

4/12/2023

Chair John Marty
Senate Finance Committee
95 University Avenue W.
Minnesota Senate Bldg., Room 3235
St Paul, MN 55103

RE: SF2934

In support of Article 6, Section 4

Repeal of Minnesota Statutes 2022, section 256B.0638, subdivisions 1, 2, 3, 4, 5 and 6

Chair Marty and Members of the Committee,

I'm sending this letter in support of pain management providers and pain patients throughout the state of Minnesota. I strongly recommend the sunseting of the OPIP (Opioid Prescribing Improvement Program) S.F. No. 2934 Article 6, Section 4. I have numerous medical and ethical reasons for this. Early in the opioid crisis, there was much concern that it was caused by pain management providers and pain patients. This has simply been proven to not be the case. While some positives have come out of the OPIP committee, there are many more negatives including pain patients with severe intractable chronic pain and cancer pain who are unable to get their legitimate pain medications. I strongly recommend you support the repeal of Minnesota Statutes 2022, section 256B.0638, subdivisions 1, 2, 3, 4, 5 and 6 which has been proposed and supported by pain management providers and the MMA.

I strongly believe in the doctor patient relationship and believe it is very important to maintain the sanctity of this. While the Minnesota Opioid Prescribing Improvement Plan may have helped at the beginning, and some good outcomes have occurred because of this, it is now getting in the way of doctor patient relationship and good patient care. I would like you to watch House of Representative David Baker's testimony as to why OPIP program needs to be discontinued and why we need to let physicians do what they need to do to help our severe chronic intractable pain patients. DHS/OPIP only measured opioid prescribing rates. There is no measurement of quality and patient impact or patient outcomes. Quality improvement should never be just one metric and always needs to be patient focused, this program is not patient focused. If they did, would it have taken until 2021 to reveal that between 2016 and 2020, over 51,000 Medicaid and MNCare enrollees were completely discontinued from opioid analgesic medication being used for chronic pain/intractable pain with the vast majority being completed inappropriately and abruptly, which the FDA and CDC have issued strong warnings to not abruptly discontinue opioid medication as there are severe safety concerns. If you try to review the yearly reports from OPIP to the legislature, you will not find the troubling data referenced above. From a quality standpoint, I would ask why this was not presented. This is clearly safety information that should have promptly been reported.

As you are also aware, the vast majority of overdoses are illicit fentanyl, and even the adjudication of opioid deaths is biased, in that if there's any opioid involved it is listed as an opioid overdose when multiple substances were also found. A new and improved adjudication process is necessary to get true scientific data and to answer the questions necessary. The time of pain patients needlessly suffering

simply must stop, this in part due to the appearance of the overzealous and one sided OPIP approach of the past.

I am also strongly encouraging you to oppose any sanctions by the DHS. DHS is not the place to establish the standard of care treatment guidelines for Medicaid/Medicare patients. This is simply unfair and discriminatory. DHS is not the appropriate department to manage pain medications and doctor patient relationships. There is no other medical condition where the DHS has been more intrusive and more incorrect in their response. It is time to let physicians, providers and patients openly plan and receive the care they need. Again, we are also aware that the opioid crisis has been driven more by illicit fentanyl than by providers and pain patients. Minnesota already has excellent systems in place such as the Board of Medical Practice, the Board of Pharmacy, Board of Nursing and many safeguards also including the PDMP. It is time to let physicians/providers and patients give and receive the care they need.

As board certified pain management specialists, we are aware of the risks and outcomes with the use of chronic opioid analgesics. We see them as one of many different tools to be used only when deemed medically necessary. We have definite safeguards in place and believe safety is number one. Please remember there are patients who legitimately require opioid pain medications, and limiting their legitimate medical use is simply unethical. As with all medications, there are risks and benefits and it is our unique job as physicians and providers to weigh those and give the proper care based on the patient's individual healthcare circumstances. With the intrusive nature of these OPIP edicts, this has become very difficult. Please allow us to continue to see patients and use whatever modality, procedure or medication that is legitimately necessary. Please also remember that guidelines were simply supposed to be guidelines, not dogma and unfortunately with programs such as OPIP, these have become rule of law.

I join the MMA and other pain management providers throughout the state of Minnesota to have patient focused policies. Please sunset the OPIP group and do not allow DHS to sanction physicians who legitimately treat pain patients.

Thank you for your time and attention, if you have other questions or concerns, please direct them to me personally if you wish @ 612 850 7480 or tmhessmd@gmail.com

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