

WHO SHOULD COMMENT:

- All Chronic Pain Patients (CPP's) should comment.
- All loved ones (family and friends) of a CPP should comment. They should include the following information:
 - What it's like for them to watch you suffer needlessly.
 - If your pain is currently adequately treated, they should write what you're able to do and how you're able to function due to medication.
 - If your pain was adequately treated and has been tapered or stopped, they should write how your life has changed since the medication has been taken away. Emphasize function. What things were you able to participate in before your medication was stopped? What things are you unable to do now?

WHERE TO COMMENT:

- [CDC is accepting comments here](#) on the draft of the updated/expanded Guidelines until April 11, 2022. You can also [read comments](#) that are already posted.

WHAT TO SAY IN YOUR COMMENT:

In case you would like some suggestions on what to say in your comments, here are some ideas:

- **Tell your story and how you've been affected by the 2016 CDC Guidelines.**
 - You can use your name or remain anonymous.
 - Mention your state and [if your state has laws based on the CDC Guidelines](#).
 - Briefly describe how you've been hurt by the Guidelines.
 - Be sure to emphasize not just pain relief but also address function. What were/are you able to do with adequate pain medication that you weren't/aren't able to do without it?
- **Remove ALL mention of MME (Milligrams of Morphine Equivalent) including in the supporting text.**
 - Not only is there not a standard way to count MME, the hard thresholds mentioned in the 2016 Guidelines of 50 and 90 MME have caused great harm both to doctors and patients. [We wrote all the details about the issues with MME in our Debunking Lies section on our website](#). Although CDC did remove MME thresholds from the main Guidelines, they still are mentioned many times throughout the supporting text.

- **Remove ALL mention of limit of days for prescription for acute pain including in the supporting text.**
 - Although they removed mention of 3, 5, or 7 day limits in the actual Guidelines, the supporting text still has "a few days" and "7 days" mentioned. This needs to be removed.
- **Fund and execute a plan for how to de-implement the 2016 CDC Guidelines.**
 - Although CDC claims these were "just guidelines" arbitrary limits such as MME limits and 3,5, or 7 day limits are an issue because:
 - Many state laws have been created based on them.
 - They are worked into EHR (Electronic Health Records).
 - Risk score algorithms such as [NarxCare](#) use them.
 - CDC funded an extensive implementation plan for them.
 - DEA also uses risk scores to flag doctors who "prescribe outside of the CDC Guidelines."
- **The Guidelines need to be redacted and redone due to bias and conflicts of interest (COI's).**
 - Read about the [lack of transparency](#) and COI's.
 - [Dr. Roger Chou](#) was involved in every aspect of the CDC Guidelines and has COI's.
 - [PROP members](#) who were being paid by law firms involved in opioid litigation were involved with the Guidelines.
 - Deborah Dowell, an author of both 2016 and 2022 CDC Guidelines was listed as a PROP member at a meeting with FDA regarding PROP's 2012 petition. [Here is the document showing Dowell as a PROP member.](#)
- **Pain is not one condition and they need to mention there are MANY very painful conditions that might require opioids.**
 - Exclusions didn't work in 2016 and won't work now.
 - They excluded "cancer pain" in 2016 Guidelines yet cancer patients have been affected.
 - They added Sickle Cell Disease as an exclusion in these Guidelines (which is good since SCD patients have been horribly affected by the 2016 Guideline), but they also need to mention there are many painful diseases and conditions. Just saying "palliative care" patients are exempt won't help anyone. It didn't help in the 2016 Guidelines.
 - There is no scientific basis for the distinction of [cancer and non-cancer pain](#).
 - Mentioning some conditions and not others leads to a lack of individualized care.