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October 17, 2017

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

Dear MS State Board of Medical Licensure:

We appreciate the work the Governor's Opioid Task Force has done and understand the MS Board of Medical Licensure's intent of being part of the solution.

We believe the measures the Mississippi Board of Medical Licensure currently has in place have made an impact on the prescription opioid deaths in Mississippi. According to the CDC, Mississippi has had no significant increase in overdose deaths from 2014 to 2015. Recent data shared by the Mississippi Bureau of Narcotics suggests overall deaths by prescription medications have decreased while deaths by illegal drugs have increased.

Family physicians find themselves having to balance the necessity of helping their patients who experience chronic pain with the risks of substance abuse and addiction.

Family physicians recognize long-acting and extended-release opioids as powerful drugs that require oversight, but these drugs can be controlled without unduly limiting their proper use. Creating additional prescribing barriers for primary care physicians would limit patient access when there is a legitimate need for pain relief.

MISSION: Dedicated to advancing the specialty of Family Medicine and improving the health of all people in Mississippi.

These issues, along with the ones listed below, are areas we find problematic with the proposed changes from the MS Board of Medical Licensure.

- These rules will disproportionately affect patients with legitimate chronic pain.
- There are few pain management specialists in rural areas. We are concerned for the opioid and benzo withdrawal from patients who are appropriately taking medications if their medication is abruptly stopped by their family physician. This would create undue burden and cost on our already fragile healthcare system.
- 100 hours of interactive live CME required for pain management certification puts a considerable time and financial burden on a family doctor with a full-time practice.
- We are concerned the amount of opioid overdose deaths due to heroin will continue to increase because of these regulations.
- For patients stable on pain regimen for a number of years, it would be a challenge to get them comfortable on another medication
- Random drug tests are more effective and cost saving than scheduled or every time testing. Who will pay for the point of service drug tests?

The Mississippi Academy of Family Physicians is committed to offering specific training on alternative medicines for chronic pain and recognizing signs and symptoms of opioid abuse and addiction to help resolve the higher prescription rates. The Mississippi Academy of Family Physicians pledges to work with community and statewide stakeholders, partner with law enforcement efforts, and work to expand treatment options to combat the opioid epidemic in Mississippi.

We suggest the following rule modifications

- Regulations should be limited to chronic pain treatment using the CDCs definition of chronic pain.
- Physicians should run a PMP report when initiating prescription opioids for chronic pain and periodically during treatment.
- CME requirements on pain management for those registering as a pain clinic should be increased to 10 hours annually to include online options.

We continue to take measures to educate our members on evidence based pain management treatment and regulatory adherence by having experts present talks, and exhibit, as well as featuring educational pieces in our news articles. These new proposed regulations should have evidence to back the content.

Most doctors are doing the right thing to take care of their patients. We urge you not to punish the physicians and patients who are acting appropriately. Together we can address the problems and work to find solutions.

Sincerely,



Katherine T. Patterson, MD