To Whom It May Concern,

The Pain Committee of Kaweah Delta Health Care District (KDCHD) has concerns about the impact of the Centers for Medicare and Medicaid Services’ proposed rule changes for 2019 under the Medicare Advantage and Part D Act. KDHCD is a 581 bed community teaching hospital located in Visalia, CA. It serves nearly 600,000 people in the Central Valley of California. Approximately 55% of the population receives Medi-Cal benefits. The population to primary care provider ratio is 2,350:1, almost twice the state average. The Pain Committee is an interdisciplinary group of physicians, pharmacists, and nurses overseeing the inpatient and outpatient pain management policies of the Health Care District. The proposed changes will have a detrimental effect on the management of not only our patients but acute and chronic pain patients everywhere. Specifically the Committee would like to bring the following to your attention:

Page 210, paragraph 2: a one-time 7 day allowance to patients who meet the 90 Morphine milligram equivalents (MME) increases the burden to the patient and the prescriber. In our area the number of pain management physicians is limited. This change will be an undue burden for the prescriber who must reauthorize the prescription and justify the edit. The fear is the added requirement will further limit access for patients to pain management providers and result in overutilization of the Emergency Department. There should be a process to over-ride this one-time fill if the situation arises. For example, if a patient needs to be rotated to a different opioid agent what are the options to prevent lapses in therapy from a time delay in filling the new prescription?

Additionally, there must be a logical process to continue opioids after 7 days, if needed. Most patients will not require more than a 7 day supply of opioids for their acute pain but there are exceptions. A process should be in place to help minimize the inconvenience to the patient and prescriber when offering appropriate treatment for complex medical problems causing subacute and chronic pain. In our community, physician availability for many patients is limited. Many patients may be unable to locate or make an appointment with a primary care provider within 7 days. A process that authorizes prescriptions beyond this time for appropriate medical conditions should be in place, especially in medically underserved areas.

Finally, there is concern that the proposed 2019 changes will increase the number of handwritten opioid prescriptions and increase the need for office visits to obtain such prescriptions. This unduly burdens the health care provider and patients. We appreciate the efforts to minimize the harm opioids cause and agree that rational restrictions on prescribing are in order. However, avenues that allow for exceptions to the limitations placed on opioid prescribing should be available for prescribers dealing with complex medical problems and stable chronic pain patients especially in medically underserved areas.

Respectfully submitted,

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