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Comments Received:

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Title: [NCIPC] Comprehensive Evaluation of the Implementation and Uptake of the CDC Clinical Practice Guideline for

Prescribing Opioids for Pain

Although the Guidelines were developed for primary care practitioners, they were quickly misapplied to all medical specialties and adopted as requirements by states, payors, medical boards and other government entities. Despite the fact that the 2022 Guidelines are "voluntary and intended to be flexible to support, not supplant, individualized, patient-centered care," they have wrecked the doctor/patient relationship. There have been no improvements in shared decision-making for treatments and person-centered care or equity in the management of pain, quite the opposite in fact.

I'd like to see a section of the study address negative impacts on practitioners and the 50 million Americans who live with chronic pain with regard to the DEA. The DEA has weaponized the Guidelines and through decreasing opioid aggregate production quotas, have created shortages of opioid pain medications for years. There are many physicians who are afraid to take on chronic pain patients due to fear of the DEA. There are many patients who have been abandoned, tapered to ineffective doses, or coerced into accepting invasive medical treatments in order to receive their pain medications.

In order to witness the real world treatment of chronic pain patients, I suggest reviewing the following social media sites: Pain Matters, The Doctor Patient Forum, CPP News Source Private Edition, The Daily Remedy. As the Guidelines have a tremendous impact on chronic pain patients, I believe the Patient Focus Group Interviews should include more than "a single or small number of cases".

I suggest the investigations and research for this study be organized so that the categories of acute, subacute and chronic pain not be lumped together under one general category. The current Guidelines, with one-size fits all approach, have done more harm than help. Guidelines for chronic pain treatment should be left up to the medical specialty that treats the specific disease/condition. Also, in your literature reviews please focus on more up to date studies presented within the past 10 years.

Thank you, Dana Miller