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March 14, 2022

By Electronic Mail

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

Senator Paul J. Utke, Chair
Senate Health and Human Services
Finance and Policy Committee
3403 Minnesota Senate Bldg.
St. Paul, MN 55155
Sen.paul.utke@senate.mn

Senator Rich Draheim, Vice Chair
Senate Health and Human Services
Finance and Policy Committee
3227 Minnesota Senate Bldg.
St. Paul, MN 55155
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Senator Melissa H. Wiklund, Ranking Minority Member
Senate Health and Human Services
Finance and Policy Committee
2227 Minnesota Senate Bldg.
St. Paul, MN 55155
sen.melissa.wiklund@senate.mn

Re: Written Testimony on Senate Bill SF 3566

Dear Senators Clausen, Utke, Draheim, Wiklund, and Members of the Senate Health and Human Services Finance and Policy Committee:

We write in regard to Senate Bill 3566 in order to offer testimony on the need for additional protections for people with pain who require use of controlled medications. The National Pain Advocacy Center (NPAC) is a 501c3 nonprofit organization and an alliance of clinicians and scientists, civil rights advocates and health policy experts, working together to advance the health and human rights of people in pain. NPAC does not take funding from pharmaceutical companies or industry. Should you desire technical assistance with this or any related bill, we offer our assistance on a bi-partisan basis. You can

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While measures to address the overdose crisis are important and laudable, the proliferation of policies limiting access to prescribed opioid medication has resulted in harm to patients who require them. Following increasing reports of such harms by organizations like Human Rights Watch, the Centers for Disease Control and Prevention (CDC) publicly stated that its 2016 Guideline for Prescribing Opioids for Chronic Pain had been misapplied by policymakers in ways that may endanger patient safety. The CDC's updated draft Clinical Practice Guideline for Prescribing Opioids—which the agency published on February 10, 2022—comes out strongly against both involuntary tapering and patient abandonment.

Increasingly, evidence suggests that there are dangers involved with forced or abrupt opioid tapering or cessation – an outcome SB 3566 endeavors to prevent. Simply changing the dose of someone who has been stable on opioids can actually increase their risk of death, for example, in addition to destabilizing their health, mental health, and lives:

- A study of Medicaid patients found that discontinuation often happened abruptly, within 24 hours, with almost half such cases resulting in hospitalization or an ER visit.
- Tapering increased patients' risk of death in primary care settings.
- Tapering happens more often in women and people of color.
- Tapered Veterans had a higher risk of death from overdose or suicide.
- Tapering is associated with later termination of care relationships.
- Discontinuation of opioids in patients stable on opioids is on the rise and happens too abruptly.
- Tapering is associated with a significant increased risk of overdose and mental health crisis.
- Discontinuation or dose reduction significantly increased the risk of suicide.

The U.S. Food and Drug Administration (FDA) has also warned against abrupt and involuntary tapering.

People who rely on opioid medications are even experiencing difficulty in getting access to healthcare at all. One study showed more than 50% of primary care providers will refuse to treat a new patient who regularly takes prescribed opioids, and 81% are reluctant to.



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Finally, those who may require controlled medications, even on an episodic basis, to manage chronic or intractable conditions also face barriers face barriers at the pharmacy in filling legitimate prescriptions.

We appreciate your willingness to consider protecting citizens of Minnesota from avoidable suffering and harm, and thank you for the opportunity to provide written testimony.

Warm regards,

Kate M. Nicholson

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cc: Representative Robert Bierman, Rep.robert.bierman@house.mn