From: T L Sanz
To: Patrick McQuillan
Subject: Request to provide testimony April 7
Date: Wednesday, April 6, 2022 5:59:30 PM

April 6, 2022

Dear Mr. McQuillan,

I would like to provide testimony tomorrow on HF4706, Article 6, Section 56.

I will be attending the hearing remotely during the course of my work day. In case there is an emergency and I am unable to testify, I would like to submit my comments to record, below.

I am asking for support on the following measure both on my personal behalf as well as people with intractable pain throughout the State of Minnesota.

Sincerely,
Tina Sanz

Dear Chair and members of the Committee on Health and Human Services Finance and Policy:

It is my sincere hope that HF4706, Article 6, Section 56 (previously HF3786/SF3566) will serve to address the real and perceived understandings of medical guidance as it relates to patients with intractable pain who are in need of both short- and long-term opioid therapies.

I am a person who lives in constant pain due to several medical conditions including Scheurmann's Disease (similar to Degenerative Disc Disease) and Colitis. I tried and exhausted every medical therapy - physical therapy for years, surgery, yoga, acupuncture, muscle relaxant medication and so on. It was only in 2011 - when I reached a point of being unable to work or walk due to pain - that I consented to try carefully managed opioid therapy in conjunction with other therapies.

I am able to remain working and have a fairly good quality of life due to carefully monitored medication. In 2016, my general practitioner directed my care to a pain management clinic because of a change in CDC guidelines and sudden change in policy for Allina Healthcare. Following this change - these voluntary guidelines - doctors have reduced medications to people like me who need these medications. I am not a candidate for surgery due to the domino-like effect of fusion surgery involving the entire spine, and I was diagnosed as having *intractable* pain in 2017. I am not able to utilize some opioid medications that would greatly help me due to the Minnesota MME guidelines that are interpreted by the medical community as law.

Pain is expensive. The National Academy of Sciences estimated in 2010 that more than 100 million American individuals experienced chronic unrelieved pain.1 The estimated cost was $560 billion to $635 billion per year,2 composed of direct health care costs ($261 billion to $300 billion), days of work missed ($11.6 billion to $12.7 billion), hours of work missed ($95.2 billion to $96.5 billion), and lower wages ($190.6 billion to $226.3 billion.) The cost of pain was more than that of heart disease and cancer treatments (JAMA network, April 5, 2019, https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2729797).

Because of Minnesota statute, I am required to pay to see a doctor every single month in person (approximately $400), submit to random drug tests (at a cost several hundred dollars) to monitor my medications even though I have never abused or become addicted to medications. At a base cost (before insurance), my medical costs due to Minnesota requirements of monthly visits run about $9,000 a year. This does not include $1,000 a month in medications because I cannot receive adequate pain management from opioid therapy, which brings the total to approximately $20,000 per year.

Because of these medications I am able to spend quality time with my grandchildren, work, wash myself, cook, buy groceries, and other things that are considered quality of life.

A December 2018 report from the CDC acknowledged that previous attribution of opioid deaths to prescription medications misrepresented data and that they actually did not have the tools to specify whether a death was due to a prescription or heroin**. That, and other data subsequent to 2016, show us that we have an illicit fentanyl and heroin epidemic - not a prescription epidemic https://www.cdc.gov/nchs/products/databriefs/db329.htm.

Unbeknownst to many, doctors are limiting or even removing chronic pain patients from life-saving medications due to regulation by the government. I have been denied medications multiple times by pharmacies who doubted my prescriber's direction and delayed my receipt of said medication for days, while I suffered without any medications because the law only allows me to pick up a 30-day prescription (no more, no less) at a time. I have been denied pain medications at the hospital for a dog bite and following serious dental surgery because I am a "pain patient." Can you imagine regulating medication to a heart or diabetes patient? Yet regulating medication to a pain patient is the current practice.

In short, our disabled people need your help. It seems that no one is listening to the needs of people with very serious health problems who need medication as prescribed by their physicians. This is no longer a matter of just patients and disabled people's rights, but also of human rights.

While I am sympathetic to the need for more treatment options for addiction, people who have the physical makeup for addiction are likely to become addicted no matter what their original chemical of choice (alcohol or other chemicals). Studies have shown that people over 50 years old have a less than 1 percent chance of addiction.

Understanding that addiction is a complex problem that requires answers, let's at least have medically monitored medication available for the most severe pain patients with intractable pain.

Please contact me if I may assist with your questions.

Sincerely,

Tina Sanz
Writing in my personal, and not professional, capacity
612-722-3472
4941 37th Avenue South
Minneapolis MN 55417

**The lack of tools to determine cause of death by opioids is prevalent in Minnesota. For example, many county medical examiners in greater Minnesota will attribute a death to opioids if drug needles, etc. are found near the decedent. Even in Hennepin County, a suspected fentanyl death has to be sent to the State for additional testing. Many counties simply don't have the budget to verify what type or types of drugs were the cause of death, so these deaths are lumped into the category of "opioid," and cannot be accurately correlated to prescription medications. The Minnesota State Epidemiologist has data to prove this lack of relationship.

Rolling Stone magazine wrote about the now suicide crisis among pain patients due to legislation affecting pain patients. March 9, 2019.

https://www.rollingstone.com/culture/culture-features/cdc-opioid-letter-patient-suicide-805564/

Other states (Oklahoma, Nevada and others) are now separating the issues of opioid prescription following injury or surgery from matters of permanent or intractable pain.

The clampdown on opioid prescriptions is hurting pain patients - Los Angeles Times

https://www.latimes.com/opinion/op-ed/la-oe-nicholson-opioids-20190118-story.html

Compliance Risk Alert: Opioid Warning Letters issued by the U.S. Department of Justice Target Prescribers | Healthcare Law Blog

https://www.sheppardhealthlaw.com/2019/02/articles/doj/opioid-warning-letters-doj-target-prescribers

And, one more story. https://www.nbcnews.com/politics/congress/woman-testifies-congress-opioids-chronic-pain-cot-n970616