

March 20, 2018

Re: SB 511, An Act Concerning Opioids, to evaluate and establish methods of combating the opioid crisis in the state.

Senator Gerratana, Senator Somers, Representative Steinberg and members of the Public Health Committee,

My name is Dr. Richard Duenas and I am the president of the Connecticut Chiropractic Association. The Connecticut Chiropractic Association commends you for remaining diligent on this opioid crisis and pursuing ways to reduce the use and abuse of opioids. This bill revises the statute and requires a pharmacist to review the patient's record to monitor controlled substances obtained by the patient. The bill's purpose is to evaluate and establish methods of combating the opioid crisis in the state. This revision should help and is reasonable. We submit it is also necessary and reasonable to look at the non-pharmacologic methods of care, specifically chiropractic, for combating the opioid crisis. The following organizations support our suggestion:

Centers for Disease Control and Prevention:

Determining When to Initiate or Continue Opioids for Chronic Pain

1. Nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred for chronic pain. Clinicians should consider opioid therapy only if expected benefits for both pain and function are anticipated to outweigh risks to the patient. If opioids are used, they should be combined with nonpharmacologic therapy and nonopioid pharmacologic therapy, as appropriate (recommendation category: A, evidence type: 3).

<https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>

Joint Commission for the Accreditation of Healthcare Organizations:

The identification and management of pain is an important component of [patient]-centered care. [Patients] can expect that their health care providers will involve them in their assessment and management of pain. Both pharmacologic and nonpharmacologic strategies have a role in the management of pain. The following examples are not exhaustive, but strategies may include the following:

- Nonpharmacologic strategies: physical modalities (for example, acupuncture therapy, chiropractic therapy, osteopathic manipulative treatment, massage therapy, and physical therapy), relaxation therapy, and cognitive behavioral therapy
- Pharmacologic strategies: nonopioid, opioid, and adjuvant analgesics
https://www.jointcommission.org/assets/1/18/Clarification_of_the_Pain_Management__Standard.pdf

Food and Drug Administration Guidelines:

I. COMPONENTS OF AN EFFECTIVE TREATMENT PLAN

1. The goals of treatment – It is important to establish a set of goals early in the course of treatment, including expectations about the following:

- The degree of improvement in pain
 - The degree of improvement in function, where relevant
2. Possible constituents of the treatment plan – The HCP should be knowledgeable about which therapies can be used to manage pain and how these should be implemented.
- Nonpharmacologic therapies – includes psychological, physical rehabilitative, surgical approaches; and complementary therapies
 - Pharmacologic therapies – non-opioid, opioid, and adjuvant medications

II. NONPHARMACOLOGIC THERAPIES

A number of nonpharmacologic therapies are available that can play an important role in managing pain, particularly musculoskeletal pain and chronic pain.

- Psychological approaches – e.g., cognitive behavioral therapy
- Physical rehabilitative approaches – e.g., physical therapy, occupational therapy
- Surgical approaches
- Complementary therapies – e.g., acupuncture, chiropractic

HCPs should be knowledgeable about the range of available therapies, when they may be helpful, and when they should be used as part of a multidisciplinary approach to pain management.

<https://www.fda.gov/downloads/Drugs/NewsEvents/UCM557071.pdf>

***National Association of Attorney Generals:** (Includes Connecticut Attorney General George Jepsen)*

Reducing the frequency with which opioids are prescribed will not leave patients without effective pain management options. While there are certainly situations where opioids represent the appropriate pain remedy, there are many other circumstances in which opioids are prescribed despite evidence suggesting they are ineffective and even dangerous. For example, the American Academy of Neurology has explained that while the use of opioid painkillers can provide “significant short-term pain relief,” there is “no substantial evidence for maintenance of pain relief or improved function over long periods of time.” Another recent study concluded that the use of opioids to treat chronic, non-cancer related pain lasting longer than three months is “ineffective and can be life-threatening.” When patients seek treatment for any of the myriad conditions that cause chronic pain, **doctors should be encouraged to explore and prescribe effective non-opioid alternatives, ranging from non-opioid medications (such as NSAIDs) to physical therapy, acupuncture, massage, and chiropractic care.**

We are thus committed to utilizing all the powers available to our individual offices to ameliorate the problems caused by the over-prescription of opioids and to promote policies and practices that result in reasonable, sustainable, and patient-focused pain management therapies. In the near future, working in conjunction with other institutional stakeholders (such as State Insurance Commissioners), we hope to initiate a dialogue concerning your members’ incentive structures in an effort to identify those practices that are conducive to these efforts and those that are not. **We hope that this process will highlight problematic policies and spur increased use of non-opioid pain management techniques.** The status quo, in which there may be financial incentives to prescribe opioids for pain which they are ill-suited to treat, is unacceptable. We ask that you quickly initiate additional efforts so that you can play an important role in stopping further deaths.

Letter to America’s Health Insurance Plans, September 18, 2017

There is sufficient scientific evidence that firmly supports the use of chiropractic care on the front lines of health care for conditions that may lead to opioid use and abuse. Unfortunately these benefits are often suppressed due to various health care policies which, we submit, is a contributing factor to the opioid crisis. We therefore respectfully recommend this bill also include the addition of a representative of a chiropractic organization on the working group described in Section 1 to evaluate methods of combating the opioid epidemic. We also believe other healing art practitioners should also be added to the working group if they so desire.

Section 1. (*Effective from passage*) (a) The Commissioner of Mental Health and Addiction Services, in collaboration with the Chief Medical Examiner and the Insurance Commissioner, shall convene a working group to evaluate methods of combating the opioid epidemic in the state. Such working group shall consist of the Commissioner of Mental Health and Addiction Services, or the commissioner's designee, the Chief Medical Examiner, or the Chief Medical Examiner's designee, the Insurance Commissioner, or the commissioner's designee, and at least eight other members selected by the Commissioner of Mental Health and Addiction Services, who have experience in one or more of the following: (1) Opioid use disorder and the treatment thereof, (2) substance use disorder and the treatment thereof, (3) administration of a methadone treatment program, (4) administration of a substance use disorder treatment program, (5) dispensing and administering opioid antagonists, ~~and~~ (6) insurance coverage for substance use disorder treatment programs, **and (7) chiropractic insurance benefits from an organization representing the chiropractic profession in Connecticut.**

Thank you for considering our position.

Sincerely yours,

Richard Duenas, DC
President