

Keith Overland, DC, CCSP, FICC  
83 East Ave.  
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Re: HB 7159 An Act Addressing Opioid Use.

Senator Fonfara, Senator Witkos, Representative Cheeseman and members of the General Law Committee

My Name is Dr. Keith Overland. I am the past president of the American Chiropractic Association, Connecticut Chiropractic Association, a past chairman of the Connecticut Governor's Council on Physical Fitness, and maintain a full-time integrative practice in Norwalk.

I would like to thank you and your committee for taking the time to hold a hearing and allowing testimony on one of the most important public health issues we face in Connecticut in Raised bill HB 7159: "An Act Addressing Opioid Use". As outlined the bill, among other important concepts, has a goal of pharmacists providing additional counseling with patients on the adverse effects of opioid usage. It is my opinion that this bill is important and should be favorably considered, but should take the additional step of encouraging the explanation of opioid prevention by empowering pharmacists to suggest a second opinion from provider groups that typically provide alternative treatments to opioids for pain management.

Studies tell us that over 60 percent of opioid addicted patients began their potentially deadly journey taking a prescription medication for some form of non-cancer related musculoskeletal pain. Alarming, this is often after routine visits to their primary care or orthopedic physician for a routine injury or arthritic pain. According to an article published in the "Journal of the American Academy of Orthopedic Surgeons" in 2015, it was shown that among providers that treat pain related condition: Primary care MD's prescribed - 28.8 %, Internists - 14.6%, and Orthopedic Surgeons - 7.7 % of all opioids in the United states. That is in contrast to 0.0% from Chiropractic physicians.

In fact, during a presentation by Optum Health of United Health Care on 12/5/18 at the National Academics of Sciences, Engineering and Medicine, they spoke about steps they are taking to help reduce health care costs and opioid usage among their members. In the presentation I am citing, they used non-surgical back pain as a basis of their study. They found that, currently, 30 percent seek initial care from their PCP, 40 percent seek initial care from a medical specialist and 30 percent seek care initially from a Chiropractic physician, PT or acupuncturist. The findings of the study showed a dramatic decrease in costs and secondarily, in opioid usage when the patients sought their **initial** care from the conservative cohort of providers. (DC, PT, LaC). The initial analysis of findings compelled United to look for patient incentives for patients with non-surgical back pain to choose a chiropractor, PT or acupuncturist **first**.

Why? In further analyzing their findings, they project, for patients in their membership with non-surgical back pain, if they could change the current 30 percent of patients (those who initiate care with a conservative provider versus a PCP or medical specialist) to 50 percent, **incredibly**, they will save 230 million dollars and decrease opioid usage for back pain by 25%!

According to the National Association of Attorneys General (NAAG), the opioid epidemic is the preeminent public health care crisis of our time. Statistics from the Surgeon General of the United States indicate that as many as 2 million Americans are currently addicted to prescription opioids. They claimed that the "human cost is staggering" as opioid overdoses kill 91 Americans every single day. While not nearly as impactful to loved ones, the economic toll of the epidemic, according to the NAAG, is costing the United States economy 78.5 billion dollars annually. State and local governments spend nearly 8 billion dollars a year on criminal justice costs related to opioid abuse.

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While this bill highlights many areas of concern surrounding how to manage those already addicted, there is no significant discussion focused on the non-opioid management by providers that may be appropriate for the first contact with a chronic pain patient. Utilizing preventive approaches to pain management, specifically non-pharmacological options **before** a patient's first prescription is a key step in the comprehensive effort to address and end the opioid epidemic.

Recent reports from the FDA, the Joint Commission, the CDC, and the President's Commission on the Opioid Crisis all have come to similar conclusions as the NAAG which states "When patients seek treatment for any of the myriad of conditions that cause non-cancer related chronic pain, doctors should be encouraged to explore effective non-opioid alternatives including physical therapy, acupuncture, massage and chiropractic care." Recently completed studies in the states of Rhode Island and New Hampshire found that when patients who presented with chronic pain were referred for non-pharmacologic care such as chiropractic and acupuncture treatments, they had incredible outcomes. The studies found that Emergency visits were reduced by 13 to 42 percent. Total prescriptions were reduced by 21 to 60 percent. Opioid prescriptions were reduced by 33 to 77 percent and costs of care reduced by 12 to 30 percent. The studies also found a large reduction in inpatient days, outpatient procedures, and a whopping 85 percent reduction in pharmaceutical utilization.

In conclusion, there is ample evidence that prevention works. It significantly reduces the human toll and the multiple costs to society of opioid prescription addiction.

If we are to successfully tackle the opioid epidemic in Connecticut, this (proposed bill HB 7159) and other proposals must add prevention to their list of approaches when any health care provider, including pharmacists, have a professional contact with a patient.

Physical therapy, acupuncture, massage, and chiropractic care should be part of the response to chronic pain. Based on available literature some of which are stated above, we recommend, as a first phase, targeting changes in access to these four interventions for at least two types of chronic pain: low back pain and neck pain.

It is time that we look at first-line treatment for chronic pain management in a different light - one that includes non-opioid medications and non-medication. This is not a novel idea - it is one being recommended by the most credible public health experts and organizations in our country as well as many multi-disciplinary and integrative offices like mine across the state. Connecticut has always been ranked among the healthiest states in the nation. We promote health living and lifestyles, and have some of the finest health care providers in the nation. Bills such as HB 7159 and any others that address the opioid epidemic must not ignore the power of prevention in ALL aspects of health and our health care delivery system.

Thank you again for the opportunity to submit my testimony. I can be reached if there are any questions or comments. My contact information is Dr. Keith Overland, 83 East Ave suite 313, Norwalk, CT. (P) 203-838-9795 or doco57@aol.com