

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

---

1 Whereas, The education for and medical practice of pain management has seen recent paradigm shifts in  
2 opioid analgesia management, and the growing nonmedical use, misuse, and abuse of opioids continues to  
3 be a problem in physicians willingness to treat patients with chronic pain; and  
4

5 Whereas, The difference between a pain management clinic (a legitimate medical practice) and a “pill  
6 mill” (not the practice of medicine) is an additional problem and often not well understood by Texas  
7 physicians; and  
8

9 Whereas, Failure to address these issues in a timely fashion may result in unforeseen and adverse  
10 legislative changes that are not in the best interests of patients, physicians, and the practice of medicine;  
11 and  
12

13 Whereas, At the 2008 Annual Session, the TMA House of Delegates adopted a recommendation of the  
14 Committee on Cancer Report 3 that TMA adopt AMA Policy D-120.976; and  
15

16 Whereas, The committee reported that Texas recently received a grade of “C” on managing pain, and  
17 Texas never has had a grade higher than “C” from the University of Wisconsin Pain Policy Study Group,  
18 while numerous other states have improved public policy on this issue and subsequently have improved  
19 their grade; therefore be it  
20

21 RESOLVED, That the Texas Medical Association develop, in conjunction with the appropriate state and  
22 national specialty societies, multidimensional strategies to optimize the treatment of pain; and be it further  
23

24 RESOLVED, That TMA educate Texas physicians about the latest evidence-based literature on  
25 responsible opioid analgesia management with the goal of reducing the risk to patients and enhancing the  
26 public safety regarding opioid use, misuse, abuse, diversion, and nontherapeutic prescribing.  
27  
28

29 **Relevant TMA Policy**

30 **50.001 Texas Pain Advocacy and Information Network:** The Texas Medical Association supports  
31 the efforts of the Texas Pain Advocacy and Information network and agrees to participate in  
32 its activities that enhance physicians’ capabilities to practice high-quality pain management  
33 (Committee on Cancer, p 122, and Council on Public Health, p 111, A-91; amended CM-C  
34 Rep. 2-A-10).  
35

36 **85.011 Palliative Care:** The Texas Medical Association (1) urges Texas medical schools to  
37 periodically assess the adequacy of their curricular content in preparing medical students and  
38 residents to respond to the special needs of patients requiring palliative care with the goals of  
39 maintaining the highest quality of life possible during the final stages of life and preparing

1 physicians for clinical and ethical issues related to end-of-life care; and (2) encourages  
2 availability of continuing medical education courses on the clinical and ethical issues related  
3 to end-of-life care (Amended CME Rep. 2-I-98 and Sub. Res. 201-I-98; amended CME Rep.  
4 1-A-08).

5  
6 **95.028 Multiple Schedule II Drug Prescriptions:** The Texas Medical Association supports  
7 clarification of the laws and rules of Texas to allow the writing of multiple schedule II  
8 prescriptions up to an equivalent of a 90-day supply in conformance with the spirit of the  
9 U.S. Drug Enforcement Administration guidelines (Res. 305-A-08).

10  
11 **280.034 Pain Management.** The Texas Medical Association will: (1) support more effective  
12 promotion and dissemination of educational materials for physicians on prescribing for pain  
13 management; (2) take a leadership role in resolving conflicting state and federal agencies'  
14 expectations in regard to physician responsibility in pain management; (3) coordinate its  
15 initiatives with those state medical associations and national medical specialty societies that  
16 have already established pain management guidelines; and (4) will disseminate Council on  
17 Science and Public Health Report 5 (A-06), "Neuropathic Pain," to physicians, patients,  
18 payers, legislators, and regulators to increase their understanding of issues surrounding the  
19 diagnosis and management of maldynia (neuropathic pain) (CM-C Rep. 3-A-08).

20  
21 **Relevant AMA Policy:**

22 **D-120.976 Pain Management**

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