

March 22, 2022

By Electronic Mail

Senator Greg Clausen
95 University Avenue West
Minnesota Senate Building, Room 2233
St. Paul, MN 55155
Sen.Greg.Clausen@senate.mn

RE: March 23rd, 2022 Health and Human Services Finance and Policy Committee Hearing
Support of SF3566 Bill to amend Minn. 152.125 Intractable Pain

Dear Senator Clausen,

I first wanted to thank you, as a constituent, for authoring SF3566 and recognizing the dire need for this legislation in Minnesota.

Much appreciation also to co-sponsors of bill, Senator Jim Abeler, Senator Chris Eaton and Senator Julie Rosen.

Your dedication to this healthcare issue is greatly appreciated by not only me, but by tens of thousands of Minnesotans and their families who have been negatively impacted by the unintended consequences stemming from the 2016 CDC Opioid Prescribing Guidelines, 2018 Minnesota Opioid Prescribing Guidelines and Minnesota Opioid Prescribing Improvement Program policies; which none acknowledged intractable pain, nor the existing Minn. 152.125 Intractable Pain Statute.

This bill would not only ensure individualized, patient centered care, but also restore the physician and patient relationships and protect the providers who do prescribe medically necessary opioid analgesics to treat intractable pain patients, while they also are following all federal and state laws, DEA regulations for holding a license to prescribe, and putting safeguards in place with monitoring patients for any signs of diversion, misuse or abuse.

As you are aware, I have been negatively impacted by unbalanced policies, misapplied guidelines and lack of acknowledgment of intractable pain, rare diseases and people with disabilities associated with severe pain; intractable pain. In addition, there has been harm caused by insurance company and pharmacy benefit manager on numerous occasions when they unilaterally try to change my valid prescription sent to pharmacy by my specialist, for my opioid analgesics to treat my intractable pain. Their actions have caused lapse in receiving medication when refills are due. Two years ago, Benecard, the PBM associated with my health insurance, thought it was completely acceptable to deny a refill on the day it was due and sending a note to

the pharmacy that a refill was not permitted for 25 days. They cited the CDC Guidelines, morphine milligram equivalents and went as far as claiming it was a new law. It took three days to get it fixed and there was no concern for my safety or any harms from an abrupt discontinuation of an opioid analgesic. The language in the bill on PBMs, insurers and pharmacist not being able to deny filling a valid prescription solely due to morphine milligram equivalents, will help significantly with the aforementioned issues experienced by many Minnesotans.

As a Palliative Care patient, I am exempt from guideline MME thresholds, per the language in the guideline, but in Minnesota, there is so much pressure to taper patients, which causes fear within the medical community; I was still tapered and am concerned if this bill doesn't pass, it will only get worse for me and everyone else in Minnesota like me and worse off than me.

As an advocate in addition to an intractable pain patient, I and others set out to gain support for this bill in the form of a petition. Attached you will find the responses in an Excel spreadsheet in addition to a PDF document.

On behalf of all signors, all Minnesotan's who have been negatively impacted, their families, and all the providers who are fearful to treat intractable pain patients due to pressure to taper patients to meet a recommended MME threshold in guidelines and policies which don't even reference intractable pain; we ask this letter and documentation of support be provided to the Senate Health and Human Services Finance and Policy Committee.

We all understand the importance of responsible prescribing of opioid analgesics. We all agree that all risks associated with these medications must be explained and understood by patients prior to taking medications, if deemed medically necessary; in addition to being documented in a patient's medical record. It's imperative for both patient and prescriber to have a full understanding of any treatment plans and goals.

We're seeking more balance in Minnesota which should be based on individualized care regardless of disease or diagnosis. A one size fits all approach will never work for any healthcare issue.

Thank you for your support and your unwavering dedication to this cause.

If you have any questions on the documentation being provided, please feel free to contact me by phone or email.

Sincerely,

Cammie LaValle
Patient/Advocate
Lakeville, MN

Letter submitted on behalf of all signors listed in documentation provided