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NPAC And Allies Push Back Against Harmful Bill

New Bill Now Introduced Without Arbitrary Limits on Opioid Prescribing that Harm People in Pain

(Denver, Colorado—April 7, 2021): Last week, the National Pain Advocacy Center (NPAC) and our allies helped defeat a provision in a federal bill that would have imposed arbitrary and harmful three-day limits on opioid prescribing nationwide.

The second iteration of the *Comprehensive Addiction and Recovery Act (CARA)* has important measures that expand treatment for substance use disorders, which NPAC supports. But the [bill as originally drafted](#) contained the kind of one-size-fits-all limit on medication that harm many people living with pain. After numerous meetings with NPAC and allies, the bill's sponsors introduced [an expanded version](#) on March 25 without the harmful restrictions on opioid prescribing.

“Expanding access to addiction treatment is crucial, but arbitrary limits on opioid prescribing do real harm to people who require these medications,” said Kate Nicholson, President of NPAC. “We applaud the senators’ humane and evidence-based decision to remove the three-day limit on prescribing from this bill.”

While the original bill primarily targeted prescribing for acute pain, sweeping restrictions often have implications for chronic and cancer pain patients too. In Florida, opioid prescribing [declined for all types of pain](#) after a three-day limit focused on acute pain was enacted there. NPAC Community Council member [Tinu Abayomi-Paul](#), who has pain from chronic leukemia, was often forced to refill her prescription every seven days after similar restrictions were implemented in her home state of Texas.

Together with the Drug Policy Alliance and the American Medical Association, we met with the bill’s co-sponsors to explain these and other potentially harmful outcomes of such limits.

While the limits purportedly derive from guidance on prescribing issued by the [Centers for Disease Control and Prevention \(CDC\)](#), the CDC itself has [publicly warned](#) policymakers against rigid interpretations of its guideline in law or policy, which endanger the health and safety of patients.

“Strict limits on opioid prescribing not only harm pain patients—they also fail to address the overdose deaths that continue to soar from heroin, illicit fentanyl and stimulants,” said Nicholson. “We should fight our current public health crisis by equitably expanding access to healthcare for those with addiction as well as those with pain.”

Background on CARA 3.0

[CARA 2.0](#) was introduced by Senators Whitehouse, Klobuchar, and Portman in December 2020. When introduced, the bill limited all initial opioid prescriptions to three days. There were stiff consequences if a provider did not comply, putting physicians’ ability to prescribe controlled substances in jeopardy. These restrictions would have applied even in cases of patients who had major surgery. They would also have applied to those who live in rural areas far away from a healthcare provider, or who struggle to afford copays, for whom multiple trips to the doctor may be impossible or prohibitive.

The new version of the bill, CARA 3.0, was introduced on March 25 and contains no limits on opioid prescribing. Instead the lawmakers focus on greatly expanding access to treatment for opioid use disorder as well as to non-opioid treatments for pain. Many such treatments are inadequately covered by insurers.