Testimony for HF3786 – Intractable pain bill
Dr. David Schultz

Madame Chair, members of the committee, thank you for allowing me to testify today on the importance of House File 3786 authored by Rep. Robert Bierman. I am David Schultz MD and I am here representing MSIPP, the Minnesota Society of Interventional Pain Physicians. I have been a practicing pain specialist for the past 30 years and have been board-certified and recertified in both anesthesiology and pain medicine since 1990. I am the founder and medical director of Nura Pain Clinics with locations in the Twin Cities.

I am testifying in support of this critical legislation. First, I understand the perplexing intersection of two public health challenges: promoting effective and safe chronic pain management while at the same time, containing the harm that can arise from the abuse and diversion of opioid medications.

I have been a vocal advocate for safe opioid prescribing over the past 20 years. In fact, my MSIPP colleagues and I testified before the MN legislature in 2006 and 2007 to gain support for the MN PMP legislation at a time when this opioid-tracking database was opposed by some other medical associations and the MN Board of Medical Practice on the grounds that it would have a chilling effect on appropriate opioid prescribing for legitimate chronic pain patients. Today the PMP is an important tool used daily by prescribers to prevent patient doctor-shopping for opioids.

To gain perspective on the current opioid prescribing debate, it is important to understand our history. In medical school in the late 1970s, doctors were taught never to use opioids for chronic pain and as a result pain was vastly undertreated in the US in the latter 20th century. The lack of effective pain management precipitated a national crisis of pain undertreatment and led the US Congress to proclaim the "Decade of Pain Control and Research" from 2001 through 2011.

The opioid pendulum then swung from ultra-conservative in the 70s and 80s to ultra-liberal in the 90s and 2000s and as we all know, this precipitated the US opioid crisis which continues to evolve today. Over the past 5 years the pendulum has now swung back to the extreme conservative side and many patients with legitimate need for opioids have been left in the lurch. A recent article in the New England Journal of Medicine sums up the current dilemma by documenting that legitimate chronic pain patients who are taken off opioids have much higher incidence of ER visits, opioid-related hospitalizations, an increased incidence of mental health crises, more overdose events, and an increased risk of death from suicide or overdose. A similar article outlining the intense suffering of chronic pain patients who have been cut off from opioid management appeared in the New York Times yesterday.

The fact is that opioids are safe for the body's organs even at high doses for years and many patients with severe chronic pain take opioids without becoming addicted and do well. Opioids certainly have risks but these risks can be effectively managed, and the benefits of pain relief,

improved function and better quality of life can be provided to our patients with intractable pain through sensible opioid prescribing.

Making it difficult for doctors to prescribe opioids for legitimate chronic pain patients does nothing to reduce opioid abuse and diversion and causes unnecessary suffering and medical complications in patients who have no other good options. Please bring the opioid pendulum back to the middle by passing HF-3786 so that doctors can effectively manage complex chronic pain patients using their medical judgment and expertise and the increased understanding of opioid risks and benefits we have all gained over the past decade as the opioid crisis has unfolded.

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