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I am a Medicare patient

I am a pain patient diagnosed with Postlaminectomy syndrome, lumbar region, scoliosis, Psoriasis, Arthritis, and failed orthopedic implant. The implant failed was formally detected on January 23, 2018. On February 28<sup>th</sup> 2018 I had corrective surgery to remove the old hardware, add new hardware, a cage was added, and nerve decompression was attempted from L3 down. The hardware and fusion was from L3-S1. I am currently on Lyrica and Robaxin, and before surgery I was also on Arthrotec. I have been through physical therapy three times, aqua-therapy twice, though the second time ended quickly as my surgeon realized I needed an emergency surgery to correct the hardware malfunction. I have tried CBT, creams, portable tens-units, natural remedies, massages, as well two test shots into the nerves near the L5 section of my back to see if burning the nerves would help. All of this has failed, (except the newest surgery, we do not know yet if it has helped or not.) I require pain medications to accompany the other procedures and non-opioid medications that I currently use. Opioids help me manage my pain so that I can build strength in my back while I heal from the newest surgery. This will not be something that will heal in a few days. This kind of surgery will require opioids for several months while muscle builds, nerves grow back together, bone fuses to hardware. Even though we know now that the last surgery failed, it took 6 months to find out for sure that it was a failure.

If Medicare refuses to pay and if I do not have access to my opioid medications, I will not be able to heal from this newest surgery. I will not be able to move enough to do physical therapy. I will not be able to let my nerves fully decompress, which could leave me unable to feel my left leg. Meaning I will that I will not fully fuse with the hardware and I would have to again, go into surgery.

I have been a pain management patient for over two years. I started with Ortho One, and when I moved I had to switch pain management to Parkview Pain Management. I have signed every pain contract as they have updated them. I have never failed a urine screen. I have never failed a pill count. I ONLY use the Kroger pharmacy in my hometown, except twice, and both times were approved by my pain management first. I do not drink alcohol at all, I do not use cannabis, I do not use illegal drugs. I own three lock boxes to keep my medications in to ensure that no one else can get into my medications. This newest fusion surgery is not a permanent fix for me. I have arthritis in my back, as well as scoliosis, and my surgeon has already told me that our goal is to stabilize my back and avoid the need to fuse the vertebrae above where the fuse is now for as long as possible.

Proposed policies are not supported by proven studies, everyone genetically metabolizes medications differently, and the CDC guidelines were written outside the rules by non-pain management physicians, some who may have professionally or personally profited from the outcome.

These policies could: create more chronic pain by not treating acute pain, scare more doctors out of pain treatment, create more demand for urgent care, increase the rate of expensive and possibly dangerous procedures, more disability claims/unemployment, and need for social services.

Force involuntary tapers, withdrawals, risk of suicide, high blood pressure, stroke risk, and cardiac issues.

I am disabled, NOT over 65 and pain medication helps me PREVENT falls and further surgery by stabilizing my pain.

My medical care and decision making should be left to my doctor, who understands my complicated and complex case, not CMS/Medicare.

A 7-day supply while seeking an exemption to 90MME would cause extreme stress, paperwork burden for my doctor, extra co-pays at pharmacy/doctor, plus another trip to doctor/pharmacy when you are in pain.

A 7-day limit on prescriptions for new patients would be a physical and financial hardship – doesn't take into account injury, size, metabolizing, genetics or other factors.

I take Percocet, Lyrica, and Adderall safely – I do not mix them with alcohol, other substances and use as directed. To stop the Percocet would stop me from being able to complete physical therapy and heal, to stop the Lyrica would cause my left leg to go numb or would cause me to lose all feeling in it while my nerves decompress.

Prescribing has been going down for over 5 years while ODs to illicit heroin/Fentanyl coming in from Mexico/China is skyrocketing – deaths will continue to rise, as this crisis is NOT an over prescribing issue. I urge you to look fully into the statistics, the studies, the chronic pain patient accounts, and the research done that together fully proves that MOST chronic pain patients would never think of using their opioid medications incorrectly. We are dependent upon these medications, the same as a diabetic is dependent upon insulin. That does not make us addicts; it makes us patients like everyone else. Please stop treating us like we are criminals, we are not, we are patients, we are people, and we are in high levels of pain that we hope no one else would ever have to go through. We are caring people, parents, grandparents, college graduates, teachers and mechanics. We are just like everyone else, because we are everyone else; we just also live in intense pain.