requiring all physicians or "prescribers" in this case to complete the same education, regardless of whether a relevant performance gap in this area exists, would be a disservice to that physician and their patients since it will result in unnecessary time spent away from patient care. Mandated CME also impacts a family physician's ability to complete the most relevant education focused on specific needs and gaps.

In addition, the Mississippi State Board of Medical Licensure does not regulate Advanced Practice Registered Nurses (APRN), therefore we are concerned patients with chronic pain or even recurrent acute pain will self-select APRNs to manage their chronic pain due to physician access issues. This could further affect physicians' willingness to collaborate with APRNs and potentially lead to quality of care issues. Finally, we are concerned the amount of opioid overdose deaths due to heroin will continue to increase because of these regulations.

It is AAFP [policy](#) to oppose limiting patients' access to physician-prescribed pharmaceuticals unnecessarily and we oppose any actions which may have the effect of limiting by specialty the use of any pharmaceutical product. Instead of finalizing your proposals, we strongly urge the Mississippi State Board of Medical Licensure to consult the AAFP's position paper titled, "[Chronic Pain Management and Opioid Misuse: A Public Health Concern](#)." In it, we suggest that policymakers consider policies that:

- Work for adjustments in payment models to enable physicians to provide patient-centered, compassionate care in the treatment of chronic pain and opioid dependence and to appropriately compensate them for providing such care.
- Expand governmental and private insurance coverage of medication-assisted treatment (MAT) in the primary care setting, with adequate payment for the increased time, staff, and regulatory commitments associated with MAT.
- Expand the role of advanced practice nurses (APNs) and physician assistants (PAs) in providing MAT as part of a team supervised by a DATA 2000-waivered primary care physician.
- In states that lack appropriate laws, advocate for better access to naloxone and appropriate Good Samaritan protections for prescribers and lay rescuers.
- Work with state and federal licensing boards, the Drug Enforcement Administration (DEA), and the Substance Abuse and Mental Health Services Administration (SAMHSA) to destigmatize MAT, particularly in the setting of the community provider.
- Work with state and national partners to improve the functionality, utility, and interoperability of prescription drug monitoring programs, and develop best practices for their use and implementation.

- Expand governmental and private support of research into the management of chronic pain, as well as methods to better identify and manage opioid misuse. Particular attention should be paid to vulnerable populations who are at higher risk for undertreatment of pain and/or for opioid misuse.

We appreciate the opportunity to comment on these proposed opioid prescribing rules. For any questions you might have, please contact Shelby King, Manager, Center for State Policy, at 800-274-2237, extension 2550 or [sking@aafp.org](mailto:sking@aafp.org).

Sincerely,

A handwritten signature in black ink, appearing to read "John Meigs, Jr.", with a stylized flourish and the initials "MS" at the end.

John Meigs, Jr., MD, FAFAP  
Board Chair