



April 30, 2020

The Honorable Mitch McConnell  
Majority Leader  
U.S. Senate  
Washington, DC 20510

The Honorable Charles E. Schumer  
Minority Leader  
U.S. Senate  
Washington, DC 20510

Dear Majority Leader McConnell and Minority Leader Schumer:

The undersigned organizations are writing to urge immediate consideration of the *Non-Opioids Prevent Addiction in the Nation ("NOPAIN") Act (S. 3067)*, as introduced on December 17<sup>th</sup> by Senators Shelley Moore Capito (R-WV) and Doug Jones (D-AL).

To help hospitals deal with the surge of patients suffering from COVID-19, the Centers for Medicare & Medicaid Services released recommendations for hospitals and providers to delay non-essential surgeries until the current pandemic has subsided, resulting in millions of delayed procedures. As we begin to recover from this crisis, we expect those patients to return to the hospital, and we will see a large amount of outpatient surgeries performed in a short amount of time. These procedures are sometimes associated with high levels of opioid prescribing, with the average patient receiving more than 80 pills to manage their postsurgical pain.<sup>1</sup> And, with every new prescription, more Americans are exposed to opioids, placing them at risk for opioid misuse and dependence.

Therefore, now more than ever, we must use every tool at our disposal to ensure patient and provider access to non-opioid pain management approaches. If enacted, the NOPAIN Act would reduce rates of opioid addiction in the country. The legislation provides for increased patient and provider access to and utilization of non-opioid approaches, specifically for acute pain patients such as those undergoing surgery or suffering from an accident or trauma. Research shows that utilization of non-opioids improves care for these patients through more effective pain relief; fewer opioids and associated adverse events that come along with those medications; and reduced health care spending on these patients. When patients are prescribed opioids – and, in 2017, there were nearly 200 million opioid prescriptions dispensed in the United States<sup>2</sup> – there are two problematic outcomes:

- First, the majority of pills are left unused and unsafely stored in medicine cabinets, creating the risk for potential diversion. In fact, according to data from the *Annals of Internal Medicine*, nearly half of all episodes of opioid abuse start by obtaining prescription opioids from friends or relatives.

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<sup>1</sup> Choices Matter: Exposing a Silent Gateway to Persistent Opioid Use. October 2018; Available at: [https://www.planagainstpain.com/wp-content/uploads/2018/10/ChoicesMatter\\_Report\\_2018.pdf](https://www.planagainstpain.com/wp-content/uploads/2018/10/ChoicesMatter_Report_2018.pdf).

<sup>2</sup> Centers for Disease Control and Prevention. 2018 Annual Surveillance Report of Drug-Related Risks and Outcomes — United States. Surveillance Special Report 2pdf icon. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. Published August 31, 2018.

- Second, patients complete their prescriptions, and more; millions of Americans become persistent opioid users and continue to take their pills three to six months following their acute pain incident.<sup>3</sup>

In contrast, when pain is managed using non-opioid treatments and non-pharmacological services, patients experience better pain relief,<sup>4</sup> take fewer opioids,<sup>5</sup> experience a faster recovery and return home,<sup>6</sup> and reduce system-wide spending associated with their hospital stay.<sup>7</sup> In fact, research on the benefits of multimodal approaches to pain management, which prioritize non-opioid and non-pharmacological approaches and minimize the utilization of opioids, shows that such protocols provide better overall patient outcomes than patients receiving opioids following an acute pain incident.<sup>8</sup>

The NOPAIN Act would bring this wide range of benefits to patients around the country. Outdated reimbursement policies inadvertently disincentivize the use of non-opioid pain management approaches. This bill would fully incentivize utilization of these approaches and, in the process, increase access to and utilization of the wide array of medically appropriate, safe, and effective non-opioid approaches to pain management, including, for example, injectable NSAIDs, long-acting local anesthetics, and medical devices that have been approved or cleared by the FDA and have been peer-reviewed by providing 5 years of reimbursement in a budget neutral manner. The legislation would also facilitate a review and report about the effectiveness of increasing patient access to therapeutic services like physical therapy, psychological services, chiropractic services, acupuncture, massage therapy and others in providing effective pain relief while also reducing opioid consumption.

**Especially in the wake of the COVID-19 pandemic, we must ensure that all patients and providers have access to all available non-opioid goods and services – including pharmacological and non-pharmacological approaches – that have been demonstrated to provide effective pain relief and reduce opioid consumption.** The NOPAIN Act would accomplish this important goal and, in the process, reduce unnecessary levels of patient exposure to opioids, remove unused opioid pills from our communities, improve patient care in the United States, and reduce associated spending on these patients. Importantly, the legislation has the potential to prevent millions of new cases of opioid misuse and addiction that occur every year in the United States.

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<sup>3</sup> Brummett CM, et al. New Persistent Opioid Use After Minor and Major Surgical Procedures in US Adults. *JAMA Surg.* 2017 June 21; 152 (6)

<sup>4</sup> Emerson et. al. Comparison of Local Infiltration Analgesia to Bupivacaine Wound Infiltration as a Part of a Multimodal Pain Program in Total Hip Replacement. *Journal of Surgical Orthopaedic Advances.* Vol 24 No. 4. Winter 2015

<sup>5</sup> Dysart, Stanley H. et al. Local Infiltration Analgesia With Liposomal Bupivacaine Improves Early Outcomes After Total Knee Arthroplasty: 24-Hour Data From the PILLAR Study. *The Journal of Arthroplasty.* Published online December 24, 2018; 34(5) 882 - 886.e1 Doi: <https://doi.org/10.1016/j.arth.2018.12.026>

<sup>6</sup> Asche CV et al. 2018. Impact of liposomal bupivacaine on opioid use, hospital length of stay, discharge status, and hospitalization costs in patients undergoing total hip arthroscopy. *Journal of Medical Economics.* Doi: 10.1080/13696998.2019.1627363

<sup>7</sup> *Ibid.*

<sup>8</sup> Wang MY, Chang HK, Grossman J. Reduced Acute Care Costs With the ERAS Minimally Invasive Transforaminal Lumbar Interbody Fusion Compared with Conventional Minimally Invasive Transforaminal Lumbar Interbody Fusion. *Neurosurgery.* 2017 [epub ahead of print]

We encourage the Senate to take action on the NOPAIN Act as soon as possible, including in a forthcoming COVID-19 relief package. In doing so, the Senate has the opportunity to demonstrate its commitment to tackling the nation's opioid epidemic through thoughtful policy changes to prevent opioid addiction before it starts.

Thank you for your consideration.

Sincerely,

Voices for Non-Opioid Choices

A Voice in the Wilderness Empowerment Center

Acupuncturists Without Borders

AdvaMed

Alabama Orthopaedic Society

Ambulatory Surgery Center Association

American Association of Colleges of Nursing

American Association of Nurse Anesthetists

American Massage Therapy Association

American Psychological Association

Arizona Nurses Association

Arizona Public Health Association

Biotechnology Innovation Organization

Community Anti-Drug Coalitions of America

Cover2 Resources

Indiana Rural Health Association

Medical Alley Association

Medical Device Manufacturers Association

Mental Health Partnerships

National Association of Social Workers

National Certification Commission for Acupuncture and Oriental Medicine

National Safety Council

National Transitions of Care Coalition

Outpatient Ophthalmic Surgery Society

Overdose Lifeline

Partnership for Drug-Free Kids + Center on Addiction

Pennsylvania Coalition of Nurse Practitioners

Pennsylvania Council of Churches

Pennsylvania Pharmacists Association

Pennsylvania Rural Health Association

Physical Medicine Management Alliance

Prevent Opioid Abuse

#PYDONEFAMILY Coalition

RetireSafe

Society for Opioid Free Anesthesia

Students for Opioid Solutions

Will Bright Foundation

CC: The Honorable Charles E. Grassley  
Chairman  
Senate Committee on Finance

The Honorable Ron Wyden  
Ranking Member  
Senate Committee on Finance