

March 23, 2023



Minnesota Society of
Interventional Pain Physicians

Members of the Senate Health and Human Services Committee

The Minnesota Society of Interventional Pain Physicians (MSIPP) is writing in opposition to a provision in SF2966 that establishes authority of the Opioid Prescribing Improvement Program (OPIP) to sanction Minnesota health care providers for prescribing outside of the OPIP's opioid guidelines for patients suffering from chronic pain.

We are opposed to this provision for several reasons:

- A state agency should never be dictating to providers how they practice medicine. We have a Board of Medical Practice and that is the regulatory body for our profession.
- Any prescribing guidelines are just that, guidelines and these should not be forced on providers as a one size fits all approach to patient care.
- We are specialists in the field of pain management which is an independent medical specialty with fellowship training and board certification recognized by CMS and by the American Board of Medical Specialties. We have processes in place to assess our patients and always follow best practices by using existing tools already at our disposal such as the Prescription Monitoring Program (PMP) and national CDC prescribing guidelines.

MSIPP is the Minnesota chapter of the American Society of Interventional Pain Physicians (the largest medical society representing interventional pain physicians). MSIPP supports the needs of physicians who practice Interventional Pain Management (IPM). IPM is defined as the discipline of medicine devoted to the diagnosis and treatment of pain-related disorders principally with the application of interventional techniques in managing subacute, chronic, persistent, and intractable pain, independently or in conjunction with other modalities of treatment.

The very nature of the subspecialty of medicine our members practice is to use technology and minimally invasive procedures to help patients deal with chronic pain. However, many patients come to us on high doses of opioids and it is our job, not DHS' to manage their health care needs. Our members understand the dangers of over prescribing opioids. In fact, in 2007 our organization brought the idea of a prescription monitoring program both to the US Congress (NASPER legislation) and the Minnesota state legislature. The National All Schedules Prescription Electronic Reporting (NASPER) system was passed by the US Congress in 2005 and by the MN legislature in 2007 and ultimately became the MN PMP. MSIPP pain specialists were the first doctors in Minnesota to sound the alarm bells regarding the evolving opioid crisis.

Physicians should be guided by evidence-based clinical guidelines that allow flexibility to adapt to individual patient circumstances. Statutory and regulatory standards of care that a state agency developed without any pain specialist physicians does not reflect the expert medical knowledge we have in treating our patients.

As an organization, we do support the use of the CDC guidelines which were initially published in JAMA in 2016 and are intended for primary care clinicians who treat adult patients for chronic pain in outpatient settings. The guidelines are intended to be a "flexible tool" to support informed decision-making in primary care, improve the confidence of physicians who are not pain specialists in managing chronic pain, and to promote safer and more effective options for pain management. These guidelines were not intended for pain specialist physicians and are NOT a replacement for clinical judgment or individualized, person-centered care.

Over the last few years, the OPIP's jurisdiction and authority has continued to expand and has been adversely impacting the ability of pain specialist physicians to manage their complex chronic pain patients. It is distracting from patient care and honestly exhausting for pain specialist doctors to be monitored and recommended for remedial opioid education by non-clinical state agency staff. As a group, MSIPP physicians are laser-focused on reducing opioids to the lowest effective doses and to eliminate opioids completely, if possible and our pain clinics have mechanisms in place to do just that. Nearly every physician on this panel has said their health system and clinics have procedures in place to deal with over prescribing. Our question is why would a state agency have authority over this issue and be telling physicians how to practice medicine?

We are opposed to the continuation and expansion of this program. Many of our members have personally spent numerous hours a year in meetings with DHS and lawmakers to explain why they shouldn't be enrolled in a prescribing improvement program or that tapering their patient at the current time would actually harm the patient. Not to mention the hundreds of staff hours in responding to requests with OPIP staff.

We have a licensing board to regulate physician practice in Minnesota. We also have the tool of the PMP that we championed and believe if you kick off board certified pain physicians from treating MHCP patients, it is those Minnesotans who will suffer. If you have questions please contact MSIPP's policy consultant, Tara Erickson at Tara@tgeconsultingmn.com.

Sincerely,

Andrew Will, MD
President, MSIPP