Minnesota Society of Interventional Pain Physicians

The Voice of Interventional Pain Medicine in Minnesota

March 22, 2022

Rep. Robert Bierman
579State Office Building
100 Rev. Dr. Martin King Jr. Blvd.
St. Paul, MN 55155

Sen. Greg Clausen
2233 Minnesota Senate Building
95 University Ave West
St. Paul, MN 55155

Dear Rep. Bierman and Sen. Clausen,

The physicians of the Minnesota Society of Interventional Pain Physicians (MSIPP) want to thank you both for authoring HF3786/SF3566 on the issue of chronic pain management and the prescribing of opioid pain medication for those in need.

MSIPP is our state's chapter of the American Society of Interventional Pain Physicians (ASIPP) and our professional society works to promote the development and practice of safe, high quality, cost-effective interventional pain management techniques for the diagnosis and treatment of pain and related disorders, and to ensure patient access to these interventions. One appropriate chronic pain treatment is Opioid Prescription Intervention (OPI) and it has become very difficult for patients and providers to access needed opioid medications from pain specialists due to strict adherence to guidelines published for primary care by the CDC in 2016. It is important to understand that those guidelines were not mandatory and were developed as guidance for primary care physicians and mid-level providers. Unfortunately, these guidelines have been used by elected officials, state agencies, pharmacists, pharmacy chains, insurers, pharmacy benefit managers and others to inappropriately apply strict rules, generally by daily dosage guidelines, as a reason to refuse to fill a prescription.

MSIPP members have been very involved for the past two decades with the public health issues of chronic pain management and the use of opioids to treat those suffering from chronic pain. In fact, it was our MSIPP association that brought the idea of a prescription monitoring program (PMP) to the Minnesota legislature in 2006. Well before media and general medical awareness of the US opioid crisis, full-time practicing interventional pain physicians realized the danger of uncontrolled opioid prescribing and lobbied congress to create a tool for prescribers to reduce opioid abuse and diversion by preventing doctor-shopping by patients. Our national association worked closely with the Drug Enforcement Administration (DEA) to push for federal and state funding for a PMP to close down "pill mills" and unscrupulous pain clinics that were not actually treating patients but rather selling opioid prescriptions.

The opioid pendulum has swung from very liberal in the early 2000s to very conservative today and since the 2016 CDC guidelines were released, patients with legitimate need have suffered greatly because treating physicians are refusing to prescribe opioids for fear of regulatory reprisal. Numerous

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government entities including, some state medical boards, and state agencies such as the Minnesota Department of Human Services, are now using opioid dosage guidance in ways that were never intended, to identify physician "over-prescribers" without considering the medical conditions or needs of the patients these physicians are treating. As a result, some physicians who specialize in pain management are leaving their practices, while others are tapering their patients off opioids, out of fear of losing their licenses or facing criminal charges. In addition, some insurance companies and major pharmacy chains have their own mandatory restrictions on the opioid prescriptions they will agree to fill. By imposing supply limits, insurers and pharmacies are increasingly using the CDC's dosage guidance (the equivalent of 50 to 90 milligrams of morphine a day) as the basis for delaying or denying refills for long-term, opioid-tolerant pain patients, even though the CDC guidance is intended to apply to patients who have not taken opioids before.

Confusing opioid abuse with legitimate medical opioid prescribing for patients suffering from chronic pain is stigmatizing patients for whom opioids are safe, effective and medically appropriate. This blunt, one-size-fits-all approach is taking medical decisions away from the doctor and patient and is resulting in a higher incidence of emergency department visits, opioid-related hospitalizations, an increased incidence of mental health crises and overdose events, and an increased risk of death from suicide or overdose for chronic pain patients as recently summarized in a New England Journal of Medicine article titled *Inherited Patients Taking Opioids for Chronic Pain — Considerations for Primary Care* by Phillip Coffin MD (NEJM, 386;7, February 17, 2022),

We believe the Intractable Pain bill HF3786/SF3566 will help ease unreasonable opioid restrictions. The American Medical Association passed resolutions to formally push back against the misapplication of the CDC's guideline by regulatory bodies, legislators, pharmacists and pharmacy benefit managers, insurers, and others. ***The resolutions underscore that dosage guidance is just that — guidance — and that doses higher than those recommended by the CDC may be necessary and appropriate for some patients.***

Taking medical decisions away from physicians and requiring them to practice in an environment of fear hamstrings the ability of doctors to effectively treat chronic pain patients. As pain specialist physicians, we believe in the PMP and use it daily. We are board-certified pain specialists trained to treat complex chronic pain and would like to continue to do so without interference from numerous outside entities. We support HF3786/SF3566 and thank you for addressing this very important topic.

Thank you for your time and if you have questions please contact our lobbyist, Tara Erickson, at 612-280-8998 or Tara@TGEConsultingmn.com.

Sincerely,

Andrew Will, MD
President, Minnesota Society of Interventional Pain Physicians