

March 7, 2019

Re: HB 7159 An Act Addressing Opioid Use.

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

My name is Dr. Joanne Santiago and I am the president of the Connecticut Chiropractic Association. We commend you and Governor Lamont for remaining diligent on this opioid crisis and pursuing ways to reduce the use and abuse of opioids. This bill revises the general statutes for opioid prescription and control to help combat the opioid crisis. The revisions suggested should help alleviate the crisis and are reasonable. While we focus on alleviating the opioid crisis through pharmaceutical treatment and control of prescriptions, we must also realize there are effective non-pharmaceutical methods of care that can help alleviate the need of current opioid use and abuse and especially prevent the initiation of opioid use for those with various acute and chronic pain conditions. We submit it is essential this bill includes the disclosure and possible use of non-pharmacologic methods of care for those receiving opioid prescription, specifically as recommended by the Workgroup of the Connecticut Alcohol and Drug Policy Council. Their report to the legislature recommended the following:

"Physical therapy, acupuncture, massage, and chiropractic care should be part of the response to chronic pain. Based on available literature regarding alternative opioid treatment therapies, we recommend, as a first phase, targeting changes in access to these four interventions for two types of chronic pain: low back pain and neck pain. Given experience and results of phase one, additional types of chronic pain could be added."

This recommendation is consistent with recommendations from many reputable government and non-profit healthcare organizations such as the following:

***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](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 acute and chronic 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 substantial 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, are a contributing factor to the opioid crisis. Disclosing to patients the benefits of chiropractic and other non-pharmaceutical treatment prior to prescribing opioid medication will bring reduced use and abuse of opioid medication.

In closing, I would like to say I am a second-generation chiropractic physician and my daughter Joelle is our third-generation doctor which is now six Chiropractors in our family tree. My parents mastered this healing art and brought great health and well-being to their patients *without the use of drugs*. I have seen many patients achieve excellent health without the use of drugs, especially opioids. One of my brothers was the Chiropractic Physician for the Olympics. There they triage and use natural health care when indicated. My daughter will see greater numbers and will have more opportunity to prevent her patients from getting started on opioid medications as the chiropractic profession helps alleviate this terrible crisis. Please amend this bill to include the experts in the natural and non-drug-based health care for chronic pain conditions as recommended in the report. Patients are first and foremost and must have knowledge of the non-drug approaches to chronic pain treatments.

Respectfully,

A handwritten signature in black ink that reads "Joanne A. Santiago, D.C. DABCI". The signature is written in a cursive style.

Joanne Santiago, D.C.

President