



December 2, 2024

Mandy K. Cohen, MD, MPH
Director
Centers for Disease Control and Prevention
4770 Buford Highway, NE
Atlanta, GA, 30341-3717

RE: **Docket No. CDC-2024-0071**; Proposed Data Collection Submitted for Public Comment and Recommendations

Dear Dr. Cohen:

On behalf of the more than 59,000 members of the American Society of Anesthesiologists (ASA), I wish to provide comments to the Centers for Disease Control and Prevention (CDC) on the agency's project titled "Comprehensive Evaluation of the Implementation and Uptake of the CDC Clinical Practice Guideline for Prescribing Opioids for Pain." Thank you for the opportunity to provide insight into the impact of the CDC guideline.

In 2016, the CDC established guidelines for prescribing opioids for chronic pain, later revising them in 2022. The 2016 recommendation to minimize opioid prescriptions exceeding 90 morphine milligram equivalents (MME) per day was met with controversy, particularly among patients. Many patients and physicians expressed concerns that this threshold could not be reliably applied to individual cases and considered it somewhat arbitrary by clinical standards. Over time, the 2016 guidelines led to a variety of restrictive policies, including limitations on opioid dosages. These measures created significant barriers for patients trying to access pain care and made it more challenging for physicians to prescribe necessary medications.

The 2022 guideline aims to improve patient care and safety by providing evidence-based recommendations for clinicians who provide pain care, including those prescribing opioids, for outpatients aged 18 years and older with acute pain. The updated guidelines address four key areas of pain management:

1. The guidelines provide clear recommendations to help clinicians decide when it is appropriate to start opioid treatment for patients experiencing acute (less than 1 month), subacute (1-3 months), or chronic pain (more than 3 months).
2. The guidelines offer guidance on choosing the right type of opioid and establishing the appropriate dosage to ensure effective pain management while minimizing risks.
3. The guidelines emphasize the importance of determining the proper length of the initial prescription and the necessity of regular follow-up appointments to monitor patient progress and adjust treatment as needed.
4. The guidelines provide strategies for evaluating the risks associated with opioid use and implementing measures to address potential harms, ensuring a balanced approach to pain management.

The ASA Committee on Pain Medicine conducted an internal survey of its chronic pain physicians to evaluate the impact of the 2022 CDC guidelines on opioid prescribing among respondents. The survey suggested that the primary sources of information about the guidelines were professional society announcements (64%) and online/medical news sources (44%), with other sources including word of mouth, social media, hospital/clinical updates, and CME programs. 56% of respondents stated that dissemination of these CDC guidelines was somewhat effective, while 40% found it ineffective.

The survey also evaluated the impact of the guidelines on clinical practice and decision-making. Approximately 70% of physicians reported making changes to their clinical practice due to the guidelines, highlighting the crucial impact these had in decision-making while prescribing opioids. The guidelines have influenced clinical decision-making by enhancing documentation practices and improving patient communication about risks and benefits of opioid use.

The 2022 Clinical Practice Guideline for Prescribing Opioids for Pain was generally well-received by the medical community for its comprehensive and evidence-based recommendations. They were seen as a significant improvement over the 2016 guidelines, providing more nuanced guidance on opioid prescribing. However, there were also criticisms, particularly from patients who felt the guidelines might lead to reduced access to necessary pain medications.^{1,2}

The primary method for the CDC's evaluation and data collection appears to be a web-based survey. However, details on the identification process for clinicians, dentists, professional societies, and patients are limited. While these surveys could support Aim 1 (assessing the effectiveness of guideline dissemination) and Aim 3 (evaluating guideline implementation from both patient and clinician perspectives), they do not seem to adequately address Aim 2, which focuses on population-wide changes in prescribing practices for opioids and medications used in opioid use disorder treatment.

By following these updated guidelines, clinicians can improve patient outcomes and ensure a safer and more effective approach to pain management. ASA appreciates the opportunity to comment on this project and looks forward to working with the CDC to ensure both the safe prescribing by physicians and that the needs of patients are met. If you have any questions, please feel free to contact Emily Olearczyk at e.olearczyk@asahq.org or 202-330-4888.

Sincerely,

A handwritten signature in black ink, appearing to read 'DEA', followed by the printed text 'MD FASA'.

Donald E. Arnold, MD, FACHE, FASA
President
American Society of Anesthesiologists

¹ <https://www.cdc.gov/overdose-prevention/hcp/clinical-guidance/index.html>

² <https://www.cdc.gov/media/releases/2022/p1103-Prescribing-Opioids.html>