April 28, 2014

Michele M. Leonhart, Administrator
Drug Enforcement Administration
C/O DEA Federal Register Representative ODW
8701 Morrissette Drive
Springfield, VA 22152

Attention: Docket No. DEA-389

Re: Schedules of Controlled Substances: Rescheduling of Hydrocodone Combination Products from Schedule III to Schedule II.

Submitted via www.regulations.gov

Dear Administrator Leonhart,

We, the undersigned health care professional organizations, appreciate the opportunity to provide comments regarding the proposed rescheduling of hydrocodone combination products (HCP) from Schedule III to Schedule II. Representing a wide range of health professionals on which patients rely for an array of acute and chronic pain treatment needs, our coalition is united in opposition to the upscheduling of HCPs as we know that such a move would have harmful health consequences for millions of Americans with a legitimate clinical pain treatment need.

While diversion, misuse, and abuse of opioids have reached appalling levels in many parts of the United States and have left many communities reeling from the effects and searching for a legitimate solution, reclassifying all HCPs as Schedule II controlled substances will irrefutably have serious health consequences for patients across the country. Overall, reclassification would severely limit patient access to effective pain treatment for legitimate needs by putting into place new restrictions and would, in some cases, completely eliminate the ability of some currently authorized providers to deliver these treatments to patients when and where they need care and during a critical time in the healing process.

Right now, patients may seek treatment for legitimate acute and chronic pain needs directly from their local professional trained in the appropriate use of controlled substances and sanctioned by state authorities to offer these treatments. However, should upscheduling move forward, many health care professionals would no longer be able to provide pain treatment to patients in states where they are not authorized to prescribe Schedule II substances. Further, many health care providers would face new obstacles to providing immediate and often short-term treatment for pain due to an array of mandated requirements under Schedule II.

Though we wholeheartedly agree that concrete steps must be taken to help stem the tide of abuse, misuse, and diversion of all opioid products, we believe that wholesale upscheduling of HCPs is a blunt and imprecise tool that will in the end prove to do more harm than good. As such, we urge you to reject this one-size-fits-all approach and instead ask that your agency begin a serious dialogue with other interested federal agency officials, concerned members of Congress, as well as our coalition and other likeminded organizations focused on safeguarding patient access to needed care as we work together to find a more targeted and less harmful approach to combating opioid diversion, abuse, and misuse across America.

Thank you for hearing our concerns regarding upscheduling of HCPs. If you have questions, would like additional information, or would like to discuss these serious issues with members of our coalition, please contact Matt Willette of the American Optometric Association at 703-837-1001 or mwillette@aoa.org.

Sincerely,

Academy of General Dentistry
American Association of Nurse Anesthetists
American Association of Nurse Practitioners
American College of Nurse-Midwives
American Optometric Association
American Podiatric Medical Association
National Association of Clinical Nurse Specialists

Cc: Senator Patrick Leahy, Chairman, Committee on the Judiciary
Senator Chuck Grassley, Ranking Member, Committee on the Judiciary
Representative Bob Goodlatte, Chairman, Judiciary Committee
Representative John Conyers, Jr., Ranking Member, Judiciary Committee