

February 11, 2019

Chairman Mike Freiberg
Minnesota House of Representatives
Government Operations Committee
509 State Office Building
St. Paul, MN 55155

Re: House File 400 – Request for Representation on the Opioid Stewardship Advisory Council

Dear Chairman Freiberg and Members of the Government Operations Committee:

The Pharmaceutical Research and Manufacturers of America (PhRMA) is writing regarding House File 400 (HF400), which would establish an opiate registration fee on prescription drug manufacturers and distributors based on opioid sales in the State. PhRMA represents the country’s leading innovative biopharmaceutical research and biotechnology companies, which are devoted to discovering and developing medicines that enable patients to live longer, healthier, and more productive lives.

Despite a small presence in the prescription opioid market, only four percent of prescription opioids dispensed to patients are an innovative or brand drug product, PhRMA members have financially supported local programs through the Rx Abuse Leadership Initiative (RALI) Minnesota to bring Minnesota residents a broad range of solutions to opioid abuse that focus on prevention, treatment, and recovery. Working with community-based organizations to determine the areas of greatest need and current best-practice programming, PhRMA and its partners provided direct financial assistance through grant funding last year.

Additionally, PhRMA and its partners have worked with community-based organizations to donate safe, at-home disposal and deactivation pouches. This program distributed more than 65,000 disposal kits across the State in 2018. In 2019, PhRMA will continue its mission to raise awareness of opioid abuse prevention, treatment, recovery, and safe disposal of unused medicines through community grants and partnerships, disposal kit distribution, and advertising across all platforms.

PhRMA and its members continue to partner with local programs and fund additional programs under this proposal and request that this Committee add a biopharmaceutical manufacturer to the Opioid Stewardship Advisory Council.

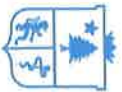
Finally, PhRMA does have concerns with a fee assessment based on services or products patients need to live longer, better, or higher quality lives. Patients receiving hospice care, battling cancer and with other diagnoses have a legitimate need for these prescribed medicines to manage pain. We would ask that the Committee keep these patients in mind as they consider this legislation.

In closing, we appreciate and applaud the commitment of the authors of HF400 and this Committee to addressing this critical issue for communities here in Minnesota. We share in that commitment and are ready to work with you on real solutions that strike the delicate balance of preserving access to treatment for patients with legitimate medical needs while aggressively tackling the drivers of this public health crisis.

Sincerely,



Linda Carroll-Stern
Deputy Vice President, PhRMA State Advocacy



Re: written testimony in support of HF400

Date: February 5, 2019

Submitted by: Michele Maiers, DC, MPH, PhD
Executive Director, Research and Innovation
Northwestern Health Sciences University, Bloomington, MN

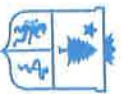
Thank you Madam Chair and members of the committee. My name is Michele Maiers, and I am the Executive Director of Research and Innovation at Northwestern Health Sciences University in Bloomington. I applaud legislative efforts to address opioid misuse. Thank you for including a member of the alternative pain management community in the proposed Opioid Stewardship Advisory Council. Comprehensively addressing chronic pain experienced by 1 in 3 Americans requires the skills and resources of the entire healthcare workforce, including complementary and integrative healthcare providers.

I am here today to speak in favor of the provision that would include coverage of acupuncture services for pain in all health plans:

- This provision ensures health plans reflect current best practices, outlined in guidelines issued by the CDC, the American College of Physicians, and the Joint Commission.
- Too many health plan policies lag behind current evidence, which supports the use of non-pharmacologic interventions, like acupuncture, as first-line interventions for pain.
- These are often more effective, have fewer side-effects, fewer risks associated with long-term use and are more cost effective than standard care, which is now considered to be sub-optimal.
- Optum estimates that back pain patients are 75-90% less likely to be prescribed opioids if the first provider they see is an acupuncturist or chiropractor.

While acupuncture is a covered benefit in some insurance plans, coverage is inconsistent. For others, it is non-existent. This creates an economic barrier for many Minnesotans to access an evidence-based treatment of their choice. It prevents others' from accessing the care they need altogether. Examples of this include those populations for whom narcotics and other prescription drugs may be contraindicated, including children, the elderly, pregnant women, and addicts.

There is a strong economic argument to include acupuncture in all health plans. The preponderance of systematic reviews demonstrate cost effectiveness, or even cost savings, with use of acupuncture for back pain, neck pain, headache, hip and knee osteoarthritis. This is particularly true when analysis takes into account lost work time, and the long-term expense of a chronic condition like pain.



In response to legislation in Massachusetts (HB3972) proposing a mandated coverage for acupuncture, the Center for Health Information and Analysis found that full coverage for acupuncture would cost between \$0.38 to \$0.76 per beneficiary. Meanwhile, they estimated it would save between thousands and tens of thousands per beneficiary for a range of pain related conditions, including migraine and osteoarthritis. The addition of high value therapies like acupuncture is a win-win proposition for patients and health plans.

I also speak in favor of the provision that compels prescribers to obtain continuing education about non-pharmacological treatments for pain. Physicians and prescribers are essential partners in combating opioid misuse. They must be empowered with the most current evidence. Provisions like this help bridge the 14-17 year knowledge gap between when research is published, and when healthcare providers incorporate that evidence into practice. Most physicians report feeling unsure about when and how to refer to acupuncturists and chiropractors, and often do not feel knowledgeable enough to guide their pain patients through the risks and benefits of alternative treatment options. This bill would equip prescribers with the information they need to responsibly refer and appropriately co-manage pain patients.

Tennessee BCBS recently delisted opioids from their covered drug list, and added acupuncture services. Many other state and commercial plans are expanding beneficiaries' access to acupuncture in response to the opioid epidemic. Help Minnesota be a leader in healthcare innovation, and pass this bill to ensure acupuncture treatment to all Minnesotans—not a select few. Preserve the language that ensures prescribers have the education they need to be good resources to their pain patients. This bill is a step toward ensuring that Minnesota's healthcare system is designed to make the right decision the easy decision as well.

References

Fan AY, et al. Acupuncture's role in solving the opioid epidemic: evidence, cost-effectiveness, and care availability for acupuncture as a primary, non-pharmacologic method for pain relief and management—white paper 2017. *Journal of Integrative Medicine* 2017; 15(6):411-425.

Tick H, et al. Evidence-based nonpharmacologic strategies for comprehensive pain care: the consortium pain task force white paper. *Explore* 2018; 14:177-211.

Center for health information and analysis. Mandated benefit review of H. B. 3972: an act relative to the practice of acupuncture. (2015-04) [2017-08-19]. <http://www.aomsm.org/Resources/Documents/Research/BenefitReview-H3972-Acupuncture.pdf>.

Elton, D. What health care services are provided to persons with pain? Presentation, 2018. National Academies of Sciences. Washington DC.