TEXAS MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution 313
A-12

Subject: Responsible Opioid Prescribing for Pain Management

Introduced by: Harris County Medical Society
C.M. Schade, MD, Texas Pain Society

Referred to: Reference Committee on Science and Public Health

Whereas, The education for and medical practice of pain management has seen recent paradigm shifts in opioid analgesia management, and the growing nonmedical use, misuse, and abuse of opioids continues to be a problem in physicians willingness to treat patients with chronic pain; and

Whereas, The difference between a pain management clinic (a legitimate medical practice) and a “pill mill” (not the practice of medicine) is an additional problem and often not well understood by Texas physicians; and

Whereas, Failure to address these issues in a timely fashion may result in unforeseen and adverse legislative changes that are not in the best interests of patients, physicians, and the practice of medicine; and

Whereas, At the 2008 Annual Session, the TMA House of Delegates adopted a recommendation of the Committee on Cancer Report 3 that TMA adopt AMA Policy D-120.976; and

Whereas, The committee reported that Texas recently received a grade of “C” on managing pain, and Texas never has had a grade higher than “C” from the University of Wisconsin Pain Policy Study Group, while numerous other states have improved public policy on this issue and subsequently have improved their grade; therefore be it

RESOLVED, That the Texas Medical Association develop, in conjunction with the appropriate state and national specialty societies, multidimensional strategies to optimize the treatment of pain; and be it further

RESOLVED, That TMA educate Texas physicians about the latest evidence-based literature on responsible opioid analgesia management with the goal of reducing the risk to patients and enhancing the public safety regarding opioid use, misuse, abuse, diversion, and nontherapeutic prescribing.

Relevant TMA Policy

**50.001 Texas Pain Advocacy and Information Network**: The Texas Medical Association supports the efforts of the Texas Pain Advocacy and Information network and agrees to participate in its activities that enhance physicians’ capabilities to practice high-quality pain management (Committee on Cancer, p 122, and Council on Public Health, p 111, A-91; amended CM-C Rep. 2-A-10).

85.011 **Palliative Care**: The Texas Medical Association (1) urges Texas medical schools to periodically assess the adequacy of their curricular content in preparing medical students and residents to respond to the special needs of patients requiring palliative care with the goals of maintaining the highest quality of life possible during the final stages of life and preparing

95.028 Multiple Schedule II Drug Prescriptions: The Texas Medical Association supports clarification of the laws and rules of Texas to allow the writing of multiple schedule II prescriptions up to an equivalent of a 90-day supply in conformance with the spirit of the U.S. Drug Enforcement Administration guidelines (Res. 305-A-08).

280.034 Pain Management. The Texas Medical Association will: (1) support more effective promotion and dissemination of educational materials for physicians on prescribing for pain management; (2) take a leadership role in resolving conflicting state and federal agencies’ expectations in regard to physician responsibility in pain management; (3) coordinate its initiatives with those state medical associations and national medical specialty societies that have already established pain management guidelines; and (4) will disseminate Council on Science and Public Health Report 5 (A-06), "Neuropathic Pain," to physicians, patients, payers, legislators, and regulators to increase their understanding of issues surrounding the diagnosis and management of maldynia (neuropathic pain) (CM-C Rep. 3-A-08).

Relevant AMA Policy:

D-120.976 Pain Management

Our AMA will: (1) support more effective promotion and dissemination of educational materials for physicians on prescribing for pain management; (2) take a leadership role in resolving conflicting state and federal agencies’ expectations in regard to physician responsibility in pain management; (3) coordinate its initiatives with those state medical associations and national medical specialty societies that already have already established pain management guidelines; and (4) disseminate Council on Science and Public Health Report 5 (A-06), "Neuropathic Pain," to physicians, patients, payers, legislators, and regulators to increase their understanding of issues surrounding the diagnosis and management of maldynia (neuropathic pain); and (5) disseminate Council on Science and Public Health Report 5 (A-10), "Maldynia: Pathophysiology and Nonpharmacologic Approaches," to physicians, patients, payers, legislators, and regulators to increase their understanding of issues surrounding the diagnosis and management of maldynia (neuropathic pain). (Res. 809, I-04; Appended: CSAPH Rep. 5, A-06; Appended: CSAPH Rep. 5, A-10)