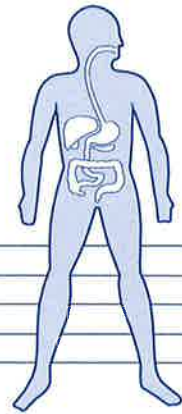


Digestive Disease National Coalition



507 Capitol Court, N.E., Suite 200, Washington, D.C. 20002
(202) 544-7497 (202) 546-7105 - Fax WWW.DDNC.ORG

EXECUTIVE COMMITTEE:

Nancy Ginter, Chairperson
Samir Shah, MD, President
Cathy Griffith, Vice-Chairperson
James Hobley, MD, Vice-President
Kim Foley, Secretary
Jane Holt, Treasurer

Members-at-Large:

Ceciel Rooker
Jonathan Rosenberg, MD
Sarah Buchanan
Jeanine Gleba
Costas Kefalas, MD
Andrew Spiegel, Esq.
Maurice Cerulli, MD

Immediate Past-Chairperson:

Lynn Gardiner Seim, MSN, RN

Immediate Past-President:

Ralph McKibbin, MD

Director of Development:

James DeGerome, MD

CONSTITUENT MEMBERS:

Alliance of Families Fighting Pancreatic Cancer
American College of Gastroenterology
American Gastroenterological Association
American Liver Foundation
American Neurogastroenterology
and Motility Society
American Pancreatic Association
American Society for
Gastrointestinal Endoscopy
American Society for
Parenteral and Enteral Nutrition
Association of Gastrointestinal
Motility Disorders, Inc.
Beyond Celiac
Celiac Disease Foundation
Crohn's & Colitis Foundation
Fight Colorectal Cancer
Florida Gastroenterologic Society
Global Colon Cancer Alliance
Griffith Family Foundation
G-PACT
International Foundation for
Gastrointestinal Disorders
Louisiana Gastroenterology Society
Massachusetts Gastroenterology Association
National Celiac Association
National Pancreas Foundation
New Jersey Gastroenterology & Endoscopy Society
New York Society for Gastrointestinal Endoscopy
North American Society for Pediatric
Gastroenterology, Hepatology and Nutrition
North Carolina Society of Gastroenterology
No Stomach for Cancer
Ohio Gastroenterology Society
Oley Foundation
Pennsylvania Society of Gastroenterology
Society of Abdominal Radiology
Society of Gastroenterology
Nurses and Associates, Inc.
South Carolina Gastroenterology Association
Texas Society for Gastroenterology and Endoscopy
United Ostomy Associations of America

INSTITUTIONAL MEMBERS

AbbVie
Allergan, Inc.
Amgen, Inc.
B. Braun Medical, Inc.
Janssen Pharmaceuticals
Companies of Johnson & Johnson
Merck & Company
Pfizer, Inc.
RedHill Biopharma
Shire
Takeda Pharmaceuticals USA, Inc.
United Chemical Companies of Belgium

ADMINISTRATION

Health & Medicine Counsel of Washington
DALE P. DIRKS
LESIA GRIFFIN
PETER HERZOG

Founder & President Emeritus
Suzanne Rosenthal

May 6, 2019

Vanila M. Singh
Chief Medical Officer
Office of the Assistant Secretary for Health
Department of Health and Human Services
200 Independence Avenue SW, Room 736E
Washington DC 20201

Dear Dr. Singh,

Thank you for your leadership on the Pain Management Best Practices Inter-Agency Task Force. As you and the Task Force work to finalize your report on gaps, inconsistencies, and recommendations for chronic pain treatment, please consider the needs of patients managing chronic and acute digestive diseases.

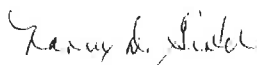
The Digestive Disease National Coalition (DDNC) is an advocacy organization comprised of the major national voluntary and professional societies concerned with digestive diseases.


Patients in our community currently taking opioid medications at doses closely monitored by a physician are concerned that new regulations restricting the prescription and coverage of opioids will cause their pain management to regress and undermine their shared decision making with their medical providers. While we recognize the need to promote non-opioid medications and/or nonpharmacological treatments as first-line therapy early in pain treatment, we ask the Task Force to consider the needs of patients already on opioid medications and those considering opioid therapy in accordance with the recommendations of their physicians and/or pain management team.

While you work to address these issues, please also consider accommodations for patients who utilize opioids for **non-pain treatments**. Patients with digestive diseases resulting in an ostomy, fecal continent diversion, and/or chronic diarrhea may use opioids, such as tincture of opium (DTO), to manage their chronic condition. Opioids are usually the last line of defense against this difficult problem. For some, a low dose opioid is prescribed to better and more effectively manage this condition and restore the quality of life for the patient. As you work to make recommendations that will impact chronic pain treatment, please ensure that patients who utilize opioids for non-pain conditions are appropriately accommodated and not restricted from access to their treatment or required to follow pain protocol to manage their ostomy or continent diversion.

Thank you for your important work to identify recommendations in this regard. If you have any questions, please contact the DDNC's Washington Representatives, Dale P. Dirks and Peter Herzog, at herzog@hmcw.org or (202) 544-7499.

Sincerely,


Nancy Ginter
Chairperson


Samir Shah, MD
President