

I am disappointed to learn about this proposal to expunge the coverage of opioids, benzodiazepines, Lyrica and Gabapentin under the Medicare and Medicaid programs. Who are the individuals on Medicare? Those 65 or older, younger individuals with disabilities, and people with End-Stage Renal Disease. Who is on Medicaid? People that are disabled and those in poverty. People that have chronic diseases have outrageous medical bills from doctor's visits, tests and medications. For those with chronic illnesses we rely on Medicare and Medicaid because we are often not able to work and need the insurance program to take care of the many expenses we have.

I have battled with progressive intractable pain conditions for 28 years, since the age of 12. I was originally diagnosed with Juvenile Rheumatoid Arthritis in 1989. As better understanding of autoimmune conditions became more versed through research and studies, my diagnosis was changed to the rare Mutilans Psoriatic Arthritis. As with all autoimmune diseases, I now have a cluster of several autoimmune disorders along with Psoriatic Arthritis: Spondylitis, Graves' Disease, and Psoriasis. I have also developed Fibromyalgia, and Neuropathy from joint compression. Every disease I have is severe and considered late stage in their progression. I have deformities and decreased function. I have undergone five surgeries to correct the destruction to my bones and joints. I have many more surgeries in my future that I am putting off. I take opioids to help cut back the pain I feel daily, so I can function. I also take Gabapentin because I have horrible nerve pain caused by nerve compression in my joints and an overactive nervous system from Fibromyalgia. I wouldn't be able to afford these medications without the coverage I get from Medicare and Medicaid as I am unable to work so my family lives off only one working member of the family. When my diseases go through a progression period, leaving me bedbound, my husband must cut back his hours and becomes my caretaker. Having a disabled member of the family takes a serious financial toll on a family.

I was bedridden, before I was approved to increase my opioid prescription and was put on Gabapentin, for almost a year. Being bedridden was one of the most difficult times of my life. I often bawled to my husband that this wasn't a life worth living. If it weren't for the love and care of my family, I wouldn't be here now. When my pain wasn't under control my blood pressure was hypertensive and my pulse rate was 95-105 BPM. I had monthly strep and sinus infections due to my inability to sleep and allow my body to repair itself. The lack of sleep also led to sleep disorders like auditory (hypnagogic) hallucinations. My husband became my caretaker, and the experience changed the entire dynamic of my family. Although I am not able to do what I was able to do before my diseases progressed, opioids allow me as much function and quality I can derive from life.

On my opioid and Gabapentin medications I can take care of my two boys, I can clean the house, cook dinner, wash laundry and dishes, make small trips to the grocery store and perform errands. I can work a few hours a week to help my husband in a small way with finances. I can visit family and friends on occasion which is important for my mental and social health. My blood pressure is in excellent range and my pulse rate has went to my baseline of 60-70 BPM. I can sleep at night which has helped my body battle infections and viruses with ease and I no longer have auditory hallucinations or confusion. The availability of opioids has altered my outlook on life.

I understand that for those that don't experience daily, lifelong intense pain to not grasp the importance of drugs like opioids and Gabapentin in our lives. My body is dependent, just like it was dependent when I was on Prednisone to control my disease flares. I, however, am NOT addicted. I do not crave the medication. I do not feel a high from taking the medications. I do not seek out these drugs from other

people or on the streets. I have an excellent doctor that listens and trusts me after building a relationship with the office since 2008. I get my monthly opioid prescription only from my doctor and I always use the same pharmacy. People with chronic pain do not act illegally by giving out medications because for us, those drugs are a lifeline to participate in life. The opioid medication ONLY takes the edge away from the total pain felt. Before taking opioids and Gabapentin, I tried water therapy, TENS machines, massage, meditation, muscle relaxants, herbs and different forms of alternative medicine. These treatment options were either too costly to upkeep, caused me to go into flares or did absolutely nothing but burn a hole in my wallet.

If I couldn't have access to opioids or Gabapentin due to not having insurance coverage, I would be bedridden again. As result, I would have to leave my part-time job, my husband would have to cut back hours at work to care for me and we would become food insecure. Ultimately people that wouldn't have access to these medications due to the high cost would lead more people to apply for disability, the employment rate would decrease and there would be more people applying for food assistance in states.

It is our duty when proposing such drastic measures to think ahead on how these proposals will affect society and healthcare 5, 10, 20 and even 50 years from now. I am a part of pain advocates for Idaho. I've had numerous people contact me to let me know how after the new CDC guidelines came out that their doctor dropped them from their practice as a patient, how their doctor refuses to prescribe opioids any longer, how pain management centers are no longer able to properly treat patients with intractable pain. I have had many patients contact me and say that they feel that suicide is an option after being displaced by their doctor or had their medications reduced. This is going to create more fear in the disabled demographic and sentiment towards suicide is growing alarmingly daily. This proposal would hurt the most vulnerable in our society. Expunging insurance coverage of these important medications is not the answer and will have grievous consequences to so many Americans.