In the first Commission meeting, the Commission heard from various medical societies about the need to promote expanded implementation of the CDC opioid prescribing guideline. However, while many professional organizations encourage use of the CDC guideline, it is important to note the Commission received a substantial amount of correspondence from patients who currently use opioid medications for legitimate medical reasons and are worried about the guideline being too restrictive for their physicians to properly treat them. Clinicians have added their concerns about the CDC guideline, including the time required to discuss alternative forms of pain control, the difficulty in obtaining reimbursement for alternatives, how to address o ioid tapering, and concerns with the rescribingJ !1ideline for s ecific fonns of ain. **urthennore, it**

fs' important to point out that the CDC guideline is intended for *primary care clinicians,,* who are

treatin atients for chronic ain in ou atient se 1 • n s, and more latitude in decision making

should be given to h sicians that have s ecialized trainin in ain management. The Corrunission also recognizes that the CDC guideline may not include specific recommendations regarding patient education and informed consent.166 Patients are often ill-informedabout the risks of taking opioid analgesics and, therefore, are not able to balance the potential benefits of opioid analgesics with the associated risks.

**2017 Opioid Commission Recom mendations 11 -2-2017**