



The American Orthopaedic
Society for Sports Medicine

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OCTOBER 20, 2015

Testimony of

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Before the

US HOUSE OF REPRESENTATIVES
COMMITTEE ON ENERGY AND COMMERCE
SUBCOMMITTEE ON HEALTH

I'd like to thank you Mr. Chairman, and all of the honorable members of this subcommittee, for the opportunity to testify here today. My name is Allen Anderson, and I am an orthopaedic surgeon specializing in sports medicine. I am also president of the American Orthopaedic Society for Sports Medicine or AOSSM. AOSSM is a 501(C)(3) nonprofit educational organization for orthopaedic surgeons specializing in the care of athletic injuries at every level of competition – youth, collegiate, elite and professional. 60 percent of our members take care of high-contact/collision sports like football or ice hockey, where a serious injury can occur. A team physician must have an unrestricted medical license and be a medical doctor or doctor of osteopathy in good standing. He or she must have a fundamental knowledge of on-field medical emergency care and a working knowledge of musculoskeletal injuries, medical conditions and psychological issues affecting the athlete. The most important responsibility of the team physician is the medical care of athletes of all ages and all levels of competition, whether it be amateur or professional, grade school children or the master athlete.

Today I want to discuss the need for a team physician to be able to carry controlled substances when travelling with the team. I will explain the problems with current law, describe the fact that work-arounds are not practical, and why HR 3014, the Medical Controlled Substances Transportation Act will enable the team physician to provide the best quality medical care to an injured athlete.

In emergencies or disasters when there is significant trauma it is critical that a physician have immediate access to controlled substances in order to adequately treat the patient. Athletes who play contact sports and then fly home on the same day are at much greater risk of having an urgent medical problem than is the usual flying public secondary to recent strenuous activity. There are times, such as during air travel or on a bus, when the team physician is the only medical person available to render care. There are documented cases of players having seizures on a flight, and in such a situation, controlled substances are needed to stop the seizure and save the players life. Additionally, it is humane care to allow a player to take a pain pill in the event that he/she has a broken bone and is flying back home.

One or more athletes are injured in almost every collegiate game you watch on Saturday. These players who are your constituents come from almost every state in the Union. The team physician, who is probably a member of AOSSM, is there on the sideline to render aid and take responsibility for the athletes' wellbeing. This aid is severely restricted by current law.

Currently, the Controlled Substances Act of 1970 prohibits the transportation and storage of controlled substances away from the site of storage that is registered with the Drug Enforcement Agency (DEA) making it illegal for team doctors to transport a limited quantity of critical medications that might be needed for pain control or emergency management while travelling with their teams. This is highly problematic for athletic team physicians who need the ability to maintain a limited supply of controlled substances for those instances where a player is injured during games that are away from home. The DEA and federal law is quite strict concerning the transportation and

dispensing of prescription drugs, and especially controlled substances, in states where the physician is not licensed. A physician may only store, dispense or administer controlled substances at a physical location and address registered with the DEA. Therefore a doctor dispensing or administering controlled substances at multiple practice locations must do so at each location under that location's specific DEA registration number. This applies whether the controlled substances are transported within the same state or across state lines. Most states similarly require physicians to dispense under a state controlled substances registration. Additionally, federal law requires that registrants complete specific DEA forms and invoices for the purposes of each registered location's required records.

The current work-arounds for this are problematic for several reasons. Current options for a team's medical staff include pre-dispensing medication to specific athletes prior to travel, or delegating the dispensing of controlled substances to the home medical state in the state of entry. Travel schedules and limited availability of local physicians to prescribe/dispense controlled substances is an issue. The local physician needs to independently examine the patient, and the local physician has limited ability to follow the patient after they leave the area. There are privacy concerns – the local physician is generally caring for a competing team. The local physician also has competing demands to treat players with his/her primary team.

HR 3014, the Medical Controlled Substances Transportation Act, would address these concerns. It provides the physician who is traveling with a team with a construct in which he/she can appropriately manage the injury – short of surgery or hospitalization – in a similar fashion to when they are at their home sports facilities, including prescribing and dispensing of controlled substances when medically appropriate. It does not diminish the need or requirement for controlled substances to be monitored to a lesser extent than at the primary area of practice; nor does it limit the accountability of the physician. The team physician will be responsible for the security of the controlled substances throughout the entire time the team will be traveling.

Specifically HR 3014 requires the physician to enter into a specific agreement with the DEA in order to transport a controlled substance. The agreement includes the controlled substance to be transported, the practice setting from which the controlled substances will be transported, the practice setting or disaster area to which controlled substances are transported, the dates of transport, the anticipated travel time and the intended mode of transport. The duration of transport is limited to 72 hours and records of the controlled substances dispensed are maintained. It should be noted that these medications are registered and subject to inspection by the DEA at any time.

Thank you for your consideration of this important measure that would allow the highest level of care for an injured athlete.

Military flight surgeons and rural large animal veterinarians have exemption and are able to carry the medications they need. Team contact sports can be much more perilous than non-combat military maneuvers or treating large animals.

This legislation would also benefit rural physicians who travel long distances to see patients, physicians whose practices lie on a state line, and physicians who donate their time to assist patients in declared disaster areas.

The AOSSM appreciates the opportunity to discuss this matter with you today, and I'm happy to answer questions.